

Anthropological Contributions to SRHR Future(s): From Theory to Practice and Back

Introduction

Anthropologists working in the domain of sexual and reproductive health and rights (SRHR) have often sought to enhance well-being and to achieve social change and justice. Since the anthropology of reproduction emerged in the 1970s, feminist anthropologists have drawn attention to how different forces related to (medical) science, technologies, the market, the state and social networks shape reproductive actions and ambitions (Han & Tomori 2022). In the 1990s, some of these anthropologists turned into women's health activists as they influenced and followed-up on the agenda of International Conference on Population and Development (ICPD) in Cairo (1994), where the notion of SRHR was formally introduced. Anthropologists working on sexuality and sexual health, for instance, informed interventions and activism regarding HIV, sexual minorities, and sexual rights (Robins 2006), while also critically interrogating the problematization of sex in the Global South (Spronk & Hendriks 2020) and the presumed universality of SRHR discourses (Roodsaz & Raemdonck 2018; Undie & Izugbara 2011). Those focusing on pregnancy and birth denounced, and proposed alternatives to, technocratic models of childbirth and maternity care (Davis-Floyd 2008). Anthropologists also played a critical role in recognizing, and addressing, gender-based violence as part of SRHR (Wies & Haldane 2011).

The year 2024 marks the 30th anniversary of the ICPD. Whilst technological developments (e.g., in the domains of abortion, prenatal screening, fertility tracking, HIV prevention, and oocyte freezing) offer new sexual and reproductive potentials in the Global North and Global South, sexual and reproductive rights are increasingly under attack. Right wing politics, anti-gender movements and religious actors are increasing their reach – by, for instance, limiting access to safe abortion or delegitimizing (non-binary/trans) gender identities and their access to reproductive technologies and procreation. Moreover, the COVID pandemic and the rise of the Black Lives Matter movement have underscored persistent inequities in (sexual and reproductive) well-being. Reproductive injustices are further aggravated by economic instability, wars and natural disasters. Thus, as Unnithan and Pigg (2014, 1181) have noted, there is a growing sense that (SRH) “rights have arrived, but justice has not followed”. At this critical juncture, it seems pertinent to pause and reflect on how anthropology can help strengthen SRHR policies, interventions and activism.

Anthropological contributions to SRHR

Anthropology has much to offer to the field of SRHR. The need to contextualize policies and interventions, and to situate social actors in social relationships, discourses and power structures, is a well-recognized “truism” (Inhorn 2006). Such contextualization is best achieved by the long-term, in-depth, and unstructured ethnographic research that anthropologists conduct. In the field of SRHR, this holistic approach can complement vertical, disease driven approaches in various ways. Ethnographic insights first of all illuminate the importance of paying attention to people's social bodies rather than their individual bodies. They show, for instance, that individuals’ or couples’ efforts to pursue a pregnancy – sometimes at great financial and emotional costs – are often strongly inspired by wider pronatalist norms and social expectations (Whittaker et al. 2022). Second, ethnographic work allows to unravel the moralities enmeshed with sex and reproduction. It has illustrated, for instance, that marginalized birthers may encounter obstetric violence because they are morally judged for not meeting local standards of “good womanhood” or “righteous citizenship” (Smith-Oka 2015). Third, ethnography can reveal the politics underlying SRHR policies, programmes and interventions. It has illustrated, for instance, how Western donors’ racial, sexual and gender assumptions may push SRHR agendas into particular directions (Lorist 2020; Morgan 2012; Suh 2018).

This anthropological focus on socialities, moralities and politics has also generated important understandings of (the use of) technologies in the field of SRHR. While drugs (e.g., oxytocin), technologies (e.g., ultrasound, IVF) or mobile phone apps (e.g., fertility trackers) are often presented as neutral objects in SRHR programmes, anthropologists have shown how they change in use and effects as they travel across the globe, enacting various realities, relationships and subjectivities on the ground (Hörbst 2016; Gerrits 2021; Müller-Rockstroh 2012). Rapid technological advances like Artificial Intelligence (Carol 2023; Curchoe et al. 2023) scream out for scrutiny of their social effects, such as reproducing racist biases or increasing inequalities in access. The potential contributions of anthropology to SRHR are numerous, and seem to be ever-growing.

The unexploited potential: Lost in translation?

In the face of increased threats against SRHR and multiple (environmental, economic and humanitarian) crises, we contend that anthropologists can and should contribute more to SRHR, and that anthropology’s full potential has not been exploited. SRHR policies, programmes and interventions are generally firmly grounded in public health and medical science, and often appear to adopt a technocratic, a-political focus. This can be a deliberate and useful political move (for instance, when the implementation of post-abortion care opens up possibilities to providing safe abortion), but it often fails to acknowledge the social, lived realities of programme users and implementers alike. If anthropology is at all considered in (the creation of) such policies, programmes and interventions, its influence often remains limited to the incorporation of qualitative methods or of a limited set of concepts (e.g., stigma), frequently translated into

more individualistic versions. HIV research and programming, for instance, turned stigma from a social, relational process into a static attribute of individuals (Parker & Aggleton 2007).

If the added value of anthropology gets lost in translation, we must explore how both the 'sender' and the 'receiver' of (anthropological) messages contribute to this, and foster conversations between the two. This is exactly what this conference aims to do.

In many ways, academic anthropologists truly live in different worlds and speak different languages than SRHR practitioners, policy-makers, funders and public health scientists. Anthropologists are used to writing in academic journals targeting anthropological audiences. While ethnographers' critical reflexivity on SRHR programme aims, terms, and multiplicity of viewpoints may be valuable in itself (Pigg 2013) and their conceptual armory may shine new light on phenomena, social science 'jargon' might discourage non-academic recipients and preclude open discussions on the practical implications for policy and practice (Elliott & Thomas 2017; Véran et al. 2020). Further, the traditional "lone anthropologist" model, as well as ethnography's attachment to "slow research", serendipity and openness, rarely fit funders' needs and projects' budgets and timelines. Properly translating ethnographic insights to SRHR practice therefore requires transdisciplinary collaboration in which both the senders and the receivers of anthropological knowledge are cognizant of these differences and committed to putting them to use productively.

This also implies acknowledging certain blind spots in anthropology that may limit achieving positive SRHR futures for all. Like public health scientists, anthropologists are inclined to focus on usual subjects and topics; heteronormative, cis-gender and ableist viewpoints and assumptions abound. Too often, anthropologists replicate the so-often critiqued vertical, disease-focused approach of public health as they think from within the silos of maternal health, infertility, HIV, etc. As a result, sex and sexuality still remain curiously disconnected from reproduction (Dixon-Mueller 1993); men remain the second fiddle (Culley et al. 2013); and 'single stories' (Mkhwanazi 2016), such as stereotypical problematizations of sex in the Global South (Spronk & Hendriks 2020), remain uncriticized. Finally, the persistence of some entrenched Eurocentric assumptions and power hierarchies result in decolonial and anti-racist messages getting lost in translation.

How can we do a better job at translating, overcoming blind spots and maximizing anthropology's contribution to sexual and reproductive well-being and justice? How can we improve collaborations between anthropologists, public health experts, SRHR practitioners, policymakers, and funders? This conference seeks to offer a platform to address such questions and engage in productive transdisciplinary conversations to enhance anthropological contributions to the future(s) of SRHR.

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