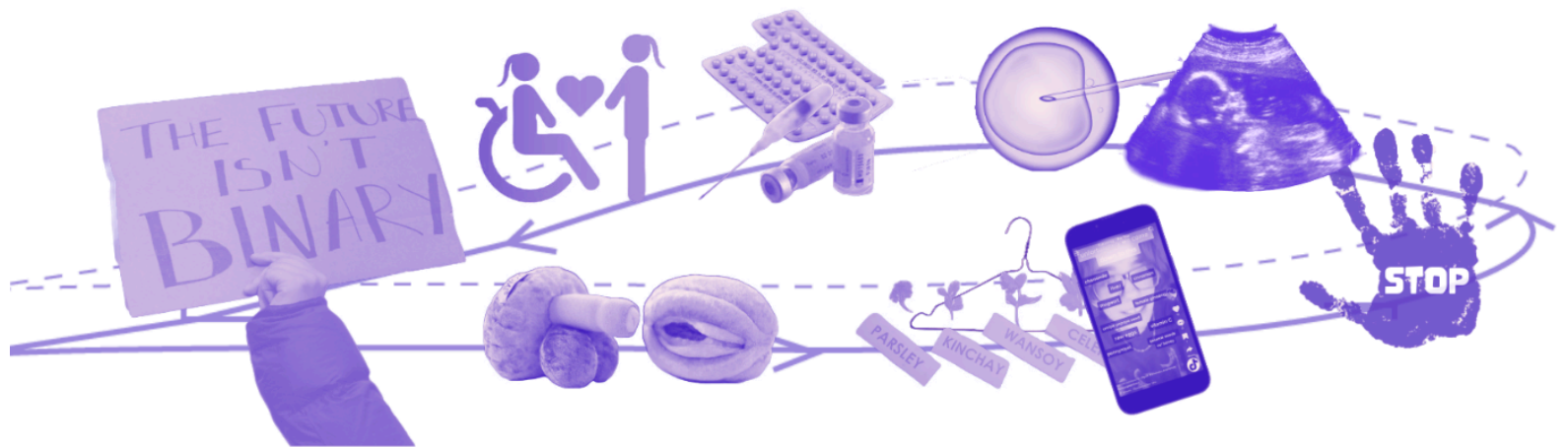


# Anthropological Contributions to SRHR Future(s)

From Theory to Practice and Back

*University of Amsterdam*

July 3-5, 2024



Share-Net  
Netherlands



# Foreword

Dear conference participants,

We are thrilled to send you the program and abstract book for our Conference ‘Anthropological Contributions to the Future of SRHR: From Theory to Practice and Back’, taking place from 3-5 July at the Anthropology Department of the University of Amsterdam. We have organized this conference with a group of enthusiastic people - staff, PhDs, and students - and we hope that you are as excited as we ourselves are about the programme and the people who are going to give presentations and attend the conference.

We are grateful for the financial support we have received from ShareNet Netherlands, Centre for Social Science and Global Health (UvA) and the research group ‘Health Care and the Body’ (Anthropology Department, UvA).

We are immensely looking forward to meeting you all and to having in-depth and constructive conversations and discussions about issues that are important for all of us (people working in the field of SRHR), that we are concerned about and/or fascinated by, while respecting diversity in views and approaches.

Kindly,  
Trudie Gerrits,  
on behalf of the members of the Organizing Committee

Bregje de Kok  
Erica van der Sijpt  
Shahana Siddiqui  
Jeroen Lorist  
Andie Thompson  
Hanna Horváth  
Jip Balm

## About the conference

### A Transdisciplinary Conference

We are at a critical juncture in time. Whilst sexual and reproductive health and rights (SRHR) are increasingly threatened by conservative right-wing politics, multiple crises (humanitarian, economic, environmental), and persistent race, gender and class-based inequities, rapid technological advances are creating new opportunities for achieving sexual and reproductive health and justice. Now more than ever, anthropology can play a critical role in strengthening sexual and reproductive well-being in the Global South and North by interrogating these threats, crises, injustices, and technological developments. Anthropologists can help formulate more meaningful SRHR policies, programmes, and interventions by paying attention to social rather than individual bodies, examining the moralities at stake and imposed, and exploring the social lives of technologies. We contend, however, that anthropology's potential is not fully realized, because anthropological findings get lost in translation when transitioning into policies and practices, and because of certain blind spots amongst anthropologists, public health experts, SRHR practitioners, NGO representatives, policymakers and funders alike. How can anthropologists collaborate more effectively with other stakeholders in SRHR? This conference seeks to offer a platform to engage in productive transdisciplinary conversations to enhance anthropological contributions to SRHR future(s).

## Conference Aims / Objectives

We invite, firstly, anthropologists working in academia and SRHR practice to exchange research or practice-based insights, and discuss challenges and opportunities in transdisciplinary efforts to foster positive, equitable sexual and reproductive futures in the Global South and North. Secondly, we also invite NGO representatives, public health experts, and other stakeholders in SRHR to reflect on their experiences of, and views on, collaborations with anthropologists. Together, we intend to reflect on and discuss the field of SRHR, in order to:

- Exchange insights into how social bodies, moralities and the social lives of technologies matter for SRHR;
- Articulate and address blind spots within the anthropology of sexuality, sexual health and reproduction;
- Identify translational and other challenges for transdisciplinary work on SRHR, and develop suggestions for improvements;
- Publish an edited volume or special issue based on the conference papers to strengthen the SRHR agenda.

## Thematic Tracks

Conference participants engaged with three broad thematic tracks to engage both the theories and the practices in SRHR. The programme has also been organized around these three tracks. Whether you are presenting, chairing, or attending as an audience, we invite you to interact along these lines (but not exclusive to). These are conversation starters.

### **A. The social lives of technologies**

- How might the social lives of technologies matter for SRHR policies, programmes, and people's daily lives? What happens, and to whom, if these social lives are ignored?
- How are traveling technologies appropriated and/or resisted?
- How do technologies reproduce, or create, new inequalities and injustices?
- How does unequal access to technologies affect global SRHR programmes, interventions and collaborations?

### **B. Social bodies, moralities and inequalities**

- What and whose (local) moralities shape the design, implementation, and uptake of SRHR policies, programmes, and interventions? What happens, and to whom, if these moralities are ignored?
- How do anthropological studies, and SRHR policies, programmes and interventions, reproduce colonial assumptions and inequalities related to gender, sexualities, race, class and economy?
- How can anthropologists make these moralities, assumptions and inequalities relevant in transdisciplinary collaborations/projects?

### **C. Transdisciplinary collaborations and blind spots**

- What gets lost in translation in transdisciplinary work?
- What anthropological terms and concepts make it into collaborations, which ones do not? How do interpretations of terms change, and with what consequences?
- What theoretical concepts can illuminate threats to sexual and reproductive justice? How can we think with these new lenses in ways that are still productive on the ground?
- What sorts of critical theoretical lenses help us understand transdisciplinary collaborations and associated challenges?
- How can anthropologists, public health experts, NGO representatives and other stakeholders in SRHR collaborate in more productive ways?
- What are the blind spots in SRHR research and practice and how can we address them?
- How can we foster epistemic justice in SRHR research and practice?

## Organizing Committee

Dr. Trudie Gerrits, Associate Professor, Department of Anthropology UvA

Dr. Bregje de Kok, Department of Anthropology UvA

Dr. Shahana Siddiqui, Department of Anthropology UvA and BRAC University

Dr. Erica van der Sijpt, Assistant Professor, Department of Anthropology UvA

Jeroen Lorist, PhD candidate, Department of Anthropology UvA and Rutgers

Andie Thompson, PhD candidate, Department of Anthropology UvA

Hannah Hovárth, MA, Department of Anthropology UvA

Jip Balm, Department of Anthropology UvA

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# Conference Program

<b>Day 1: Wednesday, July 3 2024</b>			
8:30–9:30	Registration + Small Breakfast, Room C0.02		
9:30–10.00	Welcome & Announcements Room C0.02 <ul style="list-style-type: none"> <li>• Eileen Moyer, University of Amsterdam, Chair Anthropology Department</li> <li>• Kristine Krause, University of Amsterdam, Program Director Research Group ‘Health Care and the Body’, Anthropology Department</li> </ul>		
10.00–10.30	Keynote Speaker 1: Trudie Gerrits, University of Amsterdam, Room C0.02		
10.30–11:30	<b>Roundtable: From SRHR Theory to practice and back: Exploring the landscape and its challenges</b> Room C0.02  Chaired by Bregje de Kok, University of Amsterdam <ul style="list-style-type: none"> <li>• Dorine Thomissen, KIT &amp; Coordinator Share-Net International</li> <li>• Hannah Brown Amoakoh (Assistant Professor, UMCU &amp; postdoctoral fellow , Noguchi Memorial Institute for Medical Research, University of Ghana)</li> <li>• Miranda van Reeuwijk, Rutgers</li> <li>• Tarek Meguid (Honorary Associate Prof , The Child Health Unit, University of Cape Town)</li> <li>• Shahana Siddiqui, UvA &amp; BRAC University</li> <li>• Trudie Gerrits (Associate Professor, Anthropology, UvA)</li> </ul>		
11:30–11:45	BREAK, Room C0.02		
Parallel Sessions	<b>Social Lives of Technologies</b> Room REC C2.01 (all day)	<b>Social bodies, Moralities and Politics</b> Room REC C2.05 (all day)	<b>Transdisciplinary Collaborations</b> Room REC C2.06 (all day)

11:45–13:00	<p><b>Panel A1.1:</b></p> <p><b>The Sociality of Digital Data and E-Health in SRHR</b></p> <p><b>Chair: Getnet Tadele</b></p> <p>Presenters:</p> <p>Irene de Vries, KIT</p> <p>Ishrat Jahan, BRAC James P. Grant School of Public Health</p> <p>Diana Teresa Pakasi, Universitas Indonesia</p>	<p><b>Panel B1.1:</b></p> <p><b>Whose Moralities Count in SRHR Programming</b></p> <p><b>Chair: Jeroen Lorist</b></p> <p>Presenters:</p> <p>Leah Eades, University of Edinburgh</p> <p>Anke van der Kwaak &amp; Lincie Kusters, KIT</p> <p>Valentina Vergottini, Università degli Studi di Roma Tre</p> <p>Charlotte Waltz, Erasmus University</p>	<p><b>Panel C1.1:</b></p> <p><b>Going Beyond the "Victim" Paradigm: Gender Based Violence and Rep Health</b></p> <p><b>Chair: Shahana Siddiqui</b></p> <p>Presenters:</p> <p>Annemieke Richters, University of Amsterdam</p> <p>Tikam Lisse Sall, University of Amsterdam</p> <p>&amp; Gaston Berger University</p> <p>Nika Senica, University of Muenster</p>
13:00–14:00	LUNCH, Cafeteria Agora, REC.E		
Parallel Sessions	<b>Social Lives of Technologies</b> Room REC C2.01 (all day)	<b>Social bodies, Moralities and Politics</b> Room REC C2.05 (all day)	<b>Transdisciplinary Collaborations</b> Room REC C2.06 (all day)
14:00–15:15	<p><b>Panel A1.2: The Social Lives of Biomedicine and Data</b></p> <p><b>Chair: Stine Adrian</b></p> <p>Presenters:</p> <p>René Gerrets, University of Amsterdam</p> <p>Inga Haaland, University of Oslo</p> <p>Jill Molenaar, Institute of Tropical Medicine Antwerp</p>	<p><b>Panel B1.2: Aligning Values in Multi-Country Collaborative Projects: anthropological reflections on comprehensive sex education projects</b></p> <p><b>Chair: Jeroen Lorist</b></p> <p>Presenters:</p> <p>Jeroen Lorist, University of Amsterdam &amp; Rutgers</p> <p>Miranda van Reeuwijk, Rutgers &amp; Anggriyani Wahyu Pinandara, Universitas Gadjah Mada, University of Groningen</p>	<p><b>Panel C1.2: Translating Ethnographic Insights into Transdisciplinary Collaborations</b></p> <p><b>Chair: Andrea Whittaker</b></p> <p>Presenters:</p> <p>Ellen Algera, University of Amsterdam</p> <p>Catalina Mora Baquero, Erasmus University</p> <p>Jung Chen, University of Cambridge</p>

		Esther Miedema, University of Amsterdam & Marielle Le Mat, KIT	
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15:30–16:30	Keynote Speaker 2: Sreeparna Chattopadhyya, FLAME University, Room C0.02		
17:00–18:30	Reception in the lobby of the Law Department A3.16 (Third floor)		

<b>Day 2: Thursday July 4, 2024</b>			
9:00 – 9:30	Late registration + Small breakfast, Room C0.02		
9:30–10:30	Keynote 3: Marcia Inhorn, Yale University, Room C0.02		
10:30–10:45	Break, Room C0.02		
Parallel Sessions	<b>Social Lives of Technologies</b> Room REC C3.02 (all day)	<b>Social bodies, Moralities and Politics</b> Room REC C3.03 (all day)	<b>Transdisciplinary Collaborations</b> Room REC C3.04 (all day)
10:45–12:00	<b>Panel A2.1: Social Science in Action</b> <b>Chair: Bregje de Kok</b> Presenters: Victoria Boydell, University College London Bienvenu Salim Camara, University of Amsterdam Maria Węgrzynowska, Centre of Postgraduate Medical Education Poland	<b>Panel B2.1: Social Lives of Biomedical Categories and Practices</b> <b>Chair: René Gerrets</b> Presenters: Arushi Sahay, Geneva Graduate Institute Lea Malin Hofmann, Universitätsmedizin Halle Armanc Yildiz, Harvard University	<b>Panel C2.1: Bridging Professional Cultures in SRHR Education/Training</b> <b>Chair: Annemiek Richters</b> Presenters: Daphna Birenbaum-Carmelli, University of Haifa Barbora Benešová, Charles University Caroline Chautems, University of Lausanne Putri Widi Saraswati, Independent Researcher
12:00–13:00	LUNCH, Cafeteria Agora REC.E		

13:00–14:15	Keynote 4: Getnet Tadele, Addis Ababa University, interviewed by Rachel Spronk, University of Amsterdam, Room C0.02		
14:15- 14:30	Break, Room C0.02		
Parallel Sessions	<b>Social Lives of Technologies</b> Room REC C3.02 (all day)	<b>Social bodies, Moralities and Politics</b> Room REC C3.03 (all day)	<b>Transdisciplinary Collaborations</b> Room REC C3.04 (all day)
14:30–15:45	<p><b>Panel A2.2: New Reproductive Technologies</b></p> <p><b>Chair: Andie Thompson</b></p> <p>Presenters:</p> <p>Nitzan Rimon-Zarfaty, Sapir College &amp; Yael Hashiloni-Dolev, Ben Gurion University of the Negev</p> <p>Oshin Siao Bhatt, Chalmers University of Technology</p> <p>Pei-Chieh Hsu, University of Cambridge</p>	<p><b>Panel B2.2: (Anti)Colonialism and its Afterlife in SRHR Policies and Practices</b></p> <p><b>Chair: Alana Helberg-Proctor</b></p> <p>Presenters:</p> <p>Samantha Le Gallais, University of Auckland</p> <p>Traore Lalla Fatouma, DERSP/FMOS &amp;</p> <p>Ibrahim N'Diaye, Centre Multipolaire Do Kayidara</p> <p>Clémence Jullien, CESAH &amp; Lucia Gentile ICM</p> <p>Florence Mariam Yusuf, University of Nairobi &amp; University of Oslo</p>	<p><b>Panel C2.2: Examining Emerging Reproductive Subjectivities in the global South</b></p> <p><b>Chair: Papreen Nahar</b></p> <p>Presenters:</p> <p>Papreen Nahar, University of Sussex</p> <p>Anindita Majumdar, Indian Institute of Technology Hyderabad</p> <p>Aishwarya Chandran, University of Sussex</p> <p>Sunhye Kim, EWHA Womans University</p> <p>Madilene Landicho, University of Philippines</p> <p>Sumaira Rashid, De Montfort University</p>
15:45–16:00	BREAK, Room C0.02		
Parallel Sessions	<b>Social Lives of Technologies</b> Room REC C3.02 (all day)	<b>Social bodies, Moralities and Politics</b> Room REC C3.03 (all day)	<b>Transdisciplinary Collaborations</b> Room REC C3.04 (all day)

16:00–17:15	<b>No events planned during this session</b>	<b>Panel B2.3: Developing Partnerships, Changing SRHR Research and Narratives</b>  <b>Chair: Trudie Gerrits</b>  Presenters:  Anke van der Kwaak & Irene de Vries, KIT  Efua Prah, U of Johannesburg & Josien de Klerk, Leiden University College  Benoit Libali, UNFPA  Melehat Kutun, Uni Kassel	<b>Panel C2.3: Birthing in Crisis: Obstetric Racism in Trans-Atlantic Context</b>  <b>Chair: Alana Helberg-Proctor</b>  Presenters:  Anna Horn, University of London  Princess Banda, University of London  Kimberly Sigmund, University of Amsterdam  Alana Helberg-Proctor, University of Amsterdam & Bahareh Goodarzi, Vrije Universiteit
17:15–17:30	Plenary Get Together/Wrap Up, Room C0.02		
18:30–19:30	Boat Ride (Pick up from Theatre Carré and drop off Weesperzijde)		
19:30	Conference Dinner: Zoku Amsterdam		

<b>Day 3: Friday July 5, 2024</b>			
9:30 –10:30	Keynote 5: Stine Adrian, The Arctic Univ of Norway, Room C0.02		
10:30–10: 45	BREAK, Room C0.02		
Parallel Sessions	<b>Social Lives of Technologies</b> Room REC C2.02 (all day)	<b>Social bodies, Moralities and Politics</b> Room REC C2.03 (all day)	<b>Transdisciplinary Collaborations</b> Room REC C2.06 (all day)



10:45 – 12:00	<p><b>Panel A3.1: (Increasing) access to IVF in Southern-Africa?</b></p> <p><b>Chair: Marcia Inhorn</b></p> <p>Presenters:</p> <p>Gerhard Boshoff, Hasselt University &amp; University of Pretoria</p> <p>Andrea Whittaker, Monash University &amp; Trudie Gerrits, University of Amsterdam</p>	<p><b>No events planned during this session</b></p>	<p><b>Panel C3.1 Equitable transdisciplinary SRHR research: Productive challenges and joys [WORKSHOP]</b></p> <p><b>Chair: Bregje de Kok</b></p> <p>Presenters:</p> <p>Bregje de Kok</p> <p>Koiwah Koi-Larbi, Action on Preeclampsia Ghana</p> <p>Hannah Brown Amoakoh, University of Ghana and University of Utrecht</p> <p>Emmanuel Srofenyoh, Ridge Hospital</p> <p>Joyce Browne, UMC Utrecht</p>
12:00–13:00	LUNCH, Cafeteria Agora REC.E		
Parallel Sessions	<p><b>Social Lives of Technologies</b> Room REC C2.02 (all day)</p>	<p><b>Social bodies, Moralities and Politics</b> Room REC C2.03 (all day)</p>	<p><b>Transdisciplinary Collaborations</b> Room REC C2.06 (all day)</p>
13:00–14:15	<p><b>Panel A3.2: Exquisite Placenta: A Zine Workshop for Collaborative Conceptual Play</b></p> <p>Presenters:</p> <p>Andie Thompson, University of Amsterdam</p> <p>Oshin Siao Bhatt, Chalmers University of Technology</p>	<p><b>Panel B3.2: Shaping ARTs Policies and Practices</b></p> <p><b>Chair: Daphna Birenbaum-Carmeli</b></p> <p>Presenters:</p> <p>Ellen Conlon, University of Amsterdam</p> <p>Tara Asgarilaleh, University of Cambridge</p> <p>Orit Chorowicz Bar-Am, Ben Gurion University of the Negev</p> <p>Malene T. Sørensen, Aarhus University</p>	<p><b>Panel C3.2: Labor of Love: The Realities of Linking Research, Policy, and Practice [WORKSHOP]</b></p> <p><b>Chair: Shannon Mathew, Share-Net Netherlands</b></p> <p>Presenters:</p> <p>Sarah Spronk, Dutch Ministry of Foreign Affairs</p> <p>Poppy Stanbury, CHOICE for Youth and Sexuality</p> <p>Joyce Browne, UMC Utrecht</p> <p>Tamar Khomasuridze, UNFPA</p>
14:15–14:30	BREAK, Room C0.02		

14:30–15:45	<p>Roundtable 2: Anthro of SRHR and its futures: Taking stock &amp; moving on, Room C0.02</p> <p>Chair: Shahana Siddiqui</p> <p>Panelists:</p> <p>Koiwah Koi-Larbi (CEO of patient organization Action on Preeclampsia Ghana - APEGH)</p> <p>Peter Keough, Open University</p> <p>Andrea Whittaker, Monash University</p> <p>Bahareh Goodarzi, Verloskundige Wetenschap (Midwifery Science), Amsterdam UMC</p> <p>Bregje de Kok, University of Amsterdam</p> <p>Jeroen Lorient, University of Amsterdam &amp; Rutgers</p>
	Closing Remarks

## Panel Chairs

Name chair	Day	Time	Name session
Sreeparna Chattopadhyay	1	11:45 - 13:00	Panel A1.1: The Sociality of Digital Data and E-Health in SRHR
Jeroen Lorst	1	11:45 - 13:00	Panel B1.1: Whose Moralities Count in SRHR Programming
Shahana Siddiqui	1	11:45 - 13:00	Panel C1.1: Going Beyond the "Victim" Paradigm: Gender Based Violence and Rep Health
Stine Adrian	1	1400 – 15:15	Panel A1.2: The Social Lives of Biomedicine and Data
Jeroen Lorst	1	1400 – 15:15	Panel B1.2: Aligning Values in Multi-Country Collaborative Projects
Andrea Whittaker	1	1400 – 15:15	Panel C1.2: Translating Ethnographic Insights into Transdisciplinary Collaborations
Bregje de Kok	2	10:45– 12:00	Panel A2.1: Social Science in Action
Rene Gerrets	2	10:45– 12:00	Panel B2.1: Social Lives of Biomedical Categories and Practices
Annemiek Richters	2	10:45– 12:00	Panel C2.1: Bridging Professional Cultures in SRHR Education/Training
Andie Thompson	2	14:30 – 15:45	Panel A2.2: New Reproductive Technologies
Alana Helberg-Proctor	2	14:30 – 15:45	Panel B2.2: (Anti) Colonialism and its Afterlife in SRHR Policies and Practices
Papreen Nahar	2	14:30 – 15:45	Panel C2.2: Examining Emerging Reproductive Subjectivities in the Global South
Trudie Gerrits	2	16:00 – 17:15	Panel B2.3: Developing Partnerships, Changing SRHR Research and Narratives
Alana Helberg-Proctor	2	16:00 – 17:15	Panel C2.3: Birthing in Crisis: Obstetric Racism in Trans-Atlantic Context
Marcia Inhorn	3	10:45 – 12:00	Panel A3.1: (Increasing) access to IVF in Southern-Africa
Getnet Tadele	3	10:45 – 12:00	Panel B3.1: Moralities in the Machine: Digital Technologies and SRHR
Bregje de Kok	3	10:45 – 12:00	Panel C3.1: Equitable transdisciplinary SRHR research: Productive challenges and joys
Daphna Birenbaum-Carmeli	3	13:00 – 14:15	Panel B3.2: Shaping ARTs Policies and Practices
Shannon Mathew	3	13:00 – 14:15	Panel C3.2: Labor of Love: The Realities of Linking Research, Policy, and Practice (Share-Net)

## Keynote Speakers, Biodata and Abstracts

Trudie Gerrits, University of Amsterdam, Anthropology Department

Introduction to the Conference ‘Anthropological Contributions to the Future of SRHR:  
From Theory to Practice and Back’

Wednesday July 3rd, 2024 at 10:00  
in room C0.02

### Abstract:

In this introductory key note Trudie Gerrits will give some background to the aims and three streams of this conference: 1) Social lives of technologies 2) Social bodies, moralities and inequalities; and 3) Transdisciplinary Collaborations. Before going into that, she will take you back in time – into her Anthropology Department’s long term involvement in the study of reproduction and sexualities, from the 1990-ies onwards. This history is, as she will show, narrowly entwined with the global rising attention for Sexual and Reproductive Health and Rights (SRHR), as first formulated at the International Conference on Population Policy (ICPD) in Cairo 1994. At the end of her talk, Gerrits will present some research insights - anthropological contributions - to the field of SRHR, resulting from her own studies and transdisciplinary work in the field of infertility and assisted reproductive technologies in Sub-Saharan African.

**Trudie Gerrits**, MA, PhD, (medical anthropologist) is Associate Professor at the Anthropology Department of the University of Amsterdam. Since 1993 she has done research in the field of infertility and assisted reproductive technologies in sub-Saharan Africa (Mozambique, Ghana and South-Africa) and in the Netherlands. She published widely about these themes:

<https://www.uva.nl/profiel/g/e/g.j.e.gerrits/g.j.e.gerrits.html>. Her book ‘Patient-Centred IVF: Bioethics and Care in a Dutch Clinic’ was published with Berghahn Publishers in 2016. Currently she is involved in a research project examining the ‘IVF-industry’ in South-Africa and all sorts of related reprotravel. Before working at the UvA she worked for 5 years at the Ministry of Health in Mozambique. Gerrits is keen to reach audiences beyond the field of social sciences, and has been involved in applied (research) projects, in Kenya, Ghana and Indonesia. She has been a member of various advisory commissions and is currently the chair of the Share-Net Community of Practice on Infertility, and the basic science officer of the ESHRE Special Interest Group ‘Global and socio-cultural aspects of infertility’.

# Sreeparna Chattopadhyay, Flame University, Sociology Department

Simple without being reductive –  
Making anthropologists relevant for sexual and reproductive health and justice

Wednesday July 3rd, 2024 at 15:30  
in room C0.02

## Abstract:

In this keynote address, I will reflect on nearly two decades as a practicing anthropologist who has worked both within and outside of the academy in the areas of gender-based violence, health systems, and inequities. My talk will attempt to answer the focus of this conference i.e. how can anthropologists collaborate more effectively with other stakeholders in sexual and reproductive health and rights? Using the frameworks of epistemic disobedience (Naidu, 2021; 2024), decolonial feminisms, (Tuhiwai-Smith, 2021; Verges, 2019), and Dalit feminist perspectives from India (Pawar; Bama 2005; Gogu 2012 and others), I will highlight the rationale and the mechanisms for empathetically adopting the standpoint of the marginalized, bear witness, and narrate experiences that researchers may not have lived through without appropriation. I will also offer a set of practical guidelines that can enable anthropologists to address questions of social justice and equity in sexual and reproductive health more effectively. Using examples from my work I will demonstrate how to build competencies that are critical for knowledge translation, communicate with impact outside academia, identify and manage stakeholders, especially relationships with the media and the communities that we work for/in, pitfalls to avoid when translating research findings into outputs for mass consumptions, and build sustainable alliances across disciplines. Finally, I will also reflect on ways to ensure self-care and mental well-being and ensure that we can continue to push for greater equity whether we work in conventional roles as anthropologists or in applied research as social scientists who use anthropological methods and theories.

**Sreeparna Chattopadhyay** received an AM ('03) and a PhD ('07) in Anthropology with a focus on medical anthropology, demography, and South Asian studies from Brown University. She holds a Bachelor's Degree in Economics Hons ('01) from St. Xavier's College, Mumbai, India. Her research in the last fifteen years has focused on the ways in which gender disadvantages interact with socioeconomic inequities, shaping women's life trajectories including impacts on health, education, and exposure to violence. The Harry Frank Guggenheim Foundation, the National Science Foundation, the Mellon Foundation, and the Vera Campbell Foundation have supported her work. Her research has been published in several international journals, as book chapters, and in national journals. Her work has been covered by the national press in India and internationally by the BBC and Al Jazeera. She has worked for the government, academia, and non-profits in India, the US, and the UK. She writes extensively for the public and has co-curated a student-led photography exhibition on maternal health in 6 conflict-affected regions in India. Her first book *The Gravity of Hope* on the interlinkages between domestic and structural violence was published in 2024. Her current research examines discourses of respectful maternity care in the context of institutional births in India and non-reproduction in urban India.

Marcia Inhorn, Yale University, Anthropology Department

Motherhood on Ice: The Mating Gap and Why Women Freeze Their Eggs

Thursday July 4th, 2024 at 09:30  
in room C0.02

Abstract:

Why are women freezing their eggs in record numbers? Contrary to media reports, which suggest that women's career ambitions are the main determinant of women's fertility preservation, women themselves offer different explanations for their egg freezing. The growing momentum toward this new reproductive technology masks an underlying but little discussed global reality—namely, a mating gap, in which women in the United States and more than half the world's nations (including the Netherlands) are outperforming men in higher education, resulting in the lack of eligible, educated, and equal partners with whom to pursue marriage and childbearing. Although egg freezing is touted for its “revolutionary” potential, it is a costly technological concession to growing gender inequalities, whereby educated women are “buying time” while experiencing reproductive partnership problems beyond their individual control.

**Marcia C. Inhorn**, PhD, MPH, is the William K. Lanman Jr. Professor of Anthropology and International Affairs in the Department of Anthropology and The Whitney and Betty MacMillan Center for International and Area Studies at Yale University, where she has served as Chair of the Council on Middle East Studies. A medical anthropologist specializing in gender, technology, and reproductive health issues, Inhorn has conducted research on the social impact of infertility and assisted reproductive technologies in the Middle East (Egypt, Lebanon, the United Arab Emirates) and Arab America over the past 40 years. She is the Presenter of six award-winning books on the subject, including *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East* (Princeton University Press, 2012). Her latest book, *Motherhood on Ice: The Mating Gap and Why Women Freeze Their Eggs* (NYU Press, 2023), is based on a US National Science Foundation study of 150 American women who froze their eggs. She is also the (co)editor of fourteen books, including the forthcoming edited volume, *The New Reproductive Order: Technology, Fertility and Social Change around the Globe* (Sarah Franklin and Marcia C. Inhorn, Editors, NYU Press, 2025), with a chapter by Prof. Trudie Gerrits.

# Getnet Tadele, Addis Ababa University, Sociology Department

Critical Dialogue with Professor Rachel Spronk, UvA

Thursday July 4th, 2024 at 13:00  
in room C0.02

## Abstract:

In this plenary session professor Getnet Tadele will be interviewed by our colleague Rachel Spronk, professor of the Anthropology of Sexuality and Gender, with a specialization in African studies. Given Getnet's unique position as a PhD-alumnus from the UvA in the field of SRHR, his dedication to SRHR, and his unwavering involvement in community development, in a context where SRHR issues are often considered as extremely sensitive, discussing his academic trajectory as scholar opens a vista on familiar fields and topics but from a different positionality than is usually discussed. Getnet's particular position provides a different angle on topics, from same-sex sexuality to the decolonization of knowledge, and brings up new questions on the possibilities of SRHR. Getnet and Rachel were close colleagues when doing their PhDs at the UvA and have been in close contact ever since, which will allow them to have a truly in-depth conversation.

**Getnet Tadele** graduated from Addis Ababa University (AAU) with a BA in Sociology and Social Administration with cum laude honors; received a MSc degree in Health Social Science from the University of Newcastle, Australia and a PhD in medical sociology/anthropology from the University of Amsterdam (2005), with his thesis "Bleak prospects: young men , sexuality and HIV/AIDS in an Ethiopian town". He is currently a full professor in the Department of Sociology of Addis Ababa University. He is an honorary professor at Jimma University, Adjunct Professor at Bahir Dar University and a Global Fellow at the Centre on Law and Social Transformation, University of Bergen, Norway. He is also a community mobilizer/development agent and a member of Ethiopian parliament.

Stine Adrian, The Arctic Univ of Norway & Aalborg University, Sociology  
Department

Working Interdisciplinary on reproductive technologies of Life and Death,  
from Theory to Practice and Back

Friday July 5th, 2024 at 09:30  
in room C0.02

Abstract:

Technologies today not only remake life, they also remake death. How death emerges, is managed, and is lived with by parents after death has taken place during pregnancy or in infancy, has been the focus of the research project: Technologies of Death and Dying at the Beginning of Life (TechnoDeath). The project is interdisciplinary as it combines medical sociology, anthropology, feminist STS, and law, through a combination of ethnographic and legal methods. The research done in the project was foremost fundamental research with an aim of making novel empirical, theoretical, and methodological contributions in reproductive studies. However, at the same time as we wanted to push forward the question of how technologies remake death, we became increasingly engaged in making societal change. From the beginning of the project, we have therefore made interventions in media debates on ethics of technologies; in talking to decision makers and health professionals as they were revising the regulation of abortion, and we have engaged with health staff in relation to care practices during abortions and in situations of infant death. In this presentation, I will unpack how the research group worked interdisciplinary with the challenged involved in such an endeavor, and how the engagements with practitioners became an important contribution, not only in relation to enabling the research to make an impact in media, law, and health practices, but in the making of new fundamental research.

**Stine Willum Adrian** is a professor in sociology of health, welfare and qualitative methods at the Department of the Social Sciences at UiT- The Arctic University of Norway. Adrian is a sociologist by training and holds a PhD in feminist STS and cultural analysis. Adrian's work has always been interdisciplinary, joining ethnography of medical technologies with cultural analysis, ethics, and law. Her research interests lie in questions concerning, reproductive technology, technologies of death and dying at the beginning of life, gender, intersectionality, feminist materialisms, and the entanglement of technologies and ethics. Adrian is particularly engaged in ethnographic and qualitative methods, including stakeholder involvements and interventions. Adrian has previously done several comprehensive ethnographic studies on reproductive technologies at fertility clinics and sperm banks in Denmark and Sweden looking at IVF, insemination, gamete donation, fertility traveling, cryo-technologies, sperm banking, and sperm storage for private use. She has recently been the PI of the research project: Technologies of Death and Dying at the Beginning of Life, funded by the Independent Research Fund Denmark, and is currently doing an autoethnographic project on reproductive technologies and infant death.



## Thematic Track A: Social Lives of Technologies

Panel A1.1: The Sociality of Digital Data and E-Health in SRHR  
Chair: Sreeparna Chattopadhyay

### The social live of Artificial Intelligence (AI)-powered smartphone-based fetal ultrasound in focused antenatal care; the case of Tonkolili district Sierra Leone

**Presenter:** Irene de Vries, KIT Royal Tropical Institute Amsterdam

#### **Abstract**

**Introduction:** Maternal and child health outcomes in Sierra Leone are hindered by several factors including the limited healthcare infrastructure, health worker shortages and socio-economic factors. WHO recommends one ultrasound (US) scan before 24 weeks of gestation for pregnant women to estimate gestational age, improve detection of fetal anomalies and multiple pregnancies, reduce induction of labour for post-term pregnancy, and improve a woman's pregnancy experience. Various factors influencing accessibility, such as the need to pay or distances to facilities, make that in Sierra Leone antenatal ultrasound is only available to a privileged few in urban centres. BabyChecker, an Artificial Intelligence (AI)-powered smartphone-based fetal ultrasound that aims to bring ultrasound services closer to communities, was piloted in Tonkolili district in 2023.

**Methodology:** A small qualitative study among health workers, pregnant and lactating women in the Tonkolili district was implemented applying the (non-adoption, abandonment, scale-up, spread, and sustainability) NASSS framework of Greenhalgh (2017).

**Results:** Findings revealed an understanding of ultrasound's importance, and the device was well-regarded for user-friendliness, more trust and better diagnostics, However concerns around integration in clinical practices, counseling, client needs and referral need to be addressed to achieve appropriate care.

**Conclusion:** AI-driven fetal ultrasound can enhance maternal-child health outcomes in Sierra Leone. The effectiveness of innovations for maternal health goes beyond whether a technology is clinically effective, but should take in account how technologies interfere with clients, providers and the health system. Anthropological studies are needed to leverage those voices and ensure factors are addressed to achieve equal access, minimize unethical practices and deliver holistic quality care.

# Everyone's here, but no one is *really* 'here': Exploring the trajectories of young people's usage of dating applications in urban Bangladesh

**Presenter:** Ishrat Jahan, BRAC James P. Grant School of Public Health

## **Abstract**

The culture of dating in urban Bangladesh exists in contention with dominant socio-cultural and religious norms that uphold fixed, binary framings of gender roles and performances. Thus, the search for love and building relationships is deeply intertwined with notions of respectability and shapes the ways in which young men and women understand and practice desirability. The emergence of highly networked social media dating applications disrupted the landscape of finding love in an urban context since the early 2010s. However, our understanding of the ways in which technology has reshaped the formation of connections and the negotiation of boundaries is limited in the context of the Global South.

Drawing on 15 in-depth interviews and two focus group discussions with young men and women residing in Dhaka, the capital of Bangladesh, this paper explores how dominant socio-cultural and religious norms are negotiated (and renegotiated) through the use of dating applications. Our findings map young people's experiences, from the creation of their first 'dating profiles' to exploring their desires, sexualities, and perceptions of love through these applications, bypassing patriarchal norms and practices of masculine and feminine identities in the process. Young men and women share how they learn to navigate the landscape of dating in highly networked relational spaces of social media while simultaneously being faced with the meanings and ideologies of love and relationships defined by patriarchal ideologies.

Narratives uncover how digital technologies interact with the cultural contexts they play out in, reshaping practices of love and desire. The ways in which their dating experiences evolve within the applications and influence them to redraw and reframe meanings of love and sex provide critical insights into the paradoxical existence of dating applications in the context of patriarchal socio-cultural norms that strongly maintain a culture of silence and public secrecy around dating.

# Social Lives of Digital Sexuality Education for Youth in Indonesia

**Presenter:** Diana Teresa Pakasi, Universitas Indonesia

## **Abstract**

The social lives of technologies, especially social media, play a pivotal role in shaping policies, programs, and the daily experiences associated with Sexual and Reproductive Health and Rights (SRHR). Digital technologies can serve as vehicles for education and empowerment; however, they also have the potential to perpetuate existing inequalities and biases if not implemented thoughtfully. In contexts where conservative norms restrict SRHR education, such as in certain regions of Indonesia, social media becomes an alternative platform for disseminating information that might otherwise be inaccessible. The study focusing on Indonesian adolescents and teachers leverages this digital landscape to bridge the knowledge gap, thereby acknowledging that technology is not merely a tool but a social actor that interacts with and shapes community norms and individual behaviors. To understand the social lives of digital technologies in SRHR education, we examine how these traveling technologies are appropriated by students and teachers, while also considering the risk of widening the gap between those who have access to technology and those who do not. This discrepancy may also result in the reinforcement of harmful stereotypes or misinformation. By examining how adolescents and teachers use social media to enhance SRHR knowledge across five regions, the research highlights both the potential of technology as an empowering force and the risks of perpetuating inequalities. The study, based on a mixed-method approach conducted in West Lombok, East Lombok, Jember, Garut, and Sukabumi during 2020-2021, could inform more inclusive and effective SRHR education that takes into account the social lives of technologies, thereby advancing the SRHR of youth and promoting gender equality.

## Tracking Oxytocin, a critical medicine for Maternal Health, in coastal Tanzania: A Cross-sectional Study Combining Social Sciences and Pharmaceutical Sciences Methodologies

**Presenter:** René Gerrets, University of Amsterdam

### **Abstract**

Oxytocin is considered the “gold standard” in high-income countries for preventing severe bleeding after childbirth (postpartum hemorrhage - PPH), the leading cause of maternal mortality worldwide. Born overwhelmingly by women in low-income countries, PPH-related deaths, suffering and (economic) losses could be reduced substantially by maximizing women’s access to quality-certified Oxytocin. Typically, Oxytocin is manufactured as ampoules containing an injectable formulation costing around US\$1 and up. Since Oxytocin is heat-sensitive, the World Health Organization (WHO) recommends cold-chain handling to ensure its pharmacological quality. Little has been published about how real-world distribution and storage conditions affect the pharmacological quality – and therapeutic effectiveness – of Oxytocin.

This study addresses this gap by presenting findings from a pilot study collaboratively designed and implemented by anthropologists, sociologists and pharmacists in coastal Tanzania and the Zanzibar archipelago, settings with stubbornly high maternal mortality rates notwithstanding relatively well accessible health care in comparison with most other countries in sub-Saharan Africa. Both coastal Tanzania and Zanzibar have a tropical climate and uneven access to electricity and refrigeration. We adopted a ‘social lives of medicines’ approach to track how and where Oxytocin ‘traveled’, and under which conditions, from wholesalers via various (formal and unlicensed) intermediaries to end-users, and collected Oxytocin samples for pharmacological testing in a WHO-certified lab.

Here we present ethnographic study findings from the mainland Tanzania study, focusing on so-called delivery kits. During visits to antenatal clinics, pregnant women (especially in rural areas) are instructed to assemble their kit, which is supposed to include Oxytocin. Combining ethnographic case studies of women’s delivery kits with historical tracing and pharmacological analysis of Oxytocin samples, we show that Oxytocin may be more stable under ambient conditions than studies are suggesting, raising challenging public health questions. We further discuss implications for health communication involving Oxytocin and delivery kits.

# Living with PrEP or HIV?

## Social moral worlds of queer PrEP users in Dar es Salaam

**Presenter:** Inga Haaland, University of Oslo

### **Abstract**

This ethnographic study is part of a larger project following the nationwide scale-up of Pre-exposure prophylaxis (PrEP) as HIV prevention for key (and vulnerable) populations in Dar es Salaam, particularly men who have sex with men and transgender women. *PrEP* is a biomedical HIV prevention that holds the promise of ending AIDS by 2030. PrEP comes in different forms; in this paper, we describe how the PrEP pill was received and used by queer people. It is safe to say that the local moralities of potential PrEP users and the socialities of HIV were not taken into account when planning and implementing the PEPFAR-funded PrEP program in Tanzania. PrEP was presented as a biomedical solution that could fix the 'problem' of new infections. However, the local moralities shaped the uptake and use of PrEP. While the introduction of PrEP provided safety and autonomy over HIV prevention and sexual freedom, PrEP also carried social meanings closely linked to HIV, promiscuity, and sex work. PrEP and ARVs are biomedically the same pills: with the same substances, pill regimens, pill shape and box used both for prevention and care. The close association of PrEP and ARVs and the persisting stigma and secrecy around serostatus for people living with HIV shaped in many ways how interlocutors lived with PrEP. While interlocutors emphasised the difference between taking PrEP, a pill they could use until they choose to stop using without fatal consequences, in contrast to ARVs, the social risk of exposing PrEP contributed to secrecy and silencing around their PrEP use. Unlike other parts of the world, HIV and PrEP were not explicitly associated with homosexuality; however, the fear of being marked as gay and experiences with or rumours of discriminatory public health services also affected the uptake and continuation of PrEP.

# Getting the numbers right: collecting and reporting ‘good’ routine maternal and neonatal health data in Southern Tanzania

**Presenter:** Jill Molenaar, Institute of Tropical Medicine Antwerp

## **Abstract**

Before appearing as indicator estimates, routine maternal and neonatal health data are constructed through interactions between people and system components spanning geographical levels. As such, these data both reflect and alter the environments from which they originate. This study explores perceptions of what constitutes ‘good data’ among maternity care workers and relevant district- and regional-level stakeholders in Mtwara region, southern Tanzania. Data collection included focused ethnographic observation at the labour wards of two hospitals (6 weeks total) and 29 in-depth qualitative interviews.

Our findings shed light on the complex social processes influencing the collection and reporting of maternal and neonatal health data. In a context where the health of women and newborns is high on the political agenda, routine data are closely monitored through both formal and informal channels, and fear of blame is widespread, research participants recounted experiencing significant pressure to get the numbers right. Their own definitions of what makes data ‘good’ overlap only partially with the types of numbers the system incentivises them to produce. We describe how maternity staff strategically manage and manipulate data to protect themselves and colleagues. By using data for protective purposes, new types of power dynamics emerge in the negotiation of community norms and social relationships.

Drawing upon Kingori & Gerrets (2016) interpretation of Scott's (1985) concept of ‘weapons of the weak’, we show how creative ways of getting the numbers right help maternity staff stay afloat in a difficult work environment. Data can serve as a means for these actors to exert agency, despite occupying positions with limited influence in the hierarchical health system. We use our findings to reflect on how best to navigate the blurry line between constructive accountability and counter-productive pressure, in order to allow for feasible and context-sensitive generation of routine data that fosters epistemic justice.

## A critical reflection on ‘blind spots’

**Presenter:** Victoria Boydell, University College London

### **Abstract**

For the last twenty years, I have been working at the intersections of anthropology and sexual and reproductive health and rights. I spent over 10 years with the International Planned Parenthood Federation and many more kindred UN agencies and philanthropic partners. Working primarily in service provision and public health spaces, I have endeavoured to bring the insights from anthropology to bear on our work. In this presentation, I want to present two seemingly successful initiatives where anthropology, in conjunction with other disciplines, made apparent ‘blind spots’ in SRHR. In both instances, the issues under examination were commonly recognised in the field but remained anecdotal.

Through the strategic application of transdisciplinary work, in particular paying attention to social domains and dynamics, cutting across academia and public health, we made these blind spots legible. The [first issue](#) we looked at was an examination of coercion in programming that focused on the provision of Long-Acting Reversible contraceptives (LARCs). The [second example](#) made visible the targeted violence and abuse faced by those working on the frontlines of providing sexual and reproductive health exacerbated by conservative right-wing politics and the anti-gender movement. In both cases we strategically used legitimising methodologies from the sphere of public health, the much-lauded systematic review, to demonstrate the analytical value of concepts from anthropology, such as stratified reproduction. Despite illustrating the productivity of working across disciplines and sectors, both efforts were heavily underfunded, subsidized by the free labour of the teams, and have been met with mediocre response and inaction. Given the lack of work on these areas combined with the poor response raises some questions for our reflection, why are these ‘blind spots’ anyway? Do we have ‘blind spots’ because it is a politically charged sector, more focused on defending against aggressive external attacks of the anti-gender/rights movement, and there is no space or time for internal critical reflection on our practices? Or, given the different ideological stances that make up the sector, are our blind spots indicative of knowledge practices that may be working to mask the epistemic injustice taking place in our midst? By presenting these two cases where we successfully used transdisciplinary work to address blind spots, I hope to provoke us to reflect more broadly on the nature and function of ‘blind spots’ and how we should respond to them.

# Women's agency in navigating health system constraints and risks in childbirth care in rural Guinea: reflections on the use of social science concepts in transdisciplinary collaboration

**Presenter:** Bienvenu Salim Camara, University of Amsterdam

## **Abstract**

Public health literature reports various health system constraints in the Global South known to create barriers making it harder for women to meet their reproductive desires/needs. Healthcare providers, operating as 'street-level bureaucrats', navigate these constraints in ways that can further add to women's uncertainties. Certain biomedical practices such as C-section are at times also perceived by women as a risk. Using ethnographic data and anthropological concepts, I - a PhD candidate with a public health background - explore how women in a Susu village in western Guinea use their agency to navigate the above mentioned barriers and risks. Using the concepts of reproductive navigation, (collective) agency and trust, I argue that women in labor creatively navigate these constraints and risks, relying in different ways and degrees on their social networks, including midwives.

For me, the concept of agency reveals and labels a phenomenon that I would not have discovered without inspiration from the social sciences: that of the struggle (agentic) women in the Global South are waging to ensure that they get access to maternity care when needed. This concept thus helps to uncover the stereotypical nature of the global health discourse presenting the health system and international agencies as main players striving for universal maternal health coverage and denying women's own agency.

In this presentation, I intend to reflect on the use of social science concepts in transdisciplinary collaboration between anthropologists and public health experts and decision-makers to achieve reproductive justice. The concept of 'agency' - like many other concepts in anthropology ('discourse', for example) - is unknown/not understood by public health practitioners. To better translate anthropological insights into public health practices, apart from reviewing the terminology of anthropological concepts, there is need to focus on their transdisciplinary definition/explanation to ensure that they are appropriated by the different stakeholders.



# Cure or curse? Private maternity services from the perspective of midwives who provide them

**Presenter:** Maria Wegrzynowska, Centre of Postgraduate Medical Education Poland

## **Abstract**

Over the last three decades, maternity services in Poland, as in many other high income countries around the globe, have undergone a series of reforms in order to adjust to the supposed reality of market economy and patients' needs. This entailed a considerable increase in the role of the private healthcare sector and partial withdrawal of publicly funded care. As a result, Polish maternity care became a complicated mix of private and public services. This increased involvement of private services and providers is often perceived by state officials, patients organisations and healthcare providers themselves as the most effective way to provide "choice", respond to women's and birthing people needs, improve quality of care and providers' work conditions.

At the same time, for over two decades, midwifery scholars advocated for relation-based care as the very core of what constitutes quality maternity care. Yet, despite strong evidence showing the benefits of midwife-led continuity care models, this type of care is not available through any publicly-funded programmes in Poland. Instead it became a luxury product that better-off women can pay for as a private service in order to "lift themselves off" the fragmented publicly-funded care.

By exploring the perspective of midwives who provide private maternity care in Poland, in this presentation I show how private services, on the one hand, offer a chance for higher income or more professional autonomy. On the other hand, they constitute a huge burden on midwives, change the power dynamics between members of the therapeutic team, commercialize the women-midwife relationship, and deepens inequalities in access to care.

My presentation highlights the importance of anthropological research of structural changes in healthcare settings as it illuminates the lived experiences of service providers in an increasingly deregulated environment dominated by the discourse of "individual choice" and "individual responsibility".

## The Ectopolitics of Reproduction: Social, Ethical and Gender Aspects of Future Revolutionary Reproductive Technologies

**Presenter:** Nitzan Rimon-Zarfaty, Sapir Academic College  
**Presenter:** Yael Hashiloni-Dolev, Ben Gurion University of the Negev

### Abstract

Recently, scientists have reported on increased capacity to grow (non-human) embryos outside the body throughout almost all stages of pregnancy. Simultaneously, laboratories have reported new developments in reprogramming induced adult pluripotent stem cells to become sperm and egg cells and in creating embryo-like entities (*iBlastoids*) from pluripotent stem cells (termed embryogenesis) rather than from sex gametes. These technologies could *lead to a revolutionary type of reproduction that neither requires gametes for the creation of an embryo nor the womb of a woman for subsequent embryo growth*. Such practices are not only revolutionary in the technoscientific sense, but also in the social sense, as they can potentially reshape ontological states such as “humanhood,” “pregnancy,” “fetus/embryo,” “abortion,” “birth,” “newborn,” “parent,” “mother,” and “family” while challenging the presumed link between biology, gender, family and subsequent division of labor. Studying the socio-political impact of biomedical practices, social scientists often draw on the classical Foucauldian concept of “biopolitics”. Our project innovatively offers to update the theory on the biopolitics of reproduction by introducing a new term, “Ectopolitics”, which conceptualizes the future of reproduction once it has become detached not simply from sex, but also from the woman’s body and from the sexes.

# ‘The Social Life of the Artificial Placenta Technology’

## Enacting birth, personhood, kinship, and healthcare within and outside the laboratory

**Presenter:** Oshin Siao Bhatt, Chalmers University of Technology

### **Abstract**

The Artificial Amniotic Sac and Placenta Technology (AAPT) – also known as the Artificial Womb (AWT) or the Artificial Placenta Technology (APT) – is currently under pre-clinical research and development in laboratories across the world. This technology seeks to improve the conditions of perinatal and neonatal care; aiming to increase the chances of survival for premature babies born before 28 weeks of gestation, through an enforced continuation of the physiological foetal state. In so doing, this technology promises to have significant implications for the social, material, and legal enactments of fetuses and neonates, possibly blurring the boundaries between the two. This in turn, also allows for the rise of significant questions around SRHR policies, programmes, and the everyday realities of those affected by these technologies.

With this mind, I will draw upon recent ethnographic research with scientists working on the development of the Artificial Placenta Technology, in the Netherlands, to present early findings on how actors within the field enact the everyday, socio-material realities of ‘birth’, ‘personhood’, ‘kinship’, and ‘healthcare’, in conjunction with the development of the technology in question. I will further seek to explore the extent to which the ‘social life’ of the Artificial Placenta Technology within the laboratory (and other research environments) draws from and impresses upon its enactment, and that of the abovementioned practices and institutions, outside it. In this way, I seek to bring to the fore findings around how its social life influences not only the ways in which this technology is made, but also those closely involved in its ‘care-ful’ construction, maintenance, and potential use.

# A Friendly Technology? The mild approach to IVF in Japan

**Presenter:** Pei-Chieh Hsu, University of Cambridge

## **Abstract**

Of countries where In vitro fertilisation (IVF) has been widely implemented, Japan is distinct, given the prominence of mild-stimulation IVF, which involves fewer medications and physical stress at a reduced cost. It is framed as a “patient-friendly” and “close-to-natural” protocol. Research has debated the efficacy of the treatment for over 20 years. However, how this milder approach intersects with reproductive decisions and embodied experiences in IVF is never examined.

This paper is built on one-year qualitative data collection with the Japanese IVF community, unpacking nuanced social constructions of bio-knowledge and policies underpinning mild IVF practice. The empirical findings demonstrate how milder IVF experiences intertwine with daily life responsibilities, arguing that there is a significant inconsistency in the patient-friendly claim and individual treatment experiences. I questioned whether mild IVF is caring for women by investigating how individuals’ treatment experiences differ in technological arrangements for diverse protocols. And how policies prompt individuals to choose IVF protocols. Mild IVF provides an alternative for undertaking treatment with less physical burden and cost. However, it could also lead to unmanaged discomfort and repeated unsuccessful cycles.

Medical rhetoric surrounding various IVF protocols affect individuals’ decisions in IVF, leading to significant different IVF experiences. I find that individuals perceive mild IVF as a moderate option, balancing between medical interventions and the historically inherited cultural norm of natural conception, providing conceptual spaces where Japanese women endeavour to “improve” fertility by emphasising the quality of reproductive cells. However, it intensifies the surveillance of female reproductive bodies and cells and avoids addressing the higher possibility of repeated unsuccessful cycles. The prevailing mild IVF in Japan mirrors how novel technology is localised into society’s existing frameworks, and co-writes and reconstructs the unbalanced gender structures.

Chair: Marcia Inhorn

## Access to Assisted Reproductive Technologies in Sub-Saharan Africa: Fertility Professionals' Views

**Presenter:** Andrea Whittaker, Monash University  
**Presenter:** Trudie Gerrits, University of Amsterdam

### **Abstract**

Across sub-Saharan Africa (SSA), there remains disagreement among local expert providers over the best ways to improve access to assisted reproduction in low income contexts. Semi-structured qualitative interviews were conducted with 19 fertility specialists and 11 embryologists and one clinic manager with experience from South Africa, Zimbabwe, Namibia, Kenya, Ethiopia and Uganda to explore issues surrounding access and potential low-cost IVF options. Lack of access to ART was variously conceptualised as a problem of high cost of treatment; lack of public funding for medical services and medication; poor policy awareness and prioritisation of fertility problems; a shortage of ART clinics and well-trained expert staff; the need for patients to travel long distances; and over-servicing within the largely privatised sector. All fertility specialists agreed that government funding for public sector assisted reproduction services was necessary to address access in the region. Other suggestions included: reduced medication costs by using mild stimulation protocols and oocyte retrievals under sedation instead of general anaesthetics. Insufficient data on low-cost interventions was cited as a barrier to their implementation. The lack of skilled embryologists in the region was cited as major limitation to expansion of the availability of ART services and the success of low-cost IVF systems. Very few specialists suggested that profits of pharmaceutical companies or ART clinics might be reduced to lessen the costs of treatments.

# Get the IVF lab moving

## Design, construction and refurbishing of a mobile IVF laboratory

**Presenter:** Gerhard Boshoff, Hasselt University & University of Pretoria

### **Abstract**

There is a need for more IVF laboratories in South Africa. The Medical Assisted Reproduction (MAR) industry in South Africa, employing <50 clinicians and <100 embryologists, cannot provide sufficient Assisted Reproductive Treatment (ART) to meet the need of a population of >60 Million people. This is confirmed in the latest national registry report, indicating a 6.4% of the estimated ART need per annum being met. With only three Public and thirteen Private Sector ART units actively reporting cases to the national registry, MAR is mostly offered at a premium in the Private Sector in South Africa.

Patients in the Public Sector are offered partially subsidised ART procedures, if they fulfill the necessary criteria, but some must travel extensive distances to reach the ART units available. Distance decay is seen from patients residing further from healthcare facilities. This trend is featured predominantly in lower income groups, with 49% vs. 6% of this population travelling <50km or >250km. A mobile IVF laboratory can be used to provide ART services through immediate access. Rural and remote areas can be reached without cost-escalation consequences to set up fully functional MAR units.

The design of an IVF laboratory “on wheels” was performed as part of a PhD project focusing on improving accessibility to MAR, i.e. to design and construct a prototype ready for use. The various mobile options, cost implications, specialised manufacturers, timeline, as well as the pitfalls experienced will be discussed. The constructed and equipped prototype will be showcased, along with a discussion on the use and implementation of the mobile IVF laboratory.

## Panel A3.2: Exquisite Placenta: A Zine Workshop For Collaborative Conceptual Play

**Presenter:** Andie Thompson, University of Amsterdam  
**Presenter:** Oshin Siao Bhatt, Chalmers University of Technology

This interactive workshop offers participants an opportunity to collaboratively expand their engagement with the social lives of the technologies they research through the medium of the zine - self published magazines. We will describe what zines are and show an example of a collaborative zine experiment on placenta technologies done by us- the workshop organizers- Andie and Oshin. We will then guide the workshop participants through a creative multi-modal activity, working in pairs to explore aspects of a technology common to their research. To guide our activity we will use the storytelling format of the “esquisite corpse”, a parlour game originally popularized by the surrealist art movement of the 1920’s, where an object is collectively imagined through creating a sequence of compositions, that as a composite, create a whole. At the end of the session participants will walk away with a mini-zine about their collaborative object, inspiration for their research, and new contacts in their professional network.

## Thematic Track B: Social bodies, Moralities and Politics

Panel B1.1: Whose Moralities Count in SRHR Programming

Chair: Jeroen Lorist

### Between Reproductive Citizenship and Exile: Navigating the Irish Abortion Landscape

**Presenter:** Leah Eades, University of Edinburgh

#### **Abstract**

In the Republic of Ireland, it has been possible to access legal abortion through the public health system since 2019. However, activists and researchers have identified legal and extra-legal barriers that can inhibit people's access to care. In this paper, I examine how these barriers stratify access to abortion services. Building upon the "abortion exile" framework proposed by Elyse Ona Singer (2020), I argue that Irish abortion-seekers frequently find themselves in situations where their capacity to exercise their rights is in question, a liminal position that I envision as being *between* reproductive citizenship and exile. I begin by outlining how the country's new law and services are premised on a medicalised formation of reproductive citizenship: one that constructs abortion primarily in terms of healthcare delivery, and women as individualised, responsabilised and self-managing patients. I then show how this formation shapes women's abortion-seeking trajectories, drawing primarily on the experiences of two women, Shauna and Fiona, who respectively sought terminations during the first and second trimesters of their pregnancies. In both cases, the women were eventually deemed eligible for care in Ireland, but only after exerting significant time, effort and resources in navigating an abortion landscape littered with false starts and dead ends. Focusing analytical attention of the way in which women like Shauna and Fiona inhabit – and, frequently, vacillate between – states of reproductive citizenship and exile enables a fuller understanding of the subjective experiences of struggling to access SRHR services, as well as the social, material and political consequences of these struggles. It is therefore a useful lens for scholars concerned with questions of global reproductive governance and mobilities, with both theoretical and applied applications.



# Power to you(th) is power to act: civic space and adolescents in Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal, Uganda

**Presenter:** Anke van der Kwaak, KIT Royal Tropical Institute Amsterdam

**Presenter:** Lincie Kusters, KIT Royal Tropical Institute Amsterdam

## Abstract

**Introduction:** Civic space is shrinking globally and in order to guarantee the social and mental wellbeing of adolescents, their meaningful participation and civic freedom is crucial: to enable adolescents to claim their rights and have agency. The Power to You(th) programme (2020-2025) aims at empowering adolescent girls and young women to increase their agency, claim their rights, address gender inequalities, challenge gender norms and advocate for inclusive decision-making. Boys and men are engaged as positive contributors to this process of change. Research by and with adolescents was needed to identify the persistent intersectional inequities and local moralities shaping their lives.

**Methodology:** The OECD observatory of civic space was applied as part of an online civic space survey and baseline studies (2020) in seven countries, for a deeper dive into the Findings.

**Results:** In the 7 countries adolescents encountered different levels of civic space. Civil society organizations played a critical role in strengthening and expanding civic space and changing social norms. Depending on the context and local moralities indeed shifts of power and freedom were given to adolescents to navigate and realise their dreams and potentials. However civil society organisations, health and social programs also reproduced existing inequities and modifications in symbolic power were on the surface. Political realities, multilevel and multi actor support to accountability and social norms change determined whether there was more or less civic space for adolescents in the 7 countries.

**Conclusion:** An enabling environment and being accountable to the needs of adolescents is not sufficient to let them act. There is need for a transformative approach in which adolescents are in power to construct their own lives, and have the space to develop and protect their own self and identity.

# SRHR projects on contraception in southern Benin through the lens of critical anthropology

**Presenter:** Valentina Vergottini, University of Roma-Tre

## **Abstract**

In many contexts in Africa, and especially in Benin where I carried out ethnographic research, there are numerous SRHR projects aimed at promoting women's "development" and "empowerment", through campaigns on awareness of the importance of contraception and limiting the number of children per woman.

Ethnographic approach can highlight how these projects are inspired by Eurocentric assumptions, which deserve to be challenged. In particular, as will be seen, in the West, white feminism has always considered the category of mother as synonymous with female subordination. On the contrary, local moralities emphasize the importance of reproduction, descendance and existential continuity with the ancestors, and motherhood plays a central role in the construction of gender identities.

The aim of this paper is to investigate how contraceptive projects are perceived locally and what are the polyvocal and polysemous points of view of the people involved. Emphasis will be placed on individual subjectivities' strategies and on their agency, even in cases where the latter is subtle and does not necessarily result in practices of rejection or resistance.

I will highlight how relatedness and motherhood can be seen as spaces in which women configure their own empowerment and agency. At the same time, I will attempt to reformulate the way in which contraception is generally interpreted.

Taking into account local moralities, and different gender and generation models, it will be clear how contraception should be seen as part of broader reproductive trajectories, in which it can also sometimes be used for purposes other than those for which it is so much sponsored in Africa.

Panel B1.2: Aligning Values in Multi-Country Collaborative Projects:  
anthropological reflections on comprehensive sex education projects  
Chair: Jeroen Lorist

## Decoloniality and women's agency in sex education in Zambia

**Presenter:** Jeroen Lorist, University of Amsterdam & Rutgers

### **Abstract**

Integrating critical thinking on gender and power within sexuality education has been praised for its ability to reduce unwanted pregnancies and sexually transmitted infections, including HIV. The Dutch government has been investing in this 'gender transformative approach' by strengthening the capacity of 64 schools in Zambia. This research draws on findings of a multi-sited ethnography on the experiences of 22 male and female teachers and government officials in Zambia, who underwent training in this approach from 2018 to 2019. Female teachers and government workers utilized this training to critique and change harmful initiation rites of the Chewa peoples. However, this attempt at norm change was hindered by the 'fluidity of patriarchy,' which refers to the ability of powerful men to adapt to outside interventions. In this case, they undermined the project. Labeling this- resistance simply as 'dealing with opposition', as Western NGOs have started doing recently, overlooks the ways in which traditions are reimagined and reinvented to sustain patriarchy and gender inequality. In this panel presentation, Jeroen critiques the way Western programs listen to the voices of the young people they aim to support. Due to NGO jargon and a heavy focus on evidence and effectiveness (upward accountability), these voices often go unheard. I urge policymakers and practitioners to ask self-critical questions about who gets to set the research agenda, whose voices are prioritized, and (ironically) how their own masculinist leadership norms and neoliberal practices may embody expressions of coloniality and patriarchy.

# Navigating different values and demands in a multi-country research collaboration on CSE in Indonesia & the role of Anthropology

**Presenter:** Miranda van Reeuwijk, Rutgers

**Presenter:** Anggriyani Wahyu Pinandari, Universitas Gadjah Mada & University of Groningen

## **Abstract**

In this presentation Miranda will briefly introduce the background of a Comprehensive Sexuality Education (CSE) program in Indonesia and of a multi-country, cross-discipline research program to evaluate this CSE program. She will explain about the role of anthropology in the research design (program theory of change and meaningful youth participation in research), and identify tensions in values, demands and cross-cultural communication that came to play in the program. She will then interview Aang Pinandari, the study director of the research program, on how she navigated those tensions in practice and key lessons learned. We will discuss how differences and tensions also form the ground for progress, innovation and solutions for SRHR.

# Resistance is not futile; an examination of (un)productive opposition to comprehensive sexuality education

**Presenter:** Esther Miedema, University of Amsterdam  
**Presenter:** Marielle Le Mat, KIT Royal Tropical Institute Amsterdam

## Abstract

The idea and teaching of comprehensive sexuality education (CSE) has elicited strong reactions, and particularly opponents of CSE use strong language to convince policy-makers, educators and caregivers of the dangers of such education. Advocates of CSE regard opposition to CSE as a critical barrier to its implementation and uptake, and as a consequence leaving young people without the knowledge, skills and awareness necessary to safely explore their sexuality and to engage in respectful and (perish the thought!) pleasurable (sexual) relations. In principle, we too join ‘camp advocacy,’ yet in this paper we wish to pay closer attention to the numerous forms and shades of resistance, and question the assumption that all resistance need be a barrier. Drawing on Fakhoury (2019), we draw a distinction between subjects, targets, tones and scope of resistance. Subsequently, and drawing on Chantal Mouffe’s notion of agonism, we explore which forms of ‘resistance’ might be recast not as barrier but as generative of forms of sexuality education that do greater justice to context and contextualized concerns and desires.

“Only by cutting into the watermelon can you find out what’s happening  
on the inside”

Everyday Reproductive Vulnerabilities and Sterilisation-Use in Northwest India

**Presenter:** Arushi Sahay, Geneva Graduate Institute

**Abstract**

At odds with the growing ‘basket of choices’, contraception in India remains disproportionately biased to female sterilisation (NFHS-V 2021). I approach this long-standing sterilisation debate by drawing on ethnographic fieldwork at a family planning clinic in northwest India and detailing everyday interactions between service-providers, health workers and women around sterilisation-uptake. Mobilising the anthropological interest in the everyday, I emphasise the role of everyday reproductive vulnerabilities in making the female body increasingly available not only for biomedical interventions such as sterilisation, but also for associated forms of intimate governance and cultural surveillance.

Consider the following vignette: Inside a family planning clinic, the counsellor responds to queries about the ‘risks’ of laparoscopic sterilisation: “Usually it all works out, but it is our job to inform you...everyone’s body is different...have you brought a watermelon at the market...can you tell whether it’s good or bad, fresh or rotten, sweet or sour without cutting into it...just like that, until we don’t get a look inside your uterus, we can’t say anything for sure.” This watermelon-analogy is often and variously repeated at the clinic: while discussing the risks relating to the sterilisation operation; the possibility of its failure; determining a pregnancy status for abortion; managing postoperative complaints regarding pain and discomfort.

Through a critical analysis of this analogy, I move the sterilisation debate beyond existing frameworks of rights, choice and consent to instead argue how sterilisation-use in India is closely entwined with women’s everyday reproductive vulnerabilities, especially in resource-poor settings and amongst marginalised communities. The shared biomedical as well as cultural understanding of the female reproductive body as constantly vulnerable and at-risk (from unwanted pregnancies, failed contraception, irregular menstruation and unsafe abortion) necessitates sterilisation-use as technologically and operatively mitigating these vulnerabilities and helping women be ‘free’ from the ‘tensions’ of their fertile body.

# The first visit to an ambulatory gynaecologist: a qualitative study exploring adolescents' perceptions on sexual health care service

**Presenter:** Lea Malin Hofmann, Universitätsmedizin Halle

## **Abstract**

“We will NEVER go to the gynaecologist” - this statement by a group of teenage girls I encountered during a session of a student-led sex education project in a German school was surprising. For many adolescents having an ambulatory gynaecological visit is the first experience with sexual health care services. The lack of an age-dependent recommendation in Germany for such an appointment implies that adolescents can and should make an individual choice of when to access the services.

Using a qualitative research approach, the study aims to answer the question of what meaning adolescents attribute to their first gynecological visit. Furthermore, it is questioning to what extent the choice to make an appointment for the first time truly can be a decision made on an individual level as well as identifying the norms that contribute to making such a decision. This will be achieved by analysing 18 semi-structured interviews with 23 adolescents aged 13 – 16 that took place in their respective schools. 14 of the teenagers already have had their first visit, whereas the other 9 have not. Contrasting those two groups, different patterns of the perceptions prior to and after the first ambulatory gynecological appointment will be obtained to answer the research questions.

With the results of the study, insights may be formulated on how adolescents can be approached and supported adequately before contacting sexual health services for the first time. Secondly, the study will possibly contribute to an evaluation whether an age recommendation might be a useful tool to lower the barriers to the first gynaecological visit. Finally, the underlying structures influencing the adolescents' experiences will be explored to potentially understand why some teenagers oppose the idea of visiting the gynaecologist.

# Is a Body Universal? Sexuality and Race in the Sex Education of Germany

**Presenter:** Armanç Yildiz, Humboldt-Universität zu Berlin

## **Abstract**

While comprehensive sex education programs in Germany garner praise from liberal circles globally, a closer examination reveals inherent complexities. Despite lauded intentions, the reality of compulsory sex education often falls short, with biology teachers leading brief sessions lacking specialized training. To supplement this, NGOs offer extracurricular workshops, aiming to cover both biological and social aspects of sexuality. Drawing from field research conducted with sex educators in Berlin, this paper scrutinizes the implicit assumptions underpinning German sex education. Despite claims to universality, observations suggest a tendency to impose a singular understanding of sexuality onto diverse student populations. This approach, while well-intentioned, inadvertently perpetuates racialized dynamics, particularly evident in interactions with students perceived as Muslim. Through critical analysis, this paper argues that German sex education, in its pursuit of universality, inadvertently reinforces a color-blind conception of sexuality, effectively marginalizing non-White experiences. By subscribing to a homogeneous model of sexual knowledge, educators unwittingly uphold liberal White subjectivity, reinforcing existing social hierarchies. The paper concludes by advocating for a more nuanced approach to sexual health, one that acknowledges and embraces the diversity of social bodies. By interrogating the biases and moralities within current practices, educators can move towards a more inclusive and equitable approach to sexual and reproductive health and rights, transcending the limitations of universalism and embracing the complexities of race, sexuality, and social values.



## Power, Sex and Spirituality: Takatāpui suicide prevention through applied indigenous models of wairuatanga (spirituality) and sexual freedom

**Presenter:** Samantha Le Gallais, University of Auckland

### Abstract

As members of the indigenous and queer community in Aotearoa New Zealand, Takatāpui endure significant health disparities, largely due to structural determinants shaped by British colonisation. A striking example of the impact of these disparities is a 2021 study revealing that an alarming 94.3% of 273 surveyed Takatāpui youth reported having attempted suicide in the previous year (Dudley et al., 2021). The literature underscores the destructive effects of colonisation, which saw the erasure of early Indigenous principles that embraced spiritual and sexual diversity, replaced by the restrictive sexual morals of Victorian-era, British culture (Aspin, 2019).

Pre-colonial Māori society alternatively celebrated sexual diversity through carvings, songs, and prayers, recognizing it as a means to honour the spiritual essence within each individual, which was shared during sexual encounters (Aspin, 2019; Aspin & Hutchings, 2007). In contemporary times, reclaiming these early expressions of Māori sexuality has become vital to the wellbeing of Takatāpui, facilitating a reconnection to Māori culture post-colonization and inciting a sense of spiritual and sexual freedom that has become critical to Takatāpui wellbeing (and by extension other queer New Zealanders).

The profound influence of Māori cultural teachings on the wellbeing of Takatāpui in New Zealand, highlights the importance of integrating these teachings into therapeutic practices. Unfortunately however, while the research to support Takatāpui exists, the predominance of Western therapeutic models in professional settings often overshadows these invaluable cultural insights, rendering them underutilized and difficult to apply. The relevance of early Māori perspectives on sexuality is undeniable. Therefore, it is imperative that critical research exists to explore and solidify how these perspectives can be effectively integrated into contemporary therapeutic practices. Thus, ultimately improving the lives of Takatāpui in the aftermath of colonial influence, and pushing the boundaries of what it truly means to be spiritually and sexually free.

# Relationship between sexual violence in Mali and the cultural heritage of colonization

**Presenter:** Traore Lalla Fatouma, DERSP/FMOS  
**Presenter:** N'Diaye Ibrahim, Centre Multipolaire Do Kayidara

## Abstract

Proof of the high level of culture and civilization attained by the peoples of Mali of yesteryear (Mali Empire) is certainly the "Charter of Kouroukanfouga" of 1235-36. It governed all key aspects of the life of the peoples of the empire. With regard to the possible relationship between sexual violence and cultural heritage, respect for the dignity of the person, the requirement not to cause harm to one's neighbour and the prohibition of torture and persecution were all values to be respected by Malian communities.

In Mali, the prevalence of sexual violence is on the rise. Beyond demographic and statistical considerations, it is appropriate to ask the question of the causes of the break with the values of Kouroukanfouga and how to remedy it in the current context.

**Objective:** The purpose of the study is to examine the relationship between the cultural heritage of French colonization and the exacerbation of sexual violence in Mali. The study will be conducted by experts in socio-anthropology, public health in the field of SRHR and history.

**Expected results:** The informations are collected and analysed in order to document the relationship that may exist between sexual violence and the legacy of colonization; and solutions are proposed to reverse the trend.

**Conclusion:** It would be essential to know what has affected Malian society to the point of producing such negative results, if not the inversion of the values of mutual respect and peaceful and serene coexistence. The majority of women and girls would benefit to the point of constituting a renewed foundation of human dignity and balance in society as a whole.

Hindu baby “by choice, not by chance”  
An analysis of Garbh Sanskar practices in Delhi

**Presenter:** Clémence Jullien, CESAH

**Presenter:** Lucia Gentile, ICM

**No Available Abstract**

# Ordering of Wombs - reading in to future fertilities Navigating COVID-19 vaccination infertility fears among KISA women of reproductive ages in Khwisero in Kenya

**Presenter:** Florence Mariam Yusuf, University of Oslo

## **Abstract**

The KISA people from western Kenya believe that every woman prior to her reproductive age has an “omulambo” which is “like a dead body.” The Omulambo is brought to life through different rituals and practices. And though “omulambo” – is a contested term-as it shrouds a multiplicity of referents, including what is forbidden-controlled and concealed- it allowed me to follow what young KISA women meant by “ordering” the womb before going for ANC or PNC clinics.

In this paper, we introduce the ritual of Ordering of womb to address the complex nature of fertility and women’s reproductive health choices within different health intervention debates in Khwisero in western Kenya. The paper draws a collection of ethnographic stories and observations among young women in Khwisero, in an attempt to understand how the ritual– enacts the different modalities of agencies and idealizes women’s reproductive bodies as sites that produce future fertilities. Around the 1940s, a deadly plague hit the KISA community. Many women complained of “closed” wombs, and many men experienced itching in their reproductive organs. It was at the same period that colonial medicine had settled in the region, and KISA women were forced to abandon home births and go for assisted facility births. The abrupt shift from home to hospital-based deliveries brought a lot of confusion and abstraction in the way pregnant and post-pregnant women in Khwisero experienced fertility and births. The council of elders-diviners and healers, believed that women’s wombs had to be transitioned from the colonial facility-based spaces and integrated back into the cultural spaces- and men as the custodians of the said culture performed the transition. This whole process was named “ordering of wombs for future fertilities”. The ritual framework offers a way to read into the production, validation and sustainability of fertility fears within COVID-19 vaccination uptake in the region. This is to say, the controversies about vaccines are bound up with the controversy over the place of women's reproductive bodies and the principles by which future agencies of these bodies are interpreted.

## SRHR integration in medical curricula around the globe How transdisciplinary collaboration leads to equitable and rights-based health around the globe

**Presenter:** Anke van der Kwaak, KIT Royal Tropical Institute Amsterdam

**Presenter:** Irene de Vries, KIT Royal Tropical Institute Amsterdam

### Abstract

Sexual Reproductive Health and Rights (SRHR) are globally under threat. Even in settings where SRHR policy and regulations are liberalized, people face barriers to access quality, non-biased and rights-based care. The next generation of professionals seem to lack appropriate levels of SRHR skills and knowledge of the SRHR discourse, and will not be able to commit to meeting the basic health care needs and rights of people.

**Methodology:** A mapping in 2023 of best practices of transdisciplinary work in especially medical and public health curriculum has been carried out in Europe, West Africa and Asia. In all cases SRHR modules were integrated in academic teaching and vocational training.

**Result:** Access to good quality SRHR services are often challenged by cultural or political arguments. When SRHR modules are integrated in curricula in medical schools and public health institutes in all cases change was visible at the short term. Not only SRHR but also anthropological theories and practice as well as gender, rights and power analysis need to become part of the curricula. Moreover, transdisciplinary trainings of trainers engaging managers and deans of are key. Without their leadership change processes will just be an exercise.

**Conclusion:** Globally there is a modest movement to aim for a system change aimed at mainstreaming SRHR in medical curricula. The best practices of Mali, Benin, Turkey and the Netherlands have contributed to understanding of the importance of systems change in the curriculum and the faculties. In the Netherlands especially more dialogues are needed about the standardization of the integration of anthropological, feminist and SRHR theory and practice into the medical and health related curricula.

# Transdisciplinary collaborations and blindspots

**Presenter:** Efua Prah, University of Johannesburg  
**Presenter:** Josien de Klerk, Leiden University College

## Abstract

In this presentation we reflect on an experiment between three differently positioned researchers; two anthropologists and a clinical psychologist, whose shared interest in maternal health generated a Virtual International Collaboration across three institutions, two in South Africa and one in the Netherlands. The initiative aimed to create a pedagogical platform for student, practitioner, and academic engagement within the field of sexual and reproductive health. Global Public Health students of Leiden University College partnered with Development Studies Honours students from the University of Johannesburg's (UJ) Department of Anthropology and Development Studies, and Home Visitors from Ububele Educational and Psychotherapy Trust, an NGO based in Alexandra, a township in Johannesburg, South Africa. Students and home visitors jointly analysed home visit reports written by home visitors from Ububele. The reports document the daily challenges faced by mothers of newborns in Alexandra, as they navigate the often constrained and limited avenues of support in maternal health. The collaboration focused on what constituted precarity for mothers and involved the ethnographic analysis of 17 transcripts selected by home visitors.

Through four live virtual meetings, facilitated by Dr. Josien de Klerk (LUC) and Prof. Efua Prah (UJ), and student-led WhatsApp groups, students and home visitors exchanged their perspectives of these transcripts, shaped through assigned academic literature and personal backgrounds. Four blog posts, addressing the challenges faced by mothers in Alexandra will be published on the Ububele blog site and Alex News. In this presentation we address Through this project, some of the lesser reflected arenas of collaborative pedagogical programmes in SHRH emerged. For instance, what kinds of conceptual starting points inform how and what students engage with? What knowledgescapes remain silent and silenced by internalised subjecthoods? What is the value of knowledge(s) generated in collaborative initiatives? There are critical lessons to be learned, enabling healthier exchanges, and honouring epistemic reform in SRHR research and education.

# Challenging discriminatory social norms for Sexual and Reproductive Health and Rights in Benin. What contribution from anthropologists and other social scientists?

**Presenter:** Benoit Libali, UNFPA

## **Abstract**

Benin is strongly committed to advance social issues, through legal and institutional reforms promoting feminist and women's rights agenda, including sexual and reproductive health and rights. Yet the country is facing high fertility (5.7 children per woman in 2018 and 4.7 in 2021) and maternal mortality (591 per 100,000 live births in 2015 against 523 in 2020), low modern contraceptive prevalence (12.1 per cent in 2017-2018 and 16.9 per cent in 2021) and high percentage of women (45.9 %) and girls of 15-19 years (67.1 %) affected by GBV (National GBV study 2022).

This gloomy social situation, which does not reflect the political and strategic efforts committed and the institutional and community dynamics, seems to be largely fuelled by discriminatory social norms still in force in the country. Hence, deconstructing discriminatory or harmful social norms that hinder the use of sexual and reproductive health and rights services, is one of key challenges that the country needs to solve to make substantive progress in social areas. The Learning Community on Social Norms in Francophone Africa recognized in 2022 that interventions to change social norms are key to achieving social objectives. As of 2022, more than 25 projects, interventions or initiatives have been implemented in Benin to transform social norms related to marriage, fighting gender-based violence, and promote reproductive health and family planning.

This paper, will use a literature review to discuss under the theme of transdisciplinary collaboration and blind spots the view of social norms in their constant configuration, bearing in mind the inevitable syncretism and local dynamics that lead to endogenous innovations and resistance. This will help to better articulate, on a non-judgmental and non-criminalizing approach, the multiple facets of social norms, in their endogenous and syncretic essence.

# Legal but not legitimate: recent anti-abortion policies in Turkey

**Presenter:** Melehat Kutun, Uni Kassel

## **Abstract**

At the 3rd Ordinary Congress of the Women's Branch of the AKP in 2012, the president of Turkey singled out campaigns such as Family Planning by claiming that abortion is murder, a sin and an international conspiracy. This shift was simultaneously driven by both political campaigns and re-regulation of the existing 1983 law. In the reproductive health services draft law of 2012, firstly, gynaecologists were given the right to withdraw from performing abortions on conscientious grounds. Secondly, it was decided both that studies would be carried out on the reasons for people not getting married and having fewer or no children, and that abortion would be made a rarely used method. Another institutional regulation facilitating the social reorganization of abortion politics is a negative performance rating for abortion – meaning wage cuts, loss of prestige and high risks for those carrying out the procedure – in the Health Transformation Programme, implemented first in 2003. The fact that family planning or contraception and abortion services are allocated negative performance ratings for gynaecologists, and an absence of professional liability insurance for them as approvers and performers of abortion has resulted in abortion services being de-facto forbidden in numerous public hospitals. This has meant that abortion is considered legal (since 1983) but not legitimate (since 2012) in public hospitals.

The proposed research, from a political science stance, aims to develop a critical interpretive framework for the Islamic right-wing abortion politics by addressing the experiences and performs of gynaecologists – those who work in public hospitals in Turkey. The research project is a theory-driven interdisciplinary critical case study, which will be delivered through field research employing a qualitative method with: 1) content analysis to interpret the documental data; 2) semi-structured expert interviews with gynaecologists, who works in public hospital, to analyse their experiences and performs in abortion services. I will focus on the period post-2010, which is defined as the “neoliberal authoritarian turn”, to make the data collection feasible and manageable.



## ‘The Dis/Comfort of Your Own Bed’: Telemedicine and Moral Governance in Ireland

**Presenter:** Charlotte Waltz, Erasmus University Rotterdam

### **Abstract**

Historically, self-managed abortion has been practiced in Ireland by pregnant people and activists who facilitated abortion care under the constitutional ban (Sheldon 2016; Spillane et al. 2021). Abortion pills created a significant shift in the experiences and governance of abortion. In the campaign to legalize abortion in Ireland, the place of care was frequently invoked to argue for legalization (Calkin 2020). Narratives of pregnant people, alone in their bedrooms, hotel rooms, or airplanes, exposed to unsafe circumstances, were central to arguments for the clinical supervision of abortion medication. Presumably, the legal and medical governance of abortion pills would make these practices safe and regulated. The clinic was thus essential in the biopolitical mandate for the legalization of abortion care in 2018. Under the COVID-19 pandemic these considerations of place shifted. The mandate for telemedicine and the self-management of an early medical abortion was a biopolitical move in the context of the pandemic. The embodied experiences of self-managed abortion did not change, but the management and legitimacy of abortion pills as reproductive technologies did. This paper explores how abortion pills as reproductive technologies become implicated in moral governance, specifically, in the political legitimization of places of abortion care (Mishtal et al. 2022; Mishtal et al. 2015). I compare pre-legalization embodied experiences with self-managed abortion in non-clinical settings to the post-legalization experiences of self-managed abortion at home after the introduction of telemedicine. In doing so, I unpack the impact of shifts in the moralities that inform abortion policies. Although the political legitimization of self-managed abortion through telemedicine has shifted the narratives around places of care, people who might not have access to safe spaces or community care continue to be largely excluded from abortion care. The paper thus explores which, and whose, moralities shape abortion governance in post-legalization Ireland.

## Navigating Reproduction and Living with HIV Amongst Blind Spots in Law, Policy, Practices and Research

**Presenter:** Ellen Conlon, University of Amsterdam

### **Abstract**

Substantial developments in effective viral suppression strategies and understandings of HIV have changed the way people live with HIV and explore possibilities in having children. Despite an abundance of research and literature relating to HIV and reproduction in isolation, there remains a gap in exploring the intersection of these in European contexts. This research involves a case study of Ireland, a western European country where medically assisted reproductive technologies (MAR) are currently unavailable to people living with HIV (PLWHIV). Access to MAR is also considerably complicated or inaccessible in the majority of Europe. Biomedical technologies and evidence offer reassurance to PLWHIV, with access to treatment, that it is possible to conceive and become a parent without risk of HIV transmission. However, many laws, policies and the EU directives they transpose, fail to consider the possibility that PLWHIV may require access to MAR. Where available, access to MAR is often stipulated by heteronormative and exclusionary barriers, making reproduction for PLWHIV markedly difficult when faced with physiological and social infertility. Considering the populations most affected by HIV, this exacerbates stratifications in reproduction, particularly in relation to migrants and/or the queer community. The aim of this ongoing research is to spotlight the experiences of PLWHIV in Ireland, and gain information from key stakeholders in the field of HIV and/or reproduction about how blind spots in law, policies, and research impact on reproductive healthcare guidelines and practices, and the subsequent impact that has on prospective parents living with HIV as they navigate reproduction. This is the first research project to my knowledge that serves to address such blind spots. Through it, I hope to advocate for better collaboration of those in biomedicine and social science with those in law and policy making, to ensure that practices may reflect updated evidence, and are informed by intersectional approaches. This is crucial in the striving for reproductive justice for PLWHIV, and addressing stratifications in reproduction in Ireland and greater Europe.

## Making Sense of a Loss: Men, Reproductive Emotions, and the Affective Economies of the IVF ‘Quest’

**Presenter:** Tara Asgarilaleh, University of Cambridge

## Abstract

Iran is among few Muslim countries in which assisted reproductive technologies (ARTs), including the use of donor gametes and embryos, have been partly regulated by the state through the Increasing Population Policies and, more significantly, have been widely legitimised by religious authorities. Although the state partly subsidises ARTs, they are not equally accessible to all. In Iran, infertility—a stigmatised condition— is dominantly considered a ‘woman’s problem’; male infertility is hardly recognised or discussed in families, society, or the social sciences. With my study, I analyse the expressions of loss and lostness found among Iranian men. My ethnographic study yields insights into male infertility and the use of ARTs and how they relate to dominant notions of masculinity and reproductive precarity in the socio-cultural, legal, religious, and medical context of contemporary Iran. Taking an intersectional perspective on gender, class, affect and religion, my research builds on the core theoretical notions such as ‘reproductive loss’, ‘affect’, and ‘emerging masculinities’. For the Anthropological Contributions to SRHR Future(s) Conference, University of Amsterdam, I will present a part of my research on men and reproductive emotions and my findings about a part of my empirical material on men’s affective experiences of involuntary childless men. Focusing on a conference theme, ‘the social lives of technologies’, in my presentation, I will address the following question: How might men’s reproductive emotions and affective experiences of reproduction matter for SRHR policies, particularly in the case of male (in)fertility in reproductive programmes? What happens, and to whom, if men’s affective experiences of reproduction are ignored? For my research, I conducted 14 months of primarily online fieldwork in Iran for my PhD research (2021\_2022). My research methods include observations of online platforms used by (in)fertile couples, interviews with men and their partners, and ARTs professionals.

# Navigating the Medicalized Reproduction: Perspectives and Negotiations of Retired Israeli Surrogates in the use of Reproductive Technologies in Surrogacy

**Presenter:** Orit Chorowicz Bar-Am, Ben Gurion University of the Negev

## **Abstract**

This study addresses the issue of medical interventions on surrogates within the realm of reproductive technologies. Expanding upon limited existing research that has explored surrogates' experiences of medicalization, the current study takes a closer look at surrogates' perspectives and interpretations of the series of medical interventions they go through during conception, pregnancy, and childbirth in surrogacy. Focusing on the concept of the "third-party patient" in local surrogacy, where surrogates actively participate in medical decisions, the paper explores the narratives of retired Israeli surrogates. By investigating their interpretations of navigating a medicalized system, the study illuminates how surrogates negotiate various interventions, revealing the complex dynamics among all parties involved. I argue that surrogates, who embody a unique category as IVF patients without fertility difficulties, develop "reproductive literacy" and agency through their use of medical technologies. This research sheds new light on this overlooked issue in surrogacy, emphasizing its crucial role in reproductive well-being and justice.

# Exploring Reproductive Exile: Danish Permanently Infertile Couples' Surrogacy Experiences Abroad Amidst the Ukraine Conflict and the Covid-19 Pandemic

**Presenter:** Malene Sørensen, Aarhus University

## **Abstract**

This qualitative study, conducted between May and September 2022, delves into the experiences of Danish permanently infertile couples engaging in surrogacy abroad, with a particular focus on the impact of the war in Ukraine and the Covid-19 pandemic. In-depth semi-structured interviews were carried out with 14 couples at various stages of surrogacy in Denmark, and the resulting transcripts were analyzed using systematic text condensation.

The findings reveal that, driven by the absence of legal provisions in Denmark, almost all couples sought surrogacy abroad, predominantly in Ukraine. The choice was motivated by the desire for a transparent contract, professional guidance, and the option to use the intended mother's eggs. Importantly, participants did not perceive this as a choice but as the sole avenue to fulfill their aspirations of parenthood, intensifying the emotional burden of their infertility.

The study expands on the concept of "reproductive exile", identifying four distinct forms: the exiled Danish couple, the gestational carrier in exile, exile at home, and the reproductive body in exile. Notably, the inability of the intended mother to attain legal motherhood in accordance with Danish law heightened feelings of not being a "worthy mother".

In conclusion, comprehending the challenges faced by infertile couples navigating cross-border surrogacy is imperative. This study highlights the vulnerability of the newborn, the surrogate and the intended parents during times of crisis.

## Thematic Track C: Transdisciplinary Collaborations

Panel C1.1: Going Beyond the "Victim" Paradigm: Gender Based Violence and Rep Health

Chair: Shahana Siddiqui

### Breaking through the silencing of genocidal rape in Rwanda The multiple effects of local language published testimonials

**Presenter:** Annemieke Richters, University of Amsterdam

#### **Abstract**

Shortly after the genocide in Rwanda, the world was informed about the large scale of genocidal rape through women's testimonies in human rights reports. The mere fact that these reports were written in English made them inaccessible for the vast majority of the Rwandan population. Within Rwanda rape was mostly silenced, whether by survivors, witnesses and perpetrators and whether in private or in public. The Rwandan government chose against collective amnesia of genocide events and against amnesty of the genocide perpetrators. It set up community justice tribunals as a major mechanism to achieve the desired truth and justice. However, even though special arrangements were made for women to testify against their rapists behind closed doors, most women chose for silence as a means of self-preservation. They did the same in annual commemorations aimed to fight amnesia. In the context of a community-based sociotherapy program implemented in Rwanda sixteen Rwandan women with experiences of genocidal rape narrated their life history and consented to the publication of their stories in a Kinyarwanda written small book. This paper presents the context that facilitated the women to speak (often for the first time) about their rape experiences, the reasons they agreed their (anonymized) stories to be published, and mostly the positive effects of the widely distributed publication on the women themselves, their families and their communities. These effects include empowerment (breaking through social isolation, raising their voice, actively accessing support services, taking prominent positions in the community, assisting others), open communication with their children, recognition among community members of rape as integral part of the genocide horrors, understanding among local leaders of the magnitude of women's suffering resulting in more support for them (social justice), comfort for other women with similar experiences, and active support by local authorities of the sociotherapy program. These effects justify more of this kind of publication.

# Navigating Cultural and Religious Morals: Approaches to Addressing Gender-Based Violence and Sexual and Reproductive Health (SRH) to Senegalese Youth

**Presenter:** Tikam Liese Sall, University of Amsterdam & Gaston Berger University

## Abstract

This article examines the intricate strategies employed by educators in Senegal to address gender-based violence (GBV) and Sexual and Reproductive Health (SRH) among teenagers. Community-level educators must navigate between a globalised developmental narrative and local cultural and religious norms. Where globalised and hegemonic developmental approaches disseminated from the West most often deploy an individual human rights perspective, local settings in Senegal generally take a more communal approach to rights. I argue that it is important to understand the role of community actors on the ground and position them as key contributors to resolving GBV issues and promoting SRH for teenagers. The paper explores the roles and limitations of community actors, particularly the *Badienou Gox*, imams, and other kinds of informal educators, perceived as authoritative figures in the community. How do these community actors navigate the taboo surrounding sexuality in Senegal, challenge societal norms, and foster open discussions, while remaining connected to local values? How do they in this way resolve GBV issues? The paper thus examines how globalized hegemonic knowledge about reproduction is shaped, challenged, and reshaped within the Senegalese context, emphasizing the importance of a decolonial perspective that is built by knowledgeable local actors, for more just reproductive futures.

The paper draws on data from my doctoral thesis and the ongoing HIRA project by the Laboratory for the Analysis of Societies and Powers/Africa Diaspora (LASPAD) at Gaston Berger University in Senegal. This research-action project is funded by the Canadian International Development Research Centre (IDRC).

# Home as a birthing place in Slovenia: How can a multimodal ethnography represent alternative practices to childbirth

**Presenter:** Nika Senica, University of Muenster

## **Abstract**

Seen as an alternative to dominant hospital birth, many women and birth advocates in Slovenia want the accessibility of homebirth to be part of the norm, included in the public health care system. The visibility of issues like obstetric violence and birth trauma has reached its peak during the COVID-19 pandemic; at one point homebirth became illegal for one month in 2020, as well as women's partners not being allowed to be present in hospitals. The discourse of homebirth is seen as a morally contentious matter for the public healthcare system, further amplified by the media.

During my fieldwork in 2021, I met a young midwife who attended homebirths, which is rare in the Slovenian cultural context. Through her, I met a family who planned a homebirth. Using a multimodal audio-visual methodology I followed their path from pregnancy, to birth and after. With the research, I intended to look at the contentious discourses prevalent in the public about homebirth, by focusing on the relational dynamics of a homebirth. Using visual methods in anthropological research, I set out to reflect the need to envision a different birth in the Slovenian cultural sphere, where in the forefront of it are the dynamics between the woman, her family, birth attendant (doula), and midwife. Setting out to look at questions such as how can we as anthropologists use visuals to understand the social dynamics of a homebirth and how can we face our own biases when engaging in the anthropology of contemporary birth and its politics? By producing »the more than textual mediations«, we as anthropologists can reflectively propose collaborative and unrealized disciplinary constellations (Westmoreland 173: 2022), which, in the form of an ethnographic audio-visual film, can be more widely available to the public through multiple outlets (such as festivals and public screenings), as well as a point of discussion with public health experts, SRHR practitioners and policymakers.



Panel C1.2: Translating Ethnographic Insights into Transdisciplinary Collaborations  
Chair: Andrea Whittaker

## Questioning Dutch contraceptive care from without/within

**Presenter:** Ellen Algera, University of Amsterdam

### **Abstract**

In this presentation I will present my research project on the emergence and use of digital self-tracking technologies to prevent pregnancy in The Netherlands. The emergence and use of these technologies is controversial in The Netherlands and beyond. Using ethnographic methods, I explore how professionals providing contraceptive care in Dutch general practice are challenged by these new emerging technologies. Combining STS methods (e.g. following the existing evidence in guidelines) with ethnographic methods exploring the field enabled me to provide policy and practice recommendations in a publication in a general practice journal. I will reflect on the - sometimes difficult - translation of my ethnographic findings for an audience of practitioners.

# Understanding the opposition to Sexuality Education in Latin America through the Colombian case: an analysis of discursive moral dispositives

**Presenter:** Catalina Mora Baquero, Erasmus University Rotterdam

## **Abstract**

The debate for the guarantee of Sexual and Reproductive Health and Rights -SRHR- in Latin America has historically been framed by a value system based on a Catholic morality that has reinforced a conservative, abstentionist and heteronormative idea of sexuality. It has impacted the consolidation of Comprehensive Sexuality Education -CSE- programs and policies among those who advocate sexuality education for young people and those who oppose schools having a role in teaching about sexuality.

Understanding the way in which each discourse around sexuality is constructed is one of the challenges to advance in guaranteeing SRHR because it involves perceptions, emotions, and representations around a concept full of silences, shame and fear that has hindered a rigorous, comprehensive, technical and at the same time humane debate on the subject. For this reason, it is relevant to identify the discursive dispositives used by those who oppose sexuality education to know how it influences the emotions of citizens and the design and implementation of policies and programs at national and international level. This is the case of the transnational movement in Latin America "Con mis hijos no te metas" (Don't mess with my children in English) who have been mobilizing discourses against sexuality education in different countries of the region.

That is why I will explore an article from the Colombian magazine *Semana* that was massively disseminated by the top conservative political leaders. It is especially relevant to analyze this type of documents due to the lack of written sources on this topic and the growing use social media and private messaging platforms to spread these ideas, which renders it exceedingly challenging to track and analyze them. The research is carried out through discourse analysis techniques such as "What's the Problem Represented?" (WPR) approach and the rhetorical method to delve the logic of the arguments presented in the article through the connections between actors, ideas, assumptions, silences, and contexts. In the analysis is evident how they construct an enemy embodied in the female figure to mobilize fear and impose a moral and political agenda.

# The racialised reproductive biomaterials in global fertility industry: The (re)making of white privilege among gay fathers and their mixed-race children

**Presenter:** Jung Chen, University of Cambridge

## **Abstract**

With the blossoming cross-border reproductive care (CBRC), the flows of people, biomaterials, technologies, finance, and ideologies also travel transnationally. Scholars began to turn their attention to the intersectionality in reproductive practices and the sequential social effects. This research explores how white privilege travels from the western sociocultural contexts to Taiwan and is reshaped into the form of ‘mixed-race privilege’ from a global-local perspective by demonstrating gay fathers’ decision-making of choosing donor ovum in the transnational fertility industry, where reproductive biomaterials such as gametes are racialised and marketised. The data came from 53 in-depth interviews and 8-month participant observations with an LGBTQ+ association. In Taiwan, considering the legal regulations on assisted reproductive technologies and surrogacy, the only feasible way for gay men to conceive biologically related children is to seek third-party reproduction overseas. While western gay fathers attempted ‘racial matching’ by choosing ovum providers according to the background of the non-bioparent, Taiwanese gay men envisioned a different family racial contour because of the lack of Asian donors. Most children in gay-father families in Taiwan are Han-Caucasian-mixed-race, which makes them exceptionally ‘visible’ since 95 percent of Taiwan’s population is of Han ethnicity. This research investigates the implications of the racialised donor ovum in transnational reproduction and scrutinises how gay men’s family building re-make the racial hierarchy. The findings show a dynamic bargaining process of ovum selection that is embedded within the global-local sociocultural context, where white privilege transitions into mixed-race privilege for their linguistic, cultural, and symbolic capitals in Taiwan. Conclusively, I introduce the concept of ‘mixed-race privilege’ to argue that conceiving children via white ovum becomes predominant among gay fathers, and mixed-race family contour is employed to negotiate with the dominant racial hierarchy in society. I propose that the ‘mixed-race privilege’ is the (re)production of new racialised norms among gay-father families.

## Anthropology at a Nursing School: Impressions from Israel

**Presenter:** Daphna Birenbaum-Carmeli, University of Haifa

### **Abstract**

Registered nurses in Israel study a four-year academic program and then undertake a Ministry of Health certifying exam. Some nurses move on to MA programs in nursing. A special program at the University of Haifa consists solely of Ultra-orthodox Jewish female nurses. These students typically have seven children and work full time as registered nurses. Often, they are the family's sole breadwinners as the husbands study the Holy Scriptures. Still, they pursue graduate studies. In my anthropology classes, my aim is to render the disciplines' observational, critical perspective relevant to them. I therefore try to bring the world into the classroom: pursuing a health promotion project in a Palestinian community, comparing front pages of newspapers with contrasting political orientations, or teaching a course of 'parenthood and health' all highlight the usefulness of 'taking the role of the other' in daily nursing practice in diverse, polarized Israel, the constructed nature of basic concepts like 'truth,' 'other' or 'family' or the culture-specificity of 'the taken for granted'. Thus, effectively, I address the students not only as nurses, but also as mothers, Ultra-orthodox Jewish women and right-wing Israeli citizens. In this explosive terrain, vocabulary and friendliness have turned out to be crucial to the ability to prompt a dialogue and to maintain it throughout entire semesters. The presentation will elaborate on this exceptional scholarly encounter, in which, I, too, keep shaping and reshaping my social understanding and views.

# Beyond Ethical Universalism: Anthropological Considerations of Sexuality Education Practice

**Presenter:** Barbora Benešová, Charles University

## **Abstract**

Formal sexuality education (SE) and its reform have been highly debated topics in academia and public policy. In the Czech Republic, one of the strongest voices in this arena belongs to Konsent, a non-governmental organization. In 2022, Konsent created and made freely accessible SE methodologies for elementary and secondary school teachers and began conducting trainings for teachers across the country. In the international discourse about SE, Konsent represents the voice of feminist activism. Their methodologies take into account the critique of heteronormative, biology- and risk-oriented SE, emphasize the positive and social aspects of sexuality, and draw inspiration from methodological materials of more SE ‘savvy’ countries like Canada.

Much research and international calls for improving SE are driven by curricular analysis and critique of normative SE discourses. However, with the ever-intensifying culture wars around SE, it is essential to observe the various lifeworlds and local contexts in which internationally informed programs are implemented. Based on a two-year ethnographic research involving participant observations in sexuality education classrooms, public round tables, and interviews with key stakeholders, this paper follows the trajectory of one such implementation in the Czech Republic. Through an anthropology of ethics, it identifies moments in which competing ethical positions lead to unintended outcomes and differing cultural interpretations of gender, body, and sexuality. Particular attention is paid to the dangers of ethical universalism and to the need to reflect on one’s own ethical position (the author’s included) when taking feminist and emancipatory action. As one member of the Czech parliament aptly asked at a roundtable on SE organized by Konsent: “Shouldn’t we first agree on what a human being is?” By giving voice to various SE actors, this study presents different ethical perspectives on “what a human being should be”, how they reflect in sexuality education practice, and how anthropology may contribute to a more inclusive and non-discriminatory dialogue within SE.

# Bridging the gap between biomedical healthcare professionals and doulas: anthropologists as cultural mediators

**Presenter:** Caroline Chautems, University of Lausanne

## **Abstract**

As nonmedical birth workers, doulas provide practical, emotional, and informational support, caring for their clients' reproductive health and defending their right to self-determination. While some medical studies have shown the benefits of doula care, many biomedical healthcare professionals challenge doulas' legitimacy and perceive them as non-medically trained individuals intruding into their field of expertise. As a result, doulas stand on the margins of the healthcare system and biomedical management of birth and must constantly negotiate access to maternity wards. While their status in medical facilities is precarious, they can witness and potentially unsettle discriminating structures, discourses, and practices. Still, doulas' scope for action remains limited and they may be reluctant to jeopardize their access to healthcare facilities and future collaborations with medical teams.

Many doulas are also important contributors to the reproductive justice movement and advocate for sexual and reproductive health and rights (SRHR). Anthropological studies have demonstrated that they play a role in mitigating medical discrimination based on race and class in the US. Through a sound understanding of local health systems and hospital protocols, doulas may for example countervail parents' disadvantages, such as low education levels, by helping them navigate complex healthcare systems, thus contributing to reduce the stratification of care access.

Better understanding and collaboration between doulas and healthcare providers would strengthen SRHR activism, advancing equity in sexual and reproductive healthcare. However, doulas and biomedical professionals come from very diverse backgrounds and professional cultures, which increase communication difficulties. In this context, anthropologists may act as cultural mediators. Based on interviews with 15 doulas and 20 healthcare professionals working in public Swiss hospitals, this paper explores misunderstandings between the two groups and reflects on the role of anthropologists as bridge builders.

# Interdisciplinary Approaches to Reproductive Justice: Navigating the Complex Terrain of Safe Abortion in Indonesia

**Presenter:** Putri Widi Saraswati, Independent Researcher

## **Abstract**

Access to safe abortion in Indonesia is legally restricted. Despite its current regulations presenting some exemptions for safe abortion under the ground of medical emergencies, severe fetal anomaly, and in cases of rape, abortion is still criminalized under Indonesian penal code and, in reality, access to safe abortion services is very limited - even more so for marginalized groups such as those who have disabilities or are poor. Some of the key challenges to widen access to safe abortion in Indonesia are societal rejection, health care providers' objection, and the threat of criminalization upon those who have abortion, their providers, or even any parties who are perceived as helpers. As a complex legal, social, human rights, and public health issue, comprehensively addressing safe abortion issue in Indonesia demands an interdisciplinary approach. In this paper, we discussed this issue from an interdisciplinary lens, zooming into some of its various aspects: legal and policy advocacy, service delivery, and public education and awareness raising.

Deriving our arguments and reflections from the available scientific and gray literature as well as our professional experience and reflections from working in the issue of safe abortion in Indonesia, we attempted to critically look into whether and to what extent the state of safe abortion-related work in Indonesia is interdisciplinary in its design and implementation, what the consequences of that state are, and what gaps need to be filled. This included a critical observation into whether and to what extent experts, practitioners, and advocates from different fields/sectors related to safe abortion in Indonesia are working in sync and/or collectively towards positive progress. We combined medical, public health, anthropology/social science, intersectional feminist, and rights-based perspectives in order to illustrate the complexity of the issue in Indonesia and the potential way forward towards reproductive justice in the country.

## Examining Emerging Reproductive Subjectivities in the Global South

**Presenter:** Papreen Nahar, University of Sussex  
Anindita Majumdar, Indian Institute of Technology Hyderabad

### Abstract

Drawing from Candace Johnson's reimagining of the "reproductive subject" in emerging global policy discourse, this panel invites paper abstracts that engage with the conflict between reproductive justice and rights in the Global South. We ask if the continuing focus on family planning and population control in the Global South has led to an erasure of reproductive identities that do not fit into the policy paradigm of the "birthing woman". Thus, in seeking to expand our understanding of the reproductive subject, we ask whether the non-birthing person can ever be part of the social and political imagery that occupies the region. The "non-birthing" person includes an engagement with the multiple subjectivities jostling for recognition within the policy discourse in and on the Global South, including: the gestational surrogate who births but is part of emerging social and legal policing within India without any recourse to conversations regarding her rights; the infertile person or the voluntary heterosexual childless person who is juggling pro-natal social expectations along with the states' overt/covert anti-natal stance; the queer subject who is excluded from marriage rights due to an understanding of being non-procreative; and the pregnant-birthing woman who is still battling access to basic health requirements while juggling overt state intervention.

In thinking about the non-birthing person, we hope to understand embodied forms of reproductive desire or the lack thereof. Within such a setting, how does one rethink the act of prioritizing "subject" positions within global policy discourse on and around reproduction? Focusing on multiple cultures and nations within the Global South, we seek contributions that document varied ways of seeing and being the reproductive subject through research on themes such as:

- reproductive litigation
- in(fertilities) and their identification
- procreation and reproduction.



# De-centring the sovereign reproductive subject

**Presenter:** Aishwarya Chandran, University of Sussex

## **Abstract**

Some notes on commercial surrogacy in India Decolonial approaches to reproduction have focused on conceptualising reproductive subjectivity beyond – and sometimes in opposition to – the notion of the sovereign reproductive subject. The discourse of a sovereign reproductive subject disembods subjectivity from relations of power they inhabit and are constrained by, and invests them with disproportionate capacities for agency. Dorothy Roberts’ (1991) evocative scholarship on the study of black mothers who suffer from substance addiction or Julietta Chapparo’s (2019) ethnography among rural Peruvian women makes this case, where state policy that centres on the unitary, autonomous maternal-feminine figure as the core of reproduction animates state policy that either resorts to carcerality – as in the case of black mothers – or neoliberal strategies of empowerment – as in the case of Peruvian rural women. I draw from such a critique of the autonomous sovereign reproductive subject to reflect on my ethnography with women working as surrogate mothers and repetitive egg donors in India to conceptualise a position on reproduction as one that is attuned to their location within the precarious waged market, the legal ambiguity attached to their recognition as (re)productive workers, and a heightened hostility towards the childbearing of the working classes. The normative reproductive subject or the aspirational reproductive subject in south Asian politics has always been part of the vision of the modernised postcolonial state – with smaller nuclear families – where working class reproduction has been met with anti-natalist policies. How then do surrogate mothers navigate the conflicting interests of the anti-natalist state that vilifies them as hyper-fertile and reckless mothers, along with the demands of the waged market for visceral forms of labour where their reproductive labour becomes a sought-after commodity? Their reproductive subjectivity then is nestled within struggles for recognition as legitimate citizens and productive workers, and is a site for negotiating affective intimacies between the realms of the intimate and the economic. The presentation hopes to be able to think of reproductive subjectivity as an ethical and political project where the realms of the jurisprudential and the affective, the legal and the intimate, the economic and the affective come together in complex ways.

# The Stratified Reproduction and New (In)fertile Subject in South Korea

**Presenter:** Sunhye Kim, EWHA Womans University

## **Abstract**

This paper discusses how the definition of infertility is moving beyond “biological destiny” and “disease” to issues of identity and intention, and how new (in)fertile subjects are simultaneously emerging. Previously, during the antinatalist policy period of the 1980s and 1990s, contraception, permanent sterilization, and abortion were more important reproductive technologies as population control was a key policy goal in South Korea. However, in the mid-2000s, as the country’s population policy shifted to childbirth promotion due to the rapid decline of the total fertility rate, the meaning of assisted reproductive technology dramatically changed from a family trouble technology to a hope technology for families. At the same time, the meaning of infertility also changed from a personal misfortune to a national challenge. In this process, infertility was renamed “nanim(난임, 難妊),” which is now understood as a disease that can be solved through early diagnosis and appropriate treatment. Yet, while the use of ART as a means to increase the country’s fertility rate has been supported, the pressure to be a mother does not equally affect all women as eligible infertility patients are limited to legally married heterosexual couples. However, the change in meaning from “purim” to “nanim” not only emphasizes that infertility has become a disease that can be treated with appropriate medical interventions but also that new groups of people, who were not previously considered infertile because they were not expected to bear children, may become users of ART. The growing global ART industry offers a range of options, including third-party reproduction that allow post-menopausal women, single women and men, and LGBTQ+ couples to explore new possibilities for parenthood. By focusing on government policies, medical and legal discourse, and infertile women’s campaigns, this paper discusses how new (in)fertile subjects are fulfilling their desires to be parents in South Korea’s stratified reproduction system.

# Left at the table: Selfcare practices among single women in two Philippine communities

**Presenter:** Madilene Landicho, University of Philippines

## **Abstract**

In some communities in the Philippines, women who were never married and never had children are described as “napag-iwanan ng panahon” (lit. left behind by time), “napaghugasan ng pinggan” (lit. left at the table while others were already washing the dishes), “wala na sa kalendaryo” (lit. not in the calendar anymore) and “matandang dalaga” (lit. old maid). These expressions reflect how women were seen in their communities when they do not conform to the norm of starting their own families through marriage and reproduction. Having no families of procreation of their own, these women are expected more to provide care for their parents and other members of the family. Selfcare, especially in the context of sexual and reproductive health (SRH), is overlooked. For example, these women were “binabalewala ang nararamdaman” (lit. not minding physical or emotional affliction). On a larger scale, most, if not all SRH programs and policies in the country are focused on maternal health, leaving no space for these women’s SRH concerns.

This study looks into the selfcare practices, particularly for SRH, of two groups of women who were never married and never had children. The first group comes from a rural community in a province south of Metro Manila and are mostly economically dependent on other members of their family. The second group of women lives in the city and have relatively high-income jobs. The different selfcare practices of these women give us a glimpse of their general idea and experience of selfcare, and their ability to access and manage it. Aside from the issue of access to care, women from rural communities, having closer social ties with other community members, experience more social pressure to start their own family. These different experiences and practices may help us in understanding selfcare in SRH to be able to think about possible interventions that will address the needs of overlooked populations in different social contexts.

# Menopause: Invisible and unmarked event of life in Punjab

**Presenter:** Sumaira Rashid, De Montfort University

## **Abstract**

Menopause is commonly defined as a universal biological phenomenon of permanent cessation of menstruation experienced by all female. Menopause is considered to have different meanings and construction across different cultures. There are only few sociological studies on menopause exploring meaning and experience of menopause in South Asia and only fewer in Punjab, Pakistan and none that included experience of surgical menopause. My research with Punjabi women who had natural menopause and surgical menopause is an attempt to fill this gap in research on menopause. My research illustrates the complexity of defining menopause universally because the meaning and experience of menopause are interlinked with various sociocultural factors. It explores the perception of menopause among Punjabi women, biomedical practitioners and traditional healers. During my fieldwork on menopause in Punjab, I have interviewed 25 women with natural and surgical menopause. I have also interviewed traditional healers and biomedical practitioners. My data suggests that menopause remains unmarked in women's lives in Punjab. Middle aged women in Punjab are socially engaged with family issues like looking for suitor for their children, looking after elderly relative or financial burden that when they experience menopause, they don't find time to pay attentions to changes occurring inside their own body. It is not a cause of concern for healthcare providers because there are other health issues that needs more attention such as anaemia, tuberculosis and pneumonia. The Punjab government is highly focused on population control in order to meet the millennium goals of population growth given by international funders. There are massive campaigns to spread awareness on contraceptive methods arranged by government but next to nothing has ever happened on issues related to non-reproductive years of women including experience of menopause. All these factors combined has resulted in invisibility of menopause in Punjab. My research in Punjab offers a unique insight into a world not yet fully familiar with western models of ageing, menopause and women empowerment. In other words, this study is an attempt to shake off the rigid claims of western biomedical definitions of menopause that insist on defining menopause as a universal experience. In order to fully understand menopause and cultural variations in experience of menopause, the first step would be to accept that the current meanings of menopause are unstable and including women's voice in research on menopause is high.

## Bending the arc into a circle: race, racism and racialisation in the context of group antenatal care in England

**Presenter:** Anna Horn, University of London

### **Abstract**

In Britain, reproductive and childbirth outcomes for ethnic minority women are on par with the disparities observed among women of African, Asian and Indigenous heritages across countries of the Western world. As systemic racism and structural inequality are increasingly linked to chronic diseases, more women of colour are subject to develop common pregnancy conditions such as gestational diabetes and preeclampsia. Additionally, these women report racial discrimination and lack of trust in Britain's health services during reproductive and maternity care.

Transnational patterns of adverse birth outcomes are linked to 'uneven reproduction' (Davis, 2023), and, for Britain, racialisation and colonial legacies continue to shape Black and Brown women's maternity experiences and navigation of the maternal healthscape, despite longstanding reluctance to acknowledge the effects of racism in healthcare. We ask, can this status quo be disrupted through shifts in care practice? Group care hinges on components that are vastly different from conventional one-to-one care by involving group facilitation, peer support, information sharing and woman-led health checks. The group care model emerged most prominently as a midwife-led model of care, and research demonstrates improved outcomes for ethnic minority women who take part. Moreover, its potential to address racial discrimination and power imbalances are theorised through its radical approach to women's learning and autonomy.

Drawing on Black feminist and postcolonial perspectives, this paper brings to the forefront the nuance of navigating maternity care pathways as women racialised through British imperial and neoliberal projects. We will disentangle the embodied experiences of Black and Asian women from white supremacy reinforced through maternity care policy, practice and diagnostic measures, as well as focus on Black and South Asian women's narratives of group antenatal care in England. In isolating women's experiences of group care to dissect moments within their care to illustrate how the model works and for whom, we examine the model's potential to disrupt or maintain the status quo.

# “Could it happen again...Will I die?”: Ethnographic insights into how obstetric racism reveals itself to be a double crisis of necropolitical and bioethical violence against Black women in Britain

**Presenter:** Princess Banda, University of Oxford

## **Abstract**

“Could it happen again? Will they support me? Will they leave me to bleed? Will I die?” is a poignant statement shared during an intimate conversation had over videocall with a ‘new mum’ during my doctoral fieldwork. This quote is contextualised by an experience of miscarriage worsened by prolonged structural racism, a ‘rainbow baby’ born through distressing treatment from clinicians, and post-partum inter-insBtuBonal negligence. This quote, and the story that frames it, is one of many and it speaks to what I have come to conceptualise as a double crisis found within obstetric racism; a crisis of necropolitical violence and a crisis of bioethical violations. Based on my doctoral fieldwork of 7+ months in Britain— which included a hybrid ethnography of Black women and interviews with midwives, nurses, researchers, and gynaecologists— I consider how all of the stories, histories, and experiences told reveal that the inner workings of obstetric racism are not only related to necropolitics but bioethics. In this paper, I build on my previous work of identifying how obstetric racism (Dana-Ain Davis), necropolitics (Achilles Mbembe) and maternal politics (Jennifer Nash) are, in reality, co-constituted in the inequitable maternal experiences Black women are forced to endure in (and out of) the obstetric institution. I argue that my and my participants’ repeated quesBon of “how is this allowed to happen?” implicates the role and violation of bioethics in this co-constitution.

This paper will, therefore, explore how obstetric racism is not merely an expression of necropolitical violence but bioethical violations against the Black (m)other. Thus, obstetric racism can (and perhaps should) be flagged as evidence for how anti-Black racism is more than an ethical failure of individual clinicians: obstetric racism is an ethical failure of the obstetric institution as a whole and must be addressed as such.

# Performing Good Mothering: Home Visitation Programs and Uneven Reproduction in Los Angeles

**Presenter:** Kimberly Sigmund, University of Amsterdam

## **Abstract**

In Los Angeles, Home Visitation programs function to both identify racialized and marginalized mothers who are deemed “at-risk” for potential child abuse and to educate these mothers in “good” mothering behaviors in order to ensure the future health of their children. However, this “at-risk” designation fails to recognize the complex socio-economic situations many of the racialized and marginalized Home Visitation clients live in. Instead, these programs center the origin of “risk” within the mothers themselves and push women to perform “good” mothering in order to access services and care. In this presentation I will discuss how the “at-risk” designation does not amend to the intersectional precarities in Home Visitation clients’ lives that are perpetuated by the State. These precarities are the root cause for many risk factors: e.g. structural racism, documentation status, language, lack of economic opportunities, lack of community support, lack of paid parental leave, etc. To speak to this situation, I would like to shift the definition of “at-risk” towards an understanding of precarious motherhood. Through precarious motherhood, it becomes possible to see how the programmatic focus on the mother’s risk factors re-centers the onus for change into the mother, despite the fact that the precarious states many “at-risk” mothers live in are caused by uneven State investment into social and health-based resources for communities of color (Davis 2023). By understanding the role that precarity plays in both encouraging women to join these programs as clients (in order to access to services and support) and to perform “good” mothering despite the ongoing intersectional precarities they face, this article offers a critique of the neoliberal landscape of perinatal care in the U.S. and highlights the difficulty in achieving reproductive justice when systems of uneven reproduction are made invisible under the guise of public health programming.

# Obstetric racism as necropolitical disinvestment of care in the Netherlands: How uneven reproduction is effectuated through linguistic racism, exoticization, and stereotypes

**Presenter:** Alana Helberg-Proctor, University of Amsterdam

**Presenter:** Bahareh Goodarzi, Vrije Universiteit

## **Abstract**

In this article, we conceptualize how Davis' concepts of uneven reproduction (2023) and obstetric racism (2019) are linked in the Netherlands through linguistic racism, othering, and racial stereotypes. We consider uneven reproduction as consisting of a bio- and necropolitics that optimizes certain life through investments and negates "other" life through disinvestments of reproductive care. Based on interviews with midwives, doulas, midwives in training, and mothers we link the concept of uneven reproduction to daily practices of obstetric racism within the obstetric institution, where a similar logic of selection and deselection, or investment and disinvestment, takes place daily on the basis of linguistic racism, othering through exoticization and the racial stereotype of Black women being "natural" birthers, while other marginalized racialized women are seen as "bad" birthers.



## An interactive workshop presented by the SPOT Impact Team

**Presenters:** Bregje de Kok, University of Amsterdam & Koiwah Koi-Larbi, Action on Preeclampsia Ghana & Hannah Brown Amoakoh, University of Ghana and University of Utrecht & Emmanuel Srofenyoh, Ridge Hospital & Joyce Browne, UMC Utrecht

### Abstract

Expectations that research is inter- or transdisciplinary have increased, and ‘transdisciplinarity’ has become a buzzword. When transdisciplinary teams undertake research into phenomena of societal importance, like SRHR issues, this facilitates a common orientation that transcends disciplinary boundaries. It fosters a shared motivation to achieve contextualised analysis and application of knowledge to strengthen SRHR care, policy and outcomes. However, undertaking an inter- or transdisciplinary research project in a meaningful way is not easy, and can be fraught with collective and individual challenges related to for instance power differentials, (mis)trust, disciplinary habitus, individual attitude, and different interests.

The aim of this participatory workshop is to jointly identify good practices: what seems to work well in transdisciplinary North-South collaboration and decolonizing knowledge? What conditions facilitate or impede good practices? We draw on the experience of the SPOT-IMPACT research team: a transdisciplinary research project that seeks to improve quality of care for women with hypertensive disorders of pregnancy in Ghana through the co-creation of a toolkit that supports risk prediction, risk communication and shared-decision making. The project partners come from the global South and North, and include epidemiologists, clinicians and a nurse, anthropologists and sociologists, and a patient advocacy organization.

The session will follow a participatory, world café format, with interactive small group discussions. First, different SPOT-IMPACT team members will reflect from their own standpoint on challenges experienced during different phases of the research cycle (e.g, formulation of research questions; analysis and use of theoretical concepts like medicalization; co-creation and toolkit design). We then invite reflections by experienced interdisciplinary researchers and the audience. Using activating participatory methods, we seek to identify, together with the audience, ways of making challenges productive learning moments rather than demotivating traps; strategies to avoid or overcome collaborative problems; and conditions that enable productive and equitable transdisciplinary research.

Panel C3.2: Labor of Love: The Realities of Linking Research, Policy, and Practice  
Chair: Shannon Mathew

## Sharenet Netherlands

Presented by:

**Presenter:** Sarah Spronk, Dutch Ministry of Foreign Affairs,  
**Presenter:** Poppy Stanbury, CHOICE for Youth and Sexuality,  
**Presenter:** Joyce Browne, UMC Utrecht,  
**Presenter:** Tamar Khomasuridze, UNFPA