

Anthropology *of* Reproductive Governance & Justice

7-8
December
2021

Department of Ethnology and Cultural Anthropology
University of Wrocław

Keynote

*'Global Reproductive Governance:
A Decade of Insight'*

by **Lynn M. Morgan**

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Online – MS Teams

Registration:

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Workshop *by*
EASA Network *for*
the **Anthropology of**
Gender and
Sexuality



Uniwersytet
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European Association of Social Anthropologists
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**European Association of Social Anthropologists – Network for the Anthropology of
Gender and Sexuality**

**Workshop on the Anthropology of Reproductive Governance and Justice
Department of Ethnology and Cultural Anthropology, University of Wrocław**

Presented papers overview

December 7, Tuesday

9.15–9.30 Welcome and opening words (Network Convenors: An Van Raemdonck & Monika Baer)

9.30 – 11.00 Session 1 – Institutional Violence

Rano Turaeva (Max Planck Institute for Social Anthropology, Germany)
Foucault about Post-Soviet Biopolitics and Governing Bodies in Central Asia: Analysis of Sterilisation in Uzbekistan

Open Society Institute published a report in 2013 on forced sterilisation in Uzbekistan. The paper aims to contextualise the report using anthropological lense to analyse reproductive governance in Central Asia. I draw on my anthropological engagement with the region since 2005, and autobiographic experience coming myself from Uzbekistan and being trained as an anthropologist in Germany. I would like to apply Foucauldian biopolitics and his regime based approach to analyse how body management is conducted in post-Soviet Central Asia.

Dirk Lafaut (Free University of Brussels, Belgium)
Incriminating Fertility: An Analysis of the Impact of Undocumented Status on Access to Reproductive Healthcare in Belgium

In many countries with publicly funded healthcare services undocumented migrants experience limitations in their healthcare access. This paper uses the lens of biopolitics to explore how these limitations play out in the domain of reproductive healthcare. The empirical data are based on multisite, focused ethnography and semi-structured, in-depth interviews with 45 healthcare workers and 25 undocumented migrants in Belgium. The data-analysis was guided by the AART research scheme. In general, undocumented migrants in Belgium experience difficult healthcare access due to individual discriminatory practices of healthcare workers and due the complex administrative procedures regulating healthcare access. However, in the domain of reproductive healthcare this inaccessibility does not follow the familiar patterns. On the one hand exceptional procedures exist to fast track women who ask for contraception or who consider abortion. On the other hand, fertility treatments are refused, even if undocumented women propose out-of-pocket payment, which is not the case in other domains of healthcare. Pregnancy of undocumented women is constructed as problematic, undesirable and instrumental. The governance of fertility of undocumented migrants in Belgium can only be understood within a wider context of exclusionary migration policies.

Elin Nordin (Umeå University, Sweden)
Epistemic Injustice in Postpartum Healthcare in Sweden

The aim with this paper is to analyze the effects of cultural and social structures on experiences of reproductive rights in Swedish healthcare encounters. From an ethnological perspective, using ethnographic methods and a phenomenological approach, I examine testimonies of healthcare encounters, shared by patients experiencing that their reports of pain and complications are not taken seriously by healthcare practitioners. The ethnographic data consists of in-depth interviews with female and nonbinary patients seeking help for injuries following childbirth. As an ethnologist, I see healthcare encounters as cultural processes, in

which medical assessments are affected by normative views of pain and suffering among different groups; by which bodies are norm within medical practice and research; and by social and cultural perceptions of what is normal and natural. In the analysis, I use the concept of epistemic injustice (Fricker 2007), which in healthcare contexts can show how some patients' testimonies are deemed less credible than others' due to prejudices, and some conditions, bodies and experiences are less researched and understood due to marginalization. The focus is especially on testimonial injustice and epistemic objectification and how these patients are overlooked as knowledgeable subjects. The study's participants report experiences of not being treated as worthy of giving or receiving information, nor of being able to consent to the treatment of their bodies. I argue, through the concept of epistemic objectification, that in the medical encounters the study's participants are transformed from epistemic subjects into medical objects without possibility to exercise their rights as patients. I also suggest that this is influenced by cultural and normative conceptions about credibility and competence as well as biases in medical research.

Leah Eades (University of Edinburgh, UK)

Reproductive Governance and Structural Violence as Complementary Frameworks: Reflections on the Analytical Possibilities and Challenges

Recently, reading an article on structural violence by Nandagiri, Coast and Strong (2020), I was shocked by their point that the concept is rarely used in abortion research. Their argument – that the concept holds valuable analytical possibilities for abortion researchers, especially if combined with complementary frameworks – immediately made sense to me, and made me question why this was not a theoretical approach I had considered myself before now. As a PhD student currently conducting medical anthropology fieldwork on abortion in Ireland, I have been framing my work primarily in terms of reproductive governance and the analytical concerns typical of this body of scholarship: biopolitics, moral regimes, (ir)rationalities, (in)justices, and so on. But how would looking at things through the lens of structural violence add to, or complicate, my project? In this think piece, I explore whether reproductive governance might be an appropriate complementary framework for structural violence. I respond to Nandagiri, Coast and Strong's reflections on the potential strengths and weaknesses of structural violence as an analytical tool for the study of sexual and reproductive health, considering them in relation to my own fieldwork and to reproductive governance scholarship more broadly. In so doing, I hope to open a discussion about analytical possibilities and challenges relevant to scholars working across the anthropology of reproduction.

11.00 – 11.15 Coffee break

Veronika Siegl (University of Cologne, Germany)

Reproducing Russia: Assisted Conception and Moral Governance in the Name of Survival

Though widely used, assisted conception remains a contested practice in Russia and is closely entangled with a biopolitical discourse that seeks to determine who should and who should not reproduce. The first part of my presentation zooms in on this discourse, in which the Russian Orthodox Church has gained considerable political influence, governing through apocalyptic scenarios of moral decay, demographic crisis and the demise of the nation. The second part of my talk focuses on how professionals in the field of IVF seize on these discourses by emphasizing that IVF-technologies, if rightly used, are necessary for the survival and “improvement” of the Russian nation. “Artificial” reproduction would allow Russia to develop “naturally”, as such technologies – particularly when commercialised – facilitate the reproduction of “desired” segments of the population: well-educated, rich, heterosexual and ethnically Russian citizens; thus, not only saving but even enhancing the nation. I suggest understanding such discourses as attempts of “naturalizing” highly profitable but also highly contested practices in a political climate of conservatism and re-traditionalisation.

Bruna Alvarez (Autonomous University of Barcelona, Spain)

Institutional Feminism and Reproductive Governance in Spain

The feminist movement in Spain at the end of the XXth century did not claim motherhood and mothering as a social fact to be included in the political arena (Marre, 2012 in Briggs *et al.*, 2012). Probably, because during Franco's Dictatorship (1939–1975) motherhood was considered a mandate for women (Valiente, 2003). Feminist movements fight for women's education, equality in the labor market, political participation, divorce (1981), decriminalisation of contraceptives (1978), and abortion (1985, under three circumstances). However, motherhood, mothering, and care were not part of these feminist claims. Instead, women claimed the right not to have to be mothers (Establier, 2004). During the '80s some feminist women joined new governmental institutions, such as the Women Institute (El Instituto de la Mujer) founded in 1982, and other old institutions, such as universities, public administration, and politics. They became part of what was known as “state feminism” (Threlfall, 1998; Valiente, 2003) or “institutional feminism” (Reverter, 2011). This paper aims to analyze how “institutional feminism” became a mechanism of reproductive governance (Morgan, 2019; Morgan and Roberts, 2012). Through seven in-depth interviews with three politicians and four academic feminist women, I suggest that “institutional feminism” produced a moral regime that considers motherhood something private, intimate, and a personal decision, but not a political question. It had an impact on the number of children that women had, and Spain went from the “baby boom” during the '50s and '70s to “structural infertility” in the '90s (Alvarez and Marre, 2021), being in 2019 one of the lowest-fertility rates in the world (TFR: 1,24). Bernardi (2003) described that Spanish women had lesser children than they would have liked to have, a phenomenon coined as the 'child gap'. Currently, motherhood is not still in the political agenda.

Paula Kantor (Argentina)

Gender and Nation under Resignification in Argentina Abortion Debates

In this paper, I broaden the Argentinian research on sexual and non-reproductive rights through the lens of gendered nationalism. I present the articulation between gender and nation and the way throughout history women's and feminist movements have been contesting and resignifying hegemonic notions of motherhood and nation to dispute their place and achieve their goals. This paper follows the theories of gender and nation combined with feminist critiques of nationalism, the State, Law, and citizenship, all of them crisscrossed by

decolonial feminist perspectives. I study different periods of Argentinian history in which notions of gender and nation were being articulated and I arrive at the recent political context in which there has been an expansion of reproductive and sexual rights. I specifically point out the speeches that emerge during the 2018 parliamentary debates where I show that notions of the nation and state were important for both positions against and for legal abortion, challenging what may have been expected. With this research, I expect to fill a gap in the theorization of gender and nation in Latin American contexts. I also hope to contribute to the analysis of anti-abortion arguments within feminist critiques on nationalism. I examine the connections between feminism and nationalism, how feminist movements dispute, re-signify, and re-produce notions of national belonging, and the implications this may generate.

12.45 – 14.00 **Lunch break**

14.00–15.00 **NAGS meeting**

Ben Kasstan (University of Bristol, UK)

'We Obviously Want Him to Stay Normal': Faith, Sexuality Education and Moral Evaluations of LGBT Content

The introduction of statutory Relationships and Sex Education (RSE) – including LGBT content – in England has provoked opposition from a range of ethnic and religious minority groups. Media narratives have suggested that anti-discrimination and equality legislation in the UK are raising a tension between legal protections afforded on the basis of religion and sexual orientation. Building on past ethnographic research and drawing on 40 semi-structured interviews conducted with Muslim parents, educators and young people, this paper illustrates how conflicts over RSE are not easily situated in a binary of rights based on protecting freedom of religion/belief and sexual orientation. To the contrary, multiple articulations of rights around sexuality and reproduction emerged. These included the right to reproduce and raise 'normal' children and the right to parent children within a framework of moral regulation, but also a right within Islam to question what 'normal' means, to understand difference and not pass judgement on Others. The different projections of rights and vocabularies around LGBT content that emerged in the data signals how understanding the diversity of moral evaluations around sexuality education can help to disrupt false binaries between religious faith and sexual orientation. Anthropologists have long noted that 'reproductive governance is meant to enact an ideal political imaginary' (Morgan and Roberts (2012: 250-51), against which minorities are measured for complying with citizenship ideals upheld by the body politic. The voices of differently positioned actors presented in this paper convey how a dialogue between multiple forms of reproductive governance (state; religious) take place and produce ethical and moral evaluations and exchanges.

Agnieszka Kosiorowska (University of Warsaw, Poland)

'The Miracle of the Female Cycle': Young Polish Catholics Rationalising the Contraception Ban

In Poland, where the Catholic Church has a large influence in the realm of sexual education, most people are aware of the existence of natural methods of family planning, which are the only method of controlling fertility allowed by the Church. However, only a small minority follow the Church's teachings to the letter (Peperkamp 2008, Mishtal 2015). Young, educated Catholics from big cities tend to show a particularly individualised and rationalised approach to the Catholic sexual ethics compared to Polish Catholics from other generations and backgrounds. This is true both for those who reject these teachings and those who embrace them. The latter frequently underline that they didn't simply accept the Church's ban on contraception, but arrived at their own conclusion through individual consideration, in which biomedical arguments on the harmfulness of contraception played a crucial role. This paper is based on interviews with Catholic students and university educated young adults from Warsaw who declare themselves as opposed to artificial contraception and in favour of natural methods of family planning. I will discuss the rationalisation of the teachings of the church, specific to this group, as well as ways in which they combine biomedical and religious arguments. In doing this, I will show how the modern knowledge about the female body is reshaping not only the religiosity of this group (Peperkamp 2008), but also the constructions of femininity, which emphasise the key role of the God-given, natural menstrual cycle in the lives of women.

Natalia Pomian (University of Warsaw, Poland)

'We Cannot Impose Our Worldview on Others': Catholic Women and the Women's Strike in Poland (2020)

Last year on October 22, the Constitutional Tribunal declared abortion due to genetic defects of the foetus unconstitutional, thus significantly limiting access to legal

termination of pregnancy in Poland. From now on, this procedure can only be performed in the event of a threat to the mother's life or if the pregnancy is a result of a criminal act. This controversial ruling resulted in massive protests of hundreds of thousands Poles. Many Catholics also joined it, thus openly opposing the teaching of the Catholic Church on fertility control. For many of them breaking so-called "abortion compromise" was a crime or opening the Pandora's box. My paper focuses on the perspective of Catholic women (aged around 70) on abortion and Women's Strike. Drawing on in-depth interviews I try to answer the following questions: Why did so many Catholics decide to join the protest? Was it just an objection to the restriction of reproductive rights? Or maybe their stories can tell something more about the reasons for the crisis in the Catholic Church or on, in general, the political situation?

Kim Knibbe (University of Groningen, the Netherlands)

Religion and Reproduction: Towards Understanding Scales and Disjunctures

In this paper, I want to bring several strands of research into conversation with each other to create a broader basis for theorizing how religion is implicated in the gendered production of the private sphere and specifically with issues of reproduction at different levels. The first strand of research is exemplified by the work of scholars who have worked on themes revolving around the religious-secular binary, often combining discursive, anthropological and/ or historical research (Scott 2017; Mahmood 2015; Cady and Fessenden 2013). This strand of research is noteworthy for problematizing the simplistic identification of secular positions with 'progressive' stances on women's freedoms and religious positions with 'conservative' stances and providing an insight into how and why religion came to be identified with the highly gendered issues of the private sphere, and how the religious and the secular collaborate to generate conflicts around expanded freedoms for women (Cady and Fessenden 2013). The second strand of research is exemplified by more fine-grained studies of particular histories and contexts of reproductive politics which tend to show an increase in polarization, as well as increased transnational connectivity, around reproductive issues between conservative (but not exclusively religious) and progressive (but not exclusively secular) actors. The third and final strand is exemplified by anthropological and ethnographic research that shows how particular landscapes of reproductive governance thus produced are navigated in everyday life (Collantes 2017; Bochow and Dijk 2012; Klassen 2019; Knibbe 2013; 2020). How can a comparison of the insights reflected in these three strands of research help us understand the paradoxes around religion and reproduction in relation to the different scales at which religion operates?

December 8, Wednesday

9.30 –11.00 Session 4 – Agency and Reproductive Governance

Tiba Bonyad (University of Manchester, UK)

The Iranian Ova Market, Biolabour and Invisible Women

Since the first Iranian baby conceived through egg donation in 1994, this technology has become the most sought-after method of third-party assisted reproduction in the country (Abedini et al., 2016; Tremayne & Akhondi, 2016). However, the biomedical industry operates in the absence of any specific legislation or policy and therefore primarily outsources ova supply to informal donor recruitment channels. This is different from the policymakers' narrative, which overlooks the market and recognises egg donation as an altruistic act. Based on fieldwork in two fertility clinics in Tehran and in-depth interviews with medical professionals and egg providers, this paper aims to investigate the seemingly contradictory narratives on the meanings of egg donation among medical professionals, policymakers and the ova providers. Following the works of feminist theorists who focus on biolabour as the essential analytical lens in studying bioeconomy (Cooper & Waldby, 2014; Pande, 2014; Rudrappa, 2015), I explore how the Iranian egg donation works as an informal, intimate market where bodies of precarious women become bioavailable repeatedly. Finally, I argue that the lack of recognition of egg providers' labour works against reproductive justice and perpetuates Iran's reproductive inequalities.

Andrea Zuppi (University Paris Nanterre, France)

The Stone and the Needle: Refocusing the Debate on Contraception in Indigenous Amazonia

With some excellent exceptions (e.g. Belaunde 1997), contraception is not a well-studied aspect of the lives of the indigenous peoples of Amazonia. This fact leaves the reader with two hypotheses: either the ethnographers' gaze has bypassed (for a number of reasons) the question of contraception, or the indigenous peoples of Amazonia themselves have little interest in such topic. Leaning clearly towards the first hypothesis, this contribution intends to restore balance in the study of indigenous people's reproductive choices through a focus on contraception. This will be done through the case study of the Kulina, an indigenous people of the Brazilian and Peruvian Amazon, among which I have conducted twelve months of fieldwork between 2018 and 2019. The Kulina traditionally recur to a shamanic contraceptive called awabono, which takes the form of a small stone-shaped substance that shamans control and use, at the request of Kulina girls and women, to prevent them from becoming pregnant. At the same time, Kulina women have been using a hormonal contraceptive for about ten years, which they injected with every three months by Peruvian nurses who visit the indigenous villages regularly. How are the shamanic and biomedical contraceptive techniques understood and experienced by the Kulina? What pushes them to recur to both contraceptive methods at the same time? What is the social significance of the shamanic and of the biomedical contraception? This contribution will be based on an on-going research project that has just started, and will therefore try to set the ground for a discussion on these issues.

Silvia De Zordo (University of Barcelona, Spain), Giulia Zanini (University of London, UK), Joanna Mishtal (University of Central Florida, USA), Ann-Kathrin Ziegler (University College Dublin, Ireland)

Reproductive Governance and Justice in the Context of Cross-Border Travel for Abortion Care in Europe

In this paper, we examine abortion governance in contemporary Europe and we show how "relatively liberal" legislations, allowing abortion on broad grounds, actually restrict access to legal abortion, leading thousands of women and pregnant people living in countries where abortion is legal to seek abortion care abroad. We first examine how abortion is framed in

national laws as well as by groups advocating for abortion rights in western European countries where abortion has been legal on broad grounds for decades. Then, drawing on findings from a five years research project funded by the European Research Council and carried out in England, Netherlands, and Spain, we show how women and pregnant people challenge the laws and legal restrictions in their home country, by seeking illegal abortion or abortion care abroad, and thus assert their will and power to make decisions, in spite of legal barriers. Finally, we explore how our study participants conceptualize abortion access and rights, and suggest a more relational approach to the right to access safe, legal abortion. Abortion services' actual accessibility was the main concern of our interviewees, prompting us to argue that a reproductive justice framework, one which focuses on abortion access instead of abortion rights, represents in a more comprehensive way the claims they made. Our work highlights the vital and yet paradoxical role of the state and supranational entities such as the EU in ensuring its citizens' right of health, by showing how EU's relatively liberal abortion legislations, key devices through which abortion governance is deployed and enacted, fail to fully comply with basic human rights to health and reproductive self-determination. It also shows the importance of reproductive justice (Ross and Solinger 2017) (rather than only reproductive rights) as a way to conceptualize access to healthcare "as collective and interdependent" instead of "individualized and independent," and address structural disparities evident in human rights' violations which affect social categories, not only individuals (Zavella 2017, 511).

Agata Chelstowska (Jagiellonian University, Poland)

New Activist Approaches Towards Tightening Legal Regulations of Abortion Access in Poland circa 2020

The recent 2020/2021 tightening of the abortion ban in Poland brought an increased public visibility to a new kind of abortion activism: one that offers practical ways of circumventing the existing abortion law in order to ensure abortion access. This kind of abortion activism abandons strategic litigation or advocating for legal access to abortion in Polish hospitals for individual women seeking abortion. Instead, activists concentrate around a Polish group called the "Abortion Dream Team" and an international network called "Abortion Without Borders," focusing on providing women from Poland with abortion pills or a trip abroad to terminate their pregnancy. Abortion Dream Team presents a complicated and creative approach to abortion law. Their strategies rely on finding loopholes, creating interpretations of laws, circumventing the law, going outside the jurisdiction (abroad), and, finally, declaring civil disobedience, by pointing to the difference between the legal and the moral thing to do. The construction of the Polish abortion regulations and the way they are implemented could be described as a "criminalization of care" (term by Agata Dziuban), a situation in which the main actor is formally not criminalized (it is not a crime for a person to end their own pregnancy), but anyone who could help them, is. This creates an atmosphere of fear, paranoia and feelings of isolation. The activists target abortion stigma as the main source of silence and fear. They make a point of publicly stating that their goal is to help women carry out abortions, and that their activism is aimed at building networks of solidarity and practical support. This kind of confrontational approach to criminalization redefines risks connected to helping a person who wants to terminate a pregnancy, and prioritizes informal connections and trust over concepts of rights and legality.

11.00 –11.15 Coffee break

Nanna Dahler (Lund University, Sweden)

Forced Adoptions in Denmark: Child Welfare as Reproductive Governance

In the beginning of 2021, the Danish government proposed a law that makes it easier for local authorities to conduct pre-natal forced adoptions of children that are considered vulnerable or neglected. In this way, municipal caseworkers can decide even before the birth of a child, that the parents are unfit for parenting, and initiate an adoption to a foster family without consent of the parents. The proposal is one in a package of social policies on marginalized children with the headline “Children First”, which also contains a proposal to place more children in foster care, and a section proposing a “break with the neglect of children in non-Western families” (Danish government 2021). This new policy proposal is a continuation of politics on vulnerable children articulated by the Danish Social Democratic party in recent years. While there is not lot of research on the demographics of the parents in the cases of forced adoptions, social workers in the field have mentioned migrant parents and parents with mental disabilities as some of the groups that are more exposed to this intervention. This paper argues that forced adoption can be viewed as reproductive politics. Scholars on reproductive justice have argued for a notion of the reproductive that not only centers on the right to (not) have children, but also on questions of parenting (Luna & Luker 2013). Drawing on the concept of reproductive governance (Morgan 2019), this paper asks how to understand forced adoption in the intersection between child protection and reproductive governance. Feminist scholars in the field of social reproduction theory have argued that political conflicts regarding migration and poverty are increasingly managed through forceful interventions from the neoliberal state in reproductive life (Briggs 2017). This paper asks whether the child policies of the Danish government can be seen as a way of politically managing poverty and to some extent migration, and through an ethnographic reading of the bill regarding forced adoptions and its presentation by the Danish government, it attempts to begin to develop an analysis of the political economy of forced adoptions.

Claudia Fonseca (Federal University of Rio Grande do Sul, Brazil)

The Illegalization of ‘At Risk’ Parenthoods in Brazil

Working from a recent case in southern Brazil of a new-born child’s contested removal from its birthparents, our analysis focuses on the class, race- and sex-bound processes that make it possible for the child welfare officials to brand certain maternities “at risk”. Our discussion is geared to illustrate a central tenant of reproductive justice – that, alongside the right of women to have and to not have children, they also have the right to raise the children they have born. To develop our reflection, we pose three guiding questions: What are the large-scale political and moral regimes that enhance possibilities to “illegalize” certain forms of motherhood? 2) Aside from the “law”, what other regulatory authorities are involved in this process? And finally, 3) what changes do these political, moral and disciplinary disputes introduce into legislation in order to legally define a child “at risk”, and thus annul the status of its biological parents? We conclude by drawing attention to the unequal distribution of power at play that accentuates the potential danger to the child of certain class-bound situations while turning a blind eye to the judiciary’s trampling of birth parents’ fundamental rights.

Olga Doletskaya (University College London, UK)

(Il)legal Parenthood: Examining the Complexities of Queer Parenting in Russia

Despite provisions that ostensibly protect a right to family life, to which Russia and Eastern European states are signatories under ECHR law, these countries persist in failing to recognise and protect queer families. The past two decades in Russia have been marked with increasingly homophobic legislation which excludes queer individuals from parenthood and

portrays them as a threat to the country's core values. In 2013, the Russian parliament voted unanimously to ban what it called 'propaganda of non-traditional relationships to minors' and adoption by LGBTQ+ people, including any foreign queer couples. Queer parenting has been a particular focus of Vladimir Putin's political narrative of 'traditional family values', resulting in a campaign which scholars have called a 'war on queerness'. Subsequently, some Russian queer families, threatened by prosecution under the 'anti-gay propaganda law' and in fear of their children being taken by social services, have been forced to emigrate. However, more have chosen to remain and create families in Russia. Many media interviews, testimonials and blogs suggest that a significant number of LGBTQ+ people in Russia are parents. Despite the deeply hostile state, queer people successfully build families, access adoption and assisted reproduction, and co-parent with their partners. These are just snippets of the nuanced stories of these families which are missing from academic and political discourse. This work seeks to examine, how Russian LGBTQ+ parents make reproductive choices and navigate the hostile legal system. It also investigates the ways in which reproductive governance affects everyday lives of queer parents and families in Russia.

Nicole Ahoya (University of Lucerne, Switzerland)

Childfree or Childless? The Discourses on the Right Not to Have a Child in Urban Kenya

More women in Kenya have publicly shared their choice not to have a child in recent years. Social media platforms, blogs, and talk formats on local TV stations have helped them voicing their message of self-empowerment, reproductive autonomy, and reproductive justice to a broader public which has responded with polarizing reactions. Being inspired by previous long-term ethnographic research on Kenyan low-income involuntarily childless women facing severe societal consequences due to their childlessness and being trapped in ambiguous societal positions, this paper looks at the subtle interaction of involuntarily and voluntarily childless women who both face severe stigma in Kenya where bearing children is still seen as culturally mandatory and as a requirement to become acknowledged as a woman. In this exploratory paper, mainly based on ethnographic research on social media, I aim to look at both voluntarily and involuntarily childless women's narratives. I analyse how voluntarily childfree women understand, voice, and operationalize the rejection of motherhood and frame their individual reproductive decision-making as 'choice' and 'right' at this particular historical moment in urban Kenya. I explore the circumstances under which some women retain authority over their reproductive choices while others struggle to gain access to ARTs, are ridiculed, ostracized, and often face severe physical and psychological violence due to them not bearing children. Instead of looking at the different struggles separately, I analyse the synergies and mutual influences of the opposing voices and narratives. On the one hand, voluntarily childfree women often fall back on the suffering of involuntarily childless women to fight for change and claim reproductive rights for Kenyan women at large. On the other hand, involuntarily childless women increasingly use the rhetoric of rights, voluntarily chosen childlessness, and reproductive freedoms gaining traction in the Kenyan public to make sense of their role in the society and (re)claim status as a 'real' woman in society.

12.45 – 14.00 Lunch break

14.00 – 15.30 Global Reproductive Governance: A Decade of Insight

– a keynote by Lynn M. Morgan (Mount Holyoke College, Massachusetts, USA)

The keynote speech by Lynn M. Morgan will be dedicated to studies on reproductive governance in global scale. Innovative research in “global reproductive governance” shows how people manage the increased scrutiny and control over reproduction that prevails in this era of new political-religious configurations.

Lynn M. Morgan is a feminist medical anthropologist and Professor Emeritus of Anthropology at Mount Holyoke College in Massachusetts, USA. Her books include *Icons of Life: A Cultural History of Human Embryos* (2009) and *Fetal Subjects, Feminist Positions* (1999). She is currently writing about the backlash against reproductive rights movements in Latin America.



15.30 – 15.45 Coffee break

Esther Moraes (University of Massachusetts, USA)

The Global Gag Rule: Examining the Impact of US Aid on Abortion in India

In 2017, the Trump administration reinstated the Mexico City Policy thereby barring all foreign organisations receiving US development aid from engaging in any abortion-related activities, including information dissemination and advocacy, even in countries where abortion is legal (Mavodza, Goldman and Cooper 2019). While previous iterations of the GGR barred organisations receiving US international family planning assistance from working on abortion, this GGR expanded its scope to foreign organisations receiving US international assistance across all health sectors, impacting over 8 billion USD of funding (Forster 2017). The policy was criticised worldwide by the professional policy and development world and also by progressive state leaders from Europe and the Global South. Since the USA has historically been one of the largest funders of population and reproductive health programs across the world, the impact of the GGR was predicted to be catastrophic, causing a significant jump in rates of unsafe abortions in the Global South and impacting health programming more broadly given its expanded scope. This paper will examine the impact of the global gag rule in India. Through a historically grounded analysis this paper will follow the development of India's reproductive and family planning systems through its dependence on American financial and ideological support, and will explore how the global gag rule constitutes an important disjuncture, or moment of tension, in this history. In analysing this moment of tension, we may be able to see this as an instantiation of the frictions that are inherent to the arena of development and reproductive governance regimes when they are entangled with neoliberalism and histories of colonisation and neocolonialism, and ultimately the impact that this has on the daily lives of Indian women. India's interest in reproductive health was first articulated as population control, and emerged through the colonial 'modernising' drive that sought to classify and manage populations through censuses and other Foucauldian surveillance mechanisms. Upon achieving Independence in 1947, India's population health systems were most strongly influenced by American international aid policies that encouraged controlling population growth in newly decolonised countries (Iyengar 2017; Rao 2017). Abortion, therefore, was first introduced by the Indian state as a social and population control mechanism, driven by American aid and intellectuals: while colonial law stated that abortion was illegal in India, the 1971 Medical Termination of Pregnancy Act stipulated liberal terms under which abortion could be legal (Chitnis and Wright 2007). Almost seventy years later, while the imposition of the 2017 global gag rule was criticised by NGOs and intellectuals working in the field of reproductive health, those who work in the largest family planning NGOs and INGOs asserted that "they consciously do not accept USAID funding [as they] do not want to be held hostage to these anti-abortion rules" (Rao 2017). Additionally, progressive amendments were made in 2020 to the Medical Termination of Pregnancy Act (1971), extending the legal window of abortion from 20 to 24 weeks (Ghosh 2020). The pushback from Indian actors in response to the global gag rule did not emerge because of feminist activism or through sustained advocacy from development professionals — even while these actors were vocal in their resistance. Through this paper, I argue that the Indian resistance to the GGR did not have any one cause, but explicates the friction that emerges from an American policy imposed on a population management system built on the historical assistance provided by the American state. Through this tension, we see that access to safe abortion services in countries like India are also mediated through the layers that are inherent to the development apparatus.

Siri Suh (Brandeis University, USA)

Misoprostol and the Pharmaceutical Governance of Reproduction in Francophone West Africa

Misoprostol has been available on the global market since the 1980s for the treatment of gastric ulcers. Starting in the 1990s, Brazilian physicians began to document misoprostol's off-label indications, particularly for the termination of pregnancy. Since then, misoprostol's effectiveness and safety for post-abortion care, labor induction, pregnancy termination, and treating and preventing postpartum hemorrhage have been documented in hundreds of studies. The World Health Organization (WHO) has incorporated misoprostol onto its List of Essential Medications (LEM) for pregnancy termination, post-abortion care, and for preventing and treating postpartum hemorrhage. Relatively inexpensive, amenable to self-use or administration by non-physicians, and heat stable, misoprostol has been lauded by global reproductive health experts as a pharmaceutical solution—a “silver bullet”—to the persistent problem of maternal mortality related to unsafe abortion and postpartum hemorrhage in sub-Saharan Africa. At the same time, misoprostol remains controversial precisely because it can be used by non-physicians in non-hospital settings, including for abortion, which is legally restricted throughout the region. Recent public health and anthropological studies suggest that misoprostol is registered throughout sub-Saharan Africa, available for purchase in private sector in pharmacies, and used in government hospitals and clinics for labor induction and post-abortion care. Several clinical trials have documented effective community-based administration of misoprostol for managing postpartum hemorrhage. Despite these important developments, little scholarly attention has been directed to the role of misoprostol in global and increasingly pharmaceuticalized regimes of reproductive governance. While misoprostol advocates argue that getting misoprostol into the hands of women and community-based health workers is a form of reproductive justice, some maternal health experts suggest that community-based administration of misoprostol for postpartum hemorrhage normalizes sub-standard, underskilled obstetric care for poor, rural African women. The global Covid-19 pandemic has reignited debates about how and where women should give birth, and whether abortion should be considered essential reproductive health care. In 2020, for example, the US Agency for International Development (USAID) threatened to withdraw support from the UN's humanitarian response to the Covid-19 pandemic because of its alleged “promotion” of misoprostol as an essential medication. Finally, at a time of renewed global interest in reducing fertility, misoprostol's abortifacient qualities may provide a neo-Malthusian solution to population growth as a racialized vector of climate change, religious fundamentalism, and transnational migration. My research explores misoprostol as an agent of pharmaceuticalized reproductive governance in Burkina Faso and Senegal, where international NGOs have been conducting clinical research on misoprostol, promoting demand for the medication in the private health sector, and training health workers in misoprostol administration since the mid-2000s. As members of the Ouagadougou Partnership, a regional offshoot of the 2012 Family Planning 2020 Initiative, and as signatories to global and regional treaties on maternal mortality reduction, these two countries are ideal sites for research. Working in close collaboration with colleagues from Université Joseph Ki-Zerbo in Burkina Faso and Université Cheikh Anta Diop in Senegal, I explore the availability, distribution, procurement, and use of misoprostol by women, health workers, and national and international NGOs in formal and informal health sectors. Data collection methods include observations of obstetric care and social marketing activities related to misoprostol, attending relevant national and regional reproductive health conferences, in-depth interviews, mystery client studies in formal and informal pharmacies, and reviews of hospital records. Scheduled to begin in January 2022, this 18-month ethnographic project offers a unique comparative analysis of misoprostol practices and politics in Burkina Faso and Senegal. Although misoprostol is registered under various brand names in both countries, laws regulating abortion vary between Burkina Faso and Senegal. A comparative approach will illuminate how local context intersects with regional and global policies to produce complex and contradictory

pathways through which misoprostol is available (or not) for approved and off-label obstetric indications to women and health workers in formal and informal health sectors. Detailed knowledge about the social, economic, political, technological, organizational, and professional factors and processes that block access to misoprostol can inform policies and protocols related to clinical care, training and supervision of health workers, monitoring and evaluation of services, procurement and prescription of misoprostol, and use of misoprostol by health authorities, health practitioners, and women. Ultimately, this study aims to yield information that contributes more generally to health systems strengthening, improved obstetric care, and reduction of maternal mortality. This project also offers an important model for more equitable North-South research collaboration, exchange, and capacity-building at the level of the university.

Madhumita Biswal (Central University of Gujarat, India)

Studying the Agents of Reproductive Surveillance in India: Methodological Concerns in Understanding Marginality

Women's reproductive behavior has gained special attention in the post-colonial development discourse of India. It is articulated that women's reproductive behavior has the potential to influence diverse indicators of development such as poverty, education and health. Hence, reproductive surveillance has remained crucial to India's development interventions. However, feminist scholarship points out that not all women are brought into this statist discourse on equal footing. Most often, the statist reproductive interventions are directed towards women from marginalized groups such as rural women, Muslim, Tribal, Dalit women and women living in urban slums. It is also argued that the Indian state, at the grass-root level, mostly deploys women health functionaries as the agents of state surveillance. Based on an ethnographic study conducted in the Baudh district of the state of Odisha in India, the paper tries to understand reproductive surveillance from the point of view of the grass-root level state agents who are charged with this task. It interrogates what happens when the agent of the state herself belongs to marginalized caste groups? What effect does her communitarian status bear on her delivery of state responsibilities? The paper makes an attempt to highlight the methodological concerns in understanding the negotiations of the agents of state from marginalized caste groups between their given state responsibilities and their communitarian status.

Meghana Joshi (SUNY – Buffalo, USA)

Becoming Fathers in a 'Child-friendlier' Germany: Male Infertility, Active Fatherhood, and Reproductive (In)Visibility

In this paper, I explore German men's relation to the emerging ideal of the father figure in general, and their conceptualizations of, and resistances to this ideal, as exemplified in practices general, in practices of "active fatherhood" and male infertility, in particular. I draw upon ethnographic data collected in Berlin (2010–2013) among diverse groups of West-German men who engaged in paternal labor that included routine, embodied care, emotional and imaginative relatedness, and/or legal routes to seeking presence in their children's lives, irrespective of biological paternity. This labor of fathers/fatherhood is simultaneously embedded in the broader context of in/visibility of childless/infertile men as reproductive citizens in a climate of conspicuous reproduction and demographic anxieties, where policy reforms encourage men to participate in child-care. I argue that juxtaposing male infertility and fathering is productive to understand how regimes of reproduction moralize, include and exclude, and in the particular case of Berlin serve as a lens through which we gain insight into demographic anxieties and men's role in social reproduction. Thus, pronatalist policies, progressive parenting, and reproductive exclusion emerge in conjunction with each other.

17.15 – 17.30 Concluding discussion

All events will be held online on MS Teams.

Registration and contact at easanags@gmail.com or tomasz.raczkowski@uwr.edu.pl

Organizers:

**Department of Ethnology and Cultural Anthropology, University of Wrocław
EASA Network for the Anthropology of Gender and Sexuality**

