

CAR Fall Newsletter

Meeting Announcement:

The CAR business meeting will be Saturday November 23 from 12:15-1:30 pm, in Conference Room 4H at the Chicago Hilton. Members and interested non-members are very welcome!

CAR NEWS:

Remember to let your students and Repro Anthro colleagues know about CAR, if they don't already!

Visit our new website:

<http://www.medanthro.net/car/>

If you know of someone who might like to join CAR, please invite them to contact the CAR Membership Coordinator, Anjali Bhardwaj

joinanthrorepro@gmail.com.

Please email all correspondence to

joinanthrorepro@gmail.com.

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Contents

Member Publications.....	2
Books.....	2
Articles/Chapters.....	3
Reports.....	3
Announcements.....	13
Calls for Papers.....	14
Upcoming Panels –AAA.....	15

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MEMBER PUBLICATIONS

Books



***Patient Citizens, Immigrant Mothers: Mexican Women, Public Prenatal Care, and the Birth Weight Paradox* (Rutgers University Press, September 2011)**

Alyshia Gálvez

Winner of the Association of Latina and Latino Anthropologists' 2012 Book Award

According to the Latina health paradox, Mexican immigrant women have less complicated pregnancies and more favorable birth outcomes than many other groups, in spite of socioeconomic disadvantage. Alyshia Gálvez provides an ethnographic examination of this paradox. What are the ways that Mexican immigrant women care for themselves during their pregnancies? How do they decide to leave behind some of the practices

they bring with them on their pathways of migration in favor of biomedical approaches to pregnancy and childbirth?

This book takes us from inside the halls of a busy metropolitan hospital's public prenatal clinic to the Oaxaca and Puebla states in Mexico to look at the ways Mexican women manage their pregnancies. The mystery of the paradox lies perhaps not in the recipes Mexican-born women have for good perinatal health, but in the prenatal encounter in the United States. *Patient Citizens, Immigrant Mothers* is a migration story and a look at the ways that immigrants are received by our medical institutions and by our society.

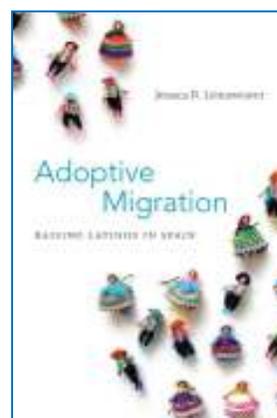
<http://rutgerspress.rutgers.edu/product/Patient-Citizens-Immigrant-Mothers,1187.aspx>

***Adoptive Migration: Raising Latinos in Spain* (Duke University Press 2013)**

Jessaca Leinaweaver

I am pleased to announce the publication of my new book *Adoptive Migration: Raising Latinos in Spain* (Duke University Press): focusing on Peruvian adoptees and immigrants in Spain, this ethnography explores the adopted children's experience of growing up in a country that discriminates against their fellow immigrants.

"In this lucid and beautifully written book, Jessaca B. Leinaweaver rethinks transnational adoption, considering it as a form of immigration. Focusing on Spain, an epicenter for both phenomena, she examines the notions of culture, assimilation, and childhood that make receiving societies treat transnational adoptees and other immigrants so differently. This book provides food for thought for all those touched by transnational adoption or immigration, which is to say, all of us."—Laura Briggs, author of *Somebody's Children: The Politics of Transracial and Transnational Adoption*



<http://www.dukeupress.edu/Catalog/ViewProduct.php?productid=50811>.

Articles

Noelle Borders, Claire Wendland, Amy Haozous, Rebecca Rogers, and Lawrence Leeman
2013 Midwives' verbal support of nulliparous women in second-stage labor. *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* 42(3):311-320.

Lauren Fordyce
2013 Accounting for fetal death: Vital statistics and the medicalization of pregnancy in the United States. *Social Science and Medicine* 92:124-131.

Lucy Mkandawire-Valhmu, Claire Wendland, Patricia E. Stevens, Penninah M. Kako, Anne Dressel, and Jennifer Kibicho
2013 Marriage as a risk factor for HIV: Learning from the experiences of HIV-infected women in Malawi. *Global Public Health: An International Journal for Research, Policy and Practice* 8(2):187-201.

Claire Wendland
2013 Exceptional deliveries: Home births as ethical anomalies in American obstetrics. *Journal of Clinical Ethics* 24(3):253-65.

REPORTS

A Report on the Women Deliver 2013 Kuala Lumpur Conference
Margaret MacDonald, Debra Pascali Bonaro, and Robbie Davis-Floyd
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This past May a major international conference called Women Deliver took place in Kuala Lumpur, Malaysia. Women Deliver is a relatively new but significant force in the international reproductive health arena. Since its first conference in 2007 in London with 1500 attending, it has rapidly grown in size and reputation. The second conference took place in Washington DC in 2010 with 3000 attendees. Women Deliver Kuala Lumpur was the biggest conference of the decade devoted to the health and well-being of women and girls; it brought together 4500 people from hundreds of organizations in 149 countries around the world, including heads of state, ministers of health and women's issues, major UN agency representatives, non-governmental organizations, scientists and scholars, major donors (including Melinda Gates and Chelsea Clinton), mainstream media, youth, filmmakers and even royalty.

Two of the authors of this article, Debra and Robbie, were there representing the International MotherBaby Childbirth Organization (IMBCO), which had hosted a side event at the 2010 conference. Debra presented the International MotherBaby Childbirth Initiative (IMBCI): 10 Steps to Optimal Maternity Care (www.imbci.org) during a session on "Humanization of Birth/Respectful Care." Maggie attended as a medical anthropologist conducting research on the key issues and changes over time in global policy on safe motherhood. The conference featured 700 presentations in more than 160 sessions. Debra was also among the 415 journalists from 60 countries who attended the conference. In this brief article we offer an overview of and some critical reflections on this important conference. We also offer some highlights of particular interest to midwives and social scientists.

History of Women Deliver

To begin, we thought it might be helpful to sketch out the background on maternal mortality worldwide and how Women Deliver as an organization has sought to raise awareness of the issue and to generate increasing funding, research, and political commitments to reducing it.

Women Deliver was founded by Jill Sheffield, former Executive Director of Family Care International, the US-based organization that served as the Secretariat of the Safe Motherhood Initiative (SMI). The SMI, launched in 1987 by WHO, UNFPA and the World Bank, was the first international initiative dedicated to addressing the widespread problem of maternal mortality. At a time when few countries even recorded maternal deaths, the SMI ambitiously challenged all nations of the world to reduce maternal deaths by half by the year 2000. At that time, it was estimated that more than 500,000 women died annually from pregnancy- and birth-related causes, the vast majority of them in the developing world. The goal was to be accomplished primarily through upgrading perinatal services to approximate Western biomedical standards, making improvements in the scope and quality of education for midwives and traditional birth attendants, and increasing family planning efforts. Although SMI projects and those of its successor, the Making Pregnancy Safer Initiative, were



Maggie and Debra networking at the Women Deliver conference. Photo by Robbie Davis-Floyd.

implemented around the world, rates of maternal mortality remained above half a million per year well into the new millennium. When the Millennium Development Goals (MDGs) were announced in 2000, reducing maternal mortality by three quarters by 2015 was MDG 5. This was a turning point in terms of a new level of awareness and commitment to the issue. And indeed, the global maternal mortality rate has been greatly reduced, yet there are still 287,000 maternal deaths each year, most of them still in the developing world. That's 800 women a day dying from (mostly preventable) causes related to pregnancy and childbirth. In her "Letter from the President" in the conference program, Jill Sheffield wrote:

In the past three years, we have seen tremendous momentum growing for the health and empowerment of girls and women worldwide. Maternal deaths have declined by nearly 50% since 1990, proving that our goals are within reach . . . This past summer, the London Summit on Family Planning raised over 2.6 billion to ensure that the 260 million women who use contraceptives will continue to have access to this life-saving commodity, and will also extend coverage to 120 million more girls and women by 2020. Clearly, the tide of change has come for girls and women.

Yet our work is far from over; in fact, it is just beginning. In just a few short years, the Millennium Development Goals and the International Conference on Population and Development's Programme of Action will both expire, leaving us with a new developmental framework. There has never been a better time to raise our voices in support of the health and empowerment of girls and women, and to ensure they are a top priority in 2015 and beyond.

Women Deliver Kuala Lumpur

Though the history of the organization and the name of the conference itself both suggest a focus on maternal health and safe birth, this third Women Deliver conference set a broader mandate as “An international conference calling for investments in girls and women.” The goal of achieving safe motherhood for women around the world is still very important, but is now articulated in terms of gender equity, education and sexual and reproductive rights, moving far beyond basic access to biomedical care.

The notion of “sexual and reproductive health and rights” is a direct reference to the International Conference on Population and Development (ICPD) held in Cairo in 1994, often referred to as the Cairo Declaration, which introduced the idea of reproductive rights. Girls’ education and empowerment, access to sex education, family planning information and commodities, greater political participation for women, an end to child marriage and gender-based violence: all of these things are integral not only to safe motherhood, but, it was stated again and again at Women Deliver, are essential to development itself—that is, to the goal of vibrant, healthy societies and economies. Thus the overall message of this 3rd Women Deliver conference links the intimate issues of reproduction and sexuality to the pressing global challenges of sustainable development.

Numerous sessions and plenary speeches made the case that eliminating child marriage, keeping girls and young women in school, and facilitating family planning are all fundamental to the goal of freely chosen and safe motherhood, and that, as Jill Sheffield’s Letter from the President emphasized, “investment in girls and women results in a domino effect of positive outcomes for . . . families, societies, nations, and the world.” This broad approach is as it should be. It also seems to be a bold move in an era when Medicaid coverage for birth control pills in the US is attacked as promoting promiscuity and single motherhood, and abortion is still illegal in many countries. Family planning (FP) is much more politically controversial than advocating to ensure that women don’t die in childbirth, because access to contraception has to be argued in terms of the right of autonomy over one’s body, which many women the world over do not have. Maternal survival and well-being were explicitly re-positioned at WD 2013 not only as a medical issue exacerbated by poverty and culture but also as a political and judicial struggle within the context of universal human rights discourses.

The Plenary speakers were indicative of the high profile of the Women Deliver conference and the support it has been able to garner in the world of development funding and advocacy for women’s health. Hillary Clinton opened the conference via satellite, saying “Investing in girls and women is not only the right thing to do, it’s the smart thing to do!” Malaysian Prime Minister Dato’ Sri Haji Mohammad Najib bin Tun Haji Abdul Razak and the first lady welcomed everyone to Kuala Lumpur and described Malaysia’s dedication to the issue, noting the country’s progress in reducing maternal mortality from 540/100,000 in 1957 (the year it became independent) to 28/100,000 today. On Day Two of the conference, Ban Ki Moon, Secretary General of the United Nations, joined via satellite to tell the Women Deliver Community: “As we enter the homestretch to 2015, let us ensure that the sexual and reproductive health and rights of women and girls are front and center.” Melinda Gates and Chelsea Clinton were also there in person to speak about their Foundations. Her Royal Highness of Denmark spoke on several occasions during the conference.

The closing panels too were stacked with high-level persons from the wealthiest and most influential foundations and UN agencies, as well as heads of state and former heads of state including

Helen Clark, former Prime Minister of New Zealand, and Tarja Halonen, the past President of Finland and current co-chair of the Population and Development Task Force.

Here is our breakdown of the primary components of their cumulative messages:

- Investments in girls and women benefits not only girls and women but also families, societies, and nations, because women deliver in so many ways.
- Educate girls—keep them in school until at least age 18.
- Eliminate marriage before age 18.
- Provide age-appropriate sex and reproductive education with emphasis on women’s and girls’ rights.
- Provide full reproductive health and family planning services, including safe abortion.
- Get birth out of the home and into the hospital. When this is not possible, provide life-saving technologies at home, such as cytotec (a focus of JPHIEGO’s efforts right now) and body compression suits to prevent or stop hemorrhage, and adequate systems of transport that include cellphone communication.
- Increase the use of midwives (doulas were barely mentioned).
- Improve quality of care in hospitals and reduce the overuse of inappropriate technology and cesarean section.
- End violence against women.
- Support the organizations that are leading the way on these issues in your communities and/or start one!

Regarding the eighth point above, we must note that we do not think that this particular point has received nearly enough emphasis at any of the WD conferences. As usual, at this one, there were very few sessions—two or three at most—on safe and respectful hospital management of pregnancy and birth, including the reduction of unnecessary medical technology. The sessions that did address hospital birth management veered towards increasing the number of trained midwives and increasing access to essential commodities such as misoprostol, oxytocin, and magnesium sulfate.

The shift in focus (or in means to the end goal) away from safe motherhood and birth to the much broader agenda of universal “sexual and reproductive health and rights” ensured that sessions on family planning, access to contraceptives, and access to safe and legal abortion dominated the program. Given what we have described above about the broad agenda and political tenor of the conference, this makes sense. (Death from unsafe abortions, for example, accounts for over 10% of maternal mortalities.) And yet it was very surprising that at a conference on women’s health filled with feminist activists and medical researchers, educators and clinicians, there was absolutely no mention of the safety or side effects of the types of contraceptives at the center of the access to family planning theme: long term reversible methods including IUDs, injectables, and sub-dermal patches. (They even have an acronym: LTRs.) There is indeed massive unmet need for contraceptives around the world, but the need for safe drugs and devices—not just affordable and accessible ones—should be paramount.

In the closing Plenary of the conference one critique was finally leveled against the FP-heavy program when Kavita N. Ramdas, former president of the Global Fund for Women, noted that many south Asian women who desire access to family planning are nevertheless suspicious of the zeal with which it is promoted by NGOS and UN agencies, and pointed directly to what she called “white

people’s fear of floods of brown people.” She also noted the irony of so strongly promoting FP among Third World women when a single child born in the West (or among wealthy elites anywhere in the world) will consume 40 times the resources of a child born in the developing world. Twentieth century Malthusian population control thinking is certainly not the reason for Women Deliver’s promotion of universal access to family planning in the 21st century, but the shadow of such thinking on the present proceedings needed to be mentioned, and we were glad it was.

Another important issue that we felt was missing from the otherwise far-reaching mandate of the conference was the use of ultrasound and sex-selective abortion in China, India, and a number of other countries (including Korea, Georgia, Armenia, Azerbaijan, and some immigrant groups in developed countries), which has resulted in a skewed human population ratio globally, and a severely skewed ratio in the countries mentioned, which can reach as high as 150 boys to every 100 girls (the usual ratio is 105 to 100). There are many negative implications for girls’ and women’s health and rights that go beyond the societies in which the practice occurs. Major donors and agencies concerned with the wellbeing of girls and women ought to come out clearly against sex-selective abortion and acknowledge its interlinkages with women’s sexual and reproductive health and rights. We hope and trust that sex-selective abortion and its implications for girls and women will receive major attention and a search for thoughtful solutions—such as ending the preference for sons by raising awareness of the value of daughters—at Women Deliver 2016.

Conference Highlights

Women’s Voices

The conference was permeated with the voices of women of all ages, most especially from developing nations, as plenary and breakout session speakers and as representatives of high level agencies, foundations, and professions. Young people, both female and male, were well-represented.

Midwifery Presence

While there were only 3 sessions dealing specifically with midwifery during Women Deliver Kuala Lumpur, a two-day well-attended global midwifery symposium organized by UNFPA, ICM, Jphiego, WHO, and others did precede the conference. And the absolutely central role of midwives as care givers on the front lines and as a professional group participating in high level technical and policy decision making was widely acknowledged throughout the conference, as was the immediate global need for 350,000 more midwives. (This represented a major change in discourse from the 2010 WD conference in DC, where the focus was much more on “skilled birth attendants.”)

Ibu Robin Lim, the world-famous midwife who was named 2011 CNN Hero of the Year for her work at Bumi Sehat, a birth center in Bali and for her emergency relief work in Aceh after the tsunami and in Haiti after the earthquake, gave a “To the Point” short plenary presentation. Robin performed a skit in which she acted the part of a laboring woman who had escaped from the hospital to avoid a cesarean because she had no money to pay for it and knew that the hospital would not release her baby until she paid (a common scenario in Indonesia and other countries where health care is supposedly “free”). She came on the stage groaning and calling for a midwife to help her. With the midwife’s support she quickly birthed a large black plastic baby on hands and knees to great applause, and then insisted that the midwife wait to cut the cord. Rising to her feet and finally addressing the audience, Robin lifted up two plastic water bottles, one full of red liquid, the other only one-third full,

in dramatic demonstration of how much mineral and oxygen-rich placental blood the baby fails to receive when the cord is cut before it stops pulsing. Her message was clear and everybody got it!

Solar Suitcases

One of the most effective and dramatic short (“To the Point”) presentations was given by Dr. Laura Stachel, co-founder and medical director of WE CARE Solar. She described her shock upon first visiting a hospital in northern Nigeria that lacked electricity at night, leaving the practitioners to conduct even cesarean deliveries by kerosene lantern and flashlight. Of course the mortality rates there were high. Stachel’s husband, an expert in solar power, developed a portable suitcase containing easily deployable solar panels. The suitcase delivered 24-hour power to that hospital, and since then to thousands of other hospitals and clinics in multiple developing countries—saving uncounted numbers of lives and injuries and bringing birth, as her slides movingly demonstrated, out of the darkness and into the light.

Girl Rising

Screened on the evening of the second day, this feature documentary film directed by Richard Robbins tells the extraordinary stories of nine girls from nine developing countries, each of whom fought difficult personal circumstances (including extreme poverty, forced marriage, domestic slavery, and gender violence) to achieve an education. The grim statistics on the millions of girls who do not succeed in similar quests are effectively interspersed between the featured stories. This outstanding film touched our hearts and made the statistics real. It reaffirmed for the three of us why we work long hard days and fly halfway around the world to attend a conference like Women Deliver. In every case in the film, each girl’s life is transformed by just one person!



Ina May Gaskin Inducted into the National Women’s Hall Of Fame

Robbie Davis-Floyd

On October 12, 2013, I had the honor and the pleasure to bear witness to Ina May’s induction into the National Women’s Hall of Fame in Seneca Falls, a charming small town in Update New York that has long been a hotbed for the women’s liberation movement—the first Convention for Women’s Rights was held there in 1848, followed by many subsequent events during our sister-ancestors’ long battle for equal rights. The National Women’s Hall of Fame is physically located there, right across the street from the Elizabeth Cady Stanton Park.

It was a grand event with hundreds of attendees. The festivities began with a Tea Party (a deliberate and not-so-subtle comment on our present political logjam!) that offered plenty of opportunities for meeting, greeting, and networking. The New York midwives turned out in force for Ina May—they planned their annual NYSALM (New York State Association of Licensed Midwives) meeting to take place in Seneca Falls so that they could all be there to support Ina May. MANA’s representative to the event, Vicki Hedley, current MANA Board member and Treasurer, kindly drove me through the gorgeous countryside on a bright sunny day that enabled us to fully appreciate the lovely vistas of mountains, valleys, and fall foliage that filled our senses with delight. I came from Texas, Juliana van Olphen Fehr (Director of the Nurse-Midwifery Program at Shenandoah University)

came from Virginia, as did many others to be there for Ina May, and wow did she get a lot of cheering when she stepped forward to have that huge medal hung around her neck!

She gave a brilliant talk. She began by noting that even though she could not legally practice in New York State as a CPM, she had actually and legally attended a birth in New York, on a Native American reservation there that is not officially part of NY. “Balance” was her theme—the balance the Six Nations achieved by having men as chiefs, with a committee of women as the voters who decided what the male leaders could and could not do, such as when they could and could not go to war. She moved on to honor Mary Breckinridge, a former inductee, describing the Frontier Nursing Service that Breckenridge created, the difficult conditions under which they practiced, fording swollen streams to attend home births, and the excellent outcomes they achieved because of their courage, skills, and commitment. They achieved a remarkable sort of balance between the needs of the population and the services the FNS midwives could provide. I managed to film most of her talk on my iPhone—Debra Pascali Bonaro will be posting it on YouTube, so watch for it!

The formal induction ceremony opened with a video of Hillary Clinton welcoming us all to Seneca Falls, honoring the early feminists, and celebrating today’s induction. The other eight inductees included Betty Ford (1918-2011), Julie Krone (1963-), Kate Millett (1934-), Mother Mary Joseph Rogers (1882-1955), Bernice Resnick Sandler (1928-), Anna Jacobson Schwartz (1915-2012), Emma Hart Willard (1787-1870), and Nancy Pelosi (1940-). Betty Ford’s daughter spoke movingly of her bravery in choosing to share her diagnosis of breast cancer and her struggles with alcoholism with the world, in order to move these heretofore almost unspeakable issues into public awareness and consciousness. Julie Krone—you may not know her name, but she was one of the first female jockeys in the U.S and eventually became the leading female Thoroughbred horse racing jockey of all time. Her speech was inspirational. She described her early marginalization as a woman, being given the worst horses to ride and then learning them so well that she began to ride them to victory, over and over, against all odds, until her skills were finally fully acknowledged, at which point she began to ride back-to-back races, sometimes winning five or six races a day, and going on to become the first woman to win a Triple Crown and many other awards. Nancy Pelosi told the story of being asked to run for the House of Representatives, her concern about what that might mean for her last remaining child at home, a daughter. She told her daughter about the opportunity, said that she was willing to let that go in order to stay home and support her through her senior year of high school. Her daughter’s response: “Mom, GET A LIFE!”

The Gala Celebration after the Induction Ceremonies was a marvelous party in the Hotel Clarence in Seneca Falls—I was thrilled to be able to speak a bit with Nancy Pelosi, to shake Lilly Ledbetter’s hand and thank her for her service to women, and to observe Ina May in animated conversation with so very many people who seemed to really understand the depth and breadth of her contributions to women, midwives, and birth. I found a moment to ask Ina May, my friend of over 20 years, if she had kept a careful record on her CV of all her talks and all her publications—she said, regretfully, that she had not. I urged her to create that record so that it will not be lost! Is anybody out there up for writing the full biography that she so richly deserves?

The following day, Sunday, Vicki and I attended a lovely brunch held in Ina May’s honor by NYSALM. Invited to the mike, Ina May began with a question: “If I were younger and wanted to come and practice in New York State, what would I have to do to do so legally and how much would it cost?”

She is a CPM and has a Master's in English—the Master's degree is now a requirement for any midwife who wants to become licensed in New York. So the answer, given most clearly by Kate Finn CPM, CM, was two years at either program for CMs—the one at SUNY downstate in NY or the one in Philly, at a cost of \$50,00 to \$60,000. A young aspiring midwife, already a CPM, stood up to speak of the hoops she had jumped through to become eligible for the CM SUNY downstate program, taking all the necessary prerequisite courses, only to find her application rejected. And she asked, “Why is it so hard to become a Licensed Midwife in New York, when I am already a midwife?” A fascinating discussion ensued that indicated clearly that the members of NYSALM are very open to considering alternate routes, including looking at ways to legitimate CPMs in NY. It came up in the discussion that the ICM (International Confederation of Midwives) global standards for midwifery education might be used—yet CNMs and CMs in New York operate far beyond those standards because they are trained not only in maternity care but also in lifetime well-woman care. And, as some of them said, they simply love not having to say goodbye to their clients after birth because they can offer them ongoing, lifetime care. Yet no one there seemed to want “tiered midwifery”—meaning that there would be various hierarchical classifications of midwives (as there are for nurses)—so the dilemma of how to incorporate the CPM in New York remains. They are going to work on that!

After the brunch, Vicki and I found time to visit the National Women's Hall of Fame. It was incredibly inspiring to find so many of my personal culture heroes honored there. Too many to mention here, but I will just say that in a glass display case, there was a scarf that had belonged to Amelia Earhart (a posthumous inductee). Sally Ride, another inductee, had taken that scarf into outer space as a tribute to her personal culture hero Amelia, and then had returned it to the museum. Women honoring women. I was moved beyond words to hear that story, to see Sally's uniform also displayed there, and to move around the museum gasping at the stories on the plaques of the women honored there, with tears flowing as I honored their individual and collective achievements. And walking into that Hall of Fame, the first thing I saw was Ina May's plaque complete with photo right next to Betty Ford's, on the display panels in the middle of the room of the new inductees.

We have a lot further to go, but we have come a very, very long way in our collective efforts to guarantee equal rights for women, and now for the next cause—human rights in childbirth—a cause that our marvelous Ina May has long championed. She has been a spearhead for that movement in many countries around the world. Let's pause a moment to celebrate her recognition as a champion of normal birth and women's rights, then take a deep breath and go on to do the work of making physiologic birth and respectful treatment of laboring mothers the global norm! So many brave women have paved the way—let us follow in their footsteps and make new paths of our own.



Notes from the Field

Anjali Bhardwaj, PhD Candidate, Department of Anthropology, Purdue University

Before starting a PhD in anthropology, I was a community health worker with training in social work and public health. The idea of understanding women's health issues from an anthropological lens had appeared to be exciting though I was nervous about conducting fieldwork. Before I set off for fieldwork, a professor told me that this would be the most exciting phase of my doctoral studies. I nodded and mentally reminded myself that all professors were a little weird to whom boring pursuits appeared academically interesting!

I was wrong. Fieldwork was the most exciting and humbling experience of my life. I thought I was setting out to find solutions to public health problems and I would design strategies to change people's lives. While that may or may not happen, it did change the way I think. My perceptions of myself, the way I looked at health issues in the community...the way I look at life was turned around.

My study aimed to explore the lived experience of postpartum period in the lives of women from 23 villages in southern Rajasthan. An ethnographic study design was developed for this research to capture a holistic picture of postpartum period which included participant observation, in-depth interviews, discussion and focus group interviews. The research study was carried out in a resource poor rural area of southern Rajasthan, India; predominantly inhabited by indigenous people belonging to the *Meena* tribe. I visited the field site thrice during 2009-2012.

I hail from New Delhi, the national capital and before coming to United States had been educated in Delhi and Mumbai. However, I had worked in this region of Rajasthan in 2004-2006 as a Program Officer with a local community based NGO. My duties then included implementation and monitoring of community health projects. During my work, I was stationed in the NGO head office in a nearby town and I often used to visit the field and interact with the community but nothing that could be compared to living in the field for more than a year. The idea of doing a PhD with an in-depth research on women's health had originated during my previous work here. So, I was very excited to finally be able to do what I had planned and I arrived in the field with a lot of expectations and enthusiasm.

I acknowledge that I have been deeply invested in the issues of women's health for many years and at several points during the field work and later experienced anger, frustration, sadness and happiness all which significantly shaped the fieldwork and data collection process. During the process of fieldwork I realized how much my previous background and experience influenced my way of approaching the research issues and viewing the community as a 'target population' that required 'help.'

I had assumed that due to my previous work in the region and familiarity of the local dialect – I knew everything about them and this fieldwork would be much less challenging than those of my American colleagues who come as 'outsiders' with no knowledge of local language or culture. This



Anjali standing near the primary water source of a village where she did fieldwork

could not have been further from the truth. While it was decidedly an advantage to have had some previous knowledge of the region and the language, as fieldwork progressed I realized that I had not known much about the daily lives of the people. Sporadic visits during working hours in my earlier role did not qualify as ‘working with the community.’

I also had imagined that since I am an Indian, I belong to the same group and I’m decidedly an insider. However, despite my best efforts, it was obvious that there was a power differential. It was



Two women from the Meena ethnic group of southern Rajasthan participating in Anjali’s fieldwork

visible in the way that they addressed me (madam), to how I was served food first during night stays in the villages and except once, women did not refuse to talk to me. The fact that they allowed me to sit around, observe, ask probing questions was perhaps because of their generosity, my association with a well-respected and trusted NGO and its fieldworkers, or that I was coming from Delhi and the United States. Maybe it was a combination of all of these and I will never know for sure. I went in thinking that I was one of them and then realized that I could never be, but then as fieldwork progressed and they accepted me, I was no longer a complete outsider either.

I became aware of my own biases as I found myself constantly interpreting the narratives through my perceptions. I do not belong to a marginalized community and I have never personally faced the hardships and health issues that my respondents did. An entry in my fieldnotes reads as follows:

This would not sound right but a lot of times I am relieved that I do not have to rely on the health care available in this setting. It is easy for me to interpret their lives since I am not the one experiencing their pain. If I were one of these women, I do not know what I would do?

The resilience of women in the face of acute hardship was one of the highlights of this fieldwork. They smiled and fought on, never losing their humor. (I could not help contrasting this with people in Delhi or New York who seldom smile.) Witnessing evidences of everyday resistance, bargaining for agency, negotiating for space and raising their voices in a deeply patriarchal set up was just so empowering. I went in looking at them as victims and came out (well, I’m not completely out and will never be!) respecting them as survivors.

Initially, it would irritate me when I felt that they were not telling me the complete truth. I used to think, ‘Here am I, away from home, trying to help them and they don’t trust me. Why don’t they help me to help them?’ It took me a while to get down from my high horse and realize that I was more of a nuisance and the fact that they let me stick around was an evidence of their hospitality. All I can say is that as time progressed and I got to know them better and vice versa, I became better at knowing when they were not telling me the complete truth and I could mold the conversation to find out more, but I also learnt when to stop.

At the beginning I also used to get very uncomfortable when they asked me about my marital status or other personal details. But then I realized how unfair it was for me to discuss their reproductive and sexual health issues without any willingness to share anything about myself. So, after about three months of fieldwork, I began to welcome any questions that they had for me and this led to some very interesting conversations rather than just interviews. These conversations also formally paved the way to developing relationships with the women in the community which immensely helped me in getting rich data that I was missing out on earlier.

Anthropology textbooks tell us that all data collection plans do not materialize and field work evolves on its own. Yet I went in thinking that I would absolutely follow my data collection plan and field work must go according to my expectations. I must get all the data that I need. This changed as well!

The interviews and in-depth discussions were mostly around the reproductive health of women and their choices but the respondents often transgressed away from the semi-structural interviews format. This was frustrating in the beginning as I was impatient to get 'answers' but then about 6 months later when I started to transcribe the interviews I realized that even though I thought I did not get exactly what I wanted, I was getting many stories and revealing insights which were equally, if not more, insightful. Even though it seemed disconnected at first, it was linked deeply to my research questions. In fact more connected to what the respondents viewed as health issues as opposed to what I thought was important.

Spending a year in the field did help in gathering data which might help in answering some research questions, but it was definitely much more than that.

CALL FOR SUBMISSIONS

Are you interested in contributing to future CAR newsletters? Please consider writing a column or Notes From the Field article sharing your experiences. If you're interested in contributing, please get in touch with your friendly newsletter co-editors by emailing Summer Wood at sjwood@nyu.edu. We welcome all ideas, questions, and submissions.

ANNOUNCEMENTS

Establishment of Assisted Reproductive Technologies Listserv

I would like to share the information that we have set up a new mailing list that focuses on Assisted Reproductive Technologies in European contexts. Those who are interested can subscribe here: <https://lists.fu-berlin.de/listinfo/reprotech>

--Anika König, Institut für Ethnologie, Freie Universität Berlin



Professional update

Pamela Feldman-Savelsberg, Broom Professor of Social Demography and Anthropology, Carleton College, USA; Fellow, Kaete Hamburger Centre for Advanced Study "Law as Culture," Bonn

As a fellow at the Käte Hamburger Kolleg/Center for Advanced Study "Law as Culture" affiliated with the University of Bonn, I am writing a book, *Mothers on the Move: Birth and Belonging from Africa to the European Union*, based upon years of ethnographic and archival research in rural and urban Cameroon as well as in Europe. The book investigates how children and communities are reproduced through movement and rootedness, and through circuits of care and exchange that anchor individuals and families in a sea of global mobility. It describes ambitious African women seeking a good life in which to form families and raise their children into a world of multiple, simultaneous belonging. It examines three types of mobility (spatial, social, and temporal) across three locales (a village, an African metropolis, and a European capital), focusing on three levels of interaction (the family, community organizations, and the state). Four concepts frame my argument—reproductive insecurity, belonging, social networks, and legal consciousness. My previous work on infertility and other reproductive challenges has interwoven symbolism, political economy, and networks. This year at the Käte Hamburger Kolleg "Law as Culture" I hope to deepen my understanding of ways law is experienced and understood by ordinary people as they try to build families across transnational space. The stories African migrants tell each other about belonging and exclusion, about encounters with neighbors, teachers, physicians, and public officials, sediment into collectively held ideas about getting along with the law while birthing babies and raising children in a new place.

CALL FOR PAPERS

Demeter Press is seeking submission for an edited collection entitled *Intimate Care: Doulas and the Birthing Body* (working title)

Co-Editors: Angela Castañeda and Julie Searcy

DEADLINE FOR ABSTRACTS: March 1, 2014

Publication Date: 2015

The goal of this edited volume is to add to the literature on birth and mothering through the perspective of doulas. Our research seeks to focus on the body and the multiple ways it is materialized through intimate practices. By focusing on bodies and the knowledge they produce, we seek to illustrate the varied power dynamics surrounding doula work. We define doula work broadly to include birth, postpartum and full spectrum doulas. We want to highlight the voices of doulas and those they work with (care providers, mothers, partners) through creative stories, essays and critical scholarly work. We welcome a cross-cultural approach, which includes both stories and scholarly research that raises critical questions about the social and cultural meanings of attending to women and their partners during the transition to motherhood.

Topics may include (but are not limited to):

Intimate labor and care, mothering the mother, birth teams, the partner and the doula, mother's experiences with doulas, doulas in an institutional setting, hospital-based doula programs, volunteer doula programs, community based doulas, doula training and certification, doulas and commodified intimacy, doulas and professionalization, doulas and spirituality and ritual, doulas and care providers (nurses, doctors, and midwives), the politics of doulas as agents of social change, radical doulas, birth activism and doulas, embodied care and doulas, doulas and the birthing body, perceptions of natural childbirth and homebirth, full spectrum doulas, doulas and reproductive justice, birth doulas of color, prison doulas, doula identities (race, class, ethnicity), doulas and social media, doulas and birth stories, doula collectives.

Submission Guidelines:

Abstracts: 300 words

Please include a 50-word biography (including citizenship information)

Deadline for Abstracts is March 1, 2014

Please send submissions and inquiries directly to: Angela Castañeda (acastaneda@depauw.edu)

Successful submissions of 3000 to 5000 words are due by September 1, 2014. Contributors are responsible for ensuring that their chapters conform to the Chicago Manual of style. Acceptance is contingent upon peer-review and will depend upon the strength and fit of the final piece.

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UPCOMING CONFERENCE

AAA papers and panels:

November 21:

Angela N Castañeda: "They're Not On My Team": Navigating Collaborative Practices Between Nurses and Doulas in Birth Work (8:00AM)

Panel: CONTESTED BIRTHINGS: INSTITUTIONAL AND COMMUNITY POLITICS OF REPRODUCTION IN THE UNITED STATES (8:00 AM-9:45 AM)

Anjali Bhardwaj: 'Men Wanted': Enhancing Men's Participation in Women's Health During Postpartum. (2:15 PM)

Panel: ETHNOGRAPHIES OF REPRODUCTIVE AND NEONATAL HEALTH (1:45-5:30 PM)

Edmée Ballif: Producing Parents-to-be. Temporality and Norms in Pregnancy Counseling (5:00 PM)

Panel: CONTEMPORARY PARENTHOOD: EMERGING QUESTIONS FOR ANTHROPOLOGISTS (4:00 PM-5:45 PM)

3-0100 CONTESTED BIRTHINGS: INSTITUTIONAL AND COMMUNITY POLITICS of REPRODUCTION IN the UNITED STATES (8:00 AM-9:45 AM)

November 22:

Joanna Mishtal: Family Planning on the Margins: Intersections of Religion, Culture, and Biomedicine in Contraceptive Medical Pluralism in Poland. (9:00 AM)

Panel: BIOMEDICINE BEYOND RECOGNITION: BIOPOLITICS OF NONSTANDARD BIOMEDICAL ENGAGEMENTS (8:00-9:45 AM)

4-0215 A FOUR FIELDS ANTHROPOLOGY of FETUSES (8:00 AM-11:45 AM)

November 23:

5-0590 COUNCIL ON ANTHROPOLOGY AND REPRODUCTION OPEN BUSINESS MEETING (12:15 PM-1:30 PM)

5-0410 NUCLEAR SCIENCE, REPRODUCTIVE TECHNOLOGIES, AND THE MAKING OF FUTURE FAMILIES: GENETICS, RACE, KINSHIP AND NATION (10:15 AM-12:00 PM)

November 24:

Jan Brunson: "Deconstructing Duty: Son Preference and the Preferences of Sons." (10:45 AM)

Part of a panel titled: SON PREFERENCE, DAUGHTER PREFERENCE, AND CHANGING GENDER ROLES (10:15 AM-12:00 PM)

COUNCIL ON ANTHROPOLOGY AND REPRODUCTION

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Debra Pelto & Summer Wood, Co-Editors

<http://www.medanthro.net/car/>

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