

CAR Spring Newsletter



Women in Wampembe Village, Tanzania sing a song about maternal and child health at the opening of a new health center in 2015. Photo by Adrienne Strong.

Panel Guide for SfAA

Find panels and papers of interest at this year's annual meeting of the Society for Applied Anthropology!

See Page 17

2015-16 Steering Committee

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Woman from Brazil's Landless Workers' Movement reads "Myths and Facts" about cesarean section birth at the National Health Conference in Brasília, Brazil, December 2015. Photo by Eliza Williamson.

NEWS & ANNOUNCEMENTS

Advocacy:

The CAR Advocacy Committee published MAQ Policy Statement opposing restrictive abortion legislation. Read the full statement here: [“The Council on Anthropology and Reproduction \(CAR\) Opposes Legislation that Creates Barriers to Safe Abortion Care.”](#)

Conference presentation podcast and prezi available now:

“Dissemination and regulation of abortion pills in Southeast Asia: Products, actors and logics in action.” Pascale Hancart Petitet
Phnom Penh, [Human Sciences Encounters in Phnom Penh](#) Conference, February 10th, 2016.

In Southern countries many women are still dying from illegal and harmful abortion practices. In some of these countries access to legal abortion pills is known as a progress for women health and rights. In Cambodia, one of these methods is commonly called the Chinese pill, a combination of mifepristone and misoprostol used for its contraceptive and abortifacient effects. This is one of the "non-registered" drugs by the Cambodian Ministry of Health. Chinese pills are sold in pharmacies; they are also available in the markets, from street vendors, rural practitioners or DJs working in karaoke. In 2010, after its approval by the Ministry of Health, the product Medabon® was sold in pharmacies and in a limited number of health institutions. This product that combines mifepristone and misoprostol is issued from a collaboration between a charitable organization headquartered in Bangkok and a pharmaceutical industry based in India. There is a need to analyze the complex trade-offs between various actors at national and transnational levels that shape the diffusion and the regulating processes of the abortion pill.

Listen the podcast [here](#). See the prezi presentation [here](#).

From Robbie Davis-Floyd:

The *International MotherBaby Childbirth Initiative (IMBCI): 10 Steps to Optimal Maternity Care* (I served as lead editor for its development) has been translated into 18 or so languages and continues to gain popularity around the world and to be implemented by an ever-increasing number of birth practices and facilities, called MotherBaby Networks. See www.imbci.org.



AWARDS

In 2015 at the Colorado AAA meetings, [Fouzieyha Towghi](#)'s article, "Normalizing Off-Label Experiments and the Pharmaceuticalization of Homebirths in Pakistan," was awarded the Rudolph Virchow Professional Award, by the Critical Anthropology for Global Health Caucus of the Society for Medical Anthropology. Dr. Towghi (PhD, MPH) is a medical anthropologist in the Department of Anthropology and Social Change at the California Institute of Integral Studies.



Babies delivered via C-section waiting for their moms to wake up from anesthesia. Sumabwanga, Tanzania 2014. Photo by Adrienne Strong.



OPPORTUNITIES

Interdisciplinary conference and panel:

Conference: "Abortion and Reproductive Justice: the Unfinished Revolution II" in Belfast, Northern Ireland, Ulster University, June 2-3, 2016.

Conference link: <http://www.socsci.ulster.ac.uk/irss/070915.html>

Panel Title: Shifts in Abortion Governance and Human Rights: the Circulation of Religious and Medical Discourses on "the unborn' rights" and Physicians' Conscientious Objection to Abortion

Care in Europe and beyond.

Panel organizers: Silvia De Zordo (Universitat de Barcelona) and Joanna Mishtal (University of Central Florida)

Panel Participants & Paper titles:

- Lynn Morgan (Mount Holyoke College) “Conservative religious activism in Latin America and the Dublin declaration on maternal healthcare”
- Sonja Luhermann (Simon Fraser University/Helsinki Collegium for Advanced Studies)
- “Beyond Life Itself: The Embedded Fetuses of Russian Orthodox Anti-Abortion Activism”
- Silvia De Zordo (Universitat de Barcelona)
- “‘Foetal patienthood’ and abortion rights: changes in abortion governance in Italy and Spain
- Joanna Mishtal (University of Central Florida)
- “Assisted Reproductive Technologies vs. Abortion Laws: Defining Human Rights in the Polish “In Vitro” Policy Debate”

Anthropology conference and panel:

Conference: European Association of Social Anthropologists – EASA Milan, Italy, July 20-23, 2016

Conference link: <http://www.easaonline.org/conferences/easa2016/index.shtml>

Panel Title:

Emerging Contestations of Abortion Rights: New Hierarchies, Political Strategies, and Discourses at the Intersection of Rights, Health and Law.

Panel Organizers:

Joanna Mishtal, Ph.D. (University of Central Florida)

Silvia De Zordo, Ph.D. (University of Barcelona)

Claudia Mattalucci, Ph.D. (University of Milan)

Panel Participants & Paper titles:

- Antiabortion Collaboration and the Movement for Reproductive Justice. *Author:* Patricia Zavella (University of California, USA)
- When 'rights' meet 'wrong': an approach to abortion rights in the light of virginity taboos in Istanbul. *Author:* Patricia Scalco (University of Manchester, The UK)
- "Take care of themselves" in the political and moral uncertainty of illegal abortion in Mérida (Mexico). *Author:* Anastasia Martino (Università di Milano Bicocca, Italy)
- 'Good Doctors do not Object'? Abortion, stigma and conscientious objection to abortion care in Italy, in obstetricians-gynaecologists' perspectives. *Author:* Silvia De Zordo (University of Sussex, The UK)
- Beyond Medical Bureaucracy. An inquiry into the obstacles to abortion in a maternity ward in Turin – Italy *Author:* Chiara Quagliariello (University of Turin, Italy)
- Abortion and women's mental and bodily health: the language of trauma in the public debate on abortion in Italy. *Author:* Claudia Mattalucci (Università di Milano Bicocca, Italy)
- Lobbying for the Unborn: Anti-abortion Discourses in Contemporary Romania. *Author:* Lorena Anton (University of Bucharest, Romania)
- Quietly 'Beating the System': The Logics of Protest and Resistance under the Polish Abortion Ban. *Author:* Joanna Mishtal (University of Central Florida, USA)

- Pro-abortion rights policies in Brazil: The interruption of pregnancy in the Supreme Court case of an anencephalic fetus. *Author*: Lilian Sales (Universidade Federal de São Paulo, Brazil)
- Conservative responses to legal abortion: What is left after Gallardon Bill discussion in Spain - anthropological analysis of the Andalucian situation. *Author*: Susana Rostagnol (Universidad de la República, Uruguay)

From Robbie Davis-Floyd:

I am having marvelous experiences taking on live-in interns from around the world, who come and stay with me for periods of time ranging from a few weeks to a few months to work on various project, ranging from simply gaining an introduction to the anthropology of reproduction to working on their doctoral dissertations. I have interns scheduled to live with me for almost all of 2016; 2017 is at present completely available. I love having young people in my home and working with them one-to-one! I can be reached at davis-floyd@austin.utexas.edu.

Call for contributions

Sustainable Birth: Global & Local Models Across the Continuum of Care

Edited by Kim Gutschow (Göttingen University & Williams College) & Robbie Davis-Floyd (University of Texas at Austin)

WORKSHOP: Goettingen, Germany, Thursday – Sunday, October 2016 BOOK

PUBLICATION: May 2017.

CALL FOR PAPERS:

Birth is in a state of transition as well as crisis across the globe. The *Sustainable Birth* workshop and edited volume seeks to address the shockingly high human, social, and economic cost of birth in different parts of the world. There have been considerable gains in reducing maternal and neonatal deaths in the last 15 years. Yet with a death toll of nearly 830 mothers every day, 2.9 million neonatal deaths and 1.2 million intrapartum stillbirths every year from largely preventable causes, the status quo is neither sustainable nor particularly laudable. In accord with the current focus on sustainability, we explore systematic and innovative solutions to excess maternal and neonatal mortality and morbidity that can be adapted across nations, regions, and communities to restore mother-centered and newborn-centered models of birth.

PLEASE SEND 250 word abstract to Kim.Gutschow@williams.edu by May 15, 2015. For more information, please contact the editors.



Labor and delivery room at Kirando Health Center in Tanzania which has received high marks for the quality of their care for pregnant women. April 2015. Photo by Adrienne Strong.

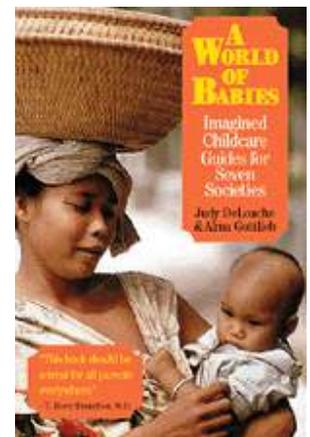


MEMBER PUBLICATIONS

[A World of Babies: Imagined Childcare Guides for Eight Societies.](#) Cambridge University Press. In press (fall 2016). **Alma Gottlieb and Judy DeLoache (eds.)**

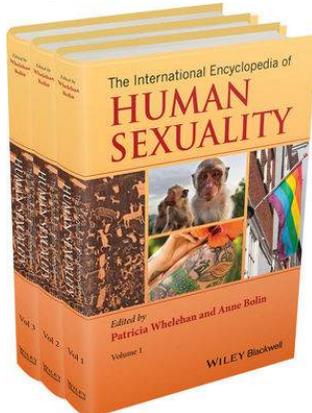
All-new edition slated for publication by Cambridge University Press in fall 2016. The first edition, published by Cambridge University Press in 2000, offered seven traditional case studies. The new edition retains the same creative concept—imagined childcare manuals based on solid ethnographic data—but updates it for the 21st century.

Forthcoming textbook: [Feminist Ethnography: Thinking Through Methodologies, Challenges & Possibilities.](#) Rowman & Littlefield. In press (April 2016). **Dána-Ain Davis and Christa Craven.**



Susan E. Frekko, Jessaca B. Leinaweaver, and Diana Marre. 2015. "[How \(not\) to talk about adoption: On communicative vigilance in Spain.](#)" *American Ethnologist* 42(4): 703-719.

Elly Teman, Tsipy Ivry, and Heela Goren. 2016. "[Obligatory Effort \[Hishtadlut\] as an Explanatory Model: A Critique of Reproductive Choice and Control.](#)" *Culture, Medicine, and Psychiatry* Online First/not yet published DOI 10.1007/s11013-016-9488-5.



Tsipy Ivry, Elly Teman, Robbie Davis-Floyd, and Eugenia Georges. 2015. Entry on "Pregnancy". In *The International Encyclopedia of Human Sexuality*. P. Whelehan and A. Bolin, eds. London: Wiley-Blackwell.

"Top of the heap" column on Somatosphere Medical Anthropology blog. In this column **Hannah Gibson** speaks with **Elly Teman** about teaching the anthropology of reproduction through film. See the link for the full conversation and a ton of great resources: <http://somatosphere.net/2016/01/top-of-the-heap-elly-teman.html>

From Robbie Davis-Floyd:

With Robyn Hass, I co-edited *Surviving the Death of Your Ex: Managing the Grief No One Talks About*, published by Praeclarus Press in early 2016 and now available from Amazon.com. This is my first non-academic book; I guess it falls into the "self-help" category. It contains the heartfelt stories of women whose ex-husbands have died and the many complexities that can entail.

With neuroanthropologist and ritual specialist Charles Laughlin, I have co-authored *The Power of Ritual*, a book about what ritual is and how it works, forthcoming from Daily Grail Press in Fall 2016. I wove as much about the rituals of birth into this book as I could!

Betty-Anne Daviss, a Canadian midwife, professor, researcher, and epidemiologist, and I are co-editing *Birth Models That Work Volume II: Birth Models on the Global Frontier*, to be published by the University of California Press, forthcoming probably in late 2016 or early 2017. This book contains descriptions of innovative, cutting-edge birth models around the world.

I am currently editing *Birth in Seven Cultures: A Cross-Cultural Investigation*, to be published by Waveland in 2017. I intend this co-edited volume to be as useful for teaching as its predecessor and inspiration, *Birth in Four Cultures* by Brigitte Jordan, which I revised and updated in 1993. This new book will contain a history of the anthropology of birth and various theoretical perspectives in Part 1. Part 2 will consist of chapters comparing birth in two cultures: The Netherlands and the U.S., Brazil and Japan, New Zealand and Greece, and one chapter looking just at Mexico, in homage to Jordan, that will compare the cultures of obstetrics and midwifery as they currently exist in that country. The chapter authors and I are working on creating a AAA session organized around the bi-cultural comparisons that will characterize the book.

I am also compiling an anthology of my most popular articles, which I will revise and update, to be called something like *Childbirth, Midwifery, and Obstetrics: Anthropological Perspectives*, under contract with Waveland Press. Each chapter will be followed by a Q & A section to make it more useful for teaching.

And on a fun note, I'm working on a personal story collection, to be called something like *Robbie's Short Stories: Vignettes of My Magical Life*, to be published by Praeclarus.

***Anthropology News* Thematic Series: Childbirth in the Americas**

Anthropology News is featuring a thematic series on childbirth, organized by Eliza Williamson (Rice University) and Mounia El Kotni (SUNY Albany). The series features an introduction and eight short essays highlighting anthropological perspectives on birth and public policy in the United States and Latin America. The articles, in order of appearance, are:

1. [Introduction](#) Eliza Williamson & Mounia El Kotni
2. [Rumors, Threats and C-sections in Rural Yucatan](#) Veronica Miranda
3. [Reforming Pregnancy Care and Childbirth in Chiapas](#) Mounia El Kotni
4. [Transforming the Ethics of Birth Care](#) Eugenia Georges & Robbie Davis-Floyd
5. [Humanizing Birth in Bahia, Brazil](#) Eliza Williamson
6. [Mexican Midwives Debate the Role of the State](#) Lydia Zacher Dixon
7. [Examining Boundaries in Adolescent Birth](#) Vania Smith-Oka
8. [Creating the International MotherBaby Childbirth Initiative](#) Robbie Davis-Floyd
9. [What Does Pregnancy Cost?](#) Elizabeth Hallowell



To view the whole series, go to www.anthropology-news.org and click on the tab under the picture marked “Childbirth Series.”

Eliza and Mounia would like to extend their deep thanks to everyone who participated in the series, as well as to the editors of *Anthropology News* for their interest and support in publishing these articles.



NOTES FROM THE FIELD

The Role of Social Movements in Brazil and of UK/Brazil Partnerships in Changing Childbirth

Christine McCourt (City University London, UK)

Camilla Schneck (Universidade Federal do Rio Grande do Sul, Brazil)

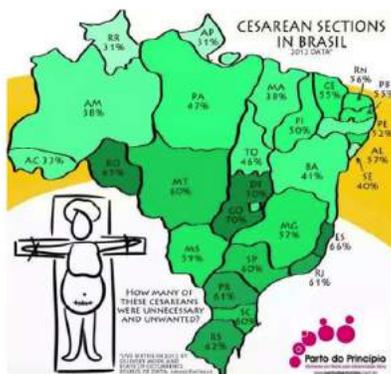
Social movements and networks are making a profound impact on reproductive rights internationally in a context of medical dominance, gender and class inequalities. The aims of this brief report are to begin to reflect on the role of international partnerships in supporting such movements, the contributions, frictions or limitations and suggest strategies for the future, using our experience as a case. Brazil and the UK have developed substantial international research and educational collaborations in the last decade involving visiting professorships, researcher, student and activist exchanges to support reform in policy, education and service development. A key current challenge to be addressed through such partnerships is implementation of the reformed policies on reproductive rights and practices.

Brazil has one of the highest caesarean section rates in the world and provides over-medicalized care according to best scientific evidence, with concerns expressed about

obstetric violence, women's reproductive rights and wellbeing, overtreatment but also unequal access to care.

During the military era (1964-1985), midwifery was marginalized and a privatized system of healthcare developed in which maternity care was expensive, difficult to access and technocratic. Brazil gained a reputation for having the highest rate of caesarean section in the world. Sterilization was tied in closely with the high rate of caesarean births and abortion continued to be illegal. Health professional education mirrored this sociopolitical pattern: private medical colleges produced large numbers of doctors who have invested heavily in a future obstetric career, while midwifery education was discontinued. The Health System in Brazil (SUS) has been accessible and free for all the population since the constitutional reform in 1988. According to the law it can also be complemented by insurance and private Sector, which remains large, and is heavily divided along class, regional and ethnic lines. Midwifery education has since been reestablished but requires a more coherent system of regulation to ensure a resilient and autonomous profession. International contacts have been an important aspect of the movement for reform and have provided direct advice on redevelopment of midwifery education as well as moral support to Brazilian midwifery educators and activists, providing political as well as practical support, helping to formulate an authoritative voice.

Birth map of Brazil circulated by Social Movement group



Caesarean section rates in Brazil as a symbol of abuse of women. (Public domain)

activists and policymakers to campaign for human rights in reproduction and reform the over-medicalized model. In the following decade, more and more independent groups of women started to advocate for women's reproductive rights and to change maternity care in Brazil. Social media as well as street



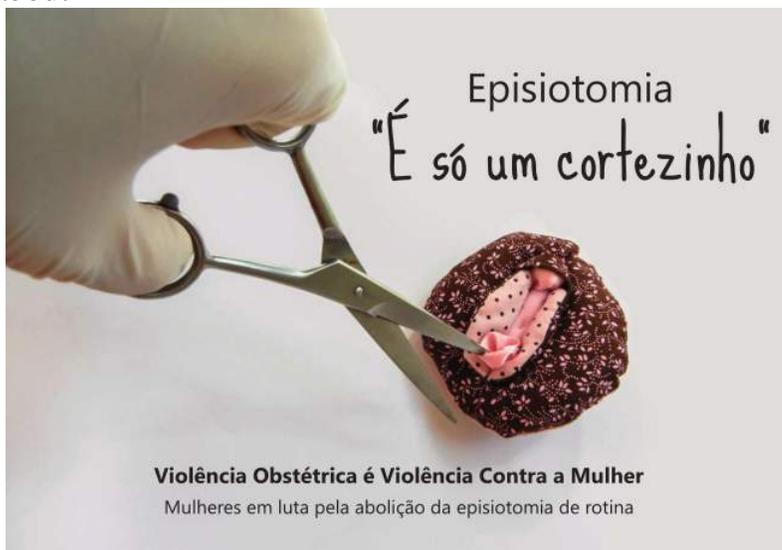
Rio de Janeiro – Brazil 2012 – Street demonstration. “Access to Information and Respect for Choices.” Photo by Rose Steinmenz.

protests were used actively. An alliance of groups was formed, aimed at influencing society, political environment and policymakers, work eventually supported by Brazil's Ministry of Health leading workshops across the country about changing childbirth. (Goer 2004)

More than 60 voluntary support groups for pregnant and postpartum women are [listed on the internet](#) across Brazil, with extensive membership. Legal strategies to challenge abuse in childbirth have also been an important element. In 2006 Parto do Princípio (Birth from the Beginning) made a denunciation to the Public Court regarding high rates of c-section and in 2010 a public prosecution. In 2012 it presented a dossier “You will deliver with pain” to Parliament, referring to coercive practice in childbirth as obstetric violence and setting it within the social

context of violence against women.

The UK, despite its continuous history of midwifery, with strong, freely accessible community midwifery service from 1930s-1950s, has experienced some comparable challenges. The Government policy from the 1970s of universal hospital birth, which was grounded on misinterpretation of routine statistics and sustained by an era in which hospital care was seen as representing modernity and human rights to care, was replaced with ‘consumer choice’ policy from the 1990s. In 2005, in response to the limited evidence to underpin policy, the UK Department of Health commissioned a research Programme on the safety, quality and cost of different planned places of birth for ‘low-risk’ women in England. This included a large cohort study that compared outcomes for women and babies in different settings ([Birthplace Collaborative Group 2011](#)) and ethnographic case studies of how care is provided across diverse settings, which it was anticipated would help



Information provided for users about episiotomy. “Episiotomy ‘Is just a little cut’” // “Obstetric Violence is Violence Against Women. Women fighting for the abolition of routine episiotomy.” ([Public domain](#))

to understand the issues underlying quality and safety outcomes ([McCourt et al. 2011](#)). This evidence was also used to support Brazilian Ministry of Health policy development in Rede Cegonha (Stork Net).

In Brazil 98% of planned births are in hospital, with very few births occurring at home or in Freestanding Midwife Units although there is a lack of accurate statistics ([Leal et al. 2014](#)) and home births in remote rural areas may not be recorded. A small number of births take place in Alongside Midwifery Units (AMUs) – those based on a hospital site alongside an obstetric unit, and there are only four Freestanding Midwife Units (FMUs). The midwifery units are also mainly concentrated in the southeast of Brazil. Despite the great differences in general history, specific history of midwifery and levels of social inequality across these two countries, the rates in England in 2011 were remarkably similar, with 92% of births in an Obstetric Unit, 2% at home, 2% in Freestanding and 3% in Alongside Midwifery Units. Also, in parallel with Brazil, England saw a growth in the number of AMUs rather than FMUs since 2011. Our follow-on ethnographic study of AMUs found that although these provided a ‘therapeutic environment’ that was valued by women, families and the midwives who worked in them, there were considerable inter and intra-professional tensions, territoriality and boundary work ([McCourt et al. 2014](#)). In December 2014, the UK’s guidelines for intrapartum care were updated in the light of the new evidence ([NICE 2014](#)) and it remains to be seen what the impact of these authoritative guidelines will be.

Reflection and analysis

The Rede Cegonha is a policy framework that aims to establish greater rights for women and a network of AMUs. However, this requires rapid scaling up of midwifery, and by implication rapid development of

midwifery education. The UK policy framework is currently dominated by a consumer choice agenda, but care is also increasingly protocol-driven and subject to macro and micro-economic drivers in a health regime increasingly dominated by audit, insurance and accountability considerations, pressures to ‘make cost improvements’ and a risk averse culture. The UK’s National Institute for Clinical Excellence (NICE) formally supports implementation through providing evidence-based national practice guidelines. However, implementation is challenging, as a hospital dominated and medicalised system of care has also been established as a norm for a generation, and is in-tune with a technocratic society.

A range of studies have identified that a combination of leadership and grassroots engagement is important to achieve radical changes in health systems. Grassroots change is difficult to achieve without access to a means of power, but top-down change is ineffective without such engagement except in the most coercive situations. The case of childbirth in Brazil illustrates this well. In both countries the mobilization of women and a section of professionals and policy makers has been central to development of political will and support and to the resilience of the reform programme. International partnerships have contributed by adding an external authoritative voice, in addition to practical sharing of knowledge and strategies to support change.

A key barrier remains structural power, wherein vertical inequality and violence generates horizontal division and violence. Inter and intra-professional disagreement in both countries has impeded change, even after policy frameworks have been agreed as a long process of mobilization, negotiation and knowledge generation. Our ethnographic study of AMUs in England, for example, identified conflict or tensions between different groups

of midwives in the process of change, while in Brazil, disagreements between nursing and midwifery bodies has been a major challenge. Support from international partners can offer a form of mediation and fresh perspective that can support the finding of resolutions and throw particular challenges into a wider relief. Linked to such tensions are professionalisation challenges; it can be argued that in addition to being desired by women and evidence-based, midwifery-led care represents a professionalization strategy (in the UK case a re-professionalisation strategy, since despite its professional autonomy historically, UK midwifery did not achieve dual professional closure in the manner that medicine did in the early 20th century). Education and regulation form key components of this shift and the partnerships have been particularly focused on this, through providing information and postgraduate development opportunities for Brazilian midwifery educators of the future. The contribution of social movements is also important to maintain a woman- and community-centred focus and mediates the potential threats to quality and

safety posed by professional territoriality and boundary work.

Concluding thoughts

Rede Cegonha aims to establish greater reproductive rights for women and a network of AMUs but this requires rapid scaling up of midwifery. An appropriate health system structure is an essential frame within which reform is achieved. Brazil's achievements in terms of establishing the universal system SUS, primary care services and wider policy achievements such as the Bolsa Familia (Family benefit) should not be underestimated. Major challenges remain with the regulation of health professions and establishment of harmonized routes for midwifery education, with an enabling regulatory and quality framework. This work in progress is lent some moral as well as practical and strategic support through international partnerships with academic institutions including social and health sciences (notably anthropologists) and with national and international social movements.

About the Authors:

Christine McCourt (PhD) is Professor of Maternal and Child Health, School of Health Sciences, at City University London, where she leads the Models of Maternity Care research group in the Centre for Research in Maternal and Child Health. Her key interests are in maternity and women's health, with particular interests in institutions and service change and reform, women's experiences of childbirth and maternity care and the culture and organization of maternity care. She has worked over a number of years on applying anthropological theory and methodology to studying 'western' healthcare, and she is the managing editor of the international journal on applied anthropology, Anthropology in Action. Her recent research has focused particularly on research on place of birth and on issues of equity and access to care. She is interested in using evidence from research on quality, safety and women's and midwives' experiences of care to reform maternity and reproductive care nationally and internationally. She has supervised doctoral studies on maternity care in Brazil and is actively involved in educational and research partnerships to support policy reform.

Camilla Schneck (PhD) has a background in midwifery and is a lecturer in midwifery at the Federal University of Rio Grande do Sul, Brazil. Following her doctoral study, comparing maternal and neonatal outcomes between an alongside midwifery-led unit for low risk women, she was a Leverhulme research fellow at City University London. She was also member of team research in the Born in Brazil study. Her research interests are mainly in antenatal and childbirth models of care focused on midwifery-led units.

Crisis, Uncertainty, Responsibility: Pregnancy in the Time of Zika

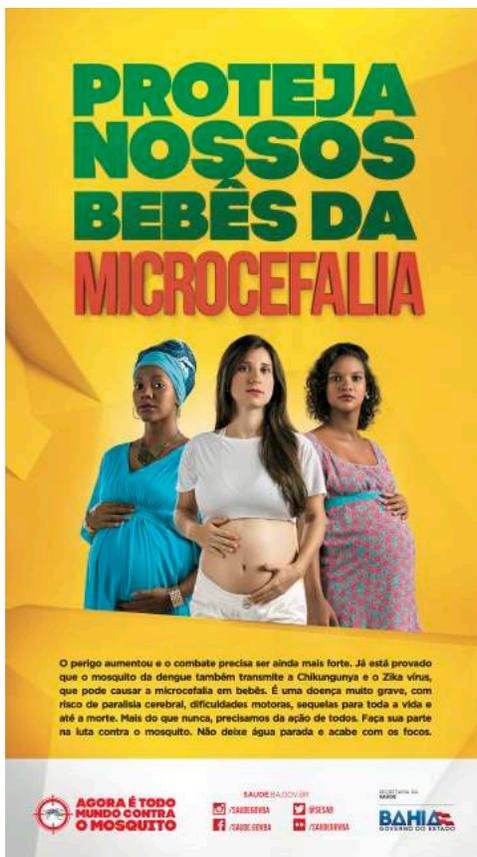
K. Eliza Williamson, Rice University

The bus I take to the birth center in Salvador, Brazil zooms by a billboard showing three pregnant women looking assertively at passers-by. It reads: “Protect our babies from microcephaly.” The billboard is one of the many anti-mosquito campaign materials popping up all over the city. It implores everyone who reads it to do their part in eradicating *Aedes aegypti*, infamous vector of the Zika virus. The command to “protect our babies from microcephaly” speaks to key questions in the latest global public health emergency: Whose responsibility is it to combat the Zika virus, and to stem its potential effects on fetal development? And who will be responsible for dealing with the long-term health consequences of the current outbreak? The billboard insists that it’s everyone’s shared responsibility to protect fetuses from potential neurological harm, but everyday discourse takes a different tone.

In August last year, health workers in the northeastern Brazilian state of Pernambuco began to notice a sharp rise in the number of babies born with microcephaly, a condition in which the infant’s cranial circumference is below average. A small head is the visible symptom of neurological defects that the baby acquired in utero, which can have any number of consequences including developmental delays, seizures, hearing and vision problems, and difficulty with motor

skills (see [the CDC’s website](#) for more information). Shortly thereafter, scientists began linking the surge in microcephaly to the ongoing outbreak of the Zika virus, cautiously suggesting a causal connection between Zika infection in pregnant women and fetal malformations. Zika is an arbovirus (a virus transmitted by mosquitos), and its vector is the *Aedes aegypti* mosquito, endemic to Brazil. The whole country went on alert. Microcephaly cases outside of Pernambuco began popping up, most of them in the Northeast region where *Aedes aegypti* is most prevalent. The total number of confirmed cases nationally is now 863, with another 4,268 suspected cases under investigation. (Bahia has [942 cases reported so far](#), 200 of which have been confirmed, with another 622 under investigation.) Brazil is staring down a full-fledged public health crisis that will have consequences for years to come.

I was already several months into my dissertation fieldwork in Salvador when news of Zika and microcephaly exploded across national headlines late last year. My research project tracks the implementation of a maternal and infant health program (Rede Cegonha) that seeks to improve care for women and babies in pregnancy, birth, and postpartum. Methodologically, my project is multi-sited: I follow Rede Cegonha through spaces of healthcare governance (federal, state, and local) and health services (maternity hospital,



“Protect our babies from microcephaly” – one of the slogans of Brazil’s current anti-mosquito public health campaign.

birth center, and primary care clinics) in order to understand how various key actors imagine, enact, and experience the paradigm shift in perinatal care currently underway in Brazil. (See [my recent article](#) in *Anthropology News* for more on this.) I therefore found myself in a privileged place from which to witness the unfolding of the emerging epidemic and its consequences. So far, none of the women I've talked to have given birth to microcephalic babies. But this doesn't mean the epidemic hasn't affected them.

The “Protect our babies” message belies a much more pervasive discourse that places the burden of responsibility squarely on women when it comes to Zika and fetal malformations. Materials for the ongoing campaign against Zika—billboards, posters in health facilities, public service announcements on television and radio—stress that eliminating the mosquito is everyone's shared task. Yet in the failure of public policies to effectively protect the population from mosquito-borne illnesses, the burden is placed most heavily on women of childbearing age to protect themselves... Preferably by not getting pregnant in the first place.

A couple of weeks ago I sat on Amanda's sofa, listening to her talk about what it was like to be pregnant while the news about Zika and microcephaly became ever more dire. We were in her second-story apartment in a lower middle-income housing

development in Camaçari, an industrial satellite city about an hour's bus ride from Salvador. A light breeze was blowing through the open window, but the apartment was a bit stuffy in the afternoon summer heat. Her mother, bustling around in the kitchen while we chatted, pointed a floor fan at us for added comfort. Amanda was breastfeeding her infant daughter as I asked her questions about the birth just over a week before. She had been in her first trimester when the Zika-microcephaly link began to gain national headlines. She and her partner did not plan the pregnancy. It came at a time

when she was partway through a degree in administration and he was unemployed. She recalled that in her eighth month of pregnancy, she was standing at a bus stop when she overheard one woman telling another, as she looked at Amanda's belly with disdain, “These girls [*meninas*]

have guts, getting pregnant right now.” Amanda, thirty years old, took offense at the woman's assumption that she had planned to get pregnant during the Zika outbreak, but she decided not to respond at the time. Now, sitting in her living room, I could hear the indignation rise in her voice. “People start commenting without knowing the person's situation,” she said, switching her baby to the other breast. Her daughter was thankfully born healthy, with a normal cranial circumference.

Women become the targets of blame when they do become pregnant. How could



Local political leaders and public health experts discuss responsibilities during the Zika virus outbreak. Bahia, Brazil 2016. Photo by Eliza Williamson.

they even think of getting pregnant at a time like this? Don't they know the risks? I've heard versions of these accusatory questions many times in casual conversations with everyone from government officials to street vendors. They are often followed by moralizing commentary on promiscuity and lack of responsibility, particularly directed at poor, dark-skinned, and adolescent women (but Amanda falls into none of those categories, suggesting that these attitudes traverse class boundaries). Inevitably, such views feed back into a stereotype of these women as irresponsible reproducers. Notably, I haven't heard anyone mention men's responsibility to avoid impregnating their partners.

Despite accusations of irresponsibility, all of the women I've talked to so far have taken as many precautions as they reasonably could against Zika. But as information kept changing, the uncertain nature of the epidemic itself brought fresh paranoia to the litany of worries that women already have about their pregnancies.

Emília, another woman I interviewed recently, told me that she "freaked out" when she started hearing about Zika and microcephaly. She was in her first trimester at the time. Her baby daughter, like Amanda's, was born without abnormalities. But Emília's experience of pregnancy was anything but calm. "Any red mark on my body," she said, "I got worried." She used mosquito repellent every three hours, as recommended by the Ministry of Health, but she couldn't bear to go around in long pants and long sleeves all the time, nor to stay at home inside all day. I couldn't blame her. Nevertheless, Emília closed all the windows in her home at five o'clock in the afternoon every day, which, without air conditioning, already bordered unbearable. "Every ultrasound I did was an expectation of some bad news," she told me. Her partner, Ronaldo, with whom she also has a five-year-old daughter, "became neurotic" (his words).

He went two weeks without kissing or having sex with Emília when he heard that Zika might be transmissible through sexual intercourse and even possibly through saliva. At every turn, it seemed, there was some new piece of information circulating on news and social media outlets, each one more worrisome than the last. After a while, Emília added, "You don't know if it's really true or if it's something that people are making up."

Precarity and uncertainty are already built into women's experience of pregnancy and childbirth here in Salvador. Maternal and infant health services in Salvador operate in a near-constant state of emergency. This much has become clear to me as I transit through spaces of healthcare governance and perinatal health service provision. Attempts to organize the city's fragmented system of health services and guarantee women timely access to care have been only partially successful despite years of targeted programs. Many women, therefore, still confront inadequate prenatal care, difficulty in access to basic medications, and overcrowded maternity hospitals that turn them away in labor.

As of this writing (late March, 2016), Bahia still has not published its state protocol for Zika and microcephaly, a document that defines which institutions will provide the health services necessary for diagnosis and care of babies born with malformations. It should have come out late last year, but a mixture of slow bureaucracy and lack of political will have kept it locked up in the offices of the Secretary of Health. This means that the state hasn't yet contracted the necessary services—laboratory testing, transfontanellar ultrasound, child development specialists—to follow up on babies suspected of having neurological defects. For now, women who do give birth to babies with malformations are caught in a kind of limbo, unsure of where to turn. Even when the protocol is eventually published,

the current disorganization of the state's healthcare network casts doubt that things will work as planned.

In this moment of crisis, no one can say what the future will bring. When I talk with people here about Zika and microcephaly, the most common reaction is a shake of the head. *Only God knows what will happen*, I often hear. This statement indexes a sense of hopelessness and a lack of trust in

public authorities to adequately address the issues at hand. In the face of state government inaction, exacerbated by the numerous unknowns surrounding Zika and fetal malformations, pregnant women become the focal points of responsibility and culpability. In this climate of mother-blame, the command to other members of the population to “protect our babies from microcephaly” may fall on deaf ears.

K. Eliza Williamson is a PhD candidate in cultural anthropology at Rice University. She is currently conducting her dissertation fieldwork in Bahia, Brazil, on the implementation of maternal and infant health policy aimed at changing childbirth practices and ethics in Brazil's public healthcare system.

For more on the Zika virus and its link to fetal malformations, see the links below:

[WHO Factsheet on the Zika virus](#)

[“The Zika mosquito is unmasking Brazil's inequality and indifference” Eliane Brum, *The Guardian*](#)

[“How a Medical Mystery in Brazil Led Doctors to Zika” *The New York Times*](#)

[“The Zika Virus and Brazilian Women's Right to Choose” *The New York Times*](#)

[“Zika Virus May Push South America to Loosen Abortion Bans” *Wired*](#)

[“Zika Virus Likely Affected Her Baby and She Feels the State Doesn't Care” *NPR*](#)

[Somatosphere: A Forum on the Zika Virus \(see especially Lucy Lowe's “Gendering Responsibility and the Zika Virus”\)](#)



UPCOMING CONFERENCES

Annual Meeting of the Society for Applied Anthropology, 2016

Tuesday, March 29th

***(T-38) TUESDAY 10:00-11:50 - Seymour
Contemporary Conversations in the Life of Vancouver and Beyond***

MCFADDEN, Alysha (UBC, Vancouver Coastal Hlth) *Breastfeeding Promotion in Urban, Western Canada: 'Policed' Health Care Contexts and Parameters of Exclusion and Citizenship for Racialized (M)others*

Wednesday, March 30th

(W-19) WEDNESDAY 8:00-9:50 - Fir

New Intersections and Border Crossings in Amish Country

PENNER, Leah Marie (Wooster Coll) *Amish Birthing Centers: Navigating Modern Medicine and Religious Beliefs*

(W-23) WEDNESDAY 8:00-9:50 - Boardroom

Intersection of Health, Technology and Medicine Today

AENGST, Jennifer (Portland State U) *Contraceptive Trust: Meanings and Measures for Trusting Contraception*

(W-49) WEDNESDAY 10:00-11:50 - Fir

Intersections of Biomedicine and Gender in a Global World (SMA)

SPEIER, Amy (UT Arlington) *The Intersection of Global Reproductive Care and Czech Policies of Maternity Leave*

(W-61) WEDNESDAY 12:00-1:20 - Salon A

Intersections of Health, Children and Families

KOLODIN, Susan (IADB) and RODRIGUEZ, Gisela (U Portland) *Family Matters: Social Networks in Maternal Health Decisions in Mesoamerica*

STRUTHERS, Elaine Jean (osoto.org) *Parent's Voices: Social Inclusion and Children with Disabilities in Bulgaria*

(W-91) WEDNESDAY 1:30-3:20 - Salon A

Fieldworkers' Insights on Refugee Resettlement & Asylum: Policy, Service Provision and Home-making, Part I
PEREGRINE ANTALIS, Erin (UIC) *Good Citizen, Good Mother: Encountering Challenges in Refugee Maternal Health*

(W-107) WEDNESDAY 1:30-3:20 - Chehalis

Insidious Shades of Maternal and Obstetric Violence

CHAIRS: RUDER, Bonnie and HORAN, Holly (OR State U)

RUDER, Bonnie (OR State U) *Too Long to Wait: Obstetric Fistula and the Fourth Delay in Soroti, Uganda*

HORAN, Holly, CHEYNEY, Melissa, and RODRÍGUEZ-REYNALDO, Marianela (OR State U)

Structural and Obstetric Violence in Puerto Rican Women's Trauma Narratives: A PictureVoice Approach

MAES, Cari (OR State U) *Scars of the Past: Exploring the Early 20th-Century Origins of Obstetric Violence in Brazil*

EVERSON, Courtney L. (OR State U, Midwives Coll Utah) *Structural Vulnerability and Obstetric Violence among Childbearing Adolescents in the United States: Narratives of Care*

DE ZWAGER, Marijke and REDMAN, Lauren (UNYA, Strathcona Midwifery Assoc) *Outreach Midwifery: Combating Racism and Creating Safe Maternity Care for Aboriginal Women in Vancouver, BC*

DISCUSSANT: BERRY, Nicole (SFU)

(W-98) WEDNESDAY 1:30-3:20 - Seymour

Cultural Perceptions of Health, Burden and (Dis)ability (SMA)

CHAIR: WALLACE, Lauren (McMaster U)

WALLACE, Lauren (McMaster U) and ADONGO, Philip (SPH U Ghana) *Change and Continuity in Perceptions of Family Planning among Kassena Men in Northern Ghana*

Thursday, March 31st

(TH-09) THURSDAY 8:00-9:50 - Salon 1

The Intersection of Marginalized Populations within a Socio-Cultural Context of “Normality” (CONAA)
MATTHEWS, Elise J. (U Regina) and DESJARDINS, Michel (U Sask) *Risk and Reconciliation: Reproductive Choices after Childhood Adversity*

(TH-125) THURSDAY 3:30-5:20 - Salon E

Student Posters

SHANKAR, Priya (Harvard U, BU Med Sch) and SHANKAR, Kamala (Stanford U) *Breastfeeding Knowledge, Attitudes and Practices*

FOX, Elizabeth, PELTO, Gretel, YOUNG, Sera, and PELLETIER, David (Cornell U) *Who Knows What: An Exploration of the Infant Feeding Message Environment and Intra-Cultural Differences in Salience between Health Workers, HIV-Infected and HIV-Uninfected Mothers in Port-Au-Prince, Haiti*

(TH-152) THURSDAY 5:30-7:20 - Salon B

Accessing Services: Occupations, Mobilities, and Transitions

LIN, Emily (MIT) *Cultivating Disabled Children, Cultivating Mothers: Autism and Post-socialist Chinese Ethics of Care*

(TH-151) THURSDAY 5:30-7:20 - Salon A

Improving Health and Illness Outcomes: Intersections of Applied Anthropology, Science, and De-Colonizing

FINESTONE, Erika (U Toronto) and STIRBYS, Cynthia (U Ottawa) *Decolonizing Birth: Collaborative Approaches to Reproductive Justice in North America*

Friday, February 1st

(F-13) FRIDAY 8:00-9:50 - Cypress 2

Birth at the Crossroads of Cultures: The Intersection of Women’s Experience and Health Provider Practice (CONAA)

CHAIR: FOSTER, Jennifer (Emory U)

GEBRIAN, Bette and LEWIS, Judy (UCHC Med Sch) *Pedisyon: A Persistent Haitian Cultural Belief about Arrested Pregnancy and Fetal Growth*

GERARDI, Giselle (U Hartford) *Applying Anthropology to Pregnancy: Working Together for a Healthy Beginning*

ELLIS, Jessica (Kennesaw State U) *Socio-cultural Needs of Fistula Survivors as They Encounter the Medical System*

FOSTER, Jennifer and SCHINDLER, Peter (Emory U) *Assessing Quality of Care and Women’s Experience of Wellbeing During Labor and Delivery in the Dominican Republic Part I: Global Intersections Related to Childbirth in the Latin Caribbean*

STRAUS, Audrey and FOSTER, Jennifer (Emory U) *Assessing Quality of Care and Women’s Experience of Wellbeing During Labor and Delivery in the Dominican Republic, Part II: A Secondary Analysis of Providers, Birth Practices, and Maternal Wellbeing*

DISCUSSANT: FOSTER, Jennifer (Emory U)

(F-52) FRIDAY 10:00-11:50 - President

New Questions, New Approaches in Anthropology Today, Part II

DEEMING, Karen (UC-Merced) *Outside Traditional Motherhood: Birth-motherhood as an Active Role*

Saturday, February 2nd

(S-06) SATURDAY 8:00-9:50 - Salon F

Anthropology of Maternal, Child, and Adolescent Health (SMA)

CHAIR: BENNETT, Elaine (St Vincent Coll)

HELMY, Hannah L. (Montefiore Med Ctr) *“It’s Just the Way Their Brains Are Wired”: Conceptualizations of Adolescence, Sexual Behavior, and Reproductive Decision-Making among Healthcare Professionals*

PYLYPA, Jen (Carleton U) *Playing Peekaboo with Teenagers, and Bottle Feeding School Children?: Combatting Extreme Parenting Advice in International Adoption Discourse*
SOBONYA, Sarah (WUSTL) *Keeping Our Sons Safe: Breastfeeding as Maternal Protection in an African American Community*
BENNETT, Elaine (St Vincent Coll) *A Child Needs the Good Care of the Mother: Stigmatized Parenting in Marginalized Groups*
BODNAR, MaryKate K. (Mich State U) *Breast Milk Donors: Proud Producers, Altruistic Givers, Model Mothers*
BURKE, Nancy J. (UC-Merced), HOEFT, Kristin S., GUERRA, Claudia, CHUNG, Lisa, and BARKER, Judith C. (UCSF) *Parents, Candy, and Bottles: Dental Provider Perspectives on Children's Oral Health Disparities in Urban California*

(S-19) SATURDAY 8:00-9:50 - Fir

Addictive Substances and Social Context (SMA)

AGOT, Kawango (Impact Rsch & Dev Org) *Alcohol Cleans the Baby in the Womb: Reproductive Health Concerns among Women Who Inject Drugs in Western Kenya*

(S-101) SATURDAY 1:30-3:20 - Salon 3

Dying and Bereavement: Intersections (SMA)

MURPHY, Samantha (Open U) *The Good Stillbirth: Choice, Control and Care*

(S-121) SATURDAY 3:30-5:20 - Salon A

Bringing an Anthropological Focus to Illness and Health

GEORGES, Eugenia (Rice U) and DAVIS-FLOYD, Robbie (UT-Austin) *Humanizing Birth in Brazil: Revolutions in the Practice of Holistic Obstetricians*

(S-145) SATURDAY 3:30-5:20 - Thompson

Gender and Reproductive Justice in Africa: Interrogating the Intersections of Global Discourses and Local Practices

CHAIR: MINDRY, Deborah (UCLA)

MILLER, Kara (UCR) *A Crisis of Care: Traditional Birth Attendants in SW Uganda and the Risks in Providing Maternal Healthcare Services in Rural Communities*

DOVEL, Kathryn (UC-Denver) *Doing Gender, Providing Health: Examining How Gendered Discourses within Health Institutions Perpetuate Gender Disparities in HIV Testing in Southern Malawi*

MINDRY, Deborah (UCLA) *Knowing Client Rights and Meeting Their Needs: Challenges to Providing Safer Conception Services for PLHIV in South Africa, Uganda And Malawi*

FOLAYAN, Morenike O. (Obafemi Awolowo U) *The Challenges Research Ethos Pose for Adolescent Sexual and Reproductive Health in Nigeria*

DISCUSSANT: PARIKH, Shanti (WUSTL)



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 would like to contribute, please get in touch with your friendly newsletter co-editors by emailing Adrienne Strong at adrienne.strong@wustl.edu. We welcome all ideas, questions, and submissions.

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COUNCIL ON ANTHROPOLOGY AND REPRODUCTION

SPRING 2016

Volume 23, Issue 1

Eliza Williamson & Adrienne Strong, Co-Editors

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