

Newsletter of the Council on Anthropology and Reproduction

Volume 24, Issue 1



Meeting Announcement: 2017

Please join us at the annual conference of the Society for
Applied Anthropology

March 28 – April 1, 2017
La Fonda on the Plaza Hotel, Santa Fe, New Mexico
See Page 7 for panels and papers of interest!

Report from the G3
conference: Migration
and Perinatal Health

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SfAA Panel Guide

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Notes from the Field:
Pregnancy, Childbirth and
Technologies of
Governance

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Elyse Singer, Claire Wendland

Membership:, Mounia El Kotni

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Advocacy

The SMA Policy Committee approved a letter written in regard to the repeal of the Affordable Care Act (ACA). The letter was delivered on Feb 16, 2017 to key political leaders in Washington.

You can find a copy of the letter here:

<http://www.medanthro.net/> and are encouraged to send the letter to your own representatives.

News and Announcements

Mounia El Kotni will be giving a talk at an event at Toulouse University in the end of March, here is more detail from Mounia for anyone who might be interested :

“The French Association of Ethnology and Anthropology (AFEA) and the AMADES (Medical Anthropology Applied to Development and Health) network are organizing a symposium “**Intersectional approaches and methodological stakes in the anthropology of reproductive health**” at the **University of Toulouse Jean Jaurès**, on **March 24**. I have been invited to participate in this event, and will give a talk titled ‘Training Maya midwives: At the intersections of power relations and medical hierarchies. Research as a tool for action in Southern Mexico’.”

Joanna Mishtal is inviting CAR members and other interested colleagues to attend a one-day mini conference/workshop on June 29, 2017, at Kent University, Canterbury, the United Kingdom, titled, “Doctors, Conscience and Abortion Law and Practice” organized by the Center for Parenting and Culture Studies and Kent Law School. This is an interdisciplinary event with panelists representing diverse area of research and advocacy, including anthropology, sociology, law, medicine, and NGO advocates. The event is free, but please register using the link below. More information and program: <https://www.eventbrite.com/e/doctors-conscience-and-abortion-law-and-practice-tickets-31348613547?aff=efbnreg>

Joanna Mishtal also sends this **Job announcement**:

We have 4 job calls for people interested to work on an international research project in Europe funded by the European Research Council and titled “Women Traveling to Seek Abortion Care in Europe.” The positions are for: one postdoctoral fellow, two research assistants, and one project administrator. Please see the links below in the European Commission’s EURAXESS system, and distribute widely to relevant colleagues and students.

[Part-time Project Administrator position for the ERC project ‘Women travelling to seek abortion care in Europe’](#)

[Post-doctoral position for the ERC project ‘Women travelling to seek abortion care in Europe’](#)

[Part-time Research Assistant position in Spain for the ERC project ‘Women travelling to seek abortion care in Europe’](#)

[Part-time Research Assistant position in the Netherlands for the ERC project ‘Women travelling to seek abortion care in Europe’](#)

Report

Report from the G3 conference: Migration Trajectories and Perinatal Health, Brussels, Feb 2-3, 2017

Mounia El Kotni

G3 is a partnership between the University of Montreal (Canada), the University of Geneva (Switzerland) and Brussels Free University (Belgium). Research teams from all three universities organized the conference, aimed at sharing research findings and best practices between researchers (epidemiologists, social scientists), activists, midwives and obstetricians.

How are migrant women treated (in Europe) during pregnancy and childbirth? Are there specific programs? What bias do health personnel carry when interacting with them? Over 200 participants met during two days to reflect on these questions. The dense program alternated between panels (each panel comprised of researchers and practitioners) and plenary sessions. The keynote speakers Pierre Buekens (Dean of the Epidemiology Department, Tulane University) **pictured below**, and Jasmine Abdulcadir (Geneva Hospital, WHO consultant) each shared a different aspect of the intersection between migration and health in Belgium and Switzerland, respectively.



Report cont.

Buekens reflected on the “Mexican low birth weight paradox”, and presented similar preliminary results in Belgium (the “North African paradox”). In his talk, he insisted on the need to change the European discourse on immigration - which always includes the goal of assimilation - by highlighting how certain cultural aspects have a positive impact on women’s reproductive health. Abdulcadir presented the result of a study on care for women with FGMs in Switzerland (Balfour et al. 2016), highlighting that health professionals only detect one out of two FGMs. This lack of training can impact women’s reproductive care, especially during pregnancy and childbirth. Abdulcadir insisted on the need to train health professionals in detecting and understanding FGMs. Using specific cases of women who have been infibulated, Abdulcadir described how Swiss professionals can provide support during labor and birth, and discuss rather than dismiss women’s demands to be renfibulated after childbirth.

On the second day plenary, anthropologist Sylvie Fortin (University of Montreal) shared her research results on the relations between recently arrived Muslim families and perinatal health professionals in Montreal. Fortin’s research reveals that while Muslim women (mostly from North Africa) trust the Canadian health system and are eager to be integrated in it, they are dissatisfied with the care they receive from health professionals. Tensions between Muslim patients and medical personnel can arise when they disagree on the care to be provided. The staff dismisses Muslim women’s explanations about their choices (ex. carry an unviable pregnancy vs terminating it in the second semester, by portraying them as denied agency within their family/religious community. Fortin’s research shows that these tensions are smoothed when the medical staff are themselves believers (of any religion).

While almost all presentations focused on migrant families in Europe (Belgium, France and Switzerland) and Canada, a few interrogated other forms of migration such as EU border care (Chiara Quagliariello and Nina Sahraoui). Specifically, in our panel, “Factors of vulnerability and protection: socio-anthropological approaches,” we were able to make several cross-cultural comparisons. The paper I presented with Alfonsina Faya-Robles, “Medicalization and Sanitarization of female bodies. Socio-anthropological analyses of health policies targeting poor women in Brazil and Mexico,” contrasts programs targeting poor mothers in Brazil and Mexico, and their impact on women’s reproductive healthcare, especially women migrating from rural villages to urban settings. This paper echoed other panelists’ work in the French department of La Réunion where poor Comorian women migrate to give birth (Zakia Ahmed), and sociological research on policies targeting pregnant migrant women in France (Virole-Zajde 2016).

While waiting for the video of the event, the full program can be accessed here:

<https://perinatmigrant.sciencesconf.org/>

Works cited

Balfour, Julie, Jasmine Abdulcadir, Lale Say, and Michelle J. Hindin
2016 Interventions for Healthcare Providers to Improve Treatment and Prevention of Female Genital Mutilation: A Systematic Review. BMC Health Services Research 16: 409.

Member Publications

Articles and Book Chapters

El Kotni, Mounia.

Book Review. Gammeltoft, Tine M. *Haunting Images: A Cultural Account of Selective Reproduction in Vietnam*. Berkeley, California: University of California Press, 2014, 315 p. *Anthropologica* 59 (2017, forthcoming).

Guerra-Reyes, Lucia.

"Implementing a culturally appropriate birthing policy: ethnographic analysis of the experiences of skilled birth attendants in Peru." *Journal of public health policy* 37, no. 3 (2016): 353-368.

[Implementing a culturally appropriate birthing policy in Peru](#)

Guerra-Reyes, Lucia, and Lydia J. Hamilton.

"Racial disparities in birth care: Exploring the perceived role of African-American women providing midwifery care and birth support in the United States." *Women and Birth* 30 (1):e9-e16. doi: 10.1016/j.wombi.2016.06.004.

[Racial Disparities in Birth Care: Perceived Role of African-American midwives \(free to view until 03/30\)](#)

Guerra-Reyes, Lucia, Vanessa M. Christie, Annu Prabhakar, Asia L. Harris, and Katie A. Siek. "

Postpartum Health Information Seeking Using Mobile Phones: Experiences of Low-Income Mothers." *Maternal and Child Health Journal* 20, no. 1 (2016): 13-21. Link:

[Postpartum Health Information Seeking Using Mobile Phones](#) (open access)

Guerra-Reyes, Lucia, Vanessa M. Christie, Annu Prabhakar, and Katie A. Siek.

"Mind the Gap: Assessing the Disconnect Between Postpartum Health Information Desired and Health Information Received." *Women's Health Issues* (2017).

<http://www.sciencedirect.com/science/article/pii/S1049386716303450>

König, Anika,

2017: *Embryos on the Move: Transnational Networks of Surrogacy*. Allegralab,

<http://allegralaboratory.net/embryos-on-the-move-transnational-networks-of-surrogacy-medtech/>

Singer, Elyse and Bayla Ostrach.

The End of Patient-Centered Abortion Counseling? Examining Threats to Women's Health. In *Transcending Borders: Abortion in the Past and Present*, Stettner et al., (Eds.). 2017 (March) Basingstoke: Palgrave-MacMillan.

Strong, Adrienne.

2017. *Working in Scarcity: Effects on social interactions and biomedical care in a Tanzanian hospital*. *Social Science & Medicine*, in press.

<http://dx.doi.org/10.1016/j.socscimed.2017.02.010>

Member Publications

Articles and Book Chapters

Van Hollen, Cecilia

(Forthcoming March 2017) Feminist Critical Medical Anthropology Methodologies: Implications for understanding gender and healthcare in India. *In Re-presenting Feminist Methodologies: Interdisciplinary Explorations*. Kalpana Kannabiran and Padmini Swaminathan, eds. NY: Routledge.

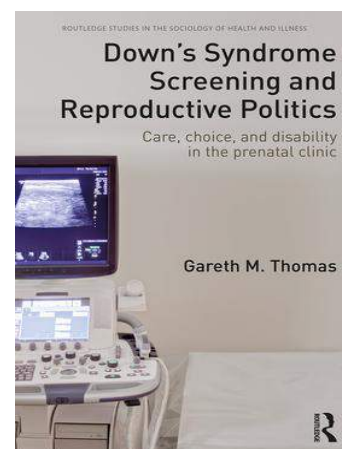
Van Hollen, Cecilia

An earlier version of my piece also appeared in the journal, *Economic and Political Weekly*: 2016 Feminist Critical Medical Anthropology Methodologies: Implications for understanding gender and healthcare in India. Special Issue. *Economic and Political Weekly* 51(18):72-79.

Books

From Gareth M. Thomas: [*Down Syndrome Screening and Reproductive Politics: Care, Choice and Disability in the Prenatal Clinic*](#). Routledge Press. 2107.

In the UK and beyond, Down's syndrome screening has become a universal programme in prenatal care. But why does screening persist, particularly in light of research that highlights pregnant women's ambivalent and problematic experiences with it?



Drawing on an ethnography of Down's syndrome screening in two UK clinics, Thomas explores how and why we are so invested in this practice and what effects this has on those involved. Informed by theoretical approaches that privilege the mundane and micro practices, discourses, materials, and rituals of everyday life, *Down's Syndrome Screening and Reproductive Politics* describes the banal world of the clinic and, in particular, the professionals contained within it who are responsible for delivering this programme. In so doing, it illustrates how Down's syndrome screening is 'downgraded' and subsequently stabilised as a 'routine' part of a pregnancy. Further, the book captures how this routinisation is deepened by a systematic, but subtle, framing of Down's syndrome as a negative pregnancy outcome. By unpacking the complex relationships between professionals, parents, technology, policy, and clinical practice, Thomas identifies how and why screening is successfully routinised and how it is embroiled in both new and familiar debates surrounding pregnancy, ethics, choice, diagnosis, care, disability, and parenthood.

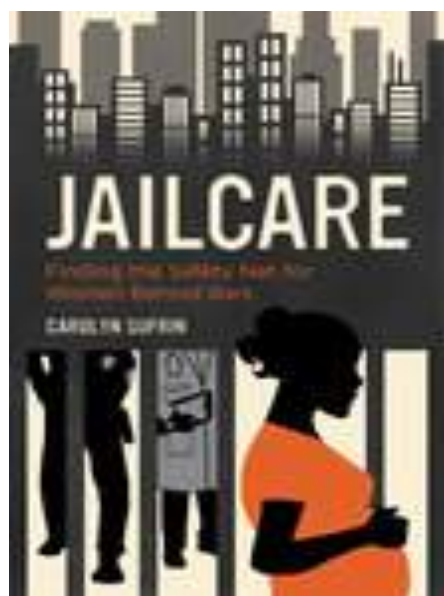
The book will appeal to academics, students, and professionals interested in medical sociology, medical anthropology, science and technology studies (STS), bioethics, genetics, and/or disability studies.

Member Publications

Books

From Bayla Ostrach: [*Health Policy in a Time of Crisis: Abortion, Austerity and Access*](#). 2017, London: Routledge Press.

Health Policy in a Time of Crisis is a vivid ethnographic account of women and providers navigating the Catalan health system to obtain and provide publicly funded abortion care. Grounded in critical medical anthropology, the book situates access to publicly funded abortion care in the context of austerity and ongoing threats to recently liberalized laws, examining the actual levels of access in the region. In so doing, it examines the disparities experienced by immigrant and other women, documenting the diverse approaches adopted to overcome obstacles to care. Using accounts from both providers and women seeking care, Ostrach's richly grounded analysis illuminates a healthcare system during a period of economic crisis and disagreement over reproductive governance. Researched against a backdrop of growing movements against austerity and for Catalan independence, the result is at once a study of true access to public health care in times of crisis and a compelling account of some women's determination to go to any length to get the health care they need. Engagingly written, it will make interesting reading for scholars and students of anthropology and public health, as well as policymakers and the general reader concerned with the politics of abortion and public health.



From Carolyn Sufrin. *Jailcare: Finding the Safety Net for Women*. Release date in June 2017, University of California Press.

Thousands of pregnant women pass through our nation's jails every year. What happens to them as they gestate their pregnancies in a space of punishment? Using her ethnographic fieldwork and clinical work as an Ob/Gyn in a women's jail, Carolyn Sufrin explores how, in this time when the public safety net is frayed and incarceration has become a central and racialized strategy for managing the poor, jail has, paradoxically, become a place where women can find care.

Focusing on the experiences of pregnant, incarcerated women as well as on the practices of the jail guards and health providers who care for them, *Jailcare* describes the contradictory ways that care and maternal identity emerge within a punitive space presumed to be devoid of care. Sufrin argues that jail is not simply a disciplinary institution that serves to punish. Rather, when understood in the context of the poverty, addiction, violence, and racial oppression that characterize these women's lives and their reproduction, jail can become a safety net for women on the margins of society.

Member Publications

Books

A Fragmented Landscape

ABORTION GOVERNANCE AND PROTEST LOGICS IN EUROPE



Edited by **Silvia De Zordo, Joanna Mishtal and Lorena Anton**

CAR members **Silvia De Zordo** (University of Barcelona) and **Joanna Mishtal** (University of Central Florida) along with their colleague Lorena Anton (University of Bucharest) published an edited volume titled, *A Fragmented Landscape: Abortion Governance and Associated Protest Logics in Postwar Europe*, Berghahn Books: Oxford and New York. In: *Protest Culture & Society Series*, 2016.

This volume analyzes European abortion governance and explores how social movements, political groups, and individuals use protests and resistance to influence abortion policy. Drawing on case studies from Italy, Spain, Norway, Poland, Romania, Russia, Sweden, Switzerland, the United Kingdom, and the European Union, it analyzes the strategies and discourses of groups seeking to liberalize or restrict reproductive rights. It also illuminates the ways that reproductive rights politics intersect with demographic anxieties, as well as the rising nationalisms and xenophobia related to austerity policies, mass migration and the recent terrorist attacks in Europe.

SfAA Panel Guide

Wednesday March 29

(W-101) WEDNESDAY 1:30-3:20

Zuni North (Inn at Loretto)

Reexamining the Traditional: Historical and Global Perspectives of the Roles of Traditional Birth Attendants in Maternal Health Care

CHAIRS: COGBURN, Megan (UF) and STRONG, Adrienne (WUSTL/U Amsterdam)

COGBURN, Megan (UF) *Traditional Birth Escorts?: Reexamining the Role(s) of Traditional Birth Attendants in Mpwapwa District, Tanzania*

SMITH, Sarah (SUNY Old Westbury) *Reproducing the "Right" Way: Development Narratives, Postcolonial Migration, and the Devaluation of Traditional Birth Attendants in Chuuk*

MARAESA, Aminata (NYU) *Managing Maternal Mortality: On-the-Ground Practices of Traditional Birth Attendants in Southern Belize*

STRONG, Adrienne (WUSTL/U Amsterdam) *TBAs in the Face of Failures of Biomedicine*

(W-96) WEDNESDAY 1:30-3:20

Stiha (La Fonda)

Balancing Immigration Challenges

CHAIR: MACDONALD, Jeffery L. (IRCO)

KOCAOGLU, Betul (U Cincinnati) *Gender Norms and Post-Socialist Georgian Women's Experience as Immigrants in Turkey*

WAGNER, Phoebe (Willamette U) *Balancing the Challenges of Transnational Migration: The Role of Yoga for African Youth in the United States*

WILKINSON, Megan (U Memphis) *Communication Technology and Transnational Mothering*

MACDONALD, Jeffery L. (IRCO) *Creating and Applying the Equity Lens for Communities of Color in Oregon*

MUNDELL, Leah (NAU) *Models for Migrant Leadership: The Cape Town Women's Platform*

(W-132) WEDNESDAY 3:30-5:20

Zuni South (Inn at Loretto)

Critical New Directions in Reproductive Justice: Intersections across Race, Gender, Sexuality, and Age

CHAIRS: FALU, Nessette (Grad Ctr, CUNY) and DAVIS, Dana-Ain (Queens Coll) FALU, Nessette (Grad Ctr CUNY) *Etico-Politico: Reform to Black Lesbian Ethical Life in Brazilian Gynecology*

SILVER, Lauren (Rutgers U) *Reproductive (In)Justice: Young Parents, the State, and a Call for Family Integrity*

DAVIS, Dana-Ain (Queens Coll) *By The Numbers: A Black Feminist Analysis of Racial Disparity and Premature Birth*

SfAA Panel Guide

Thursday March 30

(TH-156) THURSDAY 5:30-7:20

Stiha (La Fonda)

Policy and Politics in Global Health Challenges

CHAIR: GUERRA-REYES, Lucia (Indiana U)

RAZON, Na'amah and BERNSTEIN, Alissa (UCSF) Addressing Reform: A Critical Examination of the Language and Temporality of Health Policy

GUERRA-REYES, Lucia (Indiana U) The Politics and Policy of Public Health Messages: Zika in Iquitos, Peru

RODRIGUEZ-SOTO, Isa (U Akron) and LERMAN, Shir (UMass Med Sch) The Sociopolitical Contexts of Zika

VALDEZ TAH, Alba Rocio (UCI) Tropical Parasite, Invisible Bodies: Representations of Chagas Disease in U.S.

(TH-164) THURSDAY 5:30-7:20

Chaco East (Inn at Loretto)

Methods for Engaging Students in Research

CHAIR: HECKERT, Carina (UTEP)

HERNANDEZ, Estefania (UTEP) *Shifting Media Representations of HIV in Bolivia* GARCIA, Marilyn (UTEP) *Gender Differences in Medicalization*

DOERING, Maralyn (UTEP) *Biopolitical Control of Women's Bodies through Reproductive Health Care Regulation; An Intersectional Analysis*

GONZALEZ, JR., Enrique (UTEP) *The "Picture" of Mental Health Care in Prisons*

RUIZ, Genesis (UTEP) *The Physical and Mental Health Issues Immigrant Minors Face under U.S. Authorities*

SfAA Panel Guide

Friday 31 March

(F-71) FRIDAY 12:00-1:20 Zuni North (Inn at Loretto)

Panel on Innovative, Underused, and Reimagined Methodologies

CHAIR: NICHOLS-BELO, Amy (Mercer U)

SANKAR, Andrea and LUBORSKY, Mark (Wayne State U) *How to Count Those Who Don't Count: Venue Based Sampling Method for Inclusion of Disadvantaged Populations*

DONAHUE SINGH, Holly (Bowdoin Coll) *Tracing Pathways from Infertility to Child Adoption in India*

NICHOLS-BELO, Amy (Mercer U) *"It Depends": The Challenges of Cultural Consensus Theory for Defining Witchcraft and Traditional Healing in Mwanza, Tanzania*

PEZZIA, Carla (U Dallas) *A Network of One: Challenges with Social Network Analysis Research in Highland Guatemala*

CERÓN, Alejandro (U Denver), CHEW, Aiken (CEGSS), SÁNCHEZ, Silvia (U Kansas), and

FLORES, Walter (CEGSS) *Combining Cultural Domain Analysis and Participatory Action Research to Discern Different Types of Provider-Patient Disrespectful Interactions in Public Health Care Facilities in Rural Guatemala*

DISCUSSANT: GRAVLEE, Clarence (UF)

(F-159) FRIDAY 5:30-6:50

Acoma South (inn at Loretto)

Balancing Critical Perspectives and Praxes: Applying Medical Anthropology with(in) Institutions

CHAIR: VILLALONA, Seiichi (USF)

MEHTA, Kanan (USF) *Survivorship, Self and Nutrition from the Lens of Biomedical Practice and Anthropological Praxis*

TAYLOR, Melina (USF) *Practicing Anthropology with(in) the Academic Institution: An Examination of University Student Health Services as the Gatekeeper of Reproductive Healthcare Access*

VILLALONA, Seiichi (USF) *Anthropology In and Of Emergency Medicine: New Avenues in Translational Research*

WARREN, Emily (USF) *Planned Parenthood as an Intersectional Research Site: Gaining Institutional Access, Navigating Community Partnerships, and Engaging in Anthropology In and Of Biomedicine*

LOGAN, Ryan (USF) *Collaborating for Change: Critical Medical Anthropology, Method, and Partnership in Community Health Work*

SfAA Panel Guide

Saturday 1 April

(S-11) SATURDAY 8:00-9:50

Zuni North (Inn at Loretto)

Birth and Breastfeeding: Examinations of Motherhood

CHAIR: MATTISON, Siobhán (UNM)

MATTISON, Siobhán (UNM), WANDER, Katherine (U Binghamton), and MACDONALD, Hannah (UNM) *What Does a Matricentric View of Breastfeeding Imply for Public Health?: A View from Behavioral Ecology*

FOX, Elizabeth L. (JHU), PELTO, Gretel H. and Pelletier, David L. (Cornell U) *Breast Practices: How HIV-Infected Mothers' Perceptions about Infant Feeding Messages Change Over Time*

ELLIS, Cathryn (SFU) *Traditional Birthing Customs and Preferences in Solu, Nepal*

DAVIS, Arian (U Oklahoma) *American Indian Childbearing Experiences*

(S-02) SATURDAY 8:00-9:50

Ballroom North (La Fonda)

Rethinking Gender and Violence: Health, Reproduction and Obstetric Violence

CHAIR: FRIEDERIC, Karin (WFU)

ADAMS, Abigail (IUP) *A Tale of Two Doctors: Vulnerability and the Ghettoization of Abortion Care*

CANTOR, Allison (UTEP) *"I Saw Women Who Got Mistreated Because They Were Screaming a Lot...So I Tried Not To Cry": Accounts of Obstetric Violence in Costa Rica*

CHAPMAN, Kelly, MCKUNE, Sarah, and WOOD, Elizabeth (UF) *Perceptions of Vaginal Illness Related to Water Quality in the Coastal Ouest Region of Haiti*

TONEFF, Hannah (CWRU), RUDERMAN, Danielle, CLAPP, John, and SYVERTSEN, Jennifer (OH State U) *Addressing the Stigma of the Bad Mother: The Complexities of Neonatal Abstinence Syndrome*

(S-72) SATURDAY 12:00-1:20

Zuni South (Inn at Loretto)

Opposition and Public Health Priorities

CHAIR: BULLED, Nicola (WPI)

BULLED, Nicola (WPI) *Thinking through Resistance: Exploring Contemporary Movements of Opposition to Public Health Initiatives*

SANTORO, Daniella (Tulane U) *Gun Violence and Injury in New Orleans: Trails and Traditions of an Overlooked Health Disparity in African American Communities*

BARNES, Kathrine (Nat'l Farm Med Ctr) *HPV Vaccination in a Post-Modern America*

FINERMAN, Ruthbeth and CLAY, Joy (U Memphis), SAGRESTANO, Lynda (U Munich) *Misconception: Rethinking Barriers to LARC*

JOHNSON, Rebecca (U Memphis) *A Step toward Understanding Women's Contraceptive Choices*

Notes from the Field

Pregnancy, Childbirth and Technologies of Governance in Rural Tanzania

Megan Coburn (University of FL, USA)

Since the Millennium Development Goals were launched in 2000, decreasing maternal mortality has been one of the major focuses of governments across Sub-Saharan Africa. In Tanzania, where about 7,500 women die from pregnancy and childbirth-related complications each year, the rights to health-based international and national response has been through policies, programs, and projects focused on increasing the utilization of facilities for childbirth. From the MDG-driven international policies to the local, embodied experiences of women providing and receiving maternal health care in rural Tanzania, my research critically examines the intended and unintended consequences of the global push for more facility births.



From January to August of 2016 I conducted multi-sited, ethnographic research in three rural villages in Mpwapwa District, Tanzania (central, Dodoma region). Mpwapwa was a brand new field site for me, as my previous experiences in Tanzania have been in Arusha Region, where I worked as a development practitioner from 2009-2011, and where I also conducted Swahili language training on a summer FLAS from June to August 2015. Research support through a large, U.S.-based

Notes from the Field

maternal health project called Transparency for Development (<http://t4d.ash.harvard.edu>) brought me to Mpwapwa for my seven months of field research. Throughout my time there I was able to complete my Master's research while I also conducted ethnographic research for the Transparency for Development Project on community-based transparency and accountability activities, indicators, and maternal and neonatal health outcomes.

Main methods for my MA research were informal and formal interviews with mothers, traditional birth attendants, and health-care workers, and weekly participant-observation conducted at three different health dispensaries. Thanks to extensive language training provided by two academic FLAS fellowships in Swahili, I was able to conduct the majority of my research without the use of translators or research assistants. This helped me gain access and build relationships and trust with the many women I encountered in these communities to talk about pregnancy and childbirth. One of my main findings is that

technologies of governance aimed at increasing facility births ultimately create more inequalities for women on the ground. For example, in response to national pressures, Mpwapwa District founded policies illegalizing home births and promoting fines for women who give birth at home in order to increase numbers of facility births. These policies get implemented into community-based bylaws that work against the poorest women in the community, who are often denied access to care for themselves or their infants until they are able to pay the home birth fines.

It is not just mothers- or the recipients of care- who feel the weight of these



Notes from the Field

larger policies on the ground. Dispensary-based nurses and traditional birth attendants also experience increased inequalities and vulnerability in their roles as pregnancy and birth care providers. For example, health care workers are increasingly stressed and overworked in attempts to balance their roles as both regulators and care providers. Moreover, these policies have led to the illegalization of the work of traditional birth attendants, who increasingly operate in secret and in opposition to the goals of health care workers and village government. Unfortunately, this illegalization of home births and attempt to transform local birth attendants to facility escorts has forced women to act on the margins of society at the same time home-based childbirth care remains a vital, and often only, option for the poorest mothers. For my PhD work, I hope to return to Tanzania to conduct more research on these complex, local effects of international and national childbirth policies and the embodied experiences of mothers, traditional birth attendants, and health care workers in rural communities.

About the Author:

Megan Cogburn is a first-year PhD student in the department of anthropology at the University of Florida. She is a former FLAS fellow through the Center for African Studies (Swahili, 2014-2016). Her research in Tanzania has been funded through a fellowship with the Transparency for Development Project (www.T4D.org).

Return to the Field

Lauren Wallace (McMaster University, Canada)

October 2013

I sat with Isaac, the songo-tu (household head) and a 77-year old father of five living children, under a bench in front of the entrance to his compound. Enjoying some fresh cow milk, Isaac explained to me why family size had declined in northern Ghana. Using the proverb “ba ba goe tuu de chene dedoa” (you can not kill an elephant with one arrow), he described that just as it takes many men with many arrows to kill an elephant, a multiplicity of processes, including increasing education levels, declining agricultural yields and decreasing rates of child mortality helped to explain fertility decline over the past three decades.

Drawing on information gained from genealogies, focus groups, life histories, participant observation and in-depth interviews conducted with men and women from June 2013 to April 2014, my PhD research examined shifting family size and family planning in northern Ghana. I aimed to “situate fertility” (Greenhalgh, 1995) at the intersection of myriad social and economic processes, to contextualize Kassena men’s and women’s reproductive behavior in complex and nuanced ways beyond the conventions of demographic theory and research. My study was conducted in two rural communities in Kassena Nankana West district, and was facilitated through an ongoing partnership

Notes from the Field

with the Navrongo Health Research Centre (NHRC). Moving back and forth between the worlds of rural villages and the NHRC, located in Navrongo town, allowed me to develop an awareness of the activities of local and international public health researchers studying reproduction and to compare them to the perspectives and experiences of my informants.

Ghana's drop in fertility is regarded as a success story. From the late 1980s to 2008, fertility declined from 6.4 children per woman per lifetime to 4.0. Along with a decrease in fertility, rates of contraceptive use also increased. There is a long history of demographic studies of changes in family size and family planning practices in Kassena Nankana West. In the 1990s, the region was



Typical Kassena compound in the dry season, Feb. 2014

described by demographers as a microcosm of the typical “pronatalist” family features of sub-Saharan African societies (Adongo et al., 1997). In response to the challenges of high fertility, in 1994 the Navrongo Health Research Centre launched the Community Health and Family Planning Project in Kassena Nankana West and East to investigate the impact of primary health and family planning services on fertility and child mortality rates. The health program developed through this “quasi-experimental” study was later scaled up across Ghana.

Notes from the Field

The views on the causes of fertility decline among the participants in my study diverge in many ways from those of local public health practitioners. Men's and women's discussions draw attention to the social and cultural context of changes in reproductive practice. Their narratives also point to gaps in sexual and reproductive health and rights, including the persistence of poverty and gendered inequalities. On the other hand, local public health practitioners' descriptions of fertility decline often use the narrow metrics of fertility and contraceptive use to measure "reproductive success"; these studies attribute reproductive change primary to health programming.

This lack of attention to the social context of women's and men's lives in family planning research has been criticized by anthropologists' interrogations of evidence-based global health. These studies reveal the limitations of quantitative evidence, or "metrics", show how different kinds of evidence "are produced, negotiated, and valued across a range of health contexts" (Fan & Uretsky, 2016, p. 157), and call for better, more contextualized forms of evidence, such as qualitative data (Adams, 2016). While it is important to explore the types of data that are valued and how evidence is produced, it is also essential to "study up" to examine what and how evidence is actually used by policymakers to make decisions.

My postdoctoral studies with Dr. Lydia Kapiri in the Department of Health, Aging at Society at McMaster aim to do just that: "studying up" to explore the use of evidence in the setting of priorities in global reproductive health interventions. I am working with a team of policymakers and researchers from Uganda to examine the strengths and weaknesses of the processes used in prioritizing health interventions at the national and district levels, including challenges in the use of evidence. This involves analyzing interviews with policymakers, Ministry of Health meeting minutes and policy documents. Drawing on our findings from Uganda, I plan to pursue a comparative research project in Ghana. Although I am currently waiting to find out the results of my postdoctoral funding applications, I know that maintaining an ongoing partnership with colleagues at the NHRC and the communities in northern Ghana where I worked is an essential part of my research program and my ongoing commitment to my field site.

January 2017

Almost three years after finishing my PhD fieldwork, I found myself back on the bumpy, pot-holed filled road into my field site, Kalivio, in Kassena-Nankana West. I had several objectives to achieve over my short, ten-day stint. One was to reconnect with colleagues at the School of Public Health in Accra and at the Navrongo Health Research Centre. The second was to re-connect with the families I had worked with to determine how family size had changed since 2014. Finally, I planned to deliver copies of my dissertation to community leaders, including the Paramount Chief.

Because I had lived in Ghana for a year, I had not expected to experience culture shock on my return. The first days of my trip, however, were still emotionally and physically challenging. A few days after my arrival in Accra, I travelled north on a flight to Tamale; this was my first stop on the way to my field site in the Upper East Region. As watched the dotted houses and farm fields get closer, I was filled with a mixture of happiness and worry. Had I lost touch with my study site? Had my time in Kalivio made a lasting impression on my informants? Would I remember any of my Kasem language skills?

Notes from the Field

The longer I stayed in the Upper East, the more confident I felt about my post-PhD return to Ghana. My former research assistant was excited by my visit and announced that she wanted to pursue a masters in anthropology. Colleagues from the research centre expressed their gratitude for my visit. Once in Kalivio, people greeted me warmly and my ability to speak Kasem came back more quickly than I had anticipated. I felt like I had returned to my second home.



Meeting with the Paramount Chief of Chiana, Thomas-more Adiali, and my former RA, Aurelia Abapali, Jan. 2017

While walking down the path into Kalivio in January 2017, I passed Isaac's house. He was away visiting family. As I looked for him in the front yard of his compound, I reflected on the important insights about family formation that he had shared through his discussion of the proverb "you cannot kill an elephant with one arrow" in October 2013. I had realized immediately that the proverb reflected the complicated processes involved in family-making and the need to "situate fertility" within them (Greenhalgh, 1995). However, it was not until my post-PhD return to northern

Notes from the Field

Ghana that I recognized that the proverb also demonstrates the importance of working together with a group of people to achieve a common goal.

In this way, the proverb provides important insights about the strategies necessary for anthropologists to “study up”. Nader’s (1972) recommendation about “studying up” has merit because it encourages anthropologists to understand multiple perspectives on a problem, including the viewpoints of local communities from below, and the viewpoints of elites and government institutions from above. However, there are important reasons why anthropologists have experienced difficulty “studying up”. For one, elite centers of power found in global health have been successful in shielding themselves from outside scrutiny. At the same time, anthropologists have often seen working alone as central to their identity as ethnographers.

One strategy I am using to “study up” in my postdoctoral research is engaging in partnerships with global health practitioners. Partnerships are necessary for anthropologists to access and better understand the bureaucratic spaces of global health; partnerships also enable us to learn how to translate our results in practical ways that policymakers can grasp. Both of these outcomes are essential in order for anthropologists to work towards improving global reproductive health practice.

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Captions for pictures

1. Typical Kassena compound in the dry season, Feb. 2014

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Call for Submissions

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