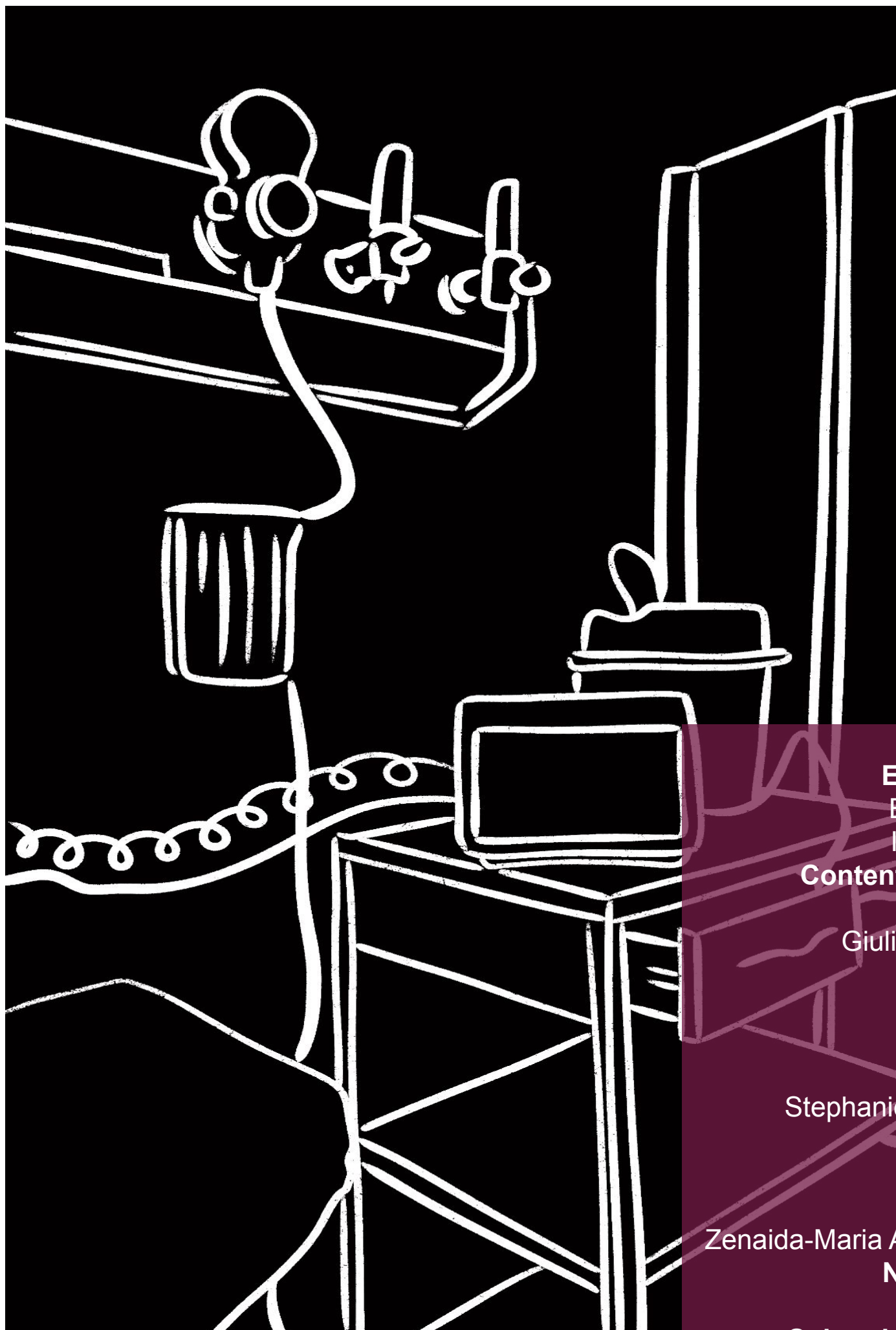


Early gestational losses: between the invisible, the unexpected and the unspeakable



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Introduction

Becoming a mother or father, or when to start or expand a family, are decisions that, although apparently personal, depend on multiple factors. Social science has shown that, in addition to individual motivations, there are cultural practices and values and socio-material, political and economic living conditions that may be more or less conducive to the decision to have children and how to raise them.

According to global estimates, approximately 30 per cent of pregnancies are lost before the first missed period, 15 per cent before 12 weeks, and 5 per cent before 22 weeks. Also, a large number of embryos do not thrive in medically assisted reproduction treatments (ART). In 2021, the Spanish Fertility Society reported that out of 148,165 treatments performed, 33,205 resulted in a birth, or around 22%. Many people do not manage to realise their plans for parenthood, or not in the time and manner desired, and for each of them there is a network of people who do not manage to become grandmothers, grandfathers, aunts, uncles or brothers and sisters.

Fifteen years ago, Diana Marre proposed the concept of "structural infertility" to refer to the low fertility rate in Spain which, according to the last two national fertility surveys, does not correspond to the absence of the desire to have children, as people report having fewer children than they would like, but to the high costs of motherhood in labour and economic terms due to the absence of supportive public policies, the slow incorporation of men into caregiving tasks and the increase in precariousness, among other things.

Among gestational losses, first trimester miscarriages, despite their prevalence, are the least known and least visible from both epidemiological and research perspectives. Although not an unusual event in people's reproductive lives, as the few statistics available show, these losses are often experienced in the same silence in which the first weeks of pregnancy often pass.

To reverse this invisibility and knowledge gap, the AFIN group of the Universitat Autònoma de Barcelona, together with the POMADE group of the University of Alicante and the

We thank Bruna Alvarez Mora, Lynne McIntyre, Ana Sanchez Larrosa and Vanessa Mantilla Salazar, AFIN researchers in the project "*Pérdidas reproductivas precoces: del malestar físico y emocional invisible al posible duelo personal, familiar y social*" funded by Fundación "La Caixa", for their collaboration in this issue.

Gynaecology, Obstetrics and Assisted Reproduction Service of the Hospital de la Santa Creu i Sant Pau, have developed the research project *“Pérdidas reproductivas precoces: del malestar físico y emocional invisible al posible duelo personal, familiar y social”* funded by the Fundación “La Caixa” (Conecta 2022 call), led by Diana Marre (UAB), María José Rodríguez Jaume (UA) and Elisa Llurba Olivé (IIB Santa Creu i Sant Pau). The main objective of this project has been to detect the needs for assistance and support of those who go through these early gestational losses, as well as their close environment and health personnel involved in their care.

For this purpose, during 2023, ethnographic observations were carried out in gynaecological and obstetric consultations in a third-level public hospital and in primary reproductive healthcare centres in Barcelona, with interviews conducted with 32 pregnant women, 9 people from their close environment and 19 professionals from the public health system in Catalonia from various professions and institutions. They were recruited through social networks and posters in primary healthcare centres and hospitals. The call was met with a particularly high response rate, which shows that early gestational losses require more and more social visibility. The vast majority of respondents indicated that one of the main



motivations for participating in the study was to contribute to the advancement of knowledge about the experience of loss and the recognition of gaps, needs and repercussions they have experienced, helping to ensure that others do not travel the same paths and encounter the same difficulties. Some of the data emerging from this fieldwork is presented below.

Diversity of approaches and coping

Not everyone experiences early pregnancy loss in the same way, but

although each experience is unique, there are common elements related to previous life and reproductive trajectories, family configuration, access to health services and the available support network. Some pregnant women interviewed always considered that they might experience a loss, while for others it was a completely unexpected circumstance. For most of the people interviewed, the loss was experienced - or losses when they were more than one- with great sorrow and regret, with regard to certain decisions taken during the process, becoming a critical event in their life trajectories.

Nor do health personnel have a homogenous view of the losses they have assisted and accompanied, nor was their approach the same when they had to give the news and accompany patients through the resulting medical decision-making process, which implies challenges and dilemmas, both personal and professional, to be faced on a daily basis.

Uncertainty, ambivalence and loneliness are words that emerge recurrently in the narratives of the people interviewed, whether they are pregnant women, people around them or health professionals. Suffering and the associated grieving process do not depend on gestational age, the size of the embryo, whether or not one has children, or whether or not one has

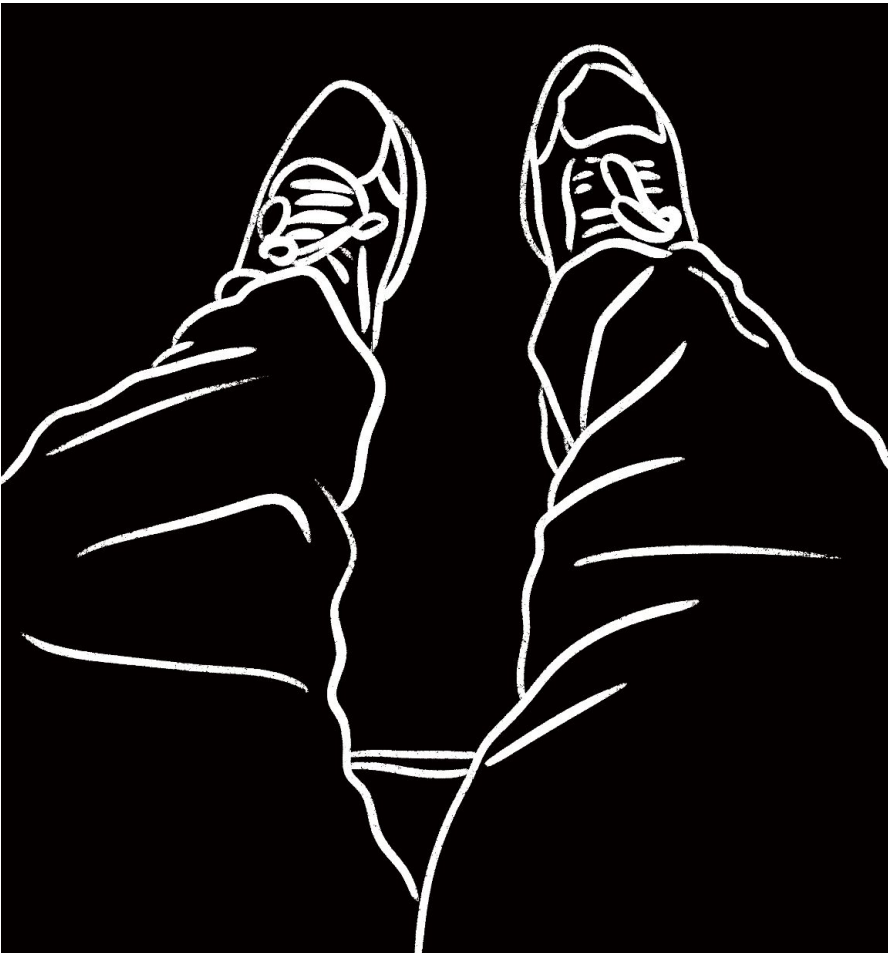
experienced other losses in the past. There are also different ways of dealing with a loss: there are those who prefer to keep it in an intimate circle, and there are those who seek to actively participate in public spaces of support. There are those who name the lost child and those who do not. There are those who perform various rituals, while there are those who perform none at all.

Most people construct memories that form part of their personal and family memory linked to a specific space and time, so that the passage of time or a change of place can change the emotions and the meaning that the same person gives to their loss(es). It is therefore essential not to presuppose what dispositions and decisions people who are going through a loss will make, nor to delegitimise or judge certain ways of coping.

"I'm sorry, it's stopped": the news of a gestational loss

The news of an early gestational loss can occur in different situations and contexts. What is common to most pregnant women - and those who accompany them - is that they lack the information and training to understand what may be happening when they come to the clinic with various symptoms, expectations and concerns.

Some participants in this study reported that, after detecting symptoms (bleeding,



abdominal pain, discomfort), they received the news of the miscarriage when they were seen at the gynaecological emergency department in their area. Others had no warning signs that led them to consult outside the pregnancy monitoring protocol, so the news of the miscarriage came as a surprise during the routine visit at the end of the first trimester. Pregnant women who have undergone medically assisted reproduction treatment usually receive the news at the ultrasound scan confirming pregnancy between the 6th and 8th weeks.

The timing of diagnosis is also variable and can occur in several stages. While the news that "something is wrong" with the pregnancy can often be followed by confirmation of a loss, many participants report having had to schedule a minimum of two

consultations following the protocol established by the health system. This situation involves entering an intermediate waiting phase, marked by uncertainty and worry, which participants report as particularly difficult.

When the diagnosis occurs at the routine late first trimester consultation, patients come with high expectations about "what they are going to see", namely "their baby". Their main concern at this ultrasound is related to foetal health and development, usually not to possible miscarriage. This is partly explained by the fact that it is not a possibility that is reported in pre-pregnancy consultations.

Observations made in obstetric consultations, as well as interviews with pregnant women, reveal the use of expressions that, although frequently used at this time, often provoke bewilderment and disappointment in pregnant women: "we do not see what we should see this week", "it has stopped", "there is no heartbeat", or "there is nothing here". These types of expressions can always have a significant emotional impact in general, but particularly in Spain considering that it has one of the highest ages of first childbearing. Spain is twice the EU average in the number of mothers over 40 years old and is the first country in the EU and the third in the world in number of assisted reproduction

treatments. This means that many people may have reached this point after a long reproductive journey, with previous pregnancy attempts or losses, health problems or physically, emotionally and financially costly treatments. Seventy per cent of the participants in this study had used ART, and of these, 53 per cent had experienced more than one loss. Often, the pregnant woman has not shared these experiences with those close to her and does not refer them to the health personnel who are treating her for the first time because, like losses, they are often processes that are experienced in solitude and are part of personal secrets.

In this sense, the moment in which an early gestational loss is announced constitutes a complex emotional assemblage made up of multiple factors that precede or constitute the context in which the loss occurs, foreshadowing a certain reproductive future that is disturbing for the possibilities of building or increasing the family.

The importance of words

The recurring theme that emerges from the interviews with patients and professionals is related to the use of language, that is, to the (in)appropriateness - usually unintentional and based on ignorance - of the words used to communicate loss

and talk about "antenatal beings", a term we coined to refer to the various denominations given to "what has been lost":

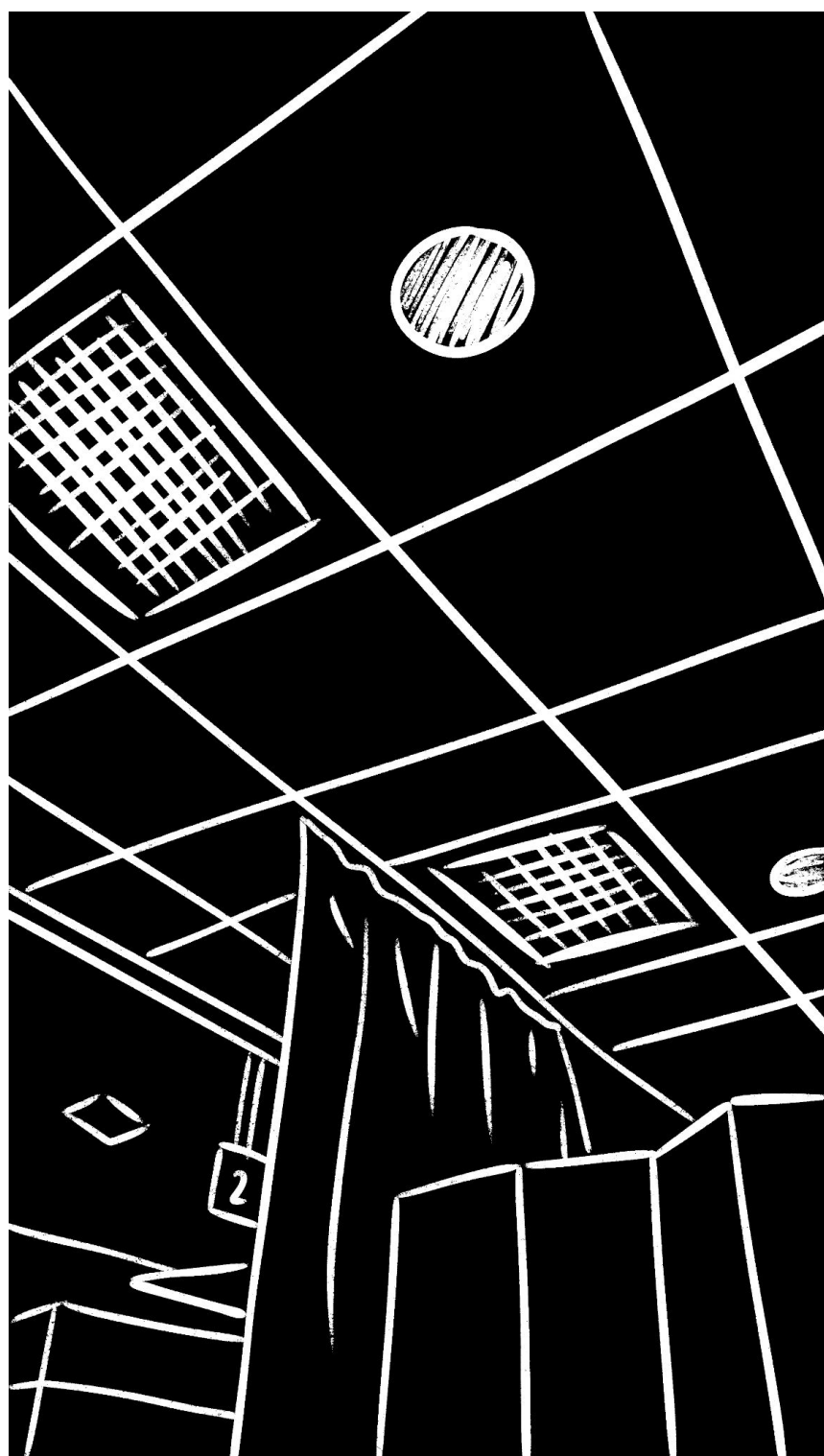
Even if it was eight weeks old, for me it was my baby. Because, let's see, it didn't even have a human form, of course, but where is the limit? When is it a baby and when isn't it not? (Myrtha).

This is a perception that is in line with the statements of health personnel in that, before starting the 12-week ultrasound scan, most of them say: "now we are going to see the baby". A denomination that, when it is detected that "it has stopped", is automatically modified and they stop talking about the baby:

You arrive and they tell you: 'we are going to see the baby', and then there is no heartbeat, and it becomes a miscarriage, an anembryonic pregnancy or a tissue remnant. (Martina).

Some participants mention that, upon detection of the loss, health workers change not only the way they speak but also their attitude:

Oh, the baby, the baby' [they say].... Then there is no heartbeat and we start calling it embryo, foetus or whatever it



has to be called. On one of the occasions [abortion], I remember I said 'the baby', and a nurse told me: 'you can't call it a baby'. And I said: 'I'll call it whatever I want'. (Antonia).

The expressions of the pregnant women are useful to rethink the words and phrases that should be used at that moment, as well as what and how to ask the pregnant women and their environment. What have these people lost or are losing? What words to use to explain what is happening, taking into

account the different experiences of pregnant women and professionals? How to address or resolve the ambivalence of certain terms and the feeling of "coldness" that some people attribute to certain words? Words and gestures can make a difference in accompanying the experience of loss and improving the perception of the care received:

For me it was a bit strange that the professional... she didn't treat me well, let's say, she didn't soften the news. She didn't ask if I had had other losses or not, in other words, she didn't ask on what emotional level it would impact [on me]. As I already had that *feeling* that something was going to happen, so it wasn't a surprise for me either. But I have friends, for example, who have lost and who were much more excited. [So] the shock was much stronger. Also the fact that I already had a daughter, it helps... I know what motherhood is like. I know that my body is capable, I've already been pregnant and I've already had a daughter, so I know that my body has no defects. But of course, if it were the first time, I think I might feel more like.... Could it be that I don't have

the capacity, or could it be that my husband and I don't have the capacity together, could it be that there is an incompatibility or something like that?" (Saskia).

One midwife interviewed related her view of the timing of the news, particularly with regard to the differences that can occur in the handling of the situation, taking into account the professional responsibility to consider what is said and also how it is said:

Well, it's up to each gynaecologist. This is usually done by residents, but it's up to each individual. There are people who do it more carefully. And there are people who simply tell you 'you can't see the sack'. Sometimes it's not so much the words as whether you are looking them in the face... the message is accompanied by the expression of how you say it and not simply the words you choose, the tone, looking into their eyes, treating it as the bad news that it is. And sometimes it can be done better.... Unfortunately it also depends on how the ward goes, because in the end it is still an emergency department... but I

would like to think that they rarely feel bad because of us, but of course, maybe.... (MA-Midwife 5).

It is not only health workers who find it difficult to use language appropriate to the moment that pregnant women are going through during a miscarriage. The participants point out that this "incompetence" or "lack of sensitivity" is also widespread in the family, at work and among friends. Pregnant women and their partners report that they often hear repeated phrases which, although they recognise that they are often "well-intentioned", have a negative effect: "come on, that's it, we have to move on", "well, it's OK, you'll get pregnant soon", "OK, but you already have another healthy child". The social and cultural avoidance or devaluation of early loss is also influenced by the difficulties that persist in today's society in talking about death, grief and reproductive difficulties:

They don't talk about the specific baby. In other words, the baby did not exist. For example, in the group [of friends] we all have girls and both my friend who had an abortion and mine were boys. And now, of my two pregnant friends, one of them is having a boy and they say: 'oh, the first boy in the group'. In other words, they don't give it the

value that ours have, because
as they haven't been born,
that's it, they don't exist
(Myrtha).

After the loss: misinformation, uncertainty and loneliness

In recent years, relevant legislative changes have taken place internationally and in Spain, and care protocols for gestational losses in the second and third trimester of pregnancy have been improved. However, they are not sufficient to respond to the diverse needs of pregnant women who experience gestational losses in the first trimester and those accompanying them. Therefore, it would be useful to know why certain specific needs are currently not being considered when accompanying early gestational losses, in order to then think about and agree on efficient criteria and pathways from which to do so.

A loss, an experience fraught with emotion, bewilderment and vulnerability, is almost immediately followed by the question of "what now?", i.e., what paths can be followed and what are the options for dealing with the termination of the pregnancy physically, psychologically and socially. In the minutes following the diagnosis, as people try to process the news, health teams often raise the need to assess the treatment to be followed.



In cases where expulsion is not in progress or completed, the woman is asked what she wishes to do to complete the expulsion: wait for it to happen physiologically, trigger it pharmacologically by inducing contractions, or surgically. This is often a difficult decision for the pregnant woman to make because she lacks information to support her decision, as these are procedures that are not usually dealt with outside the specialised field. It is also difficult to approach because it is a decision to be

made immediately after diagnosis, which often makes it difficult to assess the options available and to weigh the advantages and risks calmly. This is often compounded by the lack of adequate space and time, such as an intimate space to unburden oneself, more time to consult and evaluate options, and the possibility of accessing specialised support. All of this, according to pregnant women and their partners, contributes to the fact that many have regretted their decision, mainly due to their lack of knowledge about the process of pharmacological expulsion at home.

Virtually all participants who have chosen this method report that the pain, discomfort and bleeding they experienced far exceeded what they had imagined or what was reported and explained to them as "a period, but a bit stronger". In some cases, the support of people around them, especially friends or family members who had gone through this experience, was crucial:

That was a bit of a mess really. I would have needed more information, she would have needed more information. We didn't ask for it, but we needed it: was it going to hurt, a lot, a little? I would have needed a more in-depth explanation. It's like a heavy period' we were told, but the truth is that she was in a lot of pain, several

days, she bled a lot, you don't realise how much blood is normal. And I thought that if they had explained to us from the beginning the consequences, or this possibility, we would have decided directly for the curettage. Although it is more invasive, it is more effective. But there was not enough information or explanation. (Bernat).

Here again, the choice of language and words significantly influences how the loss is perceived. Many pregnant women interviewed reject the idea of talking about "expulsion" and some of them raise the need for recognition that they are experiencing an experience analogous to childbirth:

I gave birth. I gave birth, it was not an expulsion of abortive remains, as they say. I felt pains, contractions, my body went through labour. (Nina).

Unlike a surgical approach, women go through this process at home, sometimes alone, and often have to deal with complicated work and family logistics in addition to the physical and emotional discomfort. At the family level they may have to organise the care of other children, if there are any, and at the work level, not knowing the level of pain and discomfort they will have, they

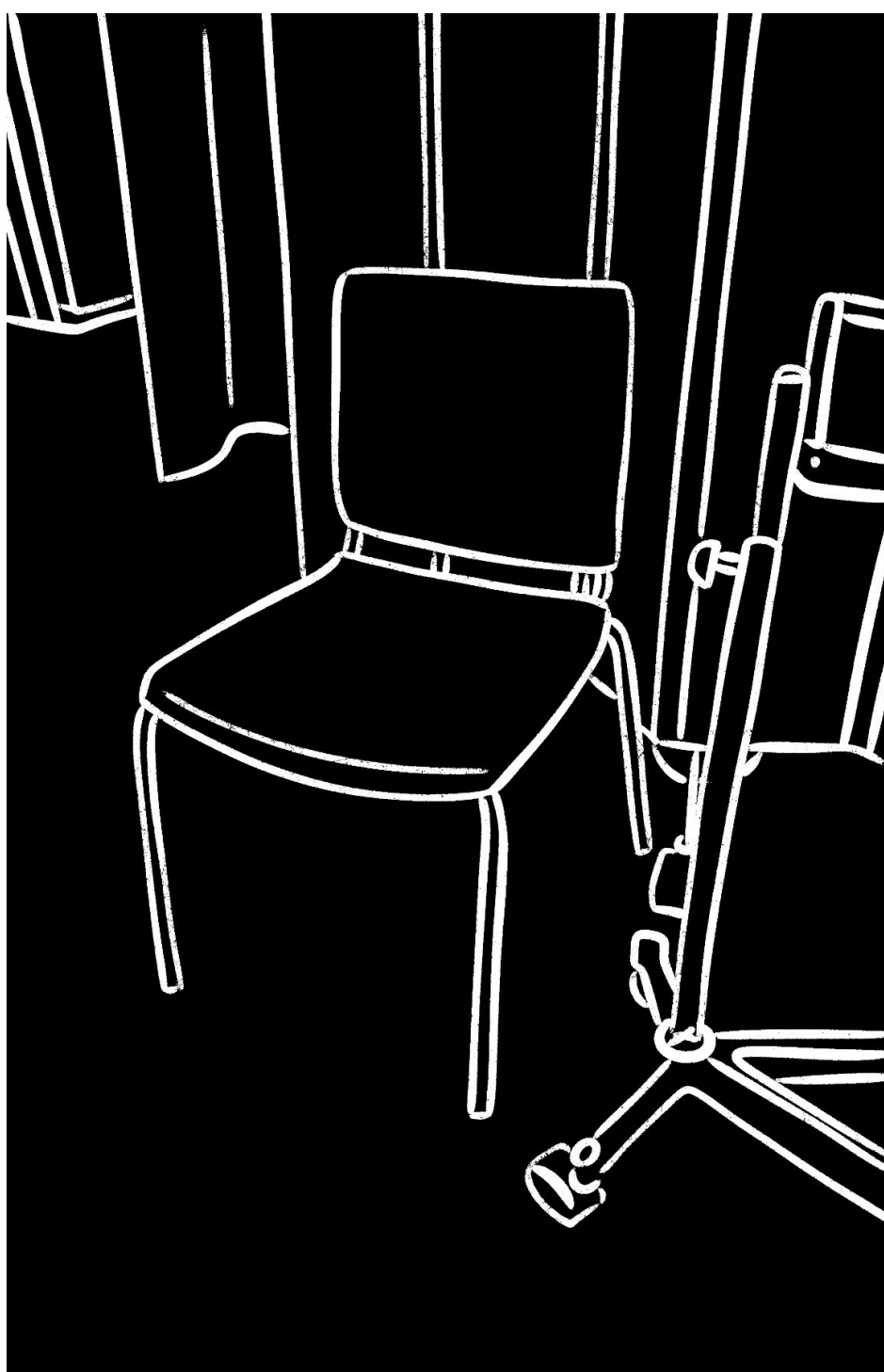
often underestimate the time they will not be able to work. On medical advice, someone should accompany them through the process and receive information on how to do this, as most report being very uncertain about what to do and how to "be there for them".

It is often at home that the silence surrounding early loss begins. Although pregnant women who are in a couple say that they received their partners' support, understanding and love, they say that they have had different ways of processing and talking about

what happened and that they should have been more involved in the care circuit. Outside their immediate family, the people interviewed said that they had experienced great loneliness, accompanied and, in some ways, increased by the ambiguous status of the embryo or foetus on a social and medical level: subjectivising it as a baby before birth if "everything is going well" and ignoring its existence if it is not.

"I feel we are not prepared": dilemmas and loneliness of healthcare workers

In interviews with health professionals, they highlighted little or no specialized training in the care and support of first trimester miscarriage. In many cases, these are professionals who routinely have to deliver bad news and who understand that diagnosing a miscarriage involves a particular type of communication of bad news. The recurrence of these situations throughout a working day is experienced with stress, especially when, due to the characteristics of the situation, it is not possible to confirm the diagnosis. Usually, once the loss has occurred, they feel that there is nothing more they can do. The high prevalence of this experience in the general population, added to the high expectations that are culturally constructed around pregnancy and gestational development, make it difficult to manage these emotionally



charged moments.

For this reason, healthcare personnel agree that having the necessary tools to deal adequately with gestational losses should not depend on individual initiative or personal skills, but rather on access to continuous and systematic training, as is the case with other technical-scientific skills. Training, they point out, should go hand in hand with the development of competencies that help them to apply what they have learned to the clinical history of each patient and their specific needs. They also regret having a care load that leaves little time to listen to and attend to their patients' emotions and doubts:

I also believe [that it is] very important the importance that each professional gives to this, to the way of communicating. And, unfortunately, there are many professionals who work in a different way, I would say. So, I don't know if it's because of time, sometimes, or... I see that empathy fails a little bit. So, of course, it depends a bit on the importance given to that.
(RA-Medic 7).

On a practical level, it is worth noting that the protocols and care circuits designed to accompany second and third trimester losses are not easily adaptable to first trimester losses. These devices - subsequent telephone

follow-up, creation of material memories, referral to mental health and support groups - are centred on the elaboration of grief and the creation of memories, a relevant part of the experience, but not the only one to be attended to, especially when, for first trimester losses, the general social attitude is to "turn the page" and focus on a future pregnancy.

"Being there", listening and accompanying

The results of this research show that first trimester losses are usually minimised or silenced with the argument that "it is normal to happen" or that they are "within the statistically expected". However, their high prevalence and their impact at personal, family and socio-epidemiological levels justifies the need and convenience of attending to their specificities with respect to more advanced perinatal losses.

"Turning the page" or not talking about it does not seem to be the best option for most of those affected, whether they are pregnant women, partners, family members, friends, or health personnel. Breaking the silence and taboo surrounding these losses is imperative in personal, family, and social terms. Learning to "be with" is also a challenge for those who relate to those experiencing loss.

At institutional, practical, and



beings", listening to pregnant women and their families in their needs with regard to bereavement and the treatment of the remains regardless of the name they choose to give it - embryo, foetus, baby or child - would contribute to establishing care circuits for access to specific and personalized care for people who have experienced loss.

policy-making level, it would be useful to review and modify protocols and circuits of care and support. This would include working on the forms of communication and the use of language in conveying the diagnosis of a bereavement and treatment options. Increasing information on the psycho-physiological processes involved in bereavement and its prevalence for all pregnant women before it occurs would make it easier for those facing a bereavement to come to it with general information. Recognizing at the health and legal level the existence of these events and of "antenatal

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Researcher and Professor at the Faculty of Medicine of the Universitat Autònoma de Barcelona (UAB) since 2013. She has conducted research on preeclampsia, placental insufficiency, pregnancy complications, menopause, and comprehensive women's health during the reproductive stage. Director of the Master's in Maternal-Fetal Medicine at UAB and the University Expert in Fetal Medicine Barcelona. National coordinator of the Maternal-Child and Development Health Network of the Instituto de salud Carlos III (Madrid). In 2022, she received the COMB award in recognition of her research career in women's health. She currently directs the beDona clinic.

About the author



Diana Marre

Professor at the Universitat Autònoma de Barcelona. Director of the AFIN Barcelona Research Group (UAB).

Her research areas are the social, cultural, and political aspects of human reproduction. She has been the principal investigator on numerous research projects related to human reproduction, family, and childhood, funded by various organizations and entities. In 2019, she received the ICREA Academia award. She is currently working on projects related to the mobilities imposed by certain barriers to reproduction and the experiences of individuals and families who undergo early reproductive losses and extreme prematurity, as well as the healthcare teams that support them.

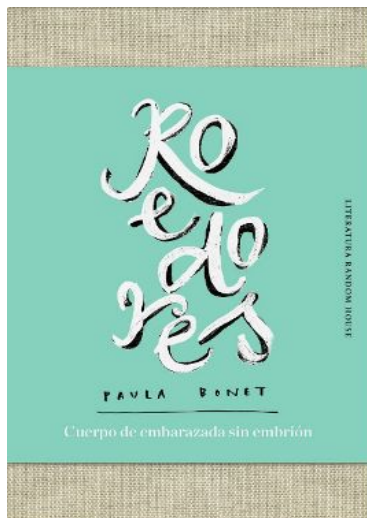
About the images author



Stephanie Geraldine Colello

I'm Stephanie Geraldine Colello, born in Buenos Aires, Argentina. I have studied photography, although I consider myself a multidisciplinary artist. Photography, audiovisual work, writing, and painting are my means of expressing what I feel and think. I am in constant change, and what I create accompanies me in my personal development. I believe in the importance of contributing to the collective to transform it and in the power of art to reach others. My greatest satisfaction is seeing how my creative channel touches those who find resonance, connection, or shared emotion in what I do.

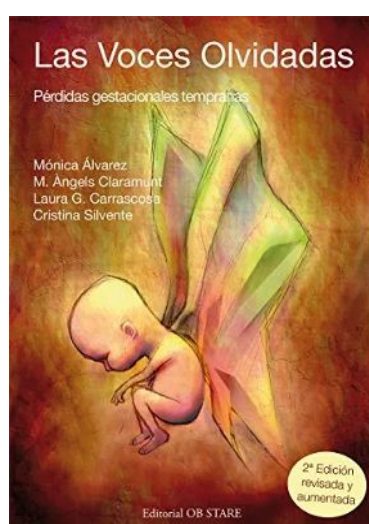
Further reading



Bonet P. (2018)

Roedores: Cuerpo de Embarazada Sin Embrión
RandomHouse

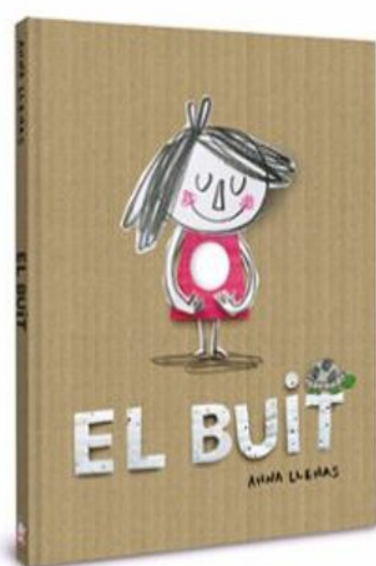
This hybrid text is the result of a personal and artistic reflection process by the author, illustrator, and designer after experiencing two pregnancy losses. *Rodents* is an intimate diary of her losses, a reflection on motherhood, and at the same time, the illustrated fold-out book that the author had written for her daughter.



**Silvente C., García Carrascosa L., M. Claramunt M.A.,
 Álvarez M. (2014)**

Las Voces Olvidadas: Pérdidas Gestacionales Tempranas
ObStare

This collective book has the merit of being one of the few texts directed at the general public and those who have experienced a loss, specifically focusing on the first twenty weeks of pregnancy.

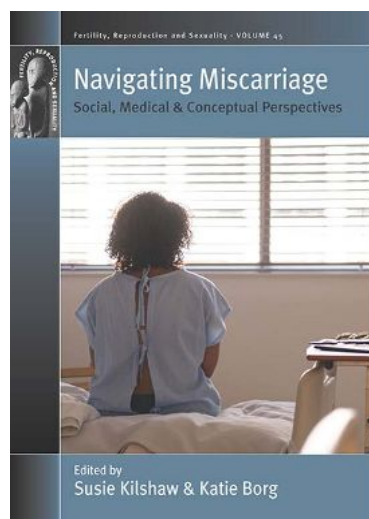


Llenas A. (2015)

El Buit
RandomHouse

From the creator of the well-known *El monstre de colors*, which in just a few years has become a classic of children's literature, this book is intended for boys and girls to discover our resilience in the face of the losses and voids we encounter in life.

Further reading



Kilshaw S. y Borg K. (2020)

Navigating Miscarriage: Social, Medical, and Conceptual Perspectives

BerghahnBooks

This collective volume, available only in English, has been coordinated by Susie Kilshaw (medical anthropologist) and Katie Borg (research nurse) and perfectly condenses the bio-social dimension of miscarriage. The chapters cover a variety of contexts, both historical and socio-cultural, as well as different research issues and theoretical frameworks relevant to this topic.

Further watching



Cianfrance D. (2016)

The Light Between Oceans

United States, 130 min

Based on the novel of the same name, this is an emotional and powerful film set in 1920s Australia. After the painful loss of their long-awaited baby, a lighthouse-keeping couple, following an event so unexpected it seems miraculous, builds a family and faces the possibility of losing it.



Lamon K. (2018)

Consumed

United Kingdom, 15 min

A short film offering a fine psychological analysis that explores the tangibility of bodies in the grief of early pregnancy losses. Warning: due to the unconventional treatment of this topic in the short film, its content may be disturbing for some viewers, and discretion is advised.



Zamudio A. (2018)

Don't talk about the baby

Estados Unidos, 85 min

This documentary explores the culture of shame and silence surrounding miscarriage, stillbirth, and infertility. This film is not a collection of tragic stories but a journey through different aspects of cultural taboos and a tool for navigating loss and infertility.

More resources



Medrano M.R. (2022)

Camino a la maternidad

Spain, 52 min, Audiovisual.

Melina Rosana Medrano interviews Dr. Lynne McIntyre. They address topics including how depression and anxiety manifest in loss, the stigma and taboo surrounding it, and how some older parents are revisiting their own losses to heal from them decades later.

Umamanita y FedUp

Spain, Association

The associations Umamanita and FedUp can be good places to start searching for support resources for people who have just gone through or are accompanying someone in grief. It is worth noting that the Spanish national territory has several local associations.

INARI

Spain, Support

INARI is the spin-off company of the AFIN group, through which a group of specialized anthropologists offer support from an anthropological perspective, focused on social health. With the guidance of experts, the consultations are designed as a safe space for people at any stage of their reproductive life, where they will receive support and find answers to their doubts and questions.

News AFIN



Care for Early Losses: Development and Validation of Measurement Instruments

Between June 26 and 29, 2024, the XV Spanish Sociology Congress was held in Seville, where Prof. María José Rodríguez presented the paper “Dolientes olvidados: abortos espontáneos precoces y su medición para una mejor atención respetuosa y solidaria”. This presentation outlined the content validation process of three structured instruments (questionnaires) designed to collect data from pregnant women and couples who have experienced an early loss, as well as from the professionals who care for them.

Measuring the quality of care for women and couples who have

experienced a loss (spontaneous abortions) is complex due to the involvement of various dimensions such as communication, decision-making, and the response provided by medical centers. As part of the research project “*Pérdidas reproductivas precoces: del malestar físico y emocional invisible al posible duelo personal, familiar y social*”—funded by the Fundación “La Caixa” Conecta Call (2022-24)—a scale (adapted for women and couples) was developed with the goal of gathering evidence to support better practices in the care of losses occurring before 22 weeks of gestation.

A scale is considered valid if it accurately measures the reality of those experiencing a loss. To ensure a high degree of reliability, the scale underwent a technical validation process. This involved researchers from the Universitat Autònoma de Barcelona, who provided qualitative evidence from interviews and observations at health centers (apparent evidence), and researchers from the Universidad de Alicante, who, based on these findings and a literature



XV Congreso Español de Sociología

#SociologíaParaLaSociedadDigital

Récord de participación con casi 1600 personas inscritas, 1700 comunicaciones presentadas en más de 300 sesiones de grupos de trabajo, 30 actividades entre simposios, talleres, exposiciones.
¡Gracias a todos/as los que lo habéis hecho posible!

26-29 junio, 2024
Sevilla.
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review, designed a battery of 60 questions. These questions were then evaluated by a panel of experts (content validity). In September, the reliability and statistical validity of the scale will be assessed based on responses from women and couples who have experienced an early loss in the past four years.

New Publication on Intersex Rights in Spain

In June 2024, the article “**Analysing Intersex Rights Narratives in Spain**” was published in the journal *Sexualities*. Written by Lucas Platero and Sveta Solntseva, the article examines how significant legislative changes for intersex people have been implemented in Spain over the last decade, integrated into both state and regional LGBTI+ laws. Based on Carol Bacchi’s theories on the representation of public issues, the article analyzes how intersex rights are represented in Spain and questions some of the preconceived notions present in current political debates.

The analysis of the main discourses of the actors involved in intersex debates between 2018 and 2023 identified two predominant discursive representations: (1) that people’s sex is binary by nature; and (2) that intersexuality is merely evidence of bodily diversity, a narrative linked to debates on gender self-determination

and the new state LGBTI+ law approved in 2023. These representations have embodied and tangible consequences for intersex people, who are often subjected to non-consensual, irreversible medical interventions that potentially have lifelong unwanted effects. Despite the persistent pathologization of intersex bodies, which continues despite new legislation, the changes occurring in the legislation, including the emergence of new intersex activism and a series of inclusive policies for intersex people, indicate a significant advancement in intersex rights in Spain.

Save the date: Knowledge-sharing workshops, SexAFIN-Brazil

Within the framework of the project “*SexAFIN-Brasil: educação afetivosexual y reproductiva a través de la investigación-acción. Fase I*”, funded by the Fundación Autónoma Solidaria and directed by Dr. Bruna Alvarez, the Workshop “SexAFÍN-Brasil compartiendo saberes”, will be held with the objective of the project researchers sharing their previous research on sexuality and childhoods. In this regard, Anna Uziel (Universidade do Estado do Rio de Janeiro), Raquel Wiggers and Violeta Salazar (Azulilás, Universidade Federal do Amazonas), Simone Tavaréz (Instituto Federal de Educação, Ciências e Tecnologia do Amazonas), and Diana Marre, Bruna Alvarez, Estel Malgosa, and Zenaida Andreica (AFIN-UAB) will

present the results of their research on September 10th and 17th, in an event open to the public, with the program to be shared shortly. On September 26th, they will hold a closed-door session to design the focus groups that will be conducted in Rio de Janeiro and Manaus in the next academic year.



AFIN at the EASA 2024 Conference in Barcelona

The 2024 edition of the biannual EASA (European Association of Social Anthropologists) conference, “**Doing and Undoing Anthropology**”, took place in Barcelona from July 23 to 26, 2024. This year, the conference also featured an online format the week prior, with various panels allowing participation from people all over the world.

Within this framework, Carolina Remorini and Mora Castro

(UNAJ-CONICET, Argentina) coordinated Panel 191: “Navigating uncertainty and risks in reproductive trajectories: dialogues among patients, health workers, and anthropologists in clinical settings,” with participation from researchers in Argentina, Spain, China, Croatia, and the USA. All presentations analyzed and discussed how, in the clinical setting—specifically in reproduction and prenatal care—categories of risk and pathology are constructed and how this impacts the perinatal stage as well as the pre- and post-reproductive stages. Using conceptual tools and approaches from Social Anthropology, the researchers critically reviewed biomedical interventions, integrating the experiences of patients and healthcare professionals through ethnographic work in hospitals and clinics in various cultural contexts. The debate focused on the contributions anthropology can make in these clinical settings to improve care for individuals, addressing their needs, expectations, and social and cultural contexts.

Research conducted by the AFIN group was presented through the following papers, disseminating results from ongoing projects on gestational losses and patients’ experiences with obstetric care: “Cultural meanings of risk and reproduction: can pregnancy care ‘cure’ uncertainty?” by Ana Cerezuela; “Invisible, silenced. Medical

challenges and social expectations around early pregnancy loss conversation in healthcare Settings” by Carolina Remorini; “Sharing decisions in pregnancy ‘at-risk’: Gynaecologists and midwives’ perspectives on patient participation in Spain” by Mariana Lichtsztejn; and “Therapeutic itineraries of women with endometriosis seeking medical treatment. An anthropological analysis from patients’ perspective” by Vanessa Mantilla.

Anna Molas, Paula Martone, and Giulia Colavolpe-Severi, along with Veronika Siegl from the University of Vienna, Austria, were convenors of the panel “Un/doing foetal ‘viability’: negotiating and governing the boundaries of life and death.” The panel, sponsored by the MAE (Medical Anthropology Europe) interest group of EASA, provided an opportunity to discuss and engage with the topic of fetal viability from diverse ethnographic sites and disciplinary approaches, through six contributions. Among these were “Liminal Babies, Liminal Parents: Personhood Constructions at the NICU,” by Anna Molas and Paula Martone, and “Before Viability: Fetal Development and the Law in Spain,” by Giulia Colavolpe-Severi.

With the paper “Procreation and Displacements across the Borderlands: the Liminal Mexican-US Space,” Bruna Álvarez presented, on behalf of herself

and co-author Hugo Gaggiotti, the results of their research on reproductive mobilities at the Mexico-US border. Dr. Álvarez contributed to rethinking the concept of the border and “medical tourism,” adding her voice to the ten contributions of the panel “Un/Doing reproduction: transnational reproductive justice in times of (post-)pandemics and anti-gender campaigns,” which collectively aimed to illustrate local and global reproductive disruptions, as well as resistance strategies.

Bruna Álvarez was also, along with Violeta Salazar (Federal University of Amazonas, Brazil), the convenor of the online panel “(Un)doing Children’s and Teens’ Sexualities: From Danger to Pleasure Including Children’s Voices.” Among various panel presentations aimed at enriching the debate on the topic of sexual education, some stood out for presenting results from the SexAFIN project. Notably, “Children’s Perspectives on Pornography and Other Online Practices in Spain,” by Zenaida Maria Andreica, and “Childhood Perspectives Understanding Gender, Sex, and Normativity,” by Adriana Prexigueiro and Isabel Domingo.

Implementation Strategy for Comprehensive Sexual Education in Catalonia

Members of the SexAFIN team, along with members of the Education and Gender group, have participated in defining the strategy for the implementation of sexual education in Catalonia, promoted by the Department of Education of the Generalitat of Catalonia.

To develop this strategy, the researchers designed a quantitative survey for teachers and families, as well as conducted qualitative research with teachers, families, and children from the Children's Councils in the Catalan territory and the National Council of

Children and Adolescents of Catalonia. Thus, this is a pioneering strategy in sexual education, as it is the first time that the voices of children and adolescents have been incorporated into the development of sexual education programs.

CONICET and Abuelas de Plaza de Mayo Hold “Archivos y Derechos Humanos” Workshop in Buenos Aires

As part of the closing of the agreement between Abuelas de Plaza de Mayo and CONICET, coordinated by Isabella Cosse and Carla Villalta, AFIN researcher, the “Archives and Human Rights” event took place on July 10, at the Casa por la Identidad (Memory



and Human Rights Space, former ESMA) in Buenos Aires, Argentina.

During the workshop, which is accessible on the [Abuelas de Plaza de Mayo YouTube channel](#), Kirsten Weld delivered a lecture titled “Archivos, memoria y luchas políticas en el pasado y presente”, and Isabella Cosse and Carla Villalta discussed the collaborative work between CONICET and Abuelas de Plaza de Mayo in “Balance y perspectivas: investigación colaborativa, archivo y derechos humanos.” Additionally, the booklet “Archivos con información sensible: confidencialidad, accesibilidad y políticas de la memoria. Experiencias y reflexiones” was presented, summarizing the outcomes of the 2023 collaborative sessions involving all participants. This booklet is available for open access on the [Abuelas de Plaza de Mayo website](#).



The Challenges in Perinatal Care: Dialogues with Marie Rose Moro

On September 6, Professor Dr. Marie Rose Moro visited the AFIN Center as part of a series of activities organized by AFIN. The first event was the recording of the final episode of Season 2 of "Conversaciones AFINes," titled "El peligro de una sola voz: el embarazo en contextos transculturales," hosted by Carolina Remorini, which will soon be available on Ivoox and Spotify.

After that, Marie Rose Moro conducted the seminar "Los desafíos de la atención perinatal: la diversidad social y cultural," held in a hybrid format at the Multipurpose Room of the Hospital de la Santa Creu i Sant Pau in Barcelona, with live streaming via Zoom and more than 250 registered participants. This allowed professionals from Spain, France, Italy, and several Latin American countries to join the 32 people who were present in the room.

The attendees, from various disciplines and specialties such as gynecology, pediatrics, neonatology, psychology, psychiatry, psychomotricity, music therapy, speech therapy, philosophy, and anthropology, were able to learn about the transcultural approach to maternal and child health care from the experience of Dr. Moro, a leader in transcultural clinics in Europe and one of the major international figures in this field. After her presentation, there was space for questions and debates with the



audience, which expanded the conversation and reflection around diversity as richness and opportunity. These activities are part of the dissemination and knowledge transfer proposals of the RICORS-SAMID network and the “Pérdidas gestacionales tempranas”, project funded by the Fundación “La Caixa”.

The recording of the session will soon be available on the AFIN Group's YouTube channel.

Gestational Losses and Perinatal Mental Health: A Symposium to Explore the Socioemotional Dimensions of a Physiological Event

On September 5th, Dr. Lynne McIntyre and Dr. Carolina Remorini, members of AFIN, together with Dr. Jesús Cobo from Parc Taulí Hospital, presented a symposium titled "Pérdidas gestacionales y salud mental perinatal: Explorando las dimensiones socioemocionales de un evento

fisiológico” at the biennial conference of the International Marcé Society for Perinatal Mental Health, held in the Auditorium of the Palau de Congressos in Barcelona. Dr. Remorini shared the results of a research project on early pregnancy losses, conducted by the AFIN group and funded by the Fundación “La Caixa”, which is based on an interdisciplinary and mixed-methods approach. The presentation, based on observations of consultations where pregnancy losses are diagnosed, provided elements to address the following questions: What factors contribute to the invisibility of non-viable pregnancies? What role can and should medical professionals play beyond attending to the physiological aspects of early loss? Can health practices promote productive ways of integrating the loss of pregnancies or children into the family and community?

The symposium then focused on whether, why, and how Spanish families are using rituals to cope with and process perinatal losses. Dr. McIntyre's presentation highlighted the main findings of her national qualitative study on the use of rituals in loss experiences spanning the period from 1936 to 2022. This unprecedented research offers a new perspective on the changes in the use of rituals in Spain over time and how these rituals have helped grieving parents heal from their loss. Finally, Dr. Cobo presented a

paper that raised important questions about the increasing use of rituals in the context of hospital care for perinatal losses and deaths, including whether certain culturally hegemonic forms of rituals are being imposed on families and whether healthcare providers are flexible enough in supporting grieving parents before, during, and after pregnancy and infant loss.



Agenda

AFIN



Webinar on Gestational Losses: Perspectives from Socio-Cultural Anthropology

Hosted by the RICORS-SAMID network, in collaboration with AFIN and INARI, the webinar “*Pérdidas gestacionales del primer trimestre: entre la invisibilidad y el acompañamiento*” will take place on September 18 at 3 PM (CET). This event focuses on anthropological research concerning reproductive losses during the first trimester of pregnancy. It will address the experiences, needs, and expectations of pregnant individuals, their families, and healthcare professionals regarding social and medical support for these losses, aiming to break the silence and dismantle taboos.

The virtual, free, and public webinar will be led by Dr. Carolina Remorini (AFIN-UAB), a researcher in Work Package 12 of this network, headed by Prof. Diana Marre. This webinar is part of a series of 4 meetings covering topics related to maternal and child health, such as the effects of pollution and climate change on pregnancy, nutrition during gestation,

breastfeeding, nutritional changes and malnutrition-related pathologies in childhood, pregnancy complications, and more, presented by various researchers from the network. Each webinar will be recorded and subsequently posted on the website.

Those interested in participating should register here: [Meeting Registration – Zoom](#)

For more information:

RICORS_SAMID@santpau.cat

A Day to Discuss Early Gestational Losses

The AFIN Group and the Hospital de la Santa Creu i Sant Pau are organizing the event: “*Pérdidas gestacionales tempranas: derribando tabúes*,”










PÉRDIDAS GESTACIONALES DEL PRIMER TRIMESTRE: ENTRE LA INVISIBILIDAD Y EL ACOMPAÑAMIENTO



Fecha 18 Septiembre de 2024 Hora 15:00–16:00h	Ponente Dra. Carolina Remorini, Antropóloga. Grupo de Investigación AFIN e INARI Global Social Action
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@gestor_samid

creando puentes, sumando voces” on October 15th from 10 AM to 6 PM, coinciding with the International Day of Perinatal Grief.

This interdisciplinary and intersectoral event will share results from the research and outreach project “*Pérdidas reproductivas precoces: del malestar físico y emocional invisible al posible duelo personal, familiar y social*” funded by Fundación “La Caixa”, Convocatoria Conecta 2021, with Principal Investigators: Diana Marre (UAB), María José Rodríguez Jaume (UA), and Elisa Llurba Olivé (Hospital de la Santa Creu i Sant Pau). This project is also developed within the framework of WP 12 of the RICORS-SAMID network.

The event aims to promote the visibility of early gestational losses, which generally do not receive the same recognition or legitimacy as those occurring later in the perinatal stage. The activity also seeks to respond to the need and demand—expressed by the study participants—to create spaces for collectively reflecting on the place attributed to gestational losses within medical practice and by society.

The activities are intended for an academic audience, healthcare professionals, members and institutions of women’s rights, civil associations related to the topic, secondary and

higher education teachers, people who have experienced losses and their families and close circles, and the general public.

The event will include various activities such as plenary presentations, discussions, audiovisual screenings, and exhibitions. These activities will be held in person in the Auditorium of the Hospital de la Santa Creu i Sant Pau, Barcelona, and prior registration is required.

The program of activities and the registration form will be available soon on the AFIN Group website.



El Grupo de Investigación AFIN (UAB) y el Hospital de la Santa Creu i de Sant Pau invitan a:

JORNADA PÚBLICA
Pérdidas gestacionales tempranas:
derribando tabúes, creando puentes, sumando voces.

Con motivo del Día Internacional del Duelo Perinatal

Día: 15 de octubre de 2024
 Hora: 10:00 a 18:00 (CET)
 Lugar: Salón de Actos del Hospital de la Santa Creu i de Sant Pau Barcelona

Actividad presencial
 Más información próximamente
 Contacto: c.afin@uab.cat

SAVE THE DATE

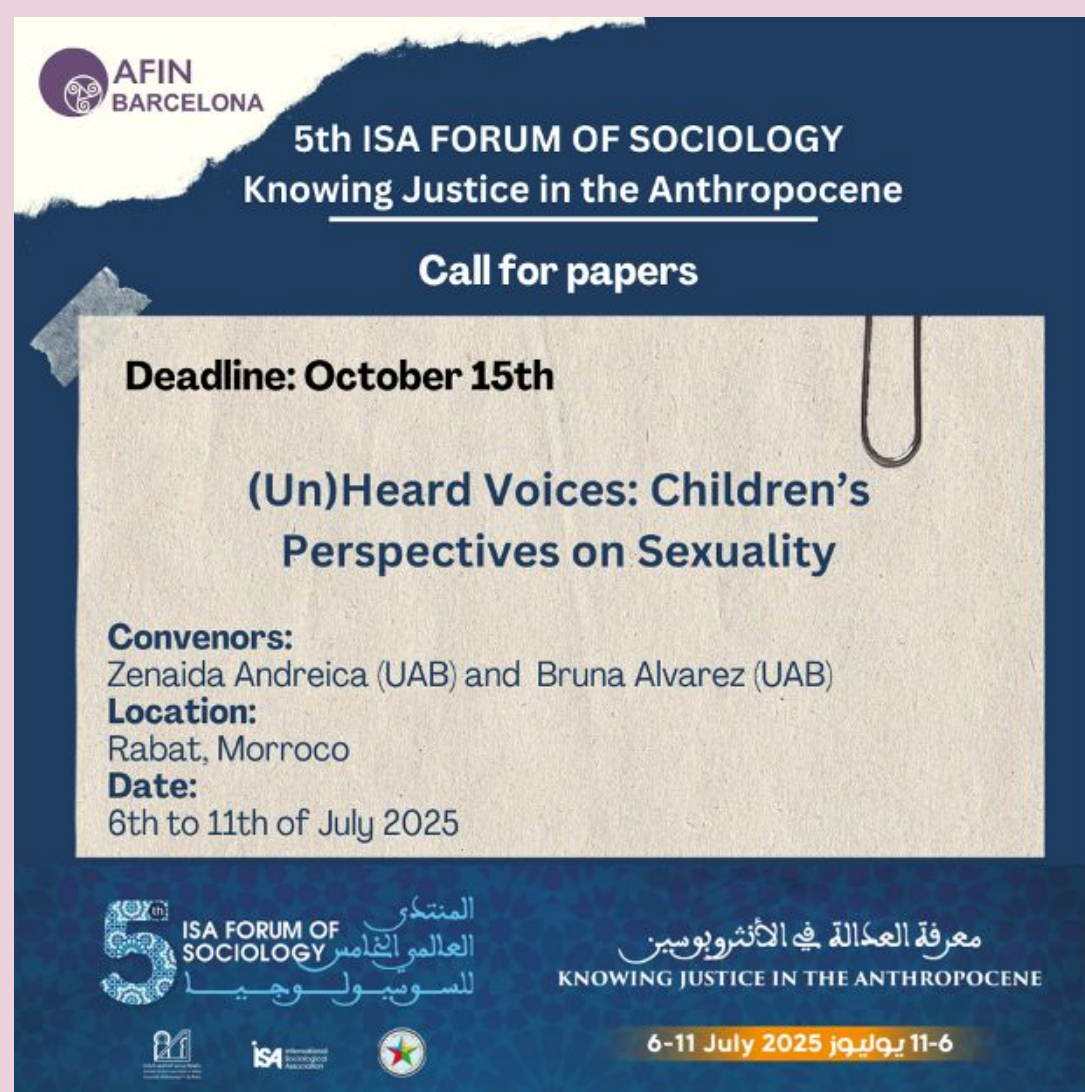


Call for Papers for the 5th ISA Congress (Rabat, Morocco)

Zenaida Maria Andreica Gheorghe (Universitat Autònoma de Barcelona) and Bruna Alvarez (Universitat Autònoma de Barcelona) are organizing a panel at the 5th ISA Congress in Rabat, titled: “(Un)heard Voices: Children’s Perspectives on Sexuality.” In this context, we invite paper submissions to reflect on the theme of sexuality and childhood—a topic often considered sensitive and ethically challenging, yet necessary to address. Many sexual education programs are adult-centered, where adults assume they know what children need, thereby silencing the children’s own opinions.

This panel aims to explore the experiences of children and the relevant adults in their lives, such as families and educators, in relation to childhood sexuality. The goal is to enhance understanding by including these often-silenced voices.

Interested participants are invited to submit an abstract of up to 300 words by October 15, 2024, through the [conference’s online platform](#).



Online Seminars by the AFIN Group

Next Thursday, October 10th, at 16:00 (CET), the new AFIN Seminar Series 2024-2025 will begin with the inaugural seminar titled "The Margins of Governance and Reproductive Policies," presented by Professor Dr. Diana Marre, Director of the AFIN Group at the Universitat Autònoma de Barcelona. This series will include a total of 25 online seminars conducted by researchers from Spain, Argentina, Brazil, and other countries, and will conclude on May 29, 2025.

Location, Date, and Time: The sessions will take place on Thursdays from 16:00 to 17:00 (CET - Central European Time).

Link to activity information:

<https://us02web.zoom.us/j/82866200396>


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SEMINARIOS AFIN 2024

PRIMER TRIMESTRE

AFIN - Departament d'Antropologia Social i Cultural

UNIVERSITAT AUTÒNOMA DE BARCELONA

10 OCTUBRE

DIANA MARRE
AFIN - Universitat Autònoma de Barcelona, España
 Los márgenes de las "políticas reproductivas"

17 OCTUBRE

LLUC COLL LUJÁN
Dexeus Fertility, Dexeus Mujer. Hospital Universitario Dexeus, España
 La selección embrionaria mediante Diagnóstico Genético Preimplantacional: por qué, cuándo y cómo

24 OCTUBRE

ESTEL MALGOSA & BRUNA ÁLVAREZ
AFIN - Universitat Autònoma de Barcelona, España
 La sexualidad de ayer y hoy

7 NOVIEMBRE

HANNAH GIBSON
AFIN - Universitat Autònoma de Barcelona, España
 "Tenemos derecho a ser madres": mujeres españolas con discapacidad intelectual luchan por la justicia reproductiva

14 NOVIEMBRE

LUCÍA ARIZA & NATACHA SALOMÉ LIMA
AFIN - Universidad de Buenos Aires
 Viajar, procrear, retribuir. Apuntes sobre la lógica retributiva durante la gestación subrogada en Argentina y Ucrania

21 NOVIEMBRE

ANNA MOLAS
AFIN - Universitat Autònoma de Barcelona, España
 Situando el "medio ambiente": Embarazadas y lactantes frente a la emergencia climática y la contaminación en Barcelona

28 NOVIEMBRE

FERNANDA CRUZ
EHESS/Marseille, Rede Anthera
 A governança reprodutiva nos casos das adoções "tardias" na França

12 DICIEMBRE

SOFÍA GAGGIOTTI
Hospital de la Santa Creu i Sant Pau, UAB. Fertty.
 Los relojes de la fertilidad


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Depgt. Antropologia Social i Cultural UAB


Plan de Recuperación, Transformación y Resiliencia


Agencia de Gestión de Centro de España


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Comissió Interdepartamental de la Salut


Ministerio de Sanidad


Ministerio de Consumo


Ministerio de Sanidad


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Esta actividad se organiza con la colaboración de las siguientes entidades y proyectos:

- Grupo de Investigación Consolidado 2021-SGR-00133/AGAUR.
- I+D ReproMob 2021-2025 (PID2020-112692RB-C21 / AEI / 10.13039/501100011033)
- Red RICORS 2022-2024 (RD21/0012/0018)
- ICREA Academia 2020-2024 (IP: Diana Marre)

Las sesiones se realizarán por el siguiente enlace de **Zoom**, los Jueves de 16.00h a 17:00h (CET - Europa Central)


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SEMINARIOS AFIN 2025

SEGUNDO TRIMESTRE

AFIN – Departament d'Antropologia Social i Cultural

UNIVERSITAT AUTÒNOMA DE BARCELONA

13 FEBRERO

LAURA SANMIQUEL, MARISELA MONTENEGRO & JOAN PUJOL
AFIN - Universitat Autònoma de Barcelona, España
Explorando las barreras y facilitadores experimentados por mujeres discapacitadas en espacios de salud reproductiva

13 MARZO

VANESSA MANTILLA SALAZAR
AFIN - Universitat Autònoma de Barcelona, España
Mujeres con molestias menstruales en búsqueda de un diagnóstico endometriosis en Cataluña. Un análisis antropológico

13 FEBRERO

MARIA JOSÉ RODRÍGUEZ JAUME
Universidad de Alicante, España
Abortos espontáneos precoces: medición para una mejor atención respetuosa y solidaria

20 MARZO

ZENaida ANDREICA-GHEORGHE
AFIN - Universitat Autònoma de Barcelona, España
Del aprendizaje al placer: una aproximación a la pornografía en los institutos de secundaria en Cataluña

20 FEBRERO

ALEXANDRA DESY & GIULIA COLAVOLPE
AFIN - Universitat Autònoma de Barcelona, España
El potencial terapéutico del acompañamiento antropológico en los recorridos de reproducción médicamente asistida

27 MARZO

CAROLINA REMORINI
AFIN - Universitat Autònoma de Barcelona, España
Inicios de la vida: aprendizajes desde la antropología para acompañar a familias y profesionales sanitarios

27 FEBRERO

CLAUDIA FONSECA
Federal University of Rio Grande do Sul, Brazil
Parentalidad: eixo moral da governança reprodutiva contemporânea

3 ABRIL

CARLA VILLALTA & SOLEDAD GESTEIRA
AFIN - Universidad de Buenos Aires, Argentina
Maternidades, violencias y demandas de justicia: construcción de archivos con mujeres que denuncian el robo de hijos e hijas en la Argentina

6 MARZO

PAULA MARTONE MONTERO
AFIN - Universitat Autònoma de Barcelona, España
Bebés y progenitores liminales: la construcción de la persona en la UCI neonatal y sus implicaciones para la tecnología de Placenta Artificial


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Transmembrado
y Resiliencia**


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- ICREA Acadèmia 2020-2024 (IP: Diana Marre)

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TERCER TRIMESTRE

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UNIVERSITAT AUTÒNOMA DE BARCELONA

24 ABRIL

RUTH DEL RÍO
Hospital Sant Joan de Déu, Barcelona, España
 Prematuridad en el siglo XXI

8 MAYO

POLINA SVLASENKO
AFIN - Universitat Autònoma de Barcelona, España
 Disruptions and adaptations of reproductive markets in the context of war: the case of Ukrainian surrogacy and egg donation supply networks

15 MAYO

ANA SÁNCHEZ LAROSSA
AFIN - Universitat Autònoma de Barcelona, España
 Experiencias e itinerarios de mujeres que son madre a partir de los cincuenta años en Cataluña

22 MAYO

ANA CEREZUELA
AFIN - Universitat Autònoma de Barcelona, España
 Sentidos culturales de la reproducción y el riesgo: ¿puede la medicina reproductiva "curar" la incertidumbre?

29 MAYO

IRENE SALVO AGOLIA
AFIN - Universitat Autònoma de Barcelona, España
 ¿Abriendo la adopción? Desafíos y posibilidades para la transformación de la cultura adoptiva

5 JUNIO

ASTRID BOE HÜTTEL
AFIN - Universitat Autònoma de Barcelona, España
 Más allá del cuerpo sangrante: una exploración antropológica de la interrelación de las experiencias menstruales y la salud emocional en España

19 JUNIO

GEORGII SLAVIN-RUDAKOV
AFIN - Universitat Autònoma de Barcelona, España
 Navigating Feminism Through Pop Culture: The Impact of the 2023 Barbie Movie on European Undergraduates


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Agencia de Gestión de Datos de la Universidad de Barcelona


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