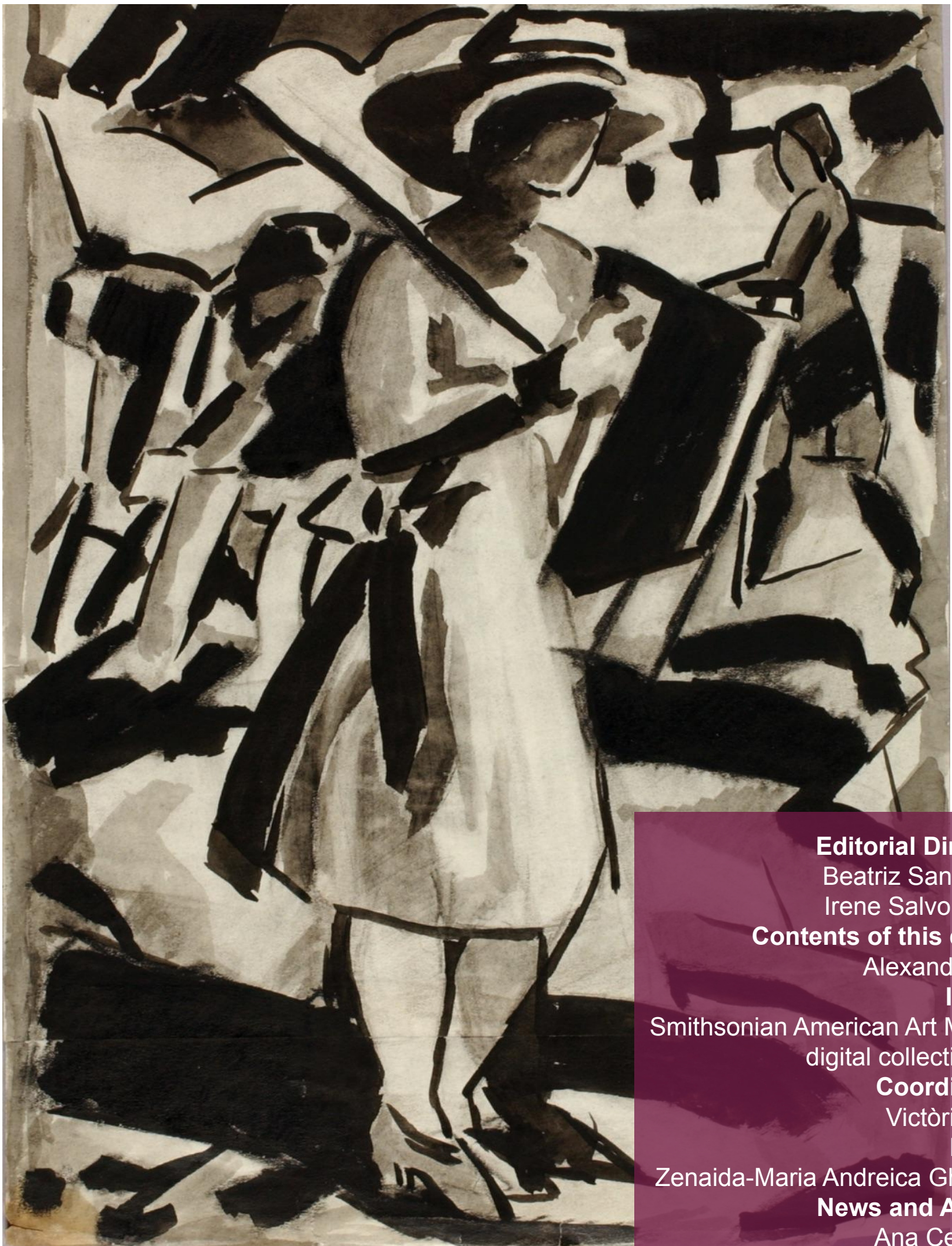


Why do some women cross the border between France and Spain to become mothers?



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Introduction

“When I started my journey, assisted reproduction was barely discussed. That's why I didn't talk about it much with those around me; I felt like I was the only one. And even less was it discussed abroad...”
(Aurélie, 40)

Every year, millions of people cross borders seeking therapies or medical treatment. Some of them do so because they can't find the treatments that they need in their own countries; others because they're looking for better quality, more affordable prices, or shorter wait times. Sometimes they do so because they want to maintain their privacy during treatment.

According to the World Health Organization (WHO), one in six people worldwide experience infertility problems at some point in their lives. However, it is not easy to know how many of these people decide to seek medical help in another country. In Spain, a country with one of the most inclusive assisted reproduction laws in Europe, statistics are compiled that give us an idea of the magnitude of the phenomenon: in 2022, more than 167,000 in vitro fertilization cycles were performed, of which almost 28,000 (16.5%) were performed by people from abroad. This data reflects more than just the fact that people travel for fertility treatment: it also

shows how more and more people are turning to medicine to be able to have children. In fact, in Spain, according to data from the Spanish Fertility Society, 12% of births in 2023 occurred after assisted reproduction treatments.

Since the birth of Louise Brown—the first baby conceived through in vitro fertilization in the United Kingdom in 1978—more than ten million children have been born using this technique. This figure highlights the central role biomedicine plays in reproductive processes today, in a context marked by declining fertility, delayed childbearing, and the transformation of family models.

Although assisted reproduction is now practiced in an increasing number of countries, not everyone can access its treatments with the same ease. Significant differences in legal criteria, medical indications, age limits, recognition of different family models, and types of health coverage mean that access varies greatly from one country to another. The differing regulations and conditions force some people to cross borders to access treatments that they would not have access to—or only have very limited access to—in their country of residence.

This article focuses on one such journey: the one made by many French women who travel to Spain to pursue their motherhood plans. Why do they cross the border? What is it like to experience and

manage assisted reproduction treatment across two countries?

The analysis presented here is based on doctoral research conducted in the Department of Social and Cultural Anthropology at the Universitat Autònoma de Barcelona. The study, based on a qualitative methodology with an ethnographic approach, combined 48 in-depth interviews and participant observation at a private fertility clinic in Barcelona, where a large number of international patients visit each year seeking treatment that will allow them to realize their motherhood plans.

Why cross the border to reproduce?

And then the doctor told me,
'There's nothing more we can
do for you'

(Eleanor, 42)

Infertility, whether medical or social, is the starting point for many women who decide to travel to another country to access assisted reproduction treatments. The WHO defines it as the inability to achieve a pregnancy after twelve months or more of regular, unprotected sexual intercourse. This definition includes everything from clearly identified medical problems to unexplained causes of infertility, but does not take into account what is known as social infertility, which affects people without an opposite-sex partner, as is the case with single people

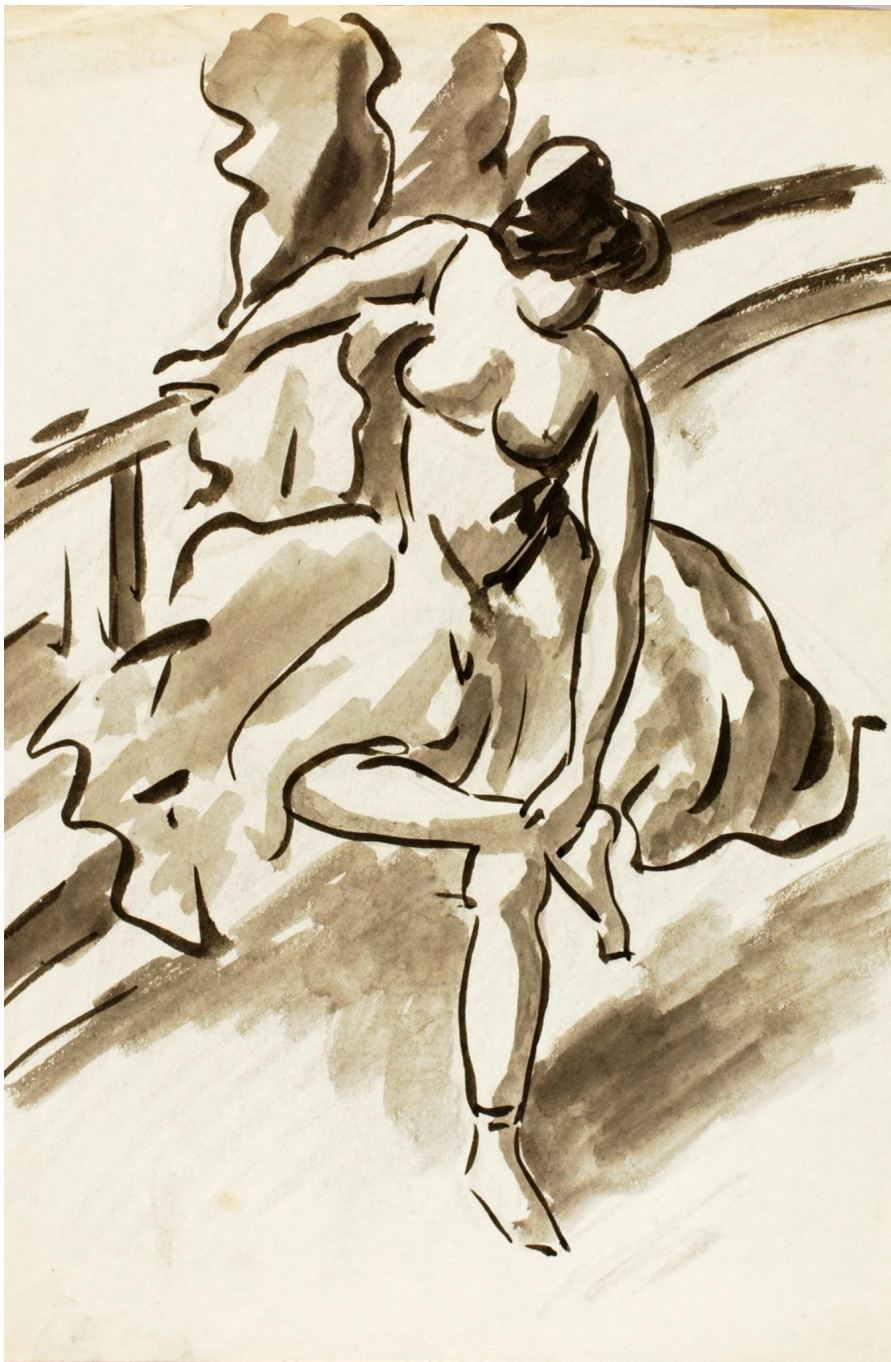
or same-sex couples.

Assisted reproduction represents one of the possible responses to infertility. It encompasses various techniques such as artificial insemination, in vitro fertilization, and egg or sperm donation. In some cases, hormonal treatment is sufficient to achieve pregnancy; in others, longer and more complex procedures are necessary, which may involve invasive medical interventions.

As assisted reproduction techniques have spread throughout the world, more and more countries have



Standing Figure of a Woman, drawing. Carl Newman, Smithsonian Open Access. License CC0. 1967.63.1



Standing Female Dancer, drawing. Carl Newman.
Smithsonian Open Access. License CC0. 1967.63.27

developed laws and regulations to regulate who can access them, under what conditions, in which centres, with what rights, and with what limitations. While some countries have opted for more liberal and/or inclusive approaches, others have established more restrictive regulations.

In France, assisted reproduction laws began in 1994 with the first Bioethics Law. According to this law, only heterosexual couples with a medical

diagnosis of infertility could access these treatments. It also established an age limit of 43 for women. This legal framework was based on a "therapeutic" model, according to which medicine should only intervene to compensate for or treat a pathology. As a result, single women, female couples, and those whose motherhood plans were considered "late" were excluded from treatment. This model remained in place—with minor modifications—until the 2021 reform, when, after lengthy debates, France finally opened access to assisted reproduction treatments to “all women”.

Even so, this reform did not eliminate all barriers. On the one hand, it maintains the 43-year age limit for accessing treatment; on the other, as demonstrated in the research that informed this article, institutional and medical resistance persists, especially toward single women. Furthermore, there are other significant obstacles that explain why French women continue to travel to Spain even after the reform: the shortage of gametes, the particularly long waiting times—both to access gamete donation and to begin treatment—and a limited number of attempts covered by the public health system (six artificial inseminations and four in vitro fertilizations).

We made one attempt, and it was negative. In July 2018, the in vitro fertilization team called us in and told us we had to stop. [...] And then someone said to me: ‘If you want to consider other

countries later, you can try
Belgium or Spain.

(Anne, 37)

Most of the women interviewed didn't initially consider going to another country. Many began their journey in France, but when they couldn't access treatments due to legal restrictions or when, after several failed attempts, the referring medical teams decided they couldn't perform new cycles, they were forced to seek other options. As Anne's testimony shows, going abroad wasn't her initial idea, but rather the only way out due to rejection or a lack of options in her country.

In this context, Spain has become one of the preferred destinations for those traveling from other European countries seeking fertility treatments. It is geographically close, has no major language barriers, and its legislation is more open and inclusive. Since 1988, the law allows "all" women to access these treatments through private clinics (if they can afford the costs), regardless of their marital status or sexual orientation. And, since 2006, there has been no legal age limit for access to treatments.

Another key aspect is the widespread availability of eggs, thanks to an anonymous donation system in which donors are financially compensated. This factor is crucial for many women who, in their countries of residence,



Three Women, drawing. Carl Newman. *Smithsonian Open Access*. License CC0. 1967.63.28

face shortages and long waiting lists, as is the case with French patients, who constitute the largest group of foreign women who come to Spain for these treatments.

Due to the factors described above, Spain has been progressively organizing itself to respond to this demand. Since the early 2000s, many Spanish private clinics have adapted to serve women from other countries, offering specific services for foreign women, with multilingual teams, online consultations, and medical and administrative staff specialized in serving international patients.

Managing Fertility Treatment in Another Country

When a woman travels to another country to access assisted reproduction treatment, it doesn't mean she moves there or spends long periods away. In the case of French women seeking treatment in Spain, they only travel during key moments of the process: the first consultation, egg retrieval, then in vitro fertilization, insemination, and embryo transfer—but they manage follow-up from France. The day-to-day management of treatments—preliminary tests, prescriptions, exchanges with the clinic, and medical follow-up—is carried out entirely remotely. This requires very precise organization, often undertaken alone, between two healthcare systems that don't communicate with each other except through the patients themselves. Far from being easy and fluid, all participants mention the effort involved in managing a treatment in this way, both emotionally and in terms of time, energy, and money.

Regarding remote treatment, I'd like to say it's horrible because it's a daily process. Every day, we have to juggle work, personal matters, and assisted reproduction at the same time. When work is, as in my case, with a computer, we have to juggle everything, hoping no one notices. Because at the same time as receiving

professional emails, we also receive emails from the clinic. We often have to respond as quickly as possible, within the next few hours. Therefore, managing remote treatment is an absolutely enormous issue because it takes a lot of time. You have to keep in mind that the basis of remote treatment is that in Spain, they tell us to take a treatment, they give us Spanish prescriptions, but they have to be translated into French. And when they ask us to take this or that medication, to do this or that test, we have to find adaptations in France to be able to organize everything.
(Monique, 34)

As this testimony shows, undergoing assisted reproduction treatment from another country forces women to assume, in addition to the role of patients, other key roles throughout the process. Although the Spanish clinic provides medical instructions remotely, it is the women themselves who must convey them to the professionals in their own country, so that they can be converted into local prescriptions, allowing them to purchase the medications and perform the necessary tests:

In reality, French doctors must understand that they are executors. Normally, we go to the doctor, and they are the

ones who prescribe things and decide what to do. In this case, our proposal is that we go to the doctor and tell them we're doing this, this, and this. It's very important to find doctors who accept this position.

(Christine, 48)

On the one hand, participants point out that it can be difficult to find professionals willing to act as "executors" of the treatment. Many of them had to consult with several specialists and negotiate before being

able to form a medical team close to their home that agreed to follow the instructions of the Spanish clinic. On the other hand, their stories show that they are forced to take on a central role in coordinating their own treatment: they act as a bridge between the two medical teams, translate documents, make medical appointments in both countries, administer their own medications, and transmit instructions for medical tests. All of this requires practical, digital, linguistic, and organizational skills, as well as constant availability, which they must balance with their professional activity and other



Two Female Nudes, drawing. Carl Newman. *Smithsonian Open Access*. License CC0. 1967.63.43

personal responsibilities. This invisible work—rarely recognized as such—is often carried out alone and ends up representing a kind of outsourcing of medical care: neither the Spanish nor the French system manages the entire treatment, but rather the patient herself becomes the link between the two.

Most participants describe the exhaustion of having to “do everything alone”: understanding the procedures, knowing what questions to ask, anticipating the steps, reading and understanding medical results, and “making quick decisions”. “You have to deal with the injections, the side effects, the pain, but also the stress, not knowing if it's going to work. In reality, you're doing it all yourself.” (Cassandre, 42).

Real Loneliness and Virtual Support

For many French women, undergoing assisted reproduction treatment abroad also means being excluded from their country's healthcare system. By leaving the national medical system, they forgo a number of services available to patients treated in France, such as the psychological support offered in hospitals, informational talks, support groups, and direct and ongoing contact with the medical team in case of questions or emergencies. This distance from the medical team is compounded by social distancing: they are often the

only ones in their immediate surroundings going through this experience. Furthermore, they often don't meet other patients in the clinic's hallways or waiting rooms, as most of the time the process takes place from their homes.

In fact, when I had the miscarriage, that's when I felt the least alone. That's when I went to the hospital [in her hometown] and met other women. I remember one day we were sitting with Justine, talking about everything and nothing. She was telling me how things were going in her relationship, we were laughing—it felt so good! I realized how important it was. (Léa, 44).

In this context of “real” absences, many



Reclining Female Nude, drawing. Carl Newman.
Smithsonian Open Access. License CC0. 1967.63.94



Female Nude, drawing. Carl Newman. *Smithsonian Open Access*. License CC0. 1967.63.152

turn to "virtual" online resources, such as forums or private groups on social media. The reasons for joining these spaces are diverse. Many seek practical information—how to choose a clinic and a doctor, the timescales, prices, medications used, the most common side effects, or even the steps to take to organize the process—and this informative support becomes a key tool for deciding, comparing, and planning.

I found the name of the doctor in Barcelona on one of the forums, although it's not allowed [in most forums, sharing the names of

professionals or clinics is prohibited to avoid advertising], but I managed to find out because sometimes there are women who manage to publish the names; they have a way of coding them, and that's how the information is obtained.

(Sara, 42)

These spaces also serve a very important emotional function. Participants share their fears, doubts, hopes, results, and, in many cases, bad news. In the most difficult moments—before an egg retrieval, while waiting to find out if the treatment has worked and a pregnancy has been achieved, after a failed embryo transfer, or when they suffer a miscarriage—these virtual communities offer a form of presence, support, and understanding that, for some, is fundamental: “I wouldn't have made it without them [the women with whom she shares the forums]” (Fanny, 41).

Furthermore, these networks help create a sense of belonging among women living a similar experience, often outside of traditional models of family and motherhood. Forums and social media thus become spaces where they can validate and normalize reproductive trajectories that are still hidden or stigmatized, such as single motherhood or motherhood considered “late.”

In this way, these networks allow them to express themselves, share, and feel understood while maintaining privacy or anonymity if they so desire. The exchanges thus allow for the construction of forms of legitimacy in the face of a lack of institutional and social recognition. This recognition among peers plays an important role in how women live and make sense of their own experiences:

In the forum, I read messages from women in the same situation who were asking themselves the same questions. Others were further along in the process and came back to share their experiences. It reassured me a lot; I felt less alone. We don't know each other, but we understand each other. (Anne, 37)

Final Reflections: What Cross-Border Reproductive Mobility Reveals

French women's trips to Spain to access assisted reproduction treatments are much more than physical journeys: they are also emotional, mental, and cultural journeys that require a significant personal investment, both material and immaterial. Although they are sometimes called "reproductive tourism," they are far from being light or recreational trips. These experiences are often marked by forms of exclusion or inequality in access to medical care. Talking about "tourism" in

this context contributes to obscuring the real difficulties these women face, including the organizational burden of treatment from another country, the financial effort, and the loneliness they often experience during the process.

"Forgotten by the state" or "second-class citizens" are expressions used by some of them that reflect a deep sense of exclusion, inviting us to question why certain bodies and people are considered more suitable or legitimate to be mothers than others. The stories of these French women who have come to Spain to try to become mothers reveal a broader system that decides, sometimes implicitly, who can and cannot access motherhood. Not all women are on equal footing: age, marital status, health, sexual orientation, or economic situation continue to be filters that can limit access to assisted reproduction in their own country.

In this context, crossing the border is not only a strategy to overcome obstacles, but also an act of resistance. These women decide to "break through barriers" to pursue their motherhood project, but they do so at a cost that often falls almost exclusively on them, with little or no institutional recognition and very little social support.

Acknowledgments



This article is based on research conducted for my doctoral thesis, *Los viajes reproductivos transfronterizos de mujeres y parejas francesas en Barcelona*, carried out within the framework of an Industrial Doctorate scholarship (2022 DI 00007), financed by the Agència de Gestió d'Ajuts Universitaris i de Recerca de la Generalitat de Catalunya. Thanks to Professor Diana Marre (director of the AFIN Group and my thesis) for her guidance and support. The research has also received funding from the Ministerio de Ciencia e Innovación in Spain, through the research project *Repro-flujos en Europa, África del Norte y América Latina: la movilidad de personas y gametos en el contexto fragmentado de la regulación transnacional en adopción y reproducción asistida* (PID2020-112692RB-C21/AEI/10.13039/501100011033).

About the author



Alexandra Desy

PhD in Social and Cultural Anthropology from the Universitat Autònoma de Barcelona.

She holds a degree in Humanities, Anthropology, and Ethnology from the Université Paris X Nanterre and a Master's degree in Anthropology and Ethnography from the Universitat de Barcelona. A member of the AFIN Group – Barcelona (Universitat Autònoma de Barcelona) since 2019, her research focuses on reproductive health, medically assisted reproduction, cross-border reproductive travel, and pregnancy loss. Currently, she coordinates the research project *CardioMom: Cardiovascular risk assessment in young women after index pregnancy with and without placental complications* (PI22/00462) and Subobjective 1 of Work Package 12 of the RICORS-SAMID Network: *Spanish network in maternal, neonatal, child and developmental health research* (RD24/0013/0001) for AFIN. She has carried out various research transfer activities, including coordinating an anthropological support service for individuals and professionals undergoing medically assisted reproduction.

Further reading



Desy, Alexandra and Marre, Diana. (2024)

The Reproductive Journeys of French Women over 40 Seeking Assisted Reproductive Technology Treatments in Spain
Social Science & Medicine, 351

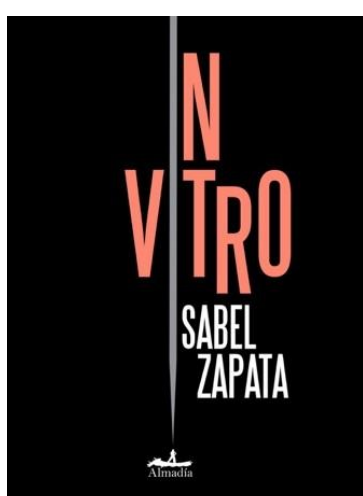
This scientific article examines the cross-border reproductive journeys of French women over 40 who travel to Spanish clinics for fertility treatments. Using a qualitative approach, it analyzes the reasons for this mobility and the tensions linked to access, age, social norms, and national regulations.



Inhorn, Marcia C. (2015)

Cosmopolitan Conceptions: IVF Sojourns in Global Dubai
Duke University Press

Written by anthropologist Marcia Inhorn, this book examines the international journeys undertaken by individuals to access fertility treatments. Based on research conducted in different countries, it offers a scientific perspective on the inequalities, reproductive desires, and global dynamics that influence assisted reproduction, with a clear presentation that allows it to be read even by non-experts.



Zapata, Isabel. (2021)

In Vitro
Almadía

An essay composed of short texts in which the author reflects on her own experience of medically assisted reproduction. Through personal excerpts, she addresses the physical, emotional, and social implications of these processes, as well as the questions that emerge regarding desire, time, and motherhood.

Further reading



Boggs, Belle. (2016)

El arte de no desesperar cuando no estás esperando

Seix Barral

Based on her personal journey with infertility, Belle Boggs offers a broad reflection on the different ways of accessing motherhood in contemporary contexts. This book weaves together her own and others' experiences, referencing the sociocultural and medical aspects of these journeys, and opening a conversation about desire and the multiple paths to reproduction.

Further watching



Fogelman, Dan et al. (2016)

***This Is Us* [TV Series]**

USA, 60 min

This six-season drama series explores the life journeys of a family over several decades, blending past and present. The third season delves into Kate and Toby's infertility journey, showing how it affects their relationship, their expectations for the future, and their reproductive decisions.

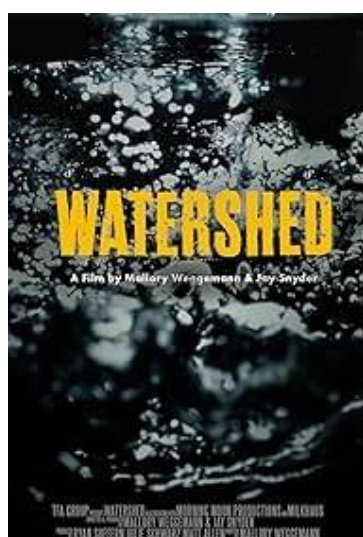


Taylor, Ben. (2024)

Joy

UK, 113 min

This British film tells the story of the scientific team that achieved the first birth through in vitro fertilization in 1978. Through the eyes of Jean Purdy, a nurse and embryologist, it shows their collaborative work with scientist Robert Edwards and surgeon Patrick Steptoe, facing institutional and social resistance to developing this reproductive technique.



Weggemann, Mallory y Snyder, Jay. (2024)

***Watershed* [Documentary]**

USA, 102 min

This documentary follows Paralympic athlete Mallory Weggemann and her partner Jay Snyder on their reproductive journey. The story sheds light on male infertility and shows how they face the obstacles that arise when beginning IVF treatment, challenging ideas about gender, disability, and reproduction.

Further listening



Colavolpe Severi, Giulia and Desy, Alexandra. (2025)
Podcast *Conversaciones Afines – Movilidades Reproductivas: Voces del Proyecto ReproMob*
Spain, 8 episodes

This podcast series focuses on the results of the ReproMob research project. Featuring project researchers and specialists from various fields, it explores the theme of reproductive mobilities, reflecting on the interconnectedness between reproductive governance, borders, and (im)mobility, tracing how these (re)produce reproductive stratifications and inequalities.



Molas, Anna. (2023)
Podcast *Conversaciones Afines – Cuerpos, óvulos y mercados – Episode 2: Viajes reproductivos transfronterizos de Francia a España: en búsqueda de óvulos*
Spain, 57 min

This episode discusses the reproductive mobility of French women and couples who travel to Spain to access fertility treatments with egg donation. They represent a large portion of the more than 18,000 foreign patients treated annually in Spain for assisted reproduction.

More information



AFIN-INARI

Anthropological Support Service, Spain

AFIN-INARI is the Anthropological Support Service proposed by the AFIN Research Group. Focused on social health, this personalized and individualized support is provided by anthropologists specializing in reproductive health. Consultations are designed as a safe space where people receive empathetic and inclusive support, as well as information and guidance.

News AFIN



A cycle for reflecting on grief throughout life

On May 7, the first session of the new Palau Macaya cycle took place: “Los duelos que ayudan a vivir (mejor)”, co-organized by the Fundación "la Caixa" and AFIN Barcelona, with Prof. Diana Marre as scientific director.

This free and open cycle invites reflection on how, throughout life, all human beings go through stages and transitions that involve farewells—of situations, conditions, desires, or expectations—and the need to embrace new experiences. Recognizing and facing these griefs allows for more conscious and fulfilling living.

The first session, titled “Los duelos en los inicios de la vida. Su importancia en el resto de la vida”, addressed transitions during childhood, considering both children's experiences and those of their caregivers. Speakers included psychologist and psychoanalyst José Ramón Ubieto; pediatrician Anna Habimana Jordana from Hospital Sant Joan de Déu in Barcelona; and

anthropologist Carolina Remorini, researcher at the AFIN Group and INARI Global Social Action SL.

The second session of the series, “Los duelos que ayudan a vivir (mejor) durante la madurez. Cómo afrontar la menopausia, la andropausia o la jubilación”, took place on June 4th. It featured Dr. María Fernanda Peraza Godoy, urologist and specialist in sexual and reproductive medicine; Dr. Elisa Llurba Olivé, Head of the Gynecology Department at Hospital de la Santa Creu i Sant Pau; and Dr. Josep Vilajoana Celaya, psychologist and grief expert.

These were inspiring encounters that fostered dialogue and built bridges between disciplines, as well as encouraged exchange with the audience, promoting reflections that echo the concerns and interests of the public.

More information in [this link](#).



Diana Marre participates in Research Dialogues at the Instituto de Ciencias de la Salud (UNAJ)

On May 15, Diana Marre, director of the AFIN Group and Center, participated in Research Dialogues at the Instituto de Ciencias de la Salud de la Universidad Nacional Arturo Jauretche. Speaking at the roundtable “La investigación interdisciplinaria entre salud y ciencias sociales”, she presented AFIN's projects on reproductive health before an audience of mostly health science students and faculty.

The event took place at the Universidad Nacional Arturo Jauretche, a university in the Greater Buenos Aires

area with over 30,000 students and strong territorial involvement both academically and in community engagement.

Diana Marre at the III *EntreDones* Conference

On April 5, Diana Marre, professor of social anthropology and director of the AFIN Group and Center at the Universitat Autònoma de Barcelona, participated as a speaker at the *Tercera jornada participativa EntreDones sobre la salut de la dona*, held at the Hospital de Sant Pau Modernist Complex.

She participated in the panel on “Reproductive Losses”, alongside



gynecologists Cristina Trilla and Beatriz Álvaro, psychologist Mireia Forner, and Carmen Schmidt, who spoke from personal experience.

Like previous editions, the event gathered a large audience around a **broad program** including panels on cardiology, neurology, and gynecology, as well as activities such as *Entre Nenes* workshops, outdoor events, and a solidarity market.

Conference in Buenos Aires: “Movilidades, reproducción e identidades: reflexiones y resultados del proyecto ReproMob”

On May 22, the event “Movilidades, reproducción e identidades: reflexiones y resultados del proyecto ReproMob (2021–2025)” was held at the Pablo Cassará Foundation in Buenos Aires. Researchers from Argentina, Spain, and the UK involved in the project presented key findings, alongside

Argentine colleagues who offered feedback and reflections. The event marked the beginning of the project's closing phase after four years of collaboration.

The final phase culminated with the **IV Internacional ReproMob Conference**, held from June 10th to 12th at the Universitat de Barcelona and the Universitat Autònoma de Barcelona, host institutions of subprojects 2 and 1, respectively.

ReproMob has brought together over 30 researchers from various European and Latin American countries to study reproductive and non-reproductive mobilities arising from the barriers faced by those who wish—or do not wish—to become parents, mobilizing physically, mentally, and emotionally.



New Podcast Series Launch: *Conversaciones AFINes* (Re)Imaginando la adopción

Starting on Monday, April 26, and throughout May and June, eight episodes of the new *Conversaciones AFINes* podcast series, titled “(Re)imaginando la adopción”, were released. The series is hosted by Irene Salvo Agoglia, researcher with the AFIN Research Group.

This series shares findings, questions, and reflections from research, professional practice, and lived experience in the interdisciplinary fields of kinship, childhood, and adoption studies.

With an open and citizen science approach, the series seeks to promote knowledge co-production and dissemination to diverse interested audiences, through dialogue with researchers, professionals, and experts connected to the field of adoption. Episodes are available on the *Conversaciones AFINes* podcast channels on [Ivoox](#) and [Spotify](#).

World Preeclampsia Day: AFIN Group's Contributions to Maternal Health Research

On May 22, World Preeclampsia Day was commemorated to raise awareness about this serious pregnancy complication, affecting between 5% and 8% of pregnancies globally. The AFIN

CONVERSACIONES afines
Serie 5 - (Re) imaginando la adopción
(Conduce: Irene Salvo Agoglia)

- Episodio 1**
Los silencios de la adopción en España: 15 años después
Diana Marre (Grupo AFIN, Universitat Autònoma de Barcelona).
- Episodio 2**
Volver a los orígenes: investigación y experiencia vivida en la adopción
Chandra Kala Clemente-Martínez (APACAT, Cataluña)
- Episodio 3**
De las “madres abandonantes” a las familias “incompetentes”
Claudia Fonseca (Rede Anthera, Brasil)
- Episodio 4**
De padre adoptado a activista: el asosiacionismo como recurso
Anton Mouriz (CORA, España)
- Episodio 5**
(De)construyendo la adopción: un camino hacia la integración, la pertenencia y la resiliencia
Lucía Rabadán (CORA Joven, España)
- Episodio 6**
El derecho a la identidad en las relaciones familiares: lecciones, avances y desafíos desde una perspectiva comparada
Christina Baglietho (CHIP)
- Episodio 7**
El lenguaje nunca es neutral: las palabras que usamos en la adopción
Beatriz San Román (Grupo AFIN, Universitat Autònoma de Barcelona)
- Episodio 8**
“Nunca es demasiado tarde”: Desafíos y posibilidades en la adopción de adolescentes
Fabiana Isa (Universidad de Buenos Aires, Argentina)

Logos at the bottom: iVoox, Spotify, AGAUR, Agència de Gestió d'Ajuts Universitaris i de Recerca, AFIN BARCELONA, UAB Universitat Autònoma de Barcelona.

Research Group, as part of the RICORS-SAMID network of maternal and child health research centers in Spain, joined the events under the project *Primary care interventions to prevent maternal and child chronic diseases of perinatal and developmental origin* (RD21/0012/0018, Ministerio de Ciencia e Innovación, Spain).

Within WP12, led by Prof. Diana Marre (*Promoting a personalised and family-centred maternal and infant primary healthcare: improving shared decision-making, gender and ethnic-sensitive approaches and digital tools*), AFIN Barcelona (UAB) provides a sociocultural perspective on pregnancy and childbirth, with a focus on risk

situations such as preeclampsia and related cardiovascular conditions.

Through ethnographic fieldwork—interviews and participant observation—a team of anthropologists studied the experiences of patients with preeclampsia and the professionals who accompany them (2022–2023, Hospital de la Santa Creu i Sant Pau, Barcelona; 2023, HCU Virgen de la Arrixaca, Murcia). This approach generates knowledge applicable to improving care and designing tools sensitive to the patients' sociocultural contexts.

Some of the resulting outputs and presentations can be found in this [downloadable infographic](#).

Irene Salvo Agoglia at the XII Jornadas de Acción Socioeducativa at the Universitat de Barcelona

On April 30th, Irene Salvo Agoglia, principal investigator of the *AdopARTE* project and Marie Skłodowska-Curie Fellow at AFIN Barcelona (Universitat

Autònoma de Barcelona), was invited to participate in the conference titled “Adopció: claves para el acompañamiento socioeducativo”, organized by the teaching team of the course *Acción Socioeducativa en situaciones de Inclusión y Exclusión Social*, from the Degree in Social Education at the Universitat de Barcelona.

The conference was part of the XII edición de las “Jornadas en materia de acción socioeducativa para la inclusión social”, supported by grants from the Facultat de Educació. The event was structured around two round tables and brought together three expert voices connected to the field of adoption from lived experience, research, and intervention: Laia Muñoz, adopted person and author of the blog *Adopció i Orígens*; Irene Salvo Agoglia, researcher specialized in participatory methodologies with adopted people; and Javier García Martínez, psychologist, social educator, and family mediator, expert in adoption and foster care. The conference was a space for reflection on identity, origins, bonds, and



the role of social education in adoption processes, with special attention to the voices of adopted people and participatory and community approaches.

The *AdopARTE* project travels through Spain: interviews, workshops, and talks in Valencia, Madrid, and Santander

During the months of March, April, and May 2025, Irene Salvo Agoglia, principal investigator of the *AdopARTE* project and Marie Skłodowska-Curie Fellow at the AFIN Group of the Universitat Autònoma de Barcelona, traveled to various cities in Spain conducting research, training, and collective creation activities around adoption.

In Valencia, on Saturday, March 21st, the *AdopARTE* workshop “Collageando la vida y la identidad” took place, in collaboration with CORA Joven.

In Madrid, during the first weekend of April, two sessions of the new participatory video workshop *Mi historia en la pantalla*, co-created and facilitated by Jennifer de la Rosa, audiovisual expert and adopted person, were held. In this space, adopted people shared experiences and explored artistic ways of narrating their identities.

In Santander, with the support of the associations AFAMUNDI and AFAMUNDI Joven, a fieldwork was carried out between May 14th and 18th, which included interviews with adoptive families, the open talk “(Re)pensando la identidad en la adopción: historización, búsqueda y contactos” and an *AdopARTE* workshop aimed at adopted adolescents. It was a space for listening, reflection, and collective creation around identity, adoption trajectories, and multiple ways of constructing meaning, memory, and belonging.

These activities are part of the collaboration between *AdopARTE* and



the foster and adoptive family associations that make up CORA and its section CORA Joven. New actions are planned in Valladolid, Pamplona, Granada, and Bilbao in the coming months.



AGENDA

AFIN



Public event "Hijas de la emergencia climática": Save the Date

The AFIN Barcelona Group invites you to attend the public event “Hijas de la emergencia climática: reconstruir futuros, repensar la maternidad, habitar Barcelona”, which will take place on November 20, 2025, from 10 a.m. to 6 p.m. at Ca l’Alier in Barcelona.

This event is the result of the interdisciplinary research project *Viure l’embaràs a Barcelona: dones i persones gestants davant l’emergència climàtica*, developed by AFIN with funding from the Ajuntament de Barcelona, through the Grant Call for Projects under the City of Barcelona's Climate Emergency Action Plan. The project is carried out in collaboration with Hospital de la Santa Creu i Sant Pau, Hospital Sant Joan de Déu, and Hospital del Mar.

This final event aims to present the research findings, which explore pregnancy, breastfeeding, and parenting experiences of women and pregnant individuals living in Barcelona, in relation to the effects of climate change and pollution, from various

perspectives: sociocultural, medical, environmental, urban, and architectural. More information and the detailed program will soon be available on [our institutional website](#).

Save the date: A new opportunity to raise awareness about first-trimester pregnancy loss

AFIN Barcelona invites you to the second edition of the public event “Pérdidas gestacionales tempranas: derribando tabúes, creando puentes, sumando voces”.

This second edition will take place on Thursday, October 23, 2025, from 10 a.m. to 6 p.m., at Palau Macaya (Passeig de Sant Joan, 108,



JORNADA PÚBLICA

**Hijas de la emergencia climática:
Reconstruir futuros, repensar la maternidad, habitar Barcelona**

20 DE NOVIEMBRE DE 2025
Ca l’Alier, Barcelona











Barcelona), with the support of the Instituto de las Mujeres, the Ministerio de Igualdad, and Fundación “la Caixa”.

As in the previous edition, the event will promote spaces for interdisciplinary and cross-sectoral dialogue and exchange. Project results will be shared through roundtables, guest lectures, exhibitions, and audiovisual materials. This free event is open to the general public, health and education professionals, researchers, policy makers, and public health authorities.

More information about registration and the program will be shared soon on [our website](#) and on our social media channels.

Call for Papers – III International Congress SexAFIN: Gender Perspectives on Sexuality and Digital Media

The AFIN Research Group opens the call for papers for the III International Congress SexAFIN: “Gender Perspectives on Sexuality and Digital Media”, which will be held online from November 5 to 7, 2025, via the Zoom platform.

The event aims to bring together researchers, professionals, and students from different disciplines to reflect on how children, adolescents, and young people experience and negotiate their sexual experiences in digital

environments. Against risk-centered discourses, the congress proposes an approach that recognizes the agency of children and youth in constructing their own narratives, knowledge, and practices.

Over three days, the congress will feature presentations, panel discussions, and keynote lectures addressing topics such as access to pornography, the exchange of intimate images, social media, digital sex education, the moral and technological regulation of bodies, online consent, and new forms of pleasure, desire, and affect in digital platforms. Keynote speakers will include Dr. Deevia Bhana, Dr. Jessica Ringrose, Dr. Sanna Spišák, and Dr. Kath Albury.

Registration is free and will be open from September 30 to October 15, 2025. Proposals for participation (individual papers or collective panels) must be submitted through the official congress website before September 15. Selected participants will be notified of acceptance before September 30.

The congress will offer simultaneous translation in Spanish, Catalan, and English, and will feature international speakers who are key figures in gender, sexuality, and technology studies. All sessions will be recorded and made available on the AFIN Group's YouTube channel.

This event is part of the science outreach project *Sexualidad y entornos digitales: una aproximación desde la perspectiva de género*, funded by the Instituto de las Mujeres of the Ministerio de Igualdad in Spain.

More information, program, and proposal submission form available at this [link](#).

