

Towards a social understanding of spontaneous abortion



Editorial Direction:

Beatriz San Román

Irene Salvo Agoglia

Contents of this edition:

María José Rodríguez Jaume

Carolina Remorini

Images:

Laura Blanco

Coordination:

Victòria Badia

layout:

Zenaida-Maria Andreica Gheorghe

News and agenda:

Ana Cerezuela

Subscription and contact:

gr.afin@uab.cat

ISSN: 2013-2956

Pregnancy Loss: A Key but Neglected Topic

Pregnancy loss is something that happens to many women. It can happen at any point during pregnancy, and although it is common, each experience is unique. In this article, we will focus on what is known as a "miscarriage," the medical term for the unintentional termination of a pregnancy. There is no global agreement on when a fetus is considered "viable," or able to survive outside the womb. The World Health Organization (WHO) has set this threshold at 22 weeks of pregnancy (or a weight of 500 grams, or a length of 25 centimeters). Using this threshold as a reference, in December 2024, we asked the Spanish population what they thought and how much they knew about miscarriage, or the natural death of a developing baby (embryo or fetus) before 22 weeks of gestation.

From a sociological perspective, it is observed that miscarriage is not socially recognized in the same way as other losses. For example, current protocols for addressing pregnancy losses focus primarily on those that occur after 22 weeks. Many women and couples who have suffered a miscarriage feel that their loss is not as recognized as that of those who lose a pre-born child, a family member, or a friend.

In this sense, the fetus's ability to survive not only determines its medical existence,

but also its "social existence." This affects the recognition of the identities of mother, father, and child for those who are seen as such, and their memory and place in family memory. In short, the loss of a pregnancy is not only a physical event, but also a very powerful emotional and social experience.

Why do we know so little about miscarriage?

The lack of social recognition of miscarriages manifests itself in many ways. One of them is that, in most countries, including Spain, they are not recorded or included as a priority in health policies, despite their very common nature.

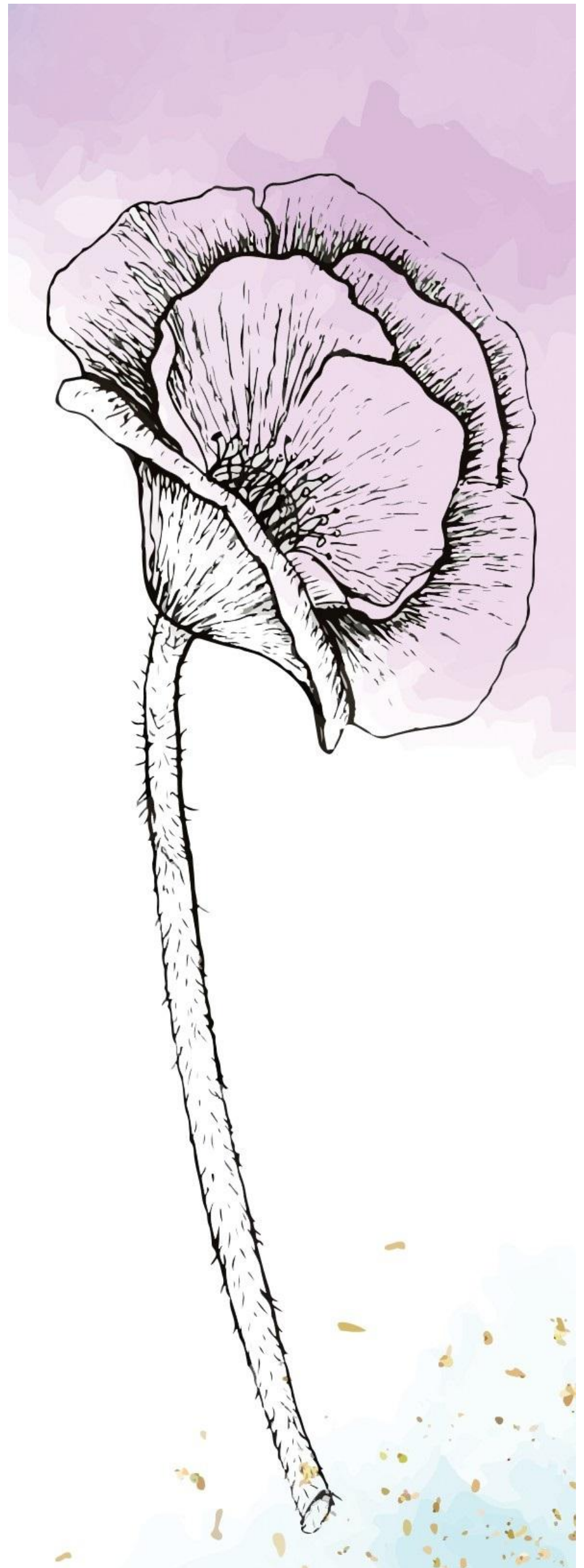
This lack of data limits research on this topic and, therefore, the possibility of providing adequate and timely care. In countries such as Sweden, Finland, and Denmark, which do have national registries or population studies on this topic, the risk of miscarriage is estimated to be between 12.9% and 13.5% of pregnancies. These data show that, despite improvements in medicine, progress in reducing stillbirth and miscarriage rates has been slow, and has even increased in developed countries such as Ireland and Germany. In Spain, the Spanish Society of Gynecology and Obstetrics reported in 2010 that "clinical" spontaneous abortion (i.e., with symptoms) occurs in 10% to 20% of pregnancies, while the majority of

abortions (60%) are “preclinical” (i.e., not clinically detected) and generally occur before the 12th week of gestation (85%).

The direct consequence of miscarriage not being included in official statistics is a significant lack of information and knowledge. For this reason, the care currently offered to women and their partners after a miscarriage is not based on sound scientific studies.

The British medical journal *The Lancet* has been publishing scientific articles on stillbirth in utero since 2011. Since the inception of this series, known as *The Lancet's Stillbirth Series*, they have highlighted the impact of its invisibility, describing it as one of the "most shamefully neglected" areas of public health. At the same time, *The Lancet* has called for greater global investment in research on pregnancy loss, while recommending improved communication between women and couples experiencing miscarriage and the healthcare workers caring for them. For *The Lancet*, the unique experiences of bereaved women and couples must be at the heart of care.

Both these studies and other research highlight the need to provide respectful care, which is considered one of the fundamental pillars of caring for pregnant women and their partners during pregnancy, childbirth, or miscarriage. Respectful care guarantees their dignity



and privacy, helps them make informed decisions, and offers them treatment tailored to their personal and cultural circumstances.

Why is it so difficult to talk about miscarriage?

After a miscarriage, women report both positive and negative experiences of social support. Among the positive experiences, their partners and other women who have gone through the same thing are the main sources of support and the most helpful and understanding people. On the other hand, among the negative experiences of social support, women highlight the stigma and "silence" surrounding miscarriage, as well as the discomfort and shame they feel talking about it. This situation, in their daily lives, leads them to experience their loss in isolation and solitude.

Our attitudes and behaviors don't emerge from nowhere; rather, they are influenced, sometimes unconsciously, by the values, meanings, customs, and conversations of our social and cultural environment. From a social perspective, couples who have experienced miscarriage describe it as a topic limited by social expectations about whether and, if so, how to discuss it in everyday conversations. Their perception of the "social rules" surrounding this event influences whether or not they share

their experience, how they manage their private information in everyday interactions, and whether they seek support (formal or informal). Thus, many women feel that the social custom of not disclosing the pregnancy until after the first trimester fuels miscarriage stigma and leads to poor support.

In addition to this social norm, two other cultural expectations have been identified that frame the handling of privacy around miscarriage: it should not be openly discussed, especially by men; and women have more freedom to publicly express



their grief over the loss than men.

Why is it important to understand public opinion on miscarriage?

Social stigma has been identified as a crucial obstacle to supporting women and couples grieving the loss of a pregnancy. Bereaved mothers and partners have expressed their desire for greater public awareness, social recognition, and greater priority in the healthcare system. The 2011 and 2016 *Lancet Stillbirth Series* issued a "call to action" to find ways to reduce the stigma surrounding these issues.

Public opinion studies conducted in the United States, Ireland, and Japan on miscarriage show that the population knows little about this issue and that only a minority understands its frequency and related factors. If we understand stigma as the set of negative attitudes and beliefs that disqualify or reject a person or group for considering them different, the attitudes and perceptions of an uninformed society contribute to fueling the stigma surrounding miscarriage. On the contrary, when the population recognizes miscarriage, its risks, and its impact on family planning, its secret and hidden nature diminishes, as society is better prepared to offer the necessary support and assistance. At the same time, this helps people be better prepared for the possibility of their pregnancy not reaching term.



Our Study: Sociology of Miscarriage

To combat invisibility and the lack of data and knowledge, the AFIN Group of the Universitat Autònoma de Barcelona, together with the POMADE group of the Universidad de Alicante and the Gynecology and Obstetrics Department of the Hospital de la Santa Creu i Sant Pau, carried out the project *Pérdidas reproductivas precoces: del malestar físico y emocional invisible al posible duelo personal, familiar y social*. This project was funded by the Fundación “la Caixa” (Conecta 2022 call) and led by Diana Marre (UAB), María José Rodríguez Jaume (UA), and Elisa Llurba Olivé (IIB Santa Creu i Sant Pau). The main objective was to identify the needs for help and support of those experiencing miscarriage, as well as those close to them and the healthcare personnel who care for them.

The research project presented significant challenges that were addressed with innovative scientific solutions. One of its novel features was its mixed-method design, combining different methods. In a first (qualitative) phase, the meaning and experience of experiencing a miscarriage were investigated, both personally and professionally. A total of 680 hours of observation were conducted in hospital and primary care settings (gynecological consultations, emergency rooms, among others), along with 32 in-depth semi-structured interviews with women,

9 with people close to them, and 19 with professionals in a public tertiary hospital and a primary care center in Barcelona. This phase provided evidence on the healthcare and support needs of women/couples/families experiencing a miscarriage and identified their physical, emotional, social, and professional challenges.

The knowledge generated in this first phase served as the basis for the design of four questionnaires, respectively, aimed at pregnant women, couples, professionals, and the Spanish population. The first two were validated by a group of seven experts in spontaneous abortions from the fields of gynecology, psychology, nursing, and midwifery, and by an expert in quantitative methodology.

All questionnaires were designed taking into account: 1) the World Health Organization's recommendations for the design of essential measures for respectful care and gender and intersectionality approaches (contributing to the transfer of the knowledge generated to public policies without gender bias and free from discrimination); 2) existing scientific information (national and international); and 3) the qualitative evidence obtained in the first phase of the research.

Words Matter

The qualitative evidence provided us with valuable lessons that we incorporated into the data collection tools we used with the

study populations. For the purposes of this text, we highlight the diversity in how people who experience a miscarriage describe their experience and construct meaning after the loss. The emotions and needs provoked by a miscarriage manifest themselves in diverse ways depending on the meaning the people involved give to their experience. This diversity can be observed through the expressions or terms they use to name and give meaning to the experience.

In the September 2024 AFIN publication (no. 149), the importance of words in the stories of the women and couples interviewed was highlighted.

Following what was presented on that occasion, the women and their partners use different ways to refer to their “unborn selves”: “my son” or “my baby,” “a project,” “a miracle of life,” “my dream,” or “my child who has died.” It is also noted that others choose terms such as embryo, abortion or loss, and do not refer to a son or daughter who has died or been stillborn.

The different ways of naming are unrelated to gestational age or embryo size, and sometimes vary over time: the same person could change their perspective and choose different terms at different times. This diversity of expressions not only reflects the wide



variety of experiences and meanings that miscarriage holds for the women who experience it. From the individual (microsocial) to the broader societal, it also influences other social processes with which it is inevitably linked, such as motherhood and/or fatherhood.

The qualitative data suggest that while for some women who experience miscarriage, motherhood is a positive experience they desire; for others, it is negative and unwanted, and for others, it produces contradictory feelings. This means that, given that pregnancy is a socially constructed experience, the meaning attributed to pregnancy/motherhood/fatherhood is not universal and, according to our data, is not uniformly shared within a single society.

Our Data: Public Opinion on Miscarriage in Spain

This finding led us to include in all four questionnaires a question about the meaning that women, couples, healthcare professionals, and the general public attributed to what is lost or "killed" in a miscarriage. Given the sensitivity of the topic, in the questionnaire addressed to the general population, this question was formulated indirectly.

We asked them to indicate what meaning they believe people who

experience a miscarriage attribute to their pregnancy. To do so, we offered five possible options: a unique person in their families, a baby like any other baby, a human being, a potential person, or a collection of cells that cannot yet be considered a person. These options were constructed based on qualitative evidence and the literature reviewed.

This question was part of the questionnaire "Public opinion of the Spanish population on spontaneous abortion," which contained 26 questions. The questionnaire was administered online to a sample of 1,857 people, representative of the Spanish population by age and sex. Among those who participated, there were 4 trans women, 10 trans men, and 4 non-binary gender individuals. 4% identified as homosexual and 3% as bisexual. The majority were





married (56%), had children (60%), and were of Spanish nationality (96%). For 67%, religion or spirituality was little or not at all important in their lives. 7% had resorted to assisted reproduction techniques (and three out of four people considered themselves to have infertility problems). Furthermore, 13% (including 147 women and 99 couples – 98 men and 1 trans man) had experienced a spontaneous abortion.

How Spanish Society Understands Miscarriage

The ambiguity and doubt about whether what is formed and lost in a miscarriage is a life is not only present among those who experience this situation. Our quantitative data suggest that this same ambivalence also exists in society at large. There is no single, or majority, way of understanding what this situation means.

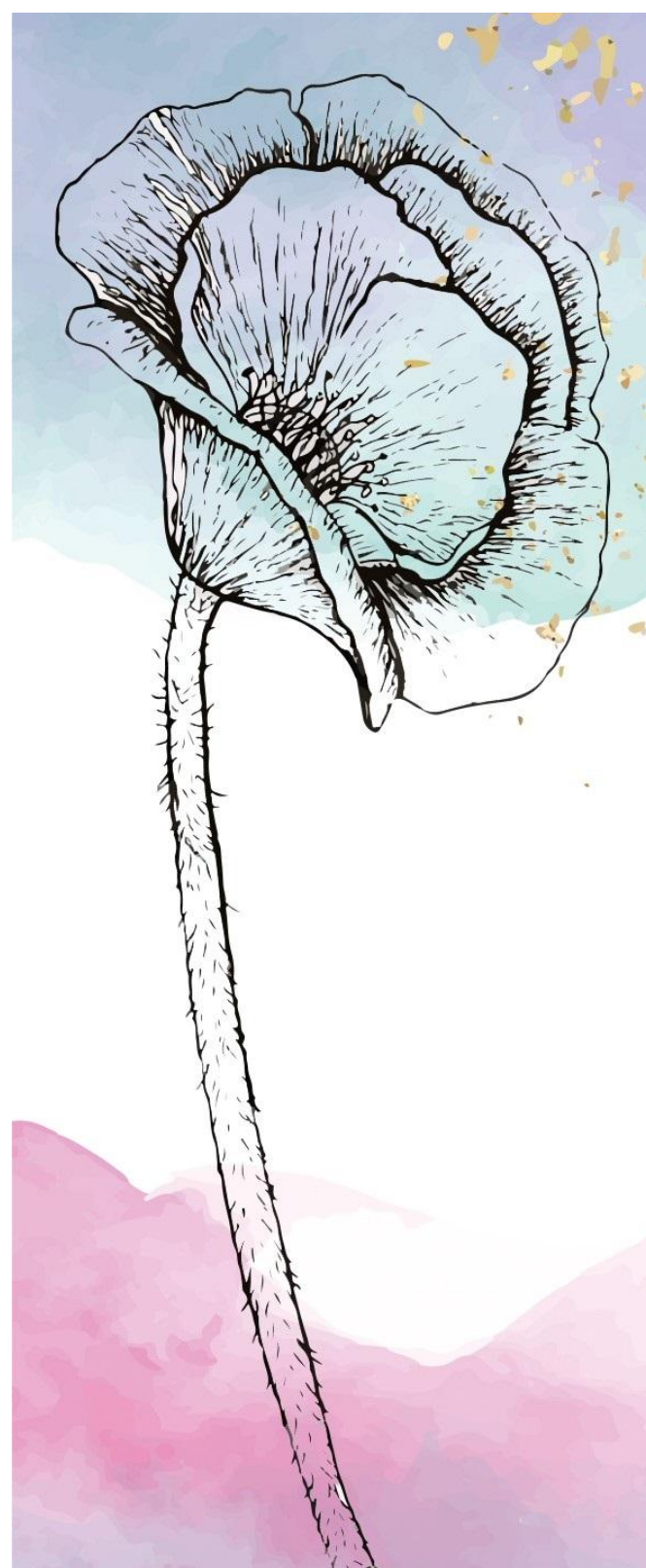
According to our results, for 34% of the population, what is formed and lost in a miscarriage is a human being; for 21%, a set of cells; a baby like any other for 20%; a potential person for 16%; or a unique person for 9% of the population.

These findings challenge the way the stigma associated with miscarriage is addressed today. According to the tradition of sociologist Irving Goffman, the term *stigma* is associated with a characteristic that is either dishonorable (manifest and known) or potentially

dishonorable (hidden and unknown). Its social purpose is to identify those who deviate negatively from social expectations and norms, thereby confirming the set of values and beliefs that justify them. In the case of miscarriage, the characteristic that has been identified as "discrediting" for those who experience it is the inability to carry a pregnancy to term.

From this perspective, pregnancy loss is expected to be a negative experience for most women and their partners, since, socially, pregnancy is considered a happy event. This is likely to be the case for those for whom pregnancy is a happy event and/or for those who feel that what is formed and lost in a miscarriage is a human being, a baby like any other, or a potential person. But the "social silence" that accompanies miscarriage is likely also related to the stigma of not sharing in the expected happiness of pregnancy or to the belief that what is formed and lost is a collection of cells or a potential person.

We have also contributed to the "silences" that accompany miscarriage from the scientific field. Perhaps because science is a cultural product, most of the available scientific knowledge about miscarriage is based on the social expectation that a pregnancy is a happy event. This can be seen in the scant written information that exists about people (especially women) who are not



negatively affected by the loss of their pregnancy, or about those whose responses to loss are more complex. These women will also feel shame and experience their loss in silence in a society that judges them for not needing to grieve, for not feeling sadness, or for not wanting to create memories, or any other experience that does not conform to the expectations constructed and reproduced in some sectors of society.

Public Opinion and Democratic Government

The findings presented on the social process of how miscarriage is constructed show the diversity in the ways in which people (whether or not they have experienced it) feel, experience, and give meaning to it. Recognizing this diversity is an essential step toward reducing the social stigma surrounding miscarriage and designing public policies and healthcare protocols that respond to diverse realities and needs.

Some previous initiatives have already moved toward less standardized grief care after pregnancy loss. This is the case of the United Kingdom's National Institute for Health and Clinical Excellence, which introduced changes to its 2007 guidelines for antenatal and postnatal health. These guidelines recommended that "mothers whose babies are stillborn or die shortly after birth should not be routinely encouraged to view and hold the stillborn baby." This change sparked controversy, and after pressure from some organizations, the Institute clarified the guideline in 2010, stating that the recommendation did not mean that mothers should not be offered the option of seeing and cuddling their stillborn babies, but rather that they "should not be routinely encouraged to take this option if they do not wish to do so."



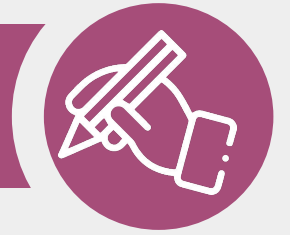


In Spain, interest in providing better care to people experiencing miscarriage is beginning to gain momentum. We have the opportunity to begin this journey by recognizing the diversity of experiences and needs of those involved. This approach is expected by a society in which miscarriage is perceived socially in a diverse way, in which 76% of the population believes there is insufficient social awareness about miscarriage, in which 56% of the population has never spoken about miscarriage, and in which 89% of the population believes that the

health system should include the possibility of experiencing a miscarriage in its prenatal education programs.

From a democratic government perspective, the sociology of miscarriage offers information so that public opinion and society are taken into account when defining priorities, policies, and the allocation of public funds.

Acknowledgments



We would like to thank Diana Gil and Pablo Caballero, members of the UA research group, for their participation in the quantitative design of the research, and Alexandra Desy and Giulia Colavolpe of the AFIN Group for their collaboration in reviewing the survey and their contributions to the different sections of this issue.

About the authors



María José Rodríguez Jaume

PhD in Sociology from the Universidad de Alicante

She holds a degree and a PhD in Sociology from the Universidad de Alicante, where she is a lecturer and researcher in the Department of Sociology I. Between 2016 and 2020, she held the position of Vice-Rector for Inclusion, Social Responsibility, and Equality. She has also coordinated the Población, Medioambiente y Desarrollo (POMADE) research group. Her research interests focus on new family forms, the sociology of adoptions, and public policy evaluation. She was responsible for the quantitative research design 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 2022).

About the authors



Carolina Remorini

PhD in Natural Sciences from the Universidad Nacional de La Plata (UNLP), Argentina

She holds a degree in Anthropology and a PhD in Natural Sciences from the Universidad Nacional de La Plata (UNLP), Argentina. She is a postdoctoral researcher at the AFIN Barcelona Group at the Universitat Autònoma de Barcelona (UAB). Her career has focused on the study of child development, perinatal health, and parenting from an ethnographic perspective, in diverse cultural contexts. Since 2023, she has coordinated the project *Pérdidas reproductivas precoces: del malestar físico y emocional invisible al posible duelo personal, familiar y social* (Fundación “la Caixa”) and is a researcher at WP 12 of the RICORS-SAMID Network of research groups and maternal and child health services in Spain.

About the image's author



Laura Blanco

Student of the Bachelor's Degree in Anthropology at the Facultad de Ciencias Naturales y Museo of the Universidad Nacional de Buenos Aires and a Visual Arts teacher trained at the Municipal School of Art in Berisso, Argentina. A scientific illustrator since 2009, she has combined her three great passions: science, art, and teaching. She is a member of two research laboratories at the La Plata Museum, in the areas of Biological Anthropology and Archaeology. She is in charge of the Illustration department at both venues. She is a full professor of the Ilustración Científica course at the "Carlos Morel" Municipal School of Fine Arts for the Tecnicatura en Ilustración program, and of the University Extension Courses "Ilustración Científica en Técnicas Tradicionales" and "Ilustración Científica a Color", taught at the Facultad de Ciencias Naturales y Museo of the UNLP. He recently received an award at the 2023 Lahille Prize for his contribution to the dissemination of natural sciences, awarded by the Museo de La Plata Foundation. In 2025, his work was exhibited at the Dr. Arturo Umberto Illía Provincial Museum of Natural Sciences in Córdoba, in an exhibition entitled "Ilustración Científica. Comunicar desde el Lenguaje Visual".

To read



Lalanda, Mónica (2025)

“There is no heartbeat”. When Poor Practice and Poor Communication Make Grief Worse

AMA Journal of Ethics, 27(6), 457-477

In this comic, the author, a doctor and communicator, presents her personal experience of having a spontaneous abortion—an early one, one less than three months along—and what the process has been like from a medical and personal perspective. She offers an intimate and critical view of the ways in which these abortions are communicated and addressed globally, while reflecting on what she has learned during her process, drawing attention to institutional gaps and the need to make gestational grief visible.



Blaffer Hrdy, Sarah (2025)

El padre en escena

Capitán Swing

American anthropologist and primatologist Sarah Blaffer Hrdy presents an essay explaining how and why men undergo biological transformation when they care for infants. Her proposal broadens our understanding of what it means to be a man and its implications for society and our species.



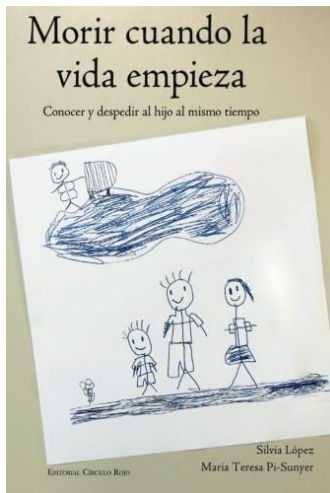
Díaz Aguiló, Ariadna; Garrido Montblanch, Jan & Tolosa Sisteré, Mariona (2022)

Ja no tindrè un germanet. L'estiu de la nostra crispeta

Edicions El Cep i la Nansa

An illustrated book that covers the topic of gestational grief in a format designed for children. Narrated in the first person, with tenderness and humor, it is a powerful tool to support young children in their personal grief, or that of other children in their lives.

To read



Pi-Sunyer, M^a Teresa & López, Sílvia (2015)

Morir cuando la vida empieza: Conocer y despedir al hijo al mismo tiempo

Editorial Círculo Rojo

A useful volume for people experiencing a perinatal death and those accompanying them. Designed to help understand grief and the grieving process. Based on extensive professional experience, it is enriched by first-hand accounts of personal experiences.

To watch

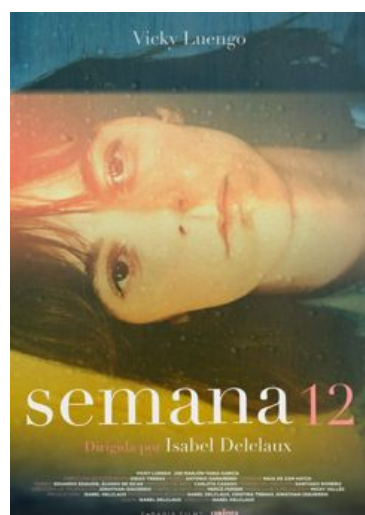


Fogelman, Dan et al. (2016)

This Is Us [TV Series]

USA, 60 min

Episode 9 of the second season of this series, titled "Number Two", focuses on the impact of the spontaneous love of the couple made up of Kate and Toby, along with their feelings in the face of loss and the possibility of a new pregnancy in the future, showing all the perspectives and perspectives of the series. possible tensions. It is also addressed with Kate informing her of her mother's success, and with her she shares other losses in the family, including her own daughter. From the perspective of the actresses and critics of the series, it is an episode that contributes to making visible and breaking the silence around the first losses.



Delclaux, Isabel (2023)

Semana 12

Spain, 14 min

In less than 15 minutes, Delclaux explores the main challenges faced by women who suffer the loss of a wanted pregnancy in the first 12 weeks of pregnancy: the taboo of miscarriage, the lack of information about what has happened and what will happen next, the absence of rituals to better manage silent grief, and the fears and anxiety surrounding a new pregnancy.



Martínez Rubio, Ana Mª & Rodríguez García, Enrique (2019)

La Geometría del Ombligo

Spain, 135 min

An audiovisual project born from a first-hand experience of gestational grief. This two-part non-profit documentary is available on YouTube under the CC BY 4.0 license. It is based on interviews with people who have experienced gestational grief in recent decades and who share their experiences, as well as with a wide range of experts from the hospital, association, and cultural fields.



To Listen

Carolina Remorini, Ana Cerezuela & Lynne McIntyre Podcast *Conversaciones AFINes* – Series *El trimestre invisible: silencio y tabú en las primeras 12 semanas*. Espanya, 8 episodis

The second series of the AFIN Conversations podcast from the AFIN Group, dedicated to exploring the experiences of pregnant women, their families, and professionals from different perspectives. Topics covered include preeclampsia, early pregnancy loss, and high-risk pregnancy care. You can listen to it on Spotify and Ivoox.

More resources



Pérdidas gestacionales del primer trimestre: entre la invisibilidad y el acompañamiento RICORS-SAMID Network Seminars 2024

Video showing part of the results of the 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), which were shared in the 2024 series of RICORS-SAMID network seminars.



Held in hope

<https://www.instagram.com/held.in.hope/>

<https://www.heldinhope.org/>

This is a non-profit company that creates and distributes miscarriage kits to support and equip women experiencing first-trimester pregnancy loss through gynecologists, emergency rooms, midwifery offices, and care centers. While it is currently limited to the United States, we recommend visiting the website and its IG profile to access its content and hear stories from people who have experienced this.



AFIN-INARI

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.

Contact: info@inari.cat / +34 935 81 46 40

More resources



FEDUP. Federación Española de Duelo Perinatal. **RICORS-SAMID Network Seminars 2024**

It was created with the purpose of uniting the efforts of associations throughout the country. It is a further step in the bereavement support provided selflessly by all the members of the associations that comprise it.

Its objectives include:

- The development of an internationally recognized guide to best practices for in-hospital support for perinatal, gestational, and neonatal losses.
- The training and updating of professionals who witness these losses in perinatal bereavement care.
- The raising of awareness among the general population with the aim of removing the taboo nature of the topic.
- The legislative change.

For more information, please visit [the website](#).

News

AFIN



Doctoral stay of Zenaida Andreica Gheorghe

The doctoral student Zenaida Andreica Gheorghe, member of AFIN and recipient of the FI-Joan Oró Fellowship, is conducting her PhD thesis under the supervision of Dr. Bruna Alvarez and Dr. Diana Marre (AFIN-UAB), within the framework of the *SexAFIN-Barcelona* project. Between March and June, she carried out a research stay at the Universidade do Estado do Rio de Janeiro (UERJ), supervised by Dr. Anna Paula Uziel.

During her stay, Zenaida actively participated in various activities organized by the GEPSID research group (Grupo de Estudos e Pesquisas Subjetividades e Instituições em Dobras), including seminars, workshops, and workgroup meetings. She also had the opportunity to present her research at academic events held by UERJ, Universidade Federal do Amazonas (UFAM), and the Centro Latino-Americano em Sexualidade e Direitos Humanos (CLAM).

This stay provided a valuable opportunity to strengthen international

ties, expand collaboration networks, and deepen the understanding of new research contexts in sexuality, digital technologies, and gender studies.



Sharing and disseminating the results of the *AdoptARTE* project

Between June and July, Irene Salvo Agoglia, principal investigator of the *AdoptARTE* project and Marie Skłodowska-Curie Fellow at AFIN of the Universitat Autònoma de Barcelona, shared results and experiences from the project at various international conferences.

The journey began in Barcelona on June 10, 11, and 12, within the framework of the IV International ReproMob Congress, organized by AFIN and the Universitat de Barcelona. Alongside Carla Villalta (Universidad de Buenos Aires-CONICET), Soledad Gesteira (Universidad de Buenos Aires-CONICET), and Aranzazu Gallego (Universidad de Granada), all researchers linked to AFIN, she co-coordinated the triple panel

“(Re)imaginar el parentesco y la identidad: injusticias reproductivas, orígenes y derechos”. Over three sessions, researchers from Argentina, Brazil, Chile, Belgium, and Spain shared reflections, methodologies, and ethical commitments regarding origins, identities, and injustices.

The second stop was in Bristol (United Kingdom) on June 18 and 19, at the First International Child and Family Conference, organized by the University of Bristol. There, she presented a talk on the ethical, methodological, and political tensions of participatory work with adopted youth. She shared insights on what happens when research is done “with” rather than “on” participants, and how creative processes through art, speech, and the body open pathways for expression and belonging.

The journey culminated in Novi Sad, Serbia, at the 58th International Congress of Americanists (ICA), held between June 30 and July 4, where she participated with two presentations in different exchange spaces, linking *AdoptARTE* results with broader debates on public policies, assisted reproductive technologies, and surrogacy.

This itinerary not only allowed for disseminating the project’s work but also for continuing to enrich the project and networks of exchange and collaboration.

Waiting for the new adoption law in Chile: a historic transformation of the Chilean adoption system

In mid-June 2025, after more than 12 years



of parliamentary debate, the Chilean Senate overwhelmingly approved a new adoption law, marking a historic milestone for the country. The imminent enactment of this legislation represents a profound change in the Chilean adoption system, aligned with international human rights standards.

The new law establishes a model centered on the rights of children and adolescents, reinforcing the right to identity, participation, and the best interests of the child, with a comprehensive approach and ongoing protection. Key advances include:

- The transition to a model considering the full protective trajectory of the child or adolescent
- Strengthening the subsidiary role of adoption, prioritizing work with the family of origin
- Incorporating fundamental principles and rights already established in the Ley de Garantías: the right to be heard, access to information, legal representation, identity, and knowledge

of origins and rights already established in the Ley de Garantías: the right to be heard, access to information, legal representation, identity, and knowledge of origins

- Creating a new judicial stage of family reunification and strengthening, integrated into the protection process
- Eliminating the order of precedence based on marital status in the selection of adoptive families
- Allowing adoption by foster families, under certain conditions
- Including post-adoption contact between the family of origin, adoptive family, and adoptee, according to their needs and circumstances
- Strengthening the right to know origins by establishing a guarantee procedure and the duty of institutions to preserve information
- Enhancing the crime of illegal acquisition of children for adoption purposes by broadening its scope and typification

At AFIN, we particularly celebrate this advance, which reflects years of advocacy and collaborative work among state agencies, civil society, and academia. Irene Salvo Agoglia, AFIN researcher and current Marie Skłodowska-Curie Fellow at UAB, has actively participated in this process. Over the years, she has contributed technical input, research, and proposals

that strengthen a human rights–based vision of adoption, especially regarding the right to identity of adopted persons.

In 2025, Irene Salvo Agoglia published two key works systematizing much of her research trajectory and advocacy experience:

- Salvo Agoglia, I. (2025). *Pasado, presente y futuro de la adopción en Chile: hacia un enfoque centrado en los derechos de niños, niñas y adolescentes*. UNICEF Chile.
- Salvo Agoglia, I., LaBrenz, C., & Piché, A. M. (2025). “A Better Adoption? Evolution, Challenges, and Projections of Chilean Adoption Policies and Practices.” *Child and Adolescent Social Work Journal*. Online first.

Both publications offer fundamental guidance to face the sociocultural, programmatic, and legal challenges Chile will need to address to ensure an adoption process centered on rights, well-being, and active participation of children and adolescents.



An opportunity to discuss dominant discourses on early childhood development

On May 26, at the Facultat de Filosofia i Lletres of the UAB, the conference “Early Childhood Development interventions: A global movement in need of cross-cultural research,” organized by AFIN and delivered by Dr. Gabriel Scheidecker, Assistant Professor in the Department of Social Anthropology and Cultural Studies (ISEK), University of Zurich, took place. The event brought together undergraduate, master’s, and doctoral students, as well as researchers and faculty members from UAB.

In his presentation, Scheidecker reviewed the main contributions of Anthropology—particularly ethnographic and cross-cultural studies—to early childhood development research. He showed how these contributions are often minimized or excluded from the field, where biomedical and psychological approaches predominate, failing to consider the diversity of social and cultural environments in which childhoods grow and develop.

Drawing on his own research in Africa, Asia, and Europe, as well as a thorough review of initiatives promoted by governments and multilateral organizations around Global Early Childhood Development (Global ECD),

Scheidecker examined the cultural limitations and biases of dominant childhood development models promoted by current policies and interventions of international agencies, highlighting their theoretical, methodological, practical, and ethical consequences.

His presentation sparked a lively debate among participants, highlighting the need to critically review what certain disciplines and institutions consider “evidence.” It also emphasized the urgency for anthropologists to engage more actively in these debates and to develop strategies to broaden audiences and demonstrate the value of anthropological evidence.

This line of reflection connects with discussions promoted by Scheidecker and other researchers in publications such as the special issue *Ethnographic Evidence and Early Childhood Interventions* of the journal *Ethos*, available in [open access](#).

This issue includes contributions from various anthropologists, including a [commentary by Carolina Remorini](#).



AFIN participates in a study on cardiovascular health in women during the postpartum period

A team of anthropologists from AFIN, led by Diana Marre and including Alexandra Desy and Carolina Remorini, participates in the study “*Evaluación del riesgo cardiovascular en mujeres jóvenes después del embarazo con o sin complicaciones placentarias (Estudio CardioMom)*”. The principal investigator is Dr. Elisa Llurba, and the study is conducted by the Research Institute and the Gynecology and Obstetrics Service of the Hospital de la Santa Creu i Sant Pau.

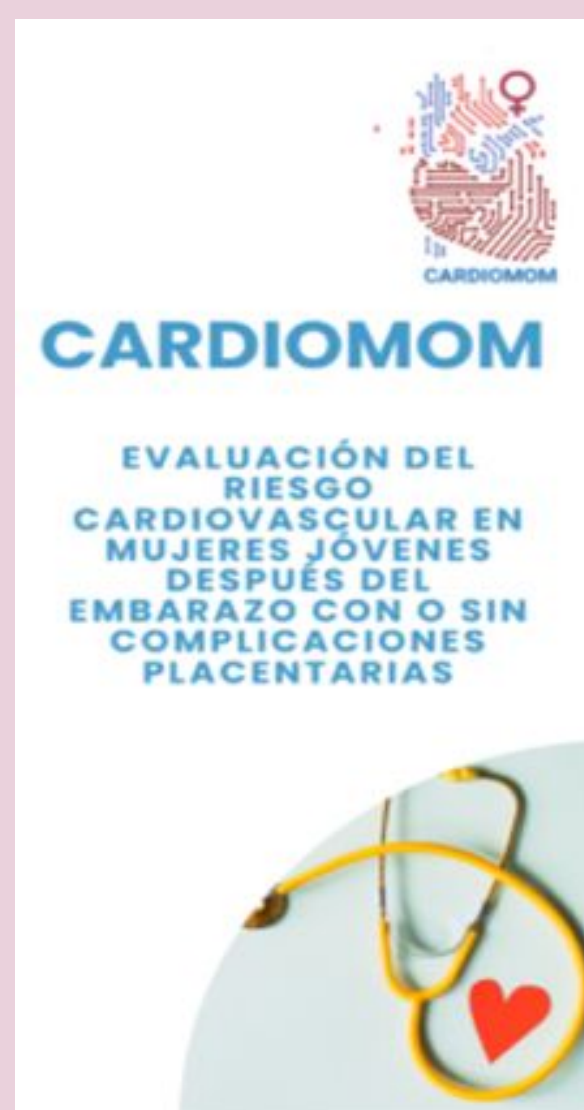
The main objective of *CARDIOMOM* is to develop cardiovascular disease prevention strategies specifically aimed at women, particularly those who have recently become mothers, combating gender myths and biases and promoting more equitable and personalized cardiovascular health care.

Within this framework, the AFIN research team analyzes the experiences of women participating in the study by examining their reproductive histories, pathways through health services during pregnancy, childbirth, and the postpartum period, the care and information received, as well as their daily habits to assess their impact on cardiovascular health. The anthropological work in this project includes observations during clinical

follow-up visits and in-depth interviews addressing these aspects.

Preliminary results show that beyond receiving routine gynecological and obstetric care, women express the need for space and time to share their needs and experiences related to health, especially during the postpartum period.

They emphasize the importance of more attentive support for the emotional and social dimensions of reproductive processes, as well as better information on cardiovascular health risks. In other words, they demand comprehensive health care that integrates physical, psychological, and social health, as promoted by the World Health Organization. [More information.](#)



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: Pérdidas gestacionales tempranas: derribando tabúes, creando puentes, sumando voces”

AFIN Barcelona invites you to the second edition of this Conference, which, as in 2024, will bring together experts from different disciplines, representatives from governmental and civil society organizations, healthcare institutions and citizens to share research findings and discuss how to transfer these results into improved care and support for people

experiencing a pregnancy loss in the first trimester.

This second edition will feature round tables, lectures, a photography exhibition and audiovisual screenings. The results of the first national public opinion survey on early pregnancy loss will be presented, along with the executive report and evidence-based recommendations on pregnancy loss care, prepared by the AFIN-UAB and POMADE-UA teams. The full program of activities will soon be available on our website and social media.

The conference will take place on Thursday, October 23, 2025, from 9:30 am to 6:00 pm, at Palau Macaya (Passeig de Sant Joan, 108, Barcelona), with the support of the Institute of Women of the Ministry of Equality and the “la Caixa” Foundation.

The event is free of charge and open to the community, healthcare and education professionals, researchers, managers and health authorities.

Don't miss your spot!

Register at [this link](#).

More information on the [AFIN group website](#).



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, 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](#).