AFIN Nº 159

2026 - 2

Surrogacy Far From Home: Migration and Mediation in the Surrogacy Industry in Georgia

Editor:
Beatriz San Román
Contents of this issue:
Polina Vlasenko
Issue Coordination:
Victòria Badia
Layout:
Zenaida-Maria Andreica Gheorghe
News and events:
Ana Cerezuela
Subscriptions and contact:
gr.afin@uab.cat
ISSN: 2013-2956

AFIN BARCELONA

UAB Universitat Autònoma de Barcelona

Surrogacy (also known as gestational surrogacy) has become a transnational practice. When it is prohibited, heavily regulated, or prohibitively expensive in one country, intended parents often travel to jurisdictions with more permissive regulations or lower costs. Yet mobility in surrogacy is not limited to those seeking to have children. In countries such as Georgia, surrogate mothers are also recruited across borders and temporarily relocated to undergo medical procedures and complete pregnancies. These movements are not brief visits but extended stays, often lasting anywhere from several months to a year, organized by clinics and agents who coordinate visas, accommodation, and medical monitoring. In this way, surrogacy is a form of labor migration linked to reproduction.

Embryologist at work.
Tbilisi, 2024.

Georgia's surrogacy industry is deeply embedded in a network of intermediaries who manage the relocation of surrogate mothers from Central Asia to clinics across the country. These intermediaries, including recruitment agents and clinic staff, play a critical role in organizing and controlling surrogates' migration, medical procedures, and emotional well-being. Marked by complex power dynamics, the smooth functioning of the surrogacy industry depends on these layers of mediation, which involve both logistical and emotional labor. The stories of Aissulu and Tamiris, among others, reveal how women from Kazakhstan and beyond enter surrogacy not out of altruism but economic necessity, and how agents such as Valeriy and Indira facilitate and regulate these transnational routes.

Georgia as a New Reproductive Destination

Georgia's surrogacy market experienced a significant boom following the war in Ukraine, becoming one of the primary destinations for international couples seeking surrogates. However, the local supply of surrogates was insufficient to meet growing demand, prompting clinics to increasingly recruit women from Central Asia—Kazakhstan, Uzbekistan, Tajikistan, and Kyrgyzstan. Many of these women are excluded from surrogacy programs in their home countries due to age limits, restrictions on the number of previous

In the fertility doctor's office. Tbilisi, 2024

pregnancies, or medical histories such as prior cesarean sections. For example, Kazakhstani legislation prohibits women over the age of 35, those with more than three prior births, or those with a history of cesarean sections from acting as surrogates, pushing women like Aissulu to seek opportunities abroad, where regulations are more flexible and compensation is often higher.

Aissulu, a 38-year-old mother of three from Almaty, Kazakhstan, provides a telling example. When we met in Tbilisi, she had already spent two months in Georgia, awaiting a successful embryo transfer after two failed attempts. "This is the only job that allows me to earn enough to support my children," she explained. Her previous surrogacy experience in Kazakhstan had enabled her to purchase a small house. Following the dissolution of her marriage and the accumulation of debt, pursuing surrogacy abroad appeared to be her most viable option. She was matched with a Chinese couple, reflecting the growing number of international clients who travel to Georgia in search of surrogates.

Once accepted into the program, surrogates receive compensation through

a staged payment system. The scheme begins with a daily allowance of 10 US dollars prior to embryo transfer, with payments increasing as the process progresses. On the day of the transfer, surrogates receive 300 US dollars; an additional 300 is paid once a fetal heartbeat is detected at approximately six weeks; and 300 US dollars is distributed monthly throughout the pregnancy. The final lump sum of 17,000 US dollars is paid after delivery, although women over 36, such as Aissulu, receive slightly lower compensation. In the case of twins, an additional bonus of 2,000 US dollars is provided. For many surrogates, this remuneration represents a lifeline: enough to make a down payment on a home, repay debts, or start a small business.

Indira, a Kazakh economist in her early forties, was also awaiting her embryo transfer in Tbilisi. She had a 17-year-old son in Kazakhstan. She expressed regret at having entered surrogacy relatively late—already in her thirties. Like many other women, she decided to pursue it only when she found herself in a difficult financial situation: “I can see that surrogacy is a gold mine for Georgia, but it is also very profitable for surrogates. Everyone comes here because they have a problem”. After completing two surrogacy arrangements for a local couple in Kazakhstan—first twins, then another child—she transitioned into recruitment, using social media advertisements to attract potential surrogates.

While agents like Indira, whose role is limited to referring potential candidates to clinics, earn approximately 700 US dollars for each surrogate who proceeds to embryo transfer, agents such as Valeriy (whose case I discuss in the following section) can earn up to 2,000 US dollars per surrogate, as they often organize travel, accommodation, and medical coordination.

The Machinery of Surrogacy

The organization and management of surrogacy programs in Georgia is complex and carefully coordinated. Like many others in the country, the clinic where I conducted my observations relies on a network of managers and agents to facilitate the process. Each of the clinic’s six managers is responsible for approximately fifty surrogates, ensuring that they attend medical appointments, comply with required protocols, and remain in Georgia throughout the pregnancy. A fertility specialist, Tamila, oversees nearly

Apartment building providing housing for surrogates. Tbilisi, 2024.

two hundred surrogates. High demand has at times led to shortages of available surrogates, leaving some couples on waiting lists.

Before the embryo transfer, the clinic must submit the surrogacy contract, the embryo protocol, and other relevant documents to the Georgian authorities. This procedure ensures that the surrogate is legally bound to the intended parents—that is, those who initiate the process to have a child. After birth, the birth certificate lists only the names of the commissioning couple, with no mention of the surrogate, thereby preventing her from making any legal claim to parentage. For the child to obtain a passport, the family must submit several documents, including the Georgian birth certificate bearing their names, the hospital's "Form 100," the embryo protocol, the surrogacy contract, and any additional documentation required by their country's embassy.

Although Georgian law does not permit surrogacy for same-sex couples or single individuals, some clinics have found ways to circumvent these restrictions. According to medical staff, Chinese gay men enter into fictitious marriages with women, to overcome legal obstacles. These marriages allow them to satisfy the formal requirement of having been married for at least one year, thereby gaining access to the program. This illustrates how clinics adapt to complex legal frameworks, responding to international

Tea shared at the surrogates' apartment. Tbilisi, 2024.

demand while navigating moral and ethical gray areas.

Lisa, a clinic manager who works closely with surrogates, points to tensions between the clinic and the women. In her view, many "expect to be treated like VIPs," which heightens emotional challenges:

> "I explain everything to them — that the program comes in stages. I talk to them. I'm kind. But they come, wanting everything now, not later. They don't like how they're treated—they want to be treated like kings. The hardest part is behaving

.Surrogate collecting her medications. Tbilisi, 2024.

well with surrogates, not snapping at them."

Recalling an incident in which a surrogate wanted to return home despite her contractual obligations, she added: "She says I have to order her food, a taxi, tickets. At one point, she stormed out, slamming doors. The landlord had to get angry."

Lisa's role also includes ensuring that surrogates enter the country smoothly. Yet obstacles frequently arise at the border, and some women are denied entry. To prevent this, the clinic must provide official invitation letters, stating that the surrogates are entering for medical purposes rather than for surrogacy. Lisa described the following situation:

> "One surrogate wasn't let into Georgia—she forgot to bring her invitation. She was sent to Turkey, spent a week there, and then was supposed to come back, but she was late to the flight. She is stupid. I had to buy her tickets again."

Her comments reveal how facilitators shape the conditions of migration while reproducing unequal power dynamics.

Surrogacy contracts: much to comply with, little to decide

Surrogacy contracts clearly list the obligations of women, but offer little protection against risks to health or autonomy in decision-making. In February 2024, I had access to one of these contracts in Tbilisi, which stipulated the following conditions.

Surrogates must abstain from consuming alcohol, drugs, certain medications, as well as sexual relations and performing heavy physical work during pregnancy. They must take only prescribed medications, undergo all necessary tests and procedures (including alcohol and drug testing) and attend scheduled visits to the clinic.

If their employment is considered a risk, they must stop working, without entitlement to any additional compensation. Beyond the terms of the contract, they cannot claim reimbursement for additional expenses or damages.

All medical care, including embryo transfer, prenatal monitoring, abortion, and delivery, must be performed at clinics chosen by the intended parents. Surrogates cannot decide on their own to terminate or reduce a pregnancy, unless it poses a serious risk to their health. Abortion at the request of the intended parents is only permitted if it is legally authorised, medically indicated, or explicitly agreed to in writing by the surrogate. If the medical team anticipates foetal abnormalities, the intended parents alone decide whether to continue with the pregnancy.

In cases of multiple pregnancies, surrogates are contractually obliged to consent to selective reduction if recommended by the medical team and requested by the intended parents. At their request and on medical advice, they are obliged to undergo a caesarean section. If a pregnancy is lost between 12 and 24 weeks, surrogates receive 500 US dollars, while losses between 24 and 30 weeks are compensated with 2,000 US dollars, unless the loss is considered to be their fault. In cases where the loss or damage to the foetus is attributed to the surrogate's breach of the terms of the contract, she must not only cover the costs of the intended parents, but also pay a fine of 20,000 US dollars.

The Management of Emotions and Secrecy

Agents like Valeriy do more than just recruit surrogates from Central Asia to

Surrogate Indira’s ultrasound. Tbilisi, 2024.

come to Tbilisi; they mediate the emotional and psychological aspects of the surrogacy journey. He describes the challenge of managing the women’s emotional states as follows:

> “The most difficult part is listening to their stories. For these women, surrogacy represents a leap into a different social stratum. They buy housing, pay off debts—they’re surviving back home. I always have to think about their temperaments—this one has a good character, another has a bad one—and where each is from, because that also matters.”

In this context, agents do not simply ensure medical coordination; they also act as emotional mediators, cultural navigators, and entrepreneurial facilitators. They balance the concerns of surrogates, many of whom feel isolated and undervalued, with the demands of international clients, while maintaining control over the women's movements and conduct.

Surrogates often face immense emotional strain. Many spend months away from their families, and some, like the two women mentioned by Valeriy, fled Tbilisi and returned to Kazakhstan out of fear that their families would discover their work. "Their fathers don't know where they are," Valeriy said. "They packed their bags, bought tickets, and left. Their embryo transfers had been scheduled for that week."

Surrogates in a clinic-rented apartment. Tbilisi, 2024.

However, living in another country has also enabled some women to keep their work as surrogates secret from their families. Before coming to Georgia for a third surrogacy contract, Dinara, a single mother of one, had completed two surrogacy arrangements in St. Petersburg for a Chinese and a Russian couple, which allowed her to purchase an apartment in Kazakhstan. None of her relatives or friends know that she is working as a surrogate; she told them she had taken a job as a nanny during her stay in Georgia. Given that labor migration for domestic and care work is common, her prolonged absence did not arouse suspicion. Her son has lived with her grandparents since birth, so being away for a year raised little concern.

Dinara acknowledges that she fears her male relatives might discover her work as a surrogate: "If they knew the truth, my father and brother would kill me. My older brother would disown me. He is very religious." In her Muslim community, surrogacy is widely regarded as religiously impermissible (*haram*). As she explained, "People wouldn't understand. In our Muslim city, they think it's a sin. They think you're selling your own child." Such reactions reflect the stigma attached to surrogacy as a violation of family honor and normative femininity, rooted in *uyat*(shame), a central moral framework

Embryologist at work. Tbilisi, 2024.

regulating gender roles, sexuality, and reproductive behavior in Kazakhstan.

She admitted that she initially felt ashamed: “I was ashamed at first, but over time the shame went away. After all, I am ‘gestating’ an apartment for my child. Single mothers need it for their children and housing.” Dinara mitigated stigma by presenting surrogacy not as moral transgression but as a necessary economic strategy to secure housing and fulfill her responsibilities as a mother and sole provider.

Living Under Supervision

In addition to the emotional challenges, surrogates must contend with the tight control clinics exert over their lives. Most are required to remain in Georgia for the entire duration of their pregnancy, although a “partial relocation” option allows them to return home between weeks 12 and 24-26. To encourage surrogates to remain in Georgia throughout the pregnancy, the clinic reduces the compensation of those who choose the “partial relocation” option.

Many surrogates, despite signing contracts for “full relocation”, express a strong desire to visit their families during their pregnancy. The clinic’s discouragement of this practice often leads to conflicts, as surrogates begin to feel increasingly isolated and emotionally strained by the prolonged separation from their loved ones.

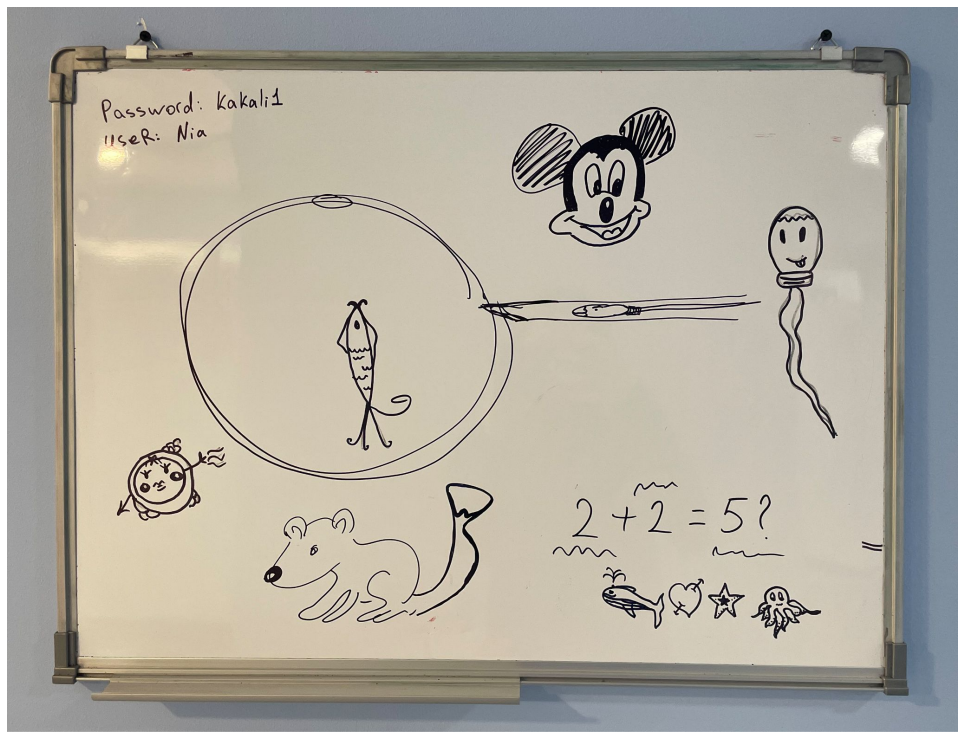
Women who travel to Georgia typically live in clinic-provided apartments for the duration of their pregnancy, often months at a time. Tamiris, for example, shares an apartment with another surrogate from Central Asia in a spacious, newly renovated building on the outskirts of Tbilisi. She has her own comfortable bedroom and shares a large kitchen and living room with her roommate. Yet the isolation and time away from their families take an emotional toll. “It really feels like a vacation. It’s very boring. I rest,” Tamiris explained, “but I also miss my daughter.”

At the same time, living together in shared apartments often generates conflict. I received multiple messages

from one surrogate detailing how her roommate screamed at her and banged doors over disagreements about cleaning habits. Another surrogate I met had bruises and scratches from a physical altercation with her roommate, sparked by an argument over an unwashed cup. Both women were afraid they would be fined or forced to continue living together, but eventually, they were separated.

Surrogates could earn a 1,000 US dollars bonus for reporting roommates who violated rules, including bans on smoking, drinking, or hosting male visitors, which was understood to imply sexual relations. This surveillance system fostered a climate of mistrust, as surrogates would sometimes accuse one another of misbehavior to secure a financial reward or a relocation.

Some agents and clinic staff express a preference for recruiting surrogates from Central Asia, whom they describe as easier to manage, as these women are housed in rented apartments where they can be more closely monitored. They are also portrayed as more invested in achieving a successful pregnancy. This perceived reliability is often contrasted with accounts of Georgian surrogates, who are described by staff as moving from clinic to clinic to collect the 300 US dollars embryo transfer payment without taking the necessary medication to support the pregnancy and, in some cases, allegedly cancelling cycles or even deliberately inducing miscarriages. As Tamila explains:



Whiteboard in the IVF lab. Tbilisi, 2024.

> “All of my surrogates are foreign, Kazakhstan or Kyrgyzstan, because we trust them more. Local surrogates go from clinic to clinic, taking the 300 dollars transfer payment without taking the medication to support pregnancy or deliberately cancelling. It’s become more about earning quick money than trying to carry a child. The women from abroad are interested in the outcome. They know what they came for.”

Having to share an apartment, although often a source of tension, can also foster close friendships. Many surrogates reconnect with women they met in previous surrogacy programs in Russia or elsewhere, and these ties often extend beyond their stay in Georgia. Dinara, for example, was introduced to her current surrogacy program in Tbilisi by Rosa, whom she had befriended during earlier programs in St. Petersburg. At that time, they lived in a large house with around

forty other women and their children—a setting that contrasts with the more intimate living arrangements in Georgia, where typically only two to four women share an apartment. Rosa currently lives in Georgia with her seven-year-old daughter and works as a surrogate, in addition to working as a beautician, offering manicure and hairdressing services to other surrogates in their building.

Surrogates and Families: A Designed Distance

Direct communication between surrogates and intended parents is uncommon, as clinics and agents fear that surrogates might request additional compensation or that intended parents might become overly involved in the process. An agency director, Nino, recounted how she mistranslated a surrogate's request for dragon fruit and caviar to the commissioning parents as "tomato" to maintain the appearance of modesty:

> "I'm happy that they do not understand English. For example, one surrogate mother was asking me to translate for the couple that the baby moves when she eats dragon fruit and

In the fertility doctor's office. Tbilisi, 2024.

caviar, so I just translated: ‘Tomato’, with a gentle smile.”

Nino described the difficulty of containing surrogates’ desires:

> “Some surrogates come from a different society and mentality – they can be tricky. Once they are carrying your baby, they start asking for things. Surrogates tell me their stories because they see my empathy. For me, it’s very difficult because they can easily lie. I'm trying to solve their troubles, but by the contract, we cannot ask for any single extra penny.”

This lack of communication often leads to misunderstandings. For example, an American couple who recently had twins through surrogacy expressed frustration at being unable to thank the surrogate, as she had been discharged before they arrived. Later, the surrogate told me that she believed the couple to be ungrateful. When I explained that they had tried to contact her, she did not believe me.

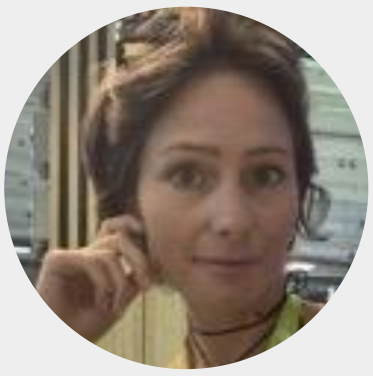
In another case, an American couple learned that their surrogate’s 20-week ultrasound had revealed an irregular fetal heartbeat. They wanted to speak with the surrogate to offer their support, but the agent prohibited direct contact, fearing that stress might negatively affect the pregnancy.

Conclusion

The surrogacy industry in Georgia is deeply mediated by agents, clinics, and the surrogates themselves, creating a complex network of power, control, and emotional labor. For surrogates like Aissulu, the industry offers a way out of economic hardship, yet it also imposes significant physical and emotional burdens. For agents such as Valeriy and Indira, their role extends beyond recruitment to managing the personal difficulties faced by surrogates who are far from their homes and families. Ultimately, the system relies on the labor of women from Central Asia, whose participation is shaped by the socioeconomic conditions of labor migration and limited opportunities in their countries of origin.

Yet although their labor is tightly disciplined through medical protocols, contracts, and strict behavioral expectations, they are not fully recognized as workers, receiving limited protections and only a marginal share of the value they create.

About the author



Polina Vlasenko

I am a medical anthropologist with a PhD from Indiana University, working at the intersection of feminist political economy and science and technology studies (STS). My research focuses on transnational reproductive labor and assisted reproductive technologies (ARTs), examining how egg donation and surrogacy are organized and legitimized in post-socialist contexts. Based on long-term ethnographic fieldwork in Ukraine, Georgia, and Kazakhstan (2015–2024), including participant observation in fertility clinics and interviews with donors, surrogates, and medical professionals, I analyze how reproductive services are framed as wage labor rather than altruism, and how clinics organize and govern transnational supply chains that move eggs, donors, and surrogates across unequal geopolitical and economic landscapes. Centering women's perspectives, my work shows how they navigate breadwinning responsibilities, motherhood, and labor precarity in the aftermath of post-socialist restructuring. I am currently a Marie Skłodowska-Curie Actions (MSCA) Fellow at the Universitat Autònoma de Barcelona (UAB), where I study the valuation and circulation of Ukrainian donor eggs in Europe. Previously, I held a postdoctoral position at the University of Oxford on Reproductive Mobilities in Central Asia, investigating how migration infrastructures and governance regimes regulate the cross-border labor of mobile surrogates in the Central Asia–Georgia corridor. My work has appeared in Medical Anthropology, Science, Technology & Human Values, and BioSocieties. I am developing a book with Rutgers University Press on the political economy of the global circulation of Ukrainian donor ova, analyzing how local egg banks have become key suppliers of vitrified oocytes worldwide and how the war in Ukraine has reconfigured transnational reproductive supply chains.

To watch

Ketevan Vashagashvili (2025)

9-Month Contract

Georgia, 80 min

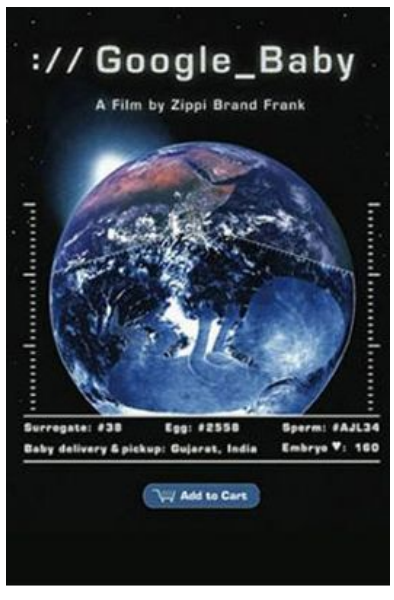
A documentary set in Georgia that follows a single mother working as a surrogate, exploring dignity, economic necessity, and the realities of the surrogacy industry. The film provides an intimate portrait of reproductive labor within the Georgian context and reflects broader global inequalities shaping cross-border reproduction.

Rebecca Haimowitz i Vaishali Sinha (2010)

Made in India: A Film About Surrogacy

USA, 95 min

This film follows an American couple and their Indian surrogate, highlighting emotional, ethical, and economic dimensions of transnational surrogacy. It provides a multi-perspective narrative that includes the surrogate's family and the intended parents, showing the complexities behind global reproductive arrangements.



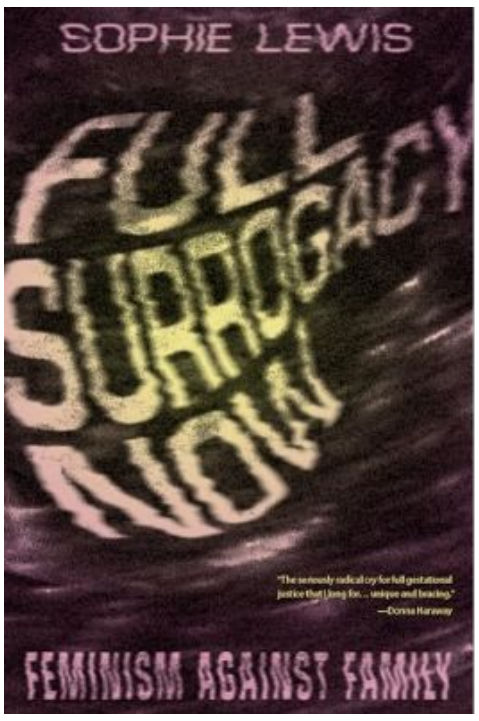
Zippi Brand Frank (2009)

Google Baby

Israel, 59 min

A documentary examining global surrogacy chains and the commercialization of reproduction, connecting intended parents, clinics, and surrogates across borders. It highlights how reproductive services are organized through transnational networks and raises questions about outsourcing, ethics, and market logics.

To read

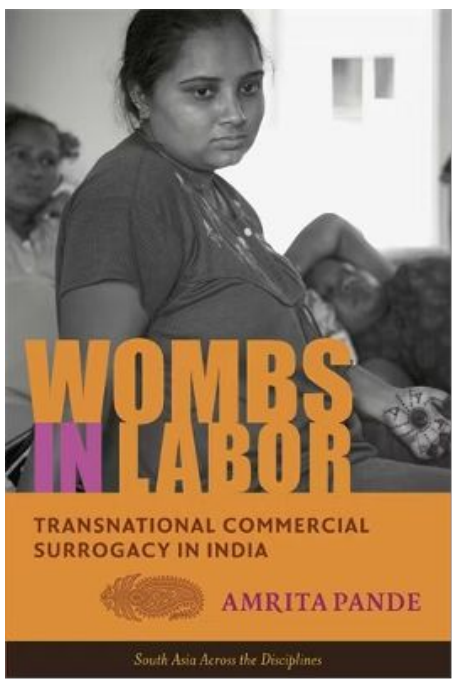


Sophie Lewis (2019)

Full Surrogacy Now: Feminism Against Family.

Verso

A critical feminist intervention that rethinks surrogacy as reproductive labor and challenges traditional ideas of family, kinship, and biological motherhood. Lewis situates surrogacy within broader debates on social reproduction and capitalism, proposing radical reimaginings of care and collective responsibility.

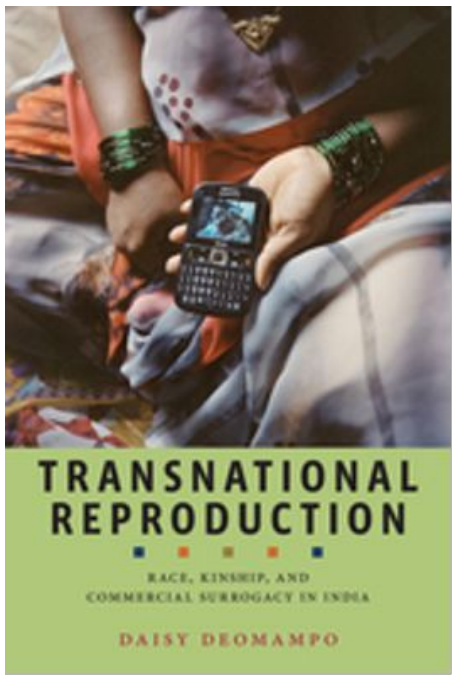


Amrita Pande (2014)

Wombs in Labor: Transnational Commercial Surrogacy in India

Columbia University Press

An influential ethnography examining surrogates' labor conditions, agency, and the political economy of commercial surrogacy in India. Pande highlights how clinics discipline and manage surrogate workers while women simultaneously claim dignity and professional identity through their participation.

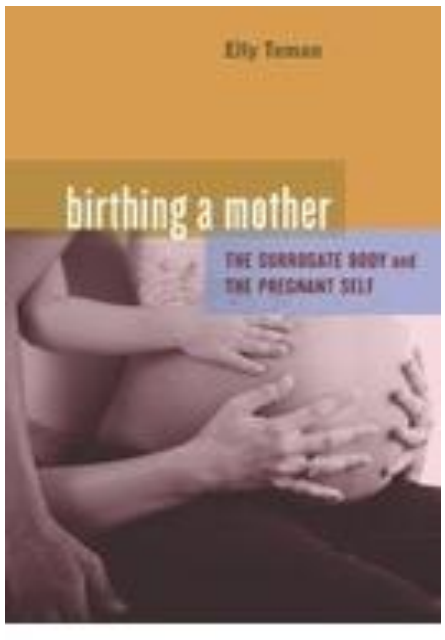


Daisy Deomampo (2016)

Transnational Reproduction:
Race, Kinship, and Commercial Surrogacy in India

New York University Press

A study of how race, kinship, and global inequalities shape commercial surrogacy arrangements and reproductive markets. Deomampo analyzes how intended parents select donors and surrogates, revealing how racial hierarchies and cultural expectations are embedded in reproductive technologies.



Elly Teman (2010)

Birthing a Mother:
The Surrogate Body and the Pregnant Self

University of California Press

An anthropological account of gestational surrogacy in Israel, focusing on embodied experience and relationships between surrogates and intended mothers. Teman demonstrates how surrogacy arrangements are carefully structured to separate genetic, gestational, and social motherhood, reshaping ideas of kinship.

AFIN News

The risk in early pregnancy

The article "Dialogues of obstetric risk in the first trimester of pregnancy: Insights from a hospital ethnography," by Ana Cerezuela González, Carolina Remorini, and Diana Marre, has been published in the journal *Social Science and Medicine*.

This work analyzes the first-trimester risk screening consultation as a complex social space where obstetric risk is not only medically calculated but also constructed and negotiated between health professionals and pregnant women.

Through a hospital ethnography, the study explores how this moment shapes decision-making in obstetrics. The research highlights the coexistence of technical risk assessment and the social and emotional meanings of the first encounter with the future baby.

This contribution is the result of projects developed at AFIN in the field of reproductive health, within the framework of the RICORS-SAMID network.

The article is available in open access: through this link.

AFIN 2026 Seminars: Risk and Sexual and Reproductive Health

The AFIN 2026 Seminar Series is launching to reflect on the concept of risk in sexual and reproductive health. This in-person series includes eight seminars combining presentations by national and international researchers with discussion spaces for participants. Additionally, it features three training workshops specifically designed for PhD students from the UAB Department of Anthropology.

Throughout the series, current challenges regarding the concept of risk in various areas of sexual and reproductive health will be addressed, such as pregnancy, women's reproductive age, digital intimacies, nutrition, communication about sexuality and reproduction with children and adolescents, and the production of fetal images.

The following lectures, accreditable as training activities for the PhD program in Anthropology, will take place at the UAB Department of Anthropology:

- "Escribir para publicar: riesgos, decisiones y estrategias", by Estel Malgosa (AFIN-UdG), March 5, 2026, from 16:00 to 18:00.

- “El arte de preguntar sin riesgos”, by Alexandra Desy (AFIN-Roma Tre), April 16, 2026, from 16:00 to 18:00.
- “Transforming voices: producción audiovisual y transferencia antropológica”, by Miguel Gaggiotti (AFIN-University of Bristol), May 21, 2026, from 16:00 to 18:00.

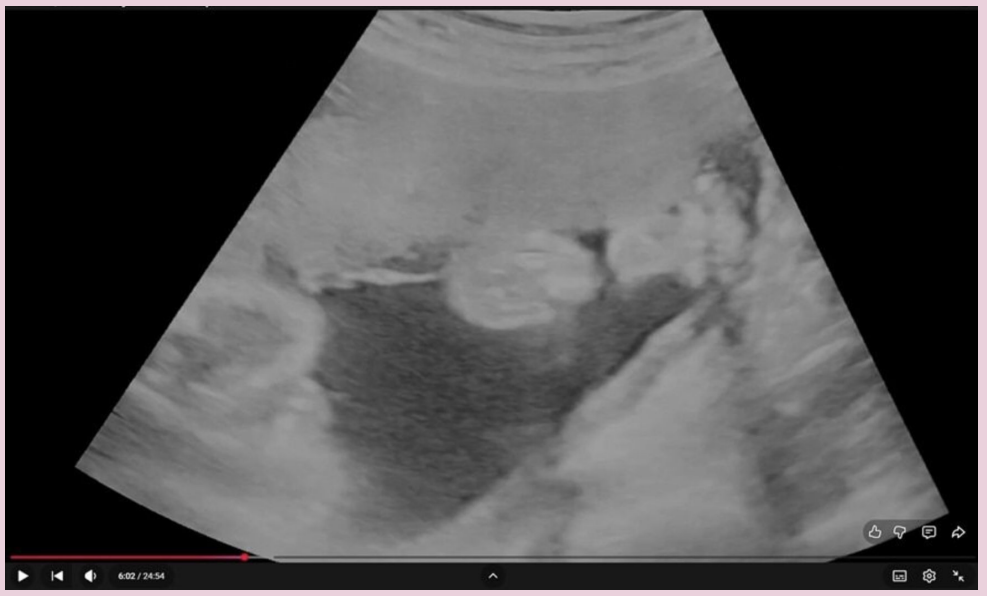
The following sessions will also be held at the AFIN Center:

- “El riesgo a partir de la imagen fetal”, by Giulia Colavolpe (AFIN-UAB), March 19, 2026, from 16:00 to 18:00.
- “La condición crónica del riesgo reproductivo”, by Ana Cerezuela (AFIN-UAB), March 26, 2026, from 16:00 to 18:00.
- “El riesgo de nacer antes de tiempo”, by Carolina Remorini (AFIN-UAB), April 9, 2026, from 16:00 to 18:00.
- “¿Qué entendemos por riesgo en salud?”, by Diana Marre (AFIN-UAB), April 30, 2026, from 16:00 to 18:00.

This series is supported by Project RD24/0013/0003 of the RICORS network: *Red Española de investigación en Salud materna, neonatal y desarrollo infantil*, directed by Dr. Elisa Llurba (Hospital de Sant Pau) and coordinated at UAB by Diana Marre, as well as the PhD program in Social and Cultural Anthropology and the Facultat de Filosofia i Lletres (UAB).

Cine-forum on first-trimester pregnancy loss

On April 21 at 13:00 h, in the UAB Cinema Hall (Bellaterra campus), the event “Voces en resonancia: relatos audiovisuales, debate interdisciplinario y reflexión colectiva sobre la pérdida gestacional temprana” will take place, organized by AFIN Group.



This is a free activity open to the general public, especially aimed at undergraduate, master's, and doctoral students and faculty from social and health disciplines, as well as healthcare professionals.

The activity will consist of the screening of three series of audiovisual short films based on the stories of women who have experienced early pregnancy loss, under the artistic direction of Miguel Gaggiotti. These were produced within the framework of the project *Pérdidas gestacionales tempranas: derribando tabúes, creando puentes, sumando voces*, directed by Carolina Remorini and funded by the Instituto de las Mujeres (Women's Institute) and the project *Pérdidas reproductivas precoces: del malestar físico y emocional invisible al posible duelo personal, familiar y social* funded by the Fundación “la Caixa”

and directed by Diana Marre, María José Rodríguez Jaume, and Elisa Llurba.

Along with the screening, a panel of invited experts will be held to comment on and debate the short films together with the project researchers and the series director, and a space for exchange and debate with the audience will be opened.

The series are already published on AFIN'S YouTube channel and feature subtitles in 10 languages.

This activity is carried out with the support of the Facultat de Filosofia i Lletres (UAB) and the RICORS-SAMID network, funded by the Instituto de Salud Carlos III.

More information will be published soon on the AFIN website.

New series of "Conversaciones AFINes", the AFIN podcast

Series 7 of the podcast *Conversaciones AFINes*, titled "Nacer antes de tiempo: una mirada antropológica a la vida, el cuidado y la tecnología", produced by AFIN, is now available on Spotify and Ivoox.

This series consists of 8 episodes and is coordinated and produced by Carolina Remorini and Paula Martone, researchers at AFIN (Universitat Autònoma de Barcelona). It features the collaboration of BCNatal (Hospital Clínic and Hospital Sant Joan de Déu) and the support of the RICORS-SAMID network (RD24/0013/0003).

In this series, we talk with anthropologists, social workers, neonatologists, obstetricians, physiotherapists, music therapists, and mothers of premature babies. Based on these interviews, we propose a reflection from the anthropology of health on the challenges of caring for and attending to premature babies, and in particular, extreme preemies, to understand the importance that this care can have in relation to possible risks to their survival, well-being, and subsequent development.

We also reflect on the impact that this care implies for the well-being of the people who care for these babies during pregnancy and after birth, whether they are mothers, fathers, other family members, or healthcare personnel.

Conversaciones AFINes is a podcast that seeks to bring debates and scientific research closer to the public to help us better understand the contemporary world. We talk about health, reproduction, sexuality, and families from the perspective of social and health anthropology.

AFIN at CoCA 2026

On January 29, AFIN participated in the 4t Congres Català d'Antropologia (CoCA) with the symposium “Antropología y salud en Catalunya: sexualidades, reproducción y crianza” coordinated by Bruna Alvarez and Carolina Remorini.

The symposium reflected on the challenges of Anthropology in understanding bodies, sexualities, and the processes of reproduction and upbringing as spheres shaped by social, economic, and political relations. In the face of current theoretical, methodological, and ethical challenges, the need to incorporate Anthropology professionals into healthcare teams was emphasized, as well as the importance of considering reproductive mobilities, support networks, care, sexuality, childhood, and the environmental crisis in the decisions and experiences of pregnant people.

AFIN members participated in this symposium with the following papers:

- “Viajar para ser madre ‘tardía’: experiencias de reproducción transfronteriza”, by Alexandra Desy.
- “Què interessa als infants sobre la sexualitat? Una exploració de narratives i preguntes de nens i nenes d’escoles de primària a Catalunya”, by Estel Malgosa Gasol.
- “No hay tal cosa como un ‘niño sano’. Una lectura etnográfica de las revisiones pediátricas en centros de atención primaria en Catalunya”, by Carolina Remorini and Camille Roperch.
- “Movilidades reproductivas desde el Reino Unido a España”, by Bruna Álvarez.
- “Las pérdidas gestacionales de primer trimestre en el sistema catalán de salud”, by Giulia Colavolpe-Severi and Ana Isabel Sánchez Larrosa.
- “La salud reproductiva a través del género y el cuidado: experiencias urbanas del riesgo ambiental y estrategias maternas de cuidado en Barcelona”, by Ana Cerezuela.

Likewise, the symposium featured the participation of researchers from the Universitat de Barcelona and the Universitat Rovira i Virgili, along with an audience with whom questions and debates were shared.

More details at this link.