Reproductive Politics in India and Southern Africa

25-26 May 2017

HUMA Seminar Room & Centre for African Studies Gallery

Upper Campus, University of Cape Town
### Thursday 25 May 2017

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**Post-Population Control? The Politics of Anti-Natalism**

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### Friday 26 May 2017

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**Reproductive Violence: Stratified Access to Reproductive Freedom**

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<td>Christina Sathyamala, Amrita Pande, Nomtika Mjwana, Malika Ndlovu</td>
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<td><em>Fertile Extractions: Women and Birth in the Global South</em></td>
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Reproductive Politics in India and Southern Africa

25 -26 May 2017

POPULATION CONTROL? THE POLITICS OF ANTI-NATALISM

C. Sathyamala
Institute of Social Studies, Erasmus University of Rotterdam

Injectable contraceptives: Technologies of Power and Language of Rights

Control over women’s bodies has been one of the central concerns of nation-states with the emergence of biopower when, in the eighteenth century, disciplinary power over individual bodies shifted to power over populations. It was in the latter half of the twentieth century, with the technological revolution and the rise of the pharmaceutical sector, that it became possible to regulate women’s bodies in ways that could enable nation-states to fine-tune its biomass to suit its specific biopolitical intentions. In the Global South, this meant curtailing fecundity of female bodies that refused to surrender to the nation’s biopolitical need to eliminate superfluous bodies deemed irrelevant. It is in this context that anti-natal technologies such as the long-acting contraceptive injectables that did not require compliance were developed and marketed. Notwithstanding the counter discourse by the women and health movement in India on the hazardous nature of such contraceptive technologies, the deliberateness with which the Indian state has sought to include these in mass family planning programme could only mean the transformation of an apparently passive biopolitical project of ‘letting die’ into one of actively ‘making die’. This paper will analyse the class, caste, and gender dimensions with their underpinning of racism in the promotion of hazardous contraceptives couched in the language of rights as choice for women from the Global South taking India as a case study.

Catriona A. Towriss
Post-doctoral Researcher, Centre for Actuarial Research, and Centre for Infectious Disease Research and Epidemiology, University of Cape Town

From Population Control to Reproductive Rights: An Old Paradigm Repackaged? A study of contraceptive provision in South Africa

This paper will analyse the transition from the paradigm of population control to the paradigm of reproductive choice in the context of contraceptive provision in the Global South. Using literature from population studies, public health and the social sciences, the paper will give a critical examination of demography’s role in
the population control paradigm and the establishment of family planning programmes. I will use South Africa as a case study to examine family planning delivery from the 1970’s until the present.

Demographic concerns about rapid population growth and the so-called population bomb led to the establishment of early family planning programmes. Under this paradigm, the aim of contraceptive provision was to reduce the birth rates among women in the Global South. Women became the primary site of intervention and family planning programmes generally provided healthcare-worker controlled long-acting methods, such as injectable forms of contraception.

Feminist activists and researchers from the Global South led the critique of the population-control paradigm. They argued that fertility control programmes were rooted in racist and colonialist tradition, and that they represented an over-simplification of the complex socio-cultural and economic systems underpinning reproduction. Feminists advocated for a more woman-centred approach to the provision of contraception, with a focus on sexual and reproductive health rights and women’s empowerment.

For the case study on South Africa, the paper will present an analysis of government policy documents concerning population and contraceptive provision from 1970s until the present. I will argue that in South Africa, the era of reproductive rights has produced policy that represents a turn away from the population-control framework of the apartheid-era family planning provision. However, the delivery of contraception in the clinics does little to empower women to make informed reproductive choices and is often coercive. Thus, in practice, the delivery of contraception remains largely unchanged.

Nolwazi Mkhwanazi
Senior researcher, Wits institute of Social & Economic research

Black female adolescents experiences of contraceptive use in South Africa

Contraceptive use in South Africa has always been and continues to be plagued by politics. Race, geographical locale, class and education are some of the variables that influence contraceptive use. Despite the introduction of adolescent friendly clinics, young women face many barriers in accessing and using contraceptives resulting in a slower than expected decline in early childbearing in South Africa. This paper addresses black female adolescent’s experiences of contraceptive use. Specifically I am interested in their access to contraceptives, knowledge about the contraceptives and ideas about what contraceptives do to their bodies.

Catriona MacLeod
Professor of Psychology, SARChI Chair of the Critical Studies in Sexualities and Reproduction programme, Rhodes University

Reparative justice and the politics of abortion in South Africa
Reproductive justice is increasing in popularity as a framework within which to understand reproductive issues. Theoretical refinement of the concept is, however, called for. In this paper, I propose the use of a supportability reparative justice approach. Drawing on an intra-categorical intersectionality stance, the supportability aspect starts from the event of a pregnancy to unravel the interwoven embodied and social realities that are implicated in women experiencing a pregnancy as personally supportable/unsupportable, and socially supported/unsupported. The reparative justice aspect highlights the need for social repair in the case of unsupported pregnancies, and relies on Ernesto Verdeja’s critical theory of reparative justice in which he outlines four reparative dimensions (individual material, collective material, individual symbolic and collective symbolic). The provision of legal, safe, state-sponsored, non-judgemental and accessible abortion services represents one form of social repair for unsupported pregnancies. Using abortion within the South African context, I show how this framework may be put to use to promote reproductive justice. I argue that: (1) the facilitation of autonomous decision-making (individual material dimension) within healthcare policies and practices requires understanding women within context, and less emphasis on the individualised notion of ‘choice’; (2) the provision of legal and safe state-sponsored healthcare resources (collective material dimension) demands political will and a commitment to abortion service provision as a moral as well as a healthcare priority; (3) overcoming stigma and the spoiled identities that accompany those who have terminated a pregnancy (collective symbolic dimension) requires significant feminist action to deconstruct negative discourses and to foreground narratives that position these women in positive ways; and (4) understanding individual lived experiences of unwanted/unsupported pregnancies and of abortion (individual symbolic dimension) means deep listening within the social and structural dynamics of particular contexts. Drawing these dimensions together requires an intersectional approach in which pregnancies are understood in relation to the notion of supportability.

Panel Discussant

Catherine Burns
Associate Professor of History, Centre for Sexualities, AIDS and Gender
University of Pretoria

Fertility markets, eggs, sperms and wombs: The politics of pro-natal technologies in the Global South

Verena Namberger
PhD Candidate, Gender Studies, Humboldt University of Berlin
South Africa has over the last ten years developed into one of the top destinations for ‘reproductive tourism’ and into an important hub in the transnational market for donor eggs used for in vitro fertilisation (IVF). Part and parcel of the country’s flourishing egg donor market is its ‘large pool of racially diverse donors’, an asset on the global market for infertility treatment, in combination with ‘first world’ medical standards and facilities, English language and favourable exchange rates. The South African egg donation economy is a paradigmatic example of global politics of reproduction that are being reshaped through the normalization and marketization of assisted reproductive technology (ART). My paper is based on empirical data collected during two research stays in Cape Town and intends to explore the biopolitical dimension of this particular market for reproductive tissue. I will show that biopolitics play out differently in relation to the intersectional categories of race and class and furthermore operate on different levels: On the molecular level of embryo selection in the IVF clinic, on the level of the ‘body proper’ with regard to the (genetic, medical, psychological) screening of donors, on a national level in terms of efforts to manage the ‘genetic pool’ and prevent interbreeding, and on a global level insofar as it is only a particular class, predominantly located in the Global North, that can afford expensive fertility treatment and the outsourcing of reproductive services to the Global South. My account supports the hypothesis that “biopolitics has merged with geopolitics” (Braun 2007: 8). A key aspect of my empirically grounded discussion is the question of eugenics: I argue that the South African fertility industry is a paradigmatic site to study the emergence of a new, subtle form of eugenics that come in the frame of choice – or “positive eugenics”, to use Amrita Pande’s (2014: 34) term. In contrast to scholars like Nicolas Rose (2007: 13-15) who consider the concept of eugenics inadequate in the context of selective reproductive technologies, I stress the importance to pay attention to both continuities and changes regarding modes of eugenics as the reproduction of existing hierarchies.

Amrita Pande Senior Lecturer, Sociology, University of Cape Town
Tessa Moll PhD Candidate, Social Anthropology, University of Cape Town

BioDesirable or BioAvailable?: Travelling Egg Donors in South Africa

“Unsuspecting young South African women are heading overseas to donate their eggs to infertile couples and earn a free international holiday in the process. But, at what cost?” This was the voice-over during the beginning of a news segment on Carte Blanche, the weekly news magazine show in South Africa, broadcast in April 2016. For many in South Africa it was the first instance they heard of the multi-billion dollar egg “donation” industry, with South Africa as the emerging global supplier of Caucasian eggs. The reaction to the broadcast was swift. Medical professionals reacted by proposing a “protectionist ban” to prevent market forces from reaching into South Africa to come after “our girls”. Social media was flooded with traveling egg donors (TED) posting their own
experiences with the hashtag #IwasNOTEggsploited, a challenge to the Carte Blanche segment title “Eggspolation”. Other commentators accused the donors of selfishly selling their eggs for money. Former and existing donors retorted by framing their donations abroad as a rational choice yet an altruistic one, guided by their selfless desire to help childless couples. In this article we critically analyse these competing discourses by situating them within the specific context of gamete donation in South Africa, but also within a broader context of the cross-border fertility industry. Feminist scholars examining the cross border fertility industry have previously used the frame of bioavailability to demonstrate how neoliberal policies and global inequities allow some women’s bodies in resource-poor countries to be made ‘bioavailable’ for those more privileged by race, class and nationality (Lundin, Kroløkke and Petersen 2015, Pande 2014). Through interviews with TEDs, medical professionals, and analysis of public and social media, we argue that to understand the contradictory logics of the cross-border egg donation industry, its structural underpinnings in South Africa, and the competing discourses of TEDs as agent/victim, the frame of bioavailability is inadequate. Instead, we counterpose the frame of bioavailability with the emerging notion of biodesirability (Payne 2013), whereby Caucasian eggs become a globally desired and sellable resource precisely because the intense desire for a close phenotype match crosses all borders of class, nationality and citizenship.

**Deepa Venkatachalam**
Founder, Sama Resource Group for Women and Health

**Of Biomarkets and Brokerage Economy: The Political Economy of Prenatal Technologies in India**

Human fertilization is no more a matter of chance with ‘fertility’ attainable in sterile conditions of the lab; women without functional reproductive systems have their ‘own’ child, while those who gestate give birth to children that are not theirs. Pregnancy, childbirth and even female ovulation and male ejaculation are now not just market commodities, but performances manipulated by technology. The fertility-technology market in India embedded in the global market economy, has designed itself to cater to the rich, though the poor are not outsiders to this space either: the poor enter the market to sell/rent their ‘remnant’ and/or ‘surplus’ reproductive potential. This presentation will interrogate the politics that pulsates in the fertility-technology market of this global southern economy.

Broad questions that animate this paper are: how does ‘class’ inform performances of (in)fertility? How are different bodies implicated in the mandates of the fertility-technology market? In the quest to have a child of one’s own blood, how is other blood in other bodies commoditized? How has the fertility-market reordered motherhood as more than an affective state, especially as an economic performance?

The paper emerges as a dialogue between theorization and empirics: Sama has been working on fertility, surrogacy and related thematics for over a decade, and the data generated over time viz. from interviews with surrogates, gamete
donors and clinicians shall inform the paper. Navigating through the interviews and literature, the paper shall articulate the conceptual premises of a qualitative project on biomarkets, ‘brokerage economies’, and clinical labour in the global south. The meta objective is to develop a conceptual register informed both by field data and theorizations of political economy, as also human subjectivities that define the fertility-technology market. This register would help unpack and palpate the social-technological-ethical determinants that shape the politics of pro-natal technologies in the global south.

Catherine Burns
Associate Professor of History, Centre for Sexualities, AIDS and Gender
University of Pretoria

Breastfeeding in South Africa -- Economy, Politics, Materialities and Intimacies

This paper seeks to historicise, analyse, and evaluate the present crisis around women’s suckling of infants and babies in this country in relation to wider global debates. Here breastfeeding has been a transmission belt of anxiety for more than a century, and more recently of biomedical forms of power, with gender and sexuality and race as points of intersection. This paper explores the long history of expert knowledge about breastfeeding practices in different regions of southern Africa -- with a specific focus on knowledge of women of African descent; women of south Indian diasporic origin living in and around the East Coast of Southern Africa; and women called “white” by the 1950s and through to the present, who were and remain the objects and subjects of these scientific and social theory projects. The paper argues that the last 20 years of our HIV context has produced voluminous work on transmission, but also generated the rise of public and commercial breast milk banking, and the concomitant emergence of new transactional networks of humanitarianism and maternal feminism. These have worked together to occasion a politics of breastfeeding and public debate, entering the realm of trade unions and law courts and engaging activist energies around work and public space. Using archival state documents; medical and scientific papers and reports; interviews; diaries and life writing this paper explores the stakes of breastfeeding as part of a bio-economy of pro-natal technologies in the Global South.

Panel Discussant

Lakshmi Lingham
Professor, Centre for Women Studies, Tata Institute of Social Sciences

Reproductive Violence & Stratified Access to Reproductive Health
Reproduction in the 21st Century: 
A Case of the Underside of Reproductive Health

Global indices consistently conclude that risk of death from pregnancy are disproportionate across the globe, and that women in Sub-Saharan Africa and South Asia suffer the highest levels of maternal mortality. This paper questions the relationship between these, and other negative outcomes of reproduction and the global policies and programmes driving reproductive health programmes in the Global South. The concept of underside, developed by decolonial theorists to articulate the methods of management and control, and the outcomes of Western modernity is applied to begin to theorize how coloniality is inculcated through global women’s health. The central argument is that there is an underside of reproduction, that it requires theorization as it is relevant for entire groups who are disenfranchised from activating rights by their categorization as population burdens – namely those devalued through poverty, racialization and gendering. I demonstrate that the inculcation of these sexist, racist, and classist enunciations within global women’s health contributes’ to five principal negative outcomes of reproduction, which I argue, constitute the underside of reproductive health. The five principal dimensions of the ‘underside of reproductive health’ are: (1) The distortion of the high risk of death from pregnancy and childbirth in the Global South as normal; (2) The erasure of reproductions’ social and kin context, and thus the social meaning of reproduction; (3) The control of Global South populations often regarded as burdens by the widespread and often coercive delivery of contraception, including sterilization; (4) Obstetric violence: the common place physical, psychological, verbal and medical violence in health facilities which regularly effects individuals and specific communities who are discriminated against because of their race, economic and disease statuses, amongst other characteristics; and (5) the use of women in the Global South as ‘reproductive labour’ for reproductive tissues and assisted reproduction by new markets and technologies. The case of maternal health in South Africa is used to illustrate the constitutive links between the five dimensions of the underside of reproductive health and several narratives influencing global women’s health policies.

Conceptual Opportunities: Theorizing Obststric Violence as Assemblage

This paper aims to provide a critical overview of the concept of ‘obstetric violence’, which arose in Latin America in the 2000s as a way of conceptualizing the mistreatment of women/girls during childbirth. While emerging in a very particular geo-political context (i.e. Latin and Central America), the concept is increasingly being taken-up in a range of global settings. In this paper, I debate the usefulness of the concept in relation to other existent terms (i.e. abuse, mistreatment, birth rape and disrespectful care) and the implications of its
travels to new contexts (such as South Africa). Tracing an inherent bifurcation in the ways in which researchers’ have framed birth violence in Southern and Northern settings also allows a consideration of the intersectional politics of childbirth violations in relation to geo-politics, class and race. Definitional dilemmas associated with the difficulty of theorizing violence in the context of childbirth are discussed. For example, how exactly do we define ‘violence’ in relation to childbirth? Furthermore, which acts or violations are visible (or get to count) as violence and which are potentially hidden? The difficulties of theorizing the multiple modalities of violation that potentially materialize during childbirth is outlined. In efforts to advance current conceptualizations, the paper argues that we need to move beyond conceptualizations of birth violence as comprised of isolated events between an individual perpetrator and victim. The concept of assemblage, drawn from new materialist theory, is introduced as a potentially potent theoretical tool to begin to theorize birth violence as emergent, heterogeneous, relational, productive and socio-material, involving bodies, technologies, spatial organization, infrastructure, norms and discourses. Case examples drawn from the birth stories of South African women are used to illustrate and contextualize the argument/s.

Kezia Batisai
Lecturer, Sociology, the University of Johannesburg

Stratified and Violent: Young Women’s Narratives of Access to Reproductive Health in South Africa

Critical mapping of existing scholarship reveals that in many African countries, mainstream systems have historically failed to meet health care demands of the public (Good, Hunter, Katz, and Katz 1979; SAfAids News 2004). Failure, in a context like South Africa where the gap between the rich and the poor is wide (Maarman 2009), has produced a healthcare system that is stratified along class and racial lines. As South Africa’s rich exclusively access private healthcare, the poor, who often bear the brunt of mass unemployment (Seekings and Nattrass 2002), not only rely on a failing healthcare system, but they resort to parallel systems. Building on bio-politics theorisations that emerged as I interrogated questions about, and the realities of anti-natalism in Zimbabwe (Batisai, 2015; 2014; 2013), this paper explores notions of reproductive violence and stratified access to reproductive health in South Africa. Although South Africa is celebrated as one of the countries with a progressive constitution (Mutua, 2011:458) evidenced by the right to terminate pregnancy (Bennett 2011:82), the service in public health care centres seems to be limited and inaccessible. The majority of young and poor women as a result are allured by ‘cheap, quick and pain free abortion posters’ putting themselves at risk of either maternal death or longstanding reproductive health complications. This paper, against the backdrop of high risk of death and very little research into the area, seeks to capture the realities of reproductive violence that young and poor women in Johannesburg constantly grapple with. The paper works with the theorisation that when juxtaposed with the reality of a failing healthcare system, the reproductive experiences of young and poor women tell a particularly
interesting narrative about reproductive violence and stratified access to reproductive health in South Africa.

**Kathleen Lorne McDougall**  
Post-doctoral Researcher, Anthropology, University of Cape Town

**Full Dilation of the Heart: The Compassionate Birth Project and Loving Maternity Obstetric Unit Staff***

Responding to persistently high maternal and infant mortality rates, South African department of health policy for midwife-obstetric units revises and further standardizes clinical protocol, and promotes early antenatal visits and fertility control for low income women. However, as much as birth outcomes can be correlated to clinical procedures and a mother’s physical health, birth outcomes are also related to attitudes of clinic staff. Responding to considerable evidence that laboring women are treated abusively in many Cape Town midwife-run obstetric units (MOUs), the Western Cape Department of Health has instituted a code of conduct emphasizing mothers’ human right to being treated with dignity. However, a Cape Town based non-profit organization, the Compassionate Birth Project (CBP), feels that it is also very important that clinic staff are treated (and treat each other) with care. CBP draws on an emergent epistemology among some independent Cape Town midwives and doulas who believe that safe, spontaneous vaginal birth is most efficiently facilitated through maintaining a peaceful birthing environment, a practice sometimes called ‘mothering the mother.’ The epistemology of loving birth in Cape Town emerged as a response to colonial and apartheid birthing management practices, and to highly medicalised perinatal risk management in post-apartheid public and private facilities. CBP’s innovation is to propose a systemic intervention for all staff (including administrative and security) at midwife-run obstetric units. This paper describes CBP’s process of creating, over seven years, an intervention called *Full Dilation of the Heart*. Extending the logic of ‘mothering the mother’ in order to facilitate peaceful birth, CBP proposes ‘mothering’ MOU staff as an intervention in a historically under-resourced system tending towards over-burdening its staff. CBP argues that better birth outcomes and less patient abuse may depend on systematizing loving self-care and mindful communication among clinic staff.

*Note: Kathleen is the lead author of this paper along with several other co-authors.

**Panel Discussant**

**Marion Stevens**  
Research Associate, African Gender Institute, University of Cape Town
Public Talk

Fertile Extractions: Women and Birth in the Global South

C. Sathyamala, Amrita Pande, Nomtika Mjwana, Malika Ndlovu

This talk will highlight the current paradox of reproduction in the Global South. C. Sathyamala will outline the politics of anti-natalism, especially the risks of the promotions of long-term injectables on women. Amrita Pande will discuss the converse dilemma in the Global South, namely the effects of pro-natalist technologies in anti-natalist states, wherein women's bodies and their fertility become extractive resources in the form of surrogates and traveling egg “donors”. Nomtika will speak about the local debate surrounding the promotion of ‘Pre-Exposure Prophylaxis’ (taking ARVs prior to sex to prevent contracting HIV) in South Africa. She will focus on the gender dynamics of this prevention method and the dangers this approach presents for youth. The issues raised by the panel, referencing examples from South Africa and India, will be interwoven with narrative threads by Malika Ndlovu as part of this open discussion on the immediate and long-term effects of this exploitation and struggles to prevent this violence.

Participant Biographies

C. Sathyamala is a public health physician and an epidemiologist. Since the early eighties, she has been active in both the health and women’s movement in India. In 1982, she coordinated the first successful all India drug campaign against the Hormonal Pregnancy Tests (high fixed dose estrogen-progesterone combination drugs). She was one of the main architects of the case against the injectable contraceptive NET-EN (Norethisterone enanthate; Schering AG) filed in the Supreme Court of India which questioned the safety of this contraceptive and raised ethical/legal concerns on human experimentation. As part of the initiative of the Medico Friend Circle and as an independent researcher, she has coordinated two population based epidemiological studies on the people exposed to the toxic gases from the American Multinational Union Carbide Corporation factory in Bhopal, central India, in December 1984. The first one highlighted the toxic effects on pregnancies exposed to the gas and the second one questioned the faulty categorization adopted by the Indian government to minimize the nature and extent of injuries. This study also formed the basis for successfully demanding interim compensation for all those who were exposed (approximately 200,000 population).
She was the first convenor of the Delhi-based Bhopal Gas Peedhith Sangharsh Sahyog Samiti, a coalition of over 30 organizations founded in 1989 in the aftermath of the unjust settlement in the Bhopal case. As a medical expert she was an intervener in the review petition challenging the settlement. Since August 2004, she has been a member of the Advisory Committee on Medical Research on Bhopal Gas Leak Disaster appointed by an order of the Supreme Court of India. In 2005-06, she was a member of a committee of the Indian Medical Association, New Delhi, for policy recommendation on Polio Eradication Initiative and universalisation of hepatitis B vaccination in India. None of these activities were funded. She is a long-term member of the Medico Friend Circle, an all India network of socially sensitive health professionals and functioned as the editor of the organization’s bimonthly journal (see: www.mfcindia.org/index.htm). She has authored and coauthored several books. She adapted David Werner’s Where There is No Doctor for India, co-authored, Taking Sides: The choices before the health worker (1984), a book on the political economy of health for field workers, internationally adjudged as one of the top ten books in primary health care, (see: Macdonald, J.J. (1987) ‘Ten best books in…primary health care’, Health Policy and Planning 2(4):352-354.), authored, An Epidemiological Review of the Injectable Contraceptive, Depo-Provera (2000), co-edited, Securing Health for All: Dimensions and Challenges (2006), and co-authored, From the Abnormal to the Normal: Preventing Sex Selective Abortions through the Law (2007). She has also published in journals, peer reviewed and otherwise, and in newspapers on wide-ranging topics with a focus on women and health, medical ethics, political economy of health, and environmental health. She is a founder member of a hospital cum rural health programme, Jan Swasthya Sahyog (People’s Health Support Group) in an underserved part of India (Bilaspur district, Chhattisgarh), (see www.jssbilaspur.org) and has experience in training health workers at all levels, from non-literate women at the village level to post-graduate medical professionals at the University level. In 1992-93, she was awarded a fellowship under the Overseas Development Agency Shared Scholarship Scheme for pursuing M.Sc. Epidemiology at the London School of Hygiene and Tropical Medicine, UK. From 2010-2012, she was awarded a three-year fellowship under the Netherlands fellowship Programme (NFP) for pursuing PhD at the ISS. In 2015, she received the first prize for her presentation entitled ‘Watching Others – Watching Self’ on the Foucauldian concept of governmentality, in ‘New Voices in Social Science’ organized at the Stellenbosch University, South Africa.

Catriona Towriss is a post-doctoral researcher at the University of Cape Town, based in the Centre for Actuarial Research and is affiliated to the Centre for Infectious Disease Research and Epidemiology at the School of Public Health and Family Medicine. She holds a Masters in Demography and Health and a PhD in Population Studies, both from the London School of Hygiene and Tropical Medicine. Her research intersects the fields of demography, public health and sociology with interests lying mainly in the area of women’s health and well-being, with focus on childbearing and family planning. Her PhD research explored the dynamics of reproduction in urban areas of Eastern Africa; with a specific focus on women’s reproductive decision-making and contraceptive experiences. To date, her post-doctoral research has explored the reproductive experiences of a group of women living with HIV in South Africa, who have recently initiated antiretroviral therapy. This project has led her to examine issues of choice and coercion in women’s family planning experiences and through this research she has developed an interest of issues
of reproductive justice and obstetric violence. She has a particular interest in critical demography, which she brings to her teaching, which focuses on demography’s misunderstandings of gender, demography and population control, and family planning in the era of reproductive rights.

**Nolwazi Mkhwanazi** is a medical anthropologist who is interested in issues relating to gender and the political of reproduction. She received her PhD from Cambridge University. Nolwazi teaches courses in the anthropology of medicine and the body; medical anthropology; and ethnographic writing and analysis. Over the last two decades Nolwazi has conducted long-term ethnographic research on early childbearing, kinship and care which is the subject of her current book manuscript. She has a forthcoming edited book titled *Young Families: Gender Sexuality and Care*. Nolwazi is on the editorial board of a number of academic journals and has been involved in initiatives to encourage researchers from the Global South to write for publication. She has conducted writing workshops in Kenya, Nigeria, Spain and South Africa. Nolwazi is also involved in a number of national and international collaborative projects including a comparative research project on young people’s use of mobile technology to form sexual, intimate or romantic relationships in India and South Africa. She is currently supervising 7 PhD and 4 MA students. In 2017 and 2018 Nolwazi has been seconded to the Wits Institute of Social and Economic research (WiSER) under the Medical Humanities program.

**Catriona Macleod** is Professor of Psychology and SARChI chair of the Critical Studies in Sexualities and Reproduction research programme at Rhodes University. Her major scholastic contributions have been in two main areas: sexual and reproductive health, and feminist theory in Psychology. She has written extensively in national and international journals in relation to teenage pregnancy, abortion, sex education, feminist psychology and postcolonialism. She is author of the multi-award winning book ‘Adolescence’, pregnancy and abortion: constructing a threat of degeneration (Routledge, 2011) and co-author (with Tracy Morison) of the book *Men’s pathways to parenthood: silence and heterosexual gendered norms* (HSRC Press, 2015). She is editor-in-chief of the journal *Feminism & Psychology*.

**Verena Namberger** is a doctoral student at the Unit of Gender Studies, Humboldt University Berlin, Germany. She holds a Diploma in Political Sciences from Free University Berlin where she graduated in 2012 with a thesis on critical race theory and the materiality of the body. In her Ph.D. research she uses the South African economy of egg donation as a site to understand the commodification of the (re)productive body in the life sciences, tracing the different bodily assemblages that are constructed, materialised and experienced in this bioeconomy. Besides, she is active in anti-racist groups in Berlin and member of the political publishing collective edition assemblage. Her current research interests include feminist science and technology studies, new materialisms, body studies, cultural studies of ARTs, biopolitics, philosophy and history of the life sciences. Recent publication: “The South African Economy of Egg Donation: Looking at the BioEconomic Side of Normalization”, in Lie, Merete/Lykke, Nina (eds.) 2017: Assisted Reproduction Across Borders: Feminist Perspectives on Normalizations, Disruptions and Transmissions, Routledge, p. 72-83.
Amrita Pande, author of *Wombs in Labor: Transnational Commercial Surrogacy in India* (2014: Columbia University Press) is a senior lecturer in the Sociology department at University of Cape Town. Her research focuses on the intersection of gender and globalization. Her work has appeared in *Signs: Journal of Women in Culture and Society, Gender and Society, Critical Social Policy, International Migration Review, Qualitative Sociology, Feminist Studies, Indian Journal of Gender Studies, Anthropologica, PhiloSOPHIA, Reproductive BioMedicine* and in numerous edited volumes. She has written for national newspapers across the world and has appeared in Laurie Taylor's *Thinking Allowed* on the BBC, Sarah Carey’s *Newstalk* on Irish radio, *DR2 Deadline* on Danish National television, *Morning Live* on SABC2 and *Otherwise SAfM* to discuss her research projects. She is also an educator-performer touring the world with a performance lecture series, *Made in India: Notes from a Baby Farm* based on her ethnographic work on surrogacy. She is currently leading the research project *Rand and the Reproductive Body: Markets for Reproduction in South Africa*, a large NRF-funded initiative based in the Sociology department. She serves on the editorial board of journals *Gender and Society* and *Feminist Africa*.

Tessa Moll is a PhD candidate in Social Anthropology at the University of Cape Town. She is part of the research group the First Thousand Days of Life. Her research focuses on potentialities of IVF in the private clinics of Cape Town and Johannesburg, considering the impact and negotiations of kinship, identity and South African histories, and scientific logics in the pursuit of securing family life. She has a Masters in Gender Studies from the African Gender Institute and previously worked in human rights organizations and as a journalist.

Deepa Venkatachalam has been involved on issues of public health, gender based violence, and reproductive technologies for 18 years. She has been with Sama-Resource Group for Women and Health since 2005 and has been involved in diverse work areas of the organization. Deepa has been involved in training, research, and policy advocacy on issues of gender, public health, reproductive technologies, gender based violence, sexual and reproductive health and rights and ethics. She has also contributed to publications on these varied issues.

Catherine Burns is an Associate Professor of History at the University of Pretoria. She holds a joint appointment between the Centre for the Study of AIDS and the Department of Historical and Heritage Studies. Catherine was educated at WITS, the John Hopkins University and Northwestern University, where she earned her PhD in History. Her research interests focus on medical and health history, the history and ethnography of reproduction and sex, ethics in biomedical research, and the history of gender in southern Africa. She has taught at several universities in the United States, and at the University of KwaZulu-Natal, where she was based from 1995 - 2009. From 1999 -2002 Professor Burns was head of the interdisciplinary Programme of Gender Studies, and from 2005 – 2007 head of History at University of KwaZulu-Natal where she was Associate Professor of History until her appointment as a Technical Advisor at the Maternal, Adolescent and Child Health, a Division of WITS Health Consortium in Durban. Catherine was based at the WITS Institute for Social and Economic Research (WISER) from 2012 – 2017 until joining the University of Pretoria. Professor Burns has taught in History, in Medicine and Public Health, and in Gender Studies and has supervised many masters and doctoral students across several
disciplines. She is the editor of African Studies, an internationally-rated interdisciplinary journal, in continuous existence since 1992.

**Lakshmi Lingam** is a Professor currently associated with the Tata Institute of Social Sciences (TISS) Director's Office. She was the Deputy Director of TISS, in Hyderabad from May 2011- May 2016. In this position she had provided leadership in envisioning a new campus, hiring new teams of Faculty and researchers, building relationships with the government, non-government organizations and civil society groups, and offering new academic programs that significantly strengthened social sciences education and research. Professor Lingam is a well-known gender specialist. She is a three-time Fulbright Fellow holder. Her recent selection had been to participate as a Fulbright-Nehru Education Administrators Fellowship between October-November 2015. In addition to her outstanding teaching and research activities, she has contributed to gender and equity mainstreaming activities of Government departments in a number of states in India. Her areas of research interests cover gender, health, sexuality and public policies.

**Jessica Rucell** is a Research Fellow in the Department of Sociology, The University of Cape Town. Prior to this she was a Research Assistant in the Department of Sociology, The University of Leeds where she reviewed literature on a poverty for a research project commissioned by Joseph Rowntree Foundation. Jessica is a PhD candidate in Politics and International Development, University of Leeds, and is affiliated to the Centre for Applied Human Rights, University of York. Her research focuses on the relationship between current violence, and the social and political conditions of colonial and neo-colonial periods. Empirically, it engages with forms and expressions of structural and everyday violences a reproductive health policy intervention addressing obstetric violence in South Africa. Jessica’s research is supported by EUSAnid, European Commision and the Economic Social Science Research Council, the United Kingdom. Jessica holds a Masters in Development Studies, the Erasmus University of Rotterdam, Institute of Social Studies. Prior to her post-graduate research she spent ten years working in international advocacy with non-governmental and civil society-led organizations in the United States and Asia. Her publications include a chapter on research ethics, and a co-authored report on *Sociological Perspectives on Poverty*, as well as poetry and several reports on the Aceh, Indonesia’s conflict and post-tsunami reconstruction. She has taught development and human rights courses for politics and law students in England, and has supervised field research for post-graduate students.

**Rachelle Chadwick** is a NRF Research Career Fellow in Gender Studies at the University of Cape Town. She is a critical social psychologist who has published widely on reproductive politics, obstetric violence, gendered bodies, birth narratives and qualitative methodologies. At present she is running the ‘Mothers Matter’ project which is a longitudinal, photo-narrative study exploring the transition to mothering for low-income young mothers in the Western Cape.

**Kezia Batisai** is a lecturer in the Sociology Department at the University of Johannesburg who holds a PhD in Gender Studies from the University of Cape Town. Her research gaze is on gender, sexuality, political change, questions of being different and politics of nation-building in Africa – a theoretical standpoint that informs her current and forthcoming publications. Beyond the academy, Kezia has
more than ten years working experience as a senior researcher for local and international organisations. She is an active member of the International Sociological Association (Language and Society; and Women and Society working groups); the South African Association for Gender Studies; and the South African Sociological Association (Gender working group coordinator: 2015-present).

**Kathleen Lorne McDougall** is a post-doctoral fellow in Anthropology at the University of Cape Town, and has been affiliated with the First 1000 Days of Life research group since 2014. She is conducting an ethnographic study of how perinatal risk is defined and managed in the Cape Town birthing sector. In 2013, she graduated with a PhD in Anthropology from the University of Chicago, where her doctoral work focused on family trees. She gave birth in Cape Town four years ago, and lives there with her husband and toddler.

**Marion Stevens** has an academic background as a midwife, in medical anthropology and in public health and development. She has worked in the area of sexual and reproductive justice for over 20 years. Her work has included conducting participatory research, policy analysis and development and advocacy. She has worked with a range of stakeholders both locally and internationally. She is currently the coordinator of WISH Associates (Women in Sexual and Reproductive Rights and Health) a network of six South African consultant activists, she chairs the Sexual and Reproductive Justice Coalition and is a research associate at the African Gender Institute at University of Cape Town.

**Nomtika Mjwana** is the Advocacy and Communications Manager, at the Sexual Reproductive Justice Coalition – South Africa. Nomtika is a Communication Science and Public Relations practitioner, with extensive experience in Sexual & Reproductive Health and HIV/AIDS Communication, as well as Social Justice advocacy. She forms part of the ACTIVATE! Change Drivers Network of about 2000 young active citizens. Nomtika also works on various SRHR projects which include blogging, video blogging, HIV/AIDS and Sexual Health conversational workshops (as a certified Peer Facilitator), and is a Communications Consultant. She is also a member and volunteer for the End Abortion Stigma Initiative, and was selected as a youth plenary speaker at the 2016 International Conference on Family Planning. A 2014 HIV/AIDS Young Leader of the year, and a member of the International Youth Alliance on Family Planning, Nomtika also mentors Public Relations Interns on a part-time voluntary basis.

**Malika Ndlovu**'s words and productions have appeared on pages and stages all over South Africa, as well as in Austria, Uganda, USA, UK, Holland, Ireland, Germany, Spain, Ethiopia, India and the Philippines. Malika is an internationally published South African poet, playwright, performer and arts project manager, with a wide range of experience in the Arts and Arts Management arena. Until 2010 She was project manager for the Africa Centre’s *Badilisha Poetry X-Change* an international poetry festival. She is currently guest curator and presenter for *BadilishaPoetry.com*, a unique African poetry podcasting platform. Malika was a founder-member of Cape Town-based women writers' collective WEAVE, co-editor of their multi-genre anthology *Ink @ Boiling Point: A selection of 21st Century Black Women’s writing from the Southern Tip of Africa* (2000). Her poetry collections include *Born in Africa But* (1999) *Womb to World: A Labour of Love* (2001), *Truth is both Spirit and
Flesh (2008), a poetic memoir entitled Invisible Earthquake: a Woman’s Journal through Stillbirth (2009) and two published plays A Coloured Place (1998) and Sister Breyani (2010). In 2015 she was nominated for the Department of Arts and Culture’s national Mbokodo Awards, in the Promotion of Language and Storytelling category, recognizing South African women’s contribution to the arts. Malika’s latest poetry collection Close was launched in February 2017 at Smith College Poetry Centre in Northampton, USA. As an independent artist and in collaboration with artists of various disciplines, Malika offers applied arts facilitation and produces multi-media, site-specific works diverse under the company banner ART on SITE dedicated to "healing through creativity.” Via her poetic memoir Invisible Earthquake: a Woman’s Journal through Stillbirth published by Modjaji Books in March 2009, Malika has become a passionately vocal advocate around pregnancy-related loss, bereavement support and maternal health through a wide variety of interventions and presentations. These include: the co-establishment of BAHI (Borrowed Angels Healing Initiative) annual concerts with Laurika Steenkamp, worked collaboration with Saving Newborn Lives, the Safe Passage study at Tygerberg Hospital, Compassionate Friends CT Chapter and offered readings and talks to medical staff and students at Mowbray Maternity Hospital mother-to-mother support group with Lucy O’Connell of Medicine Sans Frontiers. Malika’s story and insights on this subject have over the last 6 years, emerged as internationally published articles and interviews incl. features in the Lancet Medical Journal, SANDS (Miscarriage, Stillbirth & Newborn Death Support) newsletters, BBC World Service, the Bill and Melinda Gates Foundation’s “Impatient Optimist” blog: (http://www.impatientoptimists.org/Posts/2011/06/My-Invisible-Earthquake-One-Womans-Journey-Through-Stillbirth ). Most recently in collaboration with the Zulu Birth Project, she presented at the Human Rights in Childbirth (HRIC) 2015 Africa Summit in Johannesburg and was invited to contribute an article to the WHO’s April 2017 World Health Day online campaign blog focused on depression and other mental health issues. See Like A River: http://www.healthynewbornnetwork.org/blog/like-a-river/