

An illustration showing a group of diverse people from various ethnicities and backgrounds, seen from above, holding hands in a circle. The people are wearing colorful clothing, and their hands are joined together, symbolizing unity and community. The illustration is split into two horizontal sections by a brown banner.

**Reproductive Borders and Bordering Reproduction: Access to
Care for Women from Ethnic Minority and Migrant Groups.**

#ReproductiveBorders

A Presentation

by

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Overview of presentation

- Background
- About the *Reproductive Borders* project
 - Project aims and research questions
- Approach

Background

Intersection between migrant and ethnic minority status in the context of maternal/reproductive healthcare:

- Five-fold difference in maternal mortality rates among women from Black African/Caribbean ethnic backgrounds and almost two-fold difference among women from South Asian (esp Pakistani and Bangladeshi) ethnic backgrounds compared to White women.
- Inequalities experienced by ethnic minority women are further accentuated through ambiguous legal status.
- ‘Hostile environment’ policies in the NHS require hospital staff to demand proof of entitlement to free healthcare.
- Even those who have long term secure legal status or are citizens may also fall within the uncertain category if they come under further scrutiny due to racial prejudice, and are profiled as having insecure status.

Background

Need for a holistic prism:

- Research thus far has tended to focus on discrete periods (e.g. prenatal, antenatal, postnatal) or specific health conditions, leading to disjointed research insights that feed into policy interventions designed through a restricted prism.

Complex intersections between clinical staff and women seeking care:

- The healthcare professionals called upon to enact hostile policies may be migrants or from minoritised backgrounds themselves, thereby creating multiple layers and complexity of (racialised) interactions both within and outside of healthcare settings between minoritised women and the NHS staff who provide care for them.

The *Reproductive Borders* project

Reproductive Borders and Bordering Reproduction: Access to Care for Women from Ethnic Minority and Migrant Groups

- Funded by the Arts and Humanities Research Council, 2024-2027

Project team	Project partners
<p>Principal Investigator: Dr Camillia Kong (QMUL)</p> <p>Co-Investigators: Dr Sarah Milton (KCL) Dr Ulla McKnight (Sussex) Professor Sheelagh McGuinness (Bristol) Professor Devyani Prabhat (Bristol)</p>	<p>Department of Health and Social Care Royal College of Obstetricians and Gynaecologists Human Fertilisation and Embryology Authority Gateway Women Sands Maternity Action British Pregnancy Advice Service (BPAS) Project Mama</p>

Project aims

The project aims to:

- (i) Explore and reconceptualise the agency of minoritised and migrant women in mediating barriers in their reproductive and (non)maternal lives, as well as the NHS staff charged with enforcing immigration policies;
- (ii) Pioneer a Call and Response methodology that integrates philosophical and legal analysis, empirical work, and arts-based research praxis as a process of meaning-making and engagement with inequality and oppression;
- (iii) Facilitate the construction of experientially-rooted policy change recommendations.

Project aims

Three types of barriers will be examined in our research:

- (i) *Structural* barriers: the legal construction of eligible or deserving patients and its institutional and (bio)medical impact on multiple sites of maternal and reproductive health and healthcare.
- (ii) *Socio-cultural* barriers: pro-natalist norms and narratives around the putative 'hyperfertility' of ethnic minority and migrant women, as well as a (white) feminist conceptual paradigm of empowerment/oppression surrounding reproduction and motherhood.
- (iii) *Phenomenological* barriers: the affective, perceptual, and embodied levels of subjective experience, including those of pain and trauma.

Project aims

- The project aims to create a collaborative dialogue involving a *diachronic* exploration of the *multi-layered barriers* and affective dimensions of reproductive and maternal health care.
- The *diachronic* orientation: women do not experience care as isolated events
 - Poor health outcomes in one area will impact other areas further along the treatment path and in the women's lives.
- Through encounters with *multi-layered barriers*, the bodies of migrant and ethnic minority women could become bordered sites, both symbolically and literally. Borders denote:
 - How interplay between legal status, race, and ethnicity functions literally as a 'border' delineating (in)access to healthcare, replicating the physical borders between nation states;
 - The liminal status of intersectional agency in feminist thinking, where the experiences / agency of ethnic minority women may 'border' or fall outside predominant conceptual binaries of oppression/resistance or autonomy/heteronomy.

Research questions

- (1) What structural, socio-cultural, and phenomenological barriers coalesce and interact across the reproductive lifecourse?
- (2) How do ethnic minority and migrant women exercise agency in negotiating, or failing to negotiate, these multiple barriers and ambiguities?
- (3) Why do medical professionals and health care providers participate in, or resist, the enforcement of legal frameworks around the provision of reproductive/maternal health care?
- (4) In what ways should the experiences, narratives and resistances of ethnic minority and migrant women and healthcare professionals (i) revise philosophical and socio-legal framings of intersectional agency in these healthcare spaces and (ii) inform practices and policies that redress rather than exacerbate inequalities, marginalisation, and exclusion?

Call and Response methodology

- Adopts a multi-directional and multi-sited Call and Response methodology as a broader interdisciplinary approach so that it strategically deploys philosophical thought in dialogue with socio-legal studies and multi-faceted ethnographic, arts-based, and participatory empirical work.
- Provides a holistic prism that allows work packages and case studies to be interactive, dialectical, and cumulative, in aiming to capture the rich experiential dimensions of different actors, across a range of temporal spaces and institutional sites that are typically examined in isolation.
- The methodology itself has the potential to become a site of practical impact, collective agency, and critique of the barriers to the equitable provision of care.

Four work packages

WP1: Scoping the conceptual, ethical, and legal terrain

WP2: Ethnographic case studies and creation of the sensory archive

WP3: Reconceptualising and reimagining reproductive lifecourses

WP4: Translation and Policy

Ethnographic Case Studies

Case study 1: Absence

- The experiences of ethnic minority women who are disproportionately affected by involuntary childlessness and reproductive loss.

Case study 2: Discontinuation

- How those with uncertain migration status navigate the obstacles and barriers to accessing abortion care.

Case study 3: Delay

- The experience of impediments to accessing and providing specialist maternity care (some parts of which may be free of charge) to women living with HIV and/or at risk of developing maternal hypertensive disorders (MHDs).

Ethnographic approaches in WP2

(1) Autoethnography

(2) Observations

(3) Qualitative interviews

(4) (Non)maternal sensory archive

(5) Artistic depictions of archive contributions

(6) Life history interviews

What we've done so far...

- (1) We successfully piloted a **slow-stitching workshop** in February 2023 through an NIHR-funded project which included 9 ethnic minority women, facilitated by artist and educator, Saj Fareed of Pull and Pin;
- (2) Co-authored paper by Milton and McKnight: '**Crafting the unsayable: making meaning out of racialised maternal healthcare encounters**', accepted for a special issue of *Sociology, Health & Illness*;
- (3) Currently working on **3 scoping reports** (to be published on our (soon to be live) project webpage);
- (4) Drafting a **co-authored project position paper** applying feminist theories to the intersecting focus of the project.