

Care.



Reproduction

■ REPRODUCTION

During the spring semester 2024, the Architecture and Care design studio will address the spaces where human reproduction takes place. Gendered constructs around reproduction have been and still are central to the ways we structure social realities. Architecture and space have historically contributed to promoting and perpetuating sexist social models around reproductive labour and its associated care practices. Building on gender, queer, and crip studies, this studio will explore the possibilities of non-normative and more egalitarian reproductive practices through spatial design.

Looking at the different aspects of reproduction, from reproductive rights to child-rearing, the objective will be to design institutions and spaces that promote equality and access to structures of care beyond the heteronormative nuclear family. Care practices, from breastfeeding to fostering, will underpin a design course that aims to look at reproduction from an intersectional point of view.

The projects envision alternative architectures for Zürich, in which reproduction transgresses the gendered domain of heteronormativity, and positions itself as an expanded social practice supported by mutual and transversal forms of care and kinship.

■ The medical, biochemical, and genetic advances led by scientific research during the first half of the twentieth century are now, mediated by a globalised health industry, having an impact on the body of individuals and the production of subjectivity: the modifications of affects, desires, sexualities, and the capacity to produce and reproduce, says Paul B. Preciado. Since its introduction in the 1960s, the contraceptive pill, a hormonal compound designed to dissociate sexuality from reproduction, has been one of the most produced pharmacological products in the world. Technologies to support reproduction outside the uterus have transformed the rhythms and agencies of biological reproduction. In short, in the last half a century, scientific discoveries and new technologies have transformed biological reproductive processes and impacted the social structures of care that support them.

Despite these new biological possibilities and shifting ideologies having introduced new social dispositions, oppression and exploitation persist across all stages of reproductive life. Social dynamics based on patriarchal, sexist, heteronormative, and binary principles perpetuate unequal and even violent social practices around reproduction, from conception to upbringing. Contemporary society and the spaces it produces and inhabits are still marked by the outdated segregation between productive and reproductive labour – labour linked directly to the production of economic value, and the labour required to sustain the bodies producing it. This binary dichotomy is to a large extent still gendered, but also a product of other forms of discrimination like ableism, racism, homophobia or transphobia.

While male labour is traditionally considered productive, performed outside of the home, and waged, female labour is considered reproductive, mostly located in the domestic realm, and devalued as “natural” work motivated by love, and thus not requiring remuneration. Similar unbalances in the burdens of reproductive care are based on other binary divisions such as migrant and non-migrant, wealthy and poor, racialised and white. Architecture, as a social technology, is not neutral, and has historically contributed to the inscription of such

discriminatory practices in space and bodies. The design of the house, public institutions, and the urban is complicit in the discrimination against female, homosexual, non-binary, non-monogamous, racialised, and other non-normative reproductive bodies and lives.

In Switzerland, official data shows that nowadays the burdens of child-rearing still predominantly fall upon women, with 70 percent expressing concerns that having a child will impact on their careers. There are a myriad of reasons for the country’s declining birth rates, for instance women focusing more on their own careers, increasingly challenging socio-economic conditions, and the availability of contraception. Architecture is another one of these reasons: urbanisation leading to smaller living spaces and the dispersion of support networks, the scarcity of nearby public care facilities, and the lack of adequate spaces for shared forms of care beyond the domestic sphere of the nuclear family. Public relief, despite being remarkably generous in comparison to other countries, is still insufficient: fertility treatments like IVF are not covered by insurance – while three percent of children born were conceived in vitro –, child care costs are only partially subsidised, etc. Unsurprisingly, people who can become pregnant are having less and less children and, if they do, it is much later in their life. In this context, what can the role of architecture be?

In this design course, we will imagine architectures that support alternative reproduction practices at different stages, from access to information to everyday life. Speculating with new spaces and uses, we will design collective architectures that promote and visualise shared forms of reproductive care. The aim is to acknowledge the dissolution of the division between productive and reproductive labour, to reshape the spaces it takes place in, and to impact on the bodies that carry it out. The limits of the domestic are blurring, the home is no longer necessarily a space for care; instead, it is a transient, productive, and networked space. On the other hand, public and collective spaces can shelter former domestic activities and become supporting architectures for transversal care across different bodies (human and non-human), using new technologies, and developing multidisciplinary strategies.

Addressing architecture at multiple scales, from the urban to the body, the course aims to develop a comprehensive understanding of the relationship between design and reproduction in Switzerland. We will understand dependency as a positive kin, and propose programmes and spaces that encourage shared reproductive labour in novel ways. This realignment can contribute to generating new forms of balance, ones in which we stop “caring for” and start “caring with” as a rewarding interdependence. We will look at the body – its spaces, contexts, and rituals – as a starting point for an all-encompassing architectural and aesthetic project. The students will be asked to design in response to former forms of spatial oppression and exploitation and to explore the paths of otherness, wildness, diversity, complexity, and the impractical. The objective is to imagine and propose new institutions and organisations that provide inclusive spaces for reproductive futures based on collectivity and joy.

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