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**Uterine Time and Subjectivities: an ethnographic account of the uterus in  
online body-talk and other articulations of reproductive justice in South  
African feminist publics**

by

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## ABSTRACT

The uterus is a largely underrepresented and underknown entity in everyday discourses of *bodyhood* and is usually only spoken of in specialised and/or intimate contexts. This is, however, changing in contemporary popular feminist culture and spaces, especially across networked publics and social media. In South African public life, there is an emerging *intimate public* where feminists convene and engage in discussion around various issues of concern, in and across various media spaces, in particular social media platforms like Twitter. In the context of increased public focus on sexual and reproductive health and rights (SRHR) in public health and social justice conversations, this research asks how young people's personal experiences and feelings about the uterus are affected by and mediated through public discourses about reproductive health and justice, intergenerational cultural expectations of the uterine body, and vernacular expressions of *body-talk* that are amplified and circulated in intimate publics like South African Feminist Twitter. Drawing on a multimodal 'patchwork' ethnographic enquiry (Gökçe and Watanabe, 2022) that aimed to trace the uterus as an entity that comes to matter in various different, but underrecognized ways, research was conducted between December 2019 and January 2021, during covid-related lockdowns. Methods included virtual ethnography on/via Twitter, an online qualitative survey that was disseminated across my broader Twitter network, an arts-informed feminist workshop engaging with depictions of the uterus in society and popular culture and discussions of personal narratives. The feminist vernaculars and body-talk that circulate and are amplified online emphasise negative affects and the "ugly feelings" that people in this public associate with the uterus. Menarche, the first menstrual period, stood out in personal narratives as the beginning of 'uterine time', that is, the beginning of one's subjective awareness of and interaction with the societal expectations attached to the uterus. The messaging that young menstruators received from elders about their bodies predominantly positioned the physiological change as triggering a social change in which one's personhood is imbricated with risk and danger. What people say about the

uterus, both publicly online and privately, suggests the emergence and propagation of a generational feminist vernacular of body-talk that takes on a ‘radical’ character through descriptions of organs exerting violence and affective injury. In this generational vernacular, feminist youth describe the organ mainly as a conduit of cis-heteropatriarchal violence and as an embodiment of what Gqola (2021) terms the *Female Fear Factory*, and purposefully emphasise antagonistic relations of the uterus. I show how common vernacular expressions and epithets contribute to the production of collective orientations to the uterus through affective contagion. For many young people with uteruses, the organ is experienced as invoking a sense of personal responsibility for a (gestational) reproductive future which may or may not materialise but is nevertheless inscribed with a host of intergenerational sociocultural expectations. The thesis examines the key themes of *expectation, speculation and anticipation* that emerged in the research as dominant modes of feeling that characterise *uterine subjectivities*, or what it means to have a uterus. Together these modes form a particular subset of affective-temporal orientations to the future (as opposed to hope, destiny and potentiality). I argue that this is an indicator of the marked sense of anxiety that accompanies contemporary life and, for many feminists on Twitter, seems to be embodied in their subjective experiences of the uterus.

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## CHAPTER ONE

### INTRODUCTION

On the 2<sup>nd</sup> of March 2020 I started my day earlier than usual, nervous but excitedly getting ready to go out for the first formal interview for my research. It was a relief that Marishan<sup>1</sup> had agreed to an interview, after I took a chance on making a ‘cold call’ via the DMs (Direct Message) to two women in my Twitter-sphere. Unbeknown to me at the time, it was to be my only in-person interview as Covid-19 lockdowns began a few weeks after this.

On the morning of the interview Marishan and I exchanged a few texts on WhatsApp because she was at the hospital getting tests done, which would mean our appointment timing had to be flexible. Once she texted that she was home, I set off from mine – first stopping at the shop to get cranberry tea and snacks, which turned out to be some of Marishan’s favourites. In the Uber on my way to the Northern Suburbs of Cape Town, I texted her and checked if it would be okay for me to share the trip with my partner as a safety precaution. She replied emphatically, “Oh no that’s completely okay” and “I always share my trip with someone. **always.**”

Later at Marishan’s family home, where we sat together at the end of their dark wood dining table, we had started talking about the research I was doing and her own interest in pursuing future work on sexual and reproductive health and rights (SRHR). “Can I start with telling you like my health history?” she then asks, and we both settle into our chairs slightly, me with my small notebook and Marishan getting ready to tell her health story.

She proceeds to tell me a story that starts at the end of 2013, during her final matric examination period. During a Monday morning exam session Marishan was feeling ill, visibly so that her friends and teachers even showed concern. But she had to write her exam. During the session she was nauseated and had to be accompanied to the bathroom twice; the teacher seemed empathetic but still encouraged her to finish the paper, because not finishing it would mean writing the supplementary exam in March the following year, which meant not being able to start university studies.

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<sup>1</sup> I use pseudonyms across the dissertation for people I interacted with in the course of my research, except in cases where I refer to the public-facing work of certain professionals with large followings on social media.



The third time Marishan got nauseated, she jumped up and ran to the bathroom on her own.

*and I passed out on the bathroom floor, and I just remember she like tapped me on my face to wake me up, like a light slap, and then uhm I remember like not knowing what's happening, I don't know where I am and I remember she called the principal and he came to me. Cause I was, I was headgirl. So it was like you have to write, you know? (laughing) You're the golden child of the school, I was headgirl, RCL, chairperson I was like, doing all the events, whatever whatever, blah blah blah...*

*So, I literally wrote my final with my principal holding a cloth to my forehead. Like he sat next to me in the hall. Everyone was looking at me (laughter) like what's happening and uhm when I was done writing my mom was there and she immediately took me to hospital. That was when I was diagnosed with primary dysmenorrhea.*

She then proceeds to give me more detail about the diagnosis and definitions of dysmenorrhea, a uterine condition where the menstrual cramps that come with “PMS symptoms” experienced during the menstrual cycle are extreme in intensity, with a debilitating effect on one’s day-to-day life.

The rest of Marishan’s uterine health story includes a long journey of being placed on and off various types of hormonal contraception as a treatment for the dysmenorrhea. Five years later in 2018, after enduring more pain and multiple doctor’s visits, when she was eventually referred to a gynaecologist, she was told that her ovaries had developed cysts because of all the fluctuating hormone levels over the years. Ironically, the first course of treatment suggested was to attempt shrinking the cysts with more hormonal medications before opting for surgery. The rationale that was given to Marishan to explain this counterintuitive idea, the same story I and many others have heard in doctors’ consultation rooms when expressing concern about hormonal contraceptives, was that the various options had differing levels of oestrogen and progesterone, and that each person’s body reacts differently to the medications, so it would be worth trying. By mid-2019 Marishan was scheduled for a laparoscopic surgery to remove the cysts, an experience that she described as intense and lonely.

When I visited her home, it was a few months after the surgery, and she said that the recovery had gone well. When I pressed on the question of how she feels about the recovery, she responded:

*“I have, I still I get my period and it is still a bit hectic, but I mean the cysts are gone so... It’s like, one thing that’s like, I wouldn’t say scary but like... uhm I don’t know how to perceive it I should say. Because they told me like their full diagnosis was that I have dysfunctional ovaries but I don’t have to worry because it’s not going to affect...my kids. Then I asked them what they mean, and they said that like the cysts are likely to return.*

*Ja, in future but I mustn’t worry because it’s not like the type of cysts that can kill me, like I’m not gonna get cancer from it. Cause it’s a, it’s dysfunctional ovaries but the cysts are functional.*

*So ja, I have recovered from that part fully but like, **every month at my period it’s just like (dramatic pause) Okay, what’s, what’s happening this month, let’s see what’s on the menu!**”*

## Exploring Social Meanings of the Uterus

The uterus is obviously important for the reproduction of society, as the environment or vessel for gestation, while it seems to be a largely underrepresented and under-known entity in everyday discourses of *bodyhood* (cf. Van Vuuren 2018). Yet the having of a uterus is often experienced as a dominant and visceral relation that invokes a set of discourses and anxieties about imagined (reproductive) futures, as seen above in Marishan’s response to the matter of her recovery. For many other people with a uterus, the presence of the organ, its potential for producing, and for disorder or dysfunction, and its social inscriptions also generates intense affects related to various expectations for uterine futures. Within this work I examine the uterus as the complex organ-assemblage (that includes the ovaries, fallopian tubes, cervix and vagina) that is part of the female sexed reproductive body, but also as an entity that characterises variously gendered bodyhood and subjectivity, recognising that people with uteruses include gender non-conforming or non-binary people, women, and some trans men.

This dissertation comprises a feminist ethnographic inquiry into the social and political meanings attached to the uterus, and of how those meanings come to matter, both materially and affectively, in the shaping of people’s lived experiences. The research critically examines the way that body-talk around the uterus and its capacities emerges in everyday public life, situated in the context of South African feminist publics. The broader enquiry diffracted into multiple curiosities: *What is a uterus and*

*what does it mean to have one? Who talks about the uterus, how do they talk about it, and why so? How and when does the uterus matter, and to whom?*

This research project came into being as both a personal preoccupation (*I have a uterus and I have feelings about it!*), and anthropological interest with the uterus as an underknown and rarely discussed entity. Considering that roughly half the people in the world have a womb, making it both unique (in its embodied fluidity)<sup>2</sup> and common in certain ways, there is a general lack of complexity afforded to the uterus as an organ (in the general/holistic body sense, rather than only the reproductive) outside the fields of reproductive biomedicine and science.

While feminist anthropologists and other scholars have “dragged reproduction to the centre of social theory” (Rapp, 2001), much of the work that has emerged in this arena since then has been oriented by biomedicalised ontologies and concomitant public health concerns related to gestational reproduction, and thus a focus on gestation, parturition, and ante-, peri- and post-natal care. In the public health imaginary, the uterus is understood as the environment of gestation and is discussed as a discrete site for intervention. Pentecost and Ross (2019:748) refer to this “knowledge effect” in research, arguing that the foregrounding of *maternal bodies* as the site for health intervention means that the social conditions of existence are moved to the background. The resulting discourse and urgency with which interventions are aimed at mothers and potential mothers (or gestators)<sup>3</sup>, adds to historical notions of the “maternal body as a social problem” (Pentecost & Ross 2019:749). This knowledge effect has intensified to the extent that the idea of all people with a uterus as being ‘pre-pregnant’ has made its way into some public health narratives.<sup>4</sup> It is therefore an aim of this project to link the internal ‘pre-gestational landscape’ to the external, experiential environment for an expanded, situated understanding of the ways in which reproductive worlds are enfolded into the everyday and in which what I call *uterine subjectivities* are called upon. This project also set out to examine the temporal

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<sup>2</sup> I use fluidity here to speak about the complexity of individual embodiments of the uterus, as encompassed in the ubiquitous qualifier in general menstrual education that every person’s menstrual cycle and effects are different and can be influenced by a number of physical, environmental or psycho-social factors.

<sup>3</sup> I do not use the term mother as synonymous with gestators or pregnant people but use it here intentionally to demonstrate the logics of the discourse.

<sup>4</sup> A recent example made a stir on social media in 2021 when the World Health Organization (WHO) proposed guidelines that alluded to people with a uterus as a specific target for messaging about the health effects of alcohol consumption on potential future offspring. Pentecost and Meloni (2020) wrote about the increasing positioning of preconception as the critical temporal period for intervention towards improving the health of future populations.

dimensions of the uterus, that is by considering how the temporalities of the organ contribute to conceptions of uterine bodyhood. The dissertation therefore also charts the ways in which the having of a uterus produces affective relations to “materialities that engage and embed us in layered and entangled but separable temporalities” (Bryant & Knight 2019:1-2). These broad questions aim to elicit considerations for how the uterus matters to people in different ways at different times, other than those related to notions of ideal health and care for gestational reproduction.

### The Enquiry – Research Focus and Approach

This dissertation maps an ethnography of a *feminist uterine politics* in contemporary feminist digital publics (Chikafa-Chipiro 2019; McLean and Mugo 2015). My ethnographic approach entailed an exploration of discourses and public speech about the uterus, with a particular focus on South African public life, where there is an emerging intimate public where feminists convene and engage in discussion around various issues of concern, in and across various media spaces, in particular, social media platforms like Twitter. This research enquiry was largely stimulated by the conversations and provocations about the uterus that I witnessed in the public I refer to as South African Feminist Twitter (SAFemTwitter), which represented a marked shift in representations of an organ that is rarely discussed in public spaces. Based on my own identification and positioning as a Black South African Feminist,<sup>5</sup> and a person with a uterus, I navigated the enquiry by following my own experiences and encounters with public talk about the uterus, menstruation, and the possibilities they evoke of gestational futures. My attention was drawn to what my peers and contemporaries were saying about the uterus in this countercultural discursive space where the words “my uterus” appeared strikingly often. In the period since I proposed this research until the time of completing the dissertation, public talk about the uterus and sexual reproductive health and rights (SRHR) has intensified; this includes the very recent events where reproductive rights are under threat in the United States. In the local context of increased public focus on sexual and reproductive health and rights in public

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<sup>5</sup> In South African terms I am identified as Coloured, a term which describes a creolised cultural grouping of racialised people in South Africa. While the term can be traced back to the late 19<sup>th</sup> Century at the Cape (Thomas 2016), its formalisation into the hierarchical racial categories of the Apartheid regime left enduring social hierarchies. I note this to say that, while I identify as a Black Feminist, in the South African landscape my blackness has some contextual contours that are important considerations of my positionality.

health and social justice discourse, and set against the broader problematisation outlined in this introduction, this dissertation examines how young people's personal experiences and feelings about the uterus are affected by and mediated through public discourses about reproductive health, rights and justice, intergenerational cultural expectations of the uterine body, and vernacular expressions of body-talk that are amplified and circulated within an intimate public like South African Feminist Twitter.

Based on the ethnographic analysis presented in the rest of this dissertation, I pose the following focal questions for critical examination:

***What do contemporary South African feminist publics and their expressive vernaculars around uterine bodyhood reveal about social and political meanings of the uterus?***

***And how is such a vernacular uterine politics positioned in relation to, and contributing to, collective expressions and orientations to feminist futures for reproductive and gender justice?***

### [Outline and the dissertation](#)

In Chapter Two of this dissertation, I lay out the conceptual and methodological framework of the research project, addressing the feminist orientation of the enquiry and detailing my ethnographic sensibilities in navigating a patchwork virtual ethnography.

Chapter Three presents an overview of scholarship on reproductive worlds and bodies that has shaped this project's conceptualization of the uterus. This moves from anthropologies of reproduction to hystorio-graphic representation of the womb, uterine metaphors and symbolism, and finally to feminist work examining the connections between bodies and subjectivity.

In Chapter Four I turn to people's narratives on their experiences of and feelings about the uterus, paying particular attention to recollections of menarche and the nature of intergenerational body-talk around the occasion of menarche.

In Chapter Five I examine the affective contents of emerging feminist vernaculars of body-talk referencing the uterus, and discuss the emergence and contagion of a generational affective orientation positioning the uterus as antagonistic.

Chapter 6 presents my analysis of the entanglements of the uterus in feminist body-talk, affective contagions, and the place of feeling in producing collective orientations to the future, followed by a brief Conclusion in Chapter Seven. The arguments presented in the dissertation show how lived experiences of gendered bodyhood, from menarche onward, is entangled in the making of uterine subjectivities, and critically examines the affective contours of feminist youth's notions of reproductive justice and freedom in relation to various gestational futures and other uterine potentialities.

## CHAPTER TWO

### Worlding the Womb: A LITERATURE REVIEW

In this chapter I trace an overview of scholarship on reproductive worlds and bodies. Since this dissertation is concerned with the making of uterine subjectivities, examined in/through contemporary feminist publics' engagements with reproductive justice, this review aims to trace a genealogy of scholarship on bodies, gender and subjectivity relevant to understanding social meanings of the uterus.

#### Anthropology of Reproduction and Life Stages

In the growing contemporary scholarship of anthropologies of reproduction, the uterus is represented as environment for gestation (Pentecost 2018; Pentecost & Ross 2019), the site of epigenetic action (Richardson 2015; Pentecost & Cousins 2017), and foetal-maternal intra-action (Warin, Zivkovic, Moore & Davies 2012; Yoshizawa 2016). In the emergent research on epigenetics and developmental origins of health and disease (DOHaD) the uterus is important insofar as it is represented as the environment in which gestation occurs. New scientific understandings (such as those in epigenetics, endocrinology, and neuroscience) of the body's plasticity and responsiveness to its environment, in particular the link between "early life exposures and adult health outcomes" (Pentecost & Ross 2019:751), has resulted in public health interventions which foreground maternal (gestating-uterine) bodies, such as the public health focus on the 'first thousand days' (from conception to second birthday) as a critical period for early development intervention (Pentecost & Ross 2019). Sarah Richardson (2015) discusses representations of the maternal body as an epigenetic vector, showing how the figuration of the maternal body in epigenetics and DOHaD has been largely taken for granted and has in fact translated into an intensification of individual responsibility messaging and interventions aimed broadly at all premenopausal women (Richardson 2015:222). Recently Sharp, Schellhas, Richardson and Lawlor (2019) have shown the clear gendered imbalance in the DOHaD research focus on maternal exposures (as opposed to paternal). The discourse that results from the epigenetic focus on maternal bodies, and the urgency with which interventions are aimed at mothers (and potential mothers), adds to historical notions of the "maternal body as a social problem"

(Pentecost & Ross 2019:749). In the public health imaginary, the uterine environment is seen as discreetly contained and thus easily made into a site for intervention, as if it were not attached to a body that is also subject to experiences in the world. Pentecost and Ross (2019) call this a “knowledge effect”, arguing that the foregrounding of maternal bodies as the site for health intervention means that the social conditions of existence are moved to the background. This increasing positioning of preconception (Pentecost and Meloni 2020) as a critical period for intervening in the future health of communities has far-reaching temporal implications for notions of wellbeing for people with uteruses.

The ‘life stages’ related to uterine reproduction are addressed in anthropological literature on the topics of menstruation (Buckley & Gottlieb 1988; Walker 1995; Swann 2002; Sanabria 2011; Munroe 2017; Bobel, Winkler, Fahs, et. al. 2020), pregnancy (Inhorn 1994; Hird 2007; Shaw 2012; van der Sijpt 2012; Ross 2014; Ferreira 2016), the science of reproduction (Martin 1987; 1991) and menopause (Lock 1993). Evolutionary anthropologists claim that menopause developed so that older women could assist younger ones with childrearing without falling pregnant themselves, colloquially called “grandmother hypothesis” (Alvarez 2000). These points of interest for the uterus and reproduction can be engaged through questions of temporality, namely how subjectivities are also constituted in relation to ways in which ‘events of concern’ (like menstruation, disease or disfunction) and the everyday are interlaced.

### Hystories of the Uterus and Uterine Metaphor

The following section briefly presents ways in which the uterus has been represented over time in scholarly literature, beginning with early representations of the uterus are found in historiographic literature on bodies, sex and gender. In *Making SEX: Body and gender from the Greeks to Freud*, Thomas Laqueur (1990) traces modes of early Western philosophical thinking about sex differences. In this early discourse the woman’s “mind and her uterus are construed as equivalent arenas for the male active principle” (1990:59). The ancient Greeks explained reproduction using the language of “active” and “passive” dualities of only one sex. The female body was thus imagined as hollow, the whole body seemingly taking on the hollowness and holding capacities of the uterus



itself. In accordance with the one-sex model, woman was imagined as an inversion of man, the passive, inward-turned version of the active male. The uterus was thus imagined, and visually represented, as the inversion of male genitalia and reproductive organs. Even after physiological understandings of sex, the political connotations of the active versus passive quality attributed to sexed reproductive bodies is still present in dominant ideologies (Potts 2002). These ancient western formulations of sexology (which endured as influential in the modern world until the nineteenth century) “reinforced the notion that a woman’s overall state of health was inseparable from the condition of her reproductive organs” (2002:19). These ideas persist today in representations of women as prone to hysteria (implying mental illness) but can be traced back to Plato’s conceptions of the hollow interiors of the female body as messy and prone to defect. The shift to a two-sex model in the nineteenth century only led to an emphasis on biological difference, while the connotations of female bodies as chaotic and inferior remained.

Rendered differently at times as the womb, the uterus is frequently presented as symbolism or metaphor. Janice Boddy’s (1989) monograph *Wombs and Alien Spirits* documents and interprets the embodiment of moral worlds in the Zar cult in northern Sudan. The metaphors of enclosure, openings, “house of childbirth” are materialised in spatial arrangements of the sexes (1989:72-75). Interestingly, the dramatic appearance of spirit possession in women’s bodies is understood within the cult as indicative of the generative power of wombs and the reproductive body. The capacities of the womb thus allow women to “renegotiate their sense of self” (Lock 1993:141) or to be “brought into touch with their different selves and non-selves” (Van Wolputte 2004:259). Annie Potts (2002) outlines the “feminization of space and the spatialization of woman” (2002:153), drawing on Luce Irigaray’s suggestion of double space in which both mother and woman can exist. These spatializing metaphors of the womb, or the matrixial as theorised by Bracha Ettinger (2006), have influenced thinking in human geography (Lewis 2018; Fannin 2018), Donna Haraway’s theorising of cyborg relations (Haraway 1991) and feminist deconstruction (Martin 1987; 1991). For the purpose of this research enquiry, these conceptualisations of the relations of self and gendered embodiment are important in the work of feminist imaginaries for new articulations of reproductive freedoms.

Significantly, the comparative messiness and ambiguity of various different biological processes of the uterus, such as menstruation and premenstrual syndrome (PMS), have

discursively come to be associated with “bad femininity” (Swann 1997:188), akin with Freud’s conceptualisation of hysteria as (usually) women’s “incapacity to give an ‘ordered history of their life’” (Showalter 1993:26; see also Showalter 1997). Emily Martin (1988) theorises that anger emerges as a symptom of PMS in post-industrial societies because of women’s internalised rage and resistance against the role of facilitating harmonious family life.

The underrepresentation of the uterus in contemporary social theory literature seems to follow the medicalised ontologies in which the organ is only important for reproduction. Even disorders of the uterus, such as endometriosis, are underknown and misrecognized by people with uteruses and medical professionals alike.<sup>6</sup> In her monograph *The Makings of a Modern Epidemic* Kate Seear (2014) described endometriosis as the most common health problem affecting women globally. Yet biomedical accounts of the condition/disorder are characterised by uncertainty and ambiguity, invisibility and complexity (2014:2-4). There is uncertainty about the key features of the condition, and about whether it is a *gynaecological* problem; differing histories of the disorder are debated, with some commenters linking historical accounts of hysteria to undiagnosed endometriosis, while others call it the “working woman’s disease”; people can experience all, some, or none of the associated symptoms; and as yet no permanently effective treatment course has been found. Seear’s book is in fact the first full length social scientific study on the condition that pays attention to the material and discursive experience of a uterine condition.

#### Organs and material exchange

Anthropologists have mainly engaged with organs in the field of organ transplantation. This is a research area full of tension due to ethical qualms about the commodification of body parts (Sharp 2000, 2001). The notion of organ *donation* is important here because the language of gifting and altruistic motivations eases some of the tensions about the entry of body parts into capitalist markets (Ikels 2013). This framework retains its importance in the field of surrogacy, where there is not an exchange of body parts but corporeal exchange at the cellular level. Furthermore, ethical concerns about

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<sup>6</sup> Endometriosis is a condition in which endometrial tissue, the uterine lining that forms and sheds every menstrual cycle, grows in places outside of the uterus. The condition causes extreme pain and has been historically difficult to diagnose.

the commodification of body parts is intensified by the emergence of surrogacy as a new “outsourcing” industry (Pande 2014). Pande describes a trans-national commercial trade in surrogacy, in which questions arise about the negotiation of moral worlds, and about affective and material labour in a complex and unequal market system. While the complex arguments around surrogacy are outside the scope of this work, it is important to note as a uterine mode that collapses received categories of nature and culture (Levine 2003).

### Mothing, Gender, Bodies and the Political

Associations of the uterus to reproduction, gender and motherhood are important in making sense of the affective entailments of these language practices in feminist publics. Notions of mothering and motherhood have played a critical part of Black women’s political mobilisation and activism in the pre-democratic South African context, whereby “formulations of kinship and motherhood provide[d] idioms through which an alternative image of the world and recuperative efforts to achieve it can be articulated” (Ross 2002:148). In their thesis on hope and the making and unmaking of family futures, Shannon Cupido (2020) articulates how mothers mobilised their identities in a progressive, transformative pedagogy by which their parenting and educating was “rooted in their own experiences of gender-based and racialised violence,...aim[ing] to prevent their children from either experiencing or reproducing such social relations” (2020:68). In a study of intergenerational narratives between Coloured mothers and daughters, Caitlin Luter (2019) shows how maternal identities are formed in parallel to understandings and experiences of violence in the intimate, domestic sphere. In the study, meanings of motherhood were directly associated with womanhood and remained centred around ideas of nurturing and care, but also of resilience.

A further concern for this project lies at the “intersections between biology, sex, and bodies, and the social and cultural constructions of gender” (Salo & Moolman 2013:3). While this project is not about womanhood, the co-imbrication of the uterus and gestational reproduction with mothering and womanhood brings womanhood into the realm of enquiry. In the introduction to the 1995 reissue of Adrienne Rich’s book *Of*

*Woman Born*, she writes that “[t]he living, politicized woman claims to be a person whether she is attached to a man or not, whether she is a mother or not” (Rich 1995:xvi). This presents the issue of recognition of women’s personhood, as separate from their sexuality and reproductive capacities and desires. In *Bodies of Knowledge* Wendy Kline (2010) documented second-wave feminist health activism in the United States, with a focus on women’s self-knowledge of their bodies, critiques of the pelvic exam, and choices regarding birthing. Kline shows the importance of ‘body knowledge’ to second-wave feminists, pointing at the historical situatedness of their celebration of biological difference as powerful. Such ‘difference feminists’ are today associated with a radical feminism (Lennon 2019) that is misaligned with the framework of ‘intersectionality’ (Crenshaw 1989) on which contemporary, fourth-wave feminist critique is hinged (Zimmerman 2017).

As a critical lens for understanding that marginalization and oppression occurs along variably shifting intersections of gendered, sexist, ableist, classed and raced identifications and lived realities, intersectionality is also a defining feature of the reproductive justice framework. Through a politics of reproductive justice, Black women and other minoritised groups are able to foreground the recognition that structural inequalities limit the possibilities of people’s freedoms in the “fight for reproductive dignity” (Ross 2017:291). A “concept long previsioned by Black women” (Ross 2017:288), the term was coined and developed by US legal scholar Dr Kimberlé Crenshaw (1989) and brought into the realm of both critical theory and ‘popular’ feminist discourse, changing the way that feminist praxis is organized, understood, and critiqued today. The reproductive justice framework is a valuable tool not only for feminist organizing, but also for navigating and enacting intersubjective recognition and practices of solidarity. Its basis on the fundamental understanding of human rights and its attention to the ways in which systemic inequality “shape[s] people’s decision making around childbearing and parenting” (2017:291) is why reproductive justice has remained and evolved as a central focus of feminist advocacy for the past three decades.

### The Biosocial Uterus and Subjectivity

In her essay 'Ten theses on the subject of biology and politics: Conceptual, methodological, and biopolitical considerations,' Frost (2018) proposes that we understand humans and environments as biocultural beings, tracing the dynamics between the embodied self and lived environments to explain the phenomenon of subject formation. From this perspective, the stuff of matter, the sensuous, social perception and imagination all form part of the biocultural environment and are all involved in the composing and decomposing of a person's subjectivity (2018:910). For the purpose of this project, a focus on the intra-action of the biological and the social in uterine biocultural processes enables recognition of various different materialities of biological processes that constitute subjectivity. Tracking the way that the social and political shape biological processes means that categories like race and gender need to be understood as not merely representational, but also as a patterned set of institutions and practices that structure the way people live (2018:914). Making space for the recognition of multiple different biocultural subjectivities requires exploration of the "mutual entailment of discourse and matter" (Lenz Taguchi 2012:266) which means paying attention to the ways in which biocultural "constructions and interactions then are not just about bodies, nor just about words, but about the mutual production of both subjectivities and performative enactments" (Mazzei 2014:745). The feminist turn to biology (and new materialisms) signals a moment in scholarship representing the possibility of informative, productive intellectual exchange across research domains through the exploration of ways in which the social and the political shape and are shaped by living matter; and the work of giving temporal depth and texture to norms, cultural imperatives and forms of power (Frost 2018:903) as they change over time.

## CHAPTER THREE

### Crafting a Feminist Ethnographic Sensibility

This research project was conceptualised as a multimodal qualitative enquiry (Butler-Kisber 2010), while my methodological approaches were also inspired by the matrixial and mobile qualities of the uterine. Developing an object or concept-oriented enquiry that could trace uterine subjectivities required a multi-modal approach, which for the purposes of this dissertation I refer to as a virtual ethnography. By *virtual* ethnography I refer to a method and orientation to enquiry that is enacted through the following of connections (to an idea, concept, or object), thus taking place in and across a “field of relations” (Olwig and Hastrup 1997, cited in Hine 2000) rather than in a bounded field site. My virtual enquiry was focused through the use of three main methods across the research period, namely **life stage-based narrative elicitation**, **arts-informed methods**, and **digital ethnography on Twitter**. Together, the use of these methods informed a narrative and arts-informed inquiry that took the online space as a virtual home-base for further diffractive exploration (after Barad, in Mazzei 2014). This work is thus premised on a constructivist epistemology, seeking to find meaning-making in the context and medium through which the enquiry takes place.

The rest of this chapter further details my conceptual and methodological approaches to the research. In the first section I elaborate on the conceptual framing of feminist epistemologies that informed my navigation of the enquiry and shaped the inception of the research problem. This is followed by a brief discussion of virtual ethnography and digitally mediated connections during the Covid-19 pandemic, which had interesting consequences for the kinds of remote intimacies that emerged in the digital space and thus shaped the research pathways that emerged. The discussion further demonstrates my situatedness as ‘doing research at/from home’ (Goralska 2020; Price and De Ruiters 2021) and concludes with my synthesis of the methodologies enacted as part of a virtual ethnographic enquiry.

#### A Feminist Enquiry Of/With the Uterus

This research project was animated by feminist principle of subversive and resistant work against gender, reproductive and sexual injustices (Bennett 2011), through promoting alternative discourses and practices *by* and *for* gender-marginalised people.

As such I was interested in speaking to people with uteruses, but also in examining a broader public engagement with ideas about the uterus. The focus on the uterus emerged from my own reflections on the psychosocial and bodily experiences of having a uterus, leading me to wonder whether others thought about their uterus and what those thoughts entailed. As a person with a uterus, I was assigned female at birth (AFAB) and was thus socialised into girlhood and later assumed womanhood. I have felt discomfort with the gendered prescriptions and expected performances of girlhood/womanhood from a much younger age, and in my adulthood have recognised those discomforts as signalling towards my self-identification as gender non-conforming. Although my gender identity and presentation is fluid or non-binary, I am most often socially read as a woman and I do not entirely dis-identify with or disavow the label 'woman'. As such, my positioning and orientation to both the uterus as organ and to this enquiry were strongly informed by my own particular history of living with this kind of body, and the entanglements of those strands of personal subjectivity with social expectations of gendered performance.

Twitter was one of few 'safe' spaces that allowed people like me to 'play' with or 'try out' truer or freer representations of ourselves in a space where relative anonymity opened up distanced forms of intimacy. Twitter was also a place where various kinds of feminist engagement took place. In my personal experience on the social media platform over several years, I observed a notable increase in public talk about the uterus and various experiences related to its functioning. I found this a peculiar observation, considering that the uterus is generally conceived of as private<sup>7</sup>, and it seldom enters public discussion outside of medical worlds, yet here it was appearing on a semi-public micro-blogging social media site. What was striking was that the ways people talked about the uterus often invoked a range of visceral affects, often expressed in negative terms, such as in the phrase *my uterus is trying to kill me* (discussed in Chapter Five). Aiming to do feminist research that "stay[s] with discomfort and performing 'sticky praxis'" (Chadwick 2021:11), my enquiry was largely stimulated and pushed along central discomforts that my feminist contemporaries expressed about what it means to have a uterus. This enquiry is thus situated at the intersections of vernacular expressions in digital feminist publics, feminist body-talk about the everyday

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<sup>7</sup> This is the case for the entire vagina-cervix-uterus biological assemblage.

experiences and anxieties of people with uteruses, and individual and collective understandings of reproductive justice.

### Virtual Ethnography and Feminist Publics

Since the inception of this project, I first turned my attention to the dynamics of feminist discourse online, where I had observed some common and/or repeated forms of expression about the uterine body. Depending on how you use Twitter, it is also a digital platform with unique significance for intersectional feminists in the 21st century, where communities of engagement convene around various feminist concerns (Chikafa-Chipiro 2019; Zimmerman 2017). The ways in which feminist dialogue happens online, particularly on Twitter, point to important markers of contemporary feminist socialisation and conscientisation for the current generation of young (and older) feminists who are “very online”<sup>8</sup>. Online spaces are valuable for feminist research because they create opportunities for “political organizing, *making personal experiences more public*, and creating spaces for a variety of voices” (Morrow, Hawkins & Kern 2015:526, emphasis added). Micro-blogging sites (like Twitter) especially are rich sites where people engage in “publicly private” (Lange 2008) discourse. Twitter works well as a site for exploring mass-mediated social collectivities of interest and the participatory frameworks that “offer new resources and new disciplines for the construction of imagined selves” (Appadurai 1996:3; see also Nakassis 2016). These sites are “a user-generated source of culturally relevant online content” (Brock 2012:530) in which specific sets of ‘gathering in’ of ideas can be traced through hashtags and other search functions.

The choice to situate the research ‘base’ in online discursive spaces was informed by my personal (anonymous) experiences on Twitter since 2011. As mentioned earlier, my presence and participation in the online communities of engagement on Twitter had been an important part of self-discovery, as is the case for many young people who use the platform both privately and publicly. This digital space thus forms an interesting

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<sup>8</sup> Here I am referring to a broader public of feminists who intentionally use Twitter and other social media for feminist advocacy, activism or engaging in discourse. Although there is an overlap within this public of generational groupings, colloquially known as Gen Z, Millennials, and Gen X, I refer to those who form part of the feminist publics examined here as an online generational cohort. See Zimmerman (2017) on the significance of Twitter in ‘Fourth Wave Feminism’.



discursive site, where people engage in everyday social and political commentary and discussion.

I thus conceived of my methodological position as being a feminist researcher, emplaced in a virtual community of engagement. I Started this virtual process by creating an open (public) Twitter account with my own name as identifier (@EltheaDeRuiters). In my profile information (colloquially 'bio') I identified myself as a researcher interested in the ways that people talk about the uterus generally and online specifically. My first tweet, which I 'pinned' to the top of my profile,<sup>9</sup> read as follows:

*Hi! This is me doing research in the digital space. I'm interested in how people think and speak about the uterus. Let's talk! Feel free to share your interesting, happy, important, odd, scary, or infuriating thoughts about the uterus. DMs open.*

*#reproductivejustice #genderjustice*

*@EltheaDeRuiters*

Limited to 140 characters of text, the 'bio' stated my identity as "*Uterus researcher. MA Social Anthropology 2020. Interested in bodies, words, subjectivity and futures. She/Her.*"

The digital/virtual part of my ethnography was initiated through daily presence on the platform, carefully considered engagement (including selective 'following practices'),<sup>6</sup> and, over time and regular participation in online daily life, slowly finding a sense of orientation to my presence in a specific online community of engagement, namely South African Feminist Twitter. Over time and frequent use of my Twitter profile to express my own views and share more of my own perspectives, not only on the uterus, but on matters of feminist concern more generally, my engagements and connections with people online grew such that I could later identify myself as placed within a particular intimate public (after Chikafa-Chipiro's use of the conceptualisation by Berlant 2011). I had initially started my Twitter network by following specific people that included firstly South African and African sexual and reproductive health and rights (SRHR) academics and advocates, as well as individuals making everyday comment on the uterine body. The conversations I was interested in were already being initiated by

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<sup>9</sup> The 'pinned Tweet' on Twitter is a feature where users can select a tweet (usually of their own) to appear at the very top of their profile timeline, which means anyone who 'clicks' on their profile would first see that tweet below the bio (profile) section.

people like Candice Chirwa, a menstruation activist known on Twitter as the ‘Minister of Menstruation’, and Dr Tlaleng Mofokeng, author of *Dr T: A Guide to Sexual Health and Pleasure* (2019)<sup>10</sup>. The virtual ethnography was thus constituted by a combination of daily presence (observation) and engagement on the Twitter ‘timeline’, searching keywords and important hashtags, and pursuing hyperlinked sites of relevance.

I also kept a research journal, where I made daily notes on the day’s discussions that I was privy to, or other relevant observations; as well as a virtual log of relevant tweets from the first six weeks of the research period. I later stopped logging tweets as the volume of data was too much and too disparate when removed from the broader setting of online discursive dynamics. Instead, I proceeded with regular engagement online as a practice of being in community with my ‘mutuals’ (people who mutually follow each other on Twitter). I was later able to use the dataset of individual tweets for an initial thematic analysis, which then informed my further lines of enquiry through further application of the planned methods, in particular the online questionnaire I disseminated in November 2020. The survey also invited participants to join me in a virtual feminist gathering (in the mode of a focus group) to discuss popular culture representations of the uterus. The conversations that happened in the focus group are not reflected directly in this dissertation, due to limitations of the scope of discussion here, but some of them overlap with relevant sentiments I discuss from the survey-questionnaire responses.

The online survey-questionnaire (see Appendix) was a method I decided on near the end of my research period. Upon sorting the data from the earlier part of my digital ethnography (the first three months, December 2019 to February 2020), my focus was drawn to a number of significant themes that emerged from online discourses around the uterus. My decision to explore those themes through an online questionnaire was informed by two main concerns. First, I wanted to broaden the scope of research interactions to include more direct engagement with me as a researcher and with the enquiry itself, in order to overcome some of the concerns about the invisibility of the researcher in online ethnography (Murthy 2012). Secondly, it was a way of dealing with the issue of disordered “online time”<sup>11</sup> - in other words, to enrich the data on discourses

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<sup>10</sup> Dr Mofokeng is also currently United Nations Special Rapporteur on the Right to Health, and her work extends SRHR activism and advocacy across various audiences. She is known on Twitter as Dr T.

<sup>11</sup> Here I am referring to the achronological and asynchronous ways in which online content is presented to users through the social media platform’s algorithmic specifications, which are generally manipulated to increase time spent online consuming content.

that circulate online with a method of data collection that could produce not only stratified data (by age and gender identity) but also a richer, more intimate sense of ethnographic narratives. Because of the limited opportunity for interviewing due to Covid-19 restrictions, I opted to design the survey-questionnaire with workshop-style pedagogies and arts-based methods in mind as a way of constructing something akin to an interview conceived differently (Bagnoli 2009). As such, the progression of questions was scaffolded in a way that aimed to bring participants into the knowledge-making process, by first orienting to the research topic with an 'ice-breaker' image association activity,<sup>12</sup> then delving into questions related to personal meaning-making about the uterus. The first section ('Getting to Know You') asked for biographic details, why people chose to participate, and for an indication of consent. At the end of the survey participants were asked to reaffirm or deny their consent having gone through the entire questionnaire.<sup>13</sup> The rest of the survey entailed sections on ideas about reproduction ('Uterus, Family, and the Future'), people's feelings and affective relations to uterine processes ('All the Feels: your personal experience'), and lastly 'Final Fun Things' eliciting open-ended responses that participants felt compelled to share. A total of 130 people had answered the survey and consented to inclusion in this research. From the responses to the question 'What made you decide to take part in this survey?,' as well as a few comments I received on Twitter after posting the survey, it was evident that in addition to being curious about the survey title and what its contents would be, people were also excited by the prospect of being able to share their thoughts on a seemingly strange topic, in other words something that they are not used to being encouraged to speak about.

This multimodal approach allowed me to document pathways of meaning-making and ideas about the uterine experience, from a feminist standpoint, as encountered and interlinked across networked online spaces (Burrell 2009) as well as in everyday life. The nature of this research topic also meant that people in my offline, everyday life contributed to the enquiry by volunteering their own take on what my research could entail. This came about as friends and acquaintances would ask about my research, and my shorthand response ("social meanings of the uterus") would quickly elicit an

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<sup>12</sup> This entailed 16 images, all more or less related to themes that came up in my online observations. In a later question asking about how people feel about having a uterus, I prompted participants to think back to their image associations if necessary.

<sup>13</sup> One person retracted their consent, at which point I redacted their entire survey response from the survey report and excluded it from any data analysis.

expression of surprise followed by a comment about why they find the topic interesting themselves. This curiosity and keenness to participate in conversations about the uterus emerged across different sites and modes of engagement, evidencing the significance and relevance of the feminist objective of ‘surfacing’<sup>14</sup> those feminist concerns that are deemed private into the public, in this case regarding what it means to live with a uterus.

### ‘Reading the Room’ as Ethical Sensibility

The methodology in the virtual ethnography was based on my participation in particular (overlapping) online communities of engagement, which I refer to as South African Feminist Twitter (SAFemTwitter). Within this public, South African women, transgender people, gender non-conforming people and other LGBTQIA+ people of colour are the main discussants and mobilizers of online discourse that engages with ideas about feminism.<sup>15</sup> For myself as a millennial, digital native, and South African feminist, Twitter had been a digital home of sorts for me over the past decade. In this networked public I had learned about the pertinent concerns and discourses of new and elder feminisms, and over time also became inducted into the generational vernaculars of postmillennial online feminisms. I refer to the people who generally formed part of this public as my feminist peers or contemporaries; while there are generational overlaps as well as various differences in use of the online platform, most of the people who engaged with me for this research self-described as feminists or were expressly interested in feminist concerns.

My ethnographic encounters were largely shaped by the purposeful ‘safe spacing’ practices that I witnessed feminists enacting online, and this characteristic reflexively influenced (even dictated) the ethical sensibilities I developed about my presence and engagement in the space. As such I limited the scope of my community of engagement by keeping the number of Twitter accounts I followed below 200 (this is relatively low, and includes accounts associated with organisations like NGOs rather than individual

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<sup>14</sup> I use this term in the same sense as articulated in Lewis and Baderoon (2021), that is, “that those who have not spoken in public spaces now do” (2021:1).

<sup>15</sup> I did not request racial designations in my survey, and work on the assumption that the respondents (mainly Southern African) reflect the demographic make-up of the region. The only demographic information I asked for in the survey was about age, gender identity and the having of a uterus.

persons) and over time developing and sharing more public intimacies with the people I regularly engaged with in this virtual intimate public. This was a place where strangers became online 'friends' without necessarily ever meeting offline, engaging in conversation and the sharing of personal fears, joys, anxieties and other affects. In particular, it was a space where people (in general, but particularly those who were marginalised by race, gender, and sexual orientation) could give voice to their experiences, desires and aspirations without (or with lesser) silencing than in offline worlds. It was not that the platform was an inherently 'safe space' but perhaps rather that social connections there were distanced enough to make sharing intimate knowledge about oneself feel less threatening. I witnessed how, within this public, there seemed to exist tacitly understood and observed rules about the ways in which public sharing and interactions happened there. People shared things ranging from humorous content to deeply personal expressions and experiences, such as talking about gender dysphoria experienced with menstruation, navigating cycle management, and other SRHR concerns.

Despite feeling quite at home on Twitter (as a self-proclaimed digital native and *very online* person myself), I had reservations about the ethical implications of doing this kind of digital ethnography. I was anxious about navigating the space as a researcher while feeling like I should feel like an intruder and found myself being critical and overcautious about many aspects of my presence online, such as the question of what consent would look like in that space. This is where the distinction of doing ethnography 'at home' as a digital native became relevant; the methodology started making sense through the slow process of finding mutual online intimacies that depended on my everyday presence on Twitter, where I had to share enough about myself and my own opinions to really feel emplaced in a community of engagement. The term on Twitter for people who 'follow' each other, 'mutual,' in my view represents something about these online intimacies that entails the reciprocal witnessing of each other. Ideas of mutuality therefore became guiding considerations in my online engagements, as well as the ethical sensibilities that participation in this feminist public already demanded, as expressed in the online injunction to "read the room," meaning to act and speak appropriately based on the general feeling or affective intensities present in the discursive space. One of my fieldnotes, written on 18 February 2020, documents an interesting observation I had made about my Twitter timeline, which goes a long way towards making sense of my methodological orientations.

*Something I've noticed on quite a few similar posts - many of the ones that are of interest to me - is that people don't RT [retweet] them. It's clearly about the boundaries that people know exist even though Twitter is a public platform. If you think about Twitter as microblogging, it makes sense - people understand that tweeting can be for yourself, and that something like the details of how much pain one is in after a procedure on an "intimate" part of the body does not need to be distributed beyond the followers and mutual connections that will already see it. No RTs, only Likes.*

In witnessing and emulating these dynamics of engagement, alongside the regular in-depth discussion of feminist concerns, I understood myself to be immersed within a distinctive kind of feminist public. My experience online brought my attention to the sense in which this part of Twitter is an *intimate* social space, bringing users into intersubjective relations with each other as well as with the circulating discourse. The notion of community between those convened in the digital space is a critical aspect of the characterisation of Twitter as a space of contemporary (youth) feminist socialisation, a sensibility that became especially pronounced during the initial 'hard lockdown' phases of the Covid-19 pandemic.

This feminist digital public is an example of popular cultural spaces in which gendered scripts play out in everyday talk/discourse, and where the crafting of selves and identities occurs (Spencer, Ligaga & Musila 2018). The cyclical rotation of feminist conversation, topics and 'discourse' rendered the space an arena where public understandings of concepts are articulated, demonstrated, contested and renegotiated. Drawing on Lauren Berlant's (2008) theorisation of affect in the public sphere, I describe the virtual space in which the virtual ethnography played out as an *intimate public*. According to Berlant (2008, p. viii):

*[w]hat makes a public sphere intimate is an expectation that the consumers of its particular stuff already share a worldview and emotional knowledge that they have derived from a broadly common historical experience. A certain circularity structures an intimate public, therefore: its consumer participants are perceived to be marked by a commonly lived history; its narratives and things are deemed expressive of that history while also shaping its conventions of belonging; and, expressing the sensational, embodied experience of living as a certain kind of being in the world, it promises also to provide a better experience of social belonging.*

The concept of an intimate public helps account for my experience of Twitter as a site where talk about the uterus was strikingly common, in clear contrast with everyday conversation in most in-person spaces of engagement. I included a question about this in the survey, asking people if and why they post about the uterus or menstrual cycle on social media. The two responses below are enlightening in this regard:

*Yes. Being a woman is resistance and I use every platform to reinstate it. Angzo phila with shame. (Olga, 21)*

*Yes I do. On Twitter mostly because I can and because people can relate. It gives me a sense of community. (Pelo, 20)*

The majority of respondents who said that they do talk about the uterus online, who were mostly people younger than 37 years old,<sup>16</sup> identified Twitter as the only or most appropriate place for making such “personal details” public. WhatsApp was mentioned a number of times, while Facebook was only cited once. Given the prolific mention of the uterus on Twitter, there is clearly something about its public-making dynamics that makes it a place where feminist body-talk is normalised and ‘intimate’ or private information is shared in a public space.

While the social media site is by no means a utopian space, it is one where conventional discursive practices are challenged by feminist praxis. As such my research was shaped by the dynamics of this intimate public. The affective nature of connections and relations in the space, such as the sharing of traumatic experiences or of deeply personal fears and anxieties, dictated what ethical engagement for research meant in different encounters. Some of the more intense affective events that people expressed in the intimate public have informed my methodological praxis in this research, for instance rather than by extracting what is shared in the intimate public by quoting tweets, I made space for the exploration of similar experiences in the tailoring of the survey-questionnaire to engage with a specific kind public, but where people could explicitly consent to sharing for the purpose of aiding the research.

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<sup>16</sup> My analysis entailed dividing datasets by age groupings: early youth (18-24 years), mainstream reproductive years (25-36 years), and advanced maternal age (37-44 years, with some older respondents).

## Chapter Four

### Uterine Temporality

#### **Flash 1 – The Fork in the Road**

*You're a woman now, some are told upon menarche.*

*You don't know what that means because you're still a child. The adults around you seem sad about it.*

*A mother, sister or aunty – sometimes a father, teacher, or friend – gives you a disposable pad, impressing on you the importance of always being prepared. It will be many years later before you learn that the disposable pads you know today were invented in the 1970s, so your mother and certainly your grandmother must have used something else? 'Menstrual rags' which needed constant washing, or special belts fitted with strips of cotton.*

*Always be prepared.*

*And be careful about playing with boys from now on.*

*You are a woman now.*

*You are responsible for your body now, responsible for your future now.*

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#### The occasion of menarche – a fork in the road?

The phrase “always be prepared” in the flash above captures the sense in which, particularly from the moment of menarche, people who menstruate are surrounded by linguistic and material reminders that to have a uterus, to be a person with this body, is to constantly be oriented to a/the future/s. Menarche, or the first menstrual bleed, is an important temporal marker, a significant and unique point of development in the biological life-stage of a person with a uterus, which is also **socially and culturally understood as a rite of passage with specific gendered implications for personhood.**

From that point on one must be prepared for a myriad of things to occur – anticipate and expect your menstrual bleed every month, later anticipate and plan or



‘unplan’<sup>17</sup> your fertility, at the right time – and with each seems to come a set of societal prescripts for how we ought to live and what we ought to do with our bodies, warranted merely by virtue of having a uterus.

Many of my respondents, while recounting their varied experiences of menarche and the uterine cycles, referred to their relationships with their mothers or other adult caregivers. A few, like Londeka and others I introduce below, emphasised their views that the way the ‘event’ of menarche was handled by their elders had long-lasting consequences for how they ended up understanding and feeling about their bodies and sexual and reproductive health/care.

### **Flash 2 – Londeka’s First Period Story**

*My mother and I don’t really have the greatest relationship for whatever reason, so when my period started, I didn’t tell a soul. For some reason I just didn’t feel like I could confide in my mom, because she already tended to say that I ‘act too old for my age’ because I was quite a mature kid.*

*I think I was in like Grade 6 (I can’t really remember because I genuinely blocked it out). So, I suffered in silence for almost a year – it wasn’t happening every month as yet – wearing rolled-up toilet paper to keep the blood from ruining my underwear.*

*I never really ever came out and told her about it. The first person I told, really out of necessity, was a girl who sat next to me in Grade 7. I had stood up and she saw a stain on my dress, asked if I had pads and when I said no, she simply gave me some.*

*I kind of just came home with pads, and I guess it was assumed that I had started my period. There was never a conversation about it or anything like that. I think that’s why for the most part, till this day, I disregard my period and uterus as well.*

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The story above is Londeka’s retelling of her first period. She is a 24-year-old woman who answered my online survey out of curiosity. She decided to share this story on the final question, which was optional and requested any story the participant wanted to share. She offered this story with a caveat: “I’ve never really told anyone this before.”

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<sup>17</sup> An interesting phrasing used by one participant named Ula, introduced later in this chapter.

In her story, Londeka refers to a sense of loneliness around her first period; she connects this to her current relation of ‘disregard’ to her period and uterus, and her use of the passive voice seems to recreate a feeling of absence or neglect.

Londeka was not alone in her experience of not feeling comfortable to share the arrival of her first period with her mother. One of the most pertinent commonalities in the stories told across my research encounters was the desire to hide the arrival of menarche, as well as confusion or fear about what was happening. Pule, a non-binary 19-year-old, who views their uterus ambivalently at best and negatively at worst, had their first period in Grade 4 (so around the age of 10).

*“[I was] the only girl in the class to have it. My sister found out 3 days later when she found bloody panties. I thought this was a punishment from God because I was talking to boys. I cried every day.”*

Pule was one of many young people who viewed their first bleed (and ongoing menstruation) as a punishment; some respondents said so explicitly, while others used language that referred to horror, torture, shame, and guilt.<sup>18</sup>

Ula, now a 30-year-old who also had their first period at the age of 10, said they thought they were dying upon discovering “a massive blood stain in my panties” at the end of the day. Their mother was away at the time, and so they cried to the “the lady that was kidsitting me for the week,” who then called Ula’s mother to explain to Ula that they were not dying. Ula goes on to say,

*“Menstrual education should be taught at a much earlier [age] and not seen as taboo. We should all be taught about the body and all its processes. Many girls hide their first period because they feel they have done something wrong. With education and normalizing conversations, we could **treat body processes better.**” (my emphasis)*

Ula’s views that menstrual education would make for more positive experiences of the first period are substantiated in the survey data. Several respondents recalled not having any dramatic reactions to the arrival of their first period, because a parent had been “open” with them and prepared them. For others there had been exposure to talk about menstruation with older siblings, friends, or school-based menstrual education drives. However, the majority spoke about some sense of being overwhelmed and unprepared for the physical change, which triggered a trajectory of particular embodied

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<sup>18</sup> These affects of uterine relations are discussed in more detail in the next section.

feelings and orientations towards the uterus, largely dependent also on specific discourses and practices of, for example, religious dogma and other stigmatising associations of menstruation as transgressive, taboo, or polluted.

What Londeka named as disregard came across as a distanced ambivalence throughout her survey responses; for instance, in response to the question ‘*how do you feel about the “biological clock” idea?*,’ she said that it was “inevitable”, adding

*“which kind of takes away any real feelings towards it. But it’s the responsibility for me, I feel it comes with a great deal of responsibility whether it’s your everyday period, contraceptives or pregnancy itself. It’s a great responsibility that I kind have felt like I could have gone without.”*

Despite these strong feelings about the uterus and the associated reproductive imperative, and unlike many other people of her age, Londeka says that she prefers not to talk about menstrual matters or the uterus on social media. She says that while she sees the reasoning behind removing stigma from public speech about the menstrual and uterine body, for her

*“it never really comes to mind to share and I guess I don’t really entertain those thoughts even personally. It’s almost like I just try not to think about it. **Like it is what it is.**” (emphasis added)*

Londeka’s narrative shows that she connected her sense of discomfort of sharing the arrival of her period with her mother’s accusation that she “acted too old” for her age. This sentiment reflects a commonly encountered norm in most Black (broadly defined) communities and some (usually religious) white households in South Africa, where menstruating children are routinely subjected to both warnings and accusations about their (sexual) maturity by elders. In a more generalised context, many people’s narratives of their childhood and adolescent experiences of menarche and menstruation **involved a sense of change in moral status of personhood**. Across various social and cultural differences (and temporalities thereof), menarche is consistently “discursively positioned as a marker of adulthood and reproductive maturity” (Hawkey, Ussher, and Perz, 2020:101).

This is demonstrated in various literatures around menstruation and women’s experiences. An explicit example is found in the personal essay ‘Let Girls Be Girls—My Journey into Forced Womanhood’ (Sawo, 2020) published in the *Palgrave Handbook of*

*Critical Menstruation Studies* (Bobel et al, 2020). While the story that Musu B. Sawo relates is about her experience and survival of child marriage practices in The Gambia, the narrative (that is, her subjective sense-making), begins with memories of conversations with older girls “[p]rior to reaching menarche” (Sawo 2020:93). As she tells the story, we come to learn that young Musu hid her period from her mother for two years, because “in contemporary Gambian society, mothers and aunts begin preparing their daughters and nieces for marriage as soon as they reach menarche” (Sawo 2020:94). In the context of child marriage practices, hiding the onset of menstruation had an intensified urgency related to putting off socially anticipated futures in which menstruating means being marriageable.

In other contexts, the menstruating child’s change in status is not as overt but still alluded to. In narratives like Londeka’s, the child’s avoidance and fears around the topic of menstruation were connected to a vague subjective sense, at that time, that their genitalia was a body part that was “naughty” and not to be talked or even thought about by a child. In cases where this shameful and moralised language surrounds the vagina, it is also likely the case that the child has not been prepared/educated about menstruation and what to expect (Chirwa, Jeynes, Pilane *et. al.*, 2021). As a result, the first period is experienced by many children as a traumatic shock that is simultaneously internalised as something for which they are responsible or to blame. Hiding menarche in this case happens because the child thinks that they (or their bodies) have transgressed the rules in some way, even without understanding why that is.

This was echoed in an online thread where people were also sharing their first period stories. One woman recalled being told that she would now have to stay away from boys, and that even just touching one would result in pregnancy. These warnings and reactions from mothers and other elders when a child starts menstruating are commonly experienced across various contexts and are heavy-laden with myths and stigma. For many children the arrival of menarche is treated as a lamentable occasion by their elders, and suddenly their childhood is interrupted by stern reminders that their bodies are ‘at risk’. Amongst the responses in the thread, I also noticed comments from parents of children now reaching or approaching menarche. Interestingly, several of these older menstruators noted “feeling sorry” for their child and wishing that this milestone could have been delayed.

The conversation continued across separate threads over several days. This included a few of my 'mutuals', who shared their sense of connection between how sternly fear of pregnancy was instilled in girls, that today as adults they struggled to enjoy sex or take ownership over their sexual pleasure. For young girls whose menstrual education was limited to fragments of social norms communicated in euphemistic shorthand, like the warning to "stay away from boys", those warnings of danger and risk were often also the only discussion of sex that they would hear from a parental figure. These fears associating the uterine body with sex and danger become internalised and embodied, enduring through adolescence and young adulthood (and even longer), thus reproducing the patriarchal mechanism of "denial and suppression of women's bodies" (Marais, 2019:90). Anything relating to the vagina and uterus was internalised as transgressive. As Hawkey, Ussher and Perz note, the focus on

*warning messages and the avoidance of men following menarche...may also lead to fears that any expression of sexuality would lead to pregnancy, which could result in young women associating their developing bodies and sexuality with shame, danger, or victimization (Hawkey, Ussher, and Perz, 2020:102).*

The sense of transgression that leads to children hiding or feeling shame about menarche results directly from the societal avoidance of candid communication about sex and sexuality as an aspect of the physical maturity that menarche signals.<sup>19</sup> Instead what often happens is that certain proclamations about the developing body are made as a matter of fact ("*now that you have your period you must fear getting pregnant*") with little or no opportunity for the child to question or otherwise make sense of the implications.

The framing of a young menstruating person's body as 'at risk' leaves a glaring silence around the problem that necessitates these warnings. ***At risk of what, or whom?*** From a child's perspective, the lack of adequate explanation about how menstruation is linked to pregnancy (that is, comprehensive sexuality education) and the discursive framing of the menstruating body as dangerous, leads to a confusing state of affairs for individual subject-making. Why is it that "nothing will be the same" after the arrival of the first menstrual bleed? **And why does it sound like a sentencing of sorts?** The

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<sup>19</sup> This is largely a result of the ways that Christianity and the colonial project suppressed or extinguished existing cultural rites associated with the teaching of menstruation and the reproductive body.

question *what does it mean to live in a body with a uterus?* then, from the perspective of a young person at the receiving end of such messaging, **becomes fraught with complex implications for self-making and gendered subjectivity, as well as for different kinds of relationship-making.**

### Uterine Time and Gendered Anxieties

My focus on narratives of menarche in this chapter follows the observation that menarche, and the continued expectation of menstruation, is generally the first time a person becomes aware of having a uterus. The prevailing sentiment that emerged in the research is that menarche is talked about and experienced as a fundamental, irrevocable event, not only biologically, but socially (see Winkler 2020 on menstruation as fundamental). From the perspectives of the people represented in this research, there is a shift in how menstruating children are viewed and treated, leading to the intensity of feelings many have later in adulthood about the relationship between the body, the uterus and societal gendered expectations. Menstruating children, usually socialised as girls, are suddenly treated differently within their homes and society at large. This is evident in the language that is used to speak about menstruating children, as shown in the following accounts from two young adults.

Sofia, who is 23 years old and non-binary, reflected on their own experience and emphasised the vulnerable status of menstruating children:

*When I got my first period, I was told by many that "I was a woman now." I hate this narrative - even as a 12-year-old, the statement made me uncomfortable. I was a child, and it felt like I was being seen in a different, more sexualised light. People at period-starting age are CHILDREN, society must stop being gross.*

Chanelle, a 22-year-old woman who described her relationship with the uterus as "violent, disconnected, tiring," also shared her menarche story, writing:

*My first period I had, only my dad was home, and he told me that he was proud that I was a woman. I thought I had shit myself because although my mother was open about sex, she never explained my period properly. I thought when it started, it's forever. So, for a month (before she noticed) I was wearing a pad every day.*

Both Sofia and Chanelle's recollections of their first periods involved being told by adults that they were "a woman now". What do adults mean when they say that a menstruating child is "a woman" now? For Sofia, it could only mean one thing. They clearly expressed their dissatisfaction and disgust with the *felt* implications of being perceived as a sexual being and being objectified, thus producing discomfort. Similar expressions of discomfort were expressed by others, reflecting on how menstruation introduced notions of pollution and taboo into childhood in sexualised ways.

The resulting complaint within the feminist public is indicative of SAFemTwitter's rejection of and distancing from intergenerational narratives of menarche and menstruation that uphold and reproduce patriarchal paradigms by *making females* of menstruating children. Here I employ Gqola's formulation in the *Female Fear Factory* (2021) of "making the female" (2021:30), in which she troubles the tendency to presume that the term 'female' is simply a bioessentialist, cisheteropatriarchal descriptor of pre-existing difference. Drawing on a strong body of feminist work, Gqola rather brings into relief the ways in which people of all genders "*are made socially female through a series of experiential processes...[through] which fear is entangled in the situational body marked as female*" (2021:34). One such mechanism is the socialisation that happens around a child's menstruation, rife with warning messages that inscribes into their bodyhood and subjectivity a constant situational awareness of the risk their menstruating bodies represent. While the risk in question was usually discursively centred around 'teenage pregnancy' as a social problem (Mkhwanazi 2012), many of my interlocutors spoke about their enduring embodied associations of the uterus with fears about sex and unintended pregnancy entangled with fear for the general threat of sexual violence (by men). People's narratives about their childhood experiences of menstruation in my research elucidates a distinct telling of early socialisation into "female fear" by way of the menstruating uterus.

From the perspectives of the young adults who shared their experiences with me, the conflation of a child's menstruating status with womanhood and/or maturity is a social problem that contributes to the production of gendered anxieties in relation to the uterine/menstrual body. The disproportionate focus on menstruation as a link to the biological potential for pregnancy neglects the biosocial reality that having a menstrual cycle is also an ongoing experience that impacts one's everyday life and wellbeing in ways that extend beyond the menstrual bleed, such as hormone fluctuations and their

effects on the body and wellbeing over time. Interestingly, phrases like ‘personal care’ (if not the overt ‘feminine hygiene’) are used in public to refer to menstrual hygiene and wellbeing. Yet intergenerational practices around the life transition of menarche in many South African homes neglect forms of social care for the menstruating child (as opposed to material care through provision of menstrual collection items). Thus not only does menarche represent the subjective interruption of one’s childhood in relation to societal expectations, it also comes with an expectation of self-sufficiency and responsibility to manage life as a menstruating person. As such there is a dissonance between the ascribed significance of the event (“you’re a woman now”) and the extent of parental involvement in the child’s ‘transition’ into this phase of life and bodyhood.

This dissonance is indicative of a critical tension in the **continued contemporary deployment of menstruation as a marker of adulthood and reproductive maturity**. The way that adults talk about a child who has recently started menstruating implies a significant event that may even be cause for celebration. In my own experience the phrase “*sy is mos nou ‘n jong dame*”<sup>20</sup> from an aunt or older woman in the family is usually said with a tone of secretive excitement (a slight smile and a twinkle in the eye), accompanied by a sense of being welcomed into a special insider group. In contrast with this sentiment, however, there were no actual rites or initiations<sup>21</sup>. For the many young people in this research who did not have comprehensive guidance from elders (parental or otherwise) about menstruation and the reproductive body, making sense of the experience, which could range from unpleasant and uncomfortable to disorienting and debilitating, was a lonely and often protracted time. As a result, what emerged as dominant in people’s narratives was the representation of menarche as a fork in the road that transforms subjectivity such that it strongly orients one’s experience of self and bodyhood towards imagined reproductive futures within a cis-heteronormative societal landscape. These futures are also saturated by various sets of discourses and imaginaries linked to *intergenerational cultural expectations* of reproduction and family-making.

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<sup>20</sup> Translated from Afrikaans: ‘she’s a young lady now, hey’

<sup>21</sup> Although there are examples of more involved parenting choices around handling menarche, this was not the case for most research participants. This is also culturally and historically situated. Historically there have been highly ritualised processes practiced culturally, such as the reed dance ceremonies for young Zulu girls, and Xhosa girls’ seclusion and initiation ceremonies (*intonjane*) that are still practiced in some places.



## Chapter Five

### AFFECTIVE CONTAGIONS OF THE UTERUS

#### **Flash 3 – Everything changes now**

*Always be prepared.*

*Over time we piece together meanings.*

*Being prepared might mean knowing when your time is expected and having the necessary 'sanitary' items at the ready to collect up the shameful bloodletting.*

*Be prepared may also mean be careful. Vigilant. Responsible.*

*As you grow older, and live longer, these words become clearer in their euphemistic fullness, and more indicting.*

...

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Interpreting menarche as a critical juncture of the uterine body marks the uterus as a peculiarly temporal entity. This chapter pays attention to the ways in which the experience of having a uterus is shaped and thickened by such affective-temporal orientations linked to reproduction and the life-stage framework. First, by exploring the affective lives and worlds of the uterine experience as expressed by feminists online, showing how these engagements entail ways in which “collective pasts and their anticipated futures” (Bryant & Knight, 2019:7) work intersubjectively to produce a sense of shared, sometimes contagious, feelings about this kind of bodyhood. Secondly, the chapter examines the sense of “feeling time” in relation to uterine concerns, showing how uterine subjectivities are shaped by the affective-temporal anxieties of perceived personal responsibility for the care of an organ that is socially marked by time. In this chapter I am particularly focused on the affects of futurity that are co-imblicated in the uterine.

#### The Moody Uterus and Affective Contagion

#### **Flash 4 - Complaint**

*The people I hang out with online, the ones on and across my TL, are outspoken about their dissatisfaction with the uterus, or with the attendant experiences it brings, most often focused on menstruation.*

*We routinely say things like “my uterus is trying to kill me this month” or “my uterus hates me” while nothing feels routine about embodying something that erupts, tears, sheds and bleeds. We express and make known the intensity of this unique-yet-common bodyhood through exaggeration and dramatization.*

*Many find solace in reading that we are not alone in experiencing pain and abjection that is somehow played off as ordinary.*

*“Menstruation is a human design flaw. There is no way that thing is normal. We need to vote it out, collectively just refuse to bleed.*

*\*raises bloody fist\* Amandla, comrades!”*

*This half-joking tweet by @NthabiWabi (posted 4 May 2021) represents the kind of playful or jesting expressions that proliferate across my Twitter timeline. I asked Nthabi if I could quote her tweet as an example of Twitter as a space of feminist expression and play, particularly when it comes to having a uterus. She agreed, laughing “hahaha! It’s such a silly tweet I’m impressed it’s worth any attention”. I reciprocate with laughter in my reply (haha!) and say that the silliness is just one interesting aspect about the tweet and how it resonated with people.*

*\*\*\**

Most people who post about uterine or menstrual matters on Twitter make outspoken and often exaggerated pronouncements about the pain, discomfort and inconvenience of menstruation, as well as a host of negative affects broadly associated with PMS and the uterine body. In addition to tweets about different forms of period pain and pre-menstrual ‘symptoms’ and experiences, people also commonly use memes and other online figures of speech to represent a range of feelings from antagonism to abjection that many associate with the menstruating body (see Hawkey, Ussher & Perz, 2020 on abject positioning of the female reproductive body). Among survey participants in the early youth and ‘main reproductive years’ grouping, the majority of responses detailed negative to ambivalent or conflicting feelings about the uterus.

In response to the question *How do you feel about the uterus, and do you always feel this way?*, Bennie, a 25-year-old, and Kuda, aged 27, both referenced indifference alongside a wide range of other emotions:

*I feel mostly indifferent. But on my period it feels like an attack on my being. At the same time I'm still grateful for being able to have a period. My feelings towards my uterus are a bit twisted. But there's at least a week in the month where I forget that I have a uterus. It's amazing. (Bennie, 25)*

*Most of the time, I don't particularly mind it. I wouldn't rather have any other set of reproductive anatomy. Menstruating is still a bit of a shock, still feels weird and a bit gross 14 years later. I don't mind having a uterus overall, but I really hate how hard I have to work to prevent pregnancy. All the options are difficult and stressful, either because of social stigma and access (tubal ligation) or because of side effects. IUD insertion was very painful, birth control pills and emergency contraception pills have unpleasant side effects. I think if I could easily access sterilization, I wouldn't have any issues with having a uterus. (Kuda, 27)*

In these sentiments Kuda and Bennie both recognize a cyclical awareness of 'feelings' about the uterus, ranging from indifference or ambivalence when they are not subjectively influenced by and/or aware of the organ, to frustration, anger and other usually negative affects related to the menstrual cycle and its attendant symptoms. This was reflected across many of the survey responses to this question. Several respondents, at various points in the survey, mentioned that they had not given their uterus much thought before being prompted by this survey. Nats, a 43-year-old participant, decided to participate in the survey because it would be the "*first time I am answering questions about my uterus, so this intrigues me and it shouldn't, it should be normal.*" Similarly, 31-year-old Nix responded,

*To be honest, I've never really \*considered\* my uterus. It was something I avoided due to the negative experiences with it. Menstruation, incredible pain, the pains of womanhood. I want to be a part of the conversation even if it's just to listen.*

In the last sentence of this response, Nix interestingly frames her motivation to participate in the research as wanting to "listen" as well as participate. It was striking to me that several participants approached the survey as an opportunity to "learn more" or think about their relation to and feelings about their uterus. Bennie was one of them, saying:

*I am curious to learn more about my uterus. I have been suffering from heavy and painful periods for about 11 years and recently decided that I should get it checked out. Doing the survey brings me one step closer to learning more about my body.*

These kinds of responses presented affirmation of the feminist orientation of this research. Respondents recognized the chance to really consider and communicate how they felt about the uterus, as something for which there is not usually space. This aligned with my experience of the way that feminists in digital publics regard their 'body-talk' in online publics as part of feminist solidarity, the sharing of stories and voices, and the 'normalising' of talk about the uterus to counter affects like stigma and shame.

#### On Murderous Wombs and Affective Contagion

Bennie and Nix spoke about "suffering" and "incredible pain," while Kuda references disgust (finding the period "gross" and a "shock"). While there were a few people across all the survey respondents who had comparatively 'easy' menstrual cycles and resultantly held more positive relations to the uterus, describing feelings like gratitude and even love, the vast majority highlighted the dominating presence of these specific negative affective states.

These also tended to be the kinds of experiences and feelings related to the uterus that were expressed on Twitter. The body-talk that I witnessed online brought attention to the issues experienced in uterine bodies: endocrine regulation and its connections to mood and overall wellbeing; the cyclical, yet at times unpredictably visceral experiences of menstruation; pain caused by uterine conditions like endometriosis, cysts caused by polycystic ovarian syndrome (PCOS) and fibroids; and of course the dimension that is often weaponised against people with uteruses, namely women's *emotional* regulation as linked to cycles of reproductive-sex hormone regulation.

Many people who posted about uterine or menstrual matters on Twitter made a point of being outspoken about the pain, frustration, anger and other negative feelings associated with menstruation. Some emphasised that they did this because it was necessary to combat the shame and stigma that still pervades public speech about uterine matters.

In various conversations I had or witnessed across research modalities, young people who identified with feminism (if not as self-described feminists) emphasised that it was important to speak about menstrual experiences to counter the silencing and shaming that still surrounds the issue in (offline) public and everyday life. Much of the resulting body-talk across this digital feminist public, tended to highlight their antagonism (or ambivalence at best) to the broad set of concerns or “life admin”<sup>22</sup> that comes with having a uterus and is seen as interfering with their enjoyment and quality of life.

This stance meant that *complaint* (see Berlant, 1988; Ahmed 2021) became the predominant register through which young feminists were vocalising what they thought and felt about having a uterus. This register of complaint could be recognized through the ubiquitous production of and engagement with tweets about different forms of period pain and pre-menstrual ‘symptoms’ and experiences, and in the sharing of memes, poetry or exaggerated figures of speech to express or mirror the intense viscerality that they associated with menstruation. This was evidenced in the commonplace use of the phrase “*my uterus is trying to kill me*” (or other variations of the idea of a murderous womb) when engaging in public complaint about menstruation.

These public expressions tended to highlight aspects of the experience as horrific (by using images taken from particularly bloody scenes of popular horror films, like the elevator scene in the 1980 Stanley Kubrick film *The Shining*), as well as references to a personified, antagonistic uterus that “attacks” its host.

Other telling phrases appearing in the radical vernaculars of SAFemTwitter included terms like ‘demon instrument’ to describe the uterus itself, descriptions of the menstrual period as ‘torture’ and ‘punishment for not being pregnant’, as well as reference to the speculum, the gynaecological instrument used during pap smears, as ‘a torture device’. This idea is not too far from the truth, considering the well-documented history of assault and torture on Black women, in the form of genital experiments, by which J. Marion Sims became inventor of a medical instrument still used today, and earning him the moniker “father of modern gynaecology” (Zhang 2018). While feminist scholars like Terry Kapsalis (1997) and Wendy Kline (2010) have critiqued

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<sup>22</sup> This terminology reflects that which is sometimes used to refer to the numerous acts of bodily management that is required of people with uteruses, such as menstrual and contraception management. I discuss this further later in this chapter.

the origins of pelvic examinations and the history of violence it represents, it is interesting to observe the way that this knowledge emerges and is engaged with in the public sphere in contemporary times to support feminist complaint through news media (see for instance Zhang 2018) as well as in popular feminist discourses online.

#### On Violence/s in Imaginaries of the Uterus

In response to the requirement of properly doing menstruation, there is a (more or less) generational cohort of feminists, particularly those who engage in online speech, who are determined about normalising 'radically honest' body-talk. This is a contextually responsive (or reactive?) state where, through performative enactments of agency, this emergent radical feminist vernacular contributes to the construction of a countercultural popular imaginary of the uterus that taps into the notion of the monstrous uterine. The effect is that, particularly among younger feminists (both millennials and 'Gen Z' in the current vernacular) there is an apparently celebratory normalisation of using abject language in expressing a relation to the uterus. In this vernacular body-talk, people with uteruses often also expressed ideas about the uterus and its workings through reference to notions of violence.

What is so striking about the oft-repeated phrase '*my uterus is trying to kill me*' is the sense in which it seems to construct an agentic uterus that wages war on the self. People like Lebohang and Sofia, in their 30s and early 20s respectively, both tell of their fantasies about ripping, cutting or stabbing the uterus,<sup>23</sup> wanting it removed.<sup>24</sup> These were similar sentiments to the everyday tweets I would find that referenced the uterus. In my reading of the discursive landscape of this feminist public, the language of violence is often operationalised and mobilized in a way that reinscribes the idea of the flow-free body as desirable, and of the uterine body as inherently antagonistic.

These shifting sentiments, alongside increasing awareness and conversation about aspects of gestational reproduction that are hidden in 'romanticised' notions of

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<sup>23</sup> These observations may invoke, from the perspective of an earlier generation of feminists who would celebrate the uterus, questions about why these kinds of expressions are not seen as self-hate. While I address some aspects of this question in the subsequent arguments, there is space for further exploration of the intentionalities behind such expressions (such as whether young people are really willing to electively remove the uterus if it were possible).

<sup>24</sup> While these observations have been mapped among people of different genders, I am not able to account here specifically for the place of gender dysphoria related to menstruation in non-binary people's feelings about the uterus, since the topic of dysphoria was not something I was able to explore ethically in this research context.

pregnancy, also results in an apparent popularisation of matrophobic attitudes among young feminists (Oyěwùmí 2016). In addition to the often-discussed tropes of painful childbirth, people online seem shocked when encountering stories about pregnancy that involve seemingly strange ‘side-effects’ or complications, such as the development of gestational diabetes, or stories of pregnant people losing their teeth.

People often also linked their anxieties about the uterus with the anticipation of pain, which comes with menstruation as well as pregnancy and childbirth. Lee, a 30-year-old participant, said that it gave her

*“hectic anxiety just imagining [pregnancy and childbirth] to be honest. The risks, changes to the body, the birth...woah. I can’t imagine pushing a human out of my vagina!”*

For Lee, the risks of pregnancy included “torture on the body” and the possibility of “something going tragically wrong.” These kinds of responses in the survey coincided with my observations of increasingly regular discussions online about the occurrence of horror – dreaded, violent – in pregnancy and childbirth stories. These are usually connected to the idea that pregnancy and more commonly childbirth can be fatal to the gestating person.

In another form of personification of the organ, people also often referenced the risks of painful and traumatic uterine events as betrayal. The ‘catchiness’ of the idea of the monstrously powerful uterus is evident in the repeated invocation of the phrase “my uterus is trying to kill me” as a shorthand for what is understood in the intimate public as the rise of antagonistic feelings to a potential gestational future. The ease with which these kinds of complaints were made had an interesting effect on young people’s valuing of the organ, to the extent that a significant number of research participants from 22-year-olds to people in their mid-30s say that they would consider removing the uterus and its capabilities<sup>25</sup>.

Many young people shared how fears and anxieties shaped the ways in which they thought about pregnancy and childbirth in relation to the future. As seen above, Lee attributed her aversion to pregnancy and birth to “the torture on the body”, her own

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<sup>25</sup> My language use here is intentionally focused on the desire to “get rid of” the uterus and everything associated with it. Some participants answered the question about sterilization procedures in more detail than others, but the overall sentiment was that the uterus was experienced negatively enough that it was considered an undue burden.

(generalised) anxiety, and her view that with her “luck in life” something tragic is likely to happen. Cecilia, who is 29 years old, said about pregnancy and childbirth that:

*“It makes me nervous. I am scared of the kind of obstetric violence you hear about other women experiencing. How common that violence is. How much silence there is around violence inflicted on women during childbirth. The idea of pregnancy could be interesting, perhaps a new way of knowing and understanding your body.”*

In Cecilia’s and many others’ imaginaries of the life of the uterus, the anticipation of violence is felt first. Considering the swift movement of ideas in online public spaces, conversations about systemic gendered violence quickly move into circulation and entanglement with the telling of stories documenting personal experiences, which in turn intensifies fearful or negative affects related to the uterus.

In my view, this generation of feminist youth purposefully deployed metaphors of violence in their proclamations on bodily and reproductive autonomy. As a result, anti-motherhood attitudes expressed as feminist freedoms have become thoroughly embedded in contemporary feminist youth’s self-making performances online. The way that these anti-motherhood sentiments get taken up online says something about contemporary concerns that are often articulated as expressions of (feminist) reproductive agency in opposition to the *anticipation of violence by virtue of having a uterus* and of constantly being “at risk”. This affective and discursive shift, in the context of my research, is emerging as a genre of feminist radical vernacular that engages a particular discursive-material construction of the uterus as violent and antagonistic.

One can view this shift in sentiment about the uterine body, read alongside historical shifts in feminist politics and theory over time, as a public counter-discourse (Chikafa-Chipiro 2019) in feminist youth articulations of reproductive freedom and agency. In public discursive spaces like Twitter, the call to normalise honest conversations about the uterus has, perhaps understandably, given rise to the affective contagion (Gorton 2007) of the more ugly or bad feelings (Ngai 2004) which seem to attach to certain objects more than others. Extending this analysis of affective logics to the uterus, as an entity that embodies multiple entanglements of reproductive norms and expectations with being a “good subject”, I suggest that the foregrounding of violence in public feminist expressions on the uterus is a generational response that intentionally mobilizes the felt antagonisms that the organ represents.



## Temporal Anxieties

The having of a uterus and the experience of various biological functions linked to the larger reproductive system “engages us in temporal orientations of differing depth and urgency” (Bryant and Knight, 2019:2). Consider the way that menarche is thus constructed as a fork in the road that orients our attention, towards futurity and reproduction (as shown in Chapter Four). This comes from a particular model by which people who are coded and/or read as female are made subject to public comment and speculation about the contents of their wombs and future plans. Affect interplays with these temporal orientations in various ways.

### **Flash 5 – Feeling Time**

*Having a uterus seems to feel like being burdened with time, a sentencing of sorts. My generation is hyperaware of this intensity of past and future time-spaces on our experience of the present. Our feelings and relationship to the uterus are often “kind of twisted,” in the words of Khensani, whose responses to my questions showed strong opinions. At 27 years old, she was one of the participants who said they would consider a sterilization procedure because “**I hate being paranoid about the possibility of being pregnant even if I used contraception during sex**”.*

*On feelings about the womb, Nix says “**I feel powerful now but as a teen and young adult I just thought of it as a pleasure chest but not for myself. I always thought of a uterus as a curse, the period and incredible pain each month made me resent my uterus.**”*

*Feeling powerful is a result of ‘owning it’, taking agency over our reproductive freedoms. This seems to come easier as one gets older, but how much is endured before then?*

*Sadly, the social circumstances of life stifle, distort and even negate the imagined futures that many of us hope to invest ourselves in.*

*Dreaming and investing in the future sometimes feels like ‘cruel optimism’<sup>26</sup> in the world we live in.*

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Nix is one of my ‘mutuals’ in the intimate public; we are also agemates, part of the cohort of millennials who were “90s kids” and are now reaching age thirty. According to the hegemonic life-stage model, also known as the ‘biological clock’, we would be described as being in the ‘ideal reproductive years’ and therefore in the time that one should be thinking about and making plans for having babies. In other words, we have reached the time when society has much to say about the function and future of our uteruses. As soon as society codes one as female and as having a uterus, one’s body becomes the subject of public speculation and comment.

Here I am intentionally distinguishing between being *coded or read as female* and *being read as having a uterus* as two distinct and simultaneous, but not necessarily mutually entailed, recognitions. While the former is a reading of persons being socially rendered as violable in a patriarchal world (see Gqola 2021), the latter includes a bio-social assumption of cis-heteronormativity that entrenches gestational capacity in the order of anticipatory regimes by which power “works through the pull of affective futurity” (Coleman 2018:45). Heterosexual weddings, for instance, may typically feature a few elders asking every (presumed) childless woman of reproductive age when they are going to start a family. Someone is also bound to remind the bridal pair, as they leave the reception, that they are being timed while waiting for the news of conception (I experienced this at the last wedding I attended!).

In my own and across research participants’ reflections I have found that the dominance of the heteronormative trajectory of reproduction - heterosexual partnering, pregnancy, birthing, parenting - inscribes itself onto the imagined uterine future. These expectations and anticipatory modes that position pregnancy and mothering as an inevitability of having a uterus, even where one’s own desires for such a future are a mismatch, contributes to an intensity or hyper-awareness of the organ and its everyday social entailments. The rest of this chapter looks at the intensification of “collective experiences of temporality, placing individual imaginative processes within society and in relation to ongoing historical processes” (Bryant and Knight, 2019:10).

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<sup>26</sup> After Berlant’s book titled *Cruel Optimism* (2011)

### Uterine Time and Intensification of Affective Futurity

In the previous chapter I framed menstruation as an event in the uterine life-course that implicitly orients our thinking towards ideas about the future, reproductive or otherwise, and as a significant change in status of moral personhood. At this point in many people's uterine narratives, utterances from elders like "you are a woman now" or that "everything changes" express sociocultural understandings and expectations linked to the uterine body. As a result of these societal inscriptions on the organ, the uterus often invokes **a sense of personal responsibility for a gestational future which may or may not materialise.**

Considering the earlier discussion of menarche as a turning point in gendered bodyhood and subjectivity, the having of a uterus seems largely characterised by modes of thinking about and making plans for various horizons of futurity. This was reflected in certain forms of public body-talk around periods and the uterus more broadly as a daily feature of online life and conversation, sometimes taking the form of complaint about the everyday inconveniences of having a uterus. Khensani's feelings mirrored many others' general affective relation to the organ:

*"It really frustrates me that I experience so much pain or so many biological things because I have one. I hate all the things I have to do to protect it or maintain it. I'm a depressed person and it's really hard to take care of myself, now I have to add so much more care when I'm on my period. If I could rent it out, I would. It's expensive, painful, and a lot of admin.*

In keeping with the languaging of *affective injury as violence* emerging in popular discourse discussed earlier, many young people with a uterus choose to highlight their antagonism (or ambivalence at best) to the broad set of "women's concerns", or rather "life admin"<sup>27</sup> that comes with having a uterus. This included anticipating and making sense of the way that the uterine cycle activates certain affective-temporal concerns. As seen in Khensani's lamenting of the ever-present risk of unplanned pregnancy, family planning, or *un-planning*<sup>28</sup>, is one of the biggest concerns for people with a uterus. Khensani was one of several people whose feelings about the uterus, whether in relation to menstruation or the possibility of pregnancy and becoming a mother, were

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<sup>27</sup> I choose to use both phrases here as this indicates a simple shift in public languaging around the uterine. While menstrual care products like disposable pads and tampons are often still marketed as 'feminine hygiene', the generational shift of languaging in online spaces like Twitter influences broader public discourses.

<sup>28</sup> Ula's words

influenced by their own concerns about mental illness like depression and generalized anxiety, in the present and projecting into the future. What Khensani and others in this public referred to as uterine ‘admin’ included a broader conceptualising of care that is required for the uterine body that, in my view, extends the conversation on reproductive justice beyond the popular menstrual politics discourse of “period poverty”<sup>29</sup> and menstrual education by also positioning the affective entailments of uterine subjectivity as critical issues for reproductive justice.

At face value, period management or care relating to the menstrual cycle involves everyday – quotidian<sup>30</sup> – actions, however, the biosocial intricacies of each person’s menstrual cycle also changes over time as one ages. In popular feminist education materials, like the recent book *FLOW: The book about menstruation* (Chirwa, Jeynes, Pilane, et. al., 2021), these temporal changes are recognised and discussed as part of the complex interactions and entanglements of menstruation as “a physical process [with] physical, emotional and social impacts” (2021:11) that also makes menstruation a fundamental issue for gendered subjectivity. This is reflected in the division of the book into sections titled ‘The Physical’, ‘The Psychological’ and ‘The Political’. This also reflects a repeated sentiment throughout my research, that having a uterus also means being overwhelmed or burdened by the constant awareness of things one ought to do, know, and be prepared for. At the individual, quotidian level of experience, many of the complaints that menstruating people made online referred to a sense of intensity (as seen in dramatic representations of the uterus), accompanied with uncertainty about what to expect in anticipation of the menstrual bleed. This kind of complaint also often emphasised temporality, whether expressed as exasperation at the thought that this will happen every month for many years, or in talk of how the experience (the sudden onset of the bleed) can catch you off guard every time, despite it being a regular decades-long occurrence.

The life of the uterus is an intensely temporal one, and so are many of the affective relations that people have to the organ. When people speak about the ‘life admin’ that comes with having a uterus, what is usually foregrounded in their complaints is the

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<sup>29</sup> While I have reservations about the term itself, I do not deny the importance of the material concerns of access to basic menstrual management resources as discussed by menstrual activists. See Chirwa, Jeynes, Pilane, et. al. (2021); and Vora (2020) for discussions on lived experience of “period poverty”.

<sup>30</sup> I use the term quotidian here to refer to things that are ‘everyday’ in the ethnographic sense, but also the aspects of menstrual and reproductive conversations that are more ‘normalised’ and thus discussed more often/freely in public spaces.

**affective intensities of dealing with all the implications (physical, psychological and political) of what actually happens to the uterus.** This entails not only menstruation, but also concerns about reproductive futures, particularly the possibility of pregnancy, birthing and mothering. The biosocial intricacies of what it means to care for the uterus also includes pre-emptive scenarios or “life admin” that brings the future into the present with different intensities, such as the use of contraception to prevent pregnancy. While the use of hormonal contraception to prevent pregnancy, for instance, usually acts upon short-term futures (“*I can’t have a baby right now*”), people who use them also often express concerns about the potential longer-term effects of such hormonal manipulation on their ability to get pregnant in the future. On the other hand, for many young people the biological possibility of pregnancy, regardless of contraceptive efforts, produces affects like paranoia and anxiety. Some research participants’ descriptions of their feelings about the uterus cited annoyance or dissatisfaction with a sense of uncertainty about whether unpleasant menstrual experiences would be “worth it” in terms of future reproductive success. Lebohang, another of my mutuals, aged 30, feels that menstruation is a “raw deal” and “flawed design” in contrast with her excitement to experience pregnancy in the future, at a time that she decides.

According to Poppy, also 31 years old, “the admin of the menstrual cycle has no reward if you are infertile”; she considers menstruation and its accompanying pain and discomfort as “torture” and “punishment for not being pregnant.” Viewed alongside the imaginaries of violence described earlier in the thesis, I suggest that these expressions are an indication of increasing collective cynicism towards the material realities of dealing with the uterus in present moments while valuing the uterine cycle for its potential in the future. Reflecting on the timing of one’s feelings about the uterus, Khensani’s earlier complaint went further:

*My feelings about this have just gotten stronger and stronger. Never liked having one... I was initially ashamed of having a period, I'm not anymore but I feel like my community of adults don't give enough education about the reproductive system, its care, and going to the gynae.*

Khensani, Lebohang, Poppy, Londeka and many other, mostly younger respondents strongly lamented the disproportionate labour of ‘uterine admin’ experienced due to the uterus’s functioning, including the affective weight of responsibility and hypervigilance.

These are all visceral emotional states that depend on anticipatory or pre-emptive orientations (Coleman 2018); that is, they are states produced by “materialities that engage and embed us in layered and entangled but separable temporalities” (Bryant & Knight 2019:1-2). Besides the seemingly quotidian concerns of period and contraceptive management, people with uterine cycles who are also racialised and gendered in particular ways, who experience chronic illness and debility, and/or are marginalised in other ways, are especially subjected to and affected by regimes of power that position certain uterine bodies as holding better, more desirable potential than others. The epigenetic and DOHaD discoveries that have been translated into the “First Thousand Days of Life” discourse in public health sciences represents such a temporal regime of power, as it engenders the projection of the “future as urgent in ever earlier moments of organismic development” (Adams, Murphy, and Clarke 2009:253). These developmental insights resultantly enable the spread of the future back in time, making current generations (of feminists in particular) keenly aware of the future urgency of their current decisions and states of living and bodyhood. Furthermore, this subjective sense of early responsabilisation contains an affective “thickness” of temporality, where the menstrual cycle and uterine wellbeing is framed by sociocultural expectations of a cis-heteronormative life trajectory that includes and anticipates gestation as inevitable.

I contend that **young people’s future-oriented concerns about their uterine bodies are more speculative with far murkier temporal horizons than previous generations**. For the young feminists represented in this research, the question *What kinds of futures will we have?* or *What kinds of futures will your uterus have?* calls forth a host of uncertainties connected to the relationships between one’s past experiences, present or future desires, and the external, political environment that governs life and livelihoods.

## CHAPTER SIX

### UTERINE HYPER-SUBJECTIVITIES

*It's Monday. You're at work. Aunt Flo arrives and she unexpectedly brings Bhut' John to the party and Bhut' John causes a lot of unnecessary pain. This pain due to hormonal fluctuations causes intense discomfort along with all the other period symptoms. Because of the meetings and looming deadlines, the only option you have is to take painkillers and to keep it moving, not mentioning Aunt Flo's unexpected arrival, as you worry that your period will be used for period banter by the gents. (Chirwa et. al. 2021:151)*

What I have presented in these chapters is a close examination of the affective-temporal orientations that shape one's sense of what it means to have a uterus. While the uterine or menstrual complaints I have shown here may represent various modes of speech ranging from the rhetorical to earnest discussion of social realities, I contend that it is worth paying attention to what this emergent uterine politics can tell us about the ways in which social conditions are shifting (and not) for people with uteruses, and for gender-marginalised people more broadly. The experiences presented in this dissertation show how to have a uterus means to live in a body that is discursively positioned as a social, moral problem imbued with risk and danger. The messaging and warnings that young menstruating people received from adults in their communities and from popular public discourses alluded to a vague sense of being at risk of violation, or of having one's personhood compromised in some way, in addition to the more overtly stated concerns about teenage pregnancy. However, while menarche does signal a biological change that is represented in a bio-heteronormative life-stage model to mean "of reproductive age," for most people represented in this research the socialisation around the first period and managing menstruation rarely involved further context about how the reproductive (uterine) system works.

The messaging that many young menstruators received from elders about their bodies predominantly positioned the physiological change as triggering a social change in which one's body and personhood is imbricated with risk and danger. The warnings are left vague and anticipatory, which in the absence of comprehensive menstrual and sexuality education leaves young menstruating people left to navigate the disarticulated risk or danger on their own. A lack of normalised, realistic conversations about the uterine reproductive body leads to a confusing and distressing sense of

bodyhood for menstruating girls and gender-diverse children, and this sense of discomfort in the body often endured into young adulthood, as was the case for Nix and many others. In their recollections of being menstruating adolescents, this distress related to entangled ideas of blood as horrific, the menstrual or uterine body as transgressive and shameful, and the anticipation of some gendered danger about which they are now being warned. These intergenerational cultural scripts are representative of a cisheteropatriarchal culture in which fear plays a central role in “socialising gender” (Gqola 2021:77). The people in my research community, in the feminist digital public, were intensely aware of

*the power of institutions to subjugate and discipline bodies to probe the many ways the menstrual cycle becomes a site of sexualization, self-objectification, and abjection, of shame and shaming, of medicalization, disability and dysfunction, and even a source of moral panic. Thus the embodied experience of menstruation, from menarche to menopause, is rarely cause for celebration or even contentment, and is instead typically a project to manage properly as an essential component of doing(feminine) gender (Roberts 2020:177).*

Given this hyper-awareness, particularly of the ways in which the life of the uterine body can be read as a potential site of patriarchal subjugation, I ask what we can learn about the way uterine subjectivities are produced in the current version of society. To state the question differently, ***How do you then begin to live in this body that is so saturated with social norms and expectations?***

In a culture where patriarchal silencing of women and gender-diverse people’s voices, lives and concerns endures, expressing dissent and complaint is seen as a crucial feminist task. Sofia and other interlocutors expressed varying intense feelings of anger, disgust or shame, in relation to experiences of being objectified. While the place of feelings like disgust and shame in individual menstrual experiences has been well documented, I suggest that it is also instructive for us to think with a model of affective contagion (Ahmed 2004; Gorton 2007) in examining how these affective states work to produce collective sentiment and orientations towards the uterus. One possible reading of the antagonistic forms of body-talk identified in Chapter Five shows a feminist youth vernacular that foregrounds their perspectives of the uterus mainly as a conduit of cisheteropatriarchal violence, and as an embodiment of the larger societal problem Gqola (2021) terms the Female Fear Factory. My analysis of the affective logics that are produced within this vernacular thinks with Gqola’s articulation of the way that fluency in fear forms part of how “patriarchal societies teach a specific logic around gender”



(2021:72). I consider this in relation to the way that popular online feminist discourse produces affective contagions, such as the increasing radical honesty I have described here where women and gender-diverse people purposefully emphasised antagonistic relations of the uterus.

There is something worth paying attention to in the dynamics of (feminist) socialisation in the context of a space like Twitter, where the movement of information and discourse is extremely condensed such that discursive positions taken are often exaggerated or presented in the form of highly localised (virtually) genres of meaning-making. The example of the phrase “my uterus is trying to kill me” can be said to be ‘catchy’ in the sense of it easily being taken on, repeated and remixed in memes on the internet, and something about which people have something emphatic to say, while positive experiences of the uterus and specifically menstruation are ‘posted’ less often, or gain less attention, than complaint. The observation of this kind of affective regime proliferating in contemporary spaces is particularly interesting for meaning-making across generational divides. From my conversations with feminists who self-described as being from an older generation, the current politic of antagonism contrasts starkly with an earlier menstrual politic where the womb and reproductive capacities were celebrated as powerful. Within such a paradigm, the ideal feminist response to menstruation was to resist the imaginary of the ‘monstrous feminine’ (Ussher and Perz 2020) and to treat menstrual bleeding as ordinary. This makes sense when we view the idea as the lineage of menstrual activism that brings us to the current milieu in which one public feminist agenda is to “normalise” open conversation about menstruation and the realities of having and managing a menstrual cycle, as part of fundamental material feminist concerns.

What is striking about the generational difference, from a slightly more distanced perspective, is the possible implications of interpreting these affective logics in relation to a feminist politic of reproductive justice. It may be said that the contemporary vernacular described here seems to represent a mode of feminist socialisation which reinscribes a cultural model that reified the womb as unruly, disordered and thus undesirable. We may then want to ask what has happened socially that has engendered this shift and examine what kind of affective regimes are propagated through the languaging of complaint playing out in various public feminist vernaculars of body-talk. Interestingly, the broader digital feminist public in which this ethnography is based, and in which the radical vernacular of the murderous/antagonistic uterine is produced,

is the same public in which people's everyday engagement about menstruation and the uterus contributes to the task of demystifying the materiality and psychosocial experiences of gendered bodyhood. As Candice Chirwa, also nicknamed the Minister of Menstruation, noted in the author's note to *FLOW*,

*The reason why I am so into Menstrual Activism is because the outcome of empowering people and speaking up about our periods will lead to Period Positivity. And having a period positive world simply means that we have individuals who do not feel afraid to talk about something that is a part of them (Chirwa, et. al. 2021:9).*

The idea of embracing menstrual or uterine embodiments in such a period positive world means talking openly about the actual day-to-day concerns that people with a uterus experience. When asked about their motivations for such public body-talk, people cited the desire to express themselves freely, that is, without restraint imposed by patriarchal norms that ignore, silence or downplay women and gender-diverse people's concerns. Along with this, many participants also noted that showing (by "posting" about) their rage in relation to uterine experiences countered societal stigmatization of the menstrual body and forced cisgendered men to be confronted with the host of things people with a cycle have to endure. In my analysis, this is representative of a strategy to participate in feminist expression by which the "pull of the monstrous feminine can be resisted or reframed" (Ussher and Perz 2020:222). I suggest that the language depicting a monstrous or murderous womb is not necessarily reflecting subjective identification with embodied disorder, but rather alluding to the ways in which uterine bodyhood is subject to numerous violences under the social conditions created by patriarchy. Instances of obstetric and reproductive violence are discussed with urgency within/across overlapping digital counterpublics where other feminist body-talk vernaculars such as those I have described also develop. Feminist youth in such publics are thus hyper-aware, through the rapid and continuous cycle of online discourse, of embodying a gendered bodyhood that holds the potential risk of being subjected to violence. I suggest that young feminists are attempting to mobilize the language of violence in attempts to make visible the very quotidian, everyday ways in which having a uterus is experienced as problematic in a hostile, patriarchal world. The expressions of pain, torture and abjection that many of my contemporaries used to relate experiences of the uterus in public seem to also represent a disavowal: "We will not suffer alone or quietly".

### On Uterine Hypersubjectivity

The affective contagions of feminist vernacular expressions highlighting antagonistic and/or violent relations of the uterus, in my view, indicates a particular generational response to concerns about the multiple “orders of violence” that are embedded in the psychosocial archive of a patriarchal society like South Africa (Kiguwa and Stevens 2021). Based on my interpretation of the affective logics at play in generating the predominantly negative languaging around the uterus, I believe that feminist youth who regularly engage in the discourse of online communities are affected by a collective, discursively produced hyperawareness of the violence embedded in “contours of vulnerability that are inextricably connected to historical, spatial, and social formations of power” (ibid:261). This then brings me to the questions I posed at the start of this dissertation: **What do contemporary South African feminist publics and their expressive vernaculars around uterine bodyhood reveal about (psycho)socio-political meanings of the uterus? And how is such a vernacular uterine politics positioned in relation to, and contributing to, collective expressions and orientations to feminist futures for reproductive and gender justice?**

By posing these questions together, I aim to draw attention to the ways in which the production of affects in relation to the uterus is characterised by various temporalities of the uterine body. What emerged very strongly from people’s narratives and expressions about the uterus was the pronounced association of uterine concerns with various temporal moods, intensities and imaginaries. Alongside the intergenerational messaging around menarche that I have discussed in relation to gendered subjectivity, I present further analysis that for people with a uterus the social experience of menarche and subsequent uterine cycles triggers a dominant awareness of ‘uterine time’ and associated culturally informed expectations, speculation, and anticipation about the ‘life of the uterus.’ For some, the watching and tracking of bodily ‘data’ (in the context of tracking the cycle) combined with the anticipation of experiencing those events/symptoms recognised as PMS, leads to a feeling I will refer to as ‘cycle creep’ where every event people experienced would be attributed to whatever is happening with their menstrual cycle. People with uteruses often lamented only having one week per month of being unaffected by the cycle, thus having only a brief window of time per

cycle for enjoying, in Lebohang's words, the "delicious unbothered existence" that cisgendered men do. For people with a cycle, there is always something to expect and anticipate, if one is paying attention.<sup>31</sup> Thus the inherent temporality of the uterine cycle means that people with uteruses may experience time as intensified and disrupted in various ways, not least during and after pregnancy. People who experience severe PMS or PMDD, people who experience gender dysphoria with menstruation, people with endometriosis and other chronic illness or disabilities, autistic and other neurodivergent people, and others still may all experience the intensification of a host of visceral, temporal embodiments that accompany the uterus at different times. These affective states and temporal intensities contribute to the making of varied uterine subjectivities.

While the temporalities of the cycle itself and the related vernacular articulations of 'life admin', such as menstrual and reproductive management, represent everyday – quotidian – experiences of the uterine body, it is also instructive to consider other anticipatory scenarios that shape uterine subjectivities. I argue that the question "what does it mean to have a uterus?" for young feminists today, necessarily calls upon a sense of futurity, and of individual and collective desires for and imaginaries of what the future might look like. For most people I interacted with, the question usually leads to speculation about the life of the uterus, most often translating simply to the question of whether pregnancy and childbirth are imagined in one's personal desires for the future. This is a question that could arguably only relatively recently be posed with confidence in terms of the reproductive freedom and possibility it presumes. It also usually invokes a host of other interrelated contextual concerns related to the political and material conditions of the present world that become influential factors in most people's feelings about the future of the uterus.

Within the same public feminist discourse producing complaint and description of everyday experiences or manifestations of patriarchal violence, there is also a significant sense of anxiety concerning what kinds of futures are possible, and about what may be required to secure such futures, considering the enduring state of

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<sup>31</sup> Not all people with uteruses experience this hyperawareness; some people simply experience their bodies as things happen, as expressed by Londeka when she says "it is what it is".

patriarchal capitalist violence in the present. I have argued that for young feminists of my generation, there is such an intense alertness to the layering of responsibility and risk management that comes with having a uterus, that uterine subjectivities are being shaped by the **affective-temporal anxieties** of personal attachment to an organ that is socially marked by time. Many of my contemporaries expressed uncertainty or ambivalence towards ideas about the future of their uterus, especially if they already tended to view the uterus negatively. I explored this through a question in the survey about uterine sterilization procedures, because of how frequently I had seen proclamations online like ‘I can’t wait for menopause’ or ‘I just want to get rid of the whole thing.’ Quite a few people referenced the fantasy that they would prefer going through menopause sooner than later so as not to have to deal with uterine matters anymore, and some went as far as saying that they would consider having their uterus removed. I mention these as notable expressions of ambivalence towards uterine futures, while recognizing that the majority of respondents thought that actually removing the uterus is a major step that would only be warranted by serious health concerns, including gender-affirming care.<sup>32</sup> People more generally expressed a sense of impatience with the uterus, via menstruation as an almost life-long concern of bodily management. This was evident in the way that some participants spoke about the capacity to gestate and give birth as not being “worth the admin” of the menstrual cycle. People who felt this way were not limited to only those who had no plans or desires for childbearing. Lebohang, for example had very clear ideas about when and under which personal life conditions she would like to get pregnant and have children, an ideal representing the core tenets of Reproductive Justice, and yet she still expressed and directed her rage *about the uterus* at men (as representatives and beneficiaries of the patriarchy). To say then that uterine bodyhood is experienced through affective-temporal orientations is to recognise the ways in which “the potentiality of the future exists within the present as a particularly intense feeling or affect” (Coleman 2018:41).

What Nix, Sofia, Lebohang and others in the feminist public have expressed is a refusal to be quiet about the pain, disruption, and various affective-temporal intensities experienced because of the uterus, with the dual functions of undoing/unlearning the

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<sup>32</sup> A few gender non-conforming people and one trans man were among the survey respondents who spoke about gender-affirming uterine care. Gender-affirming care for transmasculine and non-binary people does not necessarily require a hysterectomy, but the procedure was mentioned (online and in the survey) as an option that people would take, with the motivation that it could be used for uterine transplants for trans women who want to experience pregnancy.

shame-induced silencing that has historically been expected around menstrual matters, and consequently also highlighting the everyday ways in which reproductive justice can be advanced. These include bringing attention to menstrual activism concerns like the material costs of menstruating, workplace period leave policies, comprehensive sexuality education and anti-stigmatization of menstrual and uterine issues (Chirwa, Jeynes, Pilane, *et.al.* 2021). In the mode of feminist complaint I discussed earlier, people with uteruses chose to channel the embodied injurious affect that accompany painful, dysphoric, or otherwise debilitating uterine experiences into a collective strategy that “works to recuperate emotion not as an irrational bodily reaction but as an informed and political bodily response” (Gorton 2007:343). As the generation espousing and embodying ‘Fourth Wave Feminism’, we are intensely aware of the fact that the advances made in Reproductive Justice, mainly by Black feminists, are always at risk of being negated as long as patriarchal control over marginalized bodies remains embedded in social and political life, as was demonstrated on 24 June 2022 when the United States Supreme Court overturned the landmark ruling on *Roe v. Wade*.<sup>33</sup> While reproductive rights are significantly more secure in South Africa (at least on paper, constitutionally), there is a vigilant awareness of the ways in which global politics can have an impact closer to home. The Bhekisisa Centre for Health Journalism has reported on the ways in which conservative politics in the US can have social and political effects such as the threat of reduced funding for abortion and other reproductive healthcare in South Africa, and attempts by the African Christian Democratic Party to undermine South Africa’s abortion laws in parliament (Van Dyk & Mdzeke, 2022). Given the social conditions in which young people report increasing cynicism about the future while also witnessing, in real-time, the regression of feminist political gains in reproductive rights and justice in some parts of the world,<sup>34</sup> I suggest that the having of a uterus, for this generation of feminist youth, produces profound anxiety and dissonance, particularly in relation to imaginaries of the future. There was an echoed sentiment of radical ambivalence in people’s responses to questions about family-making and the future. The prospects of bearing and raising children for some felt variously alienating and risk-laden, or simply “difficult to imagine” in the face of prospects of an ever-destabilizing future and the knowledge that we (people with uteruses generally, but especially Black

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<sup>33</sup> The US Supreme Court judgement of 24 June 2022, which overturned the historic landmark ruling on *Roe v. Wade* in 1973, negates the protection of abortion as a protected right in the United States of America.

<sup>34</sup> It is also the case that places where abortion has long been considered completely unlikely ever to become legal have passed legislation in recent years to make it legal, such as Ireland, Columbia and others.

women and gender-diverse people) are positioned in society to bear the brunt of patriarchal violence in some form at some point in life. As such the everyday ways in which people talk about their desires for specific uterine futures is inflected by the material and affective weight of social norms and cultural expectations around family-making and pursuit of the good life, as well as by their recognition of the uterus as a key site where the feminist mantra “the personal is political” plays out.

The enquiry into temporalities of uterine subjectivity takes us from everyday concerns of the uterine cycle to futural orientations that anticipate and pre-empt a model of the life of the uterus that includes gestation and childbirth as the inevitable teleology of the organ. However, many young people’s future-oriented concerns about their uterine bodies were more speculative or difficult to imagine. People who reported feeling ambivalence or negative feelings about the uterus and its potential futures spoke with scepticism about ideal temporalities of reproductive events, rejecting the notion of the ‘biological clock’ and instead describing their desires and feelings about family-making in relation to ideal conditions being realised. In the feminist publics examined in this research, the future seems suspended by the feeling of radical ambivalence towards its potentiality, while the uterus is transformed into a powerful site of counter-discourse in which ‘rage as resistance’ is enacted in feminist vernacular languaging practices that “facilitate[s] a broader discursive engagement with questions of gender violence” (Okech 2021:1014). Individual and collective orientations to the question of *why uterine health or wellness (reproductive and otherwise) matters*, come into being alongside subjective experiences that produces gendered bodyhood as constant vigilance over the reproductive body, and being made subject to responsabilising discourses regarding gestational/maternal futures. The state of things was encapsulated in Efemia’s response on her feelings about the uterus:

*It annoys me. I hate having periods and that if a man rapes me, I could have a baby or have to have an abortion. I don't view my uterus positively.*

Efemia’s words reflect the hypervigilance by which women and people of other genders ‘made female’ in patriarchal gendering must pre-empt the possibility of violation (Gqola 2021), as well as the now familiar figuring of the uterus as a conduit of negative affects. Many other young feminists who engaged in this research spoke to the intensity of feeling like you are living in a body so saturated with bio-heteronormative expectations

and simultaneously at exceptional risk of violence, even in childbirth, the uterine act that some regard as the ultimate and divine functioning of the organ. For most of my feminist contemporaries, being able to attach positively to the uterus meant existing in a different(ly) imagined world; one where the uterus can once again be constructed and felt as powerful and generative. The feminist imperative, then, to imagine and fight for conditions that will enable better futures starts to feel like an exercise of ‘cruel optimism’ (Berlant 2011) by which optimistic imaginaries function as an affective regime that has us investing in the prospect that the future will somehow be better. But in the current state of felt precarities (relating to reproductive freedoms and intersecting with ‘climate anxieties’),<sup>36</sup> even those more positive affects of futurity, like hope and potentiality, are destabilized as the “thickness of the present...is always related to the unknowable” (Bryant & Knight 2019:19). Some of my feminist contemporaries thus express concerns about the ethics of bringing life into a world that is characterised by such precarity.

This affective ‘thickness’ of time is a core facet of the mode of uterine hypersubjectivity in which this analysis culminates. Hypersubjectivity, as I use it here, refers to the particular state of dissonance that becomes embodied with uterine bodyhood, as the having of a uterus engages gendered subjectivity in assemblage with affective-temporal orientations (like expectation, speculation and anticipation). I derive this usage based on the sociolinguist Kira Hall’s (2014) use of the term hypersubjectivity as a shorthand referring to the “anxious state of affairs” that characterizes the production of identity and subjectivity under “intensified globalization” (2014:263). Hall’s conceptualisation is informed by a view of anxiety as “in many ways the cornerstone of contemporary globalization theory” (2014:262). I extend this formulation by examining (feminist) digital publics and counterpublics as spaces where such anxieties are sublimated into particular discursive constructions that are then circulated and projected in a myriad of ways.

In what has been termed a “new age of anxiety,” (Öniş 2017:25) the current generation of feminist youth experience a marked sense of anxiety in relation to the pressures of

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<sup>36</sup> The term climate anxiety, or eco-anxiety, has emerged as concern about the psychological effects of the ecological crisis and can be generally described as “anxiety related to the global climate crisis and the threat of environmental disaster” (Wu, Snell & Samji 2020).



securing a good life while simultaneously navigating the anticipation of a precariously poised future. As a result, the radical ambivalence that emerged as collective affective orientation to gestation and birthing processes was not only described in terms of respondents' imagination of personal desires, but also as concern for the idea of bearing the responsibility of bringing a person into a hostile, capitalist world in which a 'good future' feels increasingly difficult to imagine or attain. People articulated these anxieties in various ways; some spoke of "just having a feeling" that they would not make a good candidate for motherhood, while others expressed fears about the uterine events of pregnancy and childbirth itself. There was also an interesting overlap of responses detailing fears about passing on problematic genetic traits, especially related to mental illness, but also of passing on generational trauma, whether epigenetically (via the womb) or inadvertently through parenting practices.

In discussing these concerns, some of my peers spoke with frustration about the heteronormative societal expectations placed on people with uteruses to perform a 'feminine-maternal' potentiality at a certain age, as well as to attend to the forms of bodily management that uterine potentiality requires. A shared sentiment that emerged over the course of numerous online conversations was that the expectations on young women and non-binary people with uteruses to suddenly be positioned as potential mothers from their early 20s onward, was in stark contrast with the way that they were socialised into understanding and viewing the reproductive body from the time of menarche. Now, in addition to the instilling of fear and shame around the uterine body, the concept of epigenetic programming has made its way into general public discourse,<sup>37</sup> and people with uteruses now also internalise the messaging that every choice and bodily action could have an impact on the future health of one's potential offspring. This discourse results in all people with uteruses being positioned as pre-maternal beings, regardless of their own orientations to and desires for gestation and 'maternal' futures. I argue that this knowledge effect is increasingly prevalent, and that it engenders societal misrecognition of the myriad other ways in which the uterus matters to people who have one. Paying attention to the uterus as an entity of unique biosocial positioning in society, rather than only physical and epigenetic environment or container for gestation, allows for an expansive view of uterine bodyhood that allows

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<sup>37</sup> On Twitter I saw numerous discussions that linked back to recent epigenetic findings, and in one of my earliest informal conversations about this research, an acquaintance made reference to the idea of nested wombs down the matrilineal line. Recently the Netflix series *Russian Doll* also featured explanations about epigenetic inheritances as part of the protagonist's struggles with mental health and existentialist crisis.

us to think differently about the organ and about possible forms of care it requires over time.

## CONCLUSION

In this dissertation I have traced pathways of social meaning-making about the uterus, specifically from the perspective of contemporary South African feminist publics. My ethnographic enquiry asks how young people's personal experiences and feelings about the uterus are affected by and mediated through public discourses about reproductive health and justice, intergenerational cultural expectations of the uterine body, and vernacular expressions of body-talk that are amplified and circulated in intimate publics like South African Feminist Twitter. Along with the research taking place in a country with an exceptional social crisis of gender-based violence, it is also an exploration of the contexts of African feminisms that leverage the internet for social justice collectivising, mobilising, advocacy and activism (McLean 2018; McLean & Mugo 2015). By examining what people chose to say about the uterus in the same intimate publics where feminist youth grapple with and "practice" feminist discourses, the research broadly reflects the experiences of my feminist peers (generationally speaking) who form part of the larger public I referred to as South African Feminist Twitter.

In Chapter 4 I focused on narratives about menarche and early experiences of menstruation. Through online conversations and the narratives shared by research participants, the first menstrual period was represented as an occasion that became the starting point of one's awareness of, and relation to, the uterus. The analysis extended to an understanding of menarche as a critical juncture in the subjective experience of uterine bodyhood, or what it means to have a uterus. The chapter presented a view of young adults' current perspectives and embodied feelings about the childhood significance of menstruation and the uterus, and how these past experiences extend into adult subjectivity in particular ways. I posit two main findings from the chapter. First, that menarche is socially experienced as a trigger that changes one's moral status of personhood, with specifically gendered implications for bodyhood. Second, that it is also an occasion that marks the beginning of subjectively experienced 'uterine time', thus adding temporal orientations to concerns of bodyhood. These ideas are communicated in the intergenerational languaging that positions the young menstruator as "a woman now", indicating in this research context the "adultification" of menstruating children. The child, in turn, associates this new bodily

process (that is usually explained in reference to pregnancy) with a sense of overtly gendered responsibility tied to the bio-heteronormative model of the life of the uterus.

In Chapter 5, I discussed the effect of those gendered inscriptions as seen in my observations of body-talk in feminist vernacular expressions around menstruation, the uterus and the reproductive body. I examined how participants' feelings about and embodied relations to the uterus are shaped by different forms and entanglements of intergenerational body-talk and cultural expectations. Here I discuss the intensity of negative affects in participants' expressions and narratives of the uterine experience. What people say about the uterus, both publicly online and privately, indicates the emergence and propagation of a generational feminist vernacular of body-talk that takes on a 'radical' character through descriptions of organs exerting violence and affective injury. The phrasing "*my uterus is trying to kill me*" is used so often online that I consider it a critical vernacular menstrual complaint; one that shows how common vernacular expressions and epithets contribute to the production of collective orientations to the uterus and gendered bodyhood through affective contagion.

### In Conclusion: Future Horizons for a Politics of the Uterus

With this project I was interested in mapping the ways that, in various intimate public spaces, my feminist contemporaries are grappling with experiences related to the having of a uterus. In the preceding discussions I have elaborated on the working and implications of a radical vernacular mode of complaint about the uterus and examined some of the resulting discourse producing collective affective orientations to the uterine body. My examination foregrounded the sense that one's personhood is apprehended as inextricably linked to the potentiality of the uterus, and the singularity of the life course it is presumed to chart, that is, the childbirth horizon in cis-heteronormative imaginaries of the 'life of the uterus'. The anticipatory mode in which people with a uterus then navigate gendered bodyhood creates an "ethicized state of being" (Coleman 2018:44) by which a person is positioned in society. Those sociocultural norms around the life of the uterus contain dominant relations to the affective-temporal orientations of expectation and speculation and anticipation. These particular regimes of feeling are a subset of orientations to the future that I analyse

based on a temporal mapping of the life of the uterus. Viewed through the bio-heteronormative reproductive lens, menarche represents a significant biosocial change that would shape one's subjectivity alongside other experiences over time as actual (socially legible) maturity is gained. It is also then the beginning of a series of 'reproductive life stages' to be expected and anticipated in the life course of a person with a uterus, hegemonically divided into the 'ideal' reproductive years, a vague phase of 'advanced uterine age', followed by imminent menopause, increasingly framed in terms of perimenopause. The experience of having and living in a body with these particular temporal entanglements produces affective states and orientations, in flux across, through and between uterine timespaces "of differing depth and urgency" (Bryant & Knight:2019:2). The enquiry thus extended further to ask how ideas about uterine futures, gestational or otherwise, take hold of subjectivity when one's personal affective relation to those futures are ambivalent, uncertain or marked by fear and anxieties? What do these particular temporal orientations (expectation, speculation, anticipation) do to subjectivities? What kinds of affects are produced by them, and what does this mean for living in this kind of body?

I proposed the use of hypersubjectivity as an analytical lens for discussing the particular mode or genre of anxiety that inflects people's feeling and thinking about the uterus. I maintain that the radical vernacular that I have described in this dissertation represents a visceral association of the uterus that is a situated generational response to the felt implications of living in an enduring state of fear. Given the hypervigilance that is required of women and gender-diverse people in the Female Fear Factory (Gqola 2021), and the necessity of gaining fluency in the social grammars of that fear, I suggest that uterine bodyhood in the current milieu engages a gendered hypersubjectivity that positions the uterus as symbolically antagonist of feminist sensibilities. This complicates our ability to find "conceptual purchase on the contours of this reproductive freedom struggle" (Lewis 2018:312). In the context of this research I posit that younger feminists in particular are troubled by the moralising associations of the uterine body and thus enact an antagonistic relation to that which is experienced as alienating. I argue that what is expressed in the vernacular feminist languaging shown in this work is the intensely felt affects of the psycho-sociocultural crisis of gender-based violence in South Africa. I further assert that these collective affects translate into vernacular feminist discourses that can obfuscate people's reproductive agency by

disproportionately focusing on voicing antagonism. I suggest then that we must also be careful about mobilizing this kind of languaging, thus taking seriously the role of language in shaping our worlds. Staying with Gqola's suggestion that we "put the fluency to different use" (2021:84), it is my contention that the notion of uterine subjectivities can be further explored in ways that can contribute to the project of developing the feminist futures we desire.

In this thesis I have shown that: (1) individual narratives from people with uteruses reflect a range of compounded lived experiences that point at the intergenerational production (mainly between women and girls) of anxieties around the gendered, reproductive body, and specifically the having of a uterus, (2) that contemporary South African feminisms' engagement with the politics of reproductive justice is marked and shaped by the hypersubjectivity of public life in the postmillennial age, and thus (3) that paying attention to *uterine matters* (beyond a biomedical idea of 'health' and reproduction) and *uterine subjectivities* is a critical task in the work of expanding articulations and practical understandings of reproductive justice.

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## Appendix: The Uterus Survey



# The Social Uterus - Research Survey

This survey is part of a Master's research project about the social meanings of the uterus. Your responses will be used to gain insight into the everyday meanings and experiences of having a uterus.

This research is interested in experiences across the gender spectrum. All responses will be handled with the utmost ethical care and respect, including protecting anonymity. Respondents are welcome to contact me directly regarding any concerns or further discussion of research ethics and the topics addressed in the survey. Retraction of consent at any point will be respected.

P.S. Please answer freely, and there's space to have fun too! 😊

Elthéa De Ruiters (researcher, MA candidate UCT)

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Supervisor: Prof. Fiona Ross ([fiona.ross@uct.ac.za](mailto:fiona.ross@uct.ac.za) (<mailto:fiona.ross@uct.ac.za>))

\* Required

### Getting to Know You

1

Please state your name and/or preferred pseudonym. \*

2

Do you consent to your responses being used for research purposes?

(Please note that you can withdraw consent at any time. If you select NO below, you will be directed out of the survey.) \*

- YES, I consent.
- NO, I do not consent.

3

How old are you? \*

4

Please state your gender identity (optional).

5

Do you have a uterus? \*

- Yes
- No
- I used to



6

What made you decide to take part in this survey? \*

11/13/2020

## Icebreaker - Image Association

This is an icebreaker section. The following questions each contain only a single image. For each image, write the first word or phrase that comes to your mind.

Trigger Warning // Blood; Medical Equipment //

Please note that some images may be disturbing, and you do not have to give an answer if it causes discomfort.

7

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8

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9

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10

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11

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12

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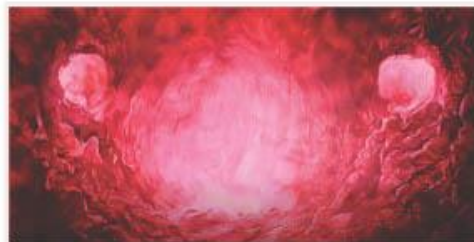
13

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22

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## Uterus, Family, and the Future

23

What does the phrase "family planning" mean to you? \*

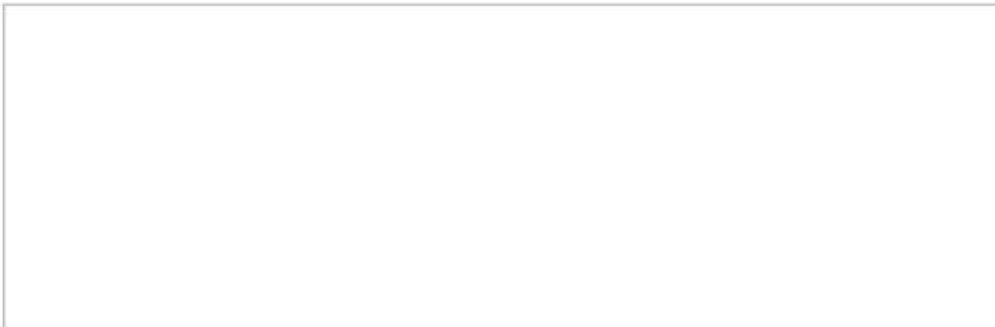


24

Do you have a mental picture of the kind of family you want to have in future?  
What influences that picture the most?

OR

(for current parents and caregivers) What were/are the greatest influences on your family-making decisions? \*





25

What does the word "MOTHER" mean to you? \*

26

How do you feel about pregnancy and childbirth? \*

27

If you want to raise children in the future, would you:

[multiple answers possible] \*

- Carry and birth your child/ren
  - Adopt
  - Parent in a family network (not be primary caregiver)
  -
- Other

28

Say more about your reasons for the answer to 7? \*

29

If you have a uterus, would you ever consider being a surrogate mother?

(Surrogacy is the practice by which a woman (surrogate mother) becomes pregnant and gives birth to a baby in order to give it to someone who physically cannot carry a pregnancy to full-term.)

- Yes
- Yes, but only for family or close friends
- No
- Maybe

30

Have/would you ever consider a sterilisation procedure (either having tubes tied or a hysterectomy)? Please be specific and elaborate on your reasons. \*

31

How often do you visit a gynaecologist? \*

- Once a year
  - More than once a year
  - Only when I have a health concern
  - Never been
  -
- Other

## All the Feels: your personal experience

32

Do you ever feel broody? \*

- Yes, all the time
- Sometimes
- Rarely
- Never
- I'm not sure

33

How would you describe the feeling of broodiness? (Either how you experience it or what you think it is - give as much detail as possible) \*

34

How do you feel about the "biological clock"? \*

35

How do you feel about having a uterus? Do you always feel this way?

(Think about your earlier image associations if you're not sure how you feel...) \*

36

Three words to describe your relationship with your uterus? \*

37

Do you use a period tracking app or journal? \*

Yes

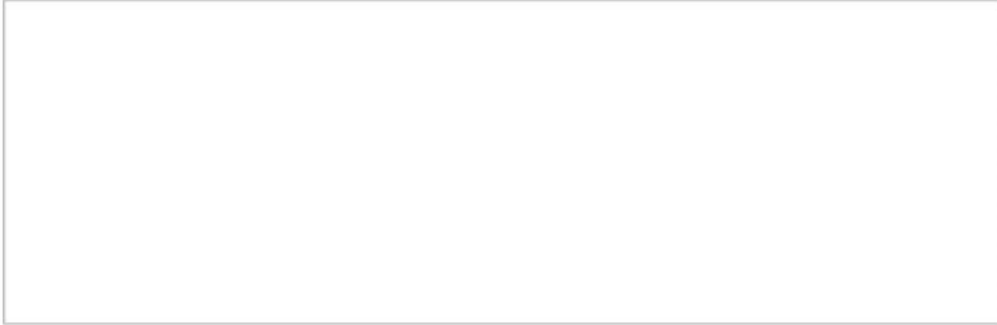
No

Other

38

Does tracking your menstrual cycle change your experience of the period? Tell me more about your answer. \*

Do you post about your uterus and/or menstrual cycle on social media? Why or why not? And if yes, which platform? \*

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to the question above.

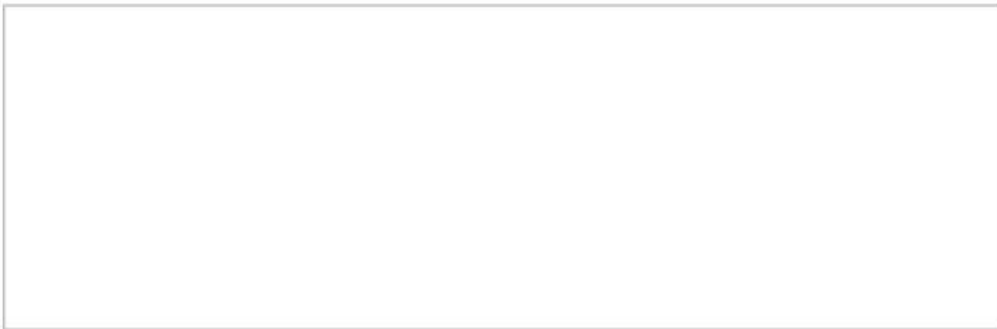


## Final Fun things!

40

OPTIONAL: Tell me a story about the/your uterus. It can be your first period story, something you daydream/wonder about, something you've always wanted to say out loud, or any event or experience that has been significant to you.

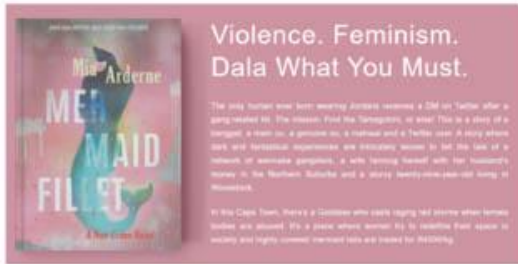
P.S. If you don't have the energy right now, you can always send me an email or DM on Twitter at another time.



Tell me about your favourite uterus-related artwork/poem/meme/film/book etc...? Here are two of mine. (Feel free to copy a link!)

RIGHT: Lady Skollie in front of her mural at the Tyburn Gallery in London. When I think of feminist art/ists, Lady Skollie comes to mind first! I love her brazenness in confronting sexuality and violence in South African society.

BELOW: I'm really excited about this book for 2 reasons: it's set in Cape Town and uses authentic Kaaps language. It also has a spectacular character called Goddess, "who casts raging red storms when female bodies are abused"!



**Mermaid Fillet** by Mia Arderne (Kwela Books 2020)

(Image: mermaidfillet.com)



**Khoisan Kween Mother** by Lady Skollie (2017)

(Image: <https://twitter.com/LadySkollie>)

Have you read Mermaid Fillet? If yes, would you be interested in joining a small virtual feminist gathering to discuss the book? (in early December 2020) \*

- Yes
- No
- Maybe

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43

If you responded YES / MAYBE for the gathering, please provide contact details for me to get in touch - email, phone number or Twitter handle. Please also include your current city.

44

This is the end of the survey.

Do you still agree to these responses being used for the proposed research? \*

- Yes, I reaffirm my consent.
- No, I withdraw my consent.

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