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Bodies at the crossroads between immigration and health.

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As an introduction to our reflection, in the field of geo-humanities (Dear et al., 2011), on healthcare access for immigrants in Europe, we would like to relate an anecdote which happened, in the field, to one author of this chapter. This anecdote tends to indicate that there are times when research on health care and the body can impact the researcher in a way that possibly prompts him/her to approach his/her object of study with more humanity. The researcher in question had made an appointment a few days before to conduct an interview with the director of a support centre for immigrants. As she arrived at the centre on the agreed date and time, the researcher, who was eight months pregnant at the time, was greeted as follows:

« Oh...but it's you! my colleague told me "there's a pregnant woman here who wants to see you". I got worried!!! I thought for a minute that it was another pregnant woman from Eastern Europe who'd come here to give birth! [she laughs]” (Director of a support centre for immigrants, Rennes, June 2008)

At this time when the researcher first met the director in question, she had just begun her fieldwork. The research involved immersing herself in social welfare centres with a view to gaining a better understanding of the conditions of access to health care among immigrants in France and focusing attention both on the immigrants themselves and on the working conditions of professionals and volunteers operating in various support centres. That day, the director's reaction to the researcher's (pregnant) body is indicative of stereotypical representations of all kinds applied cumulatively by professionals to immigrants and which would not normally be revealed in the context of an interview. In this particular place – the support centre for immigrants – a pregnant, white woman could only be an Eastern European immigrant; the researcher embodies the figure of female immigration in France. Clearly, beyond the stereotypes and ethical questions raised by this situation (which it is not our place to judge here), this fieldwork prompted an in-depth reflection on how we should conduct our research: should we concentrate

primarily on the professionals' "deficiencies", which are representative of the difficulties they experience on a daily basis in managing the humanitarian emergencies and difficult situations that hinder their work and make it more challenging? Should we bring to light and analyse the identity labels applied to immigrants in those support and healthcare centres? It was above all the researcher's physical appearance which caused the director to assume she was an East European migrant.

This leads us straight to the question of the link between immigration and health in Europe today: What causes carers and social workers to "fear" the arrival of immigrants, especially pregnant immigrant women? Is it the fear of an uncontrollable "wave of immigration"? Is it the fear that this would place an additional financial burden on public services? Is it the anxiety about the growing number of very complex situations in which individuals face a combination of challenges such as precarity, exile, poverty, uncertainty concerning their legal status, and the prospect of a growing family? Is it a combination of all three factors? At the same time, professionals in the field express significant concerns and conflicts related to the impact of restrictive public policies, to the increasingly tight control of public spending and to the management of populations (including immigrants).

In Europe, contexts of immigration tend to be analysed in terms of "crisis", managed in a temporality of urgency in different parts of the territory. At the same time, the public sector itself, including health and social welfare, is in "crisis" as a result of major economic restructuring marked by severe budgetary restrictions and sector liberalization. But are we dealing with "immigration crisis" or an "immigrant reception crisis"? Who or what is actually posing a threat to the healthcare and social welfare systems? Is it the arrival of immigrants or the neo-liberal economic policies and programmes? Moreover, we know from research on migration, that the routes used by immigrants to reach Europe are increasingly dangerous; a significant number of NGOs report an increasing number of deaths at Europe's borders as well as an intensification of health problems among recently arrived immigrants to European countries. In addition, several researchers have highlighted the harmful consequences for health and well-being of the precarious living conditions of newcomers once in Europe (Thomas, 2016).

However, as Didier Fassin (2001) points out, scholars should bear in mind the fact that, in relation to these alarming findings, an immigrant's body is not merely a passive vector or recipient of disease. In this regard, part of our work as researchers is to examine (1) what is involved when dealing with the body, disease and suffering and (2) how, in our social worlds, immigrants' bodies serve as a marker of difference.

In this chapter, we will explore the complexity of the situations which, we, as health geographers specialized in migration issues, are confronted with by gradually shifting from a social geography to a geo-humanities approach. In our research, we aimed at stepping away from “describing” with words and at showing human conditions the way they are in places. In this way, we wanted to connect our knowledge as social scientists with humanities disciplines. We chose to develop this through arts, for their potential in creativity and engagement, and especially with photography. Using an approach based on the human body, what can we learn about social inequalities and their management by nation states? What do we know about the healthcare pathways of immigrants and about their access to health care in their everyday lives (Hoyez and Thomas, 2016)? What method would make it possible to examine and analyse these phenomena while taking greater account of the human dimension in the processing of scientific information?

This chapter is the result of a research project which investigated access to health care for immigrants in France, in which we took into account the situations of both ill people and non-ill people whose precarious living conditions impact their health or whose life events require that they receive medical and social attention, as in the case of pregnancy, to which we will pay particular attention here. In a context where migratory pathways are stretching (both in time and space), and where the number of female immigrants is growing, we explore how women manage to empower themselves, to overcome the identity labels applied to them throughout their journey, and which, for the most part, impact them negatively. Within their life histories and immigration pathways, it is their bodies that are at stake. In the first step of this chapter, we illustrate how immigrant women re-appropriate their own bodies and analyse their place, as socially constructed objects, in constituting the social space in which carers, social workers, women themselves, their relatives and families are shaped and emerge together. In a second step, we expand our reflections on the subject of immigration as social geographers by adding a new path through photography to our ‘conventional’ qualitative methodological tools in order to explore emotions and body concerns.

Immigrant women’s bodies in a context of restrictive policies

The pregnant women we met in the course of our research have very different histories: some fled a country at war, both alone or with their male partner or family and may have either joined relatives in France or had no contacts in this country, France not necessarily having been their intended destination country initially. Other women moved to join a spouse who had already come to work in France while others came to pursue higher education. Whatever the socio-economic context in which they found themselves, their individual migration is

undertaken as part of a collective destiny shared with parents or even children left behind or close ones scattered in different countries. All mention the impact on their everyday experiences and affects of the spatial dimension of this situation of, on the one hand, separation from part or all of their families, and/or, on the other, of their moving closer to other family members, the coming together of siblings who had previously been living far from one another or the development of strong friendships in the host country). These experiences of distance and mobility mark each stage of their existence.

Migration journeys can be long, costly, dangerous and punctuated by a varying number of short stays in cities or other places that serve as more or less chosen stages. During these journey stages, they may have been subjected to sexual violence through rape, kidnapping, domestic slavery, excision, insults or discriminatory attitudes and these are experiences unlikely to emerge and difficult to identify in an interview situation. This raises the question of how we, as researchers and likely the umpteenth people asking for testimonies, intrude into the most troubled realms of these immigrants. Moreover, once women arrive in France, they face other gender-related problems in terms of the highly fragmented labour market which offers few job opportunities for them; even those who are hired are always, initially at least, given underqualified jobs (Schmoll, 2011).

However, amidst the variety of female migratory trajectories, one specific figure stands out as being both sometimes particularly exposed, and sometimes particularly protected compared with others, that of pregnant women or women with children. The stages and events that punctuate the trajectories of pregnant women can be analysed by focusing our attention on their body and its transformations as well as on their emotions.

Those women are in an ambivalent position. They are more likely to be exposed to gender-based violence or to processes of differentiation or social downgrading but they are also the object of specific policies, such as those for family protection and child protection, whereby they can receive some welfare benefits to which men are not entitled. Illegal immigrant women - these "precarious subjects" who are not recognized by the system (Butler, 2009) - are more likely to fall victim to differentiation or discrimination processes, or even to be excluded from certain areas of the social world, especially in public spaces and in professional worlds (Fournand, 2009). From an intersectional point of view, they are, more than other women, subjected to domination through racial/ethnic, gender and social stereotyping. However, pregnancy strongly impacts the conditions in which these women live. Pregnancy gives these women access to common rights, which will influence their living conditions while they are pregnant and throughout their child's infancy (Virole, 2016). Women themselves must apply for those services, but nonetheless, the support they can then access is designed to empower them and will help them to be recognized by healthcare professionals and institutions as

subjects with rights in ways not the case before pregnancy. Through these support programmes, pregnant women benefit from regular pre- and post-natal care services, which many of them had never experienced in their country of origin. It is our responsibility, as researchers, to examine the reasons and processes through which pregnancy and motherhood help women be recognized as subjects with rights, and to emphasize that women's pregnant bodies and infants can help them to assert themselves in their lives as women.

The migratory experiences of these immigrant women, as they related to them us, gave rise to many discussions about opportunities to change their circumstances. Their stories are marked by various shifts and major changes in their situation that occurred over a relatively short period of time when they became pregnant. Such is the case of Milly who, now that she was pregnant, knew that she would be given priority on the waiting list for housing and would have stable accommodation during the last two trimesters of her pregnancy and the first months of her child's life:

For me it's okay now, with the baby, I'm going to be entitled to housing when I get out of here. But what will happen to Ahmed? He is all alone, no child, no housing. It is for him that we must fight now.

She is aware of the fact that her personal, intimate, family event, is, in fact, a social event that marks the end of years of residential precariousness, during which she, as a single woman, had never had priority on the housing waiting list.

The bodies of these immigrant pregnant women become a place, a geographic level at which to examine and report on individual experiences and on how corporealities are taken into account in institutions. The body is then placed at the core of social, institutional and political issues through control of the migrant body. Obviously, the way in which pregnant immigrant women are treated and cared for is tinged with moral overtones. Indeed, as noted in our introduction to this chapter, pregnant immigrant women can be labelled with derogatory stereotypes. There is a belief, as displayed in the opening vignette, that some of them come to France to give birth in order to take advantage of the supposedly more supportive social welfare system, but nonetheless, whatever happens, most will be helped and supported and, if they are not, public controversy will ensue.

Moreover, the women use a number of techniques that contradict the common notion that, because of their conditions as immigrants living in precarity, they lack any capacity for action (Fournand, 2008). For pregnancy follow-ups, ultrasound readings, giving an opinion on the possibility of an epidural, planning to breastfeed or not, feeding a very young child, carrying children, etc., these women have proved very resourceful. The arrival of a child is mostly experienced as a blessing and the descriptions we were given of the mother-child relationship are

based on a large variety of emotions and sensitivities, which pleads for a sensitive and humane approach to inequalities and discrimination.

Bodies combining disadvantages: pregnant, undocumented and poor women

Several studies have been conducted about social and health inequalities, particularly those that develop during pregnancy for women living in precarity. Precarity is not the only prism through which the trajectories of pregnant immigrant women are examined, but it is an important part of the realities encountered (see Box 1). Addressing precarity experienced by these women is not just a matter of describing their economic and social living conditions, or of assessing their access to healthcare rights and to stable housing. However, studying these two events (pregnancy and migration) when they occur within the same temporal framework requires that we situate our remarks in this context, so as to better analyse the effects of precarity on pregnancies and their outcomes, to better identify what is universal in the situation of precarity during pregnancy and what turns out to be different for immigrant women.

Box 1: Field data

The NGO Médecins du Monde (2016, 2017) points out in its recent reports that the precarious administrative situation of women puts them at greater risk: 18.1% are asylum seekers and 52% are undocumented. The pregnant women we met in MdM healthcare centres and their partner clinics have very limited or no access to health care coverage (68%) and consequently to prenatal care (over 40% had no access to prenatal care in 2016, and 58.4% in 2017) and 45.5% of pregnant women do not receive regular prenatal care. Their living conditions have particularly harmful effects on their health: the majority of them indicate that they are living with a third party (55.6%) and it is not known what this type of living arrangement involves. 8.1% are homeless, and 48.4% consider that they live in temporary and unstable accommodation. Finally, women who have received care at an MdM clinic report that they go out as little as possible for fear of being arrested. Thus, the fear of being arrested by the police acts as a further significant obstacle to their access to healthcare in specialized centres.

In the medical field, precarity, for all populations combined, is known to be associated with an increase in pregnancy and neonatal complications and with an increase in the length of hospital stays (Gayral-Taminh, 2005). There is a correlation between precarity and sub-standard or non-existent prenatal care, and

therefore the increase in perinatal complications (Lejeune, 2008). As seen in Box 1, women's situation as immigrants can further contribute to the difficulties and vulnerability associated with precarity in general. Several studies conducted in northern countries show that immigrants populations originated from Asia, North African and sub-Saharan Africa have a higher risk of neonatal mortality and of prematurity compared with non-immigrant populations and immigrants of other origins (Gagnon, 2009; Gissler, 2009; Malin, 2009; Racape, 2010). In addition, the birth of a child causes significant social, economical and psychological changes that place the mother in an even more vulnerable position, especially if it occurs in a situation of migration (Battaglini et al., 2002b). This is reinforced in the context of violence that currently exists in many of the regions immigrants have to cross in order to get to their destination (Médecins du Monde, 2016, 2017; Report of the Samu Social Observatory, 2017).

The negative effect of precarity aggravates the illnesses that can occur during pregnancy in terms of care through the possibilities for effective and efficient use of the health care system. In France, the National Commission on Child Birth and Health (2014) highlights that women living in precarity use the healthcare system less and later. Several reasons explain this: i) a late initiation of prenatal care involving late diagnosis of pregnancy, fewer prenatal consultations, fewer ultrasounds and so forth due to the daily difficulties encountered by immigrant women living in precarity; difficulties which often prevent women from being aware of or paying attention to the early symptoms of pregnancy; ii) irregular attendance at prenatal care through the difficulties for women in attending all the scheduled appointments or to have additional examinations performed, particularly if this entails attending a different unit other than the clinic they normally attend, due to their poor knowledge of an area in which they have only recently arrived; iii) frequent use of hospital emergency services, given these are the only places immigrant women can identify easily.

These difficulties are among the general factors of disadvantage associated with characteristics of the socio-spatial contexts in which women operate: poor knowledge of the area and of the location of the healthcare facilities; geographical isolation; socio-economic context of the area of residence (Gasquet-Blanchard, Collombier, Parkins, 2018); use of specialized support services; preference for carers who share the same geographic origins or the same language and can advise in favour or against different types of consultation; support provided through personal networks of friends or family who may or may not help them familiarize themselves with healthcare facilities; and, finally, all the characteristics of the person including age at the time of pregnancy, education, income, single parent or not, physical and psychological health (Battaglini, 2002-2). These factors are combined with those that affect immigrant women more specifically including: social (language, support, and presence of the partner, family and

friends); financial (the type of financial resources available to the woman); administrative (the type of health insurance, type of residence document). The situation of vulnerability in which women find themselves - mentioned in other studies (Médecins du Monde, 2015) - has proved recurrent, although not systematic, among the women we met.

The women we met experienced, after their pregnancy was confirmed, different changes in their social lives. Some of them mentioned going through marital and family breakups, which often caused them to leave their place of residence. At the same time, others reported developing a closer relationship with their spouse. The social network is the first line of protection against the immediate effects of a marital breakdown, but where networks are geographically dispersed, the women must navigate their pregnancy within a fragmented social world. Even when surrounded by relatives, these women can sometimes be exposed to one or more risks due to their status as isolated immigrants dependant on a defined group of family and acquaintances. For example, the pregnant women who receive medical care from the Paris Samu Social (emergency social services) often report a high level of social isolation exactly at a time when moral support is essential and which can further hinder their access to healthcare. These risks are combined with the mobility limitations experienced by pregnant women and mothers of small children (Fournand, 2009). This isolation can be observed through a distance/proximity dialectic. Geographic distance from one's home country can foster proximity with one's compatriots in the host country, a proximity which would not have developed in other circumstances, and which can contribute to the development of new forms of social relationships, or even of new functions in the family, as illustrated by the roles taken on by some fathers; roles they would not have had in their country of origin.

Having moved away from their usual social network, these women find themselves separated from those who would have been able to give them the psychological and practical support they needed as pregnant women, such as a mother, sisters, spouse and friends. They then surround themselves with, and find resources and support among, their new neighbours, compatriots, and caregivers, which enables them to recreate a safe environment for the duration of their pregnancy.

Risk factors also include the difficulties of communication between pregnant immigrant women and carers. These difficulties are not only related to the patient's level of proficiency in the language, but also to the contexts of communication with the medical and social care teams. The information exchanged between the various team members must include not only information about the patient's healthcare history but also about other important dimensions of her life, such as physical and psychological health, social condition, food and housing. These communication difficulties can lead to delays in the provision of

care, or to inappropriate treatments, and to a poor understanding or ignorance of the healthcare system. Among pregnant immigrant women, we have found that certain barriers prevent them from receiving optimal health care, which can be reinforced by personal and family-related vulnerabilities that may lead to dysfunctions in the natural birth process and even in the establishment of a bond between parent and child (Davoudian, 2007). Finally, the difficulties linked to the negative stereotypes and representations of pregnant immigrant women applied by health professionals must be taken into account. Negative representations of patients with unstable residence permits can lead to the denial of treatment by carers. More generally, the medical profession has been known to engage in processes of ethnicization or racialization of women, which can lead to inadequate and differential care and, thereby, increase the risks of complications (Sauvegrain, 2017).

Geo-humanities: building a bridge between geographies and art photography to replace women bodies in sensitive contexts

Geographers have for a long time developed approaches for observing and analysing the inter-relations between spatial configurations and social phenomena. Several methodologies are often combined and used to account for those interactions, including approaches borrowed from ethnography and sociology. In our qualitative research, we conducted a large number of in-depth interviews, in situ observations, and collections of visuals, including photographs. Yet, inexperienced in this art form and reduced to shooting photographs in a high-speed continuous mode with our pocket digital devices we collected few visual documents that could be used in publications or that could be given back to participants. However, in 2018, we had the opportunity to collaborate with François Lepage, a photographer and author on immigration issues, and this was just the push we needed to move towards a geo-humanities approach. In parallel with our field observations, which are fairly typical in the field of social geography, we have developed an interest in artistic approaches, and the conversations, experiences and insights they can produce. For a year, while nearly 200 immigrants lived in a squat, which was eventually legalized (Hoyez et al., forthcoming), we conducted surveys and observations among the inhabitants of this place to fully understand the sensitive and everyday aspects of life in a squat and in precarious accommodation. Meanwhile, François Lepage, who for several years has turned his lens towards migration phenomena, set up a photo studio and invited the squat residents to come and have their photos taken whenever they wanted (see Box 2). We worked in parallel with François, interviewing and photographing women. By paying close attention, together, to the faces of the women, men, children, and families who lived in this place, we gradually adopted

an artistic approach to our research. These were not the snaps that we captured with our pocket devices, these images were more, said more and produced very different encounters. These 'art' photographs brought something extra to the research. They helped to go beyond the approaches commonly used in the social sciences to examine social and spatial inequalities in healthcare, discriminatory processes affecting immigrant women, their partners and children, or "French-style" pregnancy care pathways. These photographs bring us face to face with women, men, mothers and fathers of children who pose together proudly. Inevitably, they challenge the descriptive categorizations that we, as researchers, often apply. Could we still justifiably call the people we met "immigrants" in a generic way? No, we could not, because when we look at these photographs, we see, first and foremost, people, inhabitants, whose dwelling occupancy pattern reminds us of the foundations of the Right to the City of H. Lefebvre (1968). The photography and the exchanges between the academic and artistic worlds have placed the human being at the heart of our analysis. This approach repositions emotions and affects in the foreground of research. In going beyond scientific protocols and reintegrating emotions, the photographic process gives pride of place to the reflexivity of researchers and to its impacts on the human sensitivity with which we conduct research work.. The more significant change, however, was that, beyond these frameworks established between researchers and the artist, those people who were photographed intervened as actors in a collaborative process. François Lepage wished not only to "take photos" but also to "give pictures" to the inhabitants. The shots were in fact intended primarily to be distributed to those photographed, with the intention to share something concretely. This posture has distorted the conventional relationship between the photographer and the photographed, shifting it from a relationship of 'observer/observed', in which the act of photographing formally captures a particular moment, to an interactional relationship in which the protagonists are participants without having to answer a question or an order defined *a priori*. The photographer no longer stands as a professional of the image, but takes on the role of an artist who thwarts the materialist universe of photographs. In the same way, the charitable organisations working with those living in this place indicated to us that the photo studio was part of the 'cultural' coordination organised for the inhabitants in that it was not a project to photograph everyone, but rather a proposal or an opportunity to have a photograph. These, then, are pictures of inhabitants, not just the photos of the photographer. This distinction is important because it emphasises the ambition to make the inhabitants active in their presentation of themselves. They had a total freedom of pose and free choice of the day when they would show up as the studio was set up permanently. Here, photography is not only a social act or a way of meeting in one moment. It is, instead, a process of mutual trust and sharing, across the short, medium and long term, because the photography participates in the identity reconstruction of people, both for themselves and for those who come to see them through the

associated photography exhibitions. The process re-humanises identities that the media too often distance and even render invisible.

Box 2: François Lepage presents his photographic approach

“In the summer of 2016, I set up a photographic studio in the squat known as "Les Jardins de la Poterie" in Rennes. An ephemeral dwelling in which 170 exiled people lived for a year, half of them children.

At first, people pass by, a little surprised. "What are you doing?," - Is it compulsory?" They leave and then come back. Alone, or with their families, they walk around the studio, dressed in their Sunday-best and prepared. They assume their own poses.

I lose control of the photo shoot session...I go with the flow...

From the very first pictures, I am disturbed. The shot doesn't correspond to the image I had of them. Perhaps I had imagined them “unkempt and threatening” just as they would have been depicted on an anti-foreigner Nazi propaganda poster, or else I've been conditioned to see them that way. Under the flashes, their joy and light shine through. They remind me of Leonard Cohen: “There is a crack, a crack in everything, that's how the light gets in”.

This photographic project has led to many encounters. With people from all corners of a planet fragmented by walls and barbed wire; from Mongolia to Congo, from Albania to Chechnya... With associations that give direction to human beings who have lost their bearings (at UTUD - A roof is a right, MRAP and many others...). With social science researchers from the University of Rennes 2 and the Institut d'Études Politiques, who are working on "ephemeral housing”

The people who have been photographed have agreed to use the rendering for public exhibition purposes. All the people agreed, with the exception of one girl who especially wished not to be recognised by her high school classmates. She nevertheless accepted after having discussed with François Lepage who proposed to "veil" the photograph (photo 1).

The total freedom given on the shooting allowed us to probe the desires of use of photography by the inhabitants. In the short term, desires were very varied: the use of a new photo for a Facebook profile (photo 6); the wish to send a photo back to family who have remained in their country of origin; the display of a nice family photo as an everyday visible object. In the medium term, the permission to broadcast the photograph for public display was also supported. In the view of the inhabitants, it was necessary that their photographs circulate in order to testify to their conditions of existence as immigrants, and, thereby, to be able to express

themselves publicly on this subject. Most of the people took part in the events organised around the exhibitions through vernissages, forums and debates, along with the charity organisations that accompany them on a daily basis. Thus, making their own photographs available at the exhibitions served as a medium for talking to observers, that is the photographer, the researchers and the wider audience, and connecting with them. Consequently, the act of presenting oneself physically, of going beyond the posture of the subject of photography and embodying immigration phenomena during various public events, brought a lot of meaning and spontaneity. Beyond the words of conversation, debates or exchanges were the moments of sharing food, songs, tales that emerged. For example, the first vernissage gave rise to some interesting scenes in terms of reversing social roles in different places: the hall of the university library was filled with groups of children and bathed in the smell of donuts and fried chicken as the immigrants offered meals to the exhibition visitors for almost two hours. We heard a cheerful Congolese woman say to one of the vice-presidents of the university: “*Do you like my donuts? It's good! Eat, you're so skinny! And take, take all, you will give to your children.*” This possibility of going beyond social roles was also appreciated by the academic staff, who were delighted to be jostled in their functions by mostly anonymous figures. This possibility of going beyond social roles was also appreciated by the academic staff, who were delighted to be jostled in their functions by people who they otherwise might not have met.

During and following the exhibitions, of which there had been four at the time of writing in early 2019, the confrontation and the exchange with the public's gaze allow us to go further in our work and our knowledge of the everyday experience of the inhabitants of the Jardins de la Poterie. The series of events around the exhibition in different public places gave us the opportunity to take the time to focus on details that might have eluded us. By taking part in public debates, we could note, for example, that people were all held to each other during the shooting, that the children did not come exclusively to be photographed with family members but with friends (photo 2). This enjoins us to study more precisely the body-sensitive relationships, interpersonal relationships, and / or collective feelings of belonging.

For the inhabitants, the photographic approach was greeted positively, mainly because it did not impose a frame that obliged the residents to “give” something *a priori* and because it did not answer an institutional order put in advance. It is important, however, that this issue is treated ethically by photographers and researchers. Indeed, if the approach was initially disinterested financially and free from any institutional injunction, the “fundraising” which allowed the circulation of the exhibition had to respect the political and critical positions of the inhabitants, the photographer and the researchers. Our financial support has been found in public university institutions that claim to carry out research on the hospitality, reception and integration of all people within, in this instance France, and by charitable organisations supporting immigrants and homeless people. It is not conceivable, in the long-term, that this research is conducted, for example, through European Union institutional funds, a body considered as abusive by immigrants not only in the European territory but also in their countries or regions

of origin. Research, creation and critical intent cannot be dissociated in this type of research in the geohumanities.

Conclusion

In this chapter, we have traced the passage from a "conventional" research in social geography to a research methodology enriched through the contributions of an artistic approach. By going beyond the argumentative role of research in the human sciences, by going beyond scientific postures seeking to "speak for", we have tried to bring something other than scientific proof or critical testimony about pregnancy and maternity in migration. We have also sought to trigger patterns of space and places hidden by academic traditions and introduce them into the artistic posture.

This collaborative work opens new perspectives for research, but also for the art world, which could develop more "geographically aware" approaches (Creswell, Dixon, 2015). Indeed, the "spatial shift" does not only concern the social sciences but also the artistic world, insofar as we share common interests, particularly in the influence of places on the lives of individuals, their mobility, the relation of individuals and groups to their territories, the multi-scalar approach. Through the example of pregnancy, we show how the woman's body appears as the first envelope of the developing human being. This has enabled us to explore the relations between the accessibility of spaces and the female experience of pregnancy, understood as a unique experience occurring in a limited temporality, that of pregnancy. This temporality, nevertheless, makes it possible to re-examine the bodily experience (change in the centre of gravity) in physical and psychological terms (fulfilling pregnancy, cumbersome pregnancy) and its relationship with the spatial experience.

We have used here a sensitive approach to a bodily modification that alters one's relation to space as the modified body changes at the same time as the woman's direct relation to space, to places in terms of the places of well-being which are therefore regularly visited or the converse of anxiogenic places that are therefore avoided, to territories through the policies for the provision of prenatal healthcare assistance to women and particularly to immigrant women. This sensitive approach helps us to re-examine and analyse our data via the women's accounts while at the same time examining the investigative relationship and the researchers' own involvement.

Photo 1: Young girl



Photo 2: Two young friends



Photo 3: Mother and her son



Photo 4 : A family



Photo 5 : Mother and her son



Photo 6 Young boy



References:

Atkinson S., Bethan E., Woods A., Kearns R.. 2015. « 'The Medical' and 'Health' in a Critical Medical Humanities ». *Journal of Medical Humanities* 36 (1): 71- 81. <https://doi.org/10.1007/s10912-014-9314-4>.

Atkinson S., Foley R., Parr H. 2015. « Introduction: Spatial Perspectives and Medical Humanities ». *Journal of Medical Humanities* 36 (1): 1- 4. <https://doi.org/10.1007/s10912-014-9319-z>.

Battaglini, A. 2002. « Quand migration et maternité se croisent : perspectives des intervenantes et des mères immigrantes ». *Service social*. 49-1. 35-69 | ». <http://www.erudit.org/revue/ss/2002/v49/n1/006877ar.html>.

Dear, M., Dear, P. of C. and R. P. M., Ketchum, J., Luria, S., Richardson, D., 2011, *GeoHumanities: Art, History, Text at the Edge of Place*, Routledge.

- Fassin D. (2001). Quand le corps fait loi. La raison humanitaire dans les procédures de régularisation des étrangers (When the body makes the law: Humanitarian rationale in the legalisation of foreigners). *Sciences sociales et santé*. 19 (4) : 5–34.
- Fournand, A., 2009, « La femme enceinte, la jeune mère et son bébé dans l'espace public », *Géographie et cultures*, En ligne: [http:// gc.revues.org/2320](http://gc.revues.org/2320) ; DOI : 10.4000/gc.2320
- Fournand, A., 2008, « Le corps des femmes, enjeu géopolitique. », *Géographie et cultures*, En ligne : [http:// gc.revues.org/907](http://gc.revues.org/907) ; DOI : 10.4000/gc.907
- Gagnon, A.J., M. Zimbeck, et J. Zeitlin. 2009. « Migration to western industrialised countries and perinatal health: A systematic review ». *Part Special Issue: Women, Mothers and HIV Care in Resource Poor Settings* 69 (6): 934-46. <https://doi.org/10.1016/j.socscimed.2009.06.027>
- Gayral-Taminh, M., 2005, « Caractéristiques socio-démographiques et risques périnataux des mères en situation de précarité », , En ligne : <http://www.sciencedirect.com/science/article/pii/S0368231505826675>.
- Gissler, Mika, Sophie Alexander, Alison Macfarlane, Rhonda Small, Babill Stray-Pedersen, Jennifer Zeitlin, Megan Zimbeck, Et Anita Gagnon. 2009. « Stillbirths and infant deaths among migrants in industrialized countries ». *Acta Obstetricia et Gynecologica Scandinavica* 88 (2): 134-48. <https://doi.org/10.1080/00016340802603805>
- Hoyez, A.-C., Thomas F. (2016). Socio-spatial dimensions of healthcare for newly arrived migrants. In Thomas F (Ed) *Handbook of Migration and Health*, Edward Elgar, 158-172.
- Lefebvre, H., 1968, *Le droit à la ville*, Paris: Anthropos, Ed. Du Seuil, Coll. Points.
- Malin, Maili, Mika Gissler. 2009. « Maternal care and birth outcomes among ethnic minority women in Finland ». *BMC Public Health* 9 (1): 84. <https://doi.org/10.1186/1471-2458-9-84>
- Médecins du Monde. 2015. « New report on access to healthcare for the most vulnerable in a Europe in social crisis. Focus on pregnant women and children. » Médecins du Monde. <http://mdmeuroblog.wordpress.com/2014/05/13/new-report-on-access-to-healthcare-for-the-most-vulnerable-in-a-europe-in-social-crisis/>
- Schmoll C. (2011). Le corps des autres dans l'Europe des frontières. *Outis. Revue de philosophie (post-)européenne*. Pp. 121-128.
- Thomas, F. (Éd.), 2016, *Handbook of Migration and Health*, Edward Elgar.
- Virole L. (2016). Devenir mère, devenir sujet ? Parcours de femmes enceintes sans-papiers en France. *Genre, sexualité & société*.