

# **The role of cultural mediators in migrant women's access to infertility services**

*Ester Micalizzi (Università di Torino); Arianna Santero (Università di Torino)*

This paper, based on research investigating the reproductive trajectories of immigrant women facing infertility in the city of Turin, aims to examine the role of intercultural mediators in improving access to reproductive health services for immigrant women facing fertility treatment in Italy. Intercultural mediation is a strategy for quality health care aimed at reducing inequalities in immigrant populations (Ciribuco & Federici; 2024; Baraldi, 2010; Balsamo, 2006). According to Ciribuco and Federici (2024), the presence of intercultural mediators is essential not only to overcome linguistic, cultural and social barriers that often prevent effective engagement with health systems. But it is also a form of negotiation between medical discourse, marginalised people and different perceptions of the body, illness and health (Greco, 2019). Research conducted in Italy on migrant women's reproductive and sexual health has mainly focused on perinatal health and access to related services (Tognetti Bordogna, 2006; Lombardi, 2016; Marchetti and Polcri, 2013; Della Puppa et al., 2018; Quagliariello, 2019; Grotti et al, 2019; Musumeci), migrant parents (Naldini, Caponio and Ricucci, 2019; Santero, 2020; Santero and Naldini, 2020), contraception and abortion (Quagliariello, 2021; Immigrant Women's Health Group of the Italian Society of Migration Medicine, 2023; Ghigi and Quaglia, forthcoming; Quaglia and Pavolini, forthcoming). Only recently has there been a limited amount of work on assisted reproductive technologies. Studies by Sona (2019; 2020; 2021) have explored the intersection of infertility, rights and cultures, in particular the patient-doctor relationship, the representations of Muslim women by health professionals and the perspectives of Islamic associations. Sona identifies critical issues such as discontinuities in information or treatment between countries, the uneven availability of linguistic and cultural mediation, and a lack of training on religious issues among health professionals. Sona also highlights the negotiation of power relations between doctors and patients and within couples. To explore the experiences of migrant women accessing assisted reproductive technologies (ART) in Italy, we integrated a descriptive secondary analysis of quantitative data from the IFFS Surveillance (2022) and the National Health Service - CEDAP reports (2018; 2023) with testimonies collected through semi-structured interviews conducted in person, by phone and online in 2024. These interviews involved 2 cultural mediators and 8 health professionals working in public and non-profit reproductive health services in Italy. In addition, we use the concept of 'reproductive mobility' to understand the different movements that shape reproductive desires and agency possibilities (Speier, Lozanski, Frohlick, 2020; Sona, 2019; Komorowsky, Jain 2022; Ferrero, 2022). Our research design integrates mainstream methods (literature review, policy analysis and semi-structured interviews with key informants) as well as creative methods such as 'body mapping' (Jokela-Pansini, 2021) to understand how the (female) (in)productive body is socially and transnationally constructed in the knowledge, discourses and practices of migrant women and public services. This mixed-methods approach allows for a comprehensive understanding of the challenges and facilitators that migrant women face in accessing ART. The study highlights the critical role of cultural

mediators in bridging linguistic and cultural gaps and ensuring that health information is accessible and culturally relevant. In addition, the perspectives of healthcare providers shed light on systemic issues such as information gaps and the need for better training in cultural and religious sensitivities. The findings highlight the importance of integrated support systems and the need for policies that enhance cultural competence in reproductive health services. This research contributes to the broader discourse on health equity and the need for tailored interventions that address the specific needs of migrant women in the context of ART. Finally, we argue that repositioning reproduction through intersectionality, particularly in terms of 'mobility' in the global and post-human (Braidotti, 2013) reproductive landscape, allows us to see the interdependencies, inequalities and contradictions between migration policies, welfare state regimes that support (some) families, and the rules and practices that govern access to reproductive health care. In addition, we use the concept of 'reproductive mobility' to understand the different movements that shape reproductive desires and possibilities for agency (Speier, Lozanski, Frohlick, 2020; Sona, 2019; Komorowsky, Jain 2022; Ferrero, 2022). Our research design integrates mainstream methods (literature review, policy analysis and semi-structured interviews with key informants) as well as creative methods such as 'body mapping' (Jokela-Pansini, 2021) to understand how the (female) (in)productive body is socially and transnationally constructed in the knowledge, discourses and practices of migrant women and public services