

# Care.



Reproducing *Care*

---

## ■ REPRODUCING CARE

During the autumn semester 2023, the Architecture and Care design studio will address the spaces where human reproduction takes place. Gendered constructs around reproduction have been and still are central practices to the ways we structure social realities. Architecture and space have historically contributed to promoting and perpetuating sexist social models around reproductive labour and its associated care practices. Building on gender, queer, and crip studies, this studio will explore the possibilities of non-normative and more egalitarian reproductive practices through spatial design. Looking at the different stages of reproduction, from fertilisation treatments to child-rearing, the objective will be to design institutions and spaces that promote forms of shared kinship beyond the heteronormative nuclear family. Care practices, from breastfeeding to adoption, will underpin a design course that aims to look at reproduction from an intersectional point of view. The projects will envision alternative architectures for Zürich, in which reproduction transgresses the gendered domain of heteronormativity, and positions itself as an expanded social practice supported by mutual and transversal forms of care and kinship.

---

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

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

While male labour is traditionally considered productive, performed outside of the home, and waged; female labour is considered reproductive, mostly located in the domestic realm, and devalued as “natural” work motivated by love, and thus not requiring remuneration. Similar unbalances in the burdens of reproductive care are based on other binary divisions such as migrant and non-migrant, wealthy and poor, racialised and white. Architecture, as a social technology, is not neutral, and has historically contributed to the inscription of such discriminatory practices in space and bodies. The design of the house, public institutions, and the urban is complicit in the discrimination against women, homosexual, non-binary, non-monogamous, racialised, and other non-normative reproductive bodies and lives.

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

In this design course, we will imagine architectures that support alternative reproduction practices at different stages, from fertility treatments to upbringing. Speculating with new programmes and institutions, we will design collective spaces that promote and visualise shared forms of reproductive care. In the present context, the division between productive and reproductive labour, the spaces it takes place in, and the bodies that carry it out, are once again being reshaped. The limits of the domestic are blurring, the home is no longer necessarily a space for care; instead, it is a transient, productive, and networked space. On the other hand, public and collective spaces can shelter former domestic activities and become spaces for care through different bodies (human and non-human), technologies, and strategies at multiple scales.

Addressing architecture from the urban to the body, the course aims to develop a comprehensive understanding of the relationship between design and reproduction in Switzerland. We will understand dependency as a positive kin, and propose programmes and spaces that support sharing reproductive labour in transversal ways. This realignment can contribute to generating new forms of balance, ones in which we stop “caring for” and start “caring with” as a form of interdependence. We will look at the body – its spaces, contexts and rituals – as a starting point for an architectural and aesthetic proposal at multiple scales. The students will be asked to design avoiding former forms of spatial oppression and exploitation and, instead, explore the paths of otherness, wildness, diversity, complexity, and the impractical. The final objective is to propose institutions providing inclusive spaces for reproductive futures based on collective kinship.

---

■ Chair of Architecture and Care:

Anna Puigjaner  
Pol Esteve Castelló  
Lisa Maillard  
He Shen  
ETH Autumn 2023.

