RE-IMAGINING CARE

Relationships,
Responsibilities,
& Care in Africa

26-27 May 2026 | University of Cape Coast
Cape Coast, Ghana

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A Welcoming Note to Cape Coast, Ghana

A warm welcome to all attendees joining us in **Cape Coast**, a historic and culturally rich city along the southern coast of **Ghana**. As you prepare for the upcoming conference, we hope your stay will be productive, enjoyable, and filled with memorable experiences. To help you settle in and navigate the city with ease, we have put together a few essential tips.

Cape Coast is a vibrant coastal city known for its deep historical significance, lively atmosphere, and welcoming communities. The weather is typically warm, with temperatures ranging between **24°C and 32°C (75°F to 90°F)**. Occasional rain showers may occur, particularly during the rainy seasons (April to July and September to November). We recommend packing light, breathable clothing, and comfortable footwear.

Getting around Cape Coast is relatively easy, with no serious traffic. Public transport options such as shared taxis and three-wheeled motorcycle (locally known as *prajya*) are widely used, but may be less convenient for visitors unfamiliar with the system. We recommend using taxis or ride-hailing apps such as **Bolt** for a safer and more reliable experience. Taxis are readily available on campus, but not *prajya* as they are not allowed to access the university campus. For both taxis and *prajyas*, the fares within the city are generally affordable. Hotel staff can assist with arranging transportation where needed.

The official currency in Ghana is the **Ghanaian Cedi (GHS)**. Generally, shops and supermarkets in and around campus accept only cash payment. It is therefore advisable to carry cash (the local Ghanaian currency) for everyday transactions. ATMs that accept VISA and MasterCard are available at major banks on campus, including **GCB Bank, Ecobank, Agricultural Development Bank, Prudential Bank, and Zenith Bank.** Currency exchange services are available at the Accra International Airport. It is important to stress that apart from the major currencies such as the US dollar and British Pounds, it is difficult to find exchange services for other international currencies in Cape Coast.

Cape Coast offers a variety of dining experiences, ranging from traditional Ghanaian cuisine to continental dishes. Visitors are encouraged to explore local delicacies such as *fufu, banku, tuo zaafi*, and fresh seafood. For recommendations and reservations, hotel staff and conference organisers will be happy to assist.

In terms of health and safety, Cape Coast is generally safe, but as with any city, it is important to remain vigilant. Avoid carrying large sums of cash, keep valuables secure, and use trusted transportation options, particularly at night. Bottled or filtered water is recommended for drinking. For medical needs, there are reputable health facilities in Cape Coast, including the University Hospital. There is a high presence of mosquitoes in Cape Coast. We advise the use of mosquito repellent creams and sleeping in mosquito-protected nets where available.

On the use of electrical appliances, please note that Ghana primarily uses **Type G** plugs, which are the British standard 3-pin rectangular plug. The voltage is 230V at 50Hz, making a voltage converter necessary for 110-120V devices.

We hope these tips will help you make the most of your time in Cape Coast and ensure a smooth and enjoyable stay during the conference.

Akwaaba! (You are most welcome.)

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26-27 May 2026 | University of Cape Coast | Cape Coast, Ghana

Venue: School of Graduate Studies, University of Cape Coast

Host Institution(s): University of Cape Coast, Ghana

Partner Institution: University of Pretoria, South Africa

ABOUT THE CONFERENCE

Across the African continent, care is enacted and re-enacted in multiple spaces - among friends and neighbours, in clinics, communities, and schools, through faith groups, and even by corporate actors. It is sustained through reciprocity and obligation, through cash transfers and remittances, digital coordination, and the quiet, often invisible labour that holds everyday life together. Yet care is also fragile: it can be disrupted, withheld, or lost, exposing the tensions and vulnerabilities within the social and material networks that sustain it. In contexts marked by precarious work, climate disruption, political uncertainty, and uneven infrastructures, care arrangements must stretch, adapt, and sometimes fail. This conference seeks to re-imagine care beyond its conventional framing as a private or familial duty, and instead to explore the diverse ways it is organised, valued, and contested across Africa's social, economic, political, cultural, and biological terrains. The conference aims to deepen our understanding of care's multiple meanings and its implications for research, policy, and practice.

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Day 1: 26 May 2026

08:00 Registration

09:00 Welcome and Introduction

- Introduction: **Dr. Saibu Mutaru**
- Chairman's remarks: **Prof. Daniel Agyepong**
- A note from the Head of Department: **Prof. Georgina Yaa Oduro**
- Message from CAS Director, UP: **Prof. Nolwazi Mkhwanazi**
- A Message from the Dean, Faculty of Social Sciences: **Prof Simon Mariwah**
- Address by the Guest of Honour: **Prof. Wolanyo W. Aheto**
- Group Photo: **All**

09:45 Keynote Speaker 1: **Prof. Nolwazi Mkhwanazi**

From Crisis to Care: The Labour of Repair

10:30 Morning Tea

10:45 Parallel Panels

Panel 1A: Gender, Kinship, and Moral Economies of Care [Chair: Dr. Kelly Robinson]

Who Cares? Gender, Sexuality and Peer Networks in a Boarding School
Rabia Rizvi

"Nnoboa" and *"Denkyemfunefu"* Re-imagined: Ethics of Care in the Global South Creative Industry
Lilian Ama Afun

Experiences of Vaginal Practices in Antenatal and Puerperal Care Among Women in Tshitatshawa, Zimbabwe
Linderrose Dube

Panel 1B: Care, Health Systems, Ethics, and Institutions [Chair: Dr. Lilian Owoko]

Kinship, Stigma, and the Quest for Safety: Care for Persons Living with HIV in Ghana within the Context of New Treatment Guidelines and the UNAIDS 90-90-90 Targets
Benjamin Kwansa & Ada Allotey

Re-imagining Breast Cancer Diagnosis in Benin: Shuri's Deployment, Structural Health Inequalities, and African Epistemologies of Ethical Care
Egnonnam Sandra Zannou

The Role of Asset Liquidation Patterns in Predicting Treatment Interruption Among PLWHIV: A Qualitative Inquiry
Angela Kyerewaa Aidoo, Kasim Abdulai, Ivan Addae-Mensah

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12:15 Lunch Break

13:15 Parallel Panels

Panel 2A: Ecologies, Migration, Mobility, and Care [Chair: Prof Ishmael Mensah]

Care Across Borders: Family Responsibility, Social Networks, and Return-Repatriation Among Liberian Refugees in Ghana
Joyce De-Graft Acquah

Shifting Ecologies, Shifting Care: Malaria and Maternal Health in Nairobi, Kenya
Agnetta Nyabundi

Care by Proxy: Domestic Workers and the Delegation and Reconfiguration of Care in Contemporary Ghanaian Contexts
Victoria Osei-Bonsu

Panel 2B: Reproductive Care, Fertility, and Embodied Practices [Chair: Prof Daniel Yaw Fiaveh]

Sustaining Care Without Technology: Medical Officers as Advocates for Fertility Preservation for Cancer Patients in Rural Settings
Nomfundo Nokuphila Mthembu

Caring through Reproductive Technologies: Men's Perspectives in Tanzania
Simon Mutebi

Counting Visits: Antenatal Care and the Limits of Measurement in Rural Tanzania
Anitha Tingira

14:45 Tea Break

15:45 Plenary Panel

Care as Repair, Survival, and Resistance [Chair: Prof. Carla Tsampiras]

Imprisonment, Absence, and the Fragility of Care for Left-Behind Families
Asher Amanor

Care as Repair: Ethnographic Insights from a Witch Camp in Northern Ghana
Saibu Mutaru

Fractured Landscapes: A Gendered Re-Configuration of (Traditional) Care in Drug and Substance Dependency Recovery
Benhura Abigail Rudorwashe

"When I grow up, I want to become...": Aspirations, Care and the Hereafter Teenage Pregnancy in Rural Western Kenya
Lilian Owoko

17:00 Closing & networking

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DAY 2: 27 MAY 2026

08:30 Arrival & Registration

09:00 Keynote Speaker 2: **Dr Tawanda Makusha**

The Role of Non-resident Black Fathers in Africa

09:45 Morning Tea

10:00 Parallel Panels

Panel 3A: Children, Youth, and Intergenerational Care [Chair: Prof Eunice Fay Amissah]

Little Caring Hands: Exploring Children's Caregiving Roles within a Traditional Bone-Setting Centre in the Eastern Region of Ghana

Emmanuel Asante, Solomon Sika-Bright & William Boateng

Growing Up in Families, Not Institutions: Advocacy, Livelihoods, and the Limits of Family-Based Care in Ghana

Abdul-Rahaman Gbana Iddrisu

Foster Care in Contemporary Ghana: The Case of a Peri-Urban Centre

Alfred Kuranchie

Panel 3B: Digital, Technological, and Emerging Forms of Care [Chair: Prof John Windie Ansah]

The Clinical Relevance of Tertiary Intervention Specific - Gene Editing in Cosmopolitan Africa

Elizabeth Micah

Caring for Each Other': Facebook, Feminism and the trouble with Gender

Phume Basi

We are all Cyborgs: Exploring Care through a 'Cyborg' Ontology as a Means to Disrupt the Boundaries between Organic Matter and Technology, Necessary for Embodied Representations of the 'Disabled' Body

Lebogang Kibane

11:30 Lunch Break

12:30 Keynote Speaker 3: **Prof. Eugene K. M. Darteh**

Beyond Survival: Towards Evidence-Informed Systems of Care for Victims of Sexual and Gender-Based Violence in Ghana

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13:15 Parallel Panels

Panel 4A: Community, Informal, and Indigenous Care Systems [Chair: Dr. Anitha Tingira]

The 'Care' Landscape Social Protection Mechanisms in Post Land Reform Communities in Zimbabwe: Reflections Through the Indigenous Non-formal Frameworks

Kwashirai Zvokuomba

From Colonial Assistance to Ivorian Social Policies: Rethinking the Progressive Construction of Law and Health Institutions

Douzouo Debatoh Solange

When Care Weakens: Reconsidering Care in the Context of MiningInduced Displacement and Resettlement in Ghana

Augustine Kaku

Panel 4B: Gender, Masculinities, Family, and Alternative Care [Chair: Dr. Simon Mutebi]

Re-imagining Care: Men, Masculinities and Migrancy in South Africa

Leo Wamwandula

Caring and Hustling: Teenage Fatherhood in South Africa

Zandile Mhlongo

Between Opposition and Acceptance: Negotiating Transracial Adoption as Permanent Care in South Africa

Kelly Robinson

14:45 Tea Break

15:00 Plenary Panel

Care, Ethics, Training, and Alternative Worlds [Chair: Prof Eric Koka]

Re-Imagining Research Care in Universities

Carla Tsampiras

What does it mean to be a Carer? Evaluating Disconnects in Training and Work Instability in a Caring Occupation in Ghana

Cati Coe

Learning to Care Differently: Medical Citizenship and the Social and Behavioral Sciences Course at the National University of Science and Technology, Zimbabwe

Tariro Moyana

16:30 Conference closing

Conference Abstracts

Panel 1A: Gender, Kinship, and Moral Economies of Care

Who Cares? Gender, Sexuality, and Peer Networks in a Boarding School

Rabia Rizvi
University of KwaZulu-Natal, South Africa

In boarding schools, non-kin arrangements emerge in place of family-based care. Teachers, boarding parents, and peers form networks of care that provide support to boarders for the duration of their formative years. I argue that gender and sexuality play a significant role in shaping access to these care networks. Young people's gender identities and sexual practices determine whether they can access care or are excluded from it. Drawing from ethnographic data from a study conducted with 12-15-year-olds at a private school in the North West province of South Africa, this paper examines how children create and negotiate care relationships within the boarding context. The findings suggest that girls forge peer care networks that encourage gender fluid practices and provide emotional support for those who may be perceived as gender non-conforming. These friendships provide a platform for self-expression and dismantle traditional notions of femininity. Conversely, boys' peer care networks are forged based on conformity to hegemonic masculine practices, which constrain those on the margins from accessing care. Further, the findings also highlight that some learners also lean on romantic and sexual relationships as primary care networks when other sources withdraw. Young people's access to and negotiations of care within the boarding school are fragile and shaped by gender, sexuality, and relations of power. These findings have implications for boarding school policies, which must account for how gender policing creates care voids for vulnerable learners.

Nnoboa and *Denkyemfunefu* Re-imagined: Ethics of Care in the Global South Creative Industry

Lilian Ama Afun
University of Ghana, Ghana

Care within informal creative economies is both enabling and burdensome. This paper examines the ambivalent role of Afro-communitarian moral frameworks embodied in *Nnoboa* (mutual aid) and *funtufunefu denkyemfunefu* (unity in diversity) as practices of care that simultaneously sustain and strain relational work in the creative economies of the global south. Drawing on ethnographic research with 40 fashion entrepreneurs in Kumasi and Tamale, the study explores how these cultural logics organise everyday practices of collaboration, risk-sharing, reciprocity, and care within Ghana's fashion sector. Nnoboa operates as a form of relational care through which entrepreneurs provide material support, emotional reassurance, and moral accountability under conditions of economic precarity. These care practices enable resource pooling, risk absorption, and the continuity of creative work in the absence of formal welfare structures. At the same time, these ethics of care captures the moral tensions inherent in collective care,

revealing how unity is continuously negotiated amid competing claims of individual ambition and collective obligation. The paper foregrounds the contradictions embedded within Afro-communitarian care. While *Nnoboa*-like arrangements make survival possible, they can also generate dependency, impose unequal care burdens on more successful actors, and intensify the emotional labour required to sustain reciprocal ties. These frictions expose care as fragile, uneven, and contested within informal creative economies, where kinship, obligation, and aspiration intersect. Rather than idealising communitarian values, the paper conceptualises Nnoboa and *funtufunefu denkyemfunefu* as living care infrastructures that both enable and constrain entrepreneurial action. In doing so, it contributes to debates on re-imagining care in Africa and the decolonisation of management and organisational theory by offering a culturally grounded account of ambivalent care and entrepreneurship from the global south.

Experiences of Vaginal Practices in Antenatal and Puerperal Care among Women in Tshitatshawa, Zimbabwe

Linderrose Dube
National University of Science and Technology, Zimbabwe/University of Pretoria, South Africa

Women across the world use vaginal practices during the antenatal (pregnancy) and puerperal (after childbirth) periods. In this work, I assert that vaginal practices are integral to women's care and wellness during these important periods in their lives, focusing on the perceived benefits. I utilise data from a qualitative ethnography that examined the gendered dynamics that influence the use of vaginal practices among women in Tshitatshawa village in the Tsholotsho district in Zimbabwe, where the use of vaginal practices was explored. Data were collected through observation, face-to-face in-depth interviews with 5 women, and 3 key informant interviews with women. Black feminist theorising and social constructivism guided this study. Findings from this study revealed that vaginal practices are culturally embedded practices that play an integral role in women's care, particularly during the antenatal and puerperal periods. Narratives from women revealed the integral role that care plays in the maintenance of culture and in healing. This brings to light women's views, perceptions, and knowledge of these practices and their lived experiences of using these traditional practices. I argue that care can be re-imagined through the use of vaginal practices, challenging the preponderant Western hegemonic view that denotes vaginal practices as practices that are harmful to women's health. The research concluded that vaginal practices are indigenous knowledge practices that play an integral part in women's care during the antenatal and puerperal periods. Their use is culturally symbolic, which fosters preparation and care for women in some traditional societies, and their importance cannot be minimised.

Panel 1B: Care, Health Systems, Ethics, and Institutions

Kinship, Stigma, and the Quest for Safety: Care for Persons Living with HIV in Ghana within the Context of New Treatment Guidelines and the UNAIDS 90-90-90 Targets

Benjamin Kwansa & Ada Allotey
University of Ghana/Environmental Protection Agency, Ghana

Antiretroviral therapy (ART) expansion under the UNAIDS 90–90–90 targets and Ghana's Treat All policy has reshaped HIV care, prioritising universal testing, immediate treatment initiation, and sustained viral suppression. While these reforms have expanded access to ART, they insufficiently capture the social and moral conditions under which people living with HIV (PLHIV) engage with care. This paper examines how PLHIV navigate ART amid persistent stigma, allowing a close examination of institutional transformation and its effects on everyday care practices. The study draws on ethnographic research at two sites: a long-term cohort in the Ashanti region, initiated in 2007, and a comparative cohort in Greater Accra, initiated in 2025. Methods include life-history interviews, participant observation, and interviews with PLHIVs, health workers, and significant others, enabling analysis of continuity and change across shifting policy regimes. Findings show that biological families remain frequent sites of moral risk, where stigma constrains disclosure and undermines treatment engagement. In response, PLHIV mobilise forms of "practical-kinship" through peer networks, clinic-based relationships, and religious communities to secure confidentiality, care, and belonging. Health facilities emerge as critical relational infrastructures that provide continuity and trust, while also producing new expectations of therapeutic responsibility associated with viral suppression and adherence. The paper argues that transforming HIV responses requires recognising ART institutions not only as sites of biomedical delivery but also as moral and social spaces actively shaping stigma, care, and long-term engagement. Integrating social and cultural perspectives into HIV policy is essential for sustaining treatment and improving well-being among PLHIV.

Re-imagining Breast Cancer Diagnosis in Benin: Shuri's Deployment, Structural Health Inequalities, and African Epistemologies of Ethical Care

Egnonnam Sandra Zannou
University of Cape Town, South Africa

This paper examines breast cancer diagnosis in Benin through the lens of African epistemologies of ethical care, situating the deployment of the AI-based platform Shuri within contexts of structural health inequalities. It advances the hypothesis that the precariousness of technical and institutional infrastructures for breast cancer care is closely linked to the complexity and uncertainty of women's care trajectories, in which care emerges as a relational, moral, and socially embedded practice rather than a purely clinical intervention. Against the backdrop of the global digital health revolution, the article explores how artificial intelligence is reshaping oncology care in resource-constrained health systems, particularly in relation to screening, early diagnosis, and patient data management. Drawing on qualitative fieldwork conducted at the Biosso Polyclinic in Cotonou, including iterative semi-structured interviews with healthcare professionals, technology designers, and regulatory actors, the study analyses how Shuri's deployment reconfigures relationships of responsibility, trust, and professional judgment in breast cancer care. Rather than relying solely on universal ethical frameworks, the paper mobilises African epistemologies of care to interrogate the values embedded in algorithms, issues of data ownership, and the sociopolitical conditions shaping technological transferability. By foregrounding care as a situated and relational practice, this paper contributes to re-imagining ethical AI in African health systems. It argues that meaningful integration of AI technologies such as Shuri requires not only technical robustness but also epistemic attentiveness to local moral worlds, professional practices, and women's lived experiences of breast cancer care in Benin.

The Role of Asset Liquidation Patterns in Predicting Treatment Interruption among PLWHIV: A Qualitative Inquiry

Angela Kyerewaa Aidoo, Kasim Abdulai, and Ivan Addae-Mensah
University of Cape Coast, Ghana

In low- and middle-income countries, financial vulnerability drives treatment interruption among people living with HIV (PLWHIV). This qualitative study proposes that the sequential pattern of household asset liquidation serves as a critical early-warning indicator. Conducted at a major Ghanaian treatment centre, the research involved in-depth interviews with 20 ART patients who had experienced a financial shock. Thematic analysis revealed that households follow a predictable hierarchy of distress sales, beginning with productive assets (e.g., transport), then safety-net assets (e.g., livestock), and finally foundational wealth (e.g., land). Crucially, this liquidation creates a vicious cycle: selling an asset to afford immediate costs, like medication, depletes the very resources needed for future income and clinic access, thereby precipitating treatment interruption. Participants described how selling a motorcycle for cash simultaneously eliminated their means of transportation to appointments. This process functions as a "clinical-financial vital sign," revealing escalating economic distress more dynamically than static poverty measures. The findings advocate for a paradigm shift from reactive to proactive care. We recommend integrating assessment of asset liquidation patterns into routine clinical practice to identify at-risk households earlier. This insight informs the development of a practical Asset Liquidation Risk Score (ALRS), a screening tool designed to trigger supportive interventions before financial collapse leads to treatment failure, thereby safeguarding both health outcomes and household economic stability.

Panel 2A: Migration, Mobility, and Transnational Care

Care Across Borders: Family Responsibility, Social Networks, and Return-Repatriation among Liberian Refugees in Ghana

Joyce De-Graft Acquah
University of Cape Coast, Ghana

Repatriation is commonly framed as the preferred "durable solution" to refugee displacement, signalling the restoration of normal life and self-reliance. This paper argues, however, that repatriation may fail when post-conflict contexts cannot sustain the broader infrastructures of care on which everyday life depends. Drawing on qualitative doctoral research with Liberian refugees who voluntarily repatriated from Ghana to Liberia and subsequently re-emigrated to Ghana, the paper examines how care is organised, enabled, and constrained across borders. Findings show that care obligations initially motivated repatriation to Liberia, particularly the desire to reunite with relatives and to care for sick or elderly family members. Yet post-war Liberia offered limited conditions for sustaining care, marked by unemployment, weak health and welfare systems, disrupted kin networks, and the absence of reliable livelihoods. While care drew refugees back to Liberia, the inability to sustain caregiving under these conditions ultimately shaped re-emigration to Ghana. In Ghana, transnational social networks, informal livelihoods, and institutional familiarity enabled refugees to stabilise their lives and caregiving capacity. By conceptualising care also as a relational, economic, and institutional practice rather than a private familial duty, the paper reframes return-repatriation not as a failure of reintegration but as a strategic response to fragile care infrastructures. It contributes to debates on care, mobility, and displacement in Africa by demonstrating how refugees navigate precarious transnational spaces in search of contexts where care can be materially and socially sustained, challenging policy assumptions that equate return with durable protection.

Shifting Ecologies, Shifting Care: Malaria and Maternal Health in Nairobi, Kenya

Agnetta Nyabundi
University of Pretoria, South Africa

Evidence shows that climate disruptions, such as a rise in temperatures, have significantly contributed to shifting malaria geographies in Africa. In addition to malaria transmission as a result of mobility, locally transmitted malaria is now posing further risk to pregnant women in Nairobi, Kenya, previously a malaria low-risk area. Malaria in pregnancy is more than a biomedical challenge, but a phenomenon deeply entangled with local cultural beliefs and social dynamics and structural inequalities. Through a qualitative study with health personnel in Nairobi (previously a malaria-free area), this paper seeks to establish experiences of vulnerability, perceived risks, and structural inequalities for pregnant women in previously malaria low-risk areas, since they influence not only the people's response to health interventions but also policy and practice within the changing malaria geographies. This study found that the level of malaria investment in previously malaria low-risk areas is low. The belief among women that there is no malaria in Nairobi prompts pregnant women to not take the malaria prevention medication seriously, posing a risk to the pregnant women and their unborn children. This study underscores the need for sustained context-specific evaluations of malaria interventions in Nairobi, Kenya. Attending to local perceptions of illnesses, embodied vulnerabilities, and shifting ecologies is essential. Such assessments must also interrogate how preventive and promotive health services targeting pregnant women are structured, delivered, and received within broader socio-political and institutional landscapes.

Care by Proxy: Domestic Workers and the Delegation and Reconfiguration of Care in Contemporary Ghanaian Contexts

Victoria Osei-Bonsu
University of Ghana, Ghana

This paper examines a phenomenon of care by proxy, the delegation of primary caregiving responsibilities to intermediaries, as a defining feature of contemporary care arrangements in several households across Ghana. As mobility, urbanisation, and transnational migration reshape social life, people increasingly rely on domestic workers to provide care on their behalf to their children, the elderly, and the sick. In this context, care is neither withdrawn nor diminished but reconfigured, raising critical questions about intimacy, responsibility, and accountability. Drawing on qualitative research (e.g., critical scoping and ethnographic observation), the paper explores how care is mediated across distance and difference, positioning domestic workers (often young women from rural areas) as central yet undervalued actors in sustaining everyday life. Such care arrangements enable forms of "presence at a distance," while also creating distorted hierarchies and moral tensions. Who is recognised as the caregiver, and how is responsibility distributed when care is enacted through another? How are issues of trust and obligation negotiated, and how is emotional labour acknowledged or obscured when care is outsourced or coordinated remotely? By situating domestic work within broader conversations about care and socio-economic transformations in Ghana, this paper argues that care by proxy is both a pragmatic response to constraint and a site of contestation. It raises critical questions about what care means when it is mediated through others, and what happens when these delegated arrangements fail.

Panel 2B: Reproductive Care, Fertility, and Embodied Practices

Sustaining Care without Technology: Medical Officers as Advocates for Fertility Preservation for Cancer Patients in Rural Settings

Nomfundo Nokuphila Mthembu
University of KwaZulu-Natal, South Africa

Access to fertility preservation for cancer patients in rural South Africa is severely limited. This is despite medical evidence demonstrating that cancer treatments such as chemotherapy and radiation often compromise fertility. This creates emotional, cultural, and financial challenges for patients, including distress, worry, and a sense of loss for those who wish to have children in the future. How, then, is reproductive care demonstrated in resource-limited settings where fertility preservation technologies are largely unavailable? This presentation draws on findings from a study of medical officers at Mseleni Hospital in KwaZulu-Natal to explore how reproductive care is enacted, mediated, and sustained in the absence of fertility preservation technologies. Semi-structured interviews with ten medical officers examined awareness of fertility preservation, institutional and socio-cultural barriers, ethical considerations, and strategies for patient advocacy. Findings revealed that, despite the unavailability of fertility preservation technologies, medical officers play a critical role in sustaining reproductive care. They provide counselling on fertility risks, facilitate referrals to urban centres, support patients' emotional and practical decision-making, and navigate socio-cultural and institutional constraints. Care is enacted relationally, emphasising advocacy, guidance, and morally attentive practices rather than direct technological provision. These findings demonstrate that reproductive care extends beyond access to fertility technologies, highlighting relational, context-dependent, and ethically guided dimensions of care. The study underscores the importance of patient advocacy, guidance, and relational support in sustaining reproductive care even where structural and resource constraints limit direct clinical interventions.

Caring Through Reproductive Technologies: Men's Perspectives in Tanzania

Simon Mutebi
University of Pretoria, South Africa/University of Dar es Salaam, Tanzania

This paper examines how men in Tanzania perceive assisted reproductive technologies (ARTs) as practices of care that extend beyond the treatment of infertility. Drawing on ethnographic fieldwork in Dar es Salaam, I explore how technologies such as In Vitro Fertilisation (IVF) are integrated into everyday practices of care. The findings show that men enact care through practical, social, moral, and relational actions aimed at restoring social expectations of masculinity, family stability, and the future well-being of children. In doing so, men understand reproductive technologies through multi-dimensional considerations, revealing that care enacted through ARTs is highly complex. Rather than portraying men as absent, disengaged, or irrelevant to reproductive health, this paper demonstrates that men actively appropriate reproductive technologies to support partners, families, and imagined futures. By focusing on care as a practice, the study highlights that ARTs are not merely biomedical interventions but also social, moral, and relational acts that shape men's understandings of reproduction in contemporary Tanzania.

Counting Visits: Antenatal Care and the Limits of Measurement in Rural Tanzania

Anitha Tingira
University of Pretoria, South Africa/University of Dar es Salaam, Tanzania

Global and national maternal health interventions emphasise antenatal care (ANC) attendance as key in the efforts to combat maternal deaths in developing countries. The number of ANC attendances is considered an important indicator of the intervention's effectiveness. This paper examines ANC as a form of care that is increasingly measured quantitatively, yet unevenly delivered and experienced in everyday practice. Drawing on ethnographic fieldwork in rural central Tanzania, the paper shows that women selectively engage with ANC services, highlighting experiences that reveal a persistent gap between quantified care and meaningful care. Based on prior clinic encounters characterised by repetitive, partial clinical routines, women reframe the importance of ANC and when visits are likely to yield support and care, and when they may expose them to unnecessary intervention. In this way, care is actively rationed rather than passively underused. The paper concludes that current maternal health interventions that prioritise visibility of care through metrics obscure how care becomes countable but unrealisable and fragile in practice.

Plenary Panel: Care as Repair, Survival, and Resistance

Imprisonment, Absence, and the Fragility of Care for Left-Behind Families

Asher Amanor
University of Ghana, Ghana

This paper examines how care for left-behind families is experienced and understood by incarcerated African migrants whose mobility trajectories end in imprisonment. Drawing on qualitative research, the study employed snowball and census sampling to select 16 convicted drug mules for interviews at Nsawam Medium Security Prison. The study presents the narratives of absent parents reflecting on the care of their spouses and young children left behind. While migration is often motivated by obligations of provision and care, imprisonment abruptly disrupts these arrangements, leaving migrants physically absent and powerless over the everyday decisions that affect their families. Guided by Tronto's ethics of care, the paper conceptualises care as a relational practice shaped by responsibility, dependency, and power. The analysis shows that incarceration produces profound emotional distress linked to the loss of parental presence and control, as participants describe anxiety, guilt, and uncertainty about their children's well-being. Participants recount how care responsibilities of their children are transferred to spouses and extended kin, often under strained conditions. These narrated experiences demonstrate how care is rationed, delayed, or withdrawn, not only through material deprivation but through enforced absence in the context of incarceration. The study reveals how imprisonment reshapes care relations across distance, producing fragile and uneven care arrangements for left-behind families. The paper contributes to care scholarship in Africa by highlighting how forced immobility generates emotional suffering and reconfigures parental care, raising important questions about responsibility, justice, and support for families affected by incarceration.

Care as Repair: Ethnographic Insights from a Witch Camp in Northern Ghana

Saibu Mutaru
University of Pretoria, South Africa/University of Cape Coast, Ghana

This essay explores the intersection of care and repair. Caregiving is a fundamental aspect of human societies, where individuals provide and receive care throughout their lives. This study examines care work as a form of repair, focusing on ethnographic research among women accused of witchcraft and their children in a Ghanaian "witch camp". The witch camp provides a unique lens to examine care and repair dynamics. Caregiving among the accused witches and their families is understood as vital repair work, necessary for sustaining life and well-being within the camp. By examining the complex dynamics of care and repair, this article seeks to deepen our understanding of care work in marginalised communities. The women and children in the witch camp face significant challenges, including poverty and social exclusion. Caregiving is critical for survival, and individuals rely on each other for support. This research reveals care work as both practical and emotional labour, essential for maintaining social relationships and promoting collective well-being. The study contributes to a deeper understanding of care work among marginalised women accused of witchcraft. I suggest that care is a powerful tool for repairing physical, emotional, and psychological damage inflicted by accusations, ostracism, and social exclusion. The study highlights the importance of considering power dynamics and social relationships that shape care work, particularly in marginalised communities. By exploring the concepts of care and repair in the witch camp, this essay provides new insights into the ways care work is enacted, valued, and recognised.

Fractured Landscapes: A Gendered Re-configuration of (Traditional) Care in Drug and Substance Dependency Recovery

Benhura Abigail Rudorwashe
Women's University in Africa, Zimbabwe

The rise in drug and substance dependency is occurring at a pace that exceeds the capacity of traditional care systems, thereby disproportionately impacting women in resource-constrained communities. Simultaneously, this has exposed the fragility of traditional care systems in coping with the contemporary face of substance dependency. In Zimbabwe's urban townships, where the unemployed youth (particularly) grapple with addiction, family and community involvement in care responsibilities has waned significantly. The reality of caring for someone with substance dependency has reshaped the core characteristics of care in human societies. Therefore, informal (predominantly female) carers often find themselves single-handedly carrying this complex and multifaceted burden. Coupled with the stigma associated with substance dependency, the perceptibly overburdened carers become mentally and physically exhausted, highlighting the urgency and critical need for targeted interventions in the care landscape. Consequently, there appears to be a need for a reconfiguration of care as has been traditionally and culturally perceived. This paper sets out to amplify the voices of 'frontline' female carers in drug and substance dependency recovery through the development of sustainable intervention pillars in the care systems anchored on gendered carer-led strategies. Mainly using Interpretive Phenomenological Analysis (IPA) to capture the lived experiences of female carers, ten purposively sampled carers, two social workers (case managers), and one community health worker were interviewed. Preliminary findings indicate the need to accentuate the visibility and critical role of informal carers as a measure to identify key intervention pillars in the care and recovery of persons dependent on drugs and substances.

“When I Grow Up, I Want to Become…”: Aspirations, Care, and the Hereafter Teenage Pregnancy in Rural Western Kenya

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This work explores how teenage pregnancy reshapes the lives of young mothers in rural western Kenya. Drawing on longitudinal ethnographic research with ten young mothers who became pregnant during the Covid-19 pandemic, the study examines how disrupted care networks shaped their lived experiences. The findings reveal three key themes. First, the rupture of aspirations, as early pregnancy interrupted dreams of education, careers, and delayed marriage. Second, the role of care and neglect, where unmet basic needs and lack of family support contributed to pregnancy and later school dropout. Third, self-renewal, as young mothers actively re-imagine their futures as mothers, wives, and economic actors. The study concludes that teenage pregnancy is not simply a result of individual choices or lack of sexual health knowledge, but a consequence of systemic gaps in caregiving. Strengthening familial care networks and creating economic opportunities can support efforts toward self-renewal and alternative life pathways.

Panel 3A: Children, Youth, and Intergenerational Care

Little Caring Hands: Exploring Children’s Caregiving Roles within a Traditional Bone-setting Centre in the Eastern Region of Ghana

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Increasingly, reports indicate that children actively participate in the care of patients with bone fractures in traditional bone-setting centres. However, there remains a dearth of research examining the specific tasks children undertake, the developmental implications of these responsibilities, and the cultural context shaping their involvement. This study explored the dynamics of intergenerational caregiving and its implications within a traditional bone-setting centre in the eastern region of Ghana. Grounded in morality-as-cooperation theory and employing an ethnographic research design, the study collected extensive data through in-depth interviews and structured observations of children, caregivers, and fracture patients. Field data were analysed using the Consensus–Conflict–Absence analytical framework. The findings reveal that child caregivers provide two main forms of care to fracture patients: physical care (such as cooking, laundering clothes, cleaning, and assisting with mobility) and emotional care (including words of encouragement and prayers). In addition, caregivers perceived the performance of these roles as a fulfilment of familial obligations. Overall, the study offers valuable insights into the nature of care provided by children in traditional bone-setting centres and the cultural factors that underpin these caregiving practices. Ghana health authorities should collaborate with traditional bone-setters to introduce basic caregiving standards and child-safeguarding practices without undermining indigenous cultural practices.

Growing Up in Families, Not Institutions: Advocacy, Livelihoods, and the Limits of Family-based Care in Ghana

Abdul-Rahaman Gbana Iddrisu
BRAVE AURORA (NGO), Ghana

Across Ghana, there is a growing consensus that children's well-being is best supported through family-based care rather than institutional settings. This principle underpins both long-standing kinship traditions and state-led deinstitutionalisation reforms. Drawing on existing research and advocacy-oriented community practice by BRAVE AURORA in northern Ghana, this paper examines how this ideal of family care is promoted, negotiated, and constrained in everyday life. Traditional kinship care has historically enabled children to grow up within extended family networks, grounded in reciprocity, socialisation, and shared responsibility. Contemporary care reforms build on these practices by prioritising family reunification and community-based alternatives to residential care. However, research and practice show that keeping children in families is not always straightforward. Many households face severe economic insecurity, limited livelihood opportunities, and inadequate access to social protection, which can undermine caregivers' capacity to provide care and may push children into hazardous forms of labor, such as *kayayei*. BRAVE AURORA's advocacy and community work highlight that promoting family-based care requires more than awareness-raising about the harms of institutionalisation. It also depends on strengthening families' material conditions through livelihood promotion, education, and collaboration with social welfare services. From this perspective, care emerges as both a moral commitment and a practical capacity shaped by poverty, inequality, and policy gaps. The paper argues that re-imagining care in Ghana demands coupling the normative goal of family-based care with sustained economic and community support, ensuring that care does not collapse under the weight of structural hardship.

Foster Care in Contemporary Ghana: The Case of a Peri-urban Centre

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Ceteris paribus, children are to grow up in the care of biological parents. Unfortunately, however, not all children get this privilege, but rather grow up in the care of foster parents. Foster care arrangements differ in various parts of the world: while it is a formalised arrangement in some jurisdictions, it is informal in others. In some jurisdictions, including Ghana, both situations are experienced. Sequel to this, the study was executed to unearth the care of foster children's education and its ramifications on their academic and social gains. The study was executed with the pragmatic lens, utilising a sequential explanatory design to garner a better understanding of some intriguing responses. Questionnaire, semi-structured interview guide, and documentary analysis were employed for the data gathering, enabling the generation of comprehensive primary and secondary data to address the research problem. While the quantitative data were analysed using descriptive and inferential statistical techniques, the qualitative data were analysed thematically. The study revealed that foster children are in the care of relatives, non-relatives, and total strangers, receiving quite appreciable care for their education. Both at-home and in-school educational care are relatively good, signalling the need for improvement to better the lot of foster children. The results further indicated that while the educational care received by the foster children has a positive and significant relationship with their social behaviour, it is not the same for their academic performance. Based on the study outcomes, we make a clarion call for a "semi-formalised foster care" in the country, aiming at improving the foster care arrangement for the benefit of such children's education and future.

Panel 3B: Digital, Technological, and Emerging Forms of Care

The Clinical Relevance of Tertiary Intervention-specific Gene Editing in Cosmopolitan Africa

Elizabeth Micah
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After the post-pandemic rebound in 2021, labor productivity growth has slowed down, with 2024 being a 0.4% increase in the organisation for economic cooperation and development (OECD) area. Gene editing might be welcome link to managing infectious and chronic disease in reproductive health among the employed to improve African livelihoods. This study seeks to map out the understanding of care's multiple meanings and its applications for practice in Africa. A scoping review will be used to show the evidence of disease conditions that mitigate the employment participation rate of African countries. Its applications and practice in Africa will also be explored. Search terms will be derived from themes that will be used to structure the framework. The inclusion and exclusion criteria will be clarified using a flow diagram, that will also be used to illustrate the data extraction selection and extraction process. The results will show study characteristics main findings, and the gaps that define the relevant meaning of gene editing in multiple care implications in cosmopolitan Africa. The discussion will indicate the implications of the key findings and its significance in the context of extending care to a cosmopolitan population. The conclusion show whether or not gene editing can significantly improve infectious and chronic disease conditions in cosmopolitan Africa.

Caring for Each Other: Facebook, Feminism and the Trouble with Gender

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This study examines how young women in a South African university use female-focused Facebook groups as safe online spaces to create communities of care. In the context of young women's everyday vulnerability to pregnancy, disease and violence, and male complicity in creating gendered harms and sexual risk, Facebook provides a space for feminist-oriented care and support as young women face ongoing gendered challenges within relationship dynamics. These support groups build a sense of being looked after and cared for, providing a platform to offer and seek practical advice and to build capacities for navigating the complexities within heterosexual relationships. However, care is conceptualised within binarised understandings of gender where protective frameworks pathologise men as violent, while women are viewed as being at risk and vulnerable. Facebook thus provides a platform for feminist solidarity and care, but care is highly gendered and an ambivalent practice where women's position is reinforced within unequal relations of power. The article concludes by considering how Facebook may re-imagine and build networks of care and support for women while critically reflecting on how care is entangled with dominant gender norms that pose challenges for sustaining feminist digital spaces of care.

We Are All Cyborgs: Exploring Care Through a 'Cyborg' Ontology as a Means to Disrupt the Boundaries between Organic Matter and Technology, Necessary for Embodied Representations of the 'Disabled' Body.

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This paper puts forward a turn toward a kind of care that is born out of an already existing relationship with technology. The kind of care that can be galvanised to make "those whose lives have been deemed unliveable" meaningful (Robert, 2024:285). In order to do so, I begin with a human as cyborg ontology. The human as cyborg metaphor provides grounds to begin to interrogate and deconstruct essentialist notions of the body and question existing binaries that not only inform harmful hierarchies but encourage an intolerance of difference (Gleason, 2014: 126). In this context, the cyborg ontology encapsulates a consciousness dependent upon the disruption of boundaries between organic matter and technology necessary for embodied representations of the disabled body. A cyborg ontology releases us from the archaic prism that supports a 'right' and 'wrong' way of being in the world or in our bodies. This paper borrows from Robert (2024: 285) to suggest a critical examination of the "persistence of care amid conditions of precarity [as] a means of survival and resistance to counter capitalist ideology". I use the cyborg ontology as a point of departure to "expand notions of care as a relational, moral, and practical act...and recognise care as a form of resistance to centre efforts for justice" (Robert, 2024: 285). The contemporary concerns about the health and well-being of "disabled" individuals and disabilities are redefined and re-envisioned in ways that hope to offer an interesting vantage point for the analysis of the cyborg identity, the reconstruction of what it means to be human and how care is enacted in everyday life as a result.

Panel 4A: Community, Informal, and Indigenous Care Systems

The "Care" Landscape Social Protection Mechanisms in Post-land reform Communities in Zimbabwe: Reflections Through the Indigenous Non-formal Frameworks

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Care for the vulnerable is a form of social protection worldwide. In Zimbabwe, it is approached from both formal and informal perspectives. However, the indigenous, informal care systems are less recognised because of the coloniality of welfare care systems. But interesting, there is a trend towards recognition of the indigenous, informal care practices in Zimbabwe, which became evident during the height of HIV & AIDS management. This study rethinks and examines the 'place' of indigenous-informal care systems in new communities created as an outcome of the Fast Track Land Reform Programme in Zimbabwe by gazing at Masvingo district resettlements. Fieldwork engagements for the generation and collection of data were anchored on the narrative inquiry within the broad qualitative research approach, targeting beneficiaries of land reform. In this work, debates are guided by the ubuntu philosophy-based framing. The study established that the new communities' care systems in small-holder farms remain fluid, shifting, and go beyond the traditional practices in communities of origin, that is, before the land redistribution, in which everything was anchored on kinship. Care systems in new communities have become complex, endowed with diversity as they portray multi-directionality. Thus, the study argues that care systems in re-settled communities go beyond the ubuntu philosophy-based framing as people utilise contextual and hybridised systems. The study concludes and recommends that stakeholders work and support these systems as part of broadened social protection in resettlement areas.

From Colonial Assistance to Ivorian Social Policies: Rethinking the Progressive Construction of Law and Health Institutions

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INP-HB in Yamoussoukro, Côte d'Ivoire

Thinking about care in Africa requires questioning the legacies that continue to shape social and health institutions. In Côte d'Ivoire, colonial assistance left an imposed legacy whose traces remain embedded in public policies. Far from a radical rupture, the Ivorian trajectory has been characterised by gradual reforms, marked by inherited continuities, international influences, and budgetary constraints. Social and health policies have developed within a permanent tension between dependence on external donors, the state's ambition for modernisation, and citizens' expectations, revealing the complexity of relations between colonial heritage, national responsibilities, and aspirations for social autonomy. In this context, I examine the capacity of Ivorian health institutions and social law to embody a progressive reinvention of care by redefining responsibilities and relationships in an African setting shaped by colonial legacies and contemporary challenges. The methodology adopted relies on a historico-legal and socio-political approach. It combines the study of legislative and regulatory texts from the colonial period to the present, a comparative analysis of institutional reforms, and the use of secondary sources such as international reports, colonial archives, and academic studies. This approach highlights both continuities and ruptures, while situating the analysis within a critical perspective inspired by African studies on care. This work, therefore, seeks to understand how, despite historical and structural constraints, a progressive construction of law and health institutions is taking shape, and what it means to rethink care and responsibility in the Ivorian and broader African context.

When Care Weakens: Reconsidering Care in the Context of Mining Induced Displacement and Resettlement in Ghana

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In many African societies, individuals thrive through the care and support of others, which fosters a sense of collective identity. Mining-induced displacement and resettlement (MIDR) extend beyond the mere displacement of physical spaces; they disrupt the networks of care that sustain individuals' daily lives. This paper investigates the dynamics of care within resettled mining communities in Ghana's Ellembelle district, focusing on how care is transferred, transformed, or diminished. Drawing on qualitative interviews and community observations, the study explores how displacement disrupts traditional systems of care that were rooted in kinship, neighbourhood reciprocity, and shared social responsibilities. As households become dispersed and livelihoods are restructured, women, the elderly, and children often bear the greatest burden of weakened social and institutional support. Nevertheless, new forms of care emerge, characterised by adaptation, mutual aid, and informal exchange networks. By situating care within the political economy of extraction and state-corporate power, this paper contends that the withdrawal of institutional support and reliance on private actors reflect broader inequalities in Ghana's developmental trajectory. The study advocates for re-imagining care within resettlement frameworks that encompass social protection, mental well-being, and community solidarity.

Panel 4B: Gender, Masculinities, Family, and Alternative Care

Re-imagining Care: Men, Masculinities and Migrancy in South Africa

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University of Pretoria, South Africa

From Johannesburg to Jakarta, Cologne to California, dominant depictions of migrant masculinities emphasise poverty-stricken, dangerous individuals who present a security threat to their host countries. In this presentation, I draw on ethnographic research in Johannesburg, South Africa, to counter this narrative by showing the complex ways that Black, migrant, Zimbabwean men fleeing economic crisis and political violence in their country develop nurturing and egalitarian masculinities in a xenophobic environment. My presentation extends and complicates research on African masculinities that already recognises multiplicity, care, and non-hierarchical relations in the study of manhood by centering migrant men's experiences of crafting and re-imagining nurturing masculinities under precarious conditions in South Africa. Through a decolonial and intersectional feminist approach, my presentation shows how alternative masculinities are sparked in the unique Legends Football Club setting, composed of carefully selected migrant men, and how they evolve outside the club at the *Shisanyama* (Barbeque place), where team members socialise after their weekly football games. I argue that the football field and the *Shisanyama* provide a safe space for diverse Zimbabwean migrant men to explore and develop nurturing masculinities, creating complex care networks characterised by solidarity and a deep sense of belonging among migrant men. This presentation traces the complexities involved in the development of these caring masculinities by showing the nuances and contradictions involved in the process, offering valuable insights into the emergence of alternative masculinities for policymakers, academics, activists, and civil society actors seeking to address migrant masculinities in contemporary South Africa.

Caring and Hustling: Teenage Fatherhood in South Africa

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This paper re-imagines care through the everyday lives of black working-class teenage fathers in KwaZulu-Natal, South Africa. A common framing of teenage fathers is based on irresponsibility and disengaged young men who are stigmatised for heterosexual activity and their inability to provide. Instead, this study shows how care is assembled across kinship, clinics, schools, and informal markets under conditions of precarity. The paper draws from qualitative research with 30 fathers aged 14–19, combining interviews and focus groups with arts-based photo-elicitation methods to show how caring and provider masculinities are made and unmade. Findings show routine intimate labour changing nappies, bathing, night-time soothing, and clinic visits unsettle gender norms and provide evidence of changing patterns of masculinity. Alongside these small transformations, however, are ongoing gendered surveillance through peers and within kinship relations that reassign laundry and daily domestic work as women's work. Moreover, young men also try to meet provider masculinity status by engaging in informal entrepreneurship that both enables provider status and narrows educational futures. Care is thus fragile and contingent upon provider logics, cash scarcity, and cultural expectations around patriarchal norms. In conclusion, there is a need for a co-responsibility approach that shifts policy and programmes beyond provision as the singular metric of fatherhood to a redistribution of time, resources, and recognition for care across schools, clinics, and welfare systems while expanding secure pathways through education and work.

Between Opposition and Acceptance: Negotiating Transracial Adoption as Permanent Care in South Africa.

Kelly Robinson
University of Pretoria, South Africa

This paper explores transracial adoption in South Africa as an alternative form of permanent care and family formation. One of the main factors driving the need for such care is the country's high abandonment rates, estimated at approximately 3500 cases per year. Legalised in 1991, transracial adoption in South Africa has since elicited both opposition and acceptance. As an alternative pathway to permanent care and family formation, it is crucial to identify common ground between these competing perspectives. The research investigates the perspectives of both supporters and opponents of transracial adoption, set against South Africa's deeply divided and racially contested history. This analysis draws on Balcom's (2018) historical approach to Critical Adoption Studies, which conceptualises adoption as a lens for examining ideas about family, identity, race, and the nation. In the South African context, this framework makes it possible to trace how historical constructions of race, nation, and identity shape the arguments advanced by both supporters and opponents of transracial adoption. Data were collected from existing academic journal articles in which both supportive and opposing positions are voiced, as well as from semi-structured interviews with transracial adoptive parents, which lend an element of lived experience to this contested space. This paper uses a Critical Adoption Studies lens to examine tensions between supportive and opposing views on transracial adoption. It situates these debates within the broader question of how best to place children in need of alternative care, considering the implications for their long-term formation of kinship networks and care experiences.

Plenary Panel: Care, Ethics, Training, and Alternative Worlds

Re-imagining Research Care in Universities

Carla Tsampiras
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The neoliberal takeover and governmental underfunding of universities, increasing precarity in research employment, geopolitically shaped funding landscapes, and the growing realities of the climate crisis continue to mould and shape experiences in universities. A combination of some or all of these factors is creating a university landscape that is increasingly built on competition and not care or collegiality. These structural difficulties are inherent before intellectual and inter-personal attention can even be turned to researching important but difficult topics that have shaped the past and present of the African continent. This paper considers some of the current conundrums facing universities on the continent and draws on lessons learned from the creation of the Medical and Health Humanities Africa (MHHA) network to consider ways of caring for intellectual projects on the continent. Examining highlights and lowlights of MHHA's formation and practices, the paper explores what ideas of care, relationships, and responsibilities in relation to "research care" might look like. Moving from larger structural and systemic concerns, the paper then considers what "research care" might look like between and among colleagues, peers, and researchers at different career stages. Whether the creation of space for connection and community, or careful consideration of how to manage research into difficult subject matter, the paper seeks to re-imagine research practices and understand what it might mean to have complex and nuanced notions of care when it comes to people undertaking research, research processes and practices, and research lacunae in institutions.

What Does it Mean to Be a Carer? Evaluating Disconnects in Training and Work Instability in a Caring Occupation in Ghana

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University of Carleton, Canada

A new occupational field in elder care has opened up in Ghana, as private nursing agencies offer home care to ageing Ghanaians. Carers are positioned between nurses—a caring profession with a strong sense of identity and high status—and domestic servants — a caring occupation associated with a transitory period in adolescence or youth and low status. The sector has struggled with viability, as only the elite or those with access to remittances from abroad can afford the home care services. Carers constantly cycle out of the profession because of low pay and long working hours, thus leading to low-quality care, as a new inflow of workers needs to be properly and constantly trained. In addition, most nursing agencies recruit not those who are trained to be carers through a certificate offered by GTVET (formerly NVTI) but rather nurses who are waiting several years for government posts and are trained to work in hospitals, not give bed baths and feed patients. This paper examines why carers do not identify with the profession. Is the gap between the training of carers and the work itself an explanation, or is it the low status and the overall work conditions that lead carers to seek other opportunities when they arise?

Learning to Care Differently: Medical Citizenship and the Social and Behavioural Sciences Course at the National University of Science and Technology, Zimbabwe

Tariro Moyana
University of Pretoria, South Africa/National University of Science and Technology, Zimbabwe

In this paper, I explore how care is learned, negotiated, and re-imagined within the social and behavioural sciences (SBS) course, which forms part of the medical humanities component of the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree programme at the National University of Science and Technology (NUST), Zimbabwe. Drawing on ethnographic research, including in-depth interviews with 6 medical students and reflexive insights from teaching the course, I demonstrate how participation in the SBS course shapes students' understandings of what it means to be a doctor and how to care for patients. The findings suggest a reconceptualisation of health and care economies beyond biomedical, diagnostic, and technical paradigms, positioning them instead within patients' lived experiences and forms of relational and empathetic responsiveness. These shifts are reflected in the dispositions students develop and are demonstrated in their everyday clinical encounters. Yet students' narratives also highlight how care is constantly negotiated, shaped by institutional constraints, biomedical expectations, personal dispositions, and patients' lived realities. Using medical citizenship as an analytical lens, I suggest that the SBS course cultivates contextually grounded forms of care that embody situated expressions of medical citizenship, in which future doctors learn ways of seeing, caring, and acting. By foregrounding the SBS course as a space in which care is re-imagined to align with medical citizenship, I underscore the importance of social science and humanities components in medical training and call for more meaningful engagement with this content in African medical education.