

Thesis and Introduction

Birthing stories have not always been popular among anthropologists; **they only truly rose in popularity beginning in** the 1980s. Since then, socio-medical anthropologists have been **exploring** the status of birth as a cultural system. This paper will look at a variety of sources, some of which are **based in the** United States and some abroad, to communicate the importance of studying birth stories. It will also ask the **following** questions: **what** are the constraints on women's agency in these different settings? **What** situations appear to provide more space for women to shape their own birthing experiences? **How** does the bio-medicalization of birth empower or cripple **women**? By analyzing narratives, this paper hopes to bridge **the differences between global** birthing experiences, provide a foundation for further studies on female agency within reproduction, and explain how the perceived dominant role of medicalized birth **affects** women globally.

This paper **examines** four main sources for information, **evidence**, and theory: *Birth in Four Cultures* by Brigitte Jordan, *The Woman in the Body* by Emily Martin, *Birth as an American Rite of Passage* by Robbie Davis-Floyd, and *Wombs in Labor* by Amrita Pande. *Birth in Four Cultures* **provides** a cross-cultural comparison between traditional births and medical births, **which** is important for discovering the difference between assumed natural features of birth and cultural features; **it** also confronts the authoritative knowledge of science and the medical system. *The Woman in the Body* is fundamental for understanding power hierarchies regarding birth systems in the United States of America, **and** the only ethnography **here** that discusses the implications of race and class within American borders. This paper will use this ethnography to discuss gender on a theoretical and historical level as well. *Birth as an American Rite of Passage* is used to discuss the ownership of birth; **it** summarizes that birth itself is not owned to the woman performing it, but in fact seen as a production of society, owned by the male doctors who perform it. In other words, this ethnography **is** used to examine metaphors created by a patriarchal system. Finally, *Wombs in Labor* **is** utilized to evaluate birth as a cultural system in more modern terms. The ethnography is done among surrogates in India, **and** while it does not discuss American birth practice, it does survey cultural ideas of birth. **Given that** these surrogates are providing business to Western women, mostly from **the U.S.**, the implications of its production is indicative of ideas in **the U.S.** as well.

Other sources will be brought into this paper as well, **although** they are not ethnographies or works authored by social scientists **but** publications from journalists. The presence of these publications should illuminate the popularity of birth as a national subject — **a debate which is** sometimes the banter of some popular comedy shows.

Birth as a Cultural System: Biosocial Features

Birth, or parturition, is a natural occurrence that happens all over the world. **Female** people give birth in order to **reproduce and continue families**. Not all female people choose to give birth, but within every culture parturition does ensue. Simply put, there is no biological difference in giving birth; it is the same for each female person. However, despite the natural

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occurrence of birth, its features and production are culturally defined. In *Birth in Four Cultures*, Jordan summarizes this thought well when she says that “[b]irth is a cultural system, and therefore it is performed with specific features of a culture. Each culture sees its own features as ‘the best and only way’ to deliver babies” (Jordan 1978:4). In other words, there is not only cultural features involved in birth, but each culture views their production of birth as the best way to perform it. Many Western cultures, including the United States, see birth as a medical experience, while other cultures, like the Yucatec Maya, see it as a family event. It is important to note that countries like the United States hold significant international power and political influences; therefore, the world has seen an increase in medicalized birth. Globally, one would argue that the medicalized version of birth is the most popular. This is because the Western tradition can utilize technology, and due to its hegemonic influence, it is regarded as the safest option. This rhetoric is dependent on globalization of the global south and survives because of the view that birth is not a cultural production. Who performs, who makes decisions, and who holds authoritative knowledge is dependent from culture to culture, and therefore a production in and of itself.

Medicalization of Birth: The American Birthing System

All the research done from this paper believe that Western Medicine is the apex of medicalized birth. Therefore, this section will be condensing the American production of birth, primarily focusing on the cultural features of American birth and the metaphors surrounding it in an attempt to illuminate the precarious general status of medicalized birth. In other words, it will try to demystify the idea that Western medicalized birth practices are the “best” practices.

In the United States and other Western cultures, women go to a hospital to give birth. They are brought into a sterilized room where in a doctor or a nurse checks up on their status regularly. Some women choose to take drugs while others do not. When a woman’s cervix is dilated and she has been checked by a doctor, then she is told that she is ready to push. Before this can begin, however, the woman is quickly moved to a second room in which she lies down on her back and her legs are strapped into stirrups. She then starts to go into labor to deliver her baby.

This is a common story of birth in the U.S. In some cases, there might be serious problems with birth and the production would be slightly different. Many of the features above are considered natural and their status remains unquestionable, when in actuality, they are culturally constructed.

The woman’s decision to go to a hospital for birth is indicative of the popularity of medicalized birth in the U.S. In *Birth in Four Cultures*, Jordan mentions that “the medicalization of birth turns women into patients” (Jordan 1978:49), meaning that just in this first decision, women participate in making themselves patients, as well as forfeit the right to decide. Doctors become what Davis-Floyd calls the “owners of birth” (citation): they decide when something is right or wrong and how a birth should be performed. Jordan explains this concept well when she says, “decision making is particularly intimately tied to the question of who “owns” the birth. Who is entitled to determine what happens when, and who determined what is to be seen and treated as normal or abnormal indicates who holds the running responsibility and final achievement for the birth produced in a particular setting” (Jordan 1978:57). For example, as the authoritative figures in birth, doctors decide that a woman should give birth lying down flat on her back, and due to their status during the production the position is never questioned. This is viewed as a normal

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position to give birth, what is not **often conveyed** is that **it** increases the chance of vaginal tearing.

Another aspect of American birth that is not universal and moderately questionable is the place of drugs during childbirth. Jordan states that the rhetoric of American birth and pain is unusual; abroad, in places like Holland, many women are not permitted to take drugs for pain. In places like Sweden, the amount of pain medication and what type is determined by each individual woman. This is not the case for women in America. In **the U.S.** pain relief is controlled by doctors. Whether or not women are given specific drugs or how much of these drugs is dependent on the doctor. Therefore, women in **the U.S.** must exaggerate their birthing pain to receive drugs. This is yet another instance **wherein** doctors hold the authoritative positions in American birth.

The examples above show that the authority in American birth is placed within the hands of the doctor, **which is notably a** medical profession **that historically** has been dominated by men. **While** Davis-Floyd called doctors the "owners" of birth, Martin calls them the "managers," saying that, "[t]he metaphor of the body as a machine and doctor as a mechanic may have been the dominant metaphor preoccupying medical practitioners and patients in the early developments of scientific medicine" (Martin 1987:56.). In this sense, birth **is not just** a cultural production, but also a production in the sense that women's bodies are machines producing commodities for society. Not only does placing the authority in doctors create questionable birth practices, but it also **excludes** women as actors in the **narrative of** production.

The Implications Medicalization of Birth has on the Female Body and on Gender

There are several implications of authority **displacement** in birth. Since it ignores the instinctual knowledge of women, they become dissonant objects during the production. These women are not performing birth, **but rather**, birth is happening to them. Martin calls this "the fragmentation of gender" (citation). In other words, this process creates an alienation between women and their bodies. This is mostly due to Cartesian ideas about the separation of the mind and the body. In many ways, it returns to the metaphor that the body is seen as a machine, with interchangeable parts to be fixed. Cartesian ideas about the body cause doctors to **peruse** treatment of parts of the body **rather than the body as a whole**. For example, if a patient is **experiencing** back problems, then the doctor **aims to treat their** back. This becomes problematic when **the mind is sick** and **may start to cause problems elsewhere**. The reality is that the mind is part of the body and they should be treated together.

Martin argues that women are fragmented in two ways: **first**, through sexual objectification; this is when women separate their mind from their physical body in order to see themselves as sexual objects for men. Women have **often reported** viewing themselves from outside their own bodies **[during these times?]**. The second **form of fragmentation** is through the alienation of their bodies through science and medicine. An example in Jordan's book is seen through birth positions. When women enter **labor**, they are laid flat on their back and their legs are strapped into stirrups. Then there is a sheet that lays on top of **them** so she and other guests (**such as** the husband) cannot see **past it**. Jordan is the one to point out that the blanket divides a woman into her "business half" and her "emotional half." The "business half" is the part of the woman that the doctor consults (her vagina), while the "emotional half" is the interactional half (her head) that husbands and nurses interact with (Martin 1987:21, Jordan 1978:129).

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