

## **On Childbirth**

*This entry appears in the  
Blackwell Dictionary of Anthropology.  
Thomas Barfield, ed.  
Oxford: Blackwell Publishers, 1996*

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**Childbirth is the work of women as they labor and bear down with their uterine muscles to push their babies from the private inner world of their wombs into the larger world of society and culture. Although childbirth is a universal fact of human physiology, where, how, with whom, and even when a woman gives birth are often culturally determined.**

**The upright stance necessary for bipedal locomotion made human birth more complicated than the births of other higher primates, whose quadrupedal locomotion allows a pelvis aligned for the direct descent of the fetal head, whereas the human infant must rotate as it descends through the pelvis (Trevathan 1987). Immediately after birth primate babies can climb onto their mothers' backs and cling; human infants, born earlier in their developmental cycle because of their larger brains, are relatively helpless at birth and require immediate nurturance. These factors may have encouraged the evolution of birth as a highly social process; in few societies do women give birth alone and unaided. Indeed it is reasonable to assume that midwifery must have evolved right along with human birth (Trevathan 1987). The presence of other women would have enhanced the success of the birth process as they acquired such skills as turning the baby in utero, assisting rotation of the head and shoulders at birth, or massaging the mother's uterus and administering herbs to stop postpartum bleeding.**

**The social nature and significance of birth ensure that this biological and intensely personal process carries a heavy cultural overlay. In all cultures birth is a rite of passage (van Gennep 1908) that embodies a culture's deepest beliefs, which are transmitted and reaffirmed during this critical transitional time. Birth practices point "as sharply as an arrowhead" to the core values of the culture, telling the observer a great deal about the way that culture views the world and women's place**

in it (Kitzinger 1978). Where women's status is high, a rich set of nurturant traditions tends to develop around birth; where it is low, the opposite occurs. For example, in the highly patriarchal Islamic society of Bangladesh, childbirth (like menstruation) is regarded as so polluting that a midwifery tradition never developed; women, assisted by female relatives, are expected to give birth on dirty linens, and infant mortality and puerperal infections are high (Blanchet 1984). Bariba women in rural Benin do their best to maintain silent and stoical behavior during delivery; when they succeed, they are honored as a warrior is honored for courage and valor in the face of harsh trials (Sargent 1982, 1989). In Polynesia, where women's fertility is honored and celebrated (Ward 1989), pregnant women are pampered and nurtured, and skilled midwives readily available.

The extreme emphasis on technology in the United States is mirrored in the birth practices there (Martin 1987; Davis-Floyd 1992). Laboring women are placed in hospitals and subjected to interventions such as electronic monitoring, artificial stimulation of labor, and high rates of surgery. The prestige of this Western high-tech approach has induced many developing countries to stamp out viable indigenous midwifery systems and import the Western model, although their hospitals are often underfunded, understaffed, and replete with expensive machines that few know how to use or repair (Jordan 1993; Sargent 1989).

To counteract this unfortunate trend, the World Health Organization and UNICEF have been promoting traditional midwifery in developing countries through programs for "upgrading" their skills. However, because the medically-trained personnel in these programs value only the Western techomedical approach, they generally fail to take advantage of the knowledge and skills developed by community midwives within the context of their own cultural traditions. In the United States, such attitudes resulted in the near-complete elimination of midwifery by the 1960s; since then, the demands of many women for natural childbirth, coupled with scientific research into the dangers of interventionist hospital birth (Goer 1995) and the benefits of planned, midwife-attended births at home (Davis-Floyd 1992, 1996) or in freestanding birth centers (Rooks et al. 1989), have generated a midwifery renaissance. Indeed, in the four countries in which infant perinatal mortality

statistics are the lowest in the world--Japan, Holland, Sweden, and Denmark--over 70% of births are attended by midwives (Wagner 1994; Fiedler 1996).

Brigitte Jordan's (1978) comparative study of birthing systems in Holland, Sweden, the United States, and Mexico's Yucatan demonstrated wide variation in the definition, the locus, the attendants, and the artifacts of childbirth, and sparked general interest in the anthropology of birth. During the 1980s, this field expanded into the anthropology of reproduction (Browner and Sargent 1990; Ginsburg and Rapp 1991), which encompasses the cross-cultural study of all aspects of the reproductive process. Here studies most recently have focused on the rapid development and spread of the new reproductive technologies (NRTs) such as in-vitro fertilization, artificial insemination, surrogacy, and of diagnostic technologies such as amniocentesis and ultrasound, which make it possible for genetic defects to be diagnosed before birth, and for one child to have multiple biological parents (Franklin 1995; Ginsburg and Rapp 1995). Such technologies pose fascinating and disturbing ethical dilemmas that require radical rethinkings of KINSHIP, parental rights, women's rights to control of their bodies, and reproductive law (Edwards et al. 1993). For example, in India, the use of amniocentesis and selective abortion to ensure that the first child will be a boy is altering the male/female population ratio in some provinces (Miller 1987). These developments, combined with the steady Westernization of birth in developing countries, the systematic elimination of viable indigenous birthing systems, the efforts of local activist groups and global organizations like the WHO to preserve some of those indigenous systems (Wagner 1994), and the contemporary worldwide renaissance of midwifery (Kitzinger 1991), ensure that childbirth and its associated areas will continue to constitute fertile fields for ethnographic research, cross-cultural comparison, and innovations in anthropological theory and application in the 21st century.

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