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ORIGINAL RESEARCH – QUALITATIVE

Sarah's birth. How the medicalisation of childbirth may be shaped in different settings: Vignette from a study of routine intervention in Jeddah, Saudi Arabia

Mandie Scamell*, Roa Altaweli, Christine McCourt

Centre for Maternal and Child Health, School of Health Sciences, City, University of London, Northampton Square, London EC1V 0HB, England, United Kingdom

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ABSTRACT

Background: The expansion of the medicalisation of childbirth has been described in the literature as being a global phenomenon. The vignette described in this paper, selected from an ethnographic study of routine intervention in Saudi Arabian hospitals illustrates how the worldwide spread of the bio-medical model does not take place within a cultural vacuum.

Aim: To illuminate the ways in which the medicalisation of birth may be understood and practised in different cultural settings, through a vignette of a specific birth, drawn as a typical case from an ethnographic study that investigated clinical decision-making in the second stage of labour in Saudi Arabia.

Methods: Ethnographic data collection methods, including participant observation and interviews. The data presented in this paper are drawn from ethnographic field notes collected during field work in Saudi Arabia, and informed by analysis of a wider set of field notes and interviews with professionals working in this context.

Findings: While the medicalisation of care is a universal phenomenon, the ways in which the care of women is managed using routine medical intervention are framed by the local cultural context in which these practices take place.

Discussion: The ethnographic data presented in this paper shows the medicalisation of birth thesis to be incomplete. The evidence presented in this paper illustrates how local belief systems are not so much subsumed by the expansion of the bio-medical model of childbirth, rather they may actively facilitate a process of localised reinterpretation of such universalised and standardised practices. In this case, aspects of the social and cultural context of Jeddah operates to intensify the biomedical model at the expense of respectful maternity care.

Conclusion: In this article, field note data on the birth of one Saudi Arabian woman is used as an illustration of how the medicalisation of childbirth has been appropriated and reinterpreted in Jeddah, Saudi Arabia.

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* Corresponding author.

E-mail address: mandie.scamell.1@city.ac.uk (M. Scamell).

Summary of Relevance:

Problem or issue

Globalisation of the bio-medical model of childbirth.

What is already known

The medicalisation of childbirth is expanding across the world.

What this paper adds

The expansion of western birth practices involves a process of active reinterpreted.

The medicalisation of childbirth is universal in nature but also involves a process of active reinterpretation in relation to socio-cultural context.

Religious beliefs in a context of inequality can intensify the medicalisation of childbirth.

1. Introduction

Much has been written about the medicalisation of childbirth in both the professional and social science literature.^{1–4} Undoubtedly, the worldwide expansion of new medical technologies in the management of birth, such as electronic foetal monitoring (EFM) and artificial hormones to induce and accelerate labour, along with the international displacement of birth to the acute hospital setting, has created unprecedented conditions for a socio-cultural shift towards a biomedical model of childbirth. Furthermore, this shift transcends national boundaries and is, as such, part of a wider globalisation of medicalisation.⁵ A limitation in much of the medicalisation of birth literature is its failure to attend to how the process of medicalisation manifests in different socio-cultural contexts. The ethnographic evidence presented in this article concurs with van der Geest and Finkler's⁶ observation that although the expansion of medicalisation may be described as being a global phenomenon, the worldwide expansion of the biomedical model (of birth in this case) has not taken place within a cultural vacuum. Far from it, as van der Geest and Finkler point out:

'Medical views and technical facilities may vary considerably leading to different diagnostic and therapeutic traditions... and ...biomedicine, and the hospital as its foremost institution, is a domain where the core values and beliefs of a culture come into view.'⁶

Using a vignette of one woman's birth, drawn from an ethnographic study of childbirth management in Saudi Arabia supported by other ethnographic data collected during the study, this article provides empirical evidence of the global medicalisation of childbirth but crucially also of the importance of the broader socio-cultural processes that play out within the context of this global process – in this case the Saudi Arabian context. We suggest that Sarah's birth provides a vivid and compelling illustration of the impact of medicalisation on the birthing experience to date, in what might be described as a 'fleeting moment of field work in dramatic form'.⁷ Further, we propose that the particular socio-cultural setting of Saudi Arabia enables a reinterpreting and restructuring of the medicalisation process even though its core features of routine use of medical intervention remain intact.

The paper contributes to a growing body of literature interested in the socio-cultural shaping of medicalisation.⁸ Van Hollen's study of childbirth in Tamil Nadu, for example, argues that culture is not

reified, highlighting how poor rural women welcomed certain aspects of medicalisation while clearly rejecting others, in a manner that was concordant with local beliefs and traditions around health and childbirth.⁹ Similarly, Donner,¹⁰ in a study of childbirth choices of middle class women in Calcutta, highlighted how a desire for Caesarean section (CS) birth was linked with family and kinship dynamics rather than a preference for medical care per se, while Erten's study of rising CS rates in Turkey identified that women seeking CS birth viewed this as a means to assert reproductive rights in the face of a pronatalist government policy.¹¹ Through the close scrutiny of the finer details of the second stage of labour in one woman's birth in Jeddah, Saudi Arabia, this article shows how this particular cultural setting operates to reframe the biomedical model of childbirth in ways that are consistent with the social and cultural context.

2. The study

Sarah's birth is the description of one of nineteen births observed during an ethnographic study of the clinical management of the second stage of labour in Jeddah, Saudi Arabia. The study took place between 2011 and 2014 and was planned following an earlier survey, which revealed a high prevalence of routine interventionist practices in Jeddah's labour wards.¹² The aim of the study was to answer the research question:

What influences healthcare professionals' decision-making during the second stage of labour in Jeddah, Saudi Arabia?

The main emphasis of the study (from which the story of Sarah's birth comes) was to examine health professionals' decision-making during the second stage of labour; these findings have been reported by the authors elsewhere.¹³ The observation data presented in this paper instead aims to tell a single story of a woman's birthing experience as observed by the researcher and as informed by the wider study analysis. This reflexive approach using thick description has been employed in order to portray the significance of clinician's actions and decisions for the management of women's birthing in this socio/cultural context. The particular birth story used in this paper was selected as illustrative as it successfully represents several of the most densely populated themes that arose from the research analysis.¹⁴ The story is largely presented as it appeared in the field notes, to preserve a sense of research reflexivity that we feel helps to capture the nature of all the births observed during the study. In other words, the story of Sarah's birth forms an exemplar of the wider findings from the study.

For the wider study observational field notes, text (such as the institutional policies, organisational guidelines and religious text) and ethnographic interview data were collected by one of the research team during field trips to the cosmopolitan city of Jeddah between 2011 and 2012. A total of 228 h were spent collecting observational and text data during two separate field trips in Jeddah. This field work was carried out by one of the research team who speaks fluent Arabic and who is a qualified midwife. Jeddah is the largest seaport on the coast of the Red Sea and is the second largest city in Saudi Arabia after the capital city, Riyadh. Jeddah was selected as it offered a diversity of maternity care settings, allowing for a comparative component to the study. The maternity service in one of the settings was regulated by the military governing body (3000 births per year); in contrast the second setting was regulated by the Ministry of Health (MOH) (6900 births per year). These two settings represent the main providers of public maternal health services in Saudi Arabia, having a national average CS rate of around 1/3 of all births, representing an 80% rise between 1997 and 2006.¹⁵ These public maternity services differ in their employment patterns, with one setting employing

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