

The Curiosity of the Rise of Feminism and the Entrance of the Male to the Birthing Room

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This ethnological, observational, and immersive research paper will explore the somewhat paradoxical curiosity of the rise of feminism alongside the increasing presence of the male in the birthing room. The observation and immersion comes from my having been a birth photographer and in the process, having witnessed over one hundred childbirths in the hospital, in birthing centers, and at home. Further historical research has been conducted to explore the factors surrounding this phenomenon.

It is commonly understood that the 1900s saw a steep rise in feminism. Many associate this rise with the 1960s, which saw such actions as the Equal Pay Act and the bra-burning protests of 1969. However, a lesser-known period of the rise in feminism was seen in the 1920s. It was during this decade that women were given the right to vote. It was also the decade that women began to see birth control as more of an option for taking control of their lives. In the paper, *Birth Control and the Rights of Women: Post-Suffrage Feminism in the Early Twentieth Century* (Miller, 2015), we are told that “women’s groups organized a sustained nationwide campaign around the controversial issue of birth control.” It is perhaps this period of time, then, that should be marked as one of the first major milestones in the feminist movement.

How, then, can we explain the lack of control that women were experiencing around birth at this same point in time? One such example is that of the phenomenon of ‘twilight sleep’. Doctors discovered that certain medications would cause the birthing woman to lose memory of the childbirth experience once it was completed. Included in these medications were chloroform and morphine. With this knowledge, the doctors gave women the promise of a pain-free childbirth. Many women would travel from far away and pay high amounts of money to experience this new kind of childbirth that seemed to be highly luxurious. The promise of the birth being pain-free, however, was false. In many situations, in fact, it led to higher levels of pain for the birthing woman, causing her to claw at the doctors and nurses, which would then lead to her being constrained in a strait-jacket for the remainder of the birthing process.

However, upon waking, the woman would have no memory of the childbirth. She would be told that she had had a wonderful, pain-free experience, and she would be very happy with her decision to have birthed in this way.

What we see in the phenomenon of twilight sleep is the beginning of women stepping into the hospital to birth and being manipulated by the male doctor against the woman's consent or knowledge. As we will see later in this paper, this is a theme that continues to the present day.

A little history of childbirth will be discussed here to put into perspective how childbirth was changing around the turn of the century. Before the 1900s, it was extremely common for women to only be in the presence of other women during the process of childbirth. This stems from the ancient tradition of the red tent, which is outlined in Anita Diamant's book, *The Red Tent* (1997). With references to the red tent in the bible and with several tribes in Africa practicing, we can assume that this is a tradition that started early in the history of humans. It was based primarily on the idea that during menstruation, women are 'dirty.' They would therefore be sent to another living area (a literal red tent) during this time. They would also retreat to this area during childbirth. From the few accounts available from the topic, it appears that the women of the red tent took the opportunity to bond and support each other during difficult times. It therefore wasn't an entirely negative experience for them, but displays the attitude that men had towards women, menstruation, and childbirth. It was an unpleasant and dirty experience that they wished to have no part of. Again, this is not a dissimilar attitude to that seen in many males in present time.

The tradition of birthing women being attended by other women – midwives, family members, and friends – continued until the 1900s. Male doctors were considered to have the profession of treating illness, and pregnancy was not seen as an illness, so they had no inclination to attend to a woman during this time. Once the 1900s arrived, women began to move to the hospital to birth their babies, and the babies were primarily delivered by a male doctor. This was a sudden shift in the dynamic of childbirth.

It could be said that times have changed since the 1920s and that the hospital is no longer a male-dominated environment. This is a correct statement. In fact, 85% of current OBGYN residents are female. However, some statistics of birth workers should shed some light on

exactly how male- or female-dominated the area of childbirth currently is. In 2017, there were a total of 3,853,472 childbirths just within the United States. A small percentage of 1.61% were experienced outside of the hospital. This leaves 3,791,431 births happening in the hospital. If we make the assumption, based on the percentage of female OBGYN residents, that only 15% of these babies were delivered by a male doctor, this still leaves 568,715 births to be delivered by a male doctor within the year. Half a million babies being delivered by a male doctor each year is still a significant amount. It tells us that despite the rise in feminism, women are definitely not opposed to having a male deliver their babies in current times.

However, while twilight sleep no longer exists, hospital birth and the male model of birthing do not come without problems. Let's take a look at the case study of Alli, who birthed in a hospital in the US in 2012. She had been planning to have a natural birth. I interviewed her on the experience, and these are some of her words: "Our nurse informed us that the clock was ticking because my water had broken – I needed to progress and have my baby sometime within 24 hours and I was running out of time ... I started to become very nervous." In what we would call a fairly progressive period in history, especially within the context of feminism, Alli certainly does not display the feeling of being in control of her own birthing experience. It appears that she feels she is being told what to do, and that her birthing experience is out of her control.

I asked a local homebirth midwife, Tania McCracken, to read Alli's story, and to comment on what she could see occurring. McCracken says, "Stress ... affects labor. It can prolong it or even stop it. It's a fight-or-flight response." Alli's story shows many suggestions that she was being put under high levels of stress. We can therefore expect that her fight-or-flight response was activated and therefore, her control of her birthing experience was removed. Alli's birth story ultimately ends with a cesarean section against her wishes.

This has important consequences for our society. How birth is conducted generally mirrors how society is conducted. We currently see this in the form of 'rape culture,' which is mirrored in the phenomenon of 'birth rape.' Birth rape is the unfortunate situation of procedures being performed on a woman during labor and delivery against her informed consent, and occasionally against her verbal wishes. These can include acts such as episiotomies (the cutting of the vagina with scissors), forced dilation of the vagina or cervix by hand, and the gray area of manipulating the birthing woman into having a cesarean section against her wishes.

This brings us to the question: why are women, in this time of increased feminism, one hundred years after gaining the vote and more than fifty years after burning their bras, continuing to step into the hospital and experience this loss of control and manipulation of their birthing experience?

I have a theory, and I will discuss this, illustrating with the philosophies of two wise people. The first of these theories is that of German philosopher, Georg Hegel.

Hegel's dialectic philosophy states that a society has a mainstream idea about a particular topic. Over time, an opposing idea will arise, and a solution will need to be found to solve this clashing of ideas. This solution will now replace the old mainstream idea to become the new one. Again, in time, a new idea will arise to clash with the new mainstream idea. Again, a new solution will need to be found, and again, this solution will become the next mainstream idea. This is a continuous pattern and is the way in which society progresses.

I have created my own version of Hegel's chart in a way that it could relate to the progress of childbirth over the last century. Relating it to the original theory, the original idea was that birth occurred in the company of women. The new idea arose that men are superior doctors, so the solution was formed that women would give birth in the hospital with the male doctor. This became the new mainstream idea. Next came the opposing idea that men needed to become more involved parts of their children's lives, and again, a solution needed to be found. In this case, the solution was that fathers would enter the birthing room and become a part of the birthing process.

We can see that a century of this process would lead to more and more men being present in the birthing room. However, while feminism was rising alongside this process, the women involved did not see the rising presence of men as a threat to feminism because they saw it instead as equality. Those women who took part in twilight sleep felt that they were being empowered by experiencing a lack of pain during childbirth, and those whose husbands were entering the birthing room felt that their husbands were taking some of the parenting responsibility. Hegel's philosophy therefore outlines how even feminists have been able to see the increasing number of men in the birthing room as not only not a threat to feminism, but even an addition to it.

The second philosophy that I will use to illustrate this theory is that of Dr. T.L. Brink. His book, *Ways to the Center* (2005) discusses two types of relevance – ultimate and utilitarian. Ultimate relevance refers to things that are spiritual, ritualistic, and intrinsic, while utilitarian relevance refers to things that are technical, rational, can bring wealth, and are a means to an end. My theory is that the commodification of childbirth has occurred and that what was once sacred, an important event for the entire community, and a rite of passage, has become a means to an end. In other words, what was once of ultimate relevance has become utilitarian. Using this philosophy, we can understand that the modern feminist may not feel a loss of power in walking into the hospital to give birth, because she feels she is able to ‘purchase’ the ease of a quick means to a greater end. The epidural, episiotomy, and the cesarean section can, in this way, be viewed not as a taking away of control but instead as services that the woman is able to take advantage of in order to achieve a quick and easy experience.

Any future research on this topic will involve qualitative methods such as focus groups, surveys, and interviews, in order to gain a deeper knowledge of how the individual woman makes decisions on how to birth, as well as how the modern feminist views the topic and experience of childbirth. This paper, however, demonstrates that the increasing presence of the male in the birthing room may not be a curiosity at all, but in fact may be a part of the natural progress of feminism itself.

References

- Miller, Ian. “Birth Control and the Rights of Women: Post-Suffrage Feminism in the Early Twentieth Century CLARE DEBENHAM.” *Women’s History Review*, vol. 24, no. 3, June 2015, pp. 456–458. EBSCOhost, search.ebscohost.com/login.aspx?direct=true&db=khh&AN=101869532&site=ehost-live.
- Diamant, Anita. *The Red Tent*. Picador, London, 2007.
- Dobson, Caroline. *Hegel’s Art History and the Critique of Modernity*. Cambridge University Press, Cambridge, 1999.
- Carmody, Denise & Brink, T.L. *Ways to the Center*. Cengage Learning, Boston, 1999.