MAT Medicine Anthropology Theory

FIELD NOTES

An Ethnographer's Dilemma

Researching Birthing Practices in India

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Abstract

These field notes are based on my research study which aims to understand the recent changes and developments in childbirth practices in India that propagate natural birthing practices as a childbirth choice available to birthing women. Drawing from this multi-sited ethnographic study conducted in birth centres in India from November 2018 to October 2019, I reflect on my fieldwork engagements to show the dilemmas that emerged during my research. In these field notes, I examine my position as a researcher with a focus on the complex ways in which the relationship between the respondents (birth professionals and birthing couples) and the researcher is navigated in a field site.

Keywords

Ethnography, Ethical dilemma, Ethics, Natural birthing, Childbirth practices.

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During the weekly Lamaze classes[1] in the birth centre where I was conducting ethnographic fieldwork in Hyderabad, India, I met Thanuja, an expectant mother in her 30th week of pregnancy. After the 30th week of pregnancy, birthing couples are advised to begin childbirth education classes. Thanuja chose the birth centre with the wish of avoiding unnecessary medication and a C-section birth. The Lamaze classes were held in a well-carpeted, hall-like area on the first floor of the building where the birth centre is located. The room was stocked with yoga mats, pillows, a birthing stool, and a yoga ball. It had a desktop computer in a corner-end of the room, connected to the sound boxes fitted on the walls which are used when needed to play videos and music for workout sessions. Thanuja came for the Lamaze class alone that day as her husband had to be at work. The Lamaze instructor asked me to partner up with Thanuja to assist her in the couple's routine for the day. I gave her demo massages and helped her with the birthing postures, such as supporting her during squatting, and trying out positions on the birthing ball and birthing stool, while we spoke about her pregnancy.

As we gradually built a rapport, Thanuja appeared to be interested in taking part in my research, and she agreed to meet with me after class and talk about her experience. At one point in the discussion, Thanuja asked me, 'Do you think this [midwife-led natural birth] will be a good way to give birth?' This was one of the many occasions on which I was asked to give advice or an opinion that placed me in a dilemma, my dilemma being how to manage my position in the field as an ethnographer, which necessarily involved the rapport-building, interviewing, and follow-up conversations with the birthing women that were likely to result in such questions. To shed light on how such dilemmas complicate the notion of the both engaged and distanced researcher, I examine my position as ethnographer, focusing on the complex ways the relationship between the respondents (birth professionals and birthing couples) and researcher had to be navigated in the field.

My research investigates the emergence and development of birth professionals in India, such as professional midwives, doulas, childbirth educators, and lactation consultants, as well as the emerging choice of natural birthing. The ethnographic fieldwork that informs this research took place at three birth centres in the southern region of India from November 2018 to October 2019. It included participant observation and in-depth semi-structured interviews with respondents, who included expectant mothers, birth professionals and natural birthing advocates. Each birth centre where I conducted my fieldwork is distinct from the others. The first is a free-standing birth centre which is solely run by midwives. The second follows a collaborative approach in which the birth centre is run by midwives, but

1 Lamaze classes offer childbirth education aimed at avoiding the need for drugs through controlled breathing and conscious relaxation so as to manage the pain of contractions by embracing the natural flow of birthing labour and delivery (Lothian 2011, 118).

obstetricians and paediatricians are also available during emergencies. The third follows a welfare-based spiritual approach and is run by professional midwives and doulas and does not charge any direct payment for the services the care providers offer.

In India, professional midwifery and natural birth centres have grown in visibility over the last decade. The out-of-hospital deliveries aided by the professional midwives, and sometimes supported by the doulas, are considered to provide birthing women with women-centric, emotional, and customised care. The professional midwives with whom I spoke, for instance, emphasised the importance of giving birthing women the option of trying for a vaginal birth after C-section (VBAC). According to birth professionals, unnecessary C-section deliveries, over-medicated pregnancy, and obstetric care can all be avoided by normalising VBACs as well as births assisted by professional midwives at natural birth centres. The alternative[2] birth community in India mostly includes birthing women who chose to have a natural birth and who have had negative experiences from previous hospital birth(s), as well as birth professionals: professional midwives, doulas, childbirth educators, lactation experts, and obstetricians. Supporters of natural births are a closely knit community of mostly women and some men. The professional participants of my study are trained in assisting and supporting childbirth and birthing women. I reached out to the participants of this study via forums for birthing on social media, through contact with the birthing women at the birth centres, and the wider networks that emerged through referral.

Despite the varying features of the birth centres, the methodology I employed remained consistent throughout my study. I attended the childbirth education classes for couples and prenatal workout classes and followed the midwives throughout the consultation process in the expectation of being introduced to the birthing women or couple ahead of the delivery date so that they might permit me to be present. Being present at the birth would allow me not only to observe the birth itself but also to observe the role played by professional midwives and doulas in the birthing room, including how they encourage and assist the birthing women, and how the professional midwives and doulas make decisions and work together.

Thanuja and the other respondents had to choose between hospital-based obstetric care and midwifery-led care at a natural birth centre. The majority of the women in my research experienced VBAC, which means they had previously had surgery in order to give birth. Prior experience with surgery and medicalised delivery was one of the factors that influenced the choice birthing women made between the two types of care providers. Thanuja was a first-time mother whose

2 'Alternative' as opposed to institutionalised births, as they are considered the mainstream birthing option.

cousin had recommended to her the birth centre run by professional midwives. She told me about her cousin's second pregnancy, a VBAC which took place at that same natural birth centre. 'We never thought she would be able to have a normal delivery after a C-section', Thanuja said. One of my interview questions aimed to understand what made Thanuja prefer the natural birth centre over a hospital birth. Thanuja sought advice from an obstetrician before coming to the natural birth centre, ultimately choosing to stay at the natural birth centre. In our interview, she stated her concerns about giving birth with the assistance of an obstetrician, claiming that the obstetrician had failed to respond to her questions during consultations. Thanuja was concerned that, like her cousin, she might have to give birth via C-section. During the course of my fieldwork the birthing women actively sought suggestions from me on their birthing choices and to clarify their questions about things like opting for natural childbirth practices; if taking medication instead of managing pain is a good idea; epidurals; and their relationship with their care providers. My experiences showed that in this context the imaginary personal boundaries between researcher and respondent are often blurred and are instead replaced with trust and bonding.

Thanuja's question about whether she ought to seek a natural birth reflects how she perceived my presence by placing me in an authoritative position. Researchers are often, mistakenly, viewed as experts in their fields, leading to respondents' perception of them as a figure of authority with the education and academic knowledge of childbirth and, as a result, the ability to give advice (Darling 2014). Thanuja asking for my opinion was one of several occasions when this circumstance arose. As a result, the 'ethics of reflexivity'—which entails scrutinising the researcher's role, process, representation, and self throughout the research (Sultana 2007)—was my primary concern during fieldwork. Even though Thanuja and the other respondents were middle class (as defined by employment, occupation, education, and income among a number of indicators), they saw me as someone who could provide them with information, guidance, and some validation for their decision to choose midwifery-led care. Seemingly, they perceived me as an expert because of my doctoral candidacy from a reputed institution and my ongoing research on birth professionals and natural birthing.

The ethics of reflexivity became particularly crucial because of how my respondents positioned me in different situations. During fieldwork, I prevented myself from doing anything, including giving advice and opinions, that could influence the decision making of the birthing couples. Without jeopardising my rapport with Thanuja, I had to explain my fieldwork constraints to her and refrain from giving any advice or opinion. I told her that it would be unethical for me to respond to her questions because I am not qualified to provide counsel in such

matters, and suggested to her that she could reach out to experts online or over a phonecall who could help her with her queries.

Situations similar to Thanuja's, during which I was expected to share my opinion, arose several times among both birthing women seeking advice and birth professionals. I was in a similar circumstance of dilemma with Rachel. I got to know Rachel, a mother-turned-birth activist and advocate for natural birthing in India through the social media page of a birthing support group. I met Rachel when she was in Hyderabad, where I am based, while she was on a work trip as a lactation expert visiting a private hospital, where she gave a session for care workers on the importance of breastfeeding and supporting birthing women with breastfeeding. Rachel suggested I should pay her a visit in the hospital. On the day of the meeting, I reached the hospital, a big establishment in one of the busiest areas in Hyderabad. As I entered through the electronic door of the air-conditioned building, I found Rachel sitting with a member of the hospital staff in a corner seat in the lobby. I had seen Rachel's photo multiple times on social media and therefore it did not take me long to recognise her. We discussed issues around birthing practices in India: ranging from the need for informed consent and decision making in birthing to the impact of a traumatic birthing experience on women. We also discussed the need for births attended by professional midwives and the future of birthing in India. But, most importantly, she made repeated reference to a number of hospitals, birth centres, NGOs, and other organisations where I could conduct my fieldwork. She provided me with details of professional midwives, doulas, and childbirth educators whom I could contact. My introduction to Rachel helped me to get in touch with other birthing women and birth professionals who later participated in my study.

One month later, on a winter evening in December 2018, I received a WhatsApp message from Rachel saying, 'We have a meeting taking place. Why don't you come and present your views? It will be good to have you as a researcher speaking for natural birth in the meeting'. She further mentioned that there would be different stakeholders present for this annual meeting, such as obstetricians and natural birth supporters (mostly birthing mothers and birth professionals). Though this invitation to speak meant an opportunity to engage with more respondents, I was nevertheless apprehensive about taking sides as I was expected to. Firstly, I was uncomfortable with such a position and the expectation of advocating for natural birth, which I was not prepared for at the beginning of my fieldwork. Second, I was concerned about the potential harm that my words could bring to the women who were giving birth. I was aware that reciprocity is one of the ethical considerations in ethnographic research, but that an ethnographer would prefer not to help anyone in the field rather than cause potential harm (Glowczewski et al. 2013).

My positionality and ethical code of conduct as a researcher were staked when the invitation to speak in favour of natural birthing was extended to me. Eventually, I declined the offer to speak at the meeting supporting natural birth. The meeting was intended to take place in Delhi and, over WhatsApp, I told Rachel that traveling to another city would be difficult for me. Later, I scheduled a phone meeting with her, in which I emphasised my ethical constraints in conducting fieldwork. Rachel invited me to another birth support network convention later that year, but this time she did not ask me to speak, merely to participate.

Throughout my fieldwork, I restricted my activities to those that did not require me to offer personal opinions or suggestions. By giving insights through presentations and talks on childbirth practices in India I was able to introduce my study to birthing couples without making recommendations. Furthermore, the interactions that took place during the presentations and talks provided my respondents with more clarity about my presence and activities as a researcher in the birth centres. I went to prenatal classes where I exercised with the birthing women, talked to them, and then went to their homes for a post-partum visit. The expectant couples I came across during the Lamaze classes added me to their WhatsApp group. This group was formed of eleven birthing couples and I was careful to keep my presence in the group negligible so as not to influence any discussion. This involvement at multiple stages of their experience helped me introduce and familiarise myself with the birthing couples without offering advice or judgement on their choices.

This Field Note mentions some of the dilemmas I experienced during my fieldwork and provides glimpses of my position as an ethnographer. The dilemmas were concerned with whether or not to give advice or present opinions on midwifery-led care and natural delivery, and about managing expectations without endangering rapport and relationship with the respondents. The frequent negotiations and navigation around an ethnographer’s position in the field lead to the recurring question of how researchers should respond to such situations.

In the interviews, confronting my interlocutors’ questions was inevitable and navigating the above-mentioned unexpected situations became a necessity. In many cases dodging questions—so as not to disturb or influence the conversation—is one way of going about it. But in other situations, confronting the questions by politely mentioning the limitations of being a researcher seemed the right way to tackle it. Even though regular debriefings with my research advisor and my doctoral committee members helped me manoeuvre through these uncertain ethical junctures throughout fieldwork and beyond, there is no single answer to these questions.

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About the author

Sreya Majumdar is a PhD student in the Department of Liberal Arts at the Indian Institute of Technology Hyderabad (IITH). Her doctoral thesis focuses on understanding the emergence of birth professionals such as professional midwives, doulas, childbirth educators, and lactation consultants in India. Sreya was a visiting Fulbright-Nehru Doctoral Fellow at the Department of Sociology at the University of Texas at Austin from March to November 2021.

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