

# Birthing Systems, Bio-medicine and Gender-Based Power Relationships: Patrilinearity and Childbirth in Amed (Est Bali, Indonesia)

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This article offers an anthropological overview about birth processes in a small village in Bali. I would like to investigate how the naturalization of this event is often used to justify control over the physical and social body of women, their descendants and social group. Central focus of the analysis will be the consideration of how women's position within society is determined by a complex system of rules, values, and medical practices deeply conditioning childbirth sphere that legitimates hierarchical divisions and gender inequality.

*Keywords:* anthropology of childbirth, patriarchal system, gender-based power relationship, biomedicine

My contribution from an anthropological point of view, to the debate that revolves around birth and childbirth, is the product of the reflections I made during a field research (from January to June 2014), developed in a small village located on east coast of the island of Bali, Indonesia.

The assumptions that I place at the base of my research work are essentially two: the impossibility of inscribing the phenomena in question within a purely biological perspective and the instrumentalization in terms of the social control that derives from it. Within an anthropological perspective the event of birth cannot be inscribed within the category of "nature"; it is always socially constructed, culturally organized, and historically located; it is a bio-social event that is an event produced "by biology and society, whose understanding is made more difficult in western societies by the fact that the people involved in these events consider them mainly as biological, and thus needing for medicalization and hospitalization" (Colombo, Pizzini, & Regalia, 1985, p. 17).

The birth event is thus configured as a specific product of a given native system, the result of the interweaving of biology and the specific cultural structure in which it is expressed.

The anthropologist Brigitte Jordan defines with the term "native system" this

set of integrated beliefs and practices, revolving around birth, deeply rooted in the culture from which they originate and which in that culture draw meaning, consistent with the general vision of that people about the world, the supernatural, the way of managing the body, the role and skills of women, the conception of being human and so on. (Jordan, 1993, p. 73)

In the course of history, on the other hand, the concept of natural childbirth has been culturally built on the basis of ideological assumptions presented as true and not open to criticism. The presumed naturalness of

childbirth is, from my point of view, functionally manipulated and constructed to legitimize from time to time, in every part of the world, different forms of control over the bodies of women giving birth, on descendants and on the wider social body, and, through the analysis of the specific methods through which this happens, the political-symbolic power relations that exist against the body of women can emerge.

The scientific literature highlights some factors that would guarantee respect for the bodies of women giving birth, their times, and the possibility of movement during labor. In particular these would be: the gender of the people attending the childbirth (female) and a low level of bio-medical technology (Garzonio, 2015, p. 44a).

On this second point the anthropologist Kitzinger states the following:

In high-tech native systems, contact is subject to external information provided by bio-chemical electronic equipment and tests, both of which involve physical immobilization and penetration of the woman's body with electrodes, intravenous catheters, needles or other diagnostic tools. In low-tech birth cultures, however, the authoritative touch is the expression of a culturally validated system of knowledge and values. In many societies, comfortable contact, skin stimulation, massage and physical support are integral elements of the birth experience. (Floyd & Sargent, 1997, p. 210)

From her point of view, the introduction of biomedical technologies would have caused the immobility of women in labour, while, before the technocratic model of birth, the physical contact addressed to the parturient would have been aimed only at her relaxation and at the reduction of pain, be it physical, psychic, or spiritual.

The data I collected during my field research led me to a perspective that questions some of the assumptions expressed in the field of anthropology of birth, noting indeed, in the scientific literature, the portrayal of a close correlation and a simplistic parallelism between on the one hand low-tech society, holistic model, freedom and activism of the woman in labour, and on the other hand, a high-tech bio-medical society, a technocratic model immobility and passivity of the parturient.

Amed is a small village located on the east coast of the island of Bali that can be inscribed in the category of medium-low technology society: The childbirths take place mostly in the clinics that the midwives prepare inside their homes in a structure without bio-medical technologies and at least 40 km away from the first hospital. Consequently, my inevitable expectations led me to foresee a high degree of freedom, physical and emotional support towards the parturient from the people that were attending the childbirth (midwife, assistant, mother-in-law, husband's sister and, sometimes, her husband).

What I went through was a real reversal of perspective. I personally witnessed 13 births during which I was able to observe how in fact a total takeover and domestication of the body of the woman in labour was put in place. During labour the woman remains still, in a supine position, she is asked not to scream and remains free from physical constraints; during the expulsive phase, however, those, who will take control of the new life that is entering the world, exercise their power over the mother's body. I think it appropriate to summarise the brief report of one of the births I was watching.

Around the bed, which was not placed against any side of the walls, there were:

- Desy (in apron and latex gloves), positioned on the right side of the cot (considering the point of view of the woman giving birth) at the feet of Madè, with both hands around the perineum of the woman.
- The mother-in-law, along the same side of the bed occupied by the midwife, but at the height of Madè's hip bone, was grabbing the woman's right leg with both hands, bending it at the knee's height. With his right hand she was holding the ankle, while with the left hand the knee gave a visible downward pressure trying to increase as much as possible the opening of the limb.

- The husband's sister, on the opposite side of the bed respect to Desy and her mother-in-law, was keeping Madè's left leg open, in exactly the same way described in the previous point.
- The husband, placed at the level of his wife's head, was holding her right hand and was raising her slightly from the pillow, holding out to her his left arm as a support. While Madè was pushing, she hinted that she wanted to lift herself more, but he left her hand to rest his hand on the wife's chest so as to keep her in the same position.
- The assistant, given the presence of a sufficient number of people to block the woman, remained close to Desy, awaiting orders and looking at me with continuous glances and smiles.

In this way Madè gave birth to his third son (Garzonio, 2015, p. 70b).

I began to wonder if the presence of a low-medium bio-medical technology system is sufficient to guarantee the central positioning of the choices of a woman in labour, her freedom of action, respect for her body, an equal treatment of the genres and the absence of conflicts between women. I began to wonder if it was necessary to make the dichotomy between low and high technology systems less sharp, starting from the assumption that, in both situations, it is possible to trace the social or family institutions that hold the power and the dynamics through which they are able to manage it. Much has been written about the control of social and individual bodies in complex and industrialized societies. Less has been written about the ways in which pre-industrial societies control their populations by legitimizing and institutionalizing practices to produce docile bodies and minds enslaved to some definition of collective stability, health, or well-being.

In Amed, for example, the founding ideological apparatus of the local beliefs system justifies the perpetuation of the immobility of the body of women in labour and the taking of control by the mother-in-law by asserting the incapacity of the woman in labour to give birth autonomously, as she is supposed to be devoid of the necessary generative power. Through the touch of the representatives of the paternal lineage, the necessary energy is transmitted to the birth. Immobilized and silent, the future mother is experienced as an insignificant and anonymous transport channel of a new ancestor belonging to the paternal lineage.

A father, to whom I asked to describe what he remembered of his wife's childbirth, told me: "My mother and I kept her, but it is only to help her, to give her power, the power passes from us to her and thus babies are born".

The women I interviewed expressed no resentment at being physically immobilized by their mother-in-law or their husbands' sisters: The most common terms in their stories, to describe the role of relatives in immobilizing them, were "help" and "habit".

I consider significant some stories that I have had the opportunity to collect during the interviews and which I report below:

I was lying, my husband held my wrists stretching my arms along the sides of my head, my mother-in-law helped the midwife to keep my legs open. I don't know if it's okay, but they did it to help me. If Bidan says to do it, it means that it is right. (Madè, 25, sells groceries in her husband's family store. Date of delivery: 18 April 2014)

My husband was not there. He is very afraid of blood, there were my mother-in-law and her daughter. They kept my legs open, the midwife stood in front of me and her assistant squeezed my hand. I knew they would have done this, we know that this is how we do it, we are used to it. Bidan tells you and tells others what to do and they do it. This is to help you, otherwise how would you do it by yourself? (Madè, 30 years old, rice farmer. Date of delivery: 19 September 2009)

There was also my mother, she is from Amed too, but she remained seated and then, when my daughter was born, she left the room. I do not know why. My husband gave me his hand and my mother-in-law opened my legs, it's normal, it's a habit. When I gave birth the second time my husband was not there because he was in the fields and then his sister and his

mother came, but I didn't like this way, I preferred when my husband was there, he helped me more, he gave me more power. (Iluh, 33, fishmonger. Date of delivery: 7 December 2012) (Garzonio, 2015, p. 71c)

I deeply analyzed how the positioning of inferiority, subordination, and domination of the feminine within Balinese society influenced the scenes of the parties. With time, highly significant data emerged.

The dominant form of marriage is monogamous and is called *Ngero* or *Ngambis*: Future spouses make an appointment outside the house of the girl's family and sleep one night at a friend's house. After this event the girl can no longer return to her home and resume her normal life.

However, in some cases males are entitled to marry a second wife; mainly when no children, or no male children, are born from the first marriage. The social recognition of an "adult woman" is confirmed by the rite of passage represented by the assessment of fertility. For a man, this ritual transition takes place through marriage, after which he can legitimately enter the village assembly. The manufacture of masculinity is therefore intertwined with the assumption of the administrative decision-making power of the community. The two gender identities produced do not have a positive a priori value. One becomes a woman as a producer of offspring and one has the opportunity to assume a positive value, within the family and the community, only in a reproductive sense and in a selective manner: only if you succeed in giving life to at least one male child.

They are explicitly asked to procreate until this condition is satisfied and, in cases where the couple fails to achieve this goal, the husband, as already mentioned, can legitimately look for a second wife or, if conditions permit, he can adopt a male child of his brother; in this case, by paying an established sum and after the period of breastfeeding has ended, the child is officially considered to be part of the family unit that could not procreate a male living being. The responsibility is entirely placed on the body of women and represents a mark of inferiority and indelible inadequacy (Garzonio, 2015, p. 50d).

The women of Amed are, for all intents and purposes, channeled towards reproductive obligation.

As a result, it is common to encounter marriages in which the wife is in the third month of pregnancy. Otherwise, in fact, the essential conditions would be lost for the union to be collectively legitimized.

The cultural setup that revolves around the world of sexuality also shapes the approach linked to the prescription of contraceptives. Even today it is medical practice not to prescribe any method of controlling reproduction if the girl or woman in question has not had male children yet or simply if she is not married yet. However, midwives, who in this case play a veritable conceptual and practical revolution, perform even to not married young girls a three-month anti-conception injection, which is practically the only form of contraception that can be accessed. There are condoms, but they can only be bought in obstetrician clinics because there is no pharmacy and, compared to the injection, they are much more expensive.

It emerges how gender domination, as far as pregnancy and childbirth are concerned, intersects with different forms of control and conflict, all of which are feminine, while it manifests itself clearly within the discourse that revolves around fertility and reproduction.

Significant data also emerged referring to the post-partum which appears to be characterized by a very complex ceremonial system full of knowledge and practices that lend themselves to different interpretations. Eiseman (1990) has carried out a meticulous analysis in this regard by exposing a summary picture of the main rites of passage, the *manusa yadnya*, aimed at protecting the individual from birth to adulthood, in view of its harmonization with the energies that govern the universe. In particular, 13 *manusa yadnya* are identified:

- Pedegong-gedongan: six months after conception

- Birth ceremonies: Upacara Ari-Ari, burial of the placenta
- Kepus pungsed: at the fall of the umbilical cord
- Ngelepas hawon: 12 days after birth (in Amed is called “Mamasuk”)
- Tutug kambuhan: 42 days after birth
- Telubulan: three months after birth (105 days)
- Oton: at the age of six months (210 days)
- Ngempugyn: at the appearance of definitive teeth
- Maketus: at the fall of the last milk tooth
- Mungah daa/teruna: marks the beginning of puberty
- Mapandes: tooth filings
- Pawiwahan: marriage
- Pawintenan: purification for the studies

In the course of my investigation I focused on the first seven, noting how, on one hand they refer to the importance of building the bond between the new-born and the mother; on the other hand it is opportune to look at the conceptual symbolic system that underlies this structure by putting it in relation to the power relations between genders, the conceptualization of women as being dangerous, ambiguous, in need of control, and the family system in which all this is lived, reproduced, and narrated.

According to the Balinese cosmogonic system, every human being is accompanied during the birth process by four guardian spirits, the Kanda Empat: the placenta (Ari Ari, composed of placenta and umbilical cord), the amniotic fluid (air ketuban), the blood (dhara), and the caseosa paint (vernix caseosa). During their existence, they never abandon the individual, but change form and attributes by giving different forms of power to the individual (Lansing, 2011).

“Nobody is born alone”, Desy always told me, the midwife with whom I happily collaborated.

Immediately after birth, the placenta is buried together with objects and substances to wish the newborn certain characteristics and inclinations (a pen to be able to study, a plectrum to learn to play an instrument, a sprinkling of turmeric to have a beautiful skin etc ...). The burial takes place at the temple of the paternal family; on the right if the unborn child is a male, on the left if it is a female. The mother does not participate in the ceremony and does not have access to the choice of features that the child is hoped for; her wishes are not taken into consideration. None of the mothers I interviewed had been asked for their opinion about wishing their child a certain characteristic. In this I believe we can trace some elements of the system of gender domination that I try to describe:

The placenta, belonging to the mother and the child, becomes property of the father’s family and, except in exceptional cases, men take care of its burial and to them is left the task of establishing characteristics and inclinations to wish for the newborn. When I showed (to a mother) the video of the ceremony I had witnessed at Iluh, she was visibly moved because she never knew how it was done and took advantage of the occasion to ask her husband what he and his father had put together and written with his children’s placentas. I believe that, within this framework, it is possible to trace the line of interconnection between religious practices and patrilineal family organization. The placenta is the sibling of a living individual. Burying it within the boundaries of the lands belonging to the family of the father, excluding the participation of the mothers from the implementation of the ritual, remembers and highlights how the relatives of the husband, both male and female, hold the power towards the new life and to the one who accompanied its coming into the world. A further and widespread

practice is carried out for the same reasons. It consists in the obligation for women to give birth in the village where their in-laws and therefore the husband live, even if, for work reasons, they reside on another island. At the end of the pregnancy they are required to face the journey and the birth in a village different from their own, with people who very probably hardly know. This set of elements shows how patrilinearity is jealously reiterated in a multiplicity of ways, from ritual practices to the name of the newborn, from the places where the placenta is placed to the place of birth, to ensure the total identification of the new born with his paternal line (Garzonio, 2015, p. 128e).

Moreover, until the stump of the umbilical cord falls (symbol of the connection with the mother and potential channel of communication with the otherworld), the child is considered in danger because the demons could take possession of his soul passing through the orifice. For this reason, until then, it is considered appropriate to hold him in his arms, so as to protect him. The same applies to the name given to the child only after the cord fell. A specific ceremony (the *Kepus Pungsed*) is performed on the 12th day of life: It is ritualized the purification of the new born, who has passed through the vaginal canal of the mother and soaked in her liquids, and a name is given to him.

Likewise, the mother, at the end of the ceremony, will be able to resume her active life by leaving the walls of her husband's house.

A father who I had the opportunity to interview on this specific question replied:

"Of course it is necessary to purify him, the vagina is dirty, the mother is dirty. And not only the child should be cleaned, the whole area in which the family will reside should be purified" (Garzonio, 2015, p. 114f).

Accused of possessing vital energy in excess and therefore power (which would derive from the surplus of blood they produce unlike males), women could be saved and controlled only through menstruation (which would allow the monthly release of the surplus of blood flow from their product) or the pregnancy that interrupts the blood flow which, at that point, becomes beneficial, a source of nutrition for the fetus.

The monthly menstrual flow is said to be a safeguard because it ensures that a woman's excess blood (and therefore her strength, vitality as well as her sexual desire) is regularly discharged, allowing men to continue to maintain control on women (Mc Cormack, 1994, p. 21).

What I wish to mostly highlight is how the birth scene and the natal system in general move away from a natural and inevitable model of coming into the world, by assuming the characteristics of a cultural category that activates and expresses, in the case of Amed, the system of gender and patriarchal relations as well as the relationships and conflicts between the women themselves marked by the dynamics of hierarchy and power that structure the daily life.

I believe there is a tendency, within the bibliography I have examined, to construct the utopian image of a "past", an "elsewhere", in which women gave birth only in the presence of other women, protected by their loving care and certain to be able to face the "normal" way of giving birth. Here are some brief examples:

Traditionally, birth was a social fact and not a medical act. It took place in a feminine environment and in a territory where men were completely excluded. Birth was the work of women, and all women knew and knew what to do. In all parts of the world, assistants to women in labor were women themselves. (Floyd & Sargent, 1997, p. 221)

The help of women to women was the norm in almost the whole world. Men were usually absent and emotional, physical and spiritual support was offered to women in travail, by friendly women, neighbors or relatives. [...] The normal model in world cultures is to give birth with other women. (Kitzinger, 2011, p. 127)

Throughout antiquity, until the seventeenth century, pregnancy, childbirth, breastfeeding and the first years of a child's life were inscribed in a symbolic order that gave the woman a privileged position (...). The female body was the repository

of the sacredness of birth, guardian of the secret that introduced it into a tacit dialogue with nature, a cursed and blessed treasure trove of an inscrutable mystery. A place of life to be protected, a collective good to which the community directed its care. (Musi, 2007, p. 108)

Childbirth in a society in which the world of women and men were separated was an exclusively female experience: women gave birth with the help of other women with a rituality that was handed down for feminine lines and included two forms of assistance: mutual help or the use of an expert woman, the midwife, also called *comare* or *mammana*. (Pizzini, 2001, p. 24)

I personally believe that recognition and respect of the parturient during labor is not guaranteed by the gender of those present (male or female), but by the possibility entrusted to the woman to choose who will be present and at what times. The midwife Fulgeri, who worked in Emilia between 1947 and 1996, writes:

In S. Benedetto, women used to give birth without calling the midwife. The mother-in-law, the friends of the mother-in-law, the old women, gathered in the room of the mother and waited with her. When I arrived I let everyone out, I said I was ashamed to work in front of them. Imagine if I was ashamed! It was my job. I said that so they wouldn't be offended. You see? If you have pleasure that there are people you chose, it's all right. But those women were there because they were used like this, none of them dared to send them away, because it would lead to family issues that would never end. But the woman who was giving birth maybe didn't feel at ease, she was ashamed, she didn't feel free. And then childbirth stops and complications arise. (Bisognin, 2011, p. 37)

In conclusion, I propose to insert childbirth within the naturalization phenomena (Pizza, 2013) of domination and control that legitimize subordination and inequality, transforming them into obvious, natural inevitable conditions through different dynamics and power relations inside each human group. With the term "naturalization" Pizza means "the body's ability to naturalize the learned technique, to absorb it to the point of no longer recognizing its socio-cultural character" (Pizza, 2013, p. 186).

The way women have to give birth, and which appears "spontaneous" and "natural", is actually the result of slow, unconscious learning, managed by the social environment in which we are immersed and to which we are exposed. It is a "naturalized" behaviour.

In conclusion, I open a perspective aimed at probing the field of childbirth, clearing it from the visions that attempt to paint the "other systems", "exotic", "natural" as devoid of tensions, power plays and hierarchies, and paving the way to a horizon of research that has as its primary objective the analysis of the socio-cultural variables that contribute, in a clear way, to the possibility that women in labour are recognized as unique beings, bearers of the right of choice and self-determination.

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