

# **Title: Confinement and labouring women: a persistent struggle against nature**

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## **Summary of Text**

Nature in its essence is frequently viewed as a thing of beauty and the ultimate blueprint of perfection. Unfortunately, this view of nature is often undermined when it comes to the concept of women and confinement. By virtue of being women, females have the capacity to become pregnant and thus bear children. However, in many instances this view of the fecundity of womanhood is limited, or misunderstood, especially in a male dominated world. Indeed, according to nature falling pregnant and having children is only restricted by age and anatomical structure. Naturally, there are particular concerns when women who are very young and women who are beyond childbearing age fall pregnant. However, midwives are called to care for all women who come for support during this most vulnerable period of life, and yet often young pregnant girls are received differently.

Young girls often undergo considerable stress when they become pregnant and begin the journey of becoming young mothers. The stress comes largely from the fact that they frequently experience discrimination from family members at home, or from maternal health institutions and also from the communities in which they live. Hence, people lose sight of this most beautiful aspect of nature, that of women having a uterus and having reached adolescence and where a new life is just to come about. Yes, the focus is on the matter of 'being wrong and not correct'. The young girl becomes the centre of reprimand and stigma and yet nature was at the forefront of this process. In a particular sense, manipulation of nature by means of the introduction of contraceptives is not seeking to embrace the fecundity of womanhood when it is done from a single or narrow perspective only. How about the focus being on what are the benefits of a child for a well informed teenager and an empowered caring parent by virtue of employment opportunities and earning a good salary?

On the other hand, older women have to endure societal blame when falling pregnant at a late age and sometimes with as many children as not obstetrically advised. However, it is not always considered that such women are often from a family that embraces the paradigm of male domination where she has no control of how many children she can have and at what age. However, when these older women find themselves at a referral hospital due to particular obstetrical and midwifery implications they often experience the wrath of midwives who proceed to yell or blame the women for exposing themselves to danger. Again this is a flawed view of confinement because it has neglected to see source of the problem which requires the need to confront the ills of culture and practice. The uterus will always conceive as long as it can do so, but it will also expel where it is failing. However, there is a male dominated mind set that first and foremost seeks to blame women for their failure to

challenge nature by not embracing the contraceptive culture, instead of seeking ways to understand and assist women holistically in light of her cultural and societal milieu.

When a pregnant woman whether young or old has to attend a clinic or hospital she is again called to struggle and dig deep in her coping skills. Unfortunately, to challenge nature in this instance becomes difficult because pregnancy cannot be reversed, as labour may be only be held back for a limited time before it happens. Regrettably, women often experience various forms of abuse from midwives who are called to assist them. They are sometimes shouted at, or turned away from the labour wards, because they are not yet in labour. And unfortunately some of them deliver on the way back home or at home and thus face complications that could have been avoided were these women kept in the clinic or hospital. Some deliver in the hospital but on their own because there are not sufficient staff to take care of them, despite budgets being allocated for this purpose. Some clinics and hospitals have a negative, depressing atmosphere, are not welcoming or user friendly and are in large part falling apart, with poorly maintained infrastructure. The women who come for midwifery/obstetrical care in these buildings, as compelled by nature are frequently left to fend for themselves and are at times discharged early so as to (ironically) keep them safe from possible dangers in the clinical facilities themselves. Security in these buildings is a concern and for many women there is a very real fear that their children could be swapped or stolen from them.

Pregnancy and labour are not diseases and as such women come to antenatal care clinics and hospitals to be assisted in taking care of the unborn child or manipulating the pregnancy for an easier or earlier delivery of the baby with a view to nurturing and saving lives. In the labour ward, the women are simply asking for assistance to deliver their baby in as natural a way as possible, and where necessary apply manipulation for the sake of a positive outcome. Why then should these women to be deprived of the this experience and thus the enjoyment of WOMANHOOD?