

THE CULTURE OF BIRTH*

The book “The Culture of Birth” emerged from the research sub-project “The Policy of Parenthood” realized as part of the project “*Challenges of new social integration in Serbia: concepts and actors*”. The author envisioned the book as one that incorporates seven fields. The chapter titled *General theoretical and methodological framework of the research* points to the sharp increase in interest in studying the body as a social phenomenon. In accordance with the new trend, an extensive body of feminist literature has been amassed on the topic of female corporeality. The motivation for this research was the idea to study the role of patriarchal patterns in the corporeal socialization of women in order to present how it actually appears in a phenomenological sense in the experience of individual females.

The research used the method of the in-depth interview. The aim was to show the actual steps involved in social gender mainstreaming through bodily practices, using at the same time, in the broadest sense, several theoretical frameworks which could be included in the politics of corporeality. The research included the combination of a “snowball” and deliberate sample of thirty women of various ages and levels of education. When processing and presenting the data four life stories were identified, which represent four different and at the same time major patterns in the reproductive and sexual socialization of women.

The first is the story of Asja, titled “*The patriarchal pattern of poverty and marginality*”. It is a life story of an individual who has an elementary education, who grew up in a patriarchal environment, but under conditions of poverty and social discrimination.

The second is Jelena’s story which illustrates the model of “*A patriarchal pattern as an unwanted destiny and the search for an authentic female identity*.” Her upbringing was marked by stigma and guilt over one’s own corporality, with the awareness that it would be better to be male than female. In this pattern there are no adequate possibilities for social articulation of the needs which deviate from the patriarchal code, but the individual intensively seeks out new and alternative means of confirming and expressing their own personality and subjectivity.

The third story represents “*a dependent emancipated pattern*”. Iva is characterized by economic dependence, the importance of education in life strategies, pronounced active decision-making regarding one’s own life and taking responsibility for one’s own choices, a rational, critical awareness, a non-traditional and non-patriarchal choice of life strategies, but at the same time a limiting economic dependence, that is, unemployment.

The fourth story presents a “*mixed modern-patriarchal pattern*”. Anastasia is a highly educated individual who grew up in a rural environment in a well-to-do family. She is married, has two children, and shares her life with her children and husband who is financially successful. She identifies positively with the patriarchal female stereotype but also the modern model of a successful woman.

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In the chapter “*Constituting gender – becoming a girl*” the author points out how childhood represents a vital phase in shaping gender identity. The differences which can be noted in that phase distinguish between boys’ and girls’ games, and usually the differences in behavior between boys and girls are quite clear, as is their appearance, as society immediately upon birth imposes upon its newborn members the social category of either woman or man.

For Asja, being a woman, getting married, having children is the only and most natural option in life. The author points out that the influence of parents and the immediate environment is always the most important one. A comparison of the four stories gives the impression that these are four women who have made different choices, and where Iva has a much broader field for making free choices compared to Asja. A strong reproduction of patterns of gender relations inherited from their primary families is evident, within which individual choices are made. The assumption is that gender and sex are not stable categories of personal choice, but are firmly built into the dynamics of family life within which the child grows up, and which are through the family built into the gender regimes of society in general. Constructivist and feminist-poststructuralist approaches additionally deal with the idea that there is dual upbringing of children in the primary family, which has not always matched the physical gender of the children. This refers to bringing up a female child like a “son”, addressing a female child as “son” and self-reference on the part of the female as if to a male. As they grow up, children abandon games which are not suited to their sex/gender. When behavior deviates from what is characteristic for a particular gender, we can say that we are dealing with gender clusters. The process of constructing gender identity can be conflicting, precisely because to the child it seems as if it is being molded along patterns which for him or her carry to meaning. It is important to point out that the gender of a child is key for shaping the dynamics of the relations within the family itself and the decisions of adults. The level of education of the female participants is more similar to the level of education of the father than that of the mother. In the families of our female participants the father had a higher level of education than the mother, and the female participants often left their primary families with a level of education higher than that of their mothers, rather than of their fathers.

In the chapter “*Sexual and reproductive behavior*” the author, after outlining the experiences of four female participants, points out the significance of Christian tradition. Within it, not knowing one’s own body, physical inexperience and non-participation in everything that pertains to the body is lauded as a principle of good upbringing, especially in the case of sexuality and the reproductive practices of women. However, we encounter extensive incongruity between tradition and objective medical knowledge. Sexuality may be the most illustrative example, considering that on the one hand it is an important part of consumer culture, commercialization, and a source of great profit, while on the other hand, sexuality as an experience is closed off inside the sphere of private life as a secret. Traditional culture and religion often pathologize sexual experiences which everyone acquired during the course of their life. There are great differences between male and female sexuality. Social norms and expectations play a more important role in making the decision to enter into sexual relations for girls than they do for boys.

The research was focused on the key moments of the corporeal socialization of women, in relation to their sexuality and reproductivity. These include: their first menstrual cycle, contraceptive practices and attitudes towards contraception and abortion, as well as planned pregnancy.

In the subchapter “*Experiencing one’s first menstrual cycle*” the author cites that this concept as a cultural symbol is undoubtedly burdened with the meaning of “filth” and “disease”. In addition, it also represents a marker which is meant to remind us that women are inferior to men and as a result belong in lower positions in society. An increase in medical knowledge and emancipation have contributed to a change in traditional patterns of female corporeality.

When girls experiencing their first menstrual cycle, the attitude of the mother and father toward this event and their knowledge of this phenomenon in the moment of the experience is used as an important marker. The modern pattern includes an adequate preparation of female children for maturity, their familiarization with what a menstrual cycle is, support from their environment, a primarily hygienic-medical approach, and a non-traumatic and solidary experience in this phase of life. The answers of the female respondents indicate that in more than one half of the studied cases, the first menstrual cycle represented a very traumatic experience and that a strong traditional and patriarchal pattern of socialization in this case is dominant. One-third of the female respondents when first starting their cycle did not understand what was happening to their bodies, considering that their mothers had not previously spoken to them or had given them incomplete information. Two-thirds of the female respondents had some idea and knowledge, but among them there were those who had not received this knowledge from their mothers or sisters. Among the obtained responses there is a clearly identifiable pattern of female respondents who over the course of their first menstrual cycle received support from their primary family, where the menstrual cycle is presented as a positive experience of sexual maturity, and as confirmation of the female identity or becoming a young woman.

The following subchapter “*The decision to give birth*” indicates it is important to view the context in which sexual partnerships turns into parenthood, which represents a complex task in the social conditions in Serbia. The most frequent reasons for this are that traditional models of partnership, matrimony and parenthood have undergone a strong transformation in terms of modernization of society, while on the other hand the necessary conditions which could support such a state of affairs in contemporary societies do not exist.

In contemporary social circumstances the transition into parenthood is considered a private matter and the individual decision of the partners. The individual decision-making process is strengthened through wide use of contraceptives, which enable planned parenthood. In that context, whether one will have children primarily depends on the individual and their rational choice and therefore preferences.

In accordance with the aforementioned, there are two basic models which we use to explain changes in fertility. One is economic, the other culturological. The economic model is based on theories of rational choice, pointing out the importance of parental income, as well as the expense of raising a child. The culturological approach begins with cultural changes and norms, with the transition in a partnership induced by a shift in the system of values towards an egalitarian model, as well as away from the postmaterialist orientation in devising life strategies. Individuals do not have to hold up patriarchal values and norms and instead can choose one of several possible options (cohabitation without offspring, parenting without a shared life together, in vitro fertilization and adoption). The family is the greatest value for both men and women, and is the only stronghold in a society of chaos.

For the female respondents the decision to give birth was implicit and determined by the quality of their romantic and sexual partnerships. It is the deciding factor for a pregnancy to occur like a desired and planned outcome, even though it in fact was not rationally planned.

The studied sample indicates that birth somehow eludes these categories and primarily “happens” when the time comes (according to biological and social criteria), and that it is not something that we clearly and explicitly decide. The body at that time is more of a venue for the pregnancy than a means of its production.

The chapter “*Motherhood as a social relation*” begins with the quote: “We know more about the air we breathe, the seas we travel, than about the nature and meaning of motherhood” (Rich, 1986 /1986/: 11). In the broadest sense, motherhood represents activities based on love, and is expressed through a responsible relationship towards life, and a nurturing relationship towards one’s offspring. On the other hand, it has been neglected as a social concept to the same extent that care and love have been placed outside the framework of measurable indicators of social development. Relying on the questions of human nature, motherly instinct and natural reproduction, motherhood has remained in the sphere of a mute naturalized experience. However, this has never been an innocent, apolitical or marginal topic.

Motherhood as a social relation can be viewed in the context of the onset of a populationist policy. The population policy deals with reproduction as an issue of public interest, but this interest is not necessarily defined by the categories of the sanctity of private life and the political subjectivity of those it concerns most, that is women. Private life remains a sphere which the state deliberately, from time to time, can “enter” to regulate, to intervene, to plan reproductive practices and their outcomes.

On the other hand, a feminist approach does not support the concept of a populationist policy since it is discriminating and exploitative, even when it appears to support the family, women, and parenthood. Motherhood should be based on complete freedom of choice, on respect for the physical, personal and political integrity of women, it should be helped by institutional and extrainstitutional mechanisms of support and viewed through the perspective of protection and the improvement of the rights of equality for women.

As part of the feminist movement, there is an increasingly frequent attempt to make public and socially recognize, to name and legally sanction violence against women during pregnancy, and especially during childbirth, and to specify what represents violence against women during childbirth. For a woman, becoming a mother usually changes everything, not uncommonly in an unexpected or even shocking manner. The more patriarchal a society, the more limited the choice and the more deprived the woman is of all other roles; in the worst-case scenario she will remain just a mother for the remainder of her life. Women, by becoming mothers, become more respected, but also become more vulnerable and dependent on others.

The aim of the subchapter “*Mothers on the social position of motherhood in Serbia today*” was to study the relationship of the female respondents towards the social position of motherhood in Serbia, and their relationship towards policies focused on the preservation of “the biological substrate” of the nation through population planning. Among the respondents there is a dominant pragmatic perspective when it comes to social relations towards motherhood. This means that it is interpreted from the perspective of personal life strategies, and not broader political views.

Most of the female respondents (18) consider that women have an obligation to give birth. It could be concluded that most of the arguments are of a moral (“*It is selfish not to have children.*”), and biological (“*It is the natural purpose of each woman to bear children.*”), but not of a political nature. The most frequent reasons which make motherhood as well as parenthood more difficult are viewed as more or less problems of social policy, where the state is seen as the provider of a certain group of services, and the mothers as the

beneficiaries of these services. When an incongruity occurs between private and public life, the burden of responsibility falls on the parents, primarily on the mother.

The author points out that the least amount of attention has been allotted to setting up priorities dedicated to the promotion of the reproductive rights of women and the improvement of the rights of patients regarding their right to choose the means and procedures of treatment and delivery. It is important to point out that over the past few years, the treatment of women during labor has been publicly problematized and an initiative to introduce a new provision – violence against women during childbirth has been initiated.

In the chapter that bears the same title as the book *“The culture of birth”* the author speaks about the experiences of childbirth that women have had in Serbia today. After some descriptive accounts of their own deliveries provided by the female respondents, accounts which were mostly unpleasant, the question of violence against women during childbirth is posed, which represents a relatively new topic both in medical science, and in sociologically-feminist research on violence against women in general. However, no law regulating this segment of women’s rights exists as yet, and the main reason is that the public still does not view the negative treatment that women during labor experience from the perspective of violence against women. The potential reasons are to be found in patriarchal society, since the body of a woman is viewed as a deviation from the male body.

In this research, “violence against women during childbirth” represents a central concept which serves to intertwine various the categories and indicators. Based on the prevalence of this response and the experience of the female respondents, the indicators have been grouped into several key and basic categories: 1. “The body as a machine or object”, related to indicators which refer to descriptions of inductions, episiotomies and serial deliveries of women in hospitals; 2. “Being mute” related to indicators noted in the descriptions of withholding information, disinformation, ignoring, insulting and inappropriately addressing women during delivery, as well as the inability of the female respondents to articulate or satisfy their needs pertaining to specific hospital treatment; 3. “Roughness and disrespect towards the intimacy of a woman in delivery” relates to indicators which refer to testimonials of rudeness, unnecessary infliction of pain, as well as exposure of the female body to the examination and looks of an unnecessary number of people; and 4. The category of a “protector” is related to indicators of bribery and “pulling strings” as a precondition to having a humane delivery. All experiences and responses of the female respondents can in the majority of cases be classified into four categories. Based on their experiences, it can be concluded that the differences in the treatment received by women who wanted to or had the option of “pulling strings” or giving bribes, was at the expense of those women who had no strings to pull, who could not or did not want to give a bribe.

A comparative analysis of four select interviews allows us to clearly identify the differences between the respondents. The respondents who were raised in the spirit of a positive relationship towards the female identity, in a family environment in which sexuality and gender are not taboo, in which being a woman does not mean being in any sense of the word the worse or lower-ranked gender, in an environment in which they could move about freely and play “boys” and “girls” games and use their bodies, later in life had a greater positive relationship towards their corporeality and sexuality, and a greater possibility of making decisions about their own bodies.

Therefore, we could conclude that subjugation does exist. It is manifested in girls wanting to be boys, in them limiting their movement, their physical manifestation, in them having to perform chores, experiencing the natural processes of body development

as traumatic and a cause of personal uncleanness, of having to be afraid of being called prostitutes when they want to have sexual intercourse if they are not considering marriage, birth or a long-term relationship. The subjugation of women is directly related to a lack of care for the social status of motherhood and is manifested through a neo-liberal transformation of health, social protection, working conditions, and the number of preschool facilities and their availability. In terms of health, the subjugation of women is directly related to the conditions in which deliveries are carried out in Serbia today. Among many of the identities and roles which people can acquire or inherit during their lifetime, for a woman become a mother frequently changes everything, often in an ambivalent manner, and often also in an unexpected or even shocking manner. Women are frequently allowed to retain their role of a mother and that identity will eclipse their other identities, with a more obligatory neglect of everything else. The reported experiences are transgenerationally passed on and for many girls their mothers have become a model of compromise and a type of behavior which they do not want for themselves. Based on the aforementioned, it can be concluded that every woman builds her own culture of attitudes towards her own body based on her upbringing and life-long experiences.

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