

Between Shanty and Shelter - Meanings of Home in Childbirth at Myanmar's Margins

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Abstract

Homebirth remains a problematized yet common practice in the borderlands of Myanmar with Thailand, extending – though less visibly - also to migrant communities on the Thai side of the border. An ethnographic study on conditions, rationalities, and concerns associated with homebirth among marginalized women in inaccessible parts of Tak Province and Karen State, conducted as multisite actor-oriented research in 2014/15, motivates this paper. It explores the role of the home in home-birthing women's rationalities, perceived needs, and dangers of childbirth. It discusses these with reference to two opposing strands of debate on homebirth: Western feminist literature of the 1980-90s, situating the home as a place of women's resistance to bio-medicalized birthing regimes disempowering and passivizing women in childbirth. And public health and development literature, situating homebirth as a dangerous practice surging from remoteness, deprivation, and ignorance.

The paper finds that home-birthing women often seek the home as a shelter from birthing environments raising diverse vulnerabilities. They perceive and shape the home as a place and space of self-protection in non-biomedical senses of ensuring encouragement, attentiveness, and understanding support for the struggles of a childbearing marginalized mother, and of a building belonging and hope for the new-born child. Lastly, women's accounts of the homebirth link or extend the home-space to the hospital in the effort to build continuity of care.

Considering these findings, the paper warns that a developmental lack-of-access framing of marginalized women's homebirths in the borderlands might be too narrow to capture the importance of home-based forms of birth care within these women's life struggles, ideas about safe birth, and proper birth attendance. It suggests that home-based forms of birth care might be better understood as imperfect, yet use- and meaningful practices of self-protection within marginalized women's counter-topographies of healthcare in the borderlands (Aung 2014).