The F word
Midwifery students' understanding of feminism
Davison, Clare; Geraghty, Sadie; Dobbs, Kirsten

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The F word: Midwifery students understanding of feminism

Abstract

In the 1970s, women began to question the prevailing paradigm of childbirth, which focused on birth as a medical event, and feminist writers began to make the connections between childbirth, birth attendants and the position of women in society. Not all midwives embrace the word feminism however, providing midwifery care is an expression of feminism’s core values. This study identified eight themes that revealed midwifery student’s views and knowledge on feminism and the impact it may have on midwifery clinical practice. Findings from this study suggests midwifery students would benefit from receiving education regarding feminism. The advantages of midwifery students understanding feminism within the midwifery professional are undeniable and it is important that feminism is integrated into midwifery programs.

Keywords: Feminism; Midwifery; Students;

Key Points

| Most of the participants in this study defined feminism as true equality between the sexes |
| Exposure to feminist ideals can impact on the way midwifery students address the power imbalances in maternity care leading to a commitment to true woman centred care |
| An advantage of midwifery students understanding feminism within the midwifery professional is important and needs to be integrated into midwifery programs |
Introduction

The online Oxford Dictionary (2016) defines Feminism as “the advocacy of women’s rights on the ground of the equality of the sexes”. This is a basic definition, and it is argued that feminism has many definitions, with an earlier definition describing it as a philosophy, a world view, a theory, a practice and a research method (Kramarea & Triecher, 1985).

The first wave of feminism has been described as the struggle for gender equality, which included the fight to end slavery and the women’s suffragette movement during the nineteenth century (Walters, 2005). The second wave of feminists in the 1970s believed that to gain true equality, the rights of women were required to include not only the public and political position of women, but to consider private worlds such as family, sexuality and health (McCool & McCool, 1989; Cott, 1987). This was the time when women began to question the prevailing paradigm of childbirth, which focused on birth as a medical event (Kitzinger, 2012; Katz Rothman, 1982), and feminist writers such as Ann Oakley (1976) began to make the connections between childbirth, birth attendants and the position of women in society.

The links between feminism and midwifery are not new. The two have been intricately woven together throughout history. Midwives have assisted women in childbirth since the beginning of recorded history and it is recognised as one of the oldest professions (Richards, 1995). Childbirth practices in industrialised countries changed throughout the twentieth century leading to a move from midwifery-led care at home to doctor-led care in the hospital (Donnison, 1988). Freeman, Adair, Timperley, and West (2006) suggest that when medical care became more dominant than midwifery care, the
decision processes changed, and what was once women-led, and community supported, became patriarchal and medically orientated.

Midwifery values woman-centred care and puts mother’s needs first. Though not all midwives embrace the word feminism, it could be argued that providing midwifery care is an expression of feminism’s core values (Lasser, 2011). Research is needed to examine how feminism impacts on midwives’ practice. This study aimed to examine midwifery students’ views and knowledge regarding midwifery and feminism before qualification as a Registered Midwife.

**Methods**

The overall aim of this qualitative study was to generate new knowledge to describe and explain the views and knowledge of midwifery students on feminism and midwifery. Questions were formulated and asked relating to feminism, the role of the midwife and the impact of feminism on midwifery practice.

An exploratory qualitative descriptive approach was implemented, where midwifery students were invited to complete an online questionnaire. The questionnaire contained open-ended questions to explore student’s beliefs and perceptions regarding feminism and role of the midwife. The researchers used latent content analysis to analyse the collected data.

**Sample**

Purposive sampling was used to ask specific questions to a precise group. Midwifery students enrolled on both undergraduate and postgraduate courses at one University were invited to participate. The participants were informed that participation was
anonymous and voluntary, and 90 students were invited to participate via an online midwifery student forum. Forty-seven students completed the questionnaire.

The study was based in one University in Western Australia and involved midwifery students enrolled in two midwifery courses offered at this University. The participants were all female and were aged between 21 and 59 years (average years 28.5) and were at various stages of their midwifery training. Ethics approval was granted through the Human Research Ethics Committee at the University.

**Data collection**

The researchers developed the questionnaire, as no pre-existing questionnaires/surveys relevant to the research topic were available. The number of questions were limited to six to enhance the likelihood of participant completion. Examples of the open-ended questions asked included: ‘thinking about the word feminism, what does it mean to you’, ‘what are your views on feminism?’, ‘is feminism important in midwifery’ and ‘do you identify as a feminist’. Some simple demographic questions were also asked to determine age and gender.

**Data analysis**

Thirty-two completed questionnaires were received and analysed. The data for this study was analysed manually using thematic and content analysis. The qualitative data was analysed in three stages: data reduction, organisation of the data and interpretation of the data. Content analysis was used to explore the identified themes, and at the end of this process the over-arching themes were grouped under headings taken from the participants’ responses.
Findings

The participants were not asked to identify if they were a post graduate or undergraduate midwifery student in the study. At this point in the study, the authors were interested in the views and knowledge of the participants. In a planned follow-up study, the authors plan to distinguish between undergraduate and postgraduate midwifery students to compare any differences. The main eight themes identified were: ‘Feminism is equal rights’, ‘Feminism is privilege for women at the expense of men’, ‘Feminism is not easily understood’, ‘I believe in equality but I’m not a feminist’, ‘We don’t need feminism in Australia now’, ‘Women centred care is feminist, or you can’t be a midwife without being a feminist’, ‘You don’t need to be a feminist to provide women centred care’, and ‘My midwifery education made me think differently about feminism’.

Feminism is equal rights

Most of the participants defined feminism as true equality between the sexes.

Participant’s responses included:

“Worldwide women still don’t have the same rights as men, as long as there is inequality there is a need for feminism.”

“Feminism is about acknowledging, respecting and advocating for women’s rights and equality to ensure that we are treated with the respect and dignity that we deserve.”

This belief in equality was also referred to as why some participants felt it was so important to be a feminist:

“I am a feminist because across the world women are oppressed and our sexuality is seen as a weakness. Language and the media discriminates against women everyday.”
“I identify as a feminist. If I didn’t what chance does my daughter have, what sort of example would I be setting for her and her future if I wasn’t a feminist, if I didn’t show her that women are equal?”

“I feel I am a feminist as I am very passionate about women’s rights. Throughout time women have not been regarded as equal to men and I feel this is morally wrong.”

Participants appear to identify a link between the relationship of equality and discrimination against women in their understanding of feminism.

**Feminism is privilege for women at the expense of men**

However, some participants felt that feminism was a way to promote the rights of women above men. Participant’s responses included:

“Feminism is placing priority, privilege and special treatment for those of female gender. I find that feminism goes beyond only advocating for women’s rights but often demeans men and does not support equity and equality.”

“As a woman, I support other women and understand that we often have to fight for our rights and best interests. However, I am not a feminist because I do not believe women have more entitlements than men in most cases and I support the rights and interests of men also.”

Some students believed that feminism was a way of demeaning and suppressing men’s rights:

“Women’s rights need to be supported and they need better treatment but that does not need to come from de-valuing men”.

“Feminism in the 21st century, to me, has an ugly undercurrent of gender nullification and male subjugation”

Negative views of feminism were demonstrated and words such as “loud, shouty and weird” were used to describe feminists:

“There is now a weird stigma surrounding feminism because a small, loud group have made it this weird obsession of being able to replace men.”

“Part of being a feminist is to call people out on the inequalities that exists between men and women, but it doesn’t need to be done in a loud, shouty, way.”
“Feminism has moved away from seeking equal rights as men and has become this weird obsession with being as capable and successful as men and being able to replace men.”

Some participants did not believe that equality was necessary at all as one student stated:

“There is no need for equality - we are all working for best outcomes for families - women, men, children.”

Feminism is not easily understood

This theme showed some participants had a lack of understanding of feminism.

“We aren’t working for equality; we’re working for optimal health for all”

“Feminism has a negative connotation to me. Instead of women being allowed what they want, it has gone too far, and women are expected to want a full career and have children and be super driven. While there are some who are like that there are plenty who aren’t. Instead of expecting women to fit into one category is should be that women are encouraged to do what they want, even if that is to stay at home like a 1950s housewife.”

Participants also showed awareness of the negative concepts associated with the word feminism:

“Just because I identify as a feminist does not mean I hate men.”

I don’t understand the view that feminists are crazy man hating lesbians, we just want equal rights, fair pay, equal representation in the work place.”

I believe in equality but I’m not a feminist

Many participants spoke in the language of feminism but did not identify themselves as feminists or supporters of feminism, and they referenced the negative concepts surrounding feminism as reasons for not identifying as a feminist.

“I don’t preach about it at all like I believe some people do. I do believe that women should be treated as equals with men.”
“Yes, I believe in gender equality, but I do not identify as a feminist because of the weirdness that feminism has become.”

We don’t need feminism in Australia now

An indicator of the “me generation” participants articulated that although women in Australia may have needed feminism in the past, they did not need it now as they were equal. This shows a very inward and insular perception of the world in which we live and a lack of understanding of others, as these participants believed they had equality and did not need to worry about others perceived equality.

“This point of view comes from the society I live in and acknowledges that there are cultures in the world where this is not relevant. I believe that I am not treated any different because of my gender and I do not treat other people any differently because of their gender. I think to label myself, others or a profession as feminist, to me is divisive and not helpful. Historically, feminists may have needed to gain recognition for the rights and recognition of women but not now”.

“I believe feminism has been very important historically and has achieved huge improvements in the rights of women. I feel privileged to live in a time where I feel I am treated as an equal and never feel that I am any different because of my gender. This means I have never felt that I need to label myself as a feminist.”

Women centred care is feminist, or you can’t be a midwife without being a feminist

Participants reported that not identifying as a feminist would restrict their ability to advocate for women in their care. Participant’s responses included:

“If midwives do not see themselves as feminists it may be difficult for them to empower and advocate for the women they care for”

“To not be a feminist is to not believe that women should have equal rights. As a student I have seen women being examined without consent, these women don’t complain or stand up for themselves. I think if women were empowered they wouldn’t be so accepting of being violated.”
“If you are not a feminist you are not a midwife. You don’t respect women, or you are misinformed on the meaning of feminism.”

“Many midwives are not [feminists]. They practice in a patriarchal way - not realising that they are. The medical model of care is patriarchal. Woman-centred care is feminist.”

You don’t need to be a feminist to provide women centred care

Many students identified that midwifery was woman centred, but again did not feel the need to identify as feminist to provide this type of care:

“Midwives should believe that women are important and recognise that inequalities exist, but I don’t think they need to identify themselves as feminists.”

“While midwifery is woman centred care, I don’t think midwives have to be feminists to provide this.”

“The woman’s significant others including the father of the child also need support, understanding and advocacy. The midwife’s priority should be on the woman, but she must also work respect and value men including male staff. Sometimes midwives are feminists and I believe this gives off a false view of the work we do.”

My midwifery education made me think differently about feminism

Participants reported that studying midwifery had made them consider feminism from a different perspective:

“I was not fully aware of the true definition of feminism when I started and did not consider myself a feminist! Education has changed my views, understanding and what it means to be a feminist and why it is important to have equality and equal opportunities.”

“Before I started my midwifery training I thought women were treated equally enough and feminists were just women who wanted to be superior. Now that thought makes me cringe. Since commencing my midwifery training I have realised the true inequality that women experience and now recognise the importance of advocating for women’s rights and equality to ensure that all women are treated with the respect and dignity they deserve. I am now a feminist.”
"I think my passion for women and their rights has got stronger. Witnessing the power relationships that happen in clinical practice which are often not in favour of women or respectful of their rights has made me more passionate about being a feminist."

Interestingly, one participant had initially felt that feminism was not needed until she commenced her midwifery education:

"I didn’t think I needed feminism. I thought we already had equality. But the midwifery curriculum taught by my university lecturer has encouraged me to really look at feminism and feminist practice."

**Discussion**

This study aimed to examine midwifery student's views and knowledge of feminism and its relation to midwifery. Some of the participant’s responses were patriarchal. Patriarchy has been described by feminist writer Walby (1990) as "a system of social structures and practices in which men dominate, oppress and exploit women" (pg16). Participant’s descriptions of feminists as ‘shouty, loud and weird’ could be attributed to internalized misogyny, an insidious by-product of patriarchy (Szymanski, Gupta, Carr, & Stewart, 2009).

The participants in this study completed most of their clinical midwifery experience within the medical model of maternity care and this could impact their views. Feminist anthropologist Davis-Floyd (2003) has written extensively on the technocratic model of maternity care. She describes obstetrics as an assembly line production of goods, with the woman’s reproductive tract treated like a birthing machine that requires management by skilled operators, usually male doctors, to deliver the most desirable end product, the baby. Wagner (2006) suggests that the medical model and the midwifery model are two different ways of looking at women and birth. Doctors
‘deliver’ babies, as opposed to women ‘birthing’ babies, and some see having a baby as something that happens to a woman, whereas midwifery-led care focuses on pregnancy and birth as normal processes, and midwives assist birth under the belief that giving birth is something a woman does.

The obstetric model also reinforces the validity of the patriarchal philosophy, the superiority of science and technology, and the importance of machines and institutions. This model is not feminist; it does not place any emphasis on the positive relationship between the woman and her caregiver and does not place the woman at the centre of the care experience. Hunt and Symonds (1995) suggested in older, but still relevant research, that a hierarchical structure is created in hospital institutions with doctors at the top of the hierarchy, midwives low in the hierarchy and women at the bottom. Although, this study is dated it is relevant as it demonstrates how midwives, working within the medical model, can become victims of patriarchal control and adopt an obstetric approach to birth.

A more recent study by Keating and Fleming, (2009) explored midwives’ facilitation of normal birth, and supports these findings. Their research demonstrated that midwifery knowledge and practice are subsumed within a birth culture where medical expertise and technology are valued. Research has demonstrated that midwives are often aware of an inherent conflict between woman-centred care, and the needs of the technocratic maternity system, but to survive within this system they have to adjust their own beliefs and practice (Hunter, 2004). Therefore, it is no surprise that patriarchal values are the norm. Midwives function within the patriarchal paradigm, where they are often constrained by medical systems, regulatory requirements, and
oppressive relationships with other medical providers, therefore it can be difficult to maintain a midwifery philosophy while caring for women.

**Feminism should be taught as part of the midwifery curriculum**

Participants in this study were exposed to feminist ideals although feminism as a separate subject is not taught on the curriculum. Some participants in this study felt that there was no need for feminism, as they perceived that they did not need it anymore. This was an interesting point for the researchers, as this generation of new midwives are a part of the ‘ME’ generation (Stein, 2013), and these comments demonstrated an insular and limited view of the world.

Walsh (2016) concluded that undergraduate and postgraduate midwifery courses should be underpinned by feminist values to encourage students to think critically and address the harmful effects of patriarchy. This suggests that feminist values and the history of feminism should be taught explicitly in midwifery courses. However, in Aotearoa / New Zealand, midwifery education introduces students to a range of feminist perspectives that propose to address the contradictions between the dominant medical model and women’s knowledge and experiences in childbirth (Surtees, 2008). Gray, Malott, Davis, and Sandor (2016) noted graduate midwives often found the stark reality of the patriarchal medical system difficult to navigate, even with this knowledge. This is not surprising considering the findings discussed earlier and is indicative of a system that is patriarchal and not feminist based.

In Australia there are feminist issues and obvious inequalities between men and women; it is argued that this is something that midwifery students should be educated on. According to the Australian Human Rights Commission (AHRC) (2017) violence
against women is a problem in Australia, with on average at least one woman a week being killed by a partner or former partner in Australia; one in three Australian women experiencing physical violence from the age of fifteen, and one in four Australian women have experienced sexual violence. Women are at least three times more likely than men to experience violence from an intimate partner (AHRC, 2017). Women are five times more likely than men to require medical attention or hospitalisation as a result of intimate partner violence, and five times more likely to report fearing for their lives. Of those women who experience violence, more than half have children in their care (AHRC, 2017).

Recent events in Hollywood and other parts of the world have led to multiple allegations of decades of intimidation and sexual harassment against both men and women. A call to action on social media surfaced with the hash tag #Metoo, and within days the #Metoo hash tag became a rallying cry against sexual harassment and intimidation with millions of women all over the world posting their experiences of power imbalances and men’s behaviour towards women (Koumami, 2017). Outrage and shock of the wide spread negative treatment of women has led to feminism and patriarchal attitudes to women becoming a contemporary topic in the media.

**Limitations**

There are several limitations of this study. This study was a snapshot of a small number midwifery students’ views and understanding of feminism in one University in Australia. Therefore, due to the sample size, the results may not be representative and may have limited generalisability in application to other settings, therefore further research is recommended.
**Conclusion**

This qualitative descriptive study has revealed new knowledge regarding the views and understanding of feminism and midwifery from the perspective of midwifery students. The study is significant in that it demonstrates that exposure to feminist ideals can impact on the way midwifery students address the power imbalances in maternity care leading to a commitment to true woman centred care. Further research into feminism and midwifery needs to be conducted with midwives and midwifery students. The study has revealed it is imperative that midwifery students receive adequate education regarding feminism. The advantages of midwifery students understanding feminism within the midwifery professional are undeniable and it is important that it is integrated into midwifery programs.

**Reflective Questions**

1. What does the word feminism mean to you?
2. Do you think feminism is important in midwifery?
3. Have you considered your own views on feminism?
4. Do you think feminism has an impact on clinical midwifery practice?
References


