

# Cotlow Award Application Form 2009

**Department of Anthropology**

**The George Washington University**

**Washington, DC 20052**

## **1. Personal Information**

Applicant's name: Sophie Thibodeau

Degree sought: MA Anthropology

Field of study/major/minor/concentration: Anthropology, International Development

Expected date of graduation: May 2010

Faculty Advisor(s) (who have served as your mentor or mentors for this proposal): Barbara Miller, Eric Ross, Kim Mills

## **2. Language Skills**

Does the proposed project involve the use of a "field language"? yes or no

No. One criterion for inclusion of women for in-depth interviews will be a moderately proficient level of spoken English. Some of the mothers, however, may be more comfortable speaking in Spanish; in these cases I will work with a translator to provide a Spanish copy of the written consent form and the interviews. I have a basic knowledge of oral and written Spanish.

## **3. Title of the Project and Abstract**

Project Title: Women's Perceptions of Prenatal Education Programs in a Medicalized and Multicultural Context in Maryland

Abstract of the Project (provide a summary description of the project's goals, location, methods, and relevance to anthropology) [80 word maximum]:

This project will study women's perceptions of prenatal education services provided at a Maryland hospital. It will look at the authoritative knowledge claimed by the Western biomedical professionals of the hospital alongside the sources of knowledge that women access in infant care. This study will contribute to critical medical anthropology research on reproduction and birthing by providing a case study of authoritative biomedical knowledge as conveyed through classes for mothers-to-be and the women's perceptions of and reactions to the courses.

**4. Description of the Project** (describe your overall research goals, what the project is generally about, and where you will conduct the research and why) [250 word maximum]:

Many public health initiatives and development projects propose certain methods and products for infant care in order to reduce infant mortality. These recommendations tend to take on a medicalized perspective and medical professionals as well as the patient community often regard these recommendations as the sole source of authoritative knowledge in infant care. Often, however, they clash with beliefs and practices of the new mothers, and result in feelings of bad mothering or blame.

In carrying out fieldwork about prenatal education in a Maryland hospital, I will collect data to allow me to discover possible differences between recommended infant care practices and the reality for women through attending classes. My research includes interviewing participants, reviewing educational materials, and interviewing hospital staff. I will review the information and education that the hospital gives new and expecting moms on how to take care of their infant. I will seek to compare the recommendations made in the courses with the perceptions of expectant and new mothers. Ultimately, I seek to understand if there are any major cultural conflicts between the sources of authoritative knowledge and the mother's perspectives and possible agency in relation to prenatal education about mothering practices.

I have chosen this particular hospital (which I do not name here for purposes of confidentiality) for several reasons. I have experience volunteering in the maternity ward in the hospital. It was during this time that I became aware of differences in infant care ideas between the professionals and some of the mothers. I have contacts to facilitate my research there. The community that this hospital serves is culturally diverse. The hospital offers several prenatal education programs that they feel are culturally sensitive but also adhere to biomedical recommendations for infant care.

**5. Significance of the Project to Anthropology** (in this literature review describe how the proposed research relates to other anthropological research on the topic, and/or region as relevant; use social science style citation--no footnotes) [400 word maximum]:

This project expands upon research in critical medical anthropology on authoritative knowledge and medicalization in childbirth and infant care and on public health education programs.

#### *The Critical Medical Anthropology of Birth*

Within medical anthropology, substantial research has focused on understanding the sources of authoritative knowledge of childbirth including the critical medical anthropology of the “overmedicalization” of birth, such as Hahn and Muecke's (1987) study of birth in the U.S. as well as Fiedler's (1996) comparison of birth interventions in Japan to those in Western Biomedicine. While most discussions of medicalization focus on technical interventions and the pathologization of birth, the transition in authoritative knowledge from more “traditional” or cultural sources to Western biomedicine is an important aspect of the process.

Some studies of birthing are comparative, such as Jordan's classic (1993) analysis of birth in four cultures. Others view birth systems through a lens of medicalization and change. Janes and Chuluundorj (2004) for example, show the negative consequences of medicalizing birth in Mongolia by requiring skilled birth attendant training and hospital birth. Fiedler (1996)

looks at the shared authority midwives and obstetricians in Japan. Many of these researchers grapple with the consequences of these changes in authoritative knowledge in birthing, usually showing the change from more traditional sources of knowledge to an insistence upon western biomedicine as potentially detrimental, such as Sargent and Bascope's (1996) description of Jamaican experiences with unattended births due to the decline of midwifery. Many of the aforementioned studies also note the disparagement of women's own knowledge in the transition to medicalized birth, such as Martin's cohesive study of women's perceptions of medicalization and their own bodies in her Baltimore study (2001).

### *The Critical Medical Anthropology of Public Health Education Initiatives*

Relatively less anthropological research has been carried out on prenatal educational programs. Ketler (2000) examines prenatal education classes in Sardinia, Italy, as a source of authoritative knowledge. Her research on two childbirth education courses elucidates the effects of imposing biomedical knowledge about childbirth without consideration for women's existing experiential and cultural knowledge. Searles (2007) looks at the Indian Health Service initiatives for maternal-child health among the San Carlos Apache and shows the changes in the perception of women's pragmatic knowledge and birth experiences that accompanied this initiative to understand the relationship of agency to medicalization. An ethnography of a development agency's breast-feeding initiative in Mali and its conflicts with grandmothers' authoritative knowledge (Kerr et al. 2008) speak to the point of agency/authoritative knowledge and the medicalization of public health initiatives.

My review of the literature has revealed no anthropological publications that propose solutions or compromises related to the conflicts between authoritative biomedical knowledge and mothers'/women's perspectives. Because of my Jesuit background and attraction to activist anthropology and its proponents such as Paul Farmer, I hope to add to the literature cited above by being able to suggest some programmatic options for improving participant and educator experiences.

**6. Methods** (clearly outline or list your research questions; describe the data you will collect and how you will collect it; discuss your analytical methods; and show how the data will address the research questions) [300 word maximum]:

I will explore the medicalization of maternity through a mini-ethnography of an Annapolis hospital's pre-natal education program. My objectives are to learn about the program, participants' views, and views of hospital staff. Overarching goals are to assess the cultural appropriateness of the program's messages with the women's views and if there is a clash of "authoritative knowledge" between the program and the women.

I will pursue three major types of data collection in order to achieve my research objectives – Participant observation in courses, interviews with women attending these courses, and interviews with hospital staff.

### *Participant Observation*

A source of ethnographic data is participant observation of two selected courses given by the hospital's Women's and Children's Center, one in general newborn care and also the

hospital's breastfeeding basics class. These classes each meet once for three hours and costs range from free to thirty dollars. In addition to examining the formal content of the courses, I will participate in conversations among students and the instructor. I have permission from the Director of Educational Programs at AAMC to attend and observe the class. I will gain oral consent for taking written notes of the class for research purposes.

#### *Interviews with women attending courses*

I will conduct open-ended interviews with about 10 women who have attended the courses, 5 from the infant care classes and 5 from the breastfeeding class. I realize that this method of recruitment will generate a qualitative sample, not a scientific sample, but given that Martin (2001) found significant differences in the degree of medicalization between White and African American women in her Baltimore study, I would ideally like to recruit a balanced representation of Anglo/White women, African American women, and Latinas. Due to time constraints, however, this will largely be an opportunistic sample of interviewees. I will invite the women to participate in the interviews during the class (moderate proficiency in spoken English is a prerequisite) and conduct the interviews privately, either in the hospital cafeteria or in a private office room in the hospital.

For these participants, I will seek their consent in writing to be interviewed and will ask if they mind being recorded and take handwritten notes if the interviewee does not wish to be recorded. In return for their time, I will present the interviewees with a \$15 gift certificate to Target. I will ask the following questions as prompts:

- Where were you born; where did you grow up; when did you come to this area? What is your native language? What ethnic group do you most closely identify with?
- Is this your first child?
- Why are you attending this course?
- Have you attended other prenatal education courses?
- What do you like about the course?
- What are the most important things have you learned from the course?
- What aspects of the course are not so good?
- Do you understand everything in the course?
- In terms of taking care of your new baby, what do you think is best?
- In terms of feeding your new baby, what do you think is best?
- Do you think you will use the methods taught in the course? Why or why not?
- Please tell me what you plan to do in terms of the birth, feeding, and care of your new baby.
- Who will be the primary care taker for your child? Will you receive any help, and if so, from whom?

(Following these interviews, I will ask the women if they mind being contacted in about six months to be interviewed over the phone about actual baby care practices. This will fall after the period of Cotlow funding)

#### *Interviews with Hospital Staff*

I will interview the three hospital-funded course instructors, the educational program director at the hospital, and the lactation consultant working on the delivery floor at the hospital

to gain understanding on their perspectives of the educational program goals and, in general, their perceptions and authoritative knowledge on infant care. With the written informed consent of participants, I will ask the following prompt questions, as appropriate, for various staff members:

- How long have you worked in this program?
- Where did you receive your training?
- Who designed your course/materials and when? In your opinion, is the course/program designed to be culturally sensitive? What efforts are made to ensure this?
- Do you and other staff discuss issues of cultural sensitivity?
- Please describe any conflicts you have faced with the course or program's cultural sensitivity. Did you attempt to resolve this issue yourself? If so, how?
- How do you or other hospital staff assess the course's effectiveness?

### *Analysis*

After the completion of the interviews, I will begin transcribing interviews and reviewing the course content. During the fall semester, I will begin analyzing my data including my observational data and the interview data. In analyzing the interviews, I will search for themes within participant responses that address the overarching question of the differences in hospital recommendations and their predicted behavior in accessing authoritative knowledge in the care of their infant.

**7. Research Ethics** (describe how you will ensure that your research project is conducted in accordance with anthropology guidelines and the guidelines of your particular field within anthropology, and in the case of "Human Subjects Research," according to the criteria of GW's Institutional Review Board. For the former, consult the Web site of the American Anthropological Association (<http://www.aaanet.org>). For the latter, discuss requirements with your faculty mentor and/or with Professor Barbara Miller, the IRB rep in the Anthropology Department. Most student projects involving living humans fit in the IRB category of "excluded," meaning that IRB forms do not need to be submitted, if they follow AAA ethical guidelines in terms of informed consent and avoidance of harm to participants, do not involve medical topics and do not identify particular individuals. In some instances, the IRB approval does need to be sought, usually in the "expedited" category." Information on these categories is also available at <http://www.gwumc.edu/research/human/aboutus/html>) [150 word maximum]:

My research project will be conducted according to the AAA guidelines for research, as well as in accordance with the HIPPA and IRB regulations. In order to act within the AAA ethics guidelines, I will present myself as an anthropologist to each person I interview as well as to the course instructors and explain the type of research I plan to conduct when presenting an informed consent form. I will give interviewees the option of anonymity and the use of a pseudonym if desired. Before I begin, I will ask if they are comfortable with the interview being tape-recorded. I will offer all interviewees a presentation of my findings when the project is completed.

I will submit my proposal to GW's IRB for review and have begun the preliminary stages of the submission process for it. I have completed CITI and HIPPA training and will adhere to their standards.

**8. Research Product** (discuss how you will use and present your findings including, for example, a presentation at a professional meeting, a film, a museum exhibit, a publishable paper, a thesis) [150 words maximum]:

I will present highlights of my findings at the Cotlow Conference in the fall. I will extend this research into a Master's thesis by combining it with an extensive literature review of current anthropology on authoritative knowledge in infant care as well as expanding my research into different populations, and conducting follow-up interviews with the women interviewed for the initial project. I would like to look at the efficacy of health message delivery and authoritative knowledge in communities affected by development projects in maternal and child health as well. The follow-up interviews could help determine adherence to speculation of their methods for infant care and the usefulness of the course. I will submit an abstract for a student paper to be presented at the 2009 American Anthropological Association meetings.

**9. Timetable** (provide a brief description of the schedule of your research activities week-by-week or as appropriate):

Cotlow Funding is requested to cover costs during only the summer research period of 8 weeks and for possible translation assistance following the data collection.

*Data Collection 8 weeks*

- Weeks 1-2 :
  - Background research on the immigrant communities of the area, the hospital, and the educational programs provided.
  - Prepare literature review of the anthropology on the subject
- Week 3-4:
  - Attendance at 2 selected courses.
  - Interviews with course participants.
- Weeks 6-8:
  - Interviews with hospital educator staff.
    - Lactation consultant, one time one hour interview.
    - 2 course instructors, one time half hour interviews.

*First Round Analysis – 8 weeks*

Summer 2009 – will enroll in ANTH 295 Independent study course to provide time to transcribe interviews, analyze findings, and begin work on the paper.

- Weeks 1-3: Transcription (and translation if necessary) of interviews
- Weeks 4-8: basic analysis of interview data and early writing for a Cotlow presentation.

*Research to be done post-Cotlow funding period*

Fall 2009

- Enroll in ANTH 300 Thesis to further analyze the data and expand paper into Master's thesis .
- Follow-up phone interviews.

Spring 2010

- ANTH 301 to write up the findings as a Master's Thesis.

## **10. Budget Amount and Projected Expenditures**

Total Amount Requested: \$435\_

Projected Expenditures (list the expenditure categories for your project, for example, transportation--international, domestic, local; room and board; and research supplies). Funds from a Cotlow award cannot be used for tuition, academic fees, or for purchasing equipments such as a laptop or camera [awards range from a few hundred dollars to \$1800]

*Transportation: \$200*

- Gas costs to and from Anne Arundel Medical Center: at government rate of \$.55/mile. 28 miles, traversed 12times, roundtrip. total: \$185

*Room and Board: Self-provided.*

*Gifts for participants: \$150*

- \$15 gift card to Target for interview participants (10 interviewees)

*Translator fees: \$20/hour, 5 hours = \$100*

- Availability at 30 minute interviews with up to 5 participants – 2.5 hours.
- Translation of consent document – 2.5 hours.

**11. Staff** (if others are to participate in the project as researchers or research assistants, please give their name and qualifications):

Translator: Kerry Brennan, Spanish fluency, B.A. Boston College, International Studies, Latin American Studies, employee, Innovations for Poverty Action, Mexico City and Nogales, MX.  
Translator for Vapotherm, Inc. and Take One Digital Media of Annapolis.

**12. Outside Financial Support** (list any other sources of funding for the project, either obtained or applied for, with amounts and restrictions):

Self-funding for room and board.

**13. References Cited/Select Bibliography** (list the sources you have cited in the proposal and/or used as background research. Use the style defined by the American Anthropological Association [see <http://aaanet.org>]; list a minimum of 10 sources to a maximum of one page).

Abel, Sally, Julie Park, David Tipene-Leach, Sitaleki Finau and Michele Lennan  
2001 Infant Care Practices in New Zealand: a Cross-cultural Qualitative Study. *Social Science & Medicine* 53(9): 1135-1148.

Ball, Helen, Elaine Hooker, and Peter J. Kelley  
1999 Where Will the Baby Sleep? Attitudes and Practices of New and Experienced Parents Regarding Cosleeping with Their Newborn Infants. *American Anthropologist* 101(1).

Fiedler, Deborah C.  
1996 Authoritative Knowledge and Birth Territories in Contemporary Japan. *Medical Anthropology Quarterly* 10:195-212.

Hahn, Robert, and Marjorie A. Muecke  
1987 The Anthropology of Birth in Five U.S. Ethnic Populations: Implications for Obstetrical Practice. *Current Problems in Obstetrics, Gynecology and Fertility*, 4. Chicago: Year Book Medical Publishers

Kerr, Rachel Bezner, Laifolo Dakishoni, Lizzie Shumba, Rodgers Msachi, and Marko Chirwa  
2008 "We Grandmothers Know Plenty": Breastfeeding, complementary feeding and the multifaceted role of grandmothers in Malawi. *Social Science & Medicine* 66(5):1095-1105.

Ketler, Suzanne K.  
2000 Preparing for Motherhood: Authoritative Knowledge and the Undercurrents of Shared Experience in Two Childbirth Education Courses in Cagliari, Italy. *Medical Anthropology Quarterly* 14(2): 138-158.

Jordan, Brigitte  
1993 *Birth in Four Cultures: A Cross-cultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*. Long Grove, Illinois: Waveland Press.

Lazarus, Ellen S.  
1994 What Do Women Want?: Issues of Choice, Control, and Class in Pregnancy and Childbirth. *Medical Anthropology Quarterly* 8:25-46.

Marshall, Joyce, Mary Godfrey, and Mary J. Renfrew  
2007 Being a 'Good Mother': Managing Breastfeeding and Merging Identities. *Social Science and Medicine* 65(10):2147-2159.

Martin, Emily  
2001 *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press.

McElhinny, Bonnie

2005 "Kissing a Baby Is Not at All Good for Him": Infant Mortality, Medicine, and Colonial Modernity in the U.S.-Occupied Philippines. *American Anthropologist* 107(2):183–194.

Nelson, Margaret K. 1982 The Effect of Childbirth Preparation on Women of Different Social Classes. *Journal of Health and Social Behavior* 23:339-352.

Sargent, Carolyn and Grace Bascope

1996 Ways of Knowing about Birth in Three Cultures. *Medical Anthropology Quarterly* 10(2): 213-236.

Searles, Donna

2007 Medicalizing motherhood: San Carlos Apache Women and Birth. Ph.D. dissertation, Department of Anthropology, Brown University.

Sesia, Paola 1996 "Women Come Here on Their Own When They Need To": Prenatal Care, Authoritative Knowledge, and Maternal Health in Oaxaca. *Medical Anthropology Quarterly* 10:121-140.

**14. Permits** (demonstrate that you have, or are seeking, any necessary permits such as a research permit, a research visa, an antiquities permit, letter of welcome from an institution, etc. Attach copies to this proposal).

Please see attached letter of welcome from the Women's and Children's Program at Anne Arundel Medical Center.

**15. Transcript** (submit a copy of your transcript with this proposal; it can be either official or unofficial. Without a transcript, your proposal is incomplete and will not be considered).

Please see attached scanned copy of my transcript.