The Childbirth Reform Movement in Taiwan, 1995-2016: Childbirth and Midwifery in Taiwan from sociological perspectives

Chia-Ling Wu 呉嘉苓
(National Taiwan University)

Midwifery in the Colonial Period

I will start from the midwifery system in Taiwan. The Japanese Colonial government came to Taiwan in 1895, and after some investigation, the government found out that women in Taiwan were using the traditional midwives. I think in Japanese it's called “samba”. Starting from 1902, the government established a new midwifery system to train the midwives. For the first few years, it only accepted Japanese as students. But starting from 1907, Taiwanese women were recruited to join the midwifery education. I think the Japanese government really thought it was important to give the Taiwanese people the new modern science. For other imperialistic countries like UK, sometimes the enlightenment of religion was one of the key rationales for the colonial rule. However, that is not the case for Japan. Japan tried to persuade Taiwanese that Japan would bring you the new science, technology and medicine, which would improve your lives and lead to new civilization. That's part of the reasons they built the hospital in such a beautiful way. So, it is kind of window to show the colonial power. Although resistance against the colonial rule existed, I think Japanese government also tried to do something beneficial to the people as a way to persuade Taiwanese people to accept the colonial rule. This is the starting story of modern midwifery education in Taiwan.

By the end of the colonization in 1945, half of childbirth were attended by licensed midwives. I'm not sure whether half means a lot or too few, but the government and the doctors were not satisfied. So, they wondered why only half women accepted the modern midwives. I have a study published in a book about why women during the Colonial Period did not like the modern midwives. My major argument is that the traditional midwives had the skill, knowledge and network that is much appreciated by women. Women didn't think that childbirth was abnormal. They believe most of the time it is normal, so they would like to have someone they know to assist their childbirth. That person might be their aunty or their neighbor, so that's why they didn't go to see the modern midwives. And lay midwives came to their home to deliver babies.

Midwifery after the World War II

After the Kuomintang government came from China to Taiwan, Kuomintang brought
a new midwife system from China and also kept the licensed midwives trained by the Japanese. So, we had two sources of certified midwives, who had to go to the midwifery school to get formal education. In the beginning after the Second World War, midwives still assisted most of the births. When I interviewed them, they often told us a kind of story that they had: to cross the very narrow bridge in a bad weather to give birth. Because Taiwan has high mountains, so the river is very narrow and runs very fast. There are very strong currents after typhoon, and the bridge usually broke. That’s their memories. They always memorized that, “Ah, it’s a typhoon night. I went to assist a birth and I was so scared and when I came back the bridge was already gone.” I felt strange why everybody told me the same story. Later I figure out that that’s the most shocking memory. They shared with me their most vivid memories. So, this is a part of the history in Taiwan. We moved from lay midwife to a certified and educated midwife from early 19th century.

But things changed very quickly after the 1970s. After colonization, half of the birth were assisted by midwives and only 3% were by doctors. But you can see that the childbirth assisted by doctors increased quickly after 1960s. Around 1970s, doctors already delivered more babies than midwives (Fig. 1). We have the system what is called a kind of private midwife (開業助産士) and public midwife (公立助産士). Public midwives were hired by the government and worked mostly for the local public health centers. It is the private midwives who owned their own clinics that dominated the births in the 60s but dropped quickly in 70s. Currently only under 0.01% of babies are delivered by midwives.

When I started this research project about 20 years ago, I was really shocked about the situation in Taiwan. I read a
lot of studies on the midwifery around the world but there is no country like Taiwan where midwives almost disappeared; maybe South Korea is another similar case now. Statistics show that the birth attendance by midwives is only little higher in South Korea than in Taiwan (Fig.2). Taiwan is a very extreme case, followed by South Korea, that midwives are almost dead. If you would like to have midwives to deliver babies for you, it would be seen as a very special request. So, that’s the first problem.

The second problem is that births moved to large hospitals. This is the National Taiwan University Hospital. This is kind of the leading hospital. Nowadays, more than 60% of births are delivered in large hospitals and the other 40% in the small hospitals or clinics. So people not only prefer to go to hospitals but also to large hospitals. Because our National Health Insurance will cover the expense of childbirths no matter which kind of hospital you go, so you can have free choice of the hospital and people have this idea that if we go to the big hospital we will have the best doctors as they are in a more prestigious position. So, that’s the second problem.

The third problem is about the cesarean section rate. The cesarean section rate in Taiwan for the past 10 years has been about 33%. The latest statistics show that it is 36%. I know that in Brazil for example, the C-section is very high and maybe in South Korea now. This is the statistic of cesarean section data from other countries (Fig.3). At that time, Chile, South Korea, and Italy had a higher percentage. The Time Magazine has a special issue about the high cesarean section in East Asia and Taiwan remains on the top. Japan I think has been very low but this is old data. I’m not sure about the current statistics, but it’s under 20% here. So when I studied the issue, I read a report from Sweden. The Sweden Society of Ob-Gyns said that they had a big problem because their C-section rate is over 20%. I was really shocked. It’s only over 20% they felt is an important issue. But in Taiwan it has been over 33% but some doctors did not think it is an urgent problem.

So, we have three problems. One is that midwives are disappearing. The second worry is all persons move to the big hospitals. And the third one, indicated by the high cesarean section, illustrates that the childbirth in Taiwan is overly medicalized. The situation I think was really bad. So we started a reform movement.
Three Reform Movements in Taiwan

I will say three kinds of reform movements. The first one is organized by the midwives. The midwives had their organization. So, they protested against the government and asked for upgrading the midwifery education and asked for the inclusion into National Health Insurance in 1995, 20 years ago. Taiwan started the National Health Insurance 20 years ago, and in the beginning, midwives’ clinics or maternal homes were not included in the insurance scheme. So, private midwives were in panic. We can see a lot of social protests in East Asia nowadays. For the situation in Taiwan, after the lift of martial law in 1987, Taiwan became more democratic so people gain the right to go to the streets to protest. It has been 30 years. All the other medical professionals like medical doctors, pharmacists or nurses had gone to the streets to protest when they found there were policies which might discriminate them. Midwives were among the last group to go to the street for protest because they didn't think it's good to have strong action. Midwives wanted to negotiate, but when they found out the government didn't take care of them, they finally had stronger action. Their major argument was to ask for the inclusion in the National Health Insurance. They think they got professional education, worked for the community very well, and should have the right to continue their work. So, they stressed that they should be included in the National Health Insurance. The midwifery education was canceled totally in early 1990s because the Ministry of Education claimed that in order to upgrade the midwifery education to a higher level such as a master degree, so it would be better to eliminate the older system first. But they only canceled the older midwifery programs, did not establish new ones immediately. So, midwives felt that they were cheated. Exclusion from the NHI indicated another crisis that midwifery may face total demise. Midwives used petitions and political negotiations to ask the government to reform. In the movement, the major actors are midwives themselves and some legislators who had sympathy with the midwives. Some birthing women also started to support midwives. For example, one woman who gave birth to twin babies in late 1990s wanted to deliver them naturally because she wanted to breastfeed her twin babies. However, no medical doctors accepted the idea. Eventually she gave birth at home with the assistance of a licensed midwife. I think in other countries she can get that kind of natural birth after some assessment in the hospital. But in Taiwan, because no doctors accepted her idea, she could only give birth at home to fulfill her wish. So, these birthing women who had strong idea for natural birth also stood up to support midwives, but they did not form a kind of organization. Most of the times midwives had to work hard for their rights to practice. They made some achievement. Midwifery practice is eventually included in the National Health Insurance from the
very beginning (in 1995) and two new midwifery programs were established in 1999 and 2000 respectively. So, we have two midwifery schools: one master degree level and the other two-year college level. So, they tried to have a new license system to upgrade 助產士 into 助產師 in order to upgrade the status of midwives. But it's not very helpful because midwifery have continued to decline. So that’s the first type of reform, and the part of reform initiated by midwives still continues today.

The second-type of reform is from feminists, who are not midwives. It includes the feminist organizations in Taiwan, and feminist scholars whose research confronted the mainstream medical system. The main problem comes from the practices of doctors who over medicalize the childbirth and doctors dominate the birth practices in the hospital, leaving no room for midwives. I know in many countries or in the older times in Taiwan, doctors and midwives collaborated. But in Taiwan, most doctors today would like midwives to be their assistants at best. We have a lot of unnecessary medical procedures during the childbirth which may harm women’s health. So, the major discourse from feminists is de-medicalization: childbirth is a normal situation most of the time, and the medical model of childbirth is not all beneficial to women. Feminists argue that we should have more resources to empower women, and to have women give birth naturally and make them feel in control. So this is more about, what I would call, cognitive liberation. We feminists talk about the situation. We ask women to get informed better. In Taiwan, people tend to think that if you give birth with a lot of assistance of high technology like a lot of sonogram in prenatal care, including some 4D ultrasound scan, you can see the fetus being active, moving, and they give you a video so you can show that on Facebook etc. Feminists criticize that some use of technology can be very problematic; it is not the more (technology) the better. Feminists would like to talk about that. Feminists produce some white papers to introduce policies from other countries because by the time of the 21st century, most of the women in Taiwan think that in the advanced countries midwives are replaced by doctors. So, whenever people promote midwives, they think that you want to go back to the old time, you want to go to the backward situation that shouldn't be what a developed country would want. So, feminists have to do some cross national comparison to show them that in most advanced countries, midwives still dominate the childbirth. This kind of information sharing and new ideas to think about childbirth is the major strategies used by the feminists. We have quite a large group of gender studies programs, feminist scholars, and some feminists become legislators or work for the government so we can collaborate with them. That’s the second reform.

This graph shows the cesarean section by hospital (Fig.4). You can see some of them
are over 40 percents, so that’s really a serious situation. For example, this photo shows a leader in a women’s health organization. She later became a legislator. The legislator proposed a compensation program for the serious outcomes of mothers and newborns due to childbirth. Doctors claim that they have to use a lot of intervention like fetal monitor and other procedures because if anything happens, women and their families will sue them. So, this feminist legislature thinks that if we can have some legal reform and the families get some money right after the tragedy, then they may not go through difficulties of long legal progress to get compensation by suing doctors. Because sometimes it’s hard to figure out what’s going wrong and it takes a long time to have the legal suit. So, this is a kind of strategy from the feminists’ legislator to reform the childbirth. Also, people think that why we have such a high cesarean section. It is because if you have C-section, the doctors will get more reimbursement. If you have natural birth, the fee paying to the doctor is less. So, the national health insurance made it flat. No matter you use C-section or natural birth, you would get the same money, so supposedly you have more incentives to use natural birth. However, our C-section remains very high even though the government changes the reimbursement system.

And the third one, I think this is our hope probably. It’s more about mother-centered activism. For the first two, it is about the midwives leading reform or the feminists (including the feminists legislators). But the third one is about mothers who introduces themselves as just mothers. Mothers have been very important for childbirth reform. For the past 20 years, some mothers have required midwives to assist their childbirth and midwives who got this kind of request were quite shocked in the beginning. Midwives think that the medical doctors and the whole society regarded them as backward but why these mostly highly educated women would prefer to have midwives? Many of them have lived abroad so they know that midwife-assisted childbirth system is good. So, when they came back to Taiwan, they wanted midwives. Sometimes it was foreigners who stayed in Taiwan who preferred to have midwives. They tried to find midwives to create a kind of alternative birth system. Some would like to have home births or water births and after their personal need is fulfilled they started to have an alliance to have some reform. So, the discourse is called “gentle
childbirth”（溫柔生產）。You know doctors responded to this kind of word in different ways. When midwives, feminists, or midwives themselves promoted it, they called it a humanized childbirth. Doctors were really mad after they heard it. They said this means as if doctors were inhumane. And then midwives activists changed the term to gentle birth. Doctors were not happy again. You say gentle birth, do that mean we doctors are brutal? So, the discourse is called gentle birth and midwifery model. I think you are more familiar with the different models, medicalized (or biomedical) model and midwifery model, which is more women centered and emphasizes mutual collaboration between midwives and the birthing women and treat the birth more holistically, not separating the body from the emotion.

“Our Bodies, Ourselves” is America’s women’s health movement slogan. The organization published this book in the 1970s and has had a lot of new editions. The childbirth reform in Taiwan also claimed that this is my body so I should have my own way to deliver the babies. So, these mothers use the blog to share their stories and I wonder whether that’s also happening in Japan. Nowadays when the mothers start the labor pain, they go on Facebook and say I’m going to have labor. So their friends would follow their sharing. Oh go fighting, congratulations, something like that, through social media. So, these women who have alternative birth systems use this kind of easy way to promote their own ideas. So these liberating mothers find out where midwives are. This gradually forms a new birth reform alliance, which includes active mothers, feminist, midwives, and a few supportive doctors.

For example, this woman is a very popular blog writer. She had a home birth (Fig.5). This photo shows her home birth, which is very successful. This is she, her son, her husband, and their dog. I don’t know why they all have dogs and cats at home, staying with the baby. This is the midwife, who got the first upgraded midwife (助產師) license in Taiwan. She is from Huan Lien (花蓮), which is located in the East Coast in Taiwan; the metropolitan Taipei is in the north. So, she has to take a train or flight all to go to Taipei to attend the birth. She’s a very popular midwife. These are their friends (pointing to the photo). So, this is their way to organize a home birth. And this person (photo on Fig.5) is a very famous birth educator. She doesn’t have any formal education in nursing, midwifery or medicine. She used to run a coffee shop
with her husband. They have had these ideas about I should control my own childbirth. She recorded her birth and made a film, and put it on the Internet. This is a 7-minute film and it has been widely circulated. It has the English subtitle; the couple wants to promote the way they gave birth. Still, this is really extreme in Taiwan. Very few women have that kind of birth, but after showing the film, people start to have different ideas. Maybe we can do it too. Through seeing the film we can see how these very special women deliver their babies in a very medicalized society. This film was made about 3 years ago. She is a new kind of feminist for the community. She’s not highly educated. She used to run a café in Taipei, and her husband is a coffee bean-roasting expert (烘豆師). She started to run a Facebook fan page and give advice to women: if you want to have different kind of childbirths, what kind of resources you need to prepare, what kind of consideration you need to do. I think this is very important in Taiwan because you can tell from the way she talks, she is kind of like feminist. But she did not get the feminist ideas from the gender studies courses in university, but mainly from her own strength, and from the broad ideas that women need to control their bodies, and she thinks that having babies can be an empowering experience. That’s very different from the mainstream feminists in Taiwan. Because mainstream liberal feminists in Taiwan think that the society forces women to have babies so they have to fight against that ideology of compulsory motherhood. Women shouldn’t limit themselves to become mothers. Women can do other things.

You know we have a woman president in Taiwan. She is 60 years old. She’s never married. She is single, with two cats. That made her to win a lot of support from the young generation. So, this is the ideal woman who is highly educated, very capable, devote herself to work to fully explore her capacity and not to go into the family to get confined within the household. So that’s the mainstream feminism in Taiwan. But this kind of new generation thinks that there’s no conflict between self-fulfillment and family life: I can both be a mother with two kids and a strong woman, a feminist. It is a new situation in Taiwan, which I would call maternal feminism. So because of this kind of new generation of women, the activists have reached new diversity.

This photo shows a press conference 3 years ago with legislators who support the childbirth reform (Fig.6). It was organized by the Awakening Foundation (婦女新知基金會), which is the leading feminist group. So you can tell that activists, professors,
and legislators had a very good collaboration already at that time. But, at that time, the laywomen such as the blog writer, coffee-shop owner, and the filmmaker did not join this kind of group. By the way, that conference was very interesting because the four legislators all gave birth to one or two children with very bad experiences (except one), which we didn't know at all before the press conference. For example, Lin Shu-Fen (林淑芬) is a very famous legislator, and in the conference she revealed she had a very serious postpartum depression. I think that’s because she had a very bad childbirth experience. So one by one each legislator was reflecting upon her childbirth experiences, and the journalists loved the stories. We were kind of shocked and wondered why didn’t you share the experiences more in the public. So, the press conference also empowered us to believe that we can change the situation together.

New collaboration is first from the Awakening Foundation and later we created the group called Childbirth Reform Action Alliance. For the Childbirth Reform Action Alliance, we have more mothers, such as the one who runs the blog, who runs the café, or filmmakers, and those who are very insistent to create a new kind of childbirth. If you have Facebook, please type 生產改革行動聯盟, and you will find our Facebook fan page (https://www.facebook.com/BirthReformAllianceTW/?fref=ts). The way we do is to use Facebook to promote ideas and hold some press conferences for policy reform. The core members have 15 persons: including professors of midwifery and social sciences, activists of women’s movement, and full-time mothers who are active in the community.

I shared with you the three major actions that we had done and the point we found out later is that to change the childbirth in Taiwan, we need to challenge the authoritative knowledge. That’s the key feature of this childbirth reform movement. Because in other social welfare movements, you have to change people’s values or you would like to re-allocate the resources. But for the childbirth reform movement, we have to confront mainstream medical system, which is built upon the authoritative knowledge. People usually think that doctors must be right. They are the most highly educated experts in the society. How can they be wrong? And they have the authoritative knowledge, so it’s very difficult to challenge medical doctors, and so we will see what we have done and why some are successful and others fail.

**Confronting the mainstream medical system**

The first one is to ask the government to recruit midwives in hospitals. Midwives seldom worked in hospitals historically. Most of the times, they had their own clinics. And the second one is to ask the Taiwan Society of Obstetricians-Gynecologists to
promote birth plans. I wonder whether you have birth plans in your countries. It becomes a new idea among women who prefer gentle birth to work on the birth plan in order to negotiate with the birth assistant what kind of birth they want. And the third one is to ask the government and the medical society to have guidelines because in Taiwan the medical society does not have their own guidelines.

The first action is to recruit midwives into hospital to create a midwifery model in different setting. The main idea is to increase the opportunity of midwifery mode to give the autonomy to women and to change the birthing system by creating multiple ways of giving birth, because now there is only one option: doctors assist your childbirth in hospital. We have very few homebirths. We have only about 10 midwives on clinics and the ways to give birth like what the film shows are very much limited. So, this photo shows the first press conference (Fig.7). And surprisingly the government responded to some of our request. I think partly it is because the Awakening Foundation is a very powerful feminist organization, partly because Dr. Lu from one public hospital could run the new system, so the government would like to accept the proposed idea to recruit midwives in six hospitals. We have doctors dominate the policy-making of the health care system in Taiwan. Doctors trust only doctors. They wanted the doctor to manage the new program. Dr. Lu has incorporated the midwifery model in his hospital very well and he is very supportive, but only him. Our argument was that if we have midwives who could collaborate with nurse practitioners and medical doctors, the birth system might change, because most of the women in Taiwan wouldn't give birth at home. There is just too much pressure to have home birth for most of the families. It's important to have midwives in hospitals. We visited most of the hospitals and found out many problems: The midwives did not have enough work autonomy if the doctors and administrators did not change the ways obstetrics system run. However, the government just supported the midwifery program within the hospital for one year. So, after one year the program stopped. We were shocked. When you start a program, people just started to get pregnant and you just ended the system before they gave birth? So we had another conference to say you shouldn't just abandon the program. The government should stay there and there's this medical doctor who supports the program very much and the government trusted him. We had another conference to ask for the government to continue the program. The second action we had is to propose a birth plan. I'm not sure whether the birth
plan is very popular in Japan. It was introduced by the Graduate School of Midwifery (助産研究所) of Taipei University of Nursing and Health Sciences (台北護理健康大學) after inviting Penny Simkin. She organizes a kind of doula organization. During her visit to Taiwan, she proposed pregnant women to use a birth plan to negotiate with birth attendants. Even though the birth plan has been popular in some countries since 1980s, we only started in 2010. So, the Awakening Foundation held a press conference to ask for institutionalization of birth plan in every birth setting. We called it kind of a resistance movement, “mothers’ disobedience” (母親不服從) movement. Awakening Foundation encouraged women to share their birth plans open to the public, and to inspire other women. In the press conference, it asked the government to promote birth plan nation-wide. When some women presented their birth plans to doctors, some were quite mad. They would say: You are going to tell me how to give birth? So this is a medical doctor-dominated society. So, the Awakening Foundation encouraged women not to obey the doctor. “Not to obey” has a political context because at that time Taiwan had a lot of protests not to obey the government; events to ask for “civil disobedience” increased greatly. So, people understood that connotation when mothers are asked not to obey. But this time the target is not government, but your medical doctors. One important point to have a birth plan is that in the mainstream hospitals, they have a lot of routines which are not necessary. So, in the poster shown during the press conference, we use just one single word to represent each unnecessary routine. You are required to have a fetal monitor, so you are trapped in the bed. Or, you are required to have shaving, but you don’t have to do that here most of the time according to the evidence-based medicine. You have to have the IV so that in case you have problems they can give you something immediately and they use a lot of medicine to stimulate your birth; so a lot of harmful routines. Some of them are not necessary if you are having a normal birth. With the birth plan, you can tell the doctors that you don’t want to have that kind of practice. So that’s part of the reason. These two are the most horrible. One is EP, do you call it EP here? Episiotomy. We have a very high percentage of EP. Another one is fundal pressure: in the last stage of childbirth they push your belly and sometimes it causes a new health risk, so there are a lot of arguments saying that this routine shouldn’t be done, it’s not necessary so we can use birth plan to tell our doctors that I don’t want that. So, after this conference, the government did ask the Taiwan Society of Ob-Gyns to offer format of birth plan to all the doctors. Some doctors in charge fought against this request and held the press conference to criticize Awakening Foundation and the idea of birth plan. They used some examples to say that these women who propose birth plans are quite stupid. So how can we just follow their request? I was really shocked that these medical doctors
were so arrogant and irrational. At least they should recognize that women have their needs. Even if there might be some misunderstanding, we should discuss that. No, they said these women are nuts, and do not have sufficient knowledge, so their requests may not be right. Some Awakening Foundation activists and midwifery professors went to the press conference and had some conversations to fight back. Eventually, Taiwan Society of Ob-Gyn made a version of birth plan and published it on their website, in order to respond to the government's request. There is no sign that doctors are actively promoting birth plan in practice.

The third action is about local clinical guidelines. Now it is the age of evidence-based medicine. Doctors should just give up any kind of routine, which is not supported by the scientific evidence. So, we asked for our medical society to build their guideline, and in that situation, you would use Chinese to write the guideline. This is NICE from the UK. If you have new evidence, we should have new guidelines so that practitioners know how to make change and provide better health care.

We use these kind arguments, international standards to persuade Taiwanese doctors that you should have your guidelines. But they think they just read international references and literature, they don't have to have a local Taiwanese guideline.

Have you ever read this? (The guideline from the Japan Society of Ob-Gyns.) It's about 400 pages. It at least shows that Japanese doctors are responsible to make collective efforts to provide the standardization of obstetric care. And midwives in Japan have their own guidelines as far as I know of. So, we are still much lagged behind. We have done research but we don't have guidelines. The government has given some research funding to build clinic guideline: one to midwifery professors, another to one obstetrician in the most prestigious hospital, and the other to the leader in medical organization. But they just did research and published reports. They have very important findings but they do not translate that into a guideline so we criticized about that. In these reports, we found out that some of our doctors do not have the basic ideas of latest evidence-based practices that we shouldn't practice EP routinely or we shouldn't do shaving. Their study also shows that some doctors feel that it is very difficult to stop the routine use of fetal monitor. I'm not sure how it is practiced in Japan, but in the US, they changed the guideline of fetal monitor. You don't have to do that regularly for the low-risk women. You can use the mobile fetal monitor so women don't have to be trapped on the bed. So, our doctors do not have sufficient knowledge but they do not admit. They finished the report but it doesn't translate into a guideline. If a medical society has the guideline, then every doctor has the pressure to obey. That's an important reform. But doctors didn't take it seriously at all.
So, so far, I presented you three actions. One is a birth plan. It challenges doctors about interpersonal relationship but also about their problematic routine. So, I would say the level of challenge of birth plan against authoritative knowledge is comparatively low, and the state would like to support it. But for the recruitment of midwives into hospitals, it also challenged the dominance of medical doctors but I would say that it is in the middle range so that the government has some support to our appeal. But for the guideline, it strongly challenges the authorities’ knowledge in the highest level. Therefore, the government didn’t get involved at all. I think whether the agenda can be taken by the authorities depends on the degree we challenge the authoritative knowledge. So, these are the different kind of reform agenda. We feel very disappointed and frustrated because the government and the medical society have not responded to most of our request seriously. Some of our members said, it’s exhausting to always challenge the government and the medical society. Let’s go back to the community and take the bottom up approach. That’s what they prefer to do now.

“Rediscovering Childbirth”

We are organizing a new kind of birth talk in the community, calling it “Rediscovering Childbirth” (生產再發現). We will have one laywoman, women who are neither professors, nor midwives or other medical professionals, to attend the forum with experts together to discuss childbirth in the community for free. If you can find 20 persons to meet together, and you can make a request through our FB fan page, and we will send people to talk to the community. It has been done for half a year, and it has been done really well.

I think these women who are not legislators, professors, or activists have their own way to reform the childbirth. For example, this photo shows a special kind of theater called “forum theater” (Fig.8). The title of the theater is “生不由已” meaning that you cannot control your own birth. The format of the forum theater is to present a play first, and then ask you to discuss the issue. For example, this photo shows that a birthing woman has different birth idea from that of her husband and mother-in-law. In Taiwan, mother-in-law, maybe it’s a stereotype, has a lot of control over her daughter-in-law; much conflict exists between them. In the play, a mother-in-law insisted to have C-section to better protect her grandson’s safety. And this is the doctor in the play. They are all up against the birthing woman’s wish. The story is about how the birthing woman felt upset,
and how we audience could deal with the dilemma with the birthing woman. Finally in the play, she found a midwife and her sister had to assist her birth. So, after the play, the director would invite the audience for discussion. They would divide the audience into several groups and lead a group discussion first and then to see if she was in dilemma how can you change the situation. So, they would invite the audience to play the role of a husband or a doctor or a daughter-in-law or a mother-in-law. And then we found out that the audience really liked to play. I was afraid at first that the audience might be very shy. Actually no. It's that kind of interactive theatre to initiate the discussion of childbirth, and it has been very successful.

Another one is a documentary. Two members in our group are filmmakers, and one is a very famous and award winning filmmaker and she gave birth to two kids in the hospital. The first is a cesarean section and this second one is a VBAC, with accompany of midwife. She started to film childbirth and this is the latest film called “祝我好孕”(Wish Me Good Pregnancy) (Fig.9). Another director became pregnant in the middle of filming, and she just had a home birth. This photo shows a young midwife and this is one story about a woman. Happy Birthday to Me, that's the English title of the film. If you type these words, they have a Facebook page (https://www.facebook.com/HappyBirthdayToMe/?fref=ts), so you can see the one-minute trailer. But I'd like to introduce this to young midwives. They are sisters. I met her in the classroom in the university. She attended my talk. I showed a Dutch documentary on one midwifery school and talked about the work of midwives. According to her, she felt so inspired, so she made her wish to become a midwife in the future and her elder sister has gone to the midwifery program so she followed her. So, this is the kind of sister story which is quite unusual, and in the film, they assisted each other's childbirth at home so that makes the film very interesting. In this shot, they asked each other like what's your most magic skill in your practice and she said it's massage. She has a kind of massage like this one that would make the birthing women fall in love with her. I want to have that kind of massage too. She said that it's a comforting kind of encouragement, that's her magic. This is a new film and also we started to show that in the universities or in those communities. So, that's a new way to reform the birth. We still think that the general public does not have the basic idea that childbirth can be done in different ways. It's important to go to the community. Okay, that's the story for today. Thank you very much.

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