

‘B!rth’: Seven countries.
Seven female
playwrights. One global
controversy. A world of
scientific debate.

— Ben Kasstan

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B!rth was a four-day festival, held at the Royal Exchange Manchester on 19–22 October 2016, that seized performance and art as platforms to engage the public with the historically contingent, social, political, and economic constraints that surround reproduction, and maternal and infant health. Seven female writers were commissioned to research the conditions that entangle birth in their respective countries and transform them into highly engaging performances for public debate. The result was a stunning portfolio in which the continuities and discontinuities in issues pertaining to maternal and infant health were highlighted across a diverse range

of regional and sociopolitical contexts, including Brazil, China, India, Kenya, Syria, the United Kingdom, and the United States.

Each day of *B!rth* concluded with a panel-led discussion consisting of leading policy makers, practitioners, artists, and researchers who facilitated a debate among themselves and attendees in three areas ('control', 'responsibility', and 'action') that the festival identified as essential to mitigating global inequalities in maternal health and care outcomes. This combination of performance and public discussion made *B!rth* a highly successful and innovative platform for engagement and dialogue, and for raising provocations.

With the plays and debates all available online (<http://www.birthdebate.com>), this event can be harnessed as an opportunity for academic researchers and medical practitioners to involve the broader public with emerging debates in maternal and infant health. The purpose of this review is to reflect on the festival, the opportunities it raised and missed for inspiring action, and the relevance of the *B!rth* festival for academic research.

Seven countries, seven female playwrights

The inseparability of reproductive rights, choices, and health were played out in each of the seven plays, with the writers clearly articulating how inequalities emerge out of social, political, and economic relations to form 'one global controversy'. How global inequities in access to maternal health and care services affect the lives of women was presented most clearly through Mũmbi Kaigwa's play, *Orchid*. Kaigwa demonstrated how gender-based violence, inadequate training of practitioners, and poor provision of effective and safe maternal health care services in Kenya can frequently result in fistula, which can result in ostracism, stigma, and marginality for women.

Disparities surrounding birth and access to interventions in Brazil were the topic of Marcia Zanelatto's play, *The Birth Machine*. She argued how economic, political, and social factors have re-produced an 'artificialization' of childbirth over time. Caesarean sections are seen as the norm, and economic inequalities between rich and poor result in marked and dangerous inequalities in the provision of care, an issue heightened by responses to the Zika virus.

The application of power and constraints surrounding reproductive rights were performed most clearly in the contexts of China (by Xu Nuo), India (by Swati Simha), and Syria (by Liwaa Yazji). State ambitions for population control reproduce gender preferences in China that reflect a broader issue of inequality between rural and urban areas at a time of radical economic changes. Reproductive politics in India were the focus of Simha's play, which illustrated how health care professionals are entangled in state attempts to institute birth control, and the implications of the (ab)use of power for reproductive rights and global health inequalities more broadly. Continuing this theme, Yazji posed the provocation 'why would a Syrian refugee want to bring a child into this world?' by narrating the struggles of women who attempt to escape conflict,

violence, and uncertainty. Yazji's script also generated awareness of the lived reality of wartime rape for women, which remains a constant – but often under-reported – 'weapon' of war or 'genocidal tool'. As one character says, 'They rape us from the first day. It's to break our spirits. So we're afraid of them and do what they want'.

Stacey Gregg's play exposed the inequalities in access to reproductive choices and rights in the United Kingdom as restrictive abortion laws in Northern Ireland compel women to travel (at their own expense) to England. The relation between reproductive choices and health was also raised in Kirsten Greenidge's play based in the United States, which contrasted home- and hospital-based births over the last one hundred years to discuss how economic prosperity and the availability of obstetric interventions do not necessarily equate with improved maternal and infant health outcomes.

Panel discussion: Action

I attended the final day of the festival on 22 October, and the closing debate was meant to have 'action' at the heart of its agenda to discuss how to address the staggering inequalities in global health, particularly in relation to stillbirths and neonatal and infant mortality. The panel consisted of leading practitioners and researchers in maternal health and care: Rowena Burns (Chief Executive, Manchester Science Partnerships), Professor Lesley Regan (President of the Royal College of Obstetrics and Gynaecology), Professor Jacqueline Dunkley-Bent (Head of Maternity, NHS England), Professor Nynke van den Broek (Liverpool School of Tropical Medicine), Professor Matthews Mathai (Liverpool School of Tropical Medicine), and Shobna Gulati (actress and writer).

The audience posed questions on a range of topics, from prevention and prosecution of female genital cutting/mutilation, the treatment of pregnant and labouring women who are refugees or asylum seekers in Europe, power relations in accessing health care services, proposals for laboring women to bring their passports to NHS maternity wards in the UK, and the empowerment (rather than 'education') of women to take control of pregnancy and birth. The panel members made clear that they were not able to offer solutions to the broad areas of maternal and infant health covered in the performances; their aim was to engage in dialogue with a view to inspiring action across all areas of society, research, and medical practice. As Rowena Burns asked in her introductory speech, 'What do we do with all of this [social, political and economic] complexity and how do we reduce it to actionable things?'

I felt the closing *B!rth* debate was a missed opportunity to collaboratively inspire action among the panelists and audience, as was intended. Rather than having a focused dialogue on how politically active health care professionals or researchers can liaise with the broader public to most appropriately drive government strategies and policies forward, the debate sparked a frenzy of questions without any clear direction or depth of discussion.

The broad range of issues raised by the audience reflected not only their concern with maternal health and inequalities but also with the accountability of policy makers and experts in the field. There was a clear air of discontent among the audience, with one participant declaring:

Poverty and education are spoken about as if they are causes. They are not; they are *alibis*. What I would like to hear from the panel is: Don't they get angry? Don't they have any emotions beyond the technical way in which they're speaking? Mothers die, children die, not because of poverty alone or lack of education but ... fundamentally because of the unfair system in which we live. And the unfairness starts at the very top.

The panel consisted of elite representatives who are directly involved with the political construction of maternity care and maternal health in England and internationally, and members of the audience repeatedly raised the issues of power and privilege.

The subject of interventions as a platform for actions pointed to the gap that can sometimes exist between the culture in which 'expert' knowledge is produced and the contexts in which they are delivered. When discussing prevention and criminal prosecution of female genital cutting/mutilation, for instance, Professor Lesley Regan advocated for schools to practice a routine inspection of all children's genitals (see 1:03.00–1:03:35). This provoked strong responses among parents in the audience, not least because the 'intervention' could itself be interpreted as a violation of a child's right to bodily integrity.

The discussion raised critical questions from the audience and provoked some controversial statements from the panel members, even if they did not focus on how to take action. Still, the event was a fantastic (and rare) opportunity for practitioners, researchers, and the broader public to participate in creative debate over issues pertaining to maternal health at local, national, and global levels.

Opportunities for the future

Researchers must increasingly demonstrate a commitment to meaningful public engagement when applying for grants and funding, yet theatre and performance appear to be rarely harnessed in the broader communication of results. In seizing theatre as a vehicle to promote public awareness of global health and maternal care, *B!rth* exemplifies how art and performance can construct a common platform in which diverse actors engage in complicated debates.

Performance can feature in university curricula as a medium for students to interact with ethnographic studies and representations of health, and also enable academic assessments to be flexible by affording students creative directions for employment prospects and opportunities. The scripts of all plays featured in *B!rth* have been made

freely available for the next three years, offering university students an opportunity for creative as well as critical engagement with the lived realities of maternal health and reproductive politics. In many ways the collection of *B!rth* scripts read like ethnographic field notes or rich interview transcripts; performing these could provide undergraduate students with novel ways of experiencing and representing anthropological constructions of knowledge.

About the author

Ben Kasstan (MSc, PhD) is an Honorary Researcher in the Department of Anthropology at Durham University and his research interests sit at the intersection of minority–state relations, bodily governance, and reproductive care. Through a Wellcome Trust (2013–2016) doctoral research grant, Ben explored the cultures of maternity and infant care practiced among the growing Haredi Jewish minority in the UK and Haredi Jewish responses to state health care services.