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Midwifery Narratives and Development Discourses

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ABSTRACT

In this article I explore the intersection of literature and development via the figure of the midwife. This approach is prompted by the recognition that, despite their importance, midwives often remain on the margins of both development and global health research, and literary analysis. Making midwives the centre of attention allows us to encounter the range of biomedical processes and practices that punctuate pregnancy and birth, the cultural imagery that shapes their meaning, and the sociopolitical structures that indicate what is possible in reframing maternal and infant health, and development discourses more widely, in decolonial terms. I present critical readings of autobiographical and fictional texts by African midwives who are also activists and writers, including Grace Ogot and Makhosasana Xaba. Bringing these perspectives into dialogue with humanitarian writing and Christie Watson's midwifery-focused novel, *Tiny Sunbirds Far Away*, allows tensions around the meanings and histories of "development" to surface via the diverse practices and beliefs that midwifery involves. I aim to demonstrate how the midwife has been and remains a uniquely placed agent for change, even when she doesn't label herself as a development practitioner.

KEYWORDS

Development discourse;
humanitarianism; global
health; midwifery

These hands
have felt pulsating hearts
over extended abdomens,
they know the depth of vaginas,
the opening mouths of wombs,
they know the grasp
of minute, minute-old clenched fists.
(Makhosazana Xaba, "These Hands" 2005)

Introduction: Ecologies of Birth

Inequities in maternal and child health begin before birth in the provision of antenatal care and continue through childhood when access to healthcare, immunisation and good nutrition are crucial for growth and wellbeing. Of course, health is bound up with

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cross-cutting factors including poverty and inequality, labour and economics, familial and community cohesion and social and environmental justice. Therefore, as Paul Farmer et al. argue: “advancing global health equity entails transformational social change” (2013, 303). Midwives play a vital role in these transformations, providing care to women at home and in hospital and often bearing witness to and trying to counteract health inequalities. It is increasingly acknowledged by global health practitioners that the kind of community-based healthcare that many midwives offer is “capable of raising standards of care and strengthening health systems in poor countries and in poor parts of rich countries alike” (Farmer et al. 2013, 310). Midwives facilitate interactions between individuals, communities and healthcare systems that reveal and sometimes bridge the gaps between African-based development initiatives and humanitarian interventions driven by global development agendas still rooted in racialised and gendered colonial blueprints (see Rivas 2018).

This article’s exploration of literature and development via the figure of the midwife is prompted by the recognition that, despite their importance, midwives often remain on the margins of both global health research and literary analysis. Making midwives the centre of attention allows us to encounter the range of biomedical processes and practices that punctuate pregnancy and birth, the cultural imagery that shapes their meaning, and the sociopolitical structures that indicate what is possible in reframing maternal and infant health in decolonial terms.

Midwives are clearly central to delivering the improvements in maternal and infant health set out in international development goals, most recently in the UN Sustainable Development Goals (2016).¹ They also play a part in the critique of global development discourse via African-based models of healthcare and in constructing decolonial feminist epistemologies of birth and reproductive rights, which, Sylvia Tamale argues, requires “disentangling and destabilizing coloniality”, the breaking apart of heteropatriarchal structures that rely upon controlling women’s sexuality and denying them self-determination (Tamale 2020, 24). As such, midwifery connects “traditional” (indigenous) and “modern” (biomedical/conventional) practices and reveals the contradictions and aporias of development as an evolving colonial-capitalist enterprise that is being held to account.

As Davis-Floyd and Sargent (1997) contend, paying attention to “birthways” (the interlocking perceptions and practices that define birth) can counter the medical bias towards “the physiological, and often pathological, aspects of childbearing” (Jordan 1978, quoted in Davis-Floyd and Sargent 1997, 2) that has defined global health priorities so far. New approaches are being sought to tackle slow progress towards development goals while avoiding “the risk of repeating the same decolonising mistakes” in which lip-service is paid to African development actors while the global North continues to control funding and decision making (Mogaka, Stewart, and Bukusi 2021, 1359). Increasingly, the relevance of what Brigitte Jordan and others have called a “biosocial” approach to childbirth in improving maternity care for women is being recognised. Jordan’s *Birth in Four Cultures* (1978) insists on an “ecology” of childbirth that can be studied from multiple disciplinary standpoints. The differences, tensions and connections are vital in investigating how global health and development priorities interact with local epistemological and cultural frameworks, and in asking how social change can be imagined and worked for in specific situations, often characterised by fragile

healthcare systems and “a relationship of dependence, neocolonialism, and an ever-widening gap between the rich and the poor” (Mogaka, Stewart, and Bukusi 2021, 1359; see also Kweti, Tang, and Chen 2022).

To situate literary representations of the midwife in this context, this article puts African women’s writing on midwifery into dialogue with humanitarian writing on midwifery. It does so by using Christie Watson’s novel *Tiny Sunbirds Far Away* (2011) as a hinge or case study that has commonalities with both these genres and raises fundamental questions about how birth is “culturally marked and shaped” (Jordan 1993, 1), honing in on the disconnect between midwifery as practised in humanitarian contexts and taught to African midwives in colonial and postcolonial settings, and midwifery practised by “traditional birth attendants” (TBAs) who draw upon a range of indigenous epistemologies and techniques.

Tiny Sunbirds is unusual in having midwives and midwifery as its central focus, rather than as practical facilitators or symbolic protective figures who then fade into the background. I choose to analyse it because it captures the need for the decolonial “shift in mindset” that Tamale advocates (2020, 184) and the transformative work in global health that Farmer et al. call for. I’m not arguing that the novel is a decolonising text but rather that its detailed representation of midwifery enables us to understand the complex inequities in maternal and infant health more deeply. I suggest that the text combines insights shared by African midwives in their writing in the post-independence period with a humanitarian commitment to and simultaneous critique of development discourse. The problematics of doing this are exactly what make the novel a barometer of the need for fresh approaches to midwifery and global health.

Tiny Sunbirds was written by Christie Watson, a British nurse and now professor of Medical Humanities, who drew on her own experiences in Nigeria and her Nigerian partner’s work as a paediatrician (*Evening Standard* 2012). The novel is narrated by Blessing, an Ijaw teenage trainee midwife who grows up on the semi-rural outskirts of Warri in Nigeria’s Delta state. Access to healthcare and education is fraught and violence regularly erupts between local Area Boys, the police and the oil companies whose influence controls the economic and political futures of the population. Blessing’s brother, Ezekiel, describes their move from Lagos to Warri: “Oil bunkering, hostage taking, illness, guns and poverty ... They burn poisonous chemicals straight into the air! It’s not a safe place to live ... And if we don’t get shot the bacteria and parasites will surely kill us” (Watson 2011, 11). Ezekiel’s fears are borne out both by his own experiences of ill health and by Blessing’s experiences as an Assistant Birth Attendant. However, it is Blessing’s passion for the profession she learns from her grandmother that drives resistance and reform in the novel. Political protest is spearheaded by the women in her community and Blessing’s aspiration is to be a force for change through her “special” role as midwife.

To tease out the complexity of this role I read *Tiny Sunbirds* comparatively, firstly in dialogue with African women’s writing and secondly in relation to humanitarian literature. I aim to demonstrate how midwifery occupies the nexus where development discourse and African sociocultural practices combine in the embodied experiences of women. Writing by African midwives who are also activists and writers, including Grace Ogot and Makhosasana Xaba, shows that the midwife has been and remains a uniquely placed agent for change, even if she doesn’t label herself as a development practitioner. And yet these women face intersecting oppressions both as women and as African health

practitioners in the global South. Engaging with these midwives' perspectives sets the scene for thinking through the paradoxes of development, specifically the limitations of humanitarian texts in which promised outcomes of improvements in health and socio-economic reform happen outside (or after) the action or intervention, enacting "anxieties regarding the humanitarian ethos and its imperatives" (Sharma 2017, 9). In *Tiny Sunbirds*, the protagonist's emigration to the UK, sponsored by a "white saviour" figure, is a tacit acknowledgement that "the colonial history and legacy upon which international development discourse and practice is built continues to produce and reinforce asymmetrical power relations in new and complex ways" (Rivas 2018, 166). Nevertheless, I argue that when read in tandem with African midwives' writings, the novel's interweaving of indigenous knowledge, reproductive rights, humanitarian action and feminist activism spotlights the crucial work of midwifery practices as a key site for reimagining development.

The Figure of the Midwife

Midwifery is defined by *The Lancet* as "skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, post-partum, and the early weeks of life" (Renfrew, McFadden, and Bastos 2014). Midwifery includes family planning and the provision of reproductive health services (Horton and Astudillo 2014, 1075). In Africa many women, particularly in rural areas, continue to use TBAs who have little or no training and work using a combination of physical and spiritual approaches (including fasting, prayer and ritual offering). There is considerable slippage between these terms with the term "skilled birth attendant" (SBA) also used alongside the term midwife to refer to practitioners with some training to manage uncomplicated pregnancies and births (Adegoke et al. 2012). In *Tiny Sunbirds* Blessing's grandmother fulfils the function of the midwife defined above, although she is a TBA without professional training. Stacy Pigg explains the difficulties in these classifications:

"Traditional birth attendant" stands for a hypothetical person about whom health development planners might usefully know more. While seeming to describe an empirical reality, it operates as a theoretical construction of a role that is believed to exist in those societies labelled traditional. The words "traditional birth attendant" serve as a placeholder, a blank waiting to be filled in at the local level where primary healthcare is to be carried out. (1997, 239)

The use of "traditional" risks implying a lack of expertise, on the one hand, or the romanticisation of the indigenous midwife on the other (Cooper 2019). *Tiny Sunbirds* uses simply "Birth Attendant", which makes sense in relation to the Izon term "*angou lou'ere*", which can mean midwife and birth attendant, while most texts I've read by African writers use "midwife" for both modern and traditional practitioners.²

The reasons why many women still prefer TBAs to clinic or hospital care include the perception that relationships will be better than with SBAs, the belief that death from caesarean section is likely, and the cost and the difficulty of travel to hospital (Amutah-Onukagha et al. 2017). The primary reason given in rural areas is the lack of accessible clinics. S. M. Itina's study is one of a number to advocate educational programmes for TBAs,

encouraging obstetricians and trained midwives “to offer support and leadership to TBAs rather than continue to shut them out of the health care system” (Itina 1997, 586; see also Amutah-Onukagha et al. 2017). In Nigeria 67.3% of TBAs who took part in Itina’s research were non-literate and all believed they were supernaturally endowed to practice their profession. Some received training, mostly from close relatives, as Blessing does in *Tiny Sunbirds*. As Grace Ogot observes of her own work in midwifery and health education, which I discuss below: “We must always avoid the confusion between illiteracy and ignorance” (2012, 151). International and national efforts to systematise, monitor and intervene in local healthcare practices as part of development initiatives can be both beneficial in reducing risk and controversial because the result can be the destruction or marginalisation of sociocultural realities deemed “traditional” and the positioning of “modern” medicine as the “locus of authoritative knowledge” (Pigg 1997, 233).

Midwifery in African Women’s Writing

This tension is present in Nafissatou Diallo’s *A Dakar Childhood* (1982) and Grace Ogot’s *Days of My Life* (Ogot 2012), autobiographies whose authors were trailblazers in their medical and literary careers, and, in Ogot’s case, in politics and women’s empowerment via development. Both recount their determination to pursue professional midwifery training as indicative of how the everyday work of individual women and the transition to independent nationhood are intertwined. While these writers avoid utilising the metaphor of “birthing” the nation, they present the role of the midwife as an important one in facilitating women’s full participation as citizens by attending not only to their health but to their education.

Diallo begins her narrative with the declaration “I am not the heroine of a novel but an ordinary woman of this country, Senegal: a mother and working woman – a midwife and a child-welfare nurse” (1982, 1). As Apollo Amoko notes, “she is at pains to emphasize the literal truthfulness of her account as well as her ordinariness” (2009, 202), demonstrating the tension between being the product of a colonial education and having the desire to maintain the indigenous cultural patterns of Senegal. As Julia Watson argues, Diallo exemplifies the “resistant impulse to re-member female self-assertion for which no adequate literary space as yet exists” (1997, 135). In this sense, Diallo is not ordinary but exceptional in writing about her experiences. Her status as a midwife not only straddles the line between modern and traditional medicine but between the public and private versions of womanhood that are emerging through the postcolonial reorganisation of social and political life. In becoming a midwife Diallo chooses “an occupation in which women’s bodies are simultaneously in private and social space”. Her role “permits her a constructive intervention within women’s intimate world” (Watson 1997, 47) that, like Blessing in *Tiny Sunbirds*, she views as a privilege.

To frame midwifery simply as a calling, however, would be to eschew the colonial sociopolitical structures that offered educated women few career choices. South African midwife, researcher and writer Makhasosana Xaba recognises this in recounting the work of her aunt Sanah, a pioneer as the only black midwife in her town. “I wish I could say she was my role model, that I became a midwife because of her. Dignified as that would have been, my decision was, sadly, a result of indecent laws that limited career choices for black women of my time” (2008, 3). Grace Ogot also recalls that in

1948 the only choices open to her on graduation were teaching and nursing (2012, 51–2). When in 1955 she was selected for a scholarship in Britain she struggled with whether to accept it: “I would need assurance from my people that my advanced training would be to their benefit when I return” (2012, 57). Ogot views herself as carrying with her the “great burden” of Kenyan women (2012, 59): only when she saves the life of a labouring woman does her paternal grandfather announce that she may go to the UK.

The “narrative dilemma” between self-assertion and duty that Julia Watson identifies as typifying Diallo’s autobiography (1997, 40) is also at play in Ogot’s text, though hers is a more pragmatic and expansive political canvas. The only birth that Ogot describes is the delivery that precedes her departure from Kenya, telling us only that “I succeeded in helping the woman who had a breech delivery in which the baby was trying to come out legs first, to deliver successfully” (2012, 62). She does not discuss difficult labours, tough decisions, or strategic interventions such as those that are the focus of Blessing’s narration in *Tiny Sunbirds*. Ogot’s attention, rather like Grandma’s in Watson’s novel, is on the self-discipline, dedication and skills required to succeed in her chosen arenas. She does, however, touch upon the contested social status accorded to African midwives; in Britain she is treated as “a spiritual exhibit” (2012, 64) of missionary success whereas at home in Kenya her education gives her the confidence to demand better pay and working conditions for fellow Kenyan staff. She recalls “a situation full of contradictions, humiliation and embarrassment” as institutions realised that “Africa was changing” (2012, 75). The actualities of labour and birth remain in the margins of Ogot’s text in order that it may serve her primary purpose of social reform. In this sense, her narrative is consistent with Courtney Thompson’s (2018) recognition that African women’s autobiographies often repurpose a patriarchal genre in order to articulate resistance to colonial control and the state sanctioned oppression of women to a transnational readership.

This repurposing also applies to the fictional work of African feminist writers, including Flora Nwapa, Buchi Emecheta, Amma Darko and Grace Ogot, in which female characters are “burdened by ascribed gender-normative ideologies” on the one hand and, on the other hand, support “female resistance and disruption of established normative gender order in society” (Fongang 2021, 1902). Their writing frequently focuses on motherhood (see Andrade 1990; Nnaemeka 2004) with midwives being present on the margins, performing roles that are of social and cultural importance as much as medical necessity. Midwives ensure that the correct procedures or rituals are followed to ensure an auspicious beginning for mother and child.³ Practices such as burying the placenta are still considered vital for protecting fertility and health in many rural regions. As Brenda M. Cooper explores in her work on childbirth in Niger, “The placenta is often referred to as the ‘traveling companion’ that ushers the new human from one world to the next. Only through proper respect toward the placenta by means of careful burial can a woman’s future fertility be protected” (2019, 127). In the Ijaw region of Nigeria where *Tiny Sunbirds* is set there is a practice of burying the placenta under the plantain tree. This isn’t referenced in the novel but Blessing saves the placenta for each mother to decide what will happen to it. Diverse traditions associated with the placenta, the umbilical cord and the blood of childbirth usually have in common an ancestral cycle “linking birth and death, planting, and burial” (Cooper 2019, 127), and require the involvement of a TBA even when a biomedically trained midwife is available.⁴ The shift towards hospital births in urban areas can lead to a decline in such traditional practices that is not

always replaced by women being given clear explanations of biomedical birth procedures and medical interventions (Chalmers 1990, 48; see also Barnsley 2019), essentially being cut out of the decision-making that Ogot and many others promoted as vital to well-functioning healthcare systems.

A more recent and sharply satirical portrayal of midwifery that bears this out is Makho-sazana Xaba's short story "People of the Valley" (2013). The story takes the form of a radio phone-in centring on the community midwife, Matron Langa. She is introduced as a pioneer who "knew how to talk for her people" (2013, loc 1233) but who is unexpectedly accused of a crime. The accusation hinges on the disposal of placentas, as the presenter informs the audience that Matron Langa has been arrested: "Now I am told after birth midwives have a system for throwing this thing away. Apparently they are required by law to throw this thing away, dispose of it. But apparently in this case Matron Langa took these placentas home and put them in her freezer" (2013, loc 1247). The lack of knowledge about what *should* happen to placentas captures the uneven shift from traditional practices to biomedical healthcare as one caller asserts: "They buried it ceremonially you know, there used to be a special ritual for burying the placenta" (2013, loc 1415).

Xaba's story showcases multiple interpretations of the midwife's behaviour with suggestions ranging from medical research to what is sometimes called "witchcraft", cost effective waste disposal to organ trading. As many of these claims are made in Zulu they are translated for non-Zulu speakers by the presenter, adding an extra layer of potential uncertainty. A collective narrative emerges in which gendered anxieties and cross-generational conflicts surface as well as nostalgia for the practice of burying the placenta as a source of dignity – "everyone wants to be able to say where their umbilical cord was buried" [sic] (2013, loc 1359) – and community cohesion – "some people leave their homes and never return ... it is because they were never rooted properly in the soil" (2013, loc 1415). As these ideas circulate around the midwife, who is not able to speak for herself, it becomes clear that her role is as a guardian or arbiter of social and moral parameters as well as the possessor of "authoritative knowledge" (Davis-Floyd and Sargent 1997) about childbirth. When she is revealed to be flawed, the community itself is left vulnerable.

The story references the real-life use of radio for health-related discussions and education. Ogot was employed as a radio educator in Kenya in the 1950s and 1960s and notes that her programmes "generated heated debates", just as Xaba's fictional South African show does, and that by educating women she was "contributing to their liberation" (2012, 151-152). Demystifying and openly discussing birth is therefore part of a feminist drive to re-assess the importance of indigenous beliefs and critique a development agenda that can appear as opaque as the mysterious crime of the midwife in Xaba's story. The practices of midwives and TBAs are adaptive, taking on many of the features of globalised capital (for example economic migration and use of birth control) and international development (a desire for girls' education and accessible biomedical healthcare). It follows, therefore, that the midwife can't be viewed either as an unbendable axis of tradition within a shifting society or as a remnant of traditional rural life who must modernise or become obsolete. As such, the midwife's position is often a paradoxical one that merits closer attention than it usually receives. As I now go on to consider, the tensions that emerge in critical readings of midwifery in African women's writing are also observable, from a different and potentially opposing perspective, in humanitarian literature. Both sets of discourses inform *Tiny Sunbirds*.

Midwifery and Humanitarian Literature

In humanitarian literature African midwives are visible but often play bit-parts in the bigger drama of the aid industry. The midwife can be both a mediator and an on-the-ground or “in-country” guide who facilitates the text’s zoning in on the labouring woman and her care pathway that is the site of a development intervention. Indeed, while the mother is ostensibly the primary beneficiary, she also risks being extracted from the very social and cultural parameters that local midwives or TBAs are there to maintain, because of a bias towards biomedical knowledge as most suited to achieving development goals.

Kris Holloway’s *Monique and the Mango Rains* (2007) is an example of humanitarian literature that is aware of these dangers of the “development gaze”. Holloway’s memoir articulates the challenges of improving maternal and infant health through an account of voluntary work alongside Monique, a midwife in rural Mali. The narrative follows Monique’s story, becoming an autoethnographic account of the African midwife’s impact on her aid worker counterpart. Holloway’s approach is self-reflexive and ethnographically astute; she has time to learn the local language and embed herself in the community. She comments on the undervaluing of women’s labour – “a donkey cart driver made more than Monique did” – and the uneven shift to modern healthcare facilities – “I thought of the birthing house in Nampossela. This building was so much bigger, a modern, Western-style edifice in comparison” (2007, 109). Monique is presented as independent-minded and committed to her own and her community’s improvement, combining midwifery with activism as can be seen in the narratives by many African midwives. And yet the text can’t entirely avoid the complications of humanitarian literature as its premise – the white development actor as interpreter of African maternity practices – arises from the colonising ideologies of humanitarian policy and practice. As Devika Sharma argues, humanitarianism “produces and regulates the global distribution of agency by distinguishing the privileged subjects of compassion from its objects, the ‘victims’, and in turn promotes the superiority of the Western responsible subject, who is capable of compassionate feeling” (2017, 3). Holloway’s narrative partially recognises the murky feelings that contribute to “a profound uncertainty with regard to humanitarianism as a moral and political order” (Sharma 2017, 1) but cannot resolve them: the path to a new “decolonised” order of aid remains unclear (see Khan 2021).

In contrast, in *Tiny Sunbirds* there is no overt Northern “development gaze”. Grandma and Blessing’s hybrid traditional-modern midwifery practice could be labelled as a grass-roots “development” activity, as could the political resistance to the chicanery of global finance and the collective agitation for social reform. However, the positionality of the novel’s author as a white British nurse does align with that of development actors interpreting Africa for a global audience and likely informs the English lexicon of biomedical terms and techniques that I discuss in the next section. That said, research on midwifery in rural Nigeria has shown that TBAs are often adept at amalgamating modern and traditional practices and traversing vocabularies, and so the portrayal of Grandma cannot be read as simply a product of development idealism.

More troubling reflections on well-meaning development interventions are prompted by the shadowy saviour figure of Dan, Blessing’s mother’s boyfriend, who secures visas for them both to travel to the UK. While words exchanged between Grandma and Blessing

are described as flowing like water, Dan's voice "was warm and sticky like Fanta left in the sun" (Watson 2011, 291). This synthetic aspect to Dan is communicated through his overblown efforts to adapt to the family's environment by bringing gifts that they don't really need but neglecting ones they do. On receiving a chocolate bar and the offer of help to find a school Ezekiel responds with "instead of that, I'd prefer my country back please" (Watson 2011, 257). Blessing's concerns are more specific; when the electricity is unreliable, she comments, "I wondered if Dan would buy us a generator and fuel" (Watson 2011, 257), returning repeatedly to this need until it is fulfilled. Dan's separation from the family's worldview is clear in the spaces he occupies – his car and his company apartment – which are sanitised and protected to the extent that Blessing reports, "it really felt like we were breathing different air" (Watson 2011, 293) in Dan's home.

Although he is not an aid worker, Dan is the kind of "liminal" figure that Lisa Smirl discusses in *Spaces of Aid* (2015) as occupying closed environments under increased securitisation. When invited into his environment Blessing gets a taste of the development gaze herself: "Everything was different through Dan's car window" (Watson 2011, 292). In offering Blessing sponsorship for her education, Dan does not claim to be practising development; his actions are more akin to white saviourism with a limited focus on individuals. He helps Blessing and her mother with money but claims not to be able to assist her grandfather Alhaji in finding work, thereby fostering dependency. When asked his views on why foreign workers are brought in while local ones are unemployed he responds:

"It does seem wasteful." Dan paused between each sentence; he was thinking carefully about which words to use. He kept repeating the exact same words in a different order. I wondered if he always thought about which words to use and if he always said them twice. "The current system is flawed, I agree." (Watson 2011, 239)

Dan's obfuscation of his own position within the "flawed" system and repeated use of words like "wasteful" fudge the economic issues at hand – the impact of the Niger Delta being a "corporate enclave" (Watts 2008) – and reveal his largesse towards Blessing and her mother as a panacea. The circularity of Dan's speech on the "problems" (Watson 2011, 239) of development contrasts both with Blessing's ordered and careful use of biomedical language in her training, considered in more detail below. By highlighting these linguistic discrepancies, the novel shows that development discourse is not neutral nor is it easily able to articulate the actualities of lives lived on neocolonial terms.

By enabling Blessing's departure, Dan makes her the exception within her community (and her profession) and places her in a twenty-first century version of Ogot's shoes, as having to take on the "burden" of women from her region, and even her nation, as she embarks on formal learning. However, it is important to stress that the novel's impetus towards development critique ultimately lies not in Dan's intervention but in Blessing's ability to combine her informal training as a midwife and activist with the expertise in modern medicine that she will later possess. The final section of this article examines Blessing's relationship to development further in relation to the key concerns that have arisen so far: education, reproductive rights and political resistance.

Midwifery in *Tiny Sunbirds Far Away*

Because her family can't afford to send her to school, Blessing becomes a trainee with her grandmother while her brother Ezekiel intermittently goes to school and aspires to become a doctor. Blessing admires her grandmother's role that financially supports the family, in contrast to her mother's dependence; first on a violent husband then on her proud but ineffectual father and finally on her white British fiancé. Grandma offers her skills to Blessing partly because of familial and community responsibility – “the very best stories are told to a daughter. Saying them aloud keeps people alive” (Watson 2011, 416) – but also out of pragmatism; Grandma cannot manage all the births in the area herself and a fully trained Blessing will be contributing to the family coffers. The role of midwife is highly valued, offering financial remuneration, social status and responsibility, and promotes community cohesion. The midwife functions as a spiritual and cultural gatekeeper, ensuring the preservation of “birth as a cultural system” (Davis-Floyd and Sargent 1997, 55) as well as a physical process. The novel articulates the necessity stressed by global health researchers and by Ogot and her contemporaries of working with existing resources in locations where health services must be delivered pragmatically, often by “unskilled” practitioners at ground level.

The presence of the traditional midwife symbolises commonality and continuity because the role is often passed down between family members; Grandma tells Blessing, “My mother taught me how to mix the herbs and river plants that calm the newly born, and the pastes for the breasts to increase milk, and fluids to boost red blood cells” (Watson 2011, 123). Grandma is better educated and more aware of biomedical terminology – such as “red blood cells” or “fistula” – than some of the TBAs referred to in the articles I reference here. However, she may not be that atypical: Ohaja and Murphy-Lawless (2017) found that TBAs in southeastern Nigeria were “committed champions of normal birth with ability to offer comprehensive care in accordance with the individual needs of women, and respect for cultural norms” (2017, 165).

On a practical level, Grandma's understanding of the physiology of birth demonstrates the importance of TBA training being implemented alongside indigenous beliefs and methodologies. Grandma's expertise is both medical and social as she elicits non-expert help in the process of birth:

“Help me,” Grandma said. We tried to roll the labouring woman onto her right side. We heaved and pushed and pulled but, still, a face at the doorway had to come in and help. Then Grandma gave the two women helping a leg each. “Hold tightly,” she said. She picked up the knife. With one hand she cut, from the back of the opening towards the ground. The other hand she put in the woman and twisted. (Watson 2011, 126)

In this passage, Grandma's authority is asserted through verbal commands and physical demonstration – to cut and twist at the same time indicates considerable skill – and Blessing presents her as a performer taking centre stage. The anonymous face at the doorway represents the anxious collective audience who are able to visualise the scene even from outside the hut because they are familiar with the TBA's practices. The dynamic between theory and practice is crucial here, as it would be for any trainee midwife, and the integration of basic hygiene with more advanced knowledge through Blessing's step-by-step narration is performative of holistic health education:

I pulled out a piece of cloth (wash between women), on which I laid the knife (not used for household purposes, clean on the fire between women), the scissors (keep sharp and completely dry), and the pot of paste that looked like pounded yam and smelled of sweat (we will come to that) (Watson 2011, 147).

There is a distinct refusal here to separate the “cultural” dimension of childbirth from the “physiological” (Pigg 1997, 246) that articulates the need for maternal healthcare programmes built upon “community cooperation and participation” as well as political, financial and religious commitment (Unah 2017). In *Tiny Sunbirds* the nearest hospital is Port Harcourt, a three-hour drive away and therefore of no use in a medical emergency, and healthcare therefore remains a local collective responsibility. The accessibility and familiarity of the traditional midwife’s work underpin a shared sense of self-preservation and protection.

Blessing’s training is implicitly framed within a feminist genealogy of “female assertion within gendered constraints” (Watson 1997, 47). She reports that her head is filled with thoughts of what the family needs: “medicine and school fees and meat and fish and electricity” (Watson 2011, 67). A prominent feature of her narrative voice here and throughout the novel is that it mimics the rhythmic, logically organised speech of Grandma’s lessons on birth. Her compulsion to think aloud utilises the propensity of child narrators to collect new concepts and words into a lexicon that exposes what might seem obvious to scrutiny: “I learnt the meaning of secret women words: fistula, rupture, prolapse. Then Grandma told me about babies” (Watson 2011, 142).⁵

Her enthusiasm for the “secret” words of biomedical terminology draws attention to the way in which the modern understanding of birth (and other bodily processes) can become hidden from view, as it is in Xaba’s story of the midwife’s “secret” activity. When maternity care becomes the preserve of healthcare professionals using specialised language and operating predominantly in purpose-built facilities, the population served by the midwives can become alienated. In contrast, Grandma’s combination of biomedical (secret) and traditional (shared) knowledge enables Blessing to begin to master the scientific lexis of birth in tandem with indigenous practices and hands-on experience, providing a blueprint for the kind of “culturally sensitive care” that Ohaja and Murphy-Lawless describe (2017, 169) and that Xaba subtly draws attention to in her story.

Blessing anatomises her own learning process over time (“we will come to that”) through practice and reflection, as trainee midwives are encouraged to do. As Carli Coetzee comments in relation to another piece by Xaba, “Midwives, Mothers and Memories”, “The medical knowledge held by midwives, across generations, is a version of the protocols of ethical care, through writing and reading practices that can preserve and enable life” (2019, 141). Blessing’s act of narrating her own story preserves and passes on her grandmother’s knowledge and combines it with the insights she gains on health and development via the clash between Ezikiel and Dan. Her indigenous learning is complemented by her discussions with Ezikiel, who is gaining biomedical knowledge in preparation for becoming a doctor, which emphasises the importance of actively seeking intersections between modern and traditional approaches to making improvements in maternal and infant health.

During a difficult birth Blessing has to decide whether to cut the baby’s shoulder or the mother or for an emergency delivery: “I cannot choose’ she tells Grandma, but is

rebuffed”; “I am not choosing for you. You are attending the birth. You are in charge.” (Watson 2011, 252) Empowered to act, Blessing steps up to the mark:

“I will break the baby’s bone,” I said. “And you will both be fine. I promise.” My voice sounded calm but my blood was so hot in my veins that I felt like exploding. Grandma had taught me what to do if the shoulder was stuck. She told me how a pair of small sharp scissors was enough to cut through a baby’s bone. I knew what to do but it did not stop the feeling of sickness in my stomach and the pain in my head behind my eyes ... I looked at the alive girl, and the alive mother. I looked at my own hands. I felt something grow in my stomach that had never been there before. Something warm. Grandma stood up, a smile completely covering her face. (Watson 2011, 252–254)

Here Blessing’s skills are like recipes passed through a family that take effort to master. Like the midwife’s hands in Xaba’s poem that is the epigraph to this article, Blessing’s hands know more than she can express. After another successful birth she comments, “I looked at my hands for a long time. My own hands. I smiled” (Watson 2011, 310). The knowledge Blessing puts into practice here is not “secret” or inflexible (as she worries her grandmother’s traditional approach could be). Rather it is both rooted in experience and responsive to patients who appreciate its history as their own. The narrative thus bypasses associations between TBAs and out-dated or dangerous practices, situating the traditional midwife as a kind of anchor but one that shifts to accommodate complex situations.

Blessing enjoys her new status as “a special kind of girl” (Watson 2011, 124) and perceives herself as of equal status to Ezikiel, who has been shadowing hospital doctors.

We stayed together until the moon was in the centre of the sky, listening to Ezikiel’s stories about leg ulcers, and impacted faeces, and the best way to remove a gangrenous limb. ... I told him of the women giving birth who lived between worlds, not quite alive, not quite dead. (Watson 2011, 204)

The liminal “older world” (Watson 2011, 252) that Blessing encounters through the cries of labouring women foreshadows Ezikiel’s own death: “He was in the place that women go to, when they are giving birth” (Watson 2011, 359). It also prepares Blessing to take on a caring role when her mother collapses with grief: “It was better than holding a new baby ... I could see all of her, inside her body, right to her bones. I could feel Ezikiel right beside me, holding my hand” (Watson 2011, 400). The flesh of the maternal body dissolves but the flesh that Blessing knows how best to hold, that of the baby, remains.

In *Tiny Sunbirds* infant mortality is a frequent occurrence:

Minutes later a girl was born. She slipped out like a fish, with open eyes and a squirming body the size of a mango. Tiny, formed, warm, open-eyed, breathing ... The husband came back in the room and dropped to his knees, picked up his daughter by her foot and stood. Tears fell down his face. “No!” Emete screamed. “No!” (Watson 2011, 165)

The description of the baby as “like a fish” connects with the frequent discussions in the novel about oil pollution in the river and with Dan’s empty humanitarian rhetoric: “The words hung in the air long after they were said, like the smell of fish long after it was eaten. They moved back and forth in our ears” (Watson 2011, 257). Both Ezikiel and the women who organise a mass protest against oil company exploitation draw attention to the tragedy of unsustainable development: “over one and a half million

tons of spilled oil: starvation, asthma, chest infections, cancers, and birth deformities” (Watson 2011, 417). In this act of resistance Ezikiel’s medical know-how coalesces with Blessing’s traditional knowledge of midwifery to challenge received wisdom, including that of the elders:

Ezikiel sat straight. “Don’t worry about us!” he said. The chiefs looked up suddenly as if they had noticed him for the first time. “Give us respiratory diseases, cancers, make our women suffer miscarriage after miscarriage, and make our children deformed! Some of the stories I hear from my own sister who is an Assistant Birth Attendant, prove that the air is poisoning our women!” (Watson 2011, 179)

This anger feeds into the women’s protest which, occurring four decades after the famous Aba Women’s Uprisings, suggests that women’s participation in politics is essential for change to happen.⁶ As Ogot notes in relation to the UN Decade for Women (1976–1985), “women represented powerful but neglected agents for development” (2012, 187).

Blessing is part of the movement for social change in Warri but her dream of becoming a fully-fledged birth attendant ends when her visa to England arrives:

I wanted to be an Ijaw girl and stay forever near Warri ... “I cannot leave here, my home. This is my home! I do not understand.” “I do,” said Grandma. “Some people carry the world inside them,” she said. “You are one of those people.” (Watson 2011, 395)

If Blessing continues in medicine her future education will, like Ogot’s and Xaba’s, be within a biomedical framework. Diallo, Ogot and others exemplified this challenge in the twentieth century while Xaba articulates a similarly complex position in the twenty-first century, being a healthcare professional, researcher, writer and activist.⁷

Conclusion

Tiny Sunbirds leaves us with the provocative question of how it is possible to combine biomedical and traditional skills to support a model of maternal and infant healthcare that resists the imposition of Northern development epistemologies in favour of Africa-based initiatives. Despite the presence of Dan, the “white saviour” figure, Blessing is not in need of rescue, rather her story bears witness to the strength and importance of the midwife both within her community and internationally, complementing the mission of Ogot and Xaba, and of African feminists more generally, to turn the tables on neocolonial epistemologies of development.

In centring the often-overlooked figure of the midwife who, as we have seen, has been vital to the development of African feminist activism, *Tiny Sunbirds* promotes dialogue between African-based “birthways” and development agendas, enriching our perception of midwives as “intermediaries between worlds and discourses” and emphasising that “approaches to childbirth index all sorts of historical and social concerns” (Coetzee 2019, 140).⁸ By focusing on the pragmatics of birth as well as its sociocultural aspects, the novel dramatises many of the obstacles to further improvements in maternal and infant health identified by researchers and African midwives themselves, and opens up space to imagine how they may be overcome, thereby expanding “the notion of the ‘possible’ in global health” (Farmer et al. 2013, 123).

Notes

1. Despite improvements made under the Millennium Development Goals (MDGs), in 2015 developing regions accounted for approximately 99% (302,000) of the global maternal deaths with sub-Saharan Africa alone accounting for roughly 66% (WHO 2015). The Sustainable Development Goals (SDGs), agreed to in 2016, call for an acceleration of current progress to achieve a global MMR of 70 maternal deaths per 100,000 live births, or less, by 2030.
2. Izon is the most commonly spoken language of the Niger Delta region. Izon words do not appear in the novel, therefore we cannot assume that the text recognises nuances of meaning, particularly in the use of biological terms.
3. For instance, in Nwapa's unpublished last novel *The Last Goddess*, the midwife is persuaded by a Christian mother to pretend she has carried out genital cutting on a baby girl according to Igbo tradition so that she will be able to find a husband (see Mears 2009, 161). In Amma Darko's *The Housemaid* rural midwives place emphasis on burying the placenta in the mother's village while urban midwifery is perceived as liberating in allowing abortion and easy access to contraception but also as expensive and involving the control and surveillance of women (see Barnsley 2019).
4. Cooper notes that there is no easy way linguistically to distinguish "placenta" from "uterus" in Hausa, the main language of Niger, so the placenta is conceptually the same as the womb (2019, 219).
5. On children in contemporary African fiction see Hron (2008) and Ouma (2020).
6. This protest is represented in Buchi Emecheta's *Destination Biafra* (1994).
7. Another key example is Kopano Matlwa, a South African doctor and novelist who has also founded healthcare campaigns aimed at improving maternal health (see Coetzee 2019).
8. One of the contentious issues broached in the novel that there isn't space to discuss here is FGM/C or "cutting", which Grandma is silent about until pushed by Blessing. She aims to strike a balance between a community's ties to tradition and protecting women's reproductive health through education.

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