The Japanese Experience of Giving Birth in North Carolina
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Childbirth is a physiological and deeply social process, which only a fraction of the population is capable of undertaking. This rite of passage simultaneously shapes and is shaped by core societal values and thereby is inherently political. The anthropology of birth has a well-established, empirically based literature produced from more than 40 years of ethnographic research, and numerous scholars identify in the study of reproduction central theories for anthropology. This is because the study of childbirth demonstrates how reproduction reflects and shapes core societal values and structures, and cross-cultural perspectives reveal biomedical obstetrics as a culturally shaped phenomena (Davis-Floyd, 1992; Fiedler, 1996; Ivry, 2009; Rapp, 2001; Sargent & Gulbas, 2011).

The Triangle Area (Raleigh/Durham/Cary) has a Japanese community that consists of both expatriates and immigrants who are drawn to the area for a variety of reasons. This creates a local Japanese community in which women arrive with their husbands (and children), anticipating giving birth in American hospitals. These women are isolated from their families and communities back home, and they have many worries surrounding this experience due to language and cultural barriers. My hope is for this research to offer future mothers and families insight into the experience and suggest ways the Triangle Japanese community can provide support.

As a Japanese-American, I am focused on this specific community where I hold a unique advantage of both bilingualism and biculturalism, allowing me to see how the experiences of these Japanese women reflect larger societal and cultural patterns of birthing in American biomedicine. Using ethnographic methods, I conducted 90 minute in-depth interviews with eight Japanese women who have given birth in American hospitals. In Chapter 1, I discuss how the cultural values of the Japanese women shaped their birth experiences when encountering American values in hospitals. In Chapter 2 I discuss how the Japanese women related to the differing Japanese and American cultural attitudes towards autonomy, paternalism, and choice in Triangle health care contexts, an analysis that offers a cultural perspective on the notion of patient-centered care. In Chapter 3 I discuss where Japanese women sought social support and knowledge during their pregnancy and birth in the US. This research gives insights into specific procedures and approaches of local hospitals that are lacking or working especially well in addressing cultural and language barriers of birthing persons and partners.