

Commentary

A call for conscious “anti-preparation” to motherhood

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In Quebec, one of the main consequences of the medicalization of motherhood is the introduction of an apparatus targeting the continuum from pregnancy to the child's first years of life. Prenatal classes for parents are one of the key elements of this apparatus. According to historian Andrée Rivard (1), it was precisely through the promotion of its health education program in the 1970s that the then Ministry of Social Affairs aimed to convince women and their partners that health professionals held the “right” knowledge, skills and competencies to manage their pregnancy, childbirth, breastfeeding (or lack thereof) and their child's first years of life. Initially developed by local community service centers (CLSCs), these free classes targeted the general population. However, patriarchal and capitalist influences have contributed

to the establishment of a veritable economy of motherhood. On the one hand, capitalist societies have encouraged the transformation of this knowledge into a commodity, creating industries around motherhood and parenting education. Alongside this commercialization of knowledge is a lucrative material trade (e.g. breastfeeding aprons, books on “good” motherhood, pacifiers, wipe warmers and breast pumps). On the other hand, patriarchy has influenced this dynamic by reinforcing gendered norms associated with motherhood and, to a lesser extent, parenthood. This is especially reflected in the social expectations placed on mothers to consume and use these commodities. Indeed, these days, mothers are solicited by a multitude of health education programs, often for a fee, specifically devoted to motherhood. Whereas in the past, these initial programs focused primarily on pregnancy (e.g., diet, smoking), childbirth (e.g., pain management, physiology of childbirth) and breastfeeding (e.g., breastfeeding positions), women are now confronted with a broader commercialization of knowledge surrounding the first years of a child's life (e.g., child-led dietary diversification, sleep hygiene, toilet training,

language development, motor skills optimization, awakening to reading). This evolution has become especially critical in recent years with the popularity of influencer marketing on social media (#momlife), which reinforces gendered norms during the first years of a child's life, notably by increasing mothers' need to consume product and knowledge (2).

While this commercialization of knowledge seems to address learning needs identified by mothers themselves, it can also amplify the pressures put on them to consume more motherhood-related knowledge, products and services, often without fully considering their individual needs and the cultural and social contexts in which they evolve. This performance of intensive motherhood (3) also takes place in an androcentric context, where women have internalized socially constructed roles, sometimes forcing them to seek out and purchase this knowledge to meet established diktats. In this context, mothers can be called upon and encouraged not to trust their own intrinsic strengths, or to even distrust them, thereby normalizing these forms of subjugation to both scientific and professional as well as commercial authorities. Besides exacerbating gender inequalities, this commercialization can also generate socio-economic inequalities by creating a market where knowledge becomes a commodity accessible to those with sufficient financial resources, thereby perpetuating numerous injustices and disparities in terms of access to this form of consumption. This is particularly worrying in 2024, given the current inflationary crisis affecting families (4). Faced with ever-increasing grocery bills and rents, many women find themselves under increased pressure to cope with the injunctions of intensive performance of motherhood, while at the same time meeting their family's essential needs.

Paradoxically, at a time of accelerating circulation of this generally medicalized knowledge, we are also seeing worrying statistics regarding mothers' mental health (5). We therefore need to examine the impact that preparation for motherhood can have on mothers' mental health and well-being. Our privileged position as doctoral students and mothers allows for a critical look at this issue that leads us to propose a form of "anti-preparation" to motherhood, in the sense that women should be called upon to deconstruct the constraining beliefs surrounding motherhood rather than accumulate new knowledge that is sometimes contradictory, often useless, and particularly anxiety-provoking. This is not a call to ignorance, but it does encourage us to temper our consumption of knowledge that can generate beliefs that erode and, above all, invisibilize women's intrinsic strengths. While some of information surrounding motherhood is essential to know, we suggest that more attention must be devoted to

empowering mothers and challenging dominant norms that ultimately don't always serve them. In short, this plea seeks to challenge the authoritarian function of medicalized knowledge embedded in capitalist and patriarchal norms of motherhood, which work to minimize the intrinsic strengths of mothers. Our intention is not to promote an inclusive view that rests on the commercialization of motherhood, but rather an anti-oppressive approach that legitimizes both the intrinsic strengths of mothers and their facilitating beliefs, whether medicalized or tacit.

References

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