Aminata Maraesa, *A Good Position for Birth: Pregnancy, Risk, and Development in Southern Belize*. Nashville TN: Vanderbilt University Press, 2018. xii + 228 pp. (Paper US\$29.95)

A woman's right to choose is currently the focus of protests in the United States, where over 300 new antiabortion restrictions have been introduced; protesters want to ensure that women retain control over their bodies and that state and national policy makers do not intrude upon their reproductive rights. Women in southern Belize, Central America are engaged in a similar battle. There is an encounter between local cultural birthing practices and international standards rooted in Western biomedical concepts of maternal care during pregnancy and childbirthing procedures—standards that are encouraged by the Belize Ministry of Health and funded by the Pan American Health Organization.

A Good Position for Birth, by medical anthropologist Aminata Maraesa, chronicles the tension between local cultural beliefs and Western biomedical models of maternal care and birth deliveries, implicitly asking which is better for women. Ironically, while non-Western, rural women are being encouraged to adopt Western practices and abandon their local traditional cultural practices (often facilitated by traditional healers), White women in the United States are increasingly shifting to new practices that favor home births overseen by midwives or facilitated by *doulas*. As Maraesa notes, one challenge of the Western approach is that the “biomedical discourse assumes an *acultural medium of delivery*, as if the practitioner disseminating the information is devoid of cultural biases” (p. 78; my emphasis) when in fact biomedicine is very culturally driven.

We know that in the United States, cultural bias is woven into the health-care system and medical practices, resulting in gross disparities in healthcare treatment. Will exporting this same system without any cultural adjustment reproduce similar inequalities in Belize? Or is there a new order? None of these issues surface in Maraesa's ethnography even though the cultural biases of biomedicine (and development policies) are very much part of the economic and cultural landscape of Black America and Belize. Maraesa's study focused on rural Maya women, who are among the poorest of Belize's poor and have the most limited access to up-to-date medical facilities. These women prefer delivering their babies at home rather than hospitals and rely on their husbands or other family members to assist them with birth, despite the empirical data on the risks involved. They don't trust hospitals or Western systems, and because those who do go to the hospital are already in dire straits, many of them die.

NEW WEST INDIAN GUIDE

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Over the last two decades, Belize's Ministry of Health has invested in providing "modern" resources to assist rural women with prenatal care and births in order to reduce maternal and infant mortality. But the rural communities are not very receptive to such efforts. Maraesa's attention to these tensions between government-driven biomedical approaches and traditional practices of massages, herbs, and bushdoctors is not new, and some contextualization could have given greater depth to the ethnography. In development practices, Western approaches are always presented as a good thing, and there is little critical perspective by Maraesa on whether this has proven to be the case. We learn that people trained by the Ministry of Health to assist with homebirths may gain small amounts of social capital and advantages (financial, social, and/or cultural), while others trained to assist their community may find their expertise is not accepted because of their reputation and how they are perceived in the community. Culture is a strong social leveler.

A Good Position for Birth gives us insight into the often-closed cultural spaces of Maya communities, but tells us surprisingly little about the anthropologist who is very much a part of the story. Her lack of reflexivity is reminiscent of traditional (White) ethnographers who presumed that their presence had no effect on the data collected.

One might ask who really benefits from this sort of anthropological research. If only we as researchers and our institutions are the beneficiaries, are we dealing with a new form of colonial practices? Maraesa cites the case of Rosita Arvigo (www.arvigotherapy.com), who has trademarked the teachings she received from a Maya healer, but apparently without providing Maya communities any benefits. Another question about cultural appropriation concerns a prayer that many healers had refused to share with her but that, once she did acquire it, she translated and published in full. My own "native" ethnographic practices say that it was not hers to reveal. Think of Zora Neale Hurston who never fully disclosed what she learned in her initiations into voodoo. She understood that they were not hers to give.

Read Maraesa's book with a heavy dose of critical perspective and the caveat that anthropology is long overdue for a change in how it trains graduate students to conduct ethnographic research.

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