

Chapter 22: From Midwives to Male Gynecologists: The Evolution of Birth Care and the Hidden Roots of Male Inferiority

THE BIBLE OF MALE INFERIORITY

Childbirth has long been one of the most profound and sacred human experiences, revered across cultures and time periods. From ancient societies to modern civilizations, the act of bringing life into the world has carried both spiritual and practical significance. In prehistoric times, it was an exclusively female domain, attended by midwives who possessed generational knowledge of the birthing process. These midwives were not only medical practitioners but also community leaders and healers, holding revered positions within their societies. The intimate connection women had with childbirth symbolized their central role in life-giving, reinforcing a deeply rooted feminine power.

However, over the course of history, this balance shifted dramatically. The gradual transition from women-led childbirth to the male-dominated field of gynecology marks a critical point in the evolution of birth care. This shift is more than just a change in medical practices—it reflects a deeper, more pervasive social transformation. At the heart of this change lies the concept of **male inferiority**, which emerged as men, excluded from the life-giving process, sought ways to reclaim authority and dominance in areas where they once felt inferior.

This essay will explore how the evolution from midwives to male gynecologists is intertwined with male inferiority and the broader effort of patriarchal systems to reassert control over women's bodies. By examining historical, cultural, and medical developments, we will uncover how this transition not only led to the advancement of modern medical practices but also reinforced entrenched gender dynamics. As birth care moved from the hands of experienced female midwives into the medical institutions controlled by men, the balance of power shifted, leaving a legacy that still affects reproductive health today.

In delving into this transformation, we will explore the cultural and social implications of childbirth moving from a communal, woman-centered process to a medicalized field dominated by male authority, all driven by an underlying current of male insecurity. This essay sets the stage for a discussion of how patriarchal structures evolved, driven by a desire to control and dominate what was once a sacred and feminine domain.

Prehistoric Midwives: Women at the Core of Life

In prehistoric societies, the role of women in childbirth extended far beyond that of caregivers; they were the custodians of life itself. Midwives, experienced women who assisted in childbirth, held a position of great

importance and reverence within their communities. Their knowledge was vast, encompassing not only the physical mechanics of birth but also herbal remedies, healing rituals, and spiritual practices. This wisdom, passed down through generations, formed the cornerstone of their ability to guide and support women during childbirth. The process was seen not only as a biological event but as a sacred rite of passage, with midwives acting as the intermediaries between life and death, humanity and the divine.

In many early cultures, the midwife's role extended beyond medical assistance; she was often regarded as a spiritual figure, someone capable of navigating the mysteries of birth and rebirth. Birth was seen as a divine moment, a miracle of creation, and midwives were entrusted with ensuring its success. Their understanding of nature and their connection to the life-giving process imbued them with a unique status. They were not only healers but also the keepers of ancient knowledge that merged physical care with spiritual and emotional guidance. In many prehistoric societies, midwives also had a symbolic role, believed to possess special powers that protected both mother and child.

The act of childbirth itself was considered a communal, all-female experience. In these early communities, men were largely excluded from the birthing process, both because of the deeply personal nature of the experience and because it was seen as a mystery of women's bodies—one that men, by their very nature, could not understand. In prehistoric societies, childbirth was often conducted in secluded spaces, attended only by women. These birthing rituals emphasized a strong sense of female solidarity, where women came together to support one another through one of the most profound events of human life.

Men's exclusion from this process highlighted a fundamental aspect of what we now recognize as **male inferiority**. The natural, biological ability to give birth and nurture life placed women at the core of existence, while men's role in procreation was seen as secondary. As midwives held this central, revered role, it reinforced a gendered separation in the understanding of life-giving powers. Women's connection to fertility and birth gave them a position of authority that was inaccessible to men, further deepening the divide between the genders.

This exclusive female domain of childbirth served as a foundation of feminine power in prehistoric societies. Birth was more than a biological event; it was a testament to women's essential role in the survival and continuation of the community. This sacred role of women in life-giving processes not only fostered a sense of respect and reverence for midwives but also positioned them as leaders in both spiritual and practical matters concerning birth and healing. The centrality of midwives in prehistoric life was, therefore, not just a matter of medical necessity but a reflection of the deep respect for women's unique life-giving abilities—a respect that would later be eroded as patriarchal systems sought to reassert control over reproduction.

Male Inferiority: The Exclusion from Life-Giving Processes

The concept of **male inferiority** emerges from the deep-rooted psychological and social responses to men's exclusion from the most essential of life-giving processes: childbirth. While women were central to the act of bringing life into the world, men, biologically incapable of participating directly, were left on the periphery. This exclusion created a significant emotional and social gap between the genders, planting the seeds of male inferiority. Defined as a psychological and social phenomenon, male inferiority reflects men's historical feelings of inadequacy and powerlessness in the face of women's ability to give birth, nurture life, and be seen as the vessels of creation.

The biological reality of childbirth is fundamental to understanding this dynamic. In prehistoric and early human societies, the role of men in procreation was largely limited to impregnation, while women carried the responsibility of pregnancy, childbirth, and nurturing the newborn. This imbalance in life-giving capabilities created a gender divide that was not just physical but symbolic. Women's ability to create life became a source of immense power and influence, deeply intertwined with spirituality and social roles. Midwives, as the overseers of birth, became revered figures, further amplifying the perception of women as life-givers.

For men, this exclusion from the core of human existence led to a profound sense of inadequacy, forming the basis of male inferiority. Without a direct role in the miracle of birth, men sought ways to compensate for their perceived lack of importance in the continuation of life. Their inability to engage in life-giving processes fostered a desire to assert themselves in other ways, leading to social structures where male power was defined by dominance rather than creation. As societies evolved, this gap between biological realities and social roles grew, leaving men to grapple with feelings of inferiority and, in response, an increasing drive to control and dominate.

In early social structures, this male inferiority began to shape power dynamics. Excluded from the female-centered rituals and knowledge of childbirth, men sought ways to assert their authority in areas where they felt lacking. Over time, this led to the development of patriarchal systems where men compensated for their exclusion from life-giving processes by establishing control over other aspects of life, including women's reproductive roles. What began as a natural biological gap between the genders transformed into a social and cultural divide, with men seeking ways to reclaim authority over what they could not naturally possess.

As male inferiority evolved, it played a crucial role in shaping men's desire to dominate fields that had traditionally been the domain of women. One such field was childbirth itself. The rise of male-dominated medicine and the eventual emergence of gynecology can be seen as a direct consequence of this exclusion. By institutionalizing childbirth and turning it into a medical procedure, men sought to regain control over an area of life that had once been beyond their grasp. This transition was not just about advancements in medical knowledge but also a manifestation of the deep-seated psychological need to overcome feelings of inferiority.

In essence, male inferiority fueled a societal drive toward patriarchy. Men, feeling sidelined in the sacred process of life creation, responded by creating social systems that reasserted their dominance in other areas, ultimately extending this dominance into childbirth itself. The exclusion from life-giving processes laid the foundation for a patriarchal worldview that sought to redefine power in terms of control rather than creation. This historical progression from exclusion to domination reflects a fundamental shift in gender dynamics, one that has had lasting implications for the roles of men and women in society.

The Patriarchal Shift: From Female Midwives to Male Authority

The transition from matriarchal or balanced societies to male-dominated, patriarchal systems represents one of the most significant shifts in human history, deeply influencing gender roles, social structures, and power dynamics. In early human communities, women held central positions due to their intrinsic connection to life-giving processes such as childbirth, and midwives were key figures in these matriarchal or egalitarian societies. However, as patriarchal systems began to rise, men sought to reclaim authority in areas where they previously had little control. Childbirth, once a sacred and female-dominated domain, became a focal point in this shift.

The rise of patriarchy coincided with the growth of organized civilizations, agricultural advancements, and the formalization of social hierarchies. With these developments came a stronger desire for control over land, resources, and people. Women's roles, particularly in childbirth and fertility, became subject to regulation as men sought to establish their authority over every aspect of life, including reproduction. Patriarchy, at its core, was about power and dominance—two concepts that were historically outside the realm of childbirth, a process naturally controlled by women. As patriarchal systems took root, men aimed to extend their influence into areas that had been traditionally female-led.

One of the key ways men sought to reclaim control over childbirth was by **medicalizing** it. This shift began in earnest during the Renaissance and into the Enlightenment period when advances in science and medicine were rapidly transforming many aspects of life. What was once considered sacred knowledge, passed down among women, became the subject of formal study by male doctors. By turning childbirth into a scientific procedure, men could legitimize their involvement and gradually position themselves as the new authorities in a field that had been beyond their reach.

The medicalization of childbirth allowed men to reclaim what had been an exclusively female realm, and in doing so, they sidelined midwives. With the rise of male-dominated medical professions, midwives were increasingly seen as outdated, untrained, and even dangerous. This was particularly true in Western societies where the formalization of medical education excluded women from universities and hospitals, preventing midwives from gaining the same recognition as male doctors. By casting childbirth as a risky and unpredictable

medical event, men positioned themselves as the necessary experts, further marginalizing the traditional role of midwives.

Throughout the 18th and 19th centuries, the marginalization of midwives intensified as **male doctors began to dominate the field of childbirth**. The emergence of obstetrics as a specialized branch of medicine allowed men to assume roles that midwives had traditionally filled. Women, who had been the custodians of generational knowledge about birth, were increasingly pushed to the sidelines, their expertise dismissed in favor of formal medical training. With the institutionalization of hospitals and the growth of modern medicine, childbirth became something that required male intervention, leading to a dramatic reduction in the role of midwives in many parts of the world.

In this patriarchal shift, midwives were no longer the revered figures they once were. Instead, they were increasingly seen as relics of a past era, incapable of keeping up with the advancements of modern science. This transition was part of a broader effort to reclaim control over reproduction and women's bodies. By medicalizing childbirth, men transformed it from a natural and communal female experience into a clinical, male-supervised procedure. This shift not only stripped women of their traditional roles but also reinforced the patriarchal narrative that men were the true authorities in all matters of life, including birth.

Ultimately, the rise of male authority in childbirth reflects a broader patriarchal impulse to dominate and control the feminine aspects of life. What had once been a sacred and female-centered experience became medicalized and institutionalized, reinforcing the idea that men, and not women, were the rightful stewards of human life. The marginalization of midwives is a powerful example of how patriarchy systematically undermined women's authority, replacing centuries of female knowledge with male-dominated expertise, driven by the deeper forces of male inferiority and the need to reassert dominance over women's natural life-giving powers.

Suppression of Midwives: From Healers to 'Witches'

As male authority over childbirth grew, a deliberate and systematic suppression of midwives began, reflecting both a fear of women's knowledge and a desire to control reproductive processes. During the Middle Ages, particularly in Europe, midwives—once respected as healers and essential figures in the life-giving process—became targets of suspicion and persecution. This period saw the rise of accusations of witchcraft, which were often leveled at women who held knowledge of herbal medicine, childbirth, and healing practices. Midwives, with their deep understanding of reproductive health and their integral role in childbirth, found themselves increasingly marginalized and demonized, as patriarchal forces sought to suppress their influence and replace it with male-dominated medical knowledge.

The **persecution of women's knowledge** during the Middle Ages was driven by several factors. The Christian Church played a significant role in associating female healing practices with witchcraft, particularly those related to childbirth and fertility. Women who had long been the custodians of natural remedies and childbirth techniques were now seen as threats to the growing authority of male-dominated institutions. Midwives, who facilitated the sacred process of birth, were cast as suspicious figures, often accused of being in league with the devil. These accusations were not only a means to suppress women's knowledge but also a reflection of deeper patriarchal fears about women's autonomy and power, especially in the domain of life and death.

The **contrast between traditional midwifery and the emerging male-dominated medical field** became stark during this time. Midwives, who had practiced based on centuries of communal knowledge and spiritual understanding, were increasingly sidelined as men began to institutionalize medicine. The rise of universities, where women were excluded, allowed male doctors to gain formal recognition and status as the new experts in childbirth. The scientific revolution, with its emphasis on empirical knowledge, further pushed midwives out of their traditional roles. While midwives continued to use natural remedies and a holistic understanding of childbirth, male doctors framed these practices as superstitious and backward. This created a narrative in which midwives were seen as untrained and even dangerous, while male doctors, armed with their emerging scientific knowledge, were portrayed as the rightful overseers of childbirth.

As the medical profession grew in power and prestige, **social and legal factors** were employed to suppress midwives in favor of male doctors. Laws were enacted that restricted midwifery practices and placed childbirth increasingly under the control of medical professionals. In some cases, midwives were required to report to male authorities, limiting their autonomy and reducing their role in the birthing process. Legal mechanisms, such as licensing requirements and medical oversight, further ensured that midwives were pushed out of the mainstream medical field. These regulations were often couched in terms of public health and safety, but in reality, they reflected a broader effort to undermine female authority in childbirth and elevate male doctors as the primary figures in reproductive health.

The **witch hunts** of the late Middle Ages and early modern period served as a powerful tool for eliminating midwives from their central roles in childbirth. Many midwives were accused of witchcraft and subjected to persecution, torture, and execution. These witch hunts were not merely about superstition; they were a deliberate strategy to suppress female knowledge and autonomy. By labeling midwives as witches, patriarchal forces effectively erased centuries of female expertise in childbirth, replacing it with male-dominated medical practices that reinforced men's control over women's bodies.

This transition from healer to "witch" is emblematic of the broader **patriarchal agenda** to diminish women's influence in society, particularly in areas where they had historically held power. The suppression of midwives

was not only about controlling childbirth but also about curbing women's broader societal roles as healers, leaders, and spiritual figures. By discrediting midwives and framing them as dangerous or evil, patriarchal systems could justify the shift toward male control of reproductive health, reinforcing male superiority while deepening women's dependence on male-dominated institutions.

In conclusion, the persecution of midwives as witches and the suppression of their knowledge was a calculated effort to dismantle female authority in childbirth and medicine. As patriarchal forces grew stronger, midwives, once respected and revered, became marginalized and vilified. The rise of male-dominated medicine was not just a story of scientific progress but also one of social control, as men sought to reclaim authority over the sacred and life-giving domain of childbirth by pushing women out of their traditional roles.

The Rise of Male Gynecologists: Medicalizing Childbirth

As patriarchal control over childbirth grew, the emergence of **gynecology** as a formal medical specialty marked a significant turning point in the male domination of reproductive health. From the 18th century onward, the rise of modern medicine, coupled with advances in surgical techniques and the establishment of hospitals, gave birth to a new, male-dominated field: gynecology. Traditionally, women had controlled childbirth through midwifery, with knowledge passed down through generations. However, as male physicians increasingly sought to institutionalize childbirth, they framed the process as a **medical condition requiring expert intervention**, further sidelining midwives and asserting male dominance in the field.

The **emergence of gynecology** came at a time when the professionalization of medicine excluded women, leaving male doctors to occupy spaces once controlled by female practitioners. The field itself evolved during a period of rapid scientific and technological advancement. From the use of forceps to anesthesia, childbirth was transformed from a natural, communal experience into a clinical and sometimes invasive medical procedure. As doctors began taking over childbirth, the once sacred domain of female midwives was now defined by hospital births, medical interventions, and male oversight. Women, who had once guided childbirth as spiritual and medical experts, were now patients—subjected to the expertise of male physicians.

One of the key drivers of this shift was the **institutionalization of childbirth**. What had previously been an intimate, home-centered experience shared among women became increasingly medicalized and placed within the walls of hospitals. By the 19th and early 20th centuries, hospital births had become the norm in many Western societies, and the role of the male gynecologist had become firmly established. Childbirth was no longer viewed as a natural process, but rather a potentially dangerous medical event that required the supervision of trained male doctors. This transformation was reinforced by advancements in obstetrics, a subfield of gynecology, which specialized in childbirth and pregnancy. Male gynecologists, once on the margins of reproductive health, now took center stage in managing pregnancies and delivering babies.

This institutional shift further marginalized midwives, as hospital births and **obstetric interventions**—including cesarean sections, the use of forceps, and the administration of anesthesia—became seen as safer and more reliable than traditional midwifery practices. This perception was bolstered by medical schools, which excluded women and formalized obstetrics as a male-dominated field. Over time, midwives were portrayed as unscientific or untrained, and their holistic, woman-centered approach to childbirth was increasingly dismissed by the medical establishment.

At the heart of this rise of male gynecologists is the **psychological and social force of male inferiority**. Men's historical exclusion from the life-giving process of childbirth left them with feelings of inadequacy and insecurity. This **biological gap**—the fact that men could not give birth or participate in the ultimate creative act of bringing life into the world—left a deep imprint on the male psyche. To compensate for this inferiority, men sought to control childbirth by medicalizing it and positioning themselves as the ultimate authorities on reproductive health. By doing so, they could assert their superiority in a domain where women had traditionally been dominant.

The **medicalization of childbirth** allowed men to reclaim control over a process that had long emphasized their inferiority. By transforming birth into a medical condition that required male intervention, men could assert their expertise and erase the feminine, communal aspects of the experience. This shift was not simply about improving medical outcomes—it was about redefining power dynamics in a way that reinforced male dominance. Men's desire to control birth reflects a deeper need to overcome the sense of powerlessness they historically felt in relation to women's life-giving capabilities.

The rise of male gynecologists, then, can be seen as a direct result of **patriarchal anxiety** over male inferiority. By taking over childbirth, men sought to erase the biological and psychological gap between the sexes. Gynecology, as a medical field, offered men a way to insert themselves into the life-giving process, to claim mastery over something that had long been beyond their reach. This shift also reflects the broader patriarchal drive to regulate women's bodies and reproductive capacities. By placing childbirth under male control, society reinforced the idea that women's bodies were not their own, but rather the domain of male expertise and authority.

In conclusion, the **rise of male gynecologists** and the medicalization of childbirth represent a profound transformation in both medicine and gender relations. What had once been a sacred, female-dominated process was reshaped by male doctors into a medical procedure under their control. This transition was driven by deeper forces of male inferiority, as men sought to reclaim authority in an area where they had historically been excluded. By transforming childbirth into a field of male-dominated expertise, patriarchal society reasserted male dominance and reinforced the idea that men, not women, should control the most fundamental

aspects of life.

Controlling Women's Bodies: A Legacy of Male Inferiority

The rise of male gynecologists and the medicalization of childbirth did more than just professionalize reproductive health; it established a **medical authority** that reinforced patriarchal control over women's bodies and reproductive autonomy. Male doctors, stepping into a domain historically governed by women, used their newfound medical expertise to assert authority over women's reproductive health, which in turn supported broader patriarchal structures. This shift not only marked a transformation in medical practice but also entrenched societal norms that viewed women's bodies as something to be regulated and controlled by men.

Historically, **male gynecologists reinforced patriarchal control** by positioning themselves as the ultimate arbiters of women's reproductive health, sidelining women's voices and choices. As men gained authority in the field, women were gradually removed from decision-making processes surrounding their own pregnancies and childbirths. This shift mirrored broader patriarchal tendencies to assert control over women's sexuality, fertility, and bodies, reinforcing the idea that men were more qualified to manage women's health, even though they had no firsthand experience of the female body's processes.

As childbirth became increasingly medicalized, women's **autonomy over their bodies** diminished. Where midwives had once respected the natural rhythms of pregnancy and birth, male-led medical practices began to intervene more aggressively. Hospital births became the norm, and along with them came procedures like forceps deliveries, episiotomies, and eventually cesarean sections. These interventions, though often medically necessary, were framed as superior to traditional midwifery practices, and in many cases, women were not consulted about the options available to them. The transition to male-led childbirth thus limited women's **control over their health decisions**, reducing them to passive participants in a process that was once centered on their autonomy and intuition.

Moreover, this suppression of female autonomy was not limited to the physical act of childbirth. **Male authority extended to the realm of reproductive rights** as a whole, influencing everything from contraception to abortion. Male gynecologists, through their control over women's reproductive health, played a key role in enforcing societal norms about when and how women should have children. The male-dominated medical field often imposed restrictive views on women's reproductive choices, with doctors seen as the gatekeepers of what was "medically appropriate," while disregarding women's personal agency. In this way, male inferiority, masked by expertise, laid the groundwork for further regulation of women's reproductive freedoms.

The **ongoing implications** of this historical shift continue to affect women's reproductive autonomy today. Though women have gained more access to information and choices regarding their health, the legacy of male-dominated gynecology still persists in certain aspects of reproductive care. For example, the normalization of medical interventions during childbirth, such as epidurals and scheduled cesarean sections, often comes at the expense of a more holistic, woman-centered approach. Many women still feel pressured to conform to the medical model of childbirth, even when they prefer less invasive methods.

Furthermore, **societal debates over reproductive rights** continue to reflect this legacy. The control of women's reproductive autonomy is still hotly contested, with policies on abortion, birth control, and maternal care often shaped by male-dominated political and medical institutions. Even in modern times, women's voices in their own healthcare are sometimes dismissed or devalued, especially in fields like gynecology, where male practitioners continue to dominate. The enduring perception that men are better suited to govern women's reproductive health reinforces the very male inferiority-driven patriarchal mindset that initiated this control centuries ago.

In essence, the rise of male gynecologists not only marked the medicalization of childbirth but also cemented a **legacy of patriarchal control over women's bodies**, rooted in male inferiority. The exclusion men once felt from the life-giving process was addressed by taking control of it, reducing female autonomy and prioritizing male authority. The suppression of female autonomy in reproductive care was not just a consequence of medical advancement but a calculated effort to claim power over a vital aspect of life that men had historically been excluded from. This legacy continues to echo in modern healthcare, reminding us of the deep ties between gender dynamics and medical authority.

The **transition from midwives to male gynecologists** was not just a natural evolution of medical practice but a reflection of **male inferiority**—a psychological and social phenomenon that arose from men's exclusion from the life-giving processes of childbirth. Throughout history, the field of reproductive care transformed from a sacred, women-led domain into a male-dominated medical profession, shaped by patriarchal structures that sought to reclaim control over women's bodies. The rise of male gynecology, fueled by a desire to overcome feelings of inferiority, became a pivotal moment in the broader history of gender dynamics.

This **historical shift** has profound implications for the understanding of **gender power relations**. By medicalizing childbirth and marginalizing midwives, men not only entered a field from which they had long been excluded but also cemented their dominance over a vital aspect of women's lives. The suppression of midwifery and the rise of male gynecology are emblematic of how patriarchal structures have used science and medicine to assert control over areas once governed by women, reinforcing traditional gender roles and limiting women's autonomy.

In **modern times**, the echoes of this transition are still felt in reproductive healthcare systems, where male authority remains prevalent, and women's autonomy is frequently contested. The story of midwives and gynecologists is a reminder of how **deeply ingrained societal structures** continue to influence contemporary practices, shaped by centuries-old perceptions of male inferiority. Recognizing the historical roots of these dynamics is essential for challenging the ongoing power imbalances and for fostering a healthcare system that prioritizes women's voices, bodies, and choices.