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Modernity and Medicalisation of Childbirth in Arunachal Pradesh

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ABSTRACT*:* The process of modernisation is witnessed all around the world. Modernity has impacted every aspect of human life, and this article deals with the impact of Modernity on health in general and childbirth methods in particular. Based on the data from NFHS-3, NFHS-4, and NFHS-5, there has been an increasing trend of institutional delivery and caesarean section delivery in Arunachal Pradesh. The introduction of institutional delivery has been linked with reducing Infant Mortality Rate and Maternal Mortality Ratio. Fewer women and children are dying during the childbirth process due to the introduction of institutional delivery. However, institutionalisation has inevitably resulted in the Medicalisation of childbirth. Moreover, Medicalisation has led to an increase in caesarean section surgery worldwide. The concept of institutional delivery, which is a product of Modernity, is relatively new in the tribal state of Arunachal Pradesh. This study tries to understand the changing childbirth method in the state by undertaking a qualitative study in the Doimukh and Naharlagun region of Arunachal Pradesh.

KEYWORDS: Caesarean Section, Childbirth method, Institutional Delivery, Medicalization, Modernisation

INTRODUCTION

'Modernity' and 'modernisation' refer to the interrelated series of economic, social, and political transformations that occurred in western societies during the nineteenth century. Urbanisation, industrialisation, and the spread of market capitalism were among the most salient features of these changes.

Sociologists have always been interested in Modernity and its consequences. To Emile Durkheim, modern society relates to the change in the Division of Labour. He said that there was mechanical solidarity in a traditional homogenous society that binds the society. In such a society, the division of labour was for the maintenance of joint economic and domestic tasks, which resulted in collective consciousness among people. However, as the society grows more heterogeneous as in modern society, the nature of solidarity changes to organic solidary. Social ties are changed into individual relationships governed by contracts rather than instantaneous social cooperation or compulsory responsibility. Max Weber's definition of Modernity includes three specific things- Calculability, Methodical behaviour, and Reflexive thinking. Rationality and efficiency is the key feature of modern society for Weber. According to Karl Marx, change of relation to production from agrarian to capitalist inevitably leads to the commodification of labour which ultimately leads to alienation of the working class.

Advancement in medical science is dubbed as one of the most important consequences of Modernity. Modern medicine has indeed revolutionised the health care system. For instance, the institutionalisation of childbirth has decreased both Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). However, many claims that the over institutionalisation of childbirth has inevitably led to its Medicalisation. Medicalisation refers to the ways in which medical jurisdiction has expanded in recent years and now encompasses many problems which hitherto were not defined as medical issues (Williams, Calnan 1996). The expansionist tendencies of medicine are primarily due to the medical profession exercising its power to define and control what constitutes health and illness in order to extend its dominance (Friedson 1970). The medical profession, as part of wider processes of industrialisation and bureaucratisation in society, has not only 'duped' the public into believing that they have an effective and valuable body of knowledge and skills but have also created a dependence through the Medicalisation of life, which has now undermined and taken away the public's right to self-determination (Illich 1976). It is also argued that this phenomenon is a means of social control that serves the interest of particular powerful groups in society, in this case, medical professionals. It has been suggested that women experience childbirth as 'alienating' not only as a consequence of the negative medical metaphors and images which pervade women's bodies and the definition of them as 'other' compared to male 'norms' but also as a consequence of being coerced into accepting the use of obstetric techniques (Doyal 1979, Scully and Bart 1978, Martin 1987).

One of the most severe effects of the Medicalisation of childbirth has been the issue of rising cases of caesarean section births all around the world.

RISE IN CAESAREAN SECTION CASES

Caesarean section (C-section) is one of the most frequently performed operations in women; it is a surgical process to deliver a baby involving an incision in the abdomen and uterus. C-section surgery was introduced to prevent or treat any life-threatening maternal or foetal complications. It is a necessary surgical procedure in case of specific pregnancy and delivery complications. When medically justified, a caesarean section can effectively prevent maternal and perinatal mortality and morbidity (Ghosh, James, 2010). According to the World Health Organization report (WHO,2015), the population sees a decrease in newborns' and mothers' death rates until the C-section rate is between 10 to 15 per cent. After the rate exceeds 15 per cent of the total deliveries, no additional benefit accrues to the children or the mothers, 'there is no justification for any region to have a caesarean section rate higher than 10-15%' (WHO, 1985). Both its underuse and overuse have adverse impacts on the child and maternal health (Betran et al., 2015).

However, it is evident worldwide that there is a rampant rise in caesarean section, so much that Theresa Morris (2015) calls it an epidemic. The escalating Caesarean Section rate is a major public health problem because it increases the health risk for mothers and babies and the cost of health care compared with natural deliveries (Morris, 2015). This potential overuse of caesarean procedure places an additional burden on weak health systems in less developed countries with limited resources. Unnecessary caesarean section is associated with an increased risk of maternal mortality and severe outcomes for mothers and new born infants than spontaneous vaginal delivery. Studies also suggest a strong association between caesarean delivery and increased neonatal mortality in countries with low and medium caesarean section rates (Belizan *et al.*, 2007). Years of research have shown that maternal mortality and morbidity are higher after the caesarean section than after vaginal birth (Sandall *et al.*, 2018). The risks include uterine rupture, abnormal placentation, ectopic pregnancy, stillbirth, over bleeding, blood clot, infection, adhesions, hernia, and other abdominal surgery complications. Caesarean section performed late in labour is linked to a risk of preterm birth in the subsequent pregnancy. When done at second dilatation, the risk increases from 2 per cent to around 15 per cent (Mishra, Ramanathan, 2002). Possible risks to babies born via caesarean section include a higher risk of admission to the neonatal unit because they have less bacterial exposure, which alters their immunity and gut micro biome diversity. They also tend to develop childhood asthma, type 1 diabetes, allergy, and obesity. However, there is insufficient evidence to show that the caesarean section causes these conditions. The mother's health and the reason for having a caesarean section could equally cause the child's risk of a long-term condition.

Although the debate continues about quantifying the need for life-saving obstetric surgery, the WHO suggested an optimal range for caesarean section rate between 10 per cent and 15 per cent, which has endured as the reference and is almost ubiquitous as the ideal rate (Betran et al.,2015).

India's case is not an exception in the global trend of the increasing caesarean section rate. India has exceeded the WHO threshold of the optimal range for the caesarean section. There is apprehension among people whether the rapid growth trend of caesarean section is healthy for society. Unnecessary caesareans, which are medically unjustified, lead to considerable costs for families and the health system. Insufficient doctors and the turning of health care into profit-seeking businesses have been mentioned as a reason for the increasing caesarean section number (Muzaffar, Akram 2019).

The National Family Health Survey (NFHS) fact sheet indicates that there has been an increasing trend in caesarean section birth in India. According to NFHS-3 (2005-06), the total percentage of births delivered by C-section was 8.5 per cent which doubled to 17.2 per cent in NFHS-4 (2015-16), and the most recent NFHS-5 (2019-21), it is 21.5 per cent. There is also an increasing trend in the births in a Private Health Facility delivered by C-section. It was 27.7 per cent in NFHS-3, 40.9 per cent in NFHS-4 and 47.4 in NFHS-5. However, in the case of births in a Public Health Facility delivered by C-section, there was a decline to 11.9 per cent in NFHS-4 from 15.2 per cent in NFHS-3, but it again increased in NFHS-5 to 14.3 per cent. Almost half of the children delivered in Private facilities are through C-sections whereas the Public facilities are still under the WHO prescribed threshold. There is a sharp rise in the C-section deliveries in Private Facilities compared to Public Facilities. The government's promotion of institutional delivery has further increased the cases of caesarean section rates (Muzaffar et al.2019). Institutional delivery in India has indeed seen a tremendous rise over time. It was 38.7 per cent in NFHS-3 which almost doubled to 78.9 per cent in NHFS-4, which again increased to 93.8 per cent in NFHS-5.

Table 1: Delivery Care India (for birth in the five years before the survey)

Birth Place And Method	***NFHS-5 (2019-21)***			***NFHS-4 (2015-16)***			***NFHS-3 (2005-06)***		
	Urban	***Rural***	***Total***	***Urban***	***Rural***	***Total***	***Urban***	***Rural***	***Total***
Institutional birth (%)	93.8	86.7	88.6	88.7	75.1	78.9	NA	NA	38.7
Institutional birth in Public Facilities (%)	52.6	65.3	61.9	46.2	54.4	52.1	NA	NA	18

Births delivered by caesarean section (%)	32.3	17.6	21.5	28.2	12.8	17.2	NA	NA	8.5
Births in a private health facility that were delivered by caesarean section (%)	49.3	46.0	47.4	44.8	37.7	40.9	NA	NA	27.7
Births in a public health facility that were delivered by caesarean section (%)	22.7	11.9	14.3	19.9	9.3	11.9	NA	NA	15.2

Source: National Family Health Survey (NFHS)-3 India Fact Sheet, NFHS-4 India Fact Sheet, and NFHS-5 India Fact Sheet http://rchiips.org/nfhs/

Note: NA= Not Available

THE CASE OF ARUNACHAL PRADESH

Although the concept of institutional delivery is relatively new in Arunachal Pradesh, it has seen rapid growth in the state as in rest of the country. According to NFHS-3, the institutional birth in Arunachal Pradesh was 28.5 per cent which rose to 52.2 per cent in NFHS-4, and in the most recent NFHS-5, it is 79.2 per cent. The rural Arunachal Pradesh has witnessed a massive increase in institutional birth, from 44.1 per cent in NFHS-4 to 77.3 per cent in NFHS-5. The urban areas of the state have also witnessed a rise to 90.2 per cent in the urban area in NFHS-5 from 81.5 per cent in NFHS-4. There is an increasing trend of C-section birth in Arunachal Pradesh, from 2.9 per cent in NFHS-3 to 8.9 per cent in NHFS-4, and it is 17.1 per cent in the most recent NFHS-5.

Table 2: **Delivery Care Arunachal Pradesh (for births in the five years before the survey)**

Birth Place And Method	***NFHS-5 (2019-21)***			***NFHS-4 (2015-16)***			***NFHS-3 (2005-2006)***		
	Urban	***Rural***	***Total***	***Urban***	***Rural***	***Total***	***Urban***	***Rural***	***Total***
Institutional birth (%)	90.2	77.3	79.2	81.5	44.1	52.2	64.1	19.0	31.7
Institutional birth in Public Facility (%)	82.1	73.6	74.8	59.5	38.0	42.7	NA	NA	19.5
Births delivered by caesarean section (%)	17.1	14.4	14.8	20.1	5.8	8.9	NA	NA	2.9
Births in a Private Health Care Facility that were delivered by caesarean section	56.3	43.8	47.3	42.2	32.8	37.5	NA	NA	9.9
Births in a Public Health Care Facility that were delivered by caesarean section	15.0	17.4	17.0	18.1	10.0	12.5	NA	NA	10.5

Source: National Family Health Survey (NFHS)-3 Fact Sheet Arunachal Pradesh, NFHS-4 Fact Sheet Arunachal Pradesh, and NFHS-5 Fact Sheet Arunachal Pradesh http://rchiips.org/nfhs/

Note: NA= Not Available

As in the rest of the world, Arunachal Pradesh shows a similar trend of an increasing caesarean section delivery. To understand the ground reality, this study was carried out in the capital region of Arunachal Pradesh. Tomo Riba Institute of Health and Medical Science (TRIHMS) is the largest hospital in the capital region. It is a public hospital providing low-cost services to people from all over the state. Apart from TRIHMS, a few private hospitals provide health care services to people of the state, namely- Niba Hospital, Heema Hospital, and Rama Krishna Mission Hospital.

Institutional delivery has been promoted by governments and NGOs alike to be best for both mother and child. It has indeed helped decrease the Infant Mortality Rate and Maternal Mortality Ratio. The Maternal Mortality Ratio (MMR) in India has declined to 113 per 100,000 live births in 2016-18 from 122 in 2015-17 and 130 in 2014-2016, according to the special bulletin on Maternal Mortality in India 2016-18, released by the Office of the Registrar General's Sample Registration System (SRS).

On the other hand, Infant Mortality Rate (IMR) has also seen a decline over time in India. From 79 per 1000 live births in NFHS-1 (1991-92) to 35 in the latest NFHS-5 (2019-21). The Neonatal Mortality Rate (NNMR) is even lower, at 25 per 1000 live births. This positive trend is attributed to the increasing access to institutional delivery all over the country.

Table 3: Infant Mortality Rate and Neonatal Mortality Rate per 1000 live births in India.

National Family Health Survey	*Infant Mortality Rate (IMR)*			*Neonatal Mortality Rate (NNMR)*		
	Urban	*Rural*	*Total*	*Urban*	*Rural*	*Total*
NFHS-1	56	85	79	NA	NA	NA
NFHS-2	47	73	68	NA	NA	NA
NFHS-3	42	62	57	NA	NA	NA
NFHS-4	29	46	41	NA	NA	29.5
NFHS-5	26.6	38.4	35.2	18.0	27.5	24.9

Source: National Family Health Survey (NFHS)-1 National Report, NFHS-2 National Report, NFHS-3 India Fact Sheet, NFHS-4 India Fact Sheet, and NFHS-5 India Fact Sheet http://rchiips.org/nfhs/
Note: NA= Not Available

The rise in institutional delivery nevertheless has been linked with the Medicalisation of childbirth, as a result of which an unprecedented rise in caesarean section deliveries is evident.

Modernity is relatively a new concept in the tribal state of Arunachal Pradesh. However, it could not stay untouched by the forces of Modernity for a very long time. People in the state have been quite welcoming towards modern fads. As a result of Modernity, the developments in medical sciences boast of providing human beings with a longer, healthier life. It has brought drastic changes in the way we view healthcare. Health care has become more institutionalised, which is accepted as a rational thing to happen as society becomes modern. Childbirth has always been an event of celebration in Arunachal society. There were many customs and rituals that were to be followed by the family and the community when a woman conceives and the period after the child is born. With the introduction and promotion of institutional births as the most appropriate, both for mother and child, childbirth have become a more private affair. It has also led to the Medicalisation of maternal care and childbirth, which resulted in many people viewing pregnancy as some sort of disease or illness that needs medical care (Ghosh, James, 2010). People seek medical care from conception until the child is born and sometimes even after birth. Medicalisation is a process by which non-medical problems become defined and treated as medical problems, usually in terms of illness or disorders. The Medicalisation of maternal care has inevitably led to a rise in C-section rates all around the world.

CHANGING CHILDBIRTH METHOD IN ARUNACHAL PRADESH: A CASE STUDY OF DOIMUKH AND NAHARLAGUN AREA OF ARUNACHAL PRADESH

Based on the problem mentioned in the earlier sections, qualitative research was undertaken to look into the case of Arunachal Pradesh. A sample of 30 women from different walks of life was interviewed for this study. These women include homemakers, teachers, medical professionals, so on. The most important criteria for selecting a sample were to identify those women who had given birth at least once either through a C-section or natural vaginal delivery not more than ten years before the study. The sample consisted of women between the ages of 19 to 45 years. The study was undertaken in the Naharlagun and Doimukh region of Papum Pare district in Arunachal Pradesh. Respondent's names were changed during report writing for privacy reasons.

The interview included questions regarding maternity care such as: what was the choice of childbirth method, what was the role of family members and doctors in decision making regarding the selection of particular childbirth methods, what were the health consequences of choosing particular childbirth methods to both mother and child, and what the women's opinion on caesarean section was.

The interview intended to get the views of those affected: those women who had given birth at least once. The main objectives of the interview were to understand what the preferred childbirth method was among the women of Doimukh and Naharlagun and the reason thereof. It also tries to understand the factors that impacted the final decision-making process and the consequences of those decisions on the health of mother and child. Furthermore, most importantly, the interview tries to understand the views of women on C-sections. An open-ended interview schedule was used to undertake this study.

The study's findings were as follows: the majority of the women, 28 out of 30, believed there is a rising trend in the cases of C-section delivery in Arunachal Pradesh. Interestingly 24 women said they preferred natural vaginal delivery over C-sections. Their main concern regarding C-section was its prolonged effect on overall health, costlier than a natural delivery, probable

complicacy in a future pregnancy, and relatively more difficult to lose weight after giving birth. Almost all the women agreed that the doctor plays the most crucial role in deciding whether a woman will undergo C-section surgery or not. Out of the total, 23 women were told to undergo C-section by their doctors at some point during their pregnancy. 16 women had given birth through C-section surgery at least once; out of this, 15 women agreed that C-section had a prolonged negative effect on their health, most commonly acute back pain and weakness.

Overall there was apprehension among the women that they were *'frightened'* by the doctors. However, because of limited knowledge on their side, the women could not question the health care provider even when they wanted to. They preferred to follow doctors' instructions unquestioned rather than putting their child's life at risk. Recommendation of caesarean section is often made at the very last moment, when the parents-to-be, out of the concern for their child's life, do as the doctors tell them. Ampu 36, a nurse by profession, said*, "it (C-section cases) has increased a lot! Doctors tell women that they have this or that problem at the last moment and ask them to have CS. I have seen such a thing happening to my patient; it just happened on December 3rd in this hospital itself... Even in the cases where normal delivery was possible, doctors perform CS."*

Sangeeta, 27, who had given birth through C-section surgery, says, *"The doctors frighten women by saying- go for CS or try giving natural birth at your own risk. The first time mother gets frightened when doctors say such things, they can never risk their child's life whom they have carried for nine months, so they go for CS."*

Liniu, 30, a mother of two, said, *"They (doctors) always try to go for caesarean section whenever they could. The doctors should not go for a caesarean section just after the onset of labour. Going into labour is a long process, so the patient should be given enough time for the natural dilation to occur; only after waiting for sufficient time should they decide whether to go for caesarean section or not."* She says the caesarean section should only be the last resort, and it should not be the first option.

The advancement in modern medicine in general and obstetric care, in particular, has contributed much to the increasing C-section cases. As Annie, an experienced nurse, aptly puts, *"Nowadays there is too much medical intervention in the childbirth process, from conception till the birth. It all starts when the women are given the Expected Delivery Date (EDD) by the doctor based on their Last Menstruation Period (LMP). Even when the date approaches and nothing happens, women, especially first-time mothers, start to panic and question the doctor. They start doubting their baby's wellbeing, like if the baby ingests meconium or is strangled by the umbilical cord. Because they start panicking in the first place, they doubt if the labour pain they experience later is natural. At the very onset of the labour pain, some women start complaining, thinking the pain is unnatural and asks for a caesarean section. In order to avoid any risk, the doctors perform a caesarean section. Their main concern is to save the mother and the child. Naturally, they will not want to be blamed if something bad happens. I believe 70 per cent of the C-section takes place because of the women's insistence. Sometimes the doctors might ask them to wait for 2-3 days after the expected delivery date, but the women ask for C-section out of fear and pain. When they make up their mind, the doctors can do nothing about it."* She further elaborates by saying that some women, especially those from the villages who are less educated, do not remember their exact last menstrual period (LMP). Most of the time, the doctors give them the expected delivery date (EDD) based on an assumed LMP, which means there are high chances of the baby not being born on the given EDD, but when this happens, the doctors suggest for caesarean section.

Many women found it difficult to understand the medical terminologies used by the professionals such as LMP, EDD, breech position, Cephalopelvic Disproportion, so on during their check-ups. They felt they had no knowledge about what the professionals talked about. Therefore, they gave the doctors the decision-making power as they did not want to take any chance with their child's life. Ampi 36, who is a mother of two girls both born via C-section, said, *"…. nowadays, doctors give so many medicines, and I am not that educated; I cannot read what those medicines say on the back, so I think it is best to cooperate with the doctor… it is best to listen to the doctors."*

Medical intervention during the childbirth process is common in institutional delivery. Induced labour pain is one of the most common among such interventions. Many women during the interview claimed that medically induced labour causes so much pain that they could not bear it and opted for C-section so as to get fast relief from agonising pain. Amak, 26, who had experienced both natural and induced labour said, *"during natural labour, we feel pain, but there are times when the pain is not that severe, and we can relax a bit in that period. But the induced labour pain is just unbearable. I believe that is why most women go for caesarean section after taking the injection (induced labour)."*

Apart from the doctor's recommendation, many women said the modern lifestyle is also a reason for the increasing trend of C-sections. Some women said that although they preferred natural delivery over a caesarean section, C-section was much *"easier, faster and less painful."* Life has become much easier in modern times; women do not have to toil physically to provide for their families. Many respondents said modern women had become '*weak'* and '*lazy,'* and in order to avoid the pain of giving birth, they opt for surgery.

Mania 27 "*… all the new mothers that I know, be it my cousins, aunts, or sisters-in-law, have gone for C-sections. I think the main reason for this is that women become quite sensitive when they are pregnant; I mean, they seek extra care and affection from their husbands and become lazy and choose to remain idle at home; because of this, they fail to have a natural delivery.*"

Anu, 32, who had gone against the doctor's suggestion for C-section and opted for vaginal delivery, said, *"The first time mothers nowadays cannot bear the labour pain, and they ask for it (caesarean section) by themselves, like my sister-in-law (laughs)."*

Jomba, 34, who gave birth to three boys, said, *"Young mothers nowadays are too weak and do not try to have a normal delivery. It is all about the mentality of the woman. If she makes up her mind to have a C-section without even trying to have a natural delivery, doctors cannot do anything but perform the surgery."*

Most of the women interviewed who were in the medical profession were in support of C-section delivery. Annie, a nurse by profession, believes that C-sections are a result of development in medical sciences, and there is nothing wrong with taking advantage of this new advancement. She claims that there is almost zero incident of stillbirth because of the introduction of C-sections. She strongly suggests people should not hesitate to go for a C-section when doctors prescribe it. She agreed that the C-section rate is increasing in Arunachal Pradesh *"what to do, one must go with the change (laughs). Lifestyle changes with the change in technology."*

On the other hand, a few women said they preferred natural birth but would opt for C-section nonetheless.

Yami, 45, mother of seven, said, *"natural birth is very messy, you have to be cut which needs to be stitched up, and before that, you need to be cleaned down below by the nurses; that is what I hate the most (she almost shouts when she says this), they wash it and put scissors there…cutting and stitching… I always feel like shouting out loud at that moment. It is beyond my tolerance level. I know they do it for us so that we will not get an infection, but it is the worst part of normal delivery, in my opinion. In caesarean, things are much simpler; they cut you take out the baby, and stitch you back; that is it. There is no messiness, so cleaning is also simpler."*

Another respondent, Ampu, who had given birth through both C-section and Vaginal delivery, said, *"CS was more hygienic. Although there were some complicacy and the pain remained for almost a month, it was not anything sort of unbearable. CS is also safer for the baby because there are many complications related to normal delivery. For example, the pressure exerted during birth may hurt the baby, and there are also chances of birth trauma or postpartum haemorrhage (PPH) and many other things. However, such things do not happen in CS, so it is safer than vaginal delivery."*

Ankha, 32, who is a nurse by profession, said, *"CS is safer for the baby, and it is not like we will have 10-11 children like earlier times, nowadays people mostly have two children maximum, and that is safely possible through CS, and it is also safer for the baby."*

The advancement in medical science has given people more choices. Unlike in the past, many people today make a plan before having a child. Most women these days prefer to get pregnant later in their lives, which has resulted in infertility problems. Because of this, when they conceive, they do not want to take any chance and follow whatever the doctor tells them to do. There are also more chances of birth complications for late mothers. Therefore, the modern lifestyle has given way for more medical interventions in general and caesarean section surgery in particular.

CONCLUSION

Modernity has given us many positive things. The advancement in modern medicine especially has been a boon to humanity. Today, we have treatment for many erstwhile deadly diseases such as AIDS, Tuberculosis, measles, and others. It has also provided better maternal and obstetric care with the institutionalisation of childbirth, resulting in a decrease in Infant Mortality Rate and Maternal Mortality Ratio. However, childbirth has been institutionalised to the extent that everything is monitored, from the time of early conception till the child is born. Ultrasound imaging plays a vital role in monitoring every minute detail of the foetus. This has provided more power at the hands of doctors as they now have all the data supporting them. As a result of over-monitoring, there has been an increased medicalisation of childbirth. Childbirth which is a normal biological process is now viewed as some sickness that needs medical treatment. Health has become a dominant cultural motif in which issues of 'control' and 'release' function symbolically as metaphors for late capitalist imperatives of 'production' and 'consumption' in consumer culture (Crawford 1985). This is quite evident in childbirth care. The doctors empowered with their medical knowledge have the 'control' over the lay populace.

In Peter Berger's understanding, Modernity has two types of carriers: primary and Secondary. The primary carrier includes technological advancement, which leads to rational economic gain. On the other hand, the secondary carrier includes other aspects such as cultural change, urbanisation, and so on. Modern medicine can be considered a carrier of Modernity in a specific way. The primary goal of medicine has remained the same: to cure any unhealthy person. However, modern medicine has changed its nature with the development of technology. Modern medicine has become a commodity in recent times, whereas traditional medicine was not regarded as a commodity. The technological change that has come along with modern medicine directly relates it with the modern economy with the rational calculation of profit and loss (Gallagher 1988). Modernity per se is not wrong, but not all of its consequences are worth celebrating, in this case, the commodification of health care.

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