



# Reality Pregnancy and the Online Recolonization of the Female Body

Alicia Julia Wilson Takaoka<sup>(✉)</sup> 

Norwegian University of Science and Technology, Trondheim, Norway  
alicia.j.w.takaoka@ntnu.no  
<https://www.ntnu.no>

**Abstract.** This study defines and operationalizes reality pregnancy in the context of recolonization as an emerging composite construct. Using partial least squares, the concept of reality pregnancy is shown to have strong significance, 99.5%, on the total number of babies a YouTuber has at the time of analysis. The weights of each variable in reality pregnancy are: Gender of the content creator at  $-0.134$ , the image-making composite at  $0.485$ , and the medical model at  $0.627$ . Social media engagement was correlated with reality pregnancy but has no impact on the total number of babies a YouTuber has. While much work should be done to refine the reality pregnancy construct as an aspect of recolonization, this work shows the characteristics of reality pregnancy as depicted in videos on YouTube and can be used across social media sites for further validation.

**Keywords:** reality pregnancy · reality tv · birth journey · recolonization · social media engagement · image-making · medical model of birth · media representations · YouTube · partial least squares

## 1 Introduction

Every pregnancy and delivery is a personal experience. When a person shares their birth journey—an account of their pregnancy, labor, and delivery—in any medium to any audience size, they are sharing an experience associated with intimate knowledge that may challenge or reinforce ideas and norms about motherhood, womanhood, and the process of procreation. Any woman in the US cannot escape this connection to the birth journey. As Wilson states, “A woman cannot escape the connection to motherhood. Whether a woman is called infertile, involuntarily or voluntarily childless, a nonmother, or childfree, the available labels refer to something that is missing. She is not fertile or not the mother of a child...others see her as a woman who disrupts her prescribed role, who does not fit, who must be repaired, or, at least, explained” [46], (p. 13-14). This experience is gendered, and what information a pregnant person chooses to share about this process is an example of using one’s own agency to articulate something unique and singular. In the patriarchy, the birth journey is gendered. It belongs only to

cis-gendered women, and only women can access or share this experience with outsiders. For most women who do not get to experience a live birth before their own pregnancy, many pregnant people turn to reality tv and vlogs for information about the labor, birth, and pregnancy process [15, 25, 29, 31]. This study examines the characteristics of social media engagement [28, 43], image-making [7], and the medical model of birth, labor, and delivery [9] as an act of recolonization as reality pregnancy.

Simulated birth experiences by male content creators and channels that feature men on YouTube have more viewers than first person birth narratives by their female counterparts. As seen in Table 1, the top two most viewed videos in this dataset are simulations of birth. Thomas Schwenke makes computer generated simulations, and the BuzzFeed video is the first of two pregnancy simulation videos produced by The Try Guys. Two channels, HonoreSquad and The Campbell Cloud, are family-focused, so men feature prominently. Only one channel in the Top 5, Colleen Ballinger, is a female content creator, sharing her birth journey.

**Table 1.** Top 5 Birth-Related Videos by Views

ChannelName	Subscribers	Date	Duration	Likes	Views	BabyNo.
Thomas Schwenke	1,390,000	April 2021	19:35	498,397	84,663,001	sim
BuzzFeedVideo	20,200,000	May 2015	8:02	404,928	35,722,680	sim
Colleen Ballinger	8,680,000	Dec 2018	14:10	1,400,000	33,606,673	1
HonoreSquad	74,700	Sept 2020	34:16	88,958	25,625,609	4
the campbell cloud	84,900	May 2021	13:56	254,000	17,279,996	3

Some famous birth journeys are told from the first person perspective with or without the aid of a large production company. As such, viewers get an intimate view of the birth journey which may break taboos even if the narrative reinforces ideals and norms about the construct “motherhood as womanhood” [37]. Brittani Louise Taylor, a YouTuber with nearly 1.4 million followers who shared her story of survivorship on Shane Dawson’s channel, has 479,000 views on her video “My Labor and Delivery Story,” and Emily Norris, a lifestyle YouTuber, has over 659,000 views for her birth narrative. Snooki televised both of her births on the MTV show Snooki and Jwoww in the episodes “Last Call at Club Uterus” in 2013 and “It’s Like a Roller Coaster of Pain” in 2015. Jwoww also delivered her first baby on the same show in the episode “And Baby Makes Six.” Although this show is now only viewable behind a paywall, news of these births garnered only 562,000 views at most on recap shows. Brie Bella of Total Divas, Total Bellas, and their YouTube channel The Bella Twins recounted her birth journey several times including a live update from the hospital when her baby was experiencing complications. This video received 458,000 views. The video of Brie’s birth journey with the most views was “Welcome Birdie Joe! Looking Back at Brie’s Journey to Motherhood” which has over 3,976,000 views. Still, the views of all of these videos in combination pale in comparison to The Try Guys’ birth journey videos. This led to the question: *What is the landscape of birth videos and engagement on YouTube?*

## 2 Background

An understanding of select literature across disciplines is necessary to understand the emerging construct Reality Pregnancy. An overview of reality television will be presented. The process of colonization, decolonization, and recolonization will be discussed. This acts as a framework for exploring pregnancy on reality tv and the medical and social models of birth. Finally, social media engagement will be presented.

### 2.1 Reality TV

Many studies have evaluated reality television (tv) and its value in society. Reality tv can be defined by several characteristics. Reality tv developed as a genre that featured ordinary people instead of professional actors who are continuously filmed in a wide range of program types that attract audiences by promoting dramatic or taboo subjects presented in real, but often manufactured, situations [1, 14, 23, 29, 33, 35]. Some formats include documentaries, game shows, and dramas. Now, reality tv is an area that actors can pursue, and these actors can be seen in shows like *Love is Blind* or *The Jersey Shore* and their cross-over universes. This growing genre of television has led to a robust area of research.

Most research takes a uses and gratifications approach to evaluate why reality tv is attractive [4, 15, 33]. Reiss and Wiltz [35] identify 16 types of joy that act as motivation under sensitivity theory that viewers may experience watching reality tv. Specific dimensions of human emotion have been evaluated as well. These include narcissism on *The Jersey Shore* [13], poor-blaming and poor-shaming [3], and the justification to air emotionally contagious content on television by broadcasters [24]. Some studies have also evaluated the structure of reality tv shows.

Reality TV shows may have both real and scripted elements. Shows are edited to tell a specific story or create an image of a character [1]. Ouellette and Hay [31] explain that subgenres of reality tv embed testing, judging, advising, and rewarding into content. Reality tv has several subgenres including dating, lifestyle, docusoaps, and sitcoms [44, 45], and reality pregnancy can be seen in several of these subgenres as a plot or subplot. Reality pregnancy can then be defined as the documenting of any part of the birth journey for entertainment through story telling or character image creation. Several women have shared their birth journeys on tv programs or YouTube. While some may see this as a reclamation of the female body, others may argue that is a display of recolonization.

### 2.2 Colonization, Decolonization, and Recolonization

Even though areas of research in computing are dedicated to recognizing the effects of colonization and the process of decolonization [17, 18], artifacts of colonization persist. Colonization is the act of assuming power and control over a people, land, resources, often through subjugation [36, 38]. Controlling a people

also often involves understanding that the creation and maintenance of narratives like the dichotomy of the sacred and profane [27], othering [32], gendering [8], and sexualizing [5] the female body are created as a part of the process. As Harb-Ranero [16] explains, female bodies are often colonized through violence and abuse and exploited under the patriarchy.

Throughout history, women's bodies have been a site of repeated colonization for the pleasure and entertainment of others, for profit, and for national endeavors. As Edgren [10] points out, Sweden, America, and France have all developed national policy to claim that having babies—whether for economic or political aims—is the most important work a woman can do. National financial systems were created for women, even unmarried ones, to focus on having babies for the good of the nation. A lack of agency and an internalization of values from the colonizer is necessary for the colonized to maintain the systems of oppression that keep them imprisoned.

Decolonization is a process of questioning, unlearning, and reclaiming a body, a history, and a culture. The decolonization of womxn thrived in the 1920s–1970s globally and is in a revitalized period of reclamation. Involved in this process is activism for social changes related to education, spirituality, and bodily autonomy as well as reconnection to the land and resources. Social programs and money are allocated for the intentional and specific purposes of gender balance and inclusion [6]. Specifically relating to the female body, decolonization includes stopping female genital mutilation, deciding what is ingested by the body, controlling the image of one's own body, and expressing how, when, and if the body is used for pleasure, work, or birth. There is some debate about if we are in a post-colonial or recolonial period.

Bourbonnais questions if we are in a period of post-colonialism, where the focus is on implementing indigenous cultural practices, genders, languages, and histories, or if we are in a period of recolonization in which the gaze and desires of colonialism and the patriarchy dominate cultural and societal norms. Bourbonnais writes, “Alexander has described this as a process of ‘recolonisation’, in which ‘the neocolonial state continues the policing of sexualised bodies . . . as if the colonial masters were still looking on’” [6]. This can be seen in reality pregnancy videos on YouTube.

Buzzfeed is a lifestyle, food, and entertainment content creator, and their 14th most popular video is “The Try Guys Try Labor Pain Simulation, Motherhood: Part 4” with over 35,000,000 views to date. The Try Guys were a media production team at BuzzFeed from 2014 before they left to start 2nd Try LLC in 2018 when their existing content was put behind a paywall without their consent. BuzzFeed and The Try Guys were filming a show to exist solely behind the paywall [39]. Shortly after leaving BuzzFeed, one of the original owners of Second Try announced the birth of his wife's and his second child. The Try Guys created a video in which each of the members reenacted the labor and delivery process, and the video “The Try Guys Try 14h of Labor Pain Simulation” has over 16,000,000 views to date. This video's views surpass the female birth journeys discussed previously, but this video's views are tiny when compared to

their most popular video of all time, “The Try Guys Try Labor Pain Simulation, Motherhood: Part 4” with over 33,250,000 views to date. Upon evaluation, “The Try Guys Try 14 h of Labor Pain Simulation” is a recreation of Ariel Fulmer’s birth journey. Ariel is the wife of one of The Try Guys, and her story is only told to enhance or explain the video’s content.

Ariel not sharing her own birth journey is problematic for many reasons. First, her voice is minimized in the process of reality pregnancy as an act of recolonization of the female body. Recolonization is the act of colonizing an area previously colonized for a second or subsequent colonization [41]. During this process of recolonization, The Try Guys control the narrative about pregnancy, labor, and all aspects of the birth journey essentially taking away that experience to the person it happened to. Unwittingly, The Try Guys hijacked the birth journey in their retelling of Ariel’s story and their Motherhood series to undermine the experiences of women in favor of likes, views, and monetization. They dictate expectations about interest in pregnancy and the birth journey for entertainment and reorient men to the focus of these processes. They use hegemonic vocabulary to create and share narratives about the pregnant body which reinforces the social and medical institution’s narratives about birth in a pronatalist society.

### 2.3 Image-Making

Presenting a story in one’s own words is a part of reclaiming the image-making process. Buckman explains that image-making is a process of domination, subordination, and control to maintain the hegemonic discourse of imperialism [7]. Image-making occurs in the four institutions that impact bodily autonomy for women: religion, politics, society, and medicine [37]. Examples of political [34], religious [30], and social [2, 42] image-making research can be found. Image-making includes three elements: the producer, the process, and the content or composition.

The image-making process for colonization of the female body depicts domination and subordination. It maintains the institutionalization of imperialism. Among groups, it maintains difference or othering. For women’s colonized bodies, image-making maintains gendered and sexual domination. Based on themes found in previous, research reality pregnancy may maintain the colonial values of the hegemonic culture. The indicators for image-making for reality pregnancy are:

- Women are incapable of giving birth without medical intervention (female body is inferior and other)
- Women are seen as a patient (dominant/subordinate relationship)
- Women deliver the baby in a silent birth because the baby deserves safe passage into world (not the object or focus, birth happens to her)
- Videos will be white dominated (lack diversity in representation)
- Women adhere to “good girl” standards about birth (doing hair and makeup, serenity, introspection, gratitude, and education about the process) [7, 25]

## 2.4 Pregnancy on Reality TV

While reality TV has been a booming area for research, fewer studies have evaluated the value of birth narratives on reality [9, 11, 12, 25, 26, 29, 40]. Correlations between teen pregnancy and viewership have been examined. Kearney and Levine [21] have stated that changes in teen pregnancy by geographical area correlate to viewership of shows relating to teen pregnancy. They express that in areas of high viewership, there is a measured reduction in births. However, Jaeger, Joyce, and Kaestner [19] respond to this study, cautioning that there are issues with this type of point-in-time data and that other factors like race, gender, employment status, and level of education may also be contributing factors between a decrease in teen pregnancy in the US and the rise of popular reality tv shows about teen pregnancy. In response, Kearney and Levine thank Jaeger et al. for validating their results [22]. This cautionary tale of correlation and construct validity shaped the construction of the reality pregnancy model as a possible part of recolonization of the female body.

Themes that were identified in reality pregnancy align with the medical model of birth. As seen in Morris and McInerney [29], Luce [25], and Cummins [9], women look to reality pregnancy for education, and the themes maintaining a reliance on the medicalization of the birth journey have impacted a lack of choice and agency and may also have contributed to the high maternal morbidity rate in the US [9]. Prior to the 20th century, midwives were the primary providers of childbirth in the US. Obstetricians categorized birth as either normal or abnormal, and women needed professionals with specific skills and training to deal with abnormal births. With this displacement, new narratives about birth and the role of women in the process began to develop. These include listening to authoritative sources about birthing and mothering, a timeline for the delivery process, and an increase in medical intervention during childbirth [25]. Along with fear and danger, these narratives construct the medical model of birth. In contrast, the social model of birth acknowledges that birth is a varied process and that women should be free agents to determine their delivery position, setting, and coping strategies that work best for their own bodies [9]. These models denote different focuses and priorities. For the purpose of this study, the medical model was selected for operationalization. The indicators for the medical model of reality pregnancy are:

- Video presents an innate fear and emphasis of risks
- Hospitals are described as the only rational place to give birth
- The body’s ability to give birth is trivialized
- Video presents pregnant women as passive actors without agency in the process
- People in the video ignore or disparage midwifery [9].

## 2.5 Objectives

The objective of this exploration is to identify characteristics of reality pregnancy as an example of recolonization of the female body in videos relating to birth

journeys. This includes viewership of different reality pregnancy videos, simulated birth experiences, and delivering babies from the perspectives of male and female content creators. This study also seeks to define reality pregnancy using composite modeling.

### 3 Methods

Videos were scraped using Apify for YouTube and validated by repeating the search query on the YouTube API. This yielded a sample size of 50 videos, and the data gathered was the channel name, video title, description, total views, likes, channel, subscribers, and comments. A snowball sample of recommended videos was run to gather a larger, more representative sample of birth videos until all videos in the recommended videos were repeated. This process produced an additional 44 videos.

Data was manually cleaned. Videos were excluded if they were fictional birth stories or not about an actual birth experience (ex: birth and death of a minecraft character, a scene from a movie, or miscarriage) based on video title and description. Episodes about delivery and delivering the baby provided context cues for identifying correct episodes for analysis. This left a total of 74 videos by 51 unique channels. Of those, four were simulations of birth, eight were hosted on a parent channel like BuzzFeed, E! Entertainment, and World Wrestling Entertainment, and three were reclaiming ownership of the birth journey through retelling.

The latent variable constructs are the image-making process, gender of the content creator, the medical model, and social media engagement rates. Metadata discovery was performed to identify structural items that comprise social media engagement. Structural data includes viewership demographics of each video using the scraped data as well as capturing viewer statistics for the most rewatched or clipped segments of the videos. In addition, to further develop the items used for construct evaluation, data gathered from the content creators on YouTube were evaluated. The race of the channel owner, medical interventions used, marital status, and medical narratives persistent in birthing literature were identified. Partial least squares was used to establish the relationships among constructs in order to further define and operationalize the recolonization of the female body in reality pregnancy, birth narratives, and the reality birth journey.

The dataset was evaluated using Adanco, a software for structure equation modeling of composite and emerging constructs. Latent variable scores of the composite variables Image-Making, Medical Model (of birth and delivery), Gender of the YouTube channel owner, and Engagement Rate (by views and post) were obtained against the total babies of these YouTubers by December 2022. This depiction of babies was selected because some videos depicted one baby or twins being born, but the YouTuber could have between one and 8 babies at the time the data was captured and analyzed. An iterative effect on the body was considered because the effect of having one baby is not the same as having one baby for the eighth time, but it was difficult to standardize per video examined. The results of the evaluations will now be presented.

## 4 Results

As noted, a total of 74 videos were analyzed using thematic analysis for how the content contributes to the medical model of birth, the image-making process, and engagement rates in relation to the gender of the channel creator and YouTuber giving birth and the total number of babies these creators have at the time of analysis in December 2022.

### 4.1 Partial Least Squares Model

The Partial Least Squares (PLS) models were calculated and constructed using Adanco software for composite modeling. A two-step model was selected because of the nature of a combination of composite and latent constructs for recolonization. Latent variable scores (LVS) were calculated using goodness of fit and verified using bootstrapping. The variables calculated in Step 1 were a composite score of the representation of Medical Model values (0–5), a composite score of the Image-Making Process (0–5) shown in the videos, gender of the YouTuber the channel belongs to AND the one delivering the baby (0 = female, 1 = male), and the composite of engagement rate by views and posts. The LVS used in Step 2 can be seen in Fig. 1.

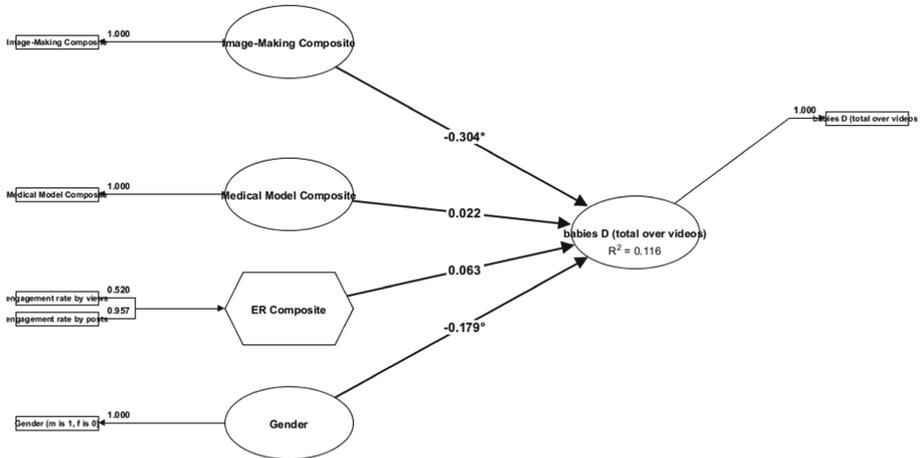


Fig. 1. Latent Variable Scores for Reality Pregnancy

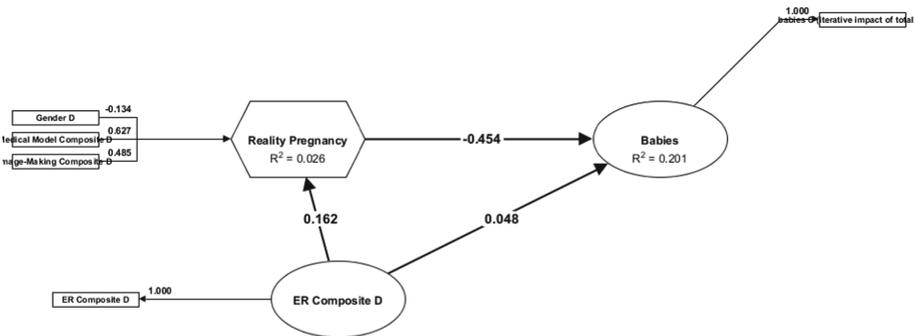
The Goodness of Fit for Step 1 is within HI99 for SRMR, dULS, and dG. Fornell-Larcker Criterion and Indicator Reliability are in alignment with expected projections for calculating LVS. Indicator Multicollinearity and cross-loadings also showed no overlap. These variables were used in Step 2 of the Composite modeling as standard construct scores.

**Table 2.** Goodness of model fit (saturated model)

	Value	HI95	HI99
SRMR	0.0368	0.0676	0.0786
dULS	0.0284	0.0960	0.1296
dG	0.0053	0.0175	0.0258

Step 2 of the Construction of Recolonization involved using the latent variable scores calculated in Step 1 to construct the model for Recolonization (Table 2).

**Reality Pregnancy Emerging Construct.** The Reality Pregnancy Construct is comprised of the gender of the content creator, the image-making composite, and the medical model of birth. These have a high degree of impact on the total number of babies a YouTuber had at the time of analysis. As seen in Fig. 2, there is a correlation between engagement rate and reality pregnancy, and a high degree of significance is placed on the total number of babies a YouTuber has because of the reality pregnancy composite. Engagement rate has no significance on the number of babies a YouTuber has.



**Fig. 2.** Composite Model for Reality Pregnancy

### 4.2 Engagement Rate

Engagement rate was calculated by views and by post. These are two of the six most common ways to calculate engagement rate across social media and are particularly useful for video collections in context of this study. The engagement rate by views per video is calculated as

$$(comments + likes + downloads)/views \tag{1}$$

whereas the engagement rate by post is calculated as

$$(comments + likes + downloads)/subscribers \tag{2}$$

The averages for these totals were divided by the total number of videos in the dataset. The average engagement by post is 3.11% whereas the average engagement by views is 19.23%.

### 4.3 Image-Making Process

The predominant demographic composition of content producers in this dataset are white, American, cis-hetero women. Age was not captured. Race and nationality were compressed in this study to reflect the intersections in an aggregated state. Table 3 shows the total percentage of these intersections as American/International and White/Black, Brown, Asian, Pacific Islander as the YouTuber delivering the baby.

**Table 3.** Race and Nationality Intersections in Percents.

Race	American	International
White	54%	16%
BBAPI	26%	4%

Image-making is a process of power and dominance over a group or community through images of them. As such, women were depicted as a patient and incapable of giving birth in 79.7% of videos analyzed. Good girl messages were present in 94.6% of the videos. Of the videos analyzed, 69.8% expressed that a woman should do hair and makeup to feel pretty at least once, before heading to the hospital. Doctors told women expressly to quiet down, stop yelling, or be silent for the baby in 17.6% of videos, but women were silent or quiet in 87.8% of the videos. There was 100% of heterosexual couples presented, and only 1.3% of videos presented an unmarried couple.

### 4.4 Medical Model

The Medical Model of birth, pregnancy, and delivery has the highest impact on the Reality Pregnancy as a composite construct. An innate fear and danger of the birthing process was displayed in 81.1% of the videos. Hospitals were presented as the only logical place to give birth in 86.5% of the videos. Of these, one video expressed the choice to deliver at home or go to the hospital, and the couple decided to go to the hospital. One video depicted a delivery in the car on the way to the hospital. Only 12.2% of the videos depicted home births. Technology and interventions were depicted in 86.5% of the videos. Some videos tagged as raw and natural still used oxygen, gas, or fetal heart monitoring. Women were presented as passive agents in the delivery process in 75.7% of videos. This was demonstrated by the adherence to the anticipated timeline of delivery and being told what position to be in for the delivery. Finally, only 16.2% of videos expressly disparaged midwifery.

## 5 Discussion

Most rewatched segments of videos are where birthing moms are delivering the baby. These segments are clipped and are often downloaded. There are many reasons that may be attributed to this, and these should be investigated in future research.

As noted, the patriarchal, hegemonic views of marriage and family are still maintained in the videos in this dataset. The women are still married. The couples are all monogamous and heterosexual. The majority are white, whether from the US or other countries. The medical model is still maintained, with the exception of midwifery. Unfortunately, most home births are the polar opposite, constructing another set of institutionalized standards for birth.

Rewatched segments and clips appeared in videos that featured delivery. The most rewatched and clipped segments of these videos were the actual crowning and delivery of the baby or where that moment was expected, except in two videos. In the first, the most rewatched segment was when a mirror was brought in so the woman could watch herself and be inspired by her progress while pushing. The second video where the most rewatched segment was the mom holding her twins right after delivery. There are many possibilities about why these are the most rewatched segments, and this requires further investigation.

Two YouTubers in the dataset quit making videos within a year of their last reality pregnancy video. This is an interesting point to explore, especially since they were in two different stages of their careers at the time of quitting. One was very successful and quit so they could spend more time with their family while the other was at the beginning of their reality career. Both have above average engagement rates by view and by post, so this would be interesting to explore further.

### 5.1 Engagement Rate

It was expected that engagement rate would play a large role in reality pregnancy. However, this was not the case. In every model of partial least squares conducted, engagement rate as calculated by views, by posts, and as a composite were not significant. It was expected there would be a negative correlation between engagement rate and births given that simulations had higher views than most videos found with the initial and validating data scrape. While there is no correlation on the engagement rate and the number of babies a YouTuber has, there is some correlation between the engagement rate and the composite construct Reality Pregnancy.

### 5.2 Limitations

The initial data scraping did not produce results expected from such a broad query on YouTube. While the results were verified using Apify, a series of scheduled data wrangling scrapes at scheduled intervals may produce different results.

The reality pregnancy construct is emerging. With more data and testing, the construct's dimensions may become more refined. Engagement rate was expected to be a part of the construct, but it had greater correlation outside than as a part of the composite. This may be different with a larger dataset or if simulations or videos promoted by men or family channels are excluded from analysis.

As a critique of the algorithm, entire channels on YouTube feature births. Yet, they were not a part of the initial results. A question that arose from this is: why didn't these entire channels dedicated to home births show up in the initial search query run through Apify and through YouTube API?

### 5.3 Future Work

This work on reality pregnancy can expand beyond YouTube to other social media platforms. Instagram, Reddit, and other platforms can be analyzed for disparities in viewership and engagement, image-making, and institutional oppression for the maintenance of recolonization using this study as a guide. These points deserve further exploration across reality tv to see who is telling the stories of reality pregnancies and which stories subvert the roles of women in their own journey. In addition, this study can be used to evaluate other constructs and concepts relating to recolonization of the body. This can be done by replacing the medical model of birth for another institutional quality to be evaluated along with social media engagement and the image-making process.

Additionally, the framework of reality pregnancy must be evaluated in the context of recolonization and birth simulations. This model should also be applied to videos about the other parts of the birth journey. Since this study evaluates viewership in relation to the gender of the content creator, other gendered topics can be also evaluated. This can include marriage, hair, makeup, mental health, and fashion. These are "feminine" topics that can be evaluated from the perspective of recolonization [20].

Real and manufactured emotions in reality pregnancy should be further explored. The medical model encourages stories of pain, that a woman's body is inferior and needs medical intervention, and that complications are common, it is worth exploring what is real, what is manufactured, how audiences react to each, and why choices to produce real or manufactured emotions in reality pregnancy. As previously stated, it is well documented that women watch reality pregnancy and birth narratives for educational purposes, so these choices for real and manufactured emotions and experiences warrant their own evaluation.

How males are complicit in the perpetuation and maintenance of the recolonization of the female body in reality pregnancy should also be examined. Males represent the colonized and colonizer, and they play vital roles in the image-making process for the purposes of maintaining stereotypes related to gender and the birth journey. From a medical model of birth perspective, the male is usually complicit in acting out the support role. In the stories watched for this study, males serve as cheerleaders and sources of comfort. When the pregnant person is in distress, they are expected to take over. This role is maintained as a function of recolonization as an outside actor. Males are also complicit in

social media engagement practices on the viewer side, so evaluating their roles and habits in viewing, watching, pausing, and creating clips of reality pregnancy stories is important to understanding the exploitation of female bodies.

An examination of the use of ICT in reality pregnancy stories as well as an examination of how ICTs are used by pregnant people should be examined. ICTs are presented in reality pregnancy as communication devices, but they are also used to document the image-making process by acting as an intermediary between the pregnant person's body and what they *should* be doing at any stage in their own birth journey. This in turn facilitates the medical model of birth as well as social media engagement throughout reality pregnancy.

Finally, an area of important work is the reclamation of one's own body in the birth journey. When Doreen Fitt shared her thoughts, feelings, and reactions to her own reality pregnancy, the engagement was low. The reclamation of her experience no longer fit the medical model of birth, and it was relegated to other parts of the internet. These stories of reclamation need to be examined.

## 6 Conclusion

This study meant to evaluate reality pregnancy as recolonization, but reality pregnancy is only a part of recolonization of the female body. Reality pregnancy is comprised of the medical model of birth, the image-making process as it relates to birth, and the gender of the content creator. This construct has an impact on the total babies a YouTuber had by the time of analysis. Still, reality pregnancy ignores many other aspects of recolonization like education, whether the victims become the abusers, and finances. Reality pregnancy does give us one aspect of a larger picture, and it will be interesting to explore how recolonization of the female body changes as women try to reclaim the birthing process for themselves.

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