

Buscando La Luz
Changes in *Partería* and the Loss of Feminine
Autonomy in Oaxaca, Mexico

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La vida es la luz, y la mujer tiene la habilidad de dar vida.

“Life is light, and woman has the ability to give life.”

– Pia Scognamiglio, professional Swiss midwife who works in Oaxaca, Mexico

Introduction

Birth is one of the most fundamental moments of every human being’s life, and women have long been honored in the world’s societies as sacred and vital due to their important roles as life-givers. Because of the importance of birth in the lives and societies of human beings, birth and birthing practices can reveal many values of a culture and of the women within that culture and also demonstrate how and why those values are changing. The choices women make between traditional health care and more “modern” Western models are almost always influenced by the socio-economic and cultural conditions of a woman’s family, community, and nation.

As a student of anthropology, I am interested in the choices that women make and how and why these choices affect the lives of women, their families, and their communities. I believe that these choices can and often do directly reflect a woman’s expression of her own human rights. Because childbirth is such a personal experience and is, at the same time, greatly influenced by external factors within a woman’s society, the availability of options for how a woman chooses to perform her birth shows the ways in which her society is caring for her and for her children. Societies in which mother-centered birthing methodologies, such as those supported by midwives, are respected and encouraged by the medical world have a clear and definite respect for the process of childbirth. In contrast, societies in which the methodologies of midwives and other traditional birthing attendants are discouraged by the government and the medical world, as is the case in Mexico, view childbirth as more of an illness than a natural, even

beautiful, human process and give control to the attending doctor (more often than not, a male), rendering the mother a passive, helpless object. My interest in midwifery as both a tradition and as an alternative to the more technical and artificial Western biomedical model of birth stems from my belief that the choices a woman makes in regards to her body demonstrate her autonomy and reflect the degree to which her society allows her that physical and spiritual autonomy.

In this essay, I explore the importance of midwives in the communities of Oaxaca and, more importantly, how the work of Oaxacan midwives is changing. I argue that midwives provide prenatal attention that focuses more on the mother than do the clinics and hospitals of both the cities and more rural areas. This mother-centered attention is critical in the preservation of women's reproductive rights, and the decrease in midwife-attended births has grave consequences for the rights of women. Women must be able to make their own choices regarding their bodies, and the disappearance of midwives in Oaxaca reduces fundamental options for childbirth.

In the following pages, I refer to midwives by their Spanish name: *partera*, which comes from the Spanish word for "birth": *parto*. *Partería* translates into English as "midwifery." *Dar a luz* literally translates as "to give to light" but I think it is used more in the sense of "to bring to light," and it is an alternative and symbolic form of saying "to give birth."

Methodology

During the planning stages of my project, I had hoped to focus my study on traditional midwifery in indigenous communities and on the ways in which traditional

midwives encourage and support the connection between a mother's spirituality and her body during the process of childbirth. As I began my research by searching for traditional indigenous midwives both in the city of Oaxaca and in communities outside of the city, the nature of my research changed. I traveled to the Sierra Norte de Juárez in order to visit the clinic of traditional medicine in Capulalpam de Méndez and a few traditional midwives in surrounding towns, including San Miguel Amatlán. I found no practicing midwives and very few older women who had at one time practiced midwifery in their communities. Finding little more than dead ends in the beautiful communities of the Sierra Norte, I returned to Oaxaca City and began to investigate how and why midwifery might be changing.

I conducted the majority of my research through formal interviews with notable persons in the city of Oaxaca who either work as *parteras* or have worked with *parteras*. I began by brainstorming with Virginia Alejandre, who has years of experience working with *parteras* in Mexico. I interviewed Doctor Ignacio Bernal Torres, one of the leaders of the Centro de Desarrollo de los Pueblos Indígenas (Center of Development of Indigenous People), formerly known as the Instituto Nacional Indigenista (National Indigenous Institute). I also had the opportunity to speak with Doctor Paola Sesia, who holds a Ph.D. in anthropology and works at the Centro de Investigaciones y Estudios Superiores en Antropología Social (CIESAS, Center of Social Anthropological Investigations) and with Araceli García Casas, the director of the Clínica del Pueblo (The Town's Clinic). I connected with Dr. Carlos Pacheco, a private practice pediatrician in the city of Oaxaca, who gave me the names of several professional *parteras*, as well as Dr. Cuauhtémoc Gonzalez Pacheco, a medic in a clinic run by the Instituto Mexicano de

Seguro Social (IMSS) in San Miguel Amatlán, whom I visited and who accompanied me on my visit to Capulalpam de Méndez in the Sierra Norte. I spoke with several women who work as *parteras* or in the area of prenatal care but are not considered traditional *parteras* but rather professional ones, as they were trained in schools: Alina Bishop and Pia Scognamiglio, and I also spoke with two traditional *parteras*, who both learned their skills from family members and not from formal schooling: Doña Maria in San Miguel Amatlán of the Sierra Norte and Doña Enriqueta Contreras Contreras of San Francisco Tutla, just outside of the city of Oaxaca. I also explored the work of one of Oaxaca's non-governmental organizations, Nueve Lunas, which has a school for *parteras*, and I spoke with the director, Araceli Gil and a young woman from the United States, Andrea Smith, who is a student of *partería* and is volunteering with the organization.

While I had no luck finding *parteras* in the communities outside of Oaxaca and while my research has shown that the work of *parteras* is, in fact, changing and decreasing, I believe that in many communities in Oaxaca and in other parts of Mexico, *parteras* continue to attend many births. Unfortunately, the number of communities in which *parteras* are the primary birth attendants is decreasing all across the country for a variety of reasons, some of which I will explore in this essay. It should be noted that I conducted the majority of my research within the city of Oaxaca and a few surrounding communities. Because of the short time-span of the project, I was, of course, unable to conduct a full study of *parteras* in the greater area of Oaxaca. Were I a funded anthropologist with more experience in conducting research, I would like to travel through the state of Oaxaca in search of traditional *parteras*, so that I could see if the changing nature of *partería* is, in fact, a state-wide phenomenon. In addition, I had a

great deal of trouble setting up and keeping meetings with individuals in the city. Due to illness, busy work schedules, or, more often than not, the impending birth of a child, many of my meetings were postponed and even cancelled altogether, and, as a result, I was not able to speak with as many people as I would have liked. My knowledge about the topic remains limited, and in this essay, I explore the ideas I discussed with those to whom I was able to speak. In addition, I should note that my Spanish is far from perfect and, while adequate and always improving, I still think my language barrier distances me from many people with whom I interact.

The Role of the *Partera* in Oaxacan Communities

Parteras have a long history in communities around the world and their work outdates practices of modern Western medicine by hundreds of years. Cultural anthropologist Robbie Davis-Floyd writes that because human infants are born earlier in their developmental cycle due to the large size of their brains, they are relatively helpless immediately after birth, unlike most other primates. The helplessness of the newborn human infant, argues Davis-Floyd, may have been a factor in the evolution of the birthing attendant, the *partera*. Humans rarely give birth unattended, and the presence of a female companion to assist the infant during and after birth eases the difficulty of the laboring mother's task.¹ In many communities, *parteras* are honored and respected for their

¹ Robbie Davis-Floyd, "On Childbirth," in *Blackwell Dictionary of Anthropology*, ed. Thomas Barfield (Oxford: Blackwell Publishers, 1996).

knowledge and authority regarding the process of childbirth, family planning, and even emotional counseling.²

As in many other communities worldwide, *parteras* have for many years played an important role in the indigenous communities of Oaxaca, Mexico, providing prenatal care, attending births, and enacting crucial roles as caretakers and authoritative figures within their communities. “In many regions,” says Doctor Ignacio Bernal Torres of the Comisión Nacional de Desarrollo de los Pueblos Indígenas in Oaxaca, Mexico, “the *partera* is respected as a second mother, as a grandmother,” and she remains an important figure for most of the child’s life.³

The responsibilities of the *partera* vary depending on her (or his, because, although few, male parteros do also exist) location and her experience but generally, she attends to the mother as the fetus is growing, during the birth, and after the baby is born. The *partera* sees the mother once or twice a month during her pregnancy⁴ and performs a “sobada,” an external massage of the uterus to determine the month of gestation and to ensure that the baby is in the appropriate head-down position. The entire massage is external, and the *partera* need not come in contact with the mother’s pubic zone or organs. Most *parteras* prefer to perform the sobada several times during pregnancy, as it is the “most significant preventive and curative prenatal strategy.” In addition, the external massages can provide pleasant relief from soreness for the mothers.⁵

² Robbie Davis-Floyd, “La Partera Profesional: Articulating Identity and Cultural Space for a New Kind of Midwife in Mexico,” (*Medical Anthropology*, Vol. 20, Nos. 2/3-4, Daughters of Time: The Shifting Identities of Contemporary Midwives, Dec. 2001), 15.

³ Interview with Dr. Ignacio Bernal Torres, 22 November 2007, Oaxaca de Juárez, Oaxaca, México, “En muchas regiones, es muy respetada, muy reconocida como una segunda mamá, como una abuelita.”

⁴ Ibid.

⁵ Paola M. Sesia, “‘Women Come Here on Their Own When They Need to’: Prenatal Care, Authoritative Knowledge, and Maternal Health in Oaxaca,” (*Medical Anthropology Quarterly*, New Series,

The methods of Oaxacan *parteras* are not all the same, although many have similar practices. Doña Maria, an 82 year old traditional *partera* from San Miguel Amatlán in the Sierra Norte of Oaxaca attended births in the houses of the mothers because their houses were “more comfortable” for the women,⁶ although many *parteras* attend births in their own homes.⁷ When Doña Maria attended births, she helped by catching the baby from behind the woman, as the woman kneeled and held onto her husband or a chair for frontal support. Doña Maria says that the birth “is much faster when they’re on their knees, and it is easier than them lying down.”⁸ Dr. Ignacio Bernal explains that many *parteras* continue to use traditional medicines that come from plants and animals and have been used since the Pre-Hispanic era, as well as *temazcal* baths, sweat bath cleansing rituals, in order to cleanse the woman’s womb and warm her body after she gives birth. Should complications arise during the birth, *parteras* “know perfectly well the signs of alarm for a dangerous birth” and many *parteras* accompany the mothers to the hospital for emergency care.⁹

Childbirth – A Natural Process

The daily work of many *parteras* is based on several fundamental philosophies, many of which are rooted in indigenous traditions and customs. *Parteras* view birth as a natural process, an event for which women have been prepared by thousands of years of evolution and cultural customs. As Robbie Davis-Floyd and Elizabeth Davis write,

Vol. 10, No. 2, The Social Production of Authoritative Knowledge in Pregnancy and Childbirth, June 1996), 128-129.

⁶ Interview with Doña Maria, 20 November 2007, San Miguel Amatlán, Oaxaca, México.

⁷ Interview with Dr. Ignacio Bernal Torres, 22 November 2007.

⁸ Interview with Doña Maria, 20 November 2007, “El parto es más rápido cuando están en sus rodillas y más fácil que cuando están acostadas.”

⁹ Interview with Dr. Ignacio Bernal Torres, 22 November 2007, “Conocen perfectamente bien los signos de alarma para cuando un embarazo es peligroso.”

midwives globally “tend to see the birthing woman as a powerful creatrix – a birth- and lifegiver.”¹⁰ Risk during pregnancy is generally a Western biomedical idea, and, while *parteras* can identify factors that might negatively affect the growth of the fetus or the process of childbirth, they tend to focus on the positive development of the child and on a certain level of trust in the woman’s body. As Andrea Smith, the American volunteer at Nueve Lunas explained to me, the psychological affects of focusing on risk factors during pregnancy, as many Western medical practitioners do, can be harmful to the woman during both pregnancy and childbirth.¹¹ Especially if the woman is experiencing her first pregnancy, childbirth is an experience that can provide the mother with a great deal of fear. The *partera*’s focus on the natural process of the child’s development and on the inherent ability of the mother to give birth successfully and to provide for her newborn eases the fear and reduces the possibility of unprecedented complications.

In contrast to the Western medical model of childbirth, which often nullifies the mother’s agency and forces her to heavily rely on the attending medical personnel, the *partería* model of childbirth grants women agency and turns them into active “protagonists,” as Paola Sesia says, during the process of childbirth. In many hospitals, mothers are treated as passive objects, removed from the decision-making process, and forced to cooperate within a medical hierarchy, which does not prioritize their needs or the needs of their children. The *partera*, however, serves to accompany women during their pregnancies and births but recognizes that the *partera* is not the one giving birth.

¹⁰ Robbie Davis-Floyd and Elizabeth Davis, “Intuition as Authoritative Knowledge in Midwifery,” (*Medical Anthropology Quarterly*, New Series, Vol. 10, No. 2, The Social Production of Authoritative Knowledge in Pregnancy and Childbirth, June 1996), 254.

¹¹ Interview with Andrea Smith, 19 November 2007, Oaxaca de Juárez, Oaxaca, México.

The mothers are the active decision-makers of the birth process.¹² The *partera* focuses on the “biological rhythm of the woman” and on her physical and emotional needs.¹³

According to Doña Enriqueta, one of Oaxaca’s most famous traditional *parteras*, women must choose how they want to give birth, and the *partera* allows her to choose her physical position, her environment, and the company she prefers, whether it is her husband, her mother, or a different family member or friend.¹⁴

A *partera*’s focus extends beyond simply the mother. She also concentrates on the needs of the mother’s family: her husband, her mother, and her mother-in-law, her other children, or anyone else that may be affected by the birth and the newborn. The focus of the *partera* is holistic – she views childbirth and the pre- and postnatal periods as natural processes of the human female that have obvious biological dimensions but also social, emotional, and spiritual components, as well. Childbirth involves the connections between one’s physical being and also one’s mental and spiritual beings. In order to maintain the connection between a mother’s body, spirit, and mind during childbirth, *parteras* encourage a more “humanized” childbirth without unnecessary interventions of medicine or technology, unlike the Western biomedical model, which heavily relies on medicine and technology as tools during childbirth.¹⁵

¹² Interview with Paola M. Sesia, 23 November 2007, Oaxaca de Juárez, Oaxaca, México.

¹³ Interview with Alina Bishop, 26 November 2007, Oaxaca de Juárez, Oaxaca, México, “La partería enfoca su atención en el ritmo biológico de la mujer.”

¹⁴ Interview with Doña Enriqueta Contreras Contreras, 5 December 2007, San Francisco Tutla, Oaxaca, México.

¹⁵ Interview with Alina Bishop, 26 November 2007.

The Disappearance of the Oaxacan *Partera*

Although *parteras* have a long history and an important tradition in the indigenous communities of Oaxaca, as modernization continues to spread worldwide, *parteras* “are disappearing,”¹⁶ a fact I discovered when I searched for practicing *parteras* in the communities of the Sierra Norte and could not easily access any. As Doña Maria explained to me, “The women don’t want *parteras* anymore. They go to the doctor, and they don’t want us anymore.”¹⁷ Doña Maria hasn’t attended a birth in three years, and before her last birth, the demand for her services had been diminishing. Doña Enriqueta says that she used to attend two or three births a day, and after 52 years of work as a *partera*, she only attends the occasional birth now.¹⁸ Shoshana Sokoloff’s study of midwives in Juchitán, Oaxaca, one of the largest cities in the Isthmus of Tehuantepec and one that maintains a vibrant traditional Zapotec culture, demonstrates that as of the mid-1980s, *parteras* attended approximately 75% of the town’s births.¹⁹ All across Oaxaca, however, the use of *parteras* has been changing “over the last 20 or 30 years, and today there are many localities that do not have *parteras*,” says Paola Sesia.²⁰ In a recent study of maternal mortality in three municipalities in Oaxaca, Sesia discovered that only 30% or 35% of women preferred to be attended by a *partera* during a birth free of

¹⁶ Interview with Paola M. Sesia, 23 November 2007, “Las parteras están desapareciendo.”

¹⁷ Interview with Doña Maria, 20 November 2007, “Las mujeres ya no quieren parteras. Van a los médicos, y ya no nos quieren.”

¹⁸ Interview with Doña Enriqueta Contreras Contreras, 5 December 2007.

¹⁹ Shoshana R. Sokoloff, “The Proud Midwives of Juchitán,” in *Zapotec Struggles: Histories, Politics, and Representations from Juchitán, Oaxaca*, eds. Howard Campbell, Leigh Binford, Miguel Bartolomé, and Alicia Barabas, (Washington: Smithsonian Institution Press, 1993), 268.

²⁰ Interview with Paola M. Sesia, 23 November 2007, “En muchos contextos indígenas la diferencia hace 20 o 30 años, ya hay muchas localidades que no tienen parteras.”

complications, a percentage inferior to that which she had anticipated. Sesia explains that today, “*parteras* do not have the great presence that we have always imagined.”²¹

For better and for worse, in some cases, there has been a recent surge in the education of young people across Mexico over the last few decades, and the increase in education has influenced the changes in traditional *partería*. Alina Bishop, a yoga practitioner trained in *partería* who was involved in the development of a traditional medicine clinic in San Mateo del Mar, Oaxaca, explains, “Young people are receiving a greater education in modernization and are taught to use modern health services.”²² Bishop recounted to me the story of a traditional *partera*, who practices at the clinic of traditional medicine in San Mateo del Mar. Having grown up around the work of her mother, this *partera*’s daughter has chosen to follow in her mother’s footsteps and study medicine, but instead of learning *partería* from her mother, she is attending school in order to become a nurse.²³ As Laura Cao Romero writes, young women such as this one in San Mateo del Mar now see it as culturally acceptable to attend school and receive training in Western medicine and to abandon the traditional practices as the ways of the past.²⁴ Dr. Ignacio Bernal relates that many young people have access to studies that lead them to professional careers, which they are actively choosing to pursue instead of *partería* or other forms of traditional health care.²⁵ As Paola Sesia explains, government-instituted programs such as “Oportunidades” (Opportunities) are increasing the level of scholarship among young people, including women. Not all young people continue their

²¹ Ibid, “No tienen tanta presencia como siempre nosotros hemos imaginado.”

²² Interview with Alina Bishop, 26 November 2007, “Los jóvenes están recibiendo mayor educación a la modernización y por lo tanto a utilizar servicios de salud modernos.”

²³ Ibid.

²⁴ Laura Cao Romero, “Experiencias con parteras empíricas,” in *Maternidad sin Riesgos en México*, eds. Ma. del Carmen Elu and Ana Langer, (México, D.F.: IMES, A.C., 1994), 163.

²⁵ Interview with Dr. Ignacio Bernal Torres, 22 November 2007.

studies but many more than in decades before go on to higher levels of education and, in order to do so, they must leave their communities. “The perspectives of life and the values that the schools teach the youths are not values that encourage them to return to their communities or to respect the lifestyles from which they come. There is not really interest among the new generations to maintain this type of knowledge,” explains Sesia, and as a result, *parteras* are not transferring their knowledge and wisdom to the younger generations because there is no demand for this transfer of information.²⁶

Young people leave their communities in Oaxaca in order to pursue higher education but in addition, poverty and a lack of opportunities at home drive many young Oaxacans to leave home behind and pursue work in other parts of Mexico or the United States. When I spoke with Doña Maria in the Sierra Norte, I asked her whether or not she thought that *partería* would continue to be learned by the women of her community. She explained that not very many women remain in her community to learn from her. “None of my daughters or granddaughters wants to learn it,” she told me. “They get married, and they leave for Los Angeles. They move away, and they can’t return because it’s too difficult to return.”²⁷ Some young Oaxacan women have the opportunity to pursue careers outside of their communities, but many do not have such opportunities. Left without options for steady income at home, the young women follow their husbands across the border and into northern Mexico or the United States. Because of the recent militarization of the U.S.-Mexico border, crossing multiple times has become too dangerous, and many families never return to Mexico. Dr. Ignacio Bernal explained to

²⁶ Interview with Paola M. Sesia, 23 November 2007, “Las perspectivas de vida y los valores que les enseñan no son valores para regresar a su comunidad y para preciar el modo de vida de donde provienen. No hay, realmente, interés en las nuevas generaciones para poder aquí de este tipo de conocimiento.”

²⁷ Interview with Doña Maria, 20 November 2007, “Mis hijas y mis nietas no quieren aprenderla. Se casan, y salen para Los Ángeles. Salen, y no pueden regresar porque es tan difícil.”

me that, while some community members carry with them aspects and traditions of their home culture when they migrate, many ideas and cultural practices are lost. The first priority of Mexican migrants is to survive and generate income, and they do so by working, which leaves very little, if any, time for the reproduction of cultural practices, such as traditional medicine and *partería*. The culture of their new homes also has a great deal of influence on the migrants, especially on younger migrants. “When they are in an apparently more civilized place, young people begin to lose their culture and their customs. They do not want to see a traditional medic because now they think of themselves as more modern,” says Dr. Bernal.²⁸ The influence of the United States and its Western medicine reaches far beyond those Mexicans living in the United States and extends through the media and television to those who remain at home. “Modernization” and the epidemic of migration eradicate the desire and necessity for the education of new *parteras* in the communities of Oaxaca.

While young people are studying for modern careers within their higher levels of education, they are also being taught to utilize the systems of Western medicine for personal health care. In many locations in Oaxaca, modern medicine is becoming more accessible as the number of clinics and doctors is growing.²⁹ As I saw during my visit to San Miguel Amatlán, a small pueblo of 400 residents, the Instituto Mexicano de Seguro Social (IMSS, Mexican Institute of Social Security) provides clinics and government-trained medical personnel in many of even the smallest towns in the Oaxacan countryside, and the services offered by these clinics are free to the townspeople. The Mexican federal

²⁸ Interview with Dr. Ignacio Bernal Torres, 22 November 2007, “Cuando están en un lugar aparentemente más civilizado empiezan a arreglar de su cultura, de su costumbre. Piensan que ahora ya son ellos modernos.”

²⁹ Interview with Alina Bishop, 26 November 2007.

government has developed programs such as “Oportunidades,” which provide free or extremely inexpensive services to marginalized communities, and these programs are also contributing to the disappearance of *parteras*. Paola Sesia explains that “practically all women receive prenatal attention from the government because it is obligatory.”³⁰ Programs such as “Oportunidades” force women to receive medical attention from the government because they offer their services free of charge, whereas many *parteras* charge something, although usually very little, for their services. Families with no money to spare have no choice but to turn to the government clinics for care, even if the care is inferior to that of the *parteras* or traditional village medic. Other programs such as “Progresá” (Progress) provide other services or even funds to families, and if the mothers choose to receive prenatal attention from a *partera*, the government takes away these services and funds, which affects not only the mother and her child but also the whole family. The government uses these kinds of programs to prevent families from using *parteras* because the programs and many government officials, including medical personnel, discriminate against *parteras*.³¹

In the late 1970s, the Mexican government recognized that *parteras* attended over 2/3 of the births in Mexico and even more in Oaxaca, as Shoshana Sokoloff shows in her study of *parteras* in Juchitán. The government began to include the use of *partería* in medical practices because of the necessity to improve maternal and child health care services.³² Assuming that *parteras*, who, at the time, attended the majority of births in Mexico, were to blame for the country’s high maternal mortality rate, the federal

³⁰ Interview with Paola M. Sesia, 23 November 2007, “Ya prácticamente todas las mujeres van a atención prenatal porque es obligatorio.”

³¹ Interview with Dr. Ignacio Bernal Torres, 22 November 2007.

³² Paola Sesia, “Women Come Here on Their Own When They Need To,” 123.

government and the World Health Organization offered certification courses to traditional *parteras*.³³ The nature of these government training courses implied that the *parteras*' methods were and are subordinate to contemporary biomedical technology and that they would benefit greatly from modern medical officials' teaching. The trainers of the courses ignored the previous knowledge of the *parteras*, many of whom had been attending births successfully for decades, writing it off as "ignorance, backwardness, and superstition," instead of incorporating their years of knowledge and experience.³⁴ The courses, however, did not help to lower the maternal mortality rate in Mexico, not because the courses were not useful but because the *parteras* were not at fault for the high rates of maternal mortality in Oaxaca or in any part of Mexico. Alina Bishop explains, "The cause of maternal mortality is poverty, lack of transportation, poor communication or a lack of communication, lack of health services, and a lack of medicine in marginalized communities,"³⁵ and these are not problems that can be fixed with a few weeks of training and certification.

A fundamental problem between the world of Western medicine and *parteras* and another cause for the disappearance of the work of these women is the lack of respect for *parteras* and a grave lack of communication on the part of the government and the government's medical officials. As several individuals with different backgrounds and experiences explained to me, the work of *parteras* in Mexico is not respected by modern Western medicine or by the Mexican government. In Andrea Smith's opinion, society in the U.S., in Mexico, and in many other parts of the world views *partería* as "an old form

³³ Interview with Alina Bishop, 26 November 2007.

³⁴ Paola Sesia, "Women Come Here on Their Own When They Need To," 123-124

³⁵ Interview with Alina Bishop, 26 November 2007, "La causa de la mortalidad es la pobreza, es la falta de transporte, la mala comunicación o falta de comunicación, la falta de servicios de salud, la falta de medicina en varias alejadas."

of birth, underdeveloped, and dangerous.” Many people think “with progress, why birth at home with a dirty, old midwife who’s illiterate when you could give birth in a hospital or clinic?”³⁶ The lack of respect for *parteras* also comes from a lack of communication between medical personnel and traditional *parteras*. Alina Bishop explained to me that in Africa and Europe, for instance, *parteras* and medical personnel work together. *Parteras* are not recognized as legitimate medical care providers in Mexico, and, while the Mexican government has developed courses to “teach” *parteras*, the government has not attempted to create a working relationship of equality and compatibility between the two different methodologies.³⁷

“To Be a Mother in Oaxaca Implies a Risk to One’s Health.”³⁸

The lack of communication and transfer of knowledge between the practitioners of Western medicine and traditional *parteras* not only challenges the sovereignty of indigenous Oaxacan women but also endangers the lives of hundreds of mothers each year. Between 90 and 100 women in Oaxaca die annually due to causes related to pregnancy and childbirth, and 99 out of 100 of these deaths could be prevented. In addition, maternal death in Oaxaca is premature: most women who die are between the ages of 35 and 39 and still of healthy child-bearing age. Several factors influence the high rate of maternal death in Oaxaca, including malnutrition and a lack of education, especially in relation to safe family planning methods. The machismo that Mexican women face can also put their lives at risk when their male partners refuse to use

³⁶ Interview with Andrea Smith, 19 November 2007.

³⁷ Interview with Alina Bishop, 26 November 2007.

³⁸ Silvia Chavela Rivas, “Ser madre en Oaxaca implica un riesgo para la salud,” (*Entrelíneas*, No. 8, Invierno 2002), 29-30.

contraceptives, which sometimes results in untimely pregnancies. Adolescent girls deal with early pregnancies and older women, as well, face pregnancies that are not conducive with the phases of their bodies.³⁹ In 1996, the Mexican government instituted the “Oportunidades” program with the intentions of preventing these very problems through education, family planning, and an increase in the quality and quantity of maternal medical attention in the most marginalized communities, which are usually the ones with the highest risk of maternal mortality.⁴⁰ As we have already seen, however, this program, which has helped to reduce maternal mortality rates in some areas, also negatively affects indigenous cultural practices and does not always provide mother-centered health care.

A major cause of high maternal mortality rates in Oaxaca is a lack of quality in the medical treatment of women. Hospital and clinic births are often aided by modern technology as the medical personnel do not trust the woman’s body to perform a normal, healthy birth. Unfortunately, the highly technologized services offered in many developing countries, and especially in Oaxaca, one of the three poorest states in Mexico, are underfunded and understaffed and, sometimes, provide more damage than support.⁴¹ In reality, says Paola Sesia, many hospitals do not have the necessary instruments, trained personnel, or stable infrastructure to support women and provide them with nurturing and quality health care. While free medical services appear to be beneficial to the Mexican population, especially those with very little money, the amount of people who seek out the services often overwhelms the hospital staff and resources, resulting in lower quality

³⁹ Ibid.

⁴⁰ Dra. Celia Escandón Romera, “Morbilidad y mortalidad maternas en áreas rurales: Iniciativas del programa IMSS-Oportunidades para su abatimiento,” in *A lo largo del camino*, eds. Doctor Maria del Carmen Elu y Act. Elsa Santos Pruneda, (México: Comité Promotor por una Maternidad sin Riesgos, 2005), 41.

⁴¹ Robbie Davis-Floyd, “On Childbirth.”

care and even occasional violations of human rights. Because the people do not pay for their services in public hospitals, medical personnel sometimes treat them as “second class beings,” according to Sesia.⁴² For example, Dr. Ignacio Bernal explained to me that, according to the World Health Organization, no more than 15% of births worldwide should end in Cesarean sections but here in Mexico, there are places in which between 60% and 80% of births result in Cesarean sections.⁴³ Government statistics demonstrate that between 30% and 35% of births attended in hospitals and clinics in Oaxaca end in Cesareans,⁴⁴ and, although the Clínica del Pueblo provides more humane birthing options than government hospitals (which I will touch upon later), the Clínica still has a 50% Cesarean section rate, according to the director, Araceli García Casas.⁴⁵ For the attending doctor, performing a Cesarean section speeds up the process of labor, as he (or she) does not have to wait the ten or more hours of childbirth labor. In private hospitals, which may appear to offer better services because the patients are viewed by the doctors as clients, doctors might perform Cesarean sections when they are not necessary in order to generate more income for themselves. Cesareans are expensive, and, in addition to shortening the duration of the birth, the doctor sees the birth as a business enterprise.⁴⁶ Performing an unwarranted Cesarean section on an uninformed childbearing mother is a clear violation of that woman’s control of her own body. She becomes incapacitated by her lack of knowledge and by the pressuring hierarchy of the medical environment, and medical

⁴² Interview with Paola M. Sesia, 23 November 2007, “El personal hospitalario las trata como seres de segunda clase.”

⁴³ Interview with Dr. Ignacio Bernal Torres, 22 November 2007.

⁴⁴ Instituto Nacional de Estadística Geografía e Informática, “Mujeres y Hombres en México 2003,” 7^a edición.

⁴⁵ Interview with Araceli García Casas, 7 December 2007, Oaxaca de Juárez, Oaxaca, México.

⁴⁶ Interview with Dr. Ignacio Bernal Torres, 22 November 2007.

personnel can make decisions about her body that might not correspond to exactly what she needs.

As Dr. Ignacio Bernal says, “Maternal death is an indicator that we are not taking care of our women.”⁴⁷ The countries that have most succeeded in rapidly lowering their high maternal mortality rates are those in which *parteras* are recognized and respected by the politicians and professional medical personnel in the health sector.⁴⁸ In many locations, *parteras* are crucial in the assurance of healthy and natural births that favor the mother instead of the birthing assistant. Clear communication and respect between *parteras* and “professional” medical personnel would allow for the effective utilization of both methods: that of the *partera*, which favors a natural and holistic birth, and that of the world of Western medicine, which can provide necessary medicines and emergency care in the case of complications, such as those that might actually warrant a Cesarean section.⁴⁹

Partería: Seguimos Luchando

The decrease in maternal attention by *parteras* over the last several decades has grave consequences for the treatment of women and women’s health, as well as for the maintenance of important indigenous traditions. Fortunately, worldwide and in Oaxaca, one can find several programs and movements that continue to fight for mothers’ birthing rights. Araceli García Casas explained to me that, although the births in the Clínica are still attended by doctors, those in the Clínica are part of a worldwide movement called

⁴⁷ Ibid, “La muerte materna es un indicador que no cuidamos nuestras mujeres.”

⁴⁸ Jill Sheffield, “Atención del parto por personal calificado,” in *A lo largo del camino*, eds. Dra. Maria del Carmen Elu y Act. Elsa Santos Pruneda, (México: Comité Promotor por una Maternidad sin Riesgos, 2005), 60.

⁴⁹ Interview with Alina Bishop, 26 November 2007.

“Parto Humanizado” (Humanized Birth), which utilizes the important focuses of *partería* –the laboring woman is the protagonist, and she can choose how she would like to give birth – and also includes knowledge of modern Western medicine.⁵⁰ Alina Bishop says that the most effective way to introduce this new mix of methods, which one can find in many other countries in the world, especially in Europe, is to begin with the education of doctors and nurses at the university level. “Their work must be multidirectional,” according to Bishop, and certified hospital personnel must be educated to provide maternal attention with more humane conscientiousness.⁵¹ Pia Scognamiglio, a professional *partera* from Switzerland, agrees with Alina Bishop. In Switzerland, where Pia received her degree in *partería*, *parteras* are respected as independent medical practitioners and often work in cooperation with doctors.⁵² The sharing of knowledge enables women to find better maternal health care and helps medical personnel to maintain low maternal mortality rates. Although the achievement of this cooperation will take time for Mexico, it is a possibility, and there are many individuals such as Alina, Pia, and Araceli who are fighting for its success.

In addition to movements supporting more humanized births within clinic and hospital contexts, Oaxaca is home to a unique school for traditional *parteras* called Nueve Lunas (Nine Moons). Nueve Lunas is a civic organization directed by Araceli Gil and Cristina Galante, professional *parteras*, and the largest program on which these women are working is Luna Llena (Full Moon), a school with between 20 and 22 students from different communities in Oaxaca. The students learn techniques of traditional *partería* through apprenticeship with *parteras* in their own communities, and

⁵⁰ Interview with Araceli García Casas, 7 December 2007.

⁵¹ Interview with Alina Bishop, 26 November 2007, “El trabajo tiene que ser multidireccional.”

⁵² Interview with Pia Sognamiglio, 3 December 2007, Oaxaca de Juárez, Oaxaca, México.

they also come to the city of Oaxaca for classes and workshops with professional *parteras*, doctors, traditional *parteras* such as Doña Enriqueta, and *parteras* from outside of Oaxaca. Aracel Gil explains that the pedagogy supporting the school of Nueve Lunas combines professional *partería* and traditional indigenous philosophies of education and community. Because part of the program involves apprenticeship within one's home community, the students never leave their communities, except for occasional visits to the city for workshops. The education of these women maintains the work of *parteras* within Oaxacan communities and, although the students are few, they are critical in the fight to maintain this work.⁵³

Conclusion: The Future of *Partería* in Oaxaca

When I asked Doña Enriqueta, who attends conferences and speaks in university settings about traditional medicine and *partería*, what she thought about the future of *partería*, she answered, "It is very sad to see this reality because before, all births happened at home. When the intervention of the clinics and medical services enters, it is as if they are cutting off the hands of the people. I think that what is happening is like a rain that is right now covering the entire world but the day will come when we have to reclaim our work."⁵⁴ The intervention of federal government programs, the influence of countries such as the United States with its neo-liberal capitalist ideals, and the rapid growth of a globalized economy and value system are causing the disappearance of many

⁵³ Interview with Araceli Gil, 2 November 2007, Oaxaca de Juárez, Oaxaca, México.

⁵⁴ Interview with Doña Enriqueta Contreras Contreras, 5 December 2007, "Es muy triste ver esta realidad porque anteriormente, todos los niños nacieron en casas con las parteras y todo. Cuando entran la intervención de las clínicas y los servicios médicos, es como cortaron las manos. Yo pienso que esto es como una lluvia que ahorita en todo el mundo está pasando pero va a llegar el día que tiene que retomar este trabajo."

traditional beliefs and practices in indigenous communities countrywide. The decrease in the prominence of traditional *parteras* in Oaxaca is just one example of the ways in which globalization and changing politics affect the indigenous population. As Doña Enriqueta says, witnessing the disappearance of traditional Oaxacan *parteras* is sad and extremely difficult for those who know and understand the valuable things these women bring to the lives of mothers, babies, and their families.

The changes in the work of *parteras* in Oaxaca also have dire consequences for the preservation of women's rights in Mexico. As I have explored a little in this essay, the treatment of mothers in the clinics and hospitals of Oaxaca is not as humane as the treatment by *parteras*, nor does it honor the woman and her natural ability to bear children. In contrast, *partería's* woman-centered birthing methods never turn the woman into a passive, helpless, or sick object. The loss of the knowledge and methods of *parteras* leaves few options for women who seek out more humane and natural births. Losing the knowledge of *parteras* is much like losing an indigenous language – entire belief and value systems disappear along with this knowledge and wisdom.

The work of the individuals in organizations such as Nueve Lunas and others who continue to fight for the preservation of *partería* brings hope to the situation in Oaxaca. The continuation of the work of *parteras* ensures that some women, if not all, still have the freedom to make their own decisions regarding their bodies and to make choices that will benefit themselves as individuals. Conserving *partería* ensures that women maintain autonomy over their bodies during pregnancy and childbirth, important processes in the lives of every woman on the planet. As Doña Enriqueta told me, we have no choice but to continue fighting for the preservation of *partería* because without *partería* and other

forms of traditional medicine, we lose our humanity and our connection with nature. “Without nature,” says Doña Enriqueta, “there would not be human beings on the Earth. And without human beings, nature would also not exist. We are a part of the Earth. When we are born, we grow, we develop, and we eat the elements that come from Mother Earth. And when we die, we go back to the Earth. It is a cycle of life.”⁵⁵ The preservation of *partería* in Mexico and worldwide ensures that woman can remain connected to nature, to the world, and to their bodies. We must be able to have control of our own bodies and make our own choices regarding our health and our spirituality. Working for the preservation of *parteras* is a critical part of the fight for women’s rights and feminine autonomy.

⁵⁵ Interview with Doña Enriqueta Contreras Contreras, 5 December 2007, “Sin la naturaleza, no hubiera seres humanos sobre la tierra. Y sin los seres humanos, la naturaleza no existiera también sobre la tierra. Entonces, somos parte de la tierra. Cuando nacemos, crecemos, desarrollamos, comemos todos los alimentos que vienen de la madretierra. Y cuando nos morimos, nos vamos a la tierra. Es un ciclo de vida.”

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