Works Cited

People Interviewed

2. Dona Alicia, Traditional Indigenous Midwife in Aguipe da Cima, Bahia
Appendix

**Part A: Formal Interview Questions for Agentes da Saúde**

1. What is the health agent’s protocol for taking care of pregnant women in the community?
   a. Pre-natal care
   b. Complications during pregnancy
   c. Month 9 protocol: how do they set up transportation for the women to get to the hospital?

2. What is access to health services like here in the community?
   a. Do you have cell phone reception in the community?
   b. Do most members of the community have cell phones that they use?
   c. How long does it take by car/bus to get to the main Estrada for Ilhêus?
   d. If it rains, is it possible for a car or bus to traverse the road to the community?

3. What is your opinion regarding the quality of access to the health equipe, emergency transportation, and transportation for pregnant women to the hospital?
   a. Does the equipe come to the community to provide pre-natal care?
      i. Do they come every month?
   b. What % of women arrive at the hospital in time to have their babies there?

4. What is your opinion regarding the parteira in your community?
   a. Do you hold her in esteem? Why/why not?
   b. Do you respect her practices? Why/why not?
   c. Do you believe that her presence in the community is viable (that she is needed)?

5. From your perspective, can you describe the interactions between women of the community and the parteira?
   a. Do pregnant women seek her out for help?
      i. If so, when during the pregnancy?
   b. Do other women seek her out for help w/non-pregnancy related questions (eg, remedies for other reproductive health concerns like STIs)
   c. Does the parteira provide remedies for pregnant women in the community?

6. If a woman went into labor and you could not access the equipe da saúde or any emergency transportation services, what would you do?
   a. Would you seek out the parteira?
   b. Do you think that family members of the woman in labor would seek her out?

7. Do you ever seek out the parteira with questions regarding women’s reproductive health, or other health-related questions?
   a. Do you ever approach the parteira for traditional remedies?

**Part 2: Formal Interview Questions for Traditional Midwives**

1. How did you become a parteira?
   a. At what age did you assist in your first birth?
   b. How many births have you assisted in your lifetime?
   c. How did you learn to become a parteira (familial/learned from experience)?

2. During the last few years, how have your practices as a parteira changed/remained the same?
   a. When was the last time that you attended a birth?
   b. How many births do you attend/year?
   c. Do pregnant women seek you out during their pregnancy for advice/care?
      i. If they do, do you provide them with care?
ii. Did more/fewer women used to seek you out in the past?
iii. Why do you think that is?
d. Do women in general seek you out for advice on reproductive health-related questions?
   i. If so, do you provide them with care?
   ii. Did more/fewer women used to seek you out in the past?
   iii. Why do you think that is?

3. Please describe a typical relationship with a pregnant mother whose pregnancy and/or birthing you attended (even if these practices are no longer common).
   a. Do you typically provide health services for women throughout their pregnancy?
      i. If so, how many times would you visit with them/month?
      ii. Who initiated the visits (who visited whom)?
   b. How is your post-birth relationship with the women whose births you attend?

4. Please describe a typical birthing that you attend.
   a. How are you notified that the woman has gone into labor?
   b. In the event that the birth is complicated and the woman needs to get to the hospital, what do you do?
      i. Would you consider calling the agente da saúde?

5. Please describe your relationship with the agente da saúde in the community.
   a. Do you ever discuss pregnant women’s health with them?
      i. If so, who initiates this interaction?
   b. Do you ever discuss other reproductive health issues with them (eg, STIs)
      i. Again, who initiates these interactions?
   c. Has the agente da saúde ever sought you out to assist an emergency birthing?

6. Please talk about your opinions on/use of traditional medicines/remedies.
   a. Do you use traditional/natural forms of medicine?
      i. Exclusively or in conjunction with western forms of medicine?
   b. Do you use western forms of medicine?
      i. Exclusively or in conjunction with traditional forms of medicine?
   c. Do you ever provide pregnant women with recommendations about medicine?
      i. Have you recommended traditional forms of medicine?
         1. If so, did you prepare the remedy yourself?
      ii. Have you recommended western forms of medicine?
Part C: Photographs Taken During ISP

Section 1: Photographs of Road and Houses in Aguas de Olivença

Roads leading into Aguas de Olivença; note the deep ruts and unkempt state (left and center). Typical home in Aguas de Olivença; walls are made of packed earth (right).

Section 2: Photographs of Roads and Houses in Curupitanga

Road leading to Curupitanga, nearer to Olivença (left). Road leading to Curupitanga, about 20 minutes away from Olivença (center). Home of Dona Pedrina, indigenous traditional midwife. This home is representative of other houses in Curupitanga (right).
Section 3: Photographs of Roads to Aguipe da Cima

Main road to Aguipe da Cima; note that the road has been partly washed out by rain (left). Back road to Aguipe da Cima, typically only used for foot travel (center). Bridge along back road to Aguipe da Cima; it supposedly can support cars (right).

Section 4: Photographs of FUNASA vehicles

FUNASA vehicle used to transport equipes da saúde; note that it is undergoing mechanical work (left). FUNASA ambulance used to pick up rural community members in emergency situations; note that the left front wheel is being worked on (right).
Extremely run-down FUNASA vehicle; note the lack of headlights and the general condition of the car. This photograph was taken at the FUNASA headquarters in Ilhéus (left). Wheel-less FUNASA vehicle; note the lack of back wheels as well as the tremendous amount of rust (right).

FUNASA vehicle lacking an engine (left). Flat tire (center). FUNASA vehicle’s door, missing a door handle (right).
Section 5: Photographs of Materials Provided by FUNASA at the 1st Midwife Encontro

Cotton Balls

Coconut Soap—to clean hands before assisting a birth.

Thick-Bristled Brush—to clean hands (with soap) before assisting a birth.

String—to tie off the umbilical cord.

Metal Container—boil water in the container in order to sterilize metal instruments.

Measuring Tape—used to record the progression of pregnancy.

Surgical Scissors

Metal Bowl

Hanging Scale—used to weigh babies at birth.

Livro da Parteira (Midwife’s Book)—includes written information on the importance of instrument sterilization, birthing positions, etc.
**Part D: Remedies provided by Dona Pedrina**

1. **Oil:** To be rubbed on the woman following childbirth.
   - **The Effect:** This oil helps to relax the woman after the strenuous birth, and helps to cleanse her.
   - **When to be Taken:** To be used immediately following childbirth.
   - **Ingredients:**
     - *Portuguese:* Alho, Cebola Branca, Olha de Amendoa, Olha de Massafete, Folha de Hortelã, Olha de Copaiba, Capinha de Fumo (Made from “planta pé de fumo”)
     - *English:* Garlic, White Onion, Amendoa, Massafete, Mint Leaf
   - **Modo de Preparar:**
     - Crush all of the ingredients together, cook quickly over a fire.
     - This will produce an oil.
     - Rub the oil on the woman’s body, working from the feet towards the stomach and from the head towards the stomach. End up rubbing on her stomach, over the belly button.
     - After this, always make sure to secure the woman’s stomach with a faixa that covers the entire stomach. This will prevent the woman’s stomach from becoming fat post-birth.

2. **Various Anti-Eclampsia Remedies** (some are bought, some made).
   - **a. Liquor de Jampais:** This can be bought in the pharmacy. Follow the instructions provided on the bottle.
   - **b. Agua Inglesa:** For those who do not want to take Liquor de Jampais, Agua Inglesa is a good substitute. Also, follow the instructions on the bottle.
   - **c. Gota Salvadora:** This is good to prevent eclampsia. Women must take the olho that is extracted from the fruit of this plant. Specific preparation instructions were not provided.

3. **Pulgante:** To be taken during pregnancy in order to treat syphilis and to prevent uterine “quinturas.” It can also be taken post-pregnancy.
   - **When to be taken:** This remedio is to be taken one or two times during pregnancy. If it is taken by a pregnant woman, it is best that the tea be cold. If it is taken by a woman who has just had a baby, the tea’s temperature must be “normal,” meaning neither hot nor cold (aka, lukewarm).
   - **The Effect:** This remedio is taken in order to avoid uterine “quintura,” and also to clean syphilis from the blood of the mother as well as the unborn child.
   - **Ingredients:**
     - *Portuguese:* 1 Colher de Goma de Batata, Chá Fraca
     - *English:* Weak Tea
   - **Modo de Preparar:**
     - Place the 1 colher of Goma de Batata in the weak tea, and give to the woman to drink.

4. **Goma de Batata:** Can also be used to cure syphilis from the blood of already-been-born children.
   - **The Effect:** Cure recently-born children of syphilis.
   - **Ingredients:**
     - *Portuguese:* Um poquinho de Goma de Batata, Agua
     - *English:* Water
5. **Pulgante:**

**When to be taken:** This pulgante is to be taken during pregnancy, when a woman has about 1 or 2 months before she is to give birth.

**The Effect:** This pulgante helps to strengthen the unborn child.

**Ingredients:**

<table>
<thead>
<tr>
<th>Portuguese</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semente de Melancia</td>
<td>Watermelon Seed</td>
</tr>
<tr>
<td>Semente de Algodão</td>
<td>Cotton Seed</td>
</tr>
<tr>
<td>Semente de Girasol</td>
<td>Sunflower Seed</td>
</tr>
<tr>
<td>Semente de Namoscada</td>
<td></td>
</tr>
<tr>
<td>Olho de Riçino Natural (2 Colheres)</td>
<td></td>
</tr>
<tr>
<td>Azucar</td>
<td>Sugar</td>
</tr>
</tbody>
</table>

**Modo de Preparar:**

- Smash (pisar) the sementes in order to release their “suco.”
- Put the smashed seeds in a pot together, boil a little.
  - Place something on top of the pan while boiling in order to prevent the liquid from escaping.
- Add Olho de Recino
- Add sugar to taste.

6. **Treating Post-Birth Hemorrhaging**

**When to be Taken:** This remedio is to be taken when a women, post-birth, begins to hemorrhage.

**The Effect:** The desired effect of this remedio is to stop any post-birth hemorrhaging.

**Ingredients:**

<table>
<thead>
<tr>
<th>Portuguese</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folha de Hortelã Grosso</td>
<td></td>
</tr>
<tr>
<td>Azucar</td>
<td>Sugar</td>
</tr>
</tbody>
</table>

**Modo de Preparar:**

- Smash the mint leaves in order to get their “suco.”
- Continue to smash until you obtain 3 fingers’ worth of suco in a normal-sized glass.
- Add sugar to sweeten.

7. **Preventing and Treating Cysts**

a. **The Effect:** This remedio helps with cysts.

**Ingredients:**

<table>
<thead>
<tr>
<th>Portuguese</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sumo de Gingilim</td>
<td>Sesame Seed “Juice”</td>
</tr>
<tr>
<td>Azucar</td>
<td>Sugar</td>
</tr>
</tbody>
</table>

**Modo de Preparar:**

- Smash enough seeds to produce 3 fingers’ worth of “juice” in a normal glass.
- Add sugar to taste.

b. **The Effect:** This remedio helps with cysts.

**Ingredients:**

<table>
<thead>
<tr>
<th>Portuguese</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sumo de Folha de Algodão</td>
<td>Cotton Flower “Juice”</td>
</tr>
<tr>
<td>Sumo de Gingilim</td>
<td>Sesame Seed “Juice”</td>
</tr>
<tr>
<td>Leite Cru de Gado</td>
<td>Non-Processed Cow’s Milk</td>
</tr>
</tbody>
</table>

8. **Preventing and Treating Uterine Cysts During Pregnancy:**

**When to be taken:** This remedio is to be taken during pregnancy; it is important that the remedio be taken then, because uterine cysts can kill a child in-utero.

**The Effect:** This remedio helps to prevent and treat uterine cysts during pregnancy.

**Ingredients:**
9. Treating Binojegia, a Venereal Disease
   **When to be Taken:** One finger’s worth of the remedio should be taken every morning and night, until the entire bottle is gone.
   **The Effect:** To treat Binojegia (not only to treat the symptoms, but to actually cure the disease).
   **Ingredients:**
   
   **Portuguese:**
   - Goma do Buti
   - Goma da Parreira Santa
   - Salsa da Mata
     o Prepared by crushing the root in order to get the “suco.”
   - 1 Dedo de Sumo de Mastruiz
   - 1 Dedo de Sumo de Jerbão
   - Sumo de Hortelã Grosso Mint “Juice”
   - 3 Dedos de Agua de Cana de Macaco
   - 3 Dedos de Mel de Abelha Bee Honey
   - Sufato Amagosso (bought)
   - 1 Colher de Chá Tea
   - Vinho Branco White Wine
   
   **Modo De Preparar:**
   - Place all of the ingredients in a bottle together, and shake it up.
   - Place the bottle underground, upside-down for 7 days. (com a boca prá abaixo)
   - After 7 days, take the bottle out and shake it.
   **Restrictions:**
   - A person taking this remedio should not drink alcohol nor eat pepper.

10. Treating Gonorrhea
    **When to be Taken:** Three times a day.
    **The Effect:** This remedio cures gonorrhea.
    **Ingredients:**
    
    **Portuguese**
    - 1 Colher de Chá Tea
    - 1 Colher do Sangue de Rapousa
    - 1 Colher do Sumo Cahapisho de Agulha
    - Sumo da Folha de Maumiké
    - Meio Copo de Agua de Cana de Macaco
    - Meio Copo de Agua de Batata Potato Milk
    - Suco do Raiz de Liriú Branco do Campo
      o Só um pouco
    - 1 Colher do Sumo de Beru Roshú

   **English**
   - 1 Colher de Chá
   - 1 Colher do Sangue de Rapousa
   - 1 Colher do Sumo Cahapisho de Agulha
   - Sumo da Folha de Maumiké
   - Meio Copo de Agua de Cana de Macaco
   - Meio Copo de Agua de Batata Potato Milk
   - Suco do Raiz de Liriú Branco do Campo
     o Só um pouco
   - 1 Colher do Sumo de Beru Roshú
Sumo do Raiz de Janauba
Sumo da Flor de Algodão
Vinho Branco

Cotton Leaf Juice

Modo de Preparar:

- Smash the entire Cahapisho de Agulha plant in order to get out its juice, place 1 colher of this juice in a one-liter bottle.
- Smash the leaves of Maumiké plant in order to get their juice, place the juice in the bottle.
- Smash the raiz of Liriu Branco do Campo plant, place just a little bit in the bottle.
- Smash the raiz of the Beru Roshú flower to get out its juice, place 1 colher in the bottle.
- Smash the raiz of the Janauba plant to get out its juice, place the juice in the bottle.
- Smash the flowers of the cotton plant to get out their juice, and place the juice in the bottle.
- Add the remaining ingredients to the bottle, except the white wine.
- Once all other ingredients have been added, fill up the rest of the bottle with the white wine.
- Shake.
- Leave the bottle underground for 7 days.
- After 7 days, take the bottle out and shake it.
- Administer to person who is infected with gonorrhea.

*Please note: None of the measurements in this remedy are conventional measurements. One “colher” is the amount of liquid that a normal-sized spoon would hold, not the amount of liquid that is held by a tablespoon. A “meio-copo” is not ½ of a cup; it is half of a normal drinking glass’ worth of liquid.

Part E: Appendix Questions

1. This project could never have been carried out in the United States. First of all, very little information exists regarding the role of traditional indigenous midwives in Bahia. In fact, I was told by Christina Camargo, the head of FUNASA’s recent efforts to train traditional midwives that no information at all exists regarding the practices of these women. Therefore, primary source research was necessary. In addition, the PSF program in Brazil is relatively new; it was first implemented 12 years ago. Therefore, any secondary source information about agentes da saúde in indigenous communities is very hard to come by.

2. I might have been able to research certain components of this project in the United States. However, my ability to do so would depend entirely upon the existence of secondary source research. Information already exists on indigenous movements in Brazil, but none about the Tupinambá tribe. I may have been able to find research on maternal health in indigenous populations in Latin America. However, the majority of information on healthcare in Brazil is in Portuguese, and previous to coming to Brazil, I could not speak or read Portuguese.

3. Previous to conducting the ISP, all of my academic research had consisted of secondary source research. In contrast, the overwhelming majority of research required to conduct my ISP was primary-source driven, utilizing the interview, participatory observation, and photographic methods. This was the first time that I had used any of these data collection techniques. I enjoyed the personal nature of this type of research, and look forward to using the techniques that I learned in any future research projects.

4. A large majority of my final monographs consists of primary data that was collected either before or during my ISP field work. The only secondary source data that appears in my monograph appears in the introduction (in order to give background information), and in the literature review (designed to introduce the international discussion on midwife training programs).

5. I chose to utilize the data that I collected after about the first 5 days in the field. It was at this point that I re-wrote my ISP proposal and re-focused my research question. After revising my proposal, all of the interview questions that I asked and photographs that I took were intended to answer very well-defined questions. Therefore, nearly all of the data collected after the re-writing of my proposal that was pertinent to the research question was included in the final monograph.
6. I honestly do not find a direct connection between the “drop-offs” or field exercises and the ISP process. While those experiences did help to further immerse me in Brazil and challenge me to be self-sufficient in my actions, I do not feel that there is a direct link.

7. The PHMFSS helped me to stay on-track in my preparations for the beginnings of the ISP. I liked that during the PHMFSS, we were introduced to the resources available in Salvador (libraries & on-line library databases), even though one of these information sources proved useful in my preliminary research. I appreciate the fact that the PHMFSS challenged us to create a complete, well thought-out proposal that included a feasible methodology prior to the initiation of the ISP.

8. The principal problem that I encountered during the ISP has to do with my advisor. Due to the fact that my ISP location was confirmed very late during the semester, I entered the field without an advisor. While I had a number of excellent contacts who helped me to eventually find one, it was a little frustrating (and time consuming) for me to find and contact a feasible advisor. However, this was not the chief problem that I encountered; in fact, I do not mind that I had to find my own advisor. The trying aspect of my relationship with my advisor was that she was constantly sick. Following my delayed initial contact with her, we never met again because she came down with pneumonia. I do not feel as though this had a particularly negative effect on my ISP research or the completion of the paper, but it certainly did not help the process. Instead of speaking with her, I simply spent a great deal of time in the field thinking about the way in which I had structured my research, and how I was going to channel the data that I collected into a cohesive, strong paper.

9. I did experience some time constraints during my ISP. At the end of my time in the field, I was trying to make another visit to the community of Aguipe da Cima, one of my case studies. One of my contacts fell through on two separate days, and as such I was not able to visit Aguipe da Cima to interview their second midwife. Because of the rural and nearly inaccessible nature of the communities that I was working with, transportation was very difficult and always delayed. In addition, due to safety and logistical reasons I had to rely on my community contacts to take me to each community. I think that if I had known the location of my ISP field work earlier prior to the ISP period, I would have been able to better structure my initial week in the field. As it was, I spent the first week of my ISP trying to gather basic information about the communities that I was working with, and trying to decide the actual research question of my ISP.

10. The topic that I entered the Public Health and Community Welfare program with did undergo some changes. Initially, I had not planned to work with indigenous populations. However, due to contact difficulties during the preparation for the ISP, working with the Tupinambá Indians in Southern Bahia turned out to be my best option. The fact that I ended up working in the community of Olivença also influenced the focus of my ISP. The proposal that I entered the field with had me working with an NGO that provided training and outreach programs to traditional midwives. However, Olivença does not have any such NGO; it only has indigenous midwives. Therefore because of the situation in my case study communities, I had to re-structure my research question to make it both relevant and interesting. Once I learned about the importance of FUNASA and community agentes da saúde for maternal health in Tupinambá communities, I decided to incorporate them into my project and relate them to my original topic, traditional midwives.

11. During my pre-ISP preliminary research, I initially tried to find secondary resources in the university libraries in Salvador. This proved unfruitful. Next, I utilized my college’s online databases to search for scholarly articles on my topic. This proved much more useful, and the sources obtained through these searches form the body of my introduction and literature review. My first contact in Olivença (my ISP’s base location) was Nadia Acavã, an indigenous Tupinambá activist that I met through Damiana, my SIT director. Nadia was the key to developing my research in Olivença, as she introduced me to two agentes da saúde and one of the midwives who were interviewed for my ISP. I also visited the Ilhéus’ FUNASA headquarters on several occasions with one of my agente da saúde connections in order to enter into contact with more agentes da saúde.

12. I utilized the interview (formal and informal), participatory observation and photographic methods during my ISP. The interview method was necessary in order to gather information on the formal FUNASA protocol for providing healthcare services for pregnant indigenous women. Informal interviews allowed me to include that data collected during casual discussions in my ISP, thus helping me to gather people’s opinions on the services provided. The participatory observation
technique allowed me to include my physical and inter-personal observations of my case studies in the body of my ISP. This research was necessary in order to illuminate the barriers to access faced by rural indigenous communities. The photographic method helped me to further illustrate the barriers to access caused both by physical distance and the transportation provided by FUNASA.

13. As I only met with my advisor once, I cannot say a lot about my relationship with her. She was very engaging and excited about my project during our initial meeting. However, several days after our first encounter she came down with pneumonia and was impossible to contact. I tried both emails and calls to her cell phone, but all to no avail. It was not until 2 days before I was leaving for Salvador that she got into contact with me. At that point, I was concluding my research and did not have any questions for her. Had she not gotten sick, my advisor would have helped me with the structuring of my research and the phrasing of my interview questions.

14. Early on during my ISP field work, I did conduct several interviews that did not prove useful in any way. However, these interviews were conducted before my proposal was re-written. After I revised my proposal and re-defined my research question, the majority of the interviews that were conducted proved relevant and important to my project. Several times when visiting one of the midwives that I interviewed, it was very difficult to structure our interactions in a way that allowed me to gather the information that I wanted. I resolved this problem by making repeated visits.

15. I feel that I gained a tremendous amount of insight into the contemporary Tupinambá culture as a result of my ISP. I do not feel that this information would have been learned outside of the ISP, as our class on indigenous health was very unorganized and short. Through the ISP I learned a tremendous amount about the status of indigenous movements in Brazil, and efforts to revitalize indigenous cultural practices and beliefs. None of these issues were covered in great depth during the program’s seminar. In addition, Salvador is not a city with a large indigenous population. Had I not conducted the ISP, the probability that I would have come into contact with indigenous populations or their issues is very small.

16. The ISP process definitely helped to aid my integration into Brazilian culture. The fact that I was living on my own in a community with no other foreigners meant that I would go days without speaking English or interaction with anyone from my own country. I noticed a difference upon my return to Salvador; I was much more confident in my interactions with strangers, and no longer worried as much about my Portuguese.

17. I learned a multitude of lessons from having gone through the process of conducting an ISP. Not only did I learn a great deal about rural women’s health in developing countries, but I also strengthened my knowledge of the Brazilian national healthcare system, SUS. In addition to more concrete lessons, I know that the ISP process helped me to become more confident in my ability to ask personal questions of other people in interview situations.

18. In the event that another student wanted to do a project on this subject, I would recommend that they try to determine early on the location and exact focus of their research. As the role of traditional midwives is currently undergoing major changes, it is hard to find secondary sources on their present-day practices. Therefore, this requires that the student be very organized and motivated about their topic so that they enter the field ready to conduct a great deal of primary source collection.

19. I would definitely have undertaken this project again. However, I might have shifted the focus to examine the knowledge held by traditional midwives on natural remedies and medicines. This is a subject that interests me, and is also relevant to the indigenous movement’s desire to revitalize and record their traditional cultural practices.