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Resistance of Mayan Women against Obstetric Violence

By: Marina Gonzalez-Flores, UC Santa Cruz

ABSTRACT

Mayan women are often victims of obstetric violence in the Yucatan Peninsula. Obstetric violence is defined as violence women experience by health officials or midwives during birth. This article will examine five different communities within the states of Yucatan, Campeche, and Quintana Roo in Mexico and compare and contrast activism efforts against obstetric violence among Mayan women. Mayan women are organizing to create unions for midwives, workshops on reproductive rights and health care, and demonstrations that advocate for the end of obstetric violence in their communities. Through unstructured interviews and participant observation, this research illustrates the variety of experiences these women face when giving birth, and the expressions of activism women utilized to counter obstetric violence and resist larger issues of structural violence. This research can help us understand the obstacles Mayan women face and provide strategies for organizations, governments, and institutions to further support and empower women's organizing strategies. Such work is important for informing practical solutions to end obstetric violence in these communities.

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INTRODUCTION

Motherhood is considered one of the most prized experiences for women. Although not all women are mothers or should value motherhood as an obligatory experience, it is a popular and highly enjoyable life stage for many women. Unfortunately, the experience of birthing a child (which is not the only path towards motherhood) is sometimes a painful and violent experience. In the Yucatan Peninsula, located in the southern states of Mexico, Mayan women experience violent birthing tactics from doctors, nurses, health officials, and or midwives. Mayan women are often left with little agency, power and control over their bodies. However, Mayan women have begun to work diligently in making sure their bodies do not experience a dehumanizing birth. After spending five weeks surrounded by stories of such women I felt it was my responsibility to share these stories of structural violence, while

countering the common narrative of portraying indigenous women as victims. The story I will tell is one filled with resistance, independence, and persistence of Mayan women activists committed to ending obstetric violence.

By exploring the structural violence perpetuated on Mayan women in their reproductive care, we can begin to understand their resistance against this violence. This research will not only bring to light narratives of women who have seen or experienced obstetric violence, but it also seeks to fill a relative gap in scholarly attention about these issues. Drawing from experiences of women in five different Mayan communities, this thesis examines obstetric violence towards mothers and midwives as well as highlights the various expressions of activism of six Mayan women. These women, self-proclaimed agents of change, are just a small sample of the women who assert their reproductive and human rights; it is important to note that just maintaining dignity and strength in daily life is a form of activism practiced by Mayan women. The women I met were constantly subject to structural, institutional, and cultural control and by surviving they continuously rejected their marginalization.

A common theme among the women I interviewed was their experience of structural violence perpetuated by both health care officials and the Mexican state. The research I conducted aimed to understand oppression when giving birth in Mayan communities. The questions I answer in this research include the following: what obstacles do Mayan women face regarding maternal health? How do Mayan women in these communities organize for maternal health? What are the various expressions of activism among Mayan women and what are their reasons for choosing the type of activism in which they engage? As I discuss, Indigenous women not only face discrimination based on their socio-economic background, but they also experience gendered and ethnic discrimination when seeking healthcare (Belli, 2013).

LITERATURE REVIEW

The topic of resistance against obstetric violence in Mayan communities is not a popular research topic, and because of the limited literature available, this analysis was divided in three topics; the state, obstetric violence, and indigenous activism. My intent is to close the academic gap by introducing obstetric violence as well as bringing awareness of Mayan activism.

Floyd (et al., 1997), Huber (et al., 2001), and Carey (2006) provide a historical analysis of the constant policy changes in Mexico regarding Indigenous midwives. These authors identified a trend whereas before 1970's, the Mexican government rejected and condemned traditional medical practices such as midwifery. By the mid-1970's the state changed its position on midwifery to partial acknowledgement and acceptance if it could be justified with biomedical thinking. Between 1974 and the beginnings of the 1980's 15,000 midwives underwent training which according to Floyd and his colleagues, these courses were "powerful instruments for imposing, extending and further legitimizing biomedical obstetrics" (1997, p.399). In contemporary Mayan

communities, midwives are being subjected to training by the state to transform their traditional practices into biomedicine (Huber et al., 2011, and Carey, 2006). The women I interviewed believed that these forced practices of “modernized” biomedicine subjected them to obstetric violence when giving birth. “Modernized” biomedicine can be experienced as violence when it contradicts traditional medical practices. Mayan women are not granted the power to choose from traditional birthing experiences because midwives are forced by state officials to comply with biomedicine. The lack of power to choose is in itself an example of violence. Other examples of biomedicine violence are forced unnecessary cesarean births or forcing women to be in the lithotomy position when giving birth rather than sitting in a chair or in a hammock (Jordan, 1983).

Obstetric violence is violence experienced by women when giving birth promoted by healthcare officials (Ibone Otza, 2013; Belli, 2013). This type of violence constitutes structural violence because it is harm promoted by social structures and institutions (Quesada et al., 2011). Authors such as Leyva-Flores (et al. 2014), Pelcastre-Villafuerte (et al. 2014), Vania Smith-Oka (2009), and Pombo (2008) discuss different state sponsored health access programs that have affected Indigenous women poorly. Programs such as *Oportunidades* (Pombo, 2008; Vania Smith-Oka, 2009) create structural violence because they disempower and harm women instead of supporting them. *Oportunidades* is a cash transfer program that alleviates women’s poverty in Mexico by focusing on health, education, and nutrition. In order to receive the economic help they need to see government doctors, who represent the interests of the state (Smith-Oka, 2009). Pombo (2008) argues that *Oportunidades* disempowers women by alienating health promotion from it being an issue of women’s bodies to an outlet to promote the interests of institutions such as population reduction.

The women I interviewed did not take obstetric violence passively but they resisted and mobilized against it. According to Escobar and Alvarez (1992) and Kaplan (1997) it is common for women to take up resistance in gendered issues such as reproductive rights. Although this phenomenon is common, there is little research on indigenous organizing concerning reproductive rights. My research attempts to close that gap and bring awareness to the countless stories of resistance from indigenous Mayan women concerning obstetric violence. This research brings the testimonies of obstetric violence, which is a relatively new term in the English academia. The academia is also lacking research on indigenous women mobilizing for reproductive rights. This research will likewise attempt to close that gap in the literature by highlighting the methods of activism of six incredible women.

METHODS

I spent a week in five different Mayan communities to interview women about their experiences with maternal health and their activism to end obstetric violence. The communities were X-Querol, Tulum, Campeche, Xanlah and Chumbec. Their hospitality

gave me the opportunity to facilitate informal interviews during informal settings. It allowed me to speak about controversial and taboo subjects such as sex, gender, and reproductive rights while working in the kitchen with them or doing other household chores. Since these spheres are associated with being exclusive for women, men were rarely there to listen in or contribute to the conversation.

I conducted four unstructured interviews because of the sensitivity of the issue and topic.¹ All interviews were conducted in private as to allow conversations to not be restricted to the pre-planned questions. I voice recorded all interviews as well as taking extensive notes. The four women interviewed privately were America, Margarita, Doña Ake, and Ime.²

A prominent midwife I was scheduled to interview asked if she could be interviewed with her mentor. For her convenience I agreed and the fifth interview was a shared unstructured interview. The two participants Yuritzí and Itzel were interviewed together.

This research will focus on the narratives of six different Mayan women, five of which are Semillas scholarship recipients. Semillas is a Mexican non-governmental organization that supports women's groups and indigenous leaders to improve the status of women. Semillas provided me with the contact information of five women in five different communities in the Yucatan Peninsula fighting for maternal safety. All of these women identify themselves as Mayan but come from different cultures, locations, and ages. Each participant brings to the conversation a different experience and situation to contextualize violence against women. This thesis profiles the activist work of Ime Cohuo, Yuritzí Speich, Itzel Cazim, Doña Ake, America Cassanova, and Margarita Pech.

WHAT IS OBSTETRIC VIOLENCE?

Like most cases of structural violence, obstetric violence is hard to define because it is subtle, pervasive, naturalized, normalized, and institutionalized. Women who have suffered from obstetric violence have gone as far as calling it "birth rape" because they feel their bodies have been violated and coerced (Ibone, 2013). The term, which is usually directed towards doctors and nurses, has an aggressive undertone that prevents it from academic utilization. Similarly, the naturalization of such violence and other structural violence discredits research on these violent cases because society believes it is the norm (Quesada et al., 2011). In this section, after brief discussion of various legal definitions of obstetric violence, I turn to my conversations with Mayan women and their definitions and lived experiences, which provide a rich cultural context to understand this phenomenon.

¹ Unstructured interviews follow a pre-planned list of questions and have a minimum of control over the responses. (Russell, 2006: 211)

² Pseudonyms were created to maintain the women's anonymity.

Obstetric violence has its roots as early as the nineteenth century when “modernized” hegemonic health methods began to be legitimized (Belli, 2013). When modern biomedicine became institutionalized, all other birthing methods were discredited and belittled (Belli, 2013). In 2007, Venezuela was the first country to legally criminalize and define obstetric violence. Article 51 of the *Ley Orgánica Sobre el Derecho de las Mujeres a una Vida Libre de Violencia* (Organic Law on Women’s Rights for a Life Free of Violence) states that obstetric violence is “the appropriation of the body and reproductive processes of women by health personnel... bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality” (Ibone 2013: 48). Under Venezuela’s law the following acts by health personnel are considered obstetric violence: 1) untimely and ineffective attention to obstetric emergencies, 2) forcing women to give birth in a supine position if not necessary, 3) impeding early attachment of child/mom without medical cause, 4) altering natural process of low risk delivery with acceleration techniques unless women are informed and can accurately consent, and 5) using cesarean section when natural birth is possible unless women consented (Belli, 2013). Belli states that the invisibility of obstetric violence in policy and the media is due to the normalization women give to gendered violence. Women who suffer from poverty and receive free health care often believe such violence is the cost they have to pay to receive such services. Indigenous women are more vulnerable to obstetric violence given their socioeconomic, educational, ethnic, and cultural marginalization (Belli, 2013).

Although academics may agree on a definition of obstetric violence, a more complete and comprehensive understanding requires the contribution of those who know the problem first hand and work to eliminate it. I found a range of definitions for obstetric violence articulated by my research participants, who deem obstetric violence as the main obstacle of maternal safety in the majority of the interviews.

According to Yuritzi, obstetric violence is when health officials humiliate, yell at, deny access to information, tie down, immobilize, and act without consent of the women giving birth. Itzel, a timid 40 year old retired midwife, who was sitting next to her, added that the lack of privacy or ignoring of the woman’s wishes for privacy are examples of obstetric violence. Yuritzi said she knew of women who were sterilized with the consent of their husbands after they had explicitly said they did not want to be sterilized. She argued that decisions made by women when they are under the effects of painkillers or an epidermal shot should not be taken as meaningful consent. Itzel believes that obstetric violence happens to almost everyone in Quintana Roo but almost no one reports it. (Both Yuritzi and Itzel live in Tulum, Quintana Roo.)

Doña Ake argued that another form of obstetric violence is the dehumanization and belittling of their culture, including midwifery culture. As a midwife in Chumbec, Yucatan, she stated that health care institutions do not take into consideration important cultural traditions such as having family members present during births. Doña Ake also argues that another form of obstetric violence is the way her work is degraded. Because midwifery is belittled in public hospitals women are made fun of or criminalized for choosing home births. She states that whenever she has had to send a

patient to the hospital because of complications during the birth they are received with hostility. By criticizing the choice of women to have a home birth, hospital officials and state officials belittle that woman's culture.

Ime defined obstetric violence through a different perspective, arguing that a form of obstetric violence is the inaccessibility of state provided healthcare. Ime said that when a medical emergency occurs in her community of X-Querol, Quintana Roo, those in need are forced to bicycle for two hours until they reach the next community. She went on to state that health care officials are not the only perpetrators of obstetric violence, but midwives as well. She believes that the current shifts to "train" midwives in biomedicine have instilled in them violent techniques they reproduce on women. She argues it is equally possible for women to be hurt by hospital and midwifery care.

Margarita, a mother of a four year old boy, says obstetric violence is all violence women experience from conception until giving birth. She says it can be seen the moment an under-aged pregnant girl goes to a consultation and the doctor criticizes her for her age and demonizes her choices. She also states that the omission of information is a form of obstetric violence and is commonly seen when young women ask their doctors for future birth control methods. She says that the most common form of such violence is unnecessary cesarean births or cesareans in which large incisions are made across a mother's stomach when only a small incision was necessary. Margarita, who received her psychology degree from the local university, states that such cesareans leave a physical mark on a woman's body that can have a negative influence on self-esteem and be a constant reminder of a violent birthing experience. She argues that in Campeche doctors are pressured by time constraints to deliver as many births as they can, which results in hurried and pressured cesareans. Doctors can also have economic incentives to conduct surgeries rather than natural births.

Another form of obstetric violence is using a pregnant mother to set an example in public hospitals. Margarita argues that in free clinics doctors need to teach medical students how to deliver babies. Because women who attend these free clinics feel they cannot receive better care, they do not complain when students practice their skills on them. Women report having been touched violently and feeling their privacy overstepped when used as an example. She said "te violan tu cuerpo y tu decisión" (they violate your body and your decision making).

MAYAN WOMEN'S ACTIVISM AGAINST OBSTETRIC VIOLENCE

Whether obstetric violence is conducted by health care officials, the state, or even midwives, Mayan women are constantly being belittled and criminalized for their birthing choices and experiences. These situations have driven Mayan women to stand up and resist. The following section highlights the goals and methods of activism used by Ime, Yuritizi, Itzel, Doña Ake, Margarita and America. These women fight daily to end gendered violence.

The youngest activist I interviewed was Ime, a 23 year old graduate from the University of Morelos Quintana Roo majoring in Community Health residing in José María Morelos. Besides working in a hostel where students stay during the school year to continue their education, she is an activist fighting against obstetric violence in her community. Her dedication to bring awareness and change to obstetric violence comes from the fact that Ime has seen this violence occur in her community and its surroundings. Ime is currently directing a short documentary about obstetric violence. She hopes to have film screenings in local communities for both midwives and mothers. The ultimate goal is that mothers be aware and able to identify violence while midwives can stay away from violent “Westernized-taught” birthing techniques. Ime’s method of activism involves providing a service to her community. By informing her community, Ime is able to empower them into breaking away from gendered violence.

Itzel works as a masseuse in a hotel in the Mayan Riviera as well as providing massage services to pregnant women. She retired from midwifery after experiencing the hostile environment midwives face in Tulum, Quintana Roo. Itzel has worked closely with Yuritzi in organizing a day-long march in the middle of Tulum that would bring awareness to obstetric violence in the peninsula as well as provide women the tools they need to report such abuses. The march, called “Mi Parto, Mi Decisión” (My Birth, My Decision) was held on November 29, 2014. The march began in the municipal government building of Tulum, passed the city’s Scotia Bank, and then headed back to the plaza in front of the government building. In the plaza there was music, food and dance. Around the plaza there were tables with different information and services available for women marching. One table had midwives and other experts available to listen to the birthing experiences of women and provide resources on how women could recover from post-traumatic stress disorder after experiencing this violence. Another table gave women the opportunity to leave their testimony with the goal of making their stories public and show how common obstetric violence is. According to Itzel, around 500 people showed up to march. Yuritzi and Itzel’s activism efforts provided services to help victims of obstetric violence, made the violence more visible, and created a space for community organizing.

A prominent midwife and activist in the capital of Yucatan and its surroundings is Doña Ake. Doña Ake, who is originally from Chumbe, Yucatan, has been a midwife for around 35 years and through the years has seen varying state interactions. When she became a midwife at the age of 24, the state encouraged midwifery through courses, but since 2008 the state began to criminalize midwifery. During this shift Doña Ake and all the other midwives around her jurisdiction lost support from the Mexican Social Security Institute (Instituto Mexicano de Seguro Social) who would provide the necessary documents to assist births. Doña Ake was forced to seek help from the Ministry of Health (Secretaria de Salubridad y Asistencia) to continue in her trade. According to the state this was due to health budget cuts, however Doña Ake believes it was due to the criminalization of home births in order to gain more revenue in hospitals. The other midwives, around 70 women who worked with Doña Ake in the past, were not able to continue providing assistance during birth after the Social

Security Institute let them go. During this shift doctors began to belittle women who chose to see a midwife, state sponsored projects prohibited indigenous women from having home births, and midwifery became criminalized. Doña Ake's vision is to create an association, a union-like group, of midwives that will be protect them from institutional oppression and racism. The association would protect their midwives from judicial prosecution by health care officials and mothers "brainwashed" by their doctors. Doña Ake states that the main goal is to provide women with the opportunity to get humane births at home.

Margarita and America are the two activists I interviewed in the San Francisco de Campeche. America, who has a master's degree in poetry, is the founder of an NGO called Red de Mujeres y Hombres Por Una Opinion Publica De Violencia de Genero (Center for Women and Men for a Public Opinion on Gendered Violence). Her NGO is fondly called el observatorio (the observatory), and works with women for the right to choose, maternal safety, obstetric violence, and human rights. Margarita, who has a university degree for psychology, works for the observatorio, specifically under the branch of maternal safety.

Margarita works closely with women in bringing workshops on maternal safety and obstetric violence in Tenabo, Calkini and Hecelchakan. She empowers women by teaching them what obstetric violence is, how to identify it, and what to do when victimized by such violence. Margarita connects victims of obstetric violence to free legal counsel in order to help the victim be compensated for damages. She says that although she has supported many women into taking legal counsel, it has never been successful because women usually back out. Hospitals are able to get better legal representation and usually blame women for the violence they endure. Women are quick to back out of legal action because court procedures are costly in terms of money and time (Bumiller, 1987). Margarita says that the women she works with are more likely to accept psychological help after suffering obstetric violence instead of legal help. In a little less than a year, Margarita has provided workshops to around 200 women in the three different municipalities.

As the founder of the observatorio, Argentina takes an active role in promoting the end of gendered violence. To do so, she undertakes various methods of activism. One of her goals is to bring awareness to communities and develop dialogue through community organizing. She does so through workshops, poetry readings, and puppet shows on issues such as human rights, abortion rights, obstetric violence, teen pregnancy, and sexually transmitted diseases. The other goal she has for the observatorio is for it to provide legal and psychological support to victims of violence as well as provide immediate relief for victims. Examples of that immediate relief include finding battered women a home away from their abusive partners to providing women legal support in terminating an unwanted pregnancy.

America states that her biggest obstacle when helping women seek legal council against obstetric violence is first recognizing they are victims. She states that as women, our bodies have been continuously restricted and controlled, therefore it is hard to realize when we are victims of obstetric violence or our reproductive rights are being

violated. The constant dehumanization of female bodies leads to the naturalization of violence which is internalized and almost impossible to break through.

Mayan women all around the Yucatan Peninsula are victims of structural oppression and gendered violence. Their narratives show the constant restrictions that are placed on their bodies and safety. However, all around the Yucatan, these women show extraordinary forms of resistance. Whether they are mothers, midwives, or activists, women are constantly resisting against all odds. Ime, Yuritizi, Itzel, Doña Ake, Margarita, and America are all examples of strong empowered women who fight day by day to end gendered violence. Their activism differed based on their structural impediments, their access to capital, and their relationships to institutions. Some women created services to change policy while others encouraged community based organizing.

CONCLUSION

My time in the Yucatan Peninsula showed me the variability of birthing experiences Mayan women experience and the equal variety in their forms of resistance. This research highlights the structural violence suffered by women in regards to maternal health. Authors such as Belli (2013) and Ibone (2013) argue that obstetric violence is a common reality for women around the world that violates their human right for health. The stories presented in this research prove the reality of obstetric violence. These stories also highlight the countless ways Mayan women actively resist against obstetric violence. Their resistance met several obstacles. Some obstacles were pushed by their communities such as a lack of participation and the internalization of violence. Other obstacles were structural barriers such as transportation, location, economic obstacles. Their methods of activism differed by the structural impediments they came across, their access to capital, and the relationships they held with institutions. By identifying these obstacles NGO's, the state, and other organizations can adapt their aid to support activism based on the needs of the activists.

As this research has shown, obstetric violence has serious effects on women's health and well-being, and indigenous women are often more vulnerable to this type of structural violence. In the Yucatan Peninsula, Mayan women activists are working diligently to eradicate obstetric violence. These women fight to end this type of gendered violence in their communities through a variety of methods such as marches, workshops, and videos. Their inspiring efforts to create social change in their communities make it clear that we all have a responsibility to fight for women's right to health and dignity. As a patriarchal society we normalize the idea that women have no control and should have no control over their bodies. Obstetric violence is just another representation of the ingrained prejudice that others should dictate the choices women make on their bodies. NGO's, governmental organizations, states and universities need to better support indigenous women organizing, and in the case of the Yucatan

Peninsula, they can start by acknowledging obstetric violence as a product of misogyny and an everyday reality.

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