

OUTLINE: NIWAN CHAMEL – “THE BIG ILLNESS”
PREGNANCY AMONG TOJOLABALES OF CHIAPAS, MEXICO
Master’s Report, Department of Anthropology, University of Arizona
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PART I: CONTEXT

Maternal mortality statistics in Mexico, Chiapas, and the Border Region
The Comitán Center for Health Research (CISC)
CISC’s ethnographic research among Tojolabales of the Border Region of Chiapas
CISC’s research-action project on maternal mortality in the Border Region of Chiapas
Location of this report within CISC’s formative research on health (methods)

PART II: CONCEPTUAL SHIFTS IN THE MATERNAL MORTALITY FOCUS

Conceptual shifts in the maternal mortality focus (1985-present) resulting from biomedical–anthropological collaboration

1.  Maternal mortality, once seen by researchers as a natural, normal event, unworthy of attention, is now perceived as a unique and pressing problem.
2.  The biomedical focus that predominated earlier work on maternal mortality has been broadened to include perspectives from multiple disciplines.
3.  Research on maternal mortality, previously limited to quantitative, epidemiological, evidence-based data, has recently embraced qualitative methods.
4.  In addition to the direct obstetric causes of maternal mortality, the significance of the causes behind these obstetric causes – things like structural factors and gender relations – has been increasingly recognized.
5.  Similarly, while interest was once aimed only at maternal mortality, increasing attention has been paid to the consequences beyond the direct obstetric consequences, for example long-term morbidity and repercussions in familial, community, and national contexts.
6.  Work on maternal mortality that once focused on children and on women exclusively in their capacity to bear children has adopted a gender perspective, from which women’s health is seen as important regardless of reproductive status.
7.  Primary care and population control, the past mainstays of maternal health intervention, have been supplemented with the strengthening of emergency services, support for development, and promotion of women’s rights.
8.  While the West was once seen, or we once saw ourselves, as the sole source of authoritative knowledge on pregnancy and childbearing, knowledge that we then exported as The Truth, researchers now encourage thinking of the gamut of Western techniques and knowledge as just one of many cultural systems.

PART III: BRIEF OVERVIEW OF THE TOJOLABAL POPULATION UNDER STUDY

- Location, ecology, and population
- Historical background
- Agriculture and economy
- Alcohol production, consumption, and regulation
- Religion
- Political organization
- Family structure
- Daily life
- Marriage
- Domestic violence
- Infrastructure
- Health resources
- A note on deep, layered social relations

PART IV: THEMATIC SUMMARIES

Part IV contains eight sections, each consisting of a summary of information provided by study informants regarding a specific theme related to maternal health.

SECTION A: PREGNANCY

- Fertilization and gestation
- Pregnancy as a serious illness and period of great risk
- Danger of first pregnancy
- Life during pregnancy
 - Work
 - Diet
 - Domestic violence
- Problems and precautions during pregnancy
- Men's roles and presence during pregnancy
- Family members' roles during pregnancy
- TBAs' roles during pregnancy
- Unwanted pregnancies and pregnancies with social complications

SECTION B. BIRTH

- When labor pain starts
- Birth
- Preferences for birthing care: TBAs and doctors
- Risk of witchcraft
- Fear of birth
- Who is involved with birthing
- Complications during birth
- Maternal mortality during birth
- Referring patients from TBA to doctor
- Sick babies, stillbirths, and babies born as animals

SECTION C. AFTER BIRTH

Birth celebration
Taking care after birth
Possible complications after birth
Post-partum tubal ligation

SECTION D. VALUE OF CHILDREN

“Unachieved children”
Value of children
Shifting value of children

SECTION E. INFERTILITY

Forms of infertility
Causes of infertility
Preventing infertility
Curing infertility
Consequences of infertility
Welcome infertility

SECTION F. MISCARRIAGE AND ABORTION

Miscarriage (causes, symptoms, care)
Abortion (motivations, alternatives, strategies)
Consequences of miscarriage and abortion (in woman, child, family)
Recovery from miscarriage and abortion

SECTION G. ASSISTING WITH BIRTHS

Assisting with relatives’ births only
Abilities of people who assist in births
Benefits of providing birthing assistance
Number and popularity of TBAs
How TBAs come to be
Collaboration and competition between TBAs

SECTION H. BEING A DAUGHTER-IN-LAW, HAVING PARENTS-IN-LAW

Living and suffering with in-laws
Supportive in-laws

PART V: NARRATIVES

The following narratives were reconstructed from conversations and interviews with participants. Many of the details they contain are included in the previous sections, which were organized thematically, such that not all of the details “belonged” in the section. The goal of the narratives is to make these lived experiences – some unique and some shared – more real and contextualized.

A tough pregnancy while living with in-laws, difficult birth, long-term morbidity
Pregnancy and birth on a farm
A domestic servant pregnant by her employers' son
A surprise birth in a field of sugarcane
An undesired cesarean
Fallen bladder from a long-past birth
Woman worried about her childless granddaughter
Infertility from witchcraft
Have a baby, or else...
TBA talk about infertility
Abortion in the city
Seeking abortive medicine
Ten miscarriages
Abortion assisted by a TBA
Assuming the role of TBA for the first time

PART VI: DISCUSSION

A. Conceptual shifts in maternal mortality focus in the Tojolabal context

B. Medical anthropology-oriented insight into Tojolabal maternal mortality

Secular change
Seasonality
Meanings of place of care
Social complications of pregnancy and conflict resolution
First pregnancies and births
Maternal morbidity
Understanding women's own priorities

GLOSSARY

WORKS CITED

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