Midwives and Mothers: The Medicalization of Childbirth on a Guatemalan Plantation.

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Midwives and Mothers explores birth, illness, death, and survival on a Guatemalan sugar and coffee plantation, or finca, through two generations of local midwives, mother and daughter Doña María and Doña Siriaca. The book covers a forty-year period during which Cosminsky keeps returning to the same finca for her field work. Some of this work has been published in articles as clearly stated in the Acknowledgements (p.xii), and on reading the book I remembered with joy snippets from some of these articles on Doña María I read nearly 30 years ago whilst working on my Ph.D. thesis. Cosminsky did a great job in bringing together a life’s time of anthropology (field) work a in very comprehensive and easy to read book.

Cosminsky observes changes in people’s ways of living and working affected by local, regional, national and global factors. In her analysis she highlights the medicalization of childbirth process through changes between the way the mother Doña María and daughter Doña Siriaca work. She links these changes to local factors, such as, the way pregnant women and their families are replying to changing maternity service provision and the training of skilled birth attendants, but also wider cultural, socio-political and economic changes. The social/medical model of childbirth has been used throughout as a key analytical tool: highlighting how the medical model differs in its practice in rural Guatemala from a more social model, which Cosminsky refers to as the ‘ethnomedical model’. There are several clear application of these models throughout the book, for example on p. 104 “the prenatal clinic only concerns the physical aspects of the pregnancy, prenatal care as perceived by both mothers and midwives involves spiritual, emotional, and social care as well as physical care.” The medical/social model is closely linked to ‘medicalisation’ or “the process by which various domains of life, such as reproduction and birth, are defined by the biomedical model in terms of disease: a physiological disturbance or an abnormal or pathological state” (pp.2-3).

The book is seeped through with gender issues, from unequal relationship between women in the finca and their menfolk, to cultural believes of the role and place of women in Guatemalan society to beliefs around pigmentation markings. Thus if the woman is pregnant with a boy child she “gets dark markings on her face … caused by the strength of the baby’s blood, and a boy’s blood is considered stronger or hotter than a girl’s” (p.79). Doña Siriaca, who followed in her mother’s footsteps as a midwife, Siriaca, the daughter, mentioned that some her sisters’ husbands would not let them be midwives, illustrating the authority of husband in the household.

Midwives and Mothers also covers interesting cultural beliefs around pregnancy, such as those that pregnant women: (a) “should not go near a corpse, attend wakes or funerals” (p.91); (b) “should not point at or make fun of someone who is injured or has a disability” (p.83); or (c) “can give a child the evil eye” (p.98). The evil eye affects only young children aged 4-24 months and leads to problems such as vomiting, diarrhea, fever and so on. Cosminsky weighs up some of
these cultural issues against social issues of poverty. Here she brings in a Public Health perspective, for example on mothers’ diets. She argues that “poor nutrition is due to poverty and lack of access to certain foods rather than to the imposition of cultural dietary restriction during pregnancy” (p.84).

Midwives of Doña María’s generation saw midwifery as a calling, María “mentioned that being a midwife was a divine mandate; it was her destiny…” (p.55). These midwives were also largely trained self-trained and through an apprenticeship with an older midwife. However, in the late 20th century training and regulation were slowing introduced across Latin America (and other low-income countries). Thus Doña María had been practising for three years before the landowner told her to get her licence (p.54).

It is worth noting that Cosminsky’s research originated nearly half a century ago from her “concern for midwives, who are increasingly under attack by biomedical personnel” (p.ix) as many midwives across the globe are still (again) experiencing such attacks. Similarly, changes in US aid policies curtailing family planning programmes in the 1980s under Ronald Reagan (p.67) are repeated today. Donald Trump reinstated a Reagan-era rule that prevents American non-governmental organisations from using funds to refer women to groups that provide abortions. This so-called ‘gag rule’ also prevents health workers in countries like Guatemala from advocating for abortion rights, which includes testifying about the impacts of illegal abortion.

Midwives and Mothers is a useful book for medical anthropologists, but it is equally of interest to a wide range of other researchers in disciplines ranging from the sociology of health and illness to development studies and from gender studies to rural studies.