Analyzing the ways and the extent to which midwives surpass their identity of woman in a Mayan community

Abstract

In this paper I will be researching the power, prestige, or authority reserved for midwives in a Mayan community. I will be exploring the reasons why this is prestige offered to them but kept from other women. Paul and Paul have found that since in San Pedro la Laguna, a Mayan-speaking town on Lake Atitlan, midwifery is a sacred profession, then these women are able to transcend gender roles and expectations. They argue that divine election is a myth and midwifery is actually hereditary. Therefore, I will also be looking at who these women are and how they become midwives: are they chosen or made? It is important to realize that almost 40 years have passed since Paul and Paul did research and since then the popularity of, and access to, hospitals has increased. Therefore, I would also want to investigate whether this increase in popularity has meant a decrease in the status of midwives.

Project Description

In this paper, I will be studying midwives and their role in the community. Specifically, I will use ethnographic data to explore the reasons why power, prestige, or authority is reserved for midwives as opposed to other women living in San Antonio and how midwives transcend the boundaries imposed on their gender.

The midwives’ role in childbirth has been studied before but the literature does not mention or explain the amount of power and freedom from gender roles that midwives
hold in Mayan communities. Paul and Paul wrote an article in 1975 (the Maya midwife as sacred specialist: a Guatemalan case) about the sacred role of midwives in San Pedro la Laguna, Maya-speaking community on Lake Atitlán; it would be valuable to update their findings by looking at San Antonio since the towns are geographically and culturally similar.

Key Questions:

- Has the status of midwives changed with the rise in popularity of hospitals? Is birth exempt from this rise in popularity? If so, why?
- How do midwives entering a professionalized and time-consuming career overcome objections from their husbands and themselves?
- Who are these women? How did they become midwives? Is it a sacred profession? If so, what signs led them to discover their calling? Did it start at birth?
- Is it in reality a hereditary profession? If so, woman from what families are allowed this prestige?

Plan of Study

Methodology:

I plan on conducting informal interviews with midwives in San Antonio. It would be important to understand their life histories, beginning with birth, and their family’s situation if I am to understand how they became midwives. If there are only one or two then I will consider visiting Santa Catarina and conducting informal interviews there. To find these midwives I will most likely ask my host mother for help since she is a woman of influence and is likely to know other important women in San Antonio,
especially since she gave birth in her home. I would also want to talk to a shaman to see if they understand midwifery as a sacred role. Informal interviews with several pregnant women and their partners would serve to gauge the influence of midwives among community members. Talking to younger couples would also reveal why they chose to use a midwife rather than travel to a hospital. Ideally, I would be able to engage in participant observation by shadowing a midwife during home visits to see how she runs situations in other people’s homes and how she is received. Finally, it might be beneficial to have formal interviews in Panajachel with obstetricians or health officials about their perceptions of a midwife’s role and importance in smaller communities with no hospital.

Time-table

Week 1 – Figure out how many midwives assist San Antonio. Find midwives and ideally be introduced to them by Rosario or another community member I have already made a connection with. Ask them basic questions about their role and about life history, whether theirs is a sacred profession, how they became midwives and what changes were required of them to do so.

Week 2 – Shadow midwife. See how she is treated by both clients and other community members. Maybe explore how husband and children feel, how husband factors in. Be introduced to couples (expecting or not), who will and/or will not use a midwife, by either the midwife or Rosario. Gauge opinions of midwives and explore their decision to give birth at home or in the hospital, what factors influence it.

Week 3 – Possibly attend home visits. Speak to midwives parents (if possible) and see how they feel/view their daughter’s choice of profession. Ask about birth signs (if
applicable). Ask older mothers/grandmothers or retired midwives if they perceive a
change in the way childbirth or midwives are received/framed.

Conclusion