

Almanac of the Future

A STORY OF SUCCESS

Motivational Experience No. 38



**THE BEGINNING
OF ALL LIFE**

The challenge of guaranteeing the right to intercultural health, reflected by the struggle and persistence of Jambi Mascari, an organization of Kiwchas ancestral midwives from Cotacachi that is part of the ancestral health council Hampik Warmikuna, shows how relevant and kind this struggle is for the common good of all, beyond cultures and identities: holistic understanding of health as a starting point, instead of disease and alternatives to drug dependence.

The report "Intercultural Health seen from the Andean zone of Cotacachi", a document written by Martha Arotingo, ancestral midwife of the Jambi Mascari organization and vice-president of the Hampik Warmikuna Ancestral Health Council and María Magdalena Fures, herbalist and president of the Central Women's Committee of UNORCAC, parent organization of the indigenous peasant communities of Cotacachi, delivered to the Special Rapporteur for the Right to Health of

the United Nations on occasion of his visit to Ecuador in 2019, offers a fairly complete radiography of the dissonance between the official discourse, state norms and reality around intercultural health and more specifically ancestral midwifery in Ecuador.

Here are some excerpts from the report: "...the right to health...is a collective right of the community and peoples to maintain, protect and develop, among others, their traditio-



INTERCULTURAL HEALTH:

BETWEEN DISCOURSE, NORMS AND REALITY



nal medicines and medicine practices... the right of the traditional health agents to maintain and develop their knowledge and practices... the right of a person to choose the type of medical system to which he/she wants to resort to maintain or recover his/her health. Faced with these rights holders, the State...has the duty...to promote...ancestral knowledge...guarantee ancestral health practices...promote complementarity with ancestral medicines...

"In daily reality, there are serious setbacks in the application of these rights...official texts of the Ministry of Health (MOH) contemplate their respect in a horizontal relationship...in practice the different norms...established...without consultation...."

"The interest of the MOH in ancestral midwives...is limited to the support of midwives to fulfill the objectives of the MOH...ignoring other actors such as herbalists, yachaks [healers]...in spite of the constitutional mandate...."

"The...strengthening of ancestral medicine falls solely on the original organizations...they often do not have the necessary resources...traditional healers [such as ancestral midwives]...contribute to the improvement of the health of the communities...[not being]...recognized in the achievements measured by the MOH. ...inter-cultural health [means]...respect for the culture of providers and users...the articulation of the two medicines, western and ancestral, allowing...complementarity of actions and the choice of the medicine with which the users prefer to be attended. This supposes a horizontality in the relationship between providers and a mutual recognition of knowledge and practices."

"The current situation [indicates there is]...no dialogue as equals...the system...only...recognizes the...scientifically proven, denying all...cultural, spiritual and holistic ancestral health...ignoring...non-academic learning processes of healers...having a superior or paternalistic attitude.... "

“Summarizing...the different system is neither recognized nor respected....exchange of knowledge [made impossible by].... a situation of such unequal dialogue [without] mutual enrichment...and...expropriation of ancestral knowledge and...supplanting of ancestral healers...only in few cases real respectful articulation...technical personnel of primary health care...native to the communities they serve...often far from ancestral health traditions and practices.... the institutionalization of childbirth, assuming without evidence that maternal deaths are due to home births...mechanisms...to ensure that childbirth MUST BE IN THE HOSPITAL...(60 USD vouchers to mothers who give birth in the hospital)...to force the registration of newborns...-to be done only if they have the prenatal certificate from a doctor.... view that childbirth is A DISEASE, something that IS NOT NATURAL...intimidation in the attention of home births...midwives know that since they are not considered as health care providers, they will always face higher penalties than recognized



health care providers in court... division among midwives, some giving in to pressure and others hiding their practices again despite their constitutional right to maintain them...midwife taking a parturient to the hospital...she has no right to attend the birth...professionals consi-

dering themselves as competent in humanized childbirth care, without having neither experience nor spiritual connection with the territory nor knowing the medicinal plants...”

The report, supported by Medecins Sans Frontières (Doctors without Borders), closes with a very forceful testimony of its authors: **“...little by little they uproot us from our customs and our territories, they annihilate us as indigenous peoples, and they also kill the Pachamama and self-exterminate humans as a species. We have the right to give birth in freedom and to attend to childbirth as we have done historically, without being persecuted for it.”**

During a meeting with Viviana Guitarra, Lucia Morales, Claudia Sánchez, Anita Forinago, Delia Huaján, Luzmila Moran, Maria Piñan, Mariella Ayala and Martha Arotingo, members of Jambi Mascari, practicing midwives, other veteran midwives and some of the students of the Unanchu Mamakuna Midwifery School ratify what the report says.

ANCESTRAL MIDWIFE: THE CASE OF MARTHA AROTINGO

Martha learned from her mother the art and craft of being a midwife and traditional herbalist of the Kichwa people in Cotacachi; guardian of ancestral medicine knowledge, she has promoted the vindication of the rights of women and indigenous peoples. She was born at home and has a very close relationship with her mother. **"There is less and less interaction between people and youngsters, they live more in the cybernetic reality. Before we had a lot of animals, now we barely have chickens, instead of practicing mingas (collective and free agricultural work) we pay laborers,"** Martha shares at the beginning of an interview. Her mother is a midwife and learned from the community midwife. Martha recalls witnessing the birth of her younger sister, a birth that her mother attended herself; she would tell Martha: **"go call the aunt to help me cut the cord"**.

With the birth of her first child, the treatment at the hospital was terrible and Martha decided to have her other children at home. Her first birth attended as a midwife was that of her younger sister. Martha fondly remembers her mother's advice, from midwife to midwife: **"you have to be calm to transmit tranquility to the mother.... I fell in love**



with my first attended birth. I am passionate about what I do. The most important thing is the emotional part, which the mother is calm and feels good as the protagonist (and not the midwife or the nurse or the doctor)".

She mentions that the ancestral midwives are used to provide help that the



obstetrician, nurse or gynecologist do not do: help the baby to enter the position to be born, in the postpartum reposition the uterus with massages, and tightening with sheets since it is important that the mother can make her life afterwards, call the baby's spirit and perform the first rite that is called *maitu*: a bath with rosemary and roses, to then bundle the baby. All plants are allies of pregnancy, childbirth and postpartum, Martha explains: rosemary, nettle, dog barley, dandelion, fig leaves and others; and flowers, for postpartum baths. **"Medicinal plants are my sisters."** When asked if there is a dialogue of knowledge between ancestral and western midwifery, Martha says: **"There are western practices that we have incorporated such as the use of gloves, scissors, Doppler to listen to the baby's heart, sanitary towels; but the positions, exercises, baths, postpartum care and accompaniment have been incorporated by the west in their concept of humanized childbirth. Our organizations have finally achieved that in the hospital of Cotacachi there is also a**

room for ancestral childbirth and free position for the parturient. The hospital protocols generate nervousness in many women; in addition, mestizo women are treated better in the hospital than indigenous women". Martha has been attending births for more than 15 years and admits that things have changed, but there is still a long way to go. **"Midwives can now attend births in a hospital even though it depends on the nurse or obstetrician on duty. There are cases where they tell you: 'Marthita, if you need help, call us,' but there are other cases where they barely allow you to accompany the mother. I think it should not depend on the nurse but should be defined as an institutional policy. Every mother looks for a place where she feels at ease to give birth; the hospital is not necessarily this place: because of the very strong lights, the risk that the procedure and protocol of western medicine generates stress and even guilt in the woman: ... doctor, am I doing wrong? At home, the protagonist is the mother, in the hospital it is the doctor; it is a disempowerment of**

the person, also in childbirth; the mother loses control over her process".

EXCERPT FROM THE POEM "LA MEMORIA PERSEVERANTE" (PERSEVERING MEMORY) BY MARTHA AROTINGO

"The fragrance of the amniotic fluid sweetly caressed my heart; from this moment on, accompanying childbirth made my life happy...apparently the path was already designed with my mother's instructions... in this journey I discovered many joys, the pain of helplessness could not be absent, women who did not understand what was happening, I could not say anything at the beginning the fear of my hand touching the child in the womb and they were the ones who gave me more encouragement....".

Martha recalls: **"In 2014 the Ministry of Health elaborated a manual to improve the articulation with ancestral midwives, without consulting or**

involving us; only later did they want to socialize the final version. I strongly criticized this way of acting, claiming that policies should be built with the people. As a result, the ministry removed me from its list of ancestral midwives. But you have to speak up; there are allies within the ministry even when they swim upstream."



The organization of ancestral midwives of Otavalo, a reference point for Jambi Mascari, sought, within the framework of a project, a better intercultural articulation and horizontality with the public hospital of Otavalo; at the beginning with good results: the first vertical deliveries took place in the hospital, attended by ancestral midwives,

paying them adequately as intercultural health service providers. But with the closure of the project, these good practices ended. Faced with this situation, the organization demanded that the hospital institutionalize the issue of payment and recognize all the ancestral midwives, precisely to avoid the division and weakening of the organization. But the organization, in the process of claiming was weakened in such a way that in the end it disappeared.

Martha disagrees with the modus operandi of the State towards the ancestral midwives: **"The State pretends to reward our service provision with training. This outrages us and we do not accept it; would a doctor agree that his or her professional services be treated by the State as voluntary work? If the Ecuadorian State really wants to guarantee intercultural health, it should be willing to respectfully seek an articulation with us, the intercultural midwives, allocating appropriate budgets. It cannot be**



that the state continues with the logic that the midwife discovers pregnant women only to refer them to the hospital. It must respect the woman's decision to give birth at home. This right is still too often denied to her".

The Ecuadorian state, when its health authorities seek to compensate the services of traditional providers with training offers, wanting to teach what ancestral health has practiced for thousands of years, acts in a clumsy, arrogant and even cynical way; it is in any case a self-disqualification in the face of the challenge and obligation to guarantee intercultural health.

Jambi Mascari, from the ancestral health council Hampik Warmikuna, has not stood still in the face of a rather bleak outlook and has initiated the Unanchu Mamakuna Midwifery School, whose head is Martha Arotingo.

COMMERCIALIZATION OF HEALTH

Undoubtedly, there is a commercialization of health. Staying longer in the hospital, when it is private, means more cost; but at the same time the system encourages the fear of death and many of us do everything to minimize the risk of death. Martha explains that in the Andean world, life is the daughter of death and death is part of life.

There are health professionals who exercise emotional power over people and there are mothers who feel guilty for not having been able to give birth without a cesarean section. In Ecuador 80% of deliveries in private hospitals are cesarean sections; in public hospitals this



percentage is lower, but still quite high.

This phenomenon is seen throughout Latin America. The game with women's fear even lends itself to offers: 3000 dollars package with cesarean section and 2x1 cesarean section and ligation. A fatal dilemma for many women. This vulnerability does not disappear during the gestation phase either, since fear is easily felt because it concerns the life of

the baby and the abuse of the power of the word by interested professionals knows no limits.

"If you want to have a normal delivery, but the doctors told you that you could not have a normal delivery but by cesarean section, in many cases you can have your baby with a normal delivery; we do the pre-dilation at home and go to the hospital in the final stretch".



MESSAGES TO THE FUTURE

- Thanks to the concepts of ancestral and intercultural health, childbirth is not perceived as a pathology but as what it is: a natural part of life as is death.
- Without ancestral midwives, women would not have the option to give birth at home. All over the world, in more remote rural areas, midwives attend all births.
- Intercultural health is a boon to all groups and cultures, giving us alternatives to surgery or pharmacological therapy as the only options, bringing us closer to a holistic understanding and an integral and loving care that starts from health and not from illness.

Almanac of the Future

The text was elaborated, based on conversations in situ by the Almanaque del Futuro, represented by Jorge Krekeler, (facilitator of Misereor on behalf of Agiamondo) with Martha Arotingo, Viviana Guitarra, Lucia Morales, Claudia Sánchez, Anita Forinago, Delia Huaján, Luzmila Moran, María Piñan, Mariella Ayala of Jambi Mascari - Indigenous Council of Ancestral Medicine of the UNORCAC and her companion Claudia Willemin. This text has been the object of socialization. We are deeply grateful to Martha Arotingo and all the ancestral midwives of Jambi Mascari; thanks also to Javier Carrera of the Network of Seed Guardians for having facilitated the first contacts.

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