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Folk midwifery in change. The case the Tarascan Indians' Region¹

Anna H. Wądołowska

Located in the northwest Mexico in the state of Michoacán, the Region of the Tarascan Indians, who are also called the Purhépecha, is nowadays culturally, ethnically and socially diverse. The region's name refers directly to the heritage of the Tarascan Empire. However, the area is currently inhabited not only by indigenous people. Indian villages, where the Purhépecha language is spoken on a daily basis, border mestizo towns. These places are not separated from each other, therefore their customs and beliefs constantly influence one another. Although the borders between the indigenous and mestizo areas are blurred, there is still a clear distinction between their communities and cultures. At present, the elite of the Purhépecha Indians struggles for the revival of their ethnic identity. For instance, social leaders of the Indian community stimulate their compatriots to revitalize ethnic fiestas.

The region consists of four geographical parts: the Valley of Pátzcuaro Lake (*Cuenca lacustre de Pátzcuaro*), Swamps of Zacapu (*Ciénaga de Zacapu*), the

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¹ The article is based on ethnographic fieldwork carried out in 2002 and 2004 in the state of Michoacán. I conducted my research among members of local organizations of traditional medicine and their patients, and group's coordinators. The paper is a modified version of several parts of my MA thesis entitled "Institutionalization of the Folk Health Care System in Rural Mexico. Traditional Healers' Organizations in Purhépecha Indian Region (Mexico)". The supervisor of my thesis was professor Aleksander Posern-Zieliński. Some parts of the article have been already published in Polish in the article "Dynamika współczesnych przemian medycyny purhépecha" in the book edited by professor Ryszard Tomicki *Indianie społeczności i kultury Iberoameryki*.

Canyon of Eleven Villages (*Cañada de Once Pueblos*), and the Purhépecha Uplands (*Meseta or Sierra Purhépecha*) [Dietz 1999: 103]. I conducted my fieldwork mainly in the Valley of Pátzcuaro Lake, in Pátzcuaro, which is the main city of the region and has approximately 50,000 inhabitants; in Ucasanas-taqua, a small Indian village; and in Santa Clara del Cobre, a town famous in all Mexico for its handicraft copper objects. The Valley of the Pátzcuaro Lake is popular among tourists. One of the greatest sights there are the remains of ceremonial and administrative centers of the Tarascan Empire in Tzintzuntzan and Ihuatzio. The area is visited commonly during Halloween (*Día del Muertos*), when traditional offerings are made of orange marigolds on graveyards. The region is also famous for its diverse forms of fine handicraft (*artesanía*). The Basilica of Our Lady of Health (*Nuestra Señora de la Salud*) in Pátzcuaro is a regional pilgrimage center. There is a statue of Virgin Mary which was made with corn mass in the sixteenth century on errand of first bishop of Michoacán, Vasco de Quiroga.

I carried out a part of my research also in the Purhépecha Uplands, in Caltzontzin and Pichátaro. Caltzontzin is a small district of Uruapan, one of the biggest cities in the state of Michoacán. Although it was founded as late as the 1940s, it has firm Indian traditions. It was build for an indigenous community resettled from their village which was destroyed in 1943 by the eruption of the Parícutín volcano. Pichátaro is a traditional Indian village about 50 kilometers from Pátzcuaro.

The overwhelming majority of the region's inhabitants, both of Indian and mestizo origins, belong to the Roman Catholic Church. In the last decades, protestant churches have become increasingly popular in this region. Nevertheless, some features of prehispanic beliefs have remained the components of magical-religious practices of indigenous people. It is mainly the native part of the society that applies traditional medical therapies of the prehispanic origins.

In fact, the contemporary inhabitants of the Region of the Tarascan Indians apply a variety of therapeutic methods. They use the national health care, but at the same time they tend to seek advice of a traditional physician – *curandero*. It is the outcome of many different factors. Firstly, the services of state clinics and hospitals are chargeable, which significantly limits their accessibility for people with scarce funds, i.e. a considerable part of the indigenous society in Mexico. The very basic treatments have been provided for free for only a dozen or so years. Although *curanderos* also charge for their service, their fees are much lower. Moreover, in case of a bad financial situation of the sick, traditional doctors may reduce the amount due or postpone the time of the payment. The

majority of traditional doctors help even if they know that they will never get their payment. It is commonly believed that a *curandero* is an executor of God's will and hence he cannot refuse to help. A Purhépecha midwife says:

In December I delivered a baby and so far they paid me nothing and the child is already quite big. But I am obliged to help, that's it. This woman told me there was no money even to buy clothes for the child. What should I do? (...) I am pleased that I could help her, even though she didn't pay me.

Secondly, the traditional treatments still receive wide appreciation of the Purhépecha Indians in comparison with methods practiced by doctors. It is natural since all people are attached to their traditional medicine. The adaptation of the health care system of an alien society entails the process of acculturation. However, it cannot be denied that as accessibility of biomedicine² increases, it gradually gets recognition of the indigenous community. Depending on the ailment and other factors, the ill together with his or her relatives chooses the kind of therapy he or she will undergo³. It is also common to simultaneously apply therapies prescribed by physicians and traditional healers.

One of the most meaningful examples of how traditional medicine is mixed with biomedicine in the region is applying the two different types of treatments by women during pregnancy. Nowadays, an increasing number of women have their fetus examined with ultrasound scanner. If it diagnoses that the baby is located in a position that may make it difficult for the woman to give birth, many pregnant women decide to visit a folk midwife (*partera*). Indigenous obstetricians can give special massages which are believed to change the baby's location inside the uterus.

The traditional health care of the region, as all other medical systems, is an object of conversions and has been formed for several centuries. None of medical systems is a set of archaic formulas of treatment. The adjectives "traditional" or

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² The term "biomedicine" has been introduced into anthropology by Jean Comaroffa [„Medicine, Symbol and Ideology" 1982, in: Baer 1997: 11] and Robert Hahn [„Culture and Informed Consent" 1983, in: Baer 1997: 11]. Biomedicine is defined as medicine related to biology and other sciences related to biology [Barfield 1997b: 318-319]. Biomedicine is seen as a very powerful medical system in the contemporary world [Cant, Sharma 1999]. In anthropology the term is commonly appreciated because of its neutral character while many other terms consist of an evaluating adjective such as „Western", „scientific" or „contemporary" medicine [Penkala-Gawęcka 2001: 175].

³ In the last decade, the variety was broadened by diverse alternative practices when different therapies of varied origins gained popularity in the region.

“folk” emphasize the derivation of medical systems from native culture and their unofficial character [Penkala-Gawęcka 1995: 181-182]. In fact, traditional health care is in permanent change. The dynamics of this process is influenced by diverse sociocultural phenomena. On the one hand, it is stimulated by internal interactions of a given community. On the other, it is influenced by external powers, such as regional context and state policy. As a result, various elements and aspects of a medical system are transformed, beginning with medical practices, and social interactions between practitioners and patients, finishing with the worldview of a given society.

Since the time of the European conquest of the Region of the Tarascan Indians there have been mutual influences of different medical traditions. The indigenous population has adapted some ideas of health, diseases and medical practices which the European colonizers had brought there. Thus, contemporary folk medicine of the region consists of some components derived from the medicine of medieval Europe and, what is even more peculiar, of the ancient Arab and African cultures [Anzures y Bolaños 2000: 57-79, Gallardo Ruiz 2002: 17, Foster 1960]. Presently, the traditional health care of the region is adopting some elements characteristic of biomedicine [Dzikowska 1984: 32-39] as well as miscellaneous alternative therapies. Moreover, it is also evolving because of the attempts of the state to institutionalize and professionalize the occupation of the traditional healer [Campos-Navarro 1996: 34, Petersen 1989: 638-639]. In this article I am going to present some examples of the current transformation of traditional medicine of the region. I am going to focus on folk midwifery as it is undergoing changes of great significance.

Institutionalization of traditional medicine in Mexico

Firstly, I am going to outline general conditions of traditional medicine in Mexico as well as the background of ethnic relationships in the country. Then, I will discuss the state policy on the indigenous health care.

The European conquest caused clashes of two very different cultures, ideas and styles. Each of the two societies had its own beliefs and customs concerning the human body, its health, diseases, and therapies. The Europeans became acquainted with new remedial plants and medical practices while the inhabitants of the New World encountered some elements of the European medieval folk medicine. The effects of this confrontation were of two different natures. On the one hand, the Indian medicine was restricted by missionaries because they assumed that it was an

element of pagan beliefs. On the other hand, it is clear that some of conquerors paid a great deal of attention to the Indian therapies. In the sixteenth and seventeenth centuries several authors made numerous remarks about the indigenous health care in their reports about Michoacán⁴. At the same time the Indian population was absorbing elements of the European medicine [Foster 1960].

Because of its development in Mexico, biomedicine has gained a position of the "state medicine". The biomedical authorities claimed a right to possess scientific, and therefore the only correct, conception of the human's health and its healing. They rejected any health care system beyond biomedicine. Such arguments have led to a conviction that traditional therapies are folk superstitions which should be eliminated. However, only after the indigenous policy was developed in the 1950s were there first attempts to provide the American Indian population with an access to the state health care. It was then officially recognized that the indigenous communities should be included into the process of modernization and that it was high time for them to get the access to "the blessings of civilization", e.g. basic biomedical practices and medicines. Therefore, state health centers started to be established in the regions inhabited by indigenous peoples.

Moreover, it was considered that the culture of this population poses obstacles to adopting the biomedical system. In this perspective the acceleration of the process of acculturation of this part of society was indispensable. It was believed that the Indian population must be induced to reject their traditional customs in order to provide them with the achievements of the modern civilization [Alcina Franch 1990: 11, Morales 2000: 5-6, Stavenhagen 1998: 49]. Consequently, government officials denied the existence of medical traditions other than biomedicine and folk healers for a very long time. Curanderos had to work secretly in fear of being persecuted. By contrast, their therapies remained the only accessible health care in many parts of the country until mid twentieth century because the biomedical care was still not developed there [Campos Navarro 1996: 15-16, Dzikowska 1984: 5, Menéndez 1992: 97-98, Zolla 1990: 198].

In the 1970s, the Mexican health policy was transformed as the government had realized that it was necessary to include members of the community into the

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⁴ Let me mention the most important works related to the area of Michoacán: "Relación de Michoacán" [1541], "Vocabulario en lengua de Michoacán" by friar Maturino Gilberti [1559], "Las Relaciones Histórico-Geográficas del siglo XVI" [1577], "Historia de las Plantas Medicinales de Nueva España" by Francisco Hernandez, "Los Cuatro Libros de la Naturaleza y Virtudes..." by friar Francisco Ximénez [1615] [Sepúlveda y H. 1988].

health care programs. The new guidelines were adopted in Mexico owing to international pressure. The influence of the World Health Organization played a main role. There were different reasons for the incorporation of traditional healers into biomedical system in countries with high proportion of indigenous population. Firstly, it was claimed that many diseases were seriously determined by cultural factors. Therefore, there was a great need to apply traditional medical practices and medications in order to heal members of a native community. They should feel free to realize their health needs in a way suitable for their culture and beliefs. Moreover, as many anthropologists noticed, the indigenous people are more likely to accept biomedicine once the western medical system includes some traditional medical practices of a community and not rejects them totally [Holland 1992: 179]. Secondly, it turned out then that it was impossible to provide all inhabitants of these countries with state medical care as there was shortage of biomedical personnel. Consequently, it was decided that practitioners of traditional medicine, who were trained in the basics of biomedicine, could become assistants of the public clinics. In this way, they were to contribute to the satisfaction of medical needs of their compatriots [Bear 1997: 219, Magoń 2002: 24, Penkala-Gawęcka 1983: 16].

At the same time, the discussions about the rearrangement of the indigenous policy began in Mexico. The idea of subjectivisation of the indigenous population as well as recognition of their cultures gained a lot of popularity. It was argued that the input of the cultures of the Native Americans, and the achievements of their medical systems among others, should be eventually appreciated [Bonfil Batalla 1990: 196-197, Campos Navarro 1996: 3, 34, Dietz 1999: 19]. Similarly, it was postulated that some folk health practices and medical plants should be included into the state health care [Alcina Franch 1990: 11, Lozoya 1988: 10].

Additionally, the greater recognition of traditional physicians in Mexico was guided by the national policy of defining the contemporary identity of the Mexicans, which largely referred to the past of Mesoamerica. It acknowledges the Prehispanic culture of the country as the fundamental national heritage. From this point of view, the culture of contemporary Indians, who are direct descendants of the ancient civilization, should also be seen as a vital element of the national pride.

As a result of these diverse influences in the 1990s there was adopted an amendment to the Mexican Constitution which recognizes the country as a multi-cultural and multiethnic state. Therefore, the indigenous peoples were bestowed the right to preserve their cultures [Campos Navarro 1996: 6-7, Dietz 1999: 178]. Traditional medicine were officially recognized as a structural element of the Indian cultures, therefore their survival should be ensured by the state.

Consequently, the attitude toward traditional medical system, as one of the fundamental elements of the culture, has been changed. First and foremost, it has been announced the foundation of the pluralistic health care. *Curanderos* have been formally granted the right to practice their therapies and patients gained the right to use therapies of the kind they prefer. Moreover, it has been claimed that it is necessary to legalize the indigenous therapies and medicines in order to grant the traditional health care a position equal to biomedicine [Petersen 1989: 639-640].

Several state institutions were appointed to put into practice these guidelines. The Mexican Institute of Social Insurance (Instituto Mexicano del Seguro Social, IMSS) and the National Indigenous Institute (Instituto Nacional Indigenista, INI), at present transformed into the National Committee for the Development of Indigenous Peoples (Comisión Nacional para el Desarrollo de los Pueblos Indígenas, CDI) have played the main role. From the first half of the 1980s, some state as well as non-governmental organizations have been creating organizations of traditional healers [Campos Navarro 1996: 139]. The programs of institutionalization defined the specializations of traditional healers in order to impose some rules on the organizations. They defined: a chiropractor, an herbalist, a so-called 'rural doctor' (*medico del campo*), and a midwife. Rural doctor is considered to be a kind of traditional internist whose task is to diagnose what has caused an illness. However, in fact a healer, whatever the official specialization, applies different kinds of traditional treatments.

I am going to focus mainly on the IMSS and an organization that the institute has established in the Indian Purhépecha Region. The IMSS is specially dedicated to working with folk midwives. The IMSS is the main executor of the project of the dissemination of the state health care across the country. More specifically, the program called the IMSS-Coplamar (later IMSS-Solidaridad, currently IMSS-Oportunidad⁴) was designed to provide rural areas with the infrastructure of biomedical centers. The IMSS clinic offers free of charge services but on a very basic level. The project aims to exploit human and natural resources of a given community in order to raise health conditions of its members, that is why it engages also local *curanderos* [Lozoya 1988: 11, 12, Morales 2000: 10]. The collaboration with folk doctors for the first time in Latin America started in the state of Chiapas in 1982 [Campos Navarro 1996: 137]. *Curanderos* familiarized with basic biomedical methods are thought to be a temporary substitution of biomedical personnel until it is available there [Parra

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⁴ "Oportunidad" means opportunity or possibility.

1993: 1321-22]. But at the beginning, traditional healers have to modernize their practices or at least eliminate the potentially harmful methods.

Moreover, it was recognized that the problems with providing the whole population with state health centers may not be attributed solely to economical or geographical factors but also to the aversion of the indigenous society, which is still quite attached to traditional health practices. That is why the IMSS program assumed that the traditional doctors working with the state clinics would become promoters of biomedicine in their home community. Therefore, the IMSS-Oportunidad subscribes for dialogue between the state medical personnel and *curanderos*. Both groups of health care professionals should share their therapeutic experiences with each other [Freyermuth 1994: 123, Gallardo Ruiz 2004: 163, Lozoya 1988: 7].

The IMSS-Oportunidad mostly works with traditional obstetricians as their occupation is highly related to the susceptible stages in a woman's and infant's lives. Owing to the fact that Mexico has still quite a high infant mortality rate, the improvement of conditions of delivery is one of the crucial areas of the health policy. The institute trains folk midwives who collaborate with its clinics in the basics of biomedical knowledge and practices. They are also persuaded to report to state hospitals if any ailment while pregnancy occurs. What is more, the IMSS includes *parteras* into its program of birth control. A great deal of trainings are devoted to introducing contraceptives [Campos Navarro 1996: 140-141, Parra 1993: 1321-22].

The traditional health care of the Region of the Tarascan Indians

In traditional medicine of the Purhépecha Indians there is a distinction between two types of diseases' causes. Some diseases are called "good" and the other "bad". The former are thought to be caused by various natural factors such as bruises, food poisonings or colds. *Curanderos* applied natural substances and physiotherapeutic methods in order to cure them. The "bad" diseases spring from black magic, which is in line with the belief that many misfortunes are likely to be a result of casting a spell on somebody. Thus, when a patient arrives to a *curandero* he or she gives a diagnosis and decides whether the cause of the disease is natural or magical. Accordingly, some traditional healers focus in their work on dealing with "good" disease, while the others help mainly persons suffering from magic spells. Healers of the first type usually apply natural methods such as herbs and massages. They also assist women during pregnancy,

birth and postpartum. The others occupy with magical purification (*limpias*) and foretelling. But it is also common to combine the practices of taking off charms with the application of medical plants. Moreover, the distinction between those two specializations is vague while some plants used in Purhépecha medicine are considered to have magical properties. Although most ailments of pregnant women are of natural character, some of them are thought to be caused by spells. Therefore, a woman feels a need to be looked after by a healer able to deal with different kinds of diseases.

It is believed that a *brujo*, a sorcerer, is in charge of black magic. *Brujo* casts a spell on a person of his or her own will or on somebody's order. These types of illnesses are not curable with biomedical methods owing to the fact that doctors cannot apprehend the idea of these ailments. Only traditional healers are capable of using the necessary magical-religious treatments. The domain of healers is white magic. They can reverse the power of black magic as well as protect people from it by the use of special amulets. *Brujos* and *curanderos* often combat each other in order to oppose the magical effects of one another [Gallardo Ruiz 2002: 17-20]. In the common knowledge it is the Devil who is in charge of black magic, thus, people engaged in this kind of power have to sever all their ties with Christianity. By contrast, very often *curanderos* utter the words of a prayer while healing because they believe that a person's health depends mainly on God's will. Below is an example of such a prayer:

God, will you let me heal this child? (...) Help me. If you don't want to, I won't manage. I call you to help me. Forgive me.

There is a variety of ailments caused by black magic, from headaches and illnesses of inner organs to nervous and mental disorders [Audirac Rodríguez 1998: 112]. In fact every ailment can be understood as a result of spells, even a fall on a slippery floor or pricking one's finger.

One of the most common diseases of this kind is *mal de ojo* which is a result of one's evil eye. The *curanderos* describe this ailment in the following way:

When somebody holds [a child] with affection. He or she likes it. And a child starts to cry (...) "What a beautiful child! Lend it to me!"

The symptoms of this ailment are: headache, seeing disorder, diarrhoea and fever. It usually afflicts children, but adults are also susceptible. Another disease brought by spells is fright (*susto*). It is triggered by a strong pleasant or unpleasant

emotional shock, e.g. anger, jealousy, shame or delight, which causes the escape of "shadow" or "soul" from a person's body [Audirac Rodríguez 1998: 109-110].

When a sick visits a *curandero*, he or she first examines the cause of the illness. In order to make a diagnosis, a magical-religious ritual of purification with aromatic herbs is performed and special cards are used. The proper diagnosis is necessary for an effective curing. If it is a "bad" illness, it is assumed that the life of the patient is in danger. A *curandero* struggles to heal the patient. Even though the illness may seem to be ordinary and easy to cure, it is commonly believed that biomedical physicians cannot help because only traditional healers are capable of treating it in the appropriate way.

Owing to their medical skills *curanderos* are highly esteemed by their communities. Their knowledge is at least partly of an occult nature, therefore the possession of such wisdom puts them in a position of mediators between the human and the supernatural powers. It makes traditional healers a subject of both respect and fear [Anzures y Bolaños 1999: 188].

The main task of a traditional obstetrician is to take care of women during pregnancy, birth and postpartum. They also prepare ointments and other medications as well as give massages. They are known mostly because of their skill of rearranging the fetus's position inside the womb. A pregnant woman in the second half of the pregnancy visits a midwife for an examination. The traditional obstetrician feels how the baby is located by touching the women's abdomen. If the position may cause difficulties during birth, the healer will try to change its location using very gentle massages given every few weeks until the delivery. If necessary, a folk obstetrician can also regulate the woman's period by prescribing an infusion of special plants or he or she may even cause a delivery when the baby is overdue. It is also believed that some *parteras* carry out abortions in secret while nowadays in Mexico it is prohibited to have an abortion. Moreover, many traditional midwives deal with magical-religious practices.

Most of the traditional healers start their medical training when they are about twenty years old, however they need many years of practice with their family members and friends to master the profession and to gain the respect of the whole community. The majority of traditional healers, and especially those who commit to midwifery, are women. It is believed that *curanderos* are designated by the stars or by God. They receive a gift which is also a mission to help other people. Moreover, among the descendants of each traditional healer there is at least one person with a calling for medicine as well. And until recently only family members of a *curandero* could become a traditional healer. Initially, an apprentice trains with his or her father, aunt, or grandmother. In practice, they

have an opportunity to observe the work of their master from very early childhood. As one female *curandero* describes it:

[My father's aunt] *always told my dad: "Lend me this girl. I am going to an ill". And my dad: "Go with her if you want to." Then she told me: "You won't talk or make any noise. You will sit quietly so I can talk." I was about eight years old but I was memorizing everything.*

Most women who work as traditional healers like my interlocutor's aunt, always want somebody to accompany them to a patient's home because in rural Mexico it is claimed that a woman should never walk alone.

The IMSS program in the Region of Tarascan Indians

The IMSS has established an organization of traditional medicine in Santa Clara del Cobre. In contrast to other traditional medicine associations functioning in the area, it focuses almost completely on collaboration with folk midwives. The organization consists of about ten traditional obstetricians and a chiropractor. One of the members was elected the group's chairwoman. They cooperate tightly with the personnel of the IMSS clinic located in the town. One of the doctors working there is a coordinator of the organization. The group owns a small building next to the health center. It is there that the *parteras* see their patients, it is also there that women can give birth. Behind the building there is a botanic garden where medicinal plants are grown. Two or three traditional healers are on call in the clinic each day. For the rest of the week they work in their own homes or houses of their patients.

The members of the organization are obliged to report to their coordinator all the pregnant women they are taking care of. The biomedical personnel persuade the traditional midwives to seek their advice whenever a problem during pregnancy occurs. The *parteras* also help the clinic's workers to vaccinate the local community. However, most of their time is dedicated to spreading contraceptives. The midwives participate in biomedical trainings carried out every month by the coordinator in the clinic. Their topics concern a biological knowledge of pregnancy, delivery, child and woman's health and contraceptives. If an ailment or a complication occurs in the practice of the midwives, the biomedical personnel discusses it with the group members in order to prepare them to cope more effectively with the problem in the future. The folk obstetricians are also

sent to biomedical trainings done by doctors in towns of Michoacán. They are also offered courses in hospitals where it is possible for them to observe deliveries and caesareans done there. The clinic also provides all the necessary equipment for a birth in hygienic conditions, i.e. gloves, surgical masks, disinfectants, and bandages.

The physicians working in Santa Clara support the idea of introducing traditional healers into the state health care. Most of them are satisfied with their collaboration with the midwives. Although, they believe that the traditional therapies lack any healthy qualities that could be scientifically proved, they let the *parteras* practice them. The doctors claim that they appreciate the psychological factors of every treatment and while patients believe that some ailments can be cured only by *curanderos*, it is necessary to enable midwives to continue their work. For instance, while the doctors do not perceive any long-term objective results of the common practice of placing the fetus in the right position, they still allow the *parteras* to give the massages. The only practices restricted by the IMSS are these whose effects can be harmful. However, in fact traditional medicine is only partly appreciated. Natural therapies, such as herbs and massages, are seen as a potential aid for the state health care, while practices of more magical-religious content have not gain much recognition yet. Consequently, in practice the midwives are induced to introduce more and more biomedical therapies.

Most of the midwives are satisfied with the content of the courses they have participated and they believe that what they have learnt was useful in their practice. The foundation of the organization was a form of formal guarantee for its members. Before many of them work in secret since, as it was said above, for many years the state rejected the existence of traditional medicine and considered it as a set of superstitions. Now, owing to the collaboration with the IMSS they feel free to work. What is more, they do not hesitate to go to a hospital if a woman urgently needs a special treatment. Moreover, a partera may accompany her patient even in an operating room. The IMSS-Oportunidad issues special identification cards for the healers collaborating with the institute. A daughter of a traditional midwife described the significance of the document:

As a holder of this identity card my mum had access to everywhere in the hospital. They opened all doors for her.

The traditional obstetricians do not feel that the doctors interfere excessively in their practices. They respect biomedicine and physicians even thought, as they said, biomedical and traditional practices are very different. Some of the

midwives decided to take additional courses and have gained special warrants as auxiliaries in state health centers. They have the right to prescribe basic medicines, administer injections and drips. Yet, there are still some biomedical treatments which are rejected by the midwives. One of them is a cesarean section which, as they claim, is often overused especially when the complication is minor. They believed that the doctors are afraid of natural delivery and the forces of woman, which is why they simply prefer to do surgical operations.

To sum up, the cooperation of the traditional midwives of Santa Clara with the state health care personnel has rearranged the set of treatments applied by the *parteras*. They have adopted several biomedical practices. Now the work of a *partera* consists mostly of a systematic check-up of the development of pregnancy. Not only do they control the position of the fetus but also the blood pressure of the woman. Nowadays, their mayor occupation is the distribution of contraceptives. In fact, they distribute much more contraceptives than any doctor employed in the clinic. The most popular midwife hands out more drugs intended to prevent pregnancy than the whole personnel of the health center.

These changes are of great significance also on the community level. On the one hand, there are still a lot of people who do not trust the state medical care and avoid a biomedical doctor unless their life is in danger. Both women and their husbands do not trust particularly gynecologists and without the assistance and recommendation of a well-known midwife they would never make an appointment with a biomedical obstetrician. On the other hand, nowadays there are many women who voluntarily visit doctors and feel safer to give birth in state clinics. However, many of them still ask a folk midwife to assist their deliveries.

In conclusion, folk midwives have contributed to reducing the fear of physicians among their compatriots and in a broader sense they have contributed to the overcoming of barriers between the traditional population of the town and the biomedical specialists employed there. In this way, the work of the traditional obstetricians serves as a means of disseminating biomedicine among members of their communities. In fact, the growth of the popularity of biomedicine has definitely decreased the amount of women who give birth with the *parteras*. The healers who used to have up to ten deliveries monthly, at present assist only one or two.

Moreover, nowadays the midwives who object to biomedicine are less popular. A *partera* who takes care of the largest number of women is in fact the one who has also gained the greatest respect of the clinic's personnel because she has learnt a lot of the biomedical treatments. For hygienic reasons she never assists a delivery in somebody's home. Her patients must come to the clinic or to her

house in which one of the rooms is arranged as a small health center and where she has all the necessary equipment, e.g. drips and surgical scissors. Still, she does not reject traditional practices. It is clear that a pregnant woman looks for a complex health care and prefers to combine traditional practices with modern medical standards.

Conclusions

The Mexican policy intends to introduce recognition of the traditional medical systems and create pluralistic health care. To this end, folk medicine ought to gain the same position as biomedicine in the legal frame of reference. However, as stated above, the IMSS, one of the agencies of Mexican health policy, acts solely in the benefit of biomedicine. The institute's main goal is to disseminate this medical system. It is clear that the traditional health care still holds a subordinate position in comparison to the biomedical health care. On the other hand, traditional medicine is no longer perceived as a barrier in the modernization of the country. Nowadays it is used as a resource in the state health care and traditional healers have gained a lot of respect.

It has turned out that folk midwives perfectly fulfill the role of mediators between biomedicine and the traditional population accustomed to their medical system and its healers. The state health care has gained popularity thanks to traditional doctors. Although there are still many patients who want to stay in touch with a traditional doctor, folk midwives assist fewer deliveries than they used to about twenty years ago. In fact, the social respect of a traditional *curandero* works now in favor of physicians working in the state clinics. Moreover, nowadays, it is the local community that forces *parteras* to collaborate with the state clinic. A pregnant woman usually seeks a way to combine the two health care systems.

Still, I do not predict that traditional healers will become redundant and the indigenous health care forgotten in the near future. They will probably undergo further changes but, as I mention in the beginning, changes are part of the nature of every health care system. As long as the health policy improves the people's health conditions, which should interest us the most, the changes of traditional medicine can be accepted⁶.

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⁶ The main aim of the article is to describe the contemporary changes of traditional medicine caused among other by the IMSS program, and not to evaluate the program in medical sense.

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