

University of Texas Rio Grande Valley

ScholarWorks @ UTRGV

Anthropology Faculty Publications and
Presentations

College of Liberal Arts

9-26-2016

Commodifying Indigeneity: How the Humanization of Birth Reinforces Racialized Inequality in Mexico

Rosalynn A. Vega

The University of Texas Rio Grande Valley, rosalynn.vega@utrgv.edu

Follow this and additional works at: https://scholarworks.utrgv.edu/anthro_fac



Part of the [Anthropology Commons](#)

Recommended Citation

Vega, R.A. (2017), Commodifying Indigeneity: How the Humanization of Birth Reinforces Racialized Inequality in Mexico. *Medical Anthropology Quarterly*, 31: 499-518. doi:10.1111/maq.12343

This Article is brought to you for free and open access by the College of Liberal Arts at ScholarWorks @ UTRGV. It has been accepted for inclusion in Anthropology Faculty Publications and Presentations by an authorized administrator of ScholarWorks @ UTRGV. For more information, please contact justin.white@utrgv.edu, william.flores01@utrgv.edu.

Abstract

This article examines the humanized birth movement in Mexico and analyzes how the remaking anew of tradition—the return to “traditional” birthing arts (home birth, midwife-assisted birth, “natural” birth)—inadvertently reinscribes racial “hierarchies.” The great irony of the humanized birth movement lies in parents’ perspective of themselves as critics of late capitalism; all the while, their very rejection of consumerism bolsters ongoing commodification of “indigenous culture” and collapses “indigeneity,” “nature,” and “tradition” onto one another. While the movement is quickly spreading across Mexico, indigenous women and their traditional midwives are largely excluded from the emerging humanized birth community. Through ethnographic examples, the article suggests that indigenous individuals are agentive actors who appropriate cards in decks stacked against them. Nonetheless, examples of resistance emerge within a context of power and political economy that often capitalizes on images of indigeneity while obscuring the lives, experiences, and opinions of indigenous people.

It is the middle of the night in the High Nahua Mountains of Veracruz. A woman arrives at the door, her belly contracting fiercely and regularly. While the contractions send waves of pain throughout her body, she is calm and determined. She and her husband have driven along the dark winding path for several hours, family members piled into the back of their pickup truck, to seek out the midwife. The woman is alert and aware of what could happen, but she is unafraid. She has brought new life into this world many times before—the grey hairs sprouting around her temples evince her years of experience nurturing and raising children. But this time she refuses to be obedient. Everyone is quiet, as they are all witnesses to a clandestine act. The midwife has agreed to be an accomplice—she will provide her expertise and aid the woman in her defiant plan. The woman and her husband enter into the midwife’s bedroom, and the curtains are drawn behind them. Nothing is heard in the house except for soft whispers of encouragement, until a newborn baby cries out into the black of night.

My research analyzes how the remaking anew of tradition—the return to “traditional” birthing arts (home birth, midwife-assisted birth, “natural” birth)—has resulted in the commodification of “indigenous culture”¹ and the re-inscription of racial inequalities. I deploy an intersectional approach to the concepts of gendered racialization² and power when I critique the ways in which the global humanized birth movement inadvertently appropriates and commodifies “indigenous culture.” Couples practicing humanized birth in Mexico are often urban, middle or upper class, fair skinned, well-traveled, and highly educated. The majority of these couples I have interviewed hold advanced degrees in the sciences and humanities (as opposed to technical) fields, and have read widely in English or French. Their commitment to the humanized birth movement is based on deep admiration of the work of French obstetricians such

as Frédéric Leboyer and Michel Odent, English and American midwifery and “gentle birth” advocates such as Sheila Kitzinger, Ina May Gaskin, Barbara Harper, Thomas Verny, and Robbie Davis-Floyd, and New Age birth methods such as Mongan Method Hypnobirthing. Their humanized birth practices are often part of a holistic lifestyle and resemble alternative birth in many developed settings, thus connecting them to a global community, primarily in United States, Canada, England, France, Holland, Spain, Chile, Argentina, and Brazil.

“Humanized birth” (*parto humanizado*) is usually used in Mexico and elsewhere in Latin America to describe birth that purposefully resists medicalization and technocratic practices (see Davis-Floyd 1992). In general, proponents of humanized birth criticize power inequality inherent in physician–patient relationships and denounce medicalized practices such as unnecessary cesarean sections, episiotomies, isolation of birthing mothers in hospital labor and delivery areas, labor induction (including the use of hormones such as pitocin), and the repetitive pelvic exams to assess dilation. However, some informants expressed a more nuanced definition of humanized birth, explaining that a highly medicalized birth can be considered “humanized” if the interventions were medically necessary and/or if the interventions were chosen by the birthing mother. Given socioeconomic and race-based disparities across Mexico, I question uncritical notions of “free choice.”

While I find the demedicalization of childbirth to be an invaluable pursuit, I simultaneously critique the humanized birth movement in Mexico. When “indigeneity” is invoked in the realm of humanized birth, the object is fetishized, separated entirely from its cultural, socioeconomic, and geographical context, and repackaged for consumption among affluent couples. The great irony of the humanized birth movement in Mexico lies in parents’ perspective of themselves as critics of late capitalism; all the while, their very rejection of

consumerism bolsters ongoing commodification of culture, reinscription of racial “hierarchies,” and (false) appropriation of indigenous midwifery practices. While others have directed attention to the body-turned-merchandise,³ I use the example of midwifery in Mexico to also examine racialized identities-turned-merchandise, with real effects for the bodies of women. Building upon studies that explore the political economy of the body under contemporary global capitalism, I use a transnational context to analyze the political economy of identities vis-à-vis the body.

In referring to these births as “humanized” and “traditional,” I am using the terms I encountered in the field. When “studying up” (see Nader 1972), the humanized births described in this article were most commonly called *partos humanizados* by parents, obstetricians, and professional midwives. Likewise, the women to whom I refer to as “professional midwives” self-identify with this term, are classified as such by their clients, and some (with important exceptions) have undergone formal training and licensure. With respect to “traditional midwives,” indigenous midwives most often self-identify as *parteras tradicionales*, while a small minority refer to themselves as *parteras empíricas* (“empirical” or experienced-based midwives).⁴

While the humanized birth movement is quickly spreading across Mexico, indigenous⁵ Mexican women and their traditional midwives are excluded (almost entirely) from the emerging humanized birth community. While there is a celebration of “ancestral knowledge” in Mexico, indigenous people are distinctly “other,” and this new midwifery is not the midwifery practiced in indigenous villages. When “indigeneity” is invoked, it undergoes a process of commodification, and “indigeneity,” “nature,”⁶ and “tradition”⁷ are collapsed onto one another. Similarly, very specific indigenous women—only several across the entire country—routinely

attend international new midwifery conferences and forums. At these events they perform their indigeneity, wearing indigenous costume even if this is not their everyday attire, thus buttressing the uncritical claim that new midwifery is, in fact, a descendent of “traditional” midwifery, and that humanized birth means “going back to nature”⁸ and recognizing “our shared humanity.”

Like humanized birth among affluent couples, the traditional births I describe in this article is also an example of resistance to the hegemonic way of birthing. However, instead of being celebrated, it is corrected, rescripted, controlled, and surveilled by the Mexican Secretary of Health’s mandate that *all* births take place in hospitals. The women who have “traditional” births occupy a highly contrastive positionality within society when compared to their humanized birth counterparts. Their births are less about “choice” and more explicitly about resistance to biopower (see Foucault 1990[1978]). The Mexican government uses the conditionality of the cash-transfer program, *Oportunidades*, to incentivize recipients to adhere to the Secretary of Health’s mandate, citing the reduction of maternal and infant mortality as the primary goal. These forms of “reproductive governance” (see Morgan and Roberts 2012) provoke varied reactions from poor and indigenous recipients of *Oportunidades*. As Vania Smith-Oka (2013) points out, some women reject “traditional” midwifery and actively seek out “modern” motherhood through medicalized birth. In this article, I emphasize how giving birth with a “traditional midwife” exemplifies the refusal of indigenous women to be racially discriminated against in government hospitals, and socialized as “appropriate pregnant subjects” whose bodies are “sites of risk” (see Howes-Mischel 2009). My work highlights the agentic and resourceful decision-making of indigenous mothers and traditional midwives facing the challenges of intersecting forms of oppression.

My research focused on the births of two socioeconomic extremes of Mexican society—what is missing from the story is the vast majority of Mexicans who make out their lives somewhere between these two distinct poles. Most births take place in hospitals and are highly medicalized, with cesarean section representing 45.8 percent of births in public Mexican Institute of Social Security (IMSS) hospitals⁹ and approximately 70 percent of births in private hospitals.¹⁰ No data exists as to what percentage of women have humanized and “traditional” births in Mexico. In spite of this reality, I have chosen to study humanized and “traditional” births, thus contrasting racialized *Oportunidades* recipients with consumers pursuing a holistic lifestyle, because of what they together reveal about the mutual imbrication of colonial legacies and transnational economies operating in the present day.

This article describes two cosmopolitan spaces alongside rural contexts in which indigenous women’s bodies, the objects of government and NGO interventions, are scripted by racial discourse imposed from “above.”¹¹ These contrasting spaces are geographically distinct and reflect deep material inequalities (see Langer and Tolbert 1996); however, they are also mutually constituted by relationships of power—neither space would exist in its current form without the other. I take a relational perspective (see Menéndez 2010; Molina 2013). My argument is not that these different spaces are individually bound in ways that diminish their effects on each other; rather, they represent disparate lived realities and signal differential access to power, and, thus, the unequal production of discourse and representations on a global stage (see Fassin 2010; Malkki 1996). My story uses birth as a point of departure, thus seating theoretical arguments in ethnographic accounts describing both sensuality and violence; however, the subject of my theoretical analysis reaches far beyond the object of ethnographic description: the commodification of indigeneity and the consumption of “culture.”¹²

Methods

I used multi-sited ethnography to create a cartography of midwifery and humanized birth across Mexico (see Marcus 1995; Menéndez 1996; Rapp 2000), thus identifying different “windows” through which recent shifts in birth practices and health care can be examined (see Wilson 2004).

My ethnographic research began at a professional midwifery school in central Mexico. However, after joining professional midwifery students and administrators on a “field practice” trip to the High Mountains of Veracruz, I began to think about the issue of place-based differences and the importance geographical location plays in the reproductive care women receive. This required redefining my preconceived notion of an ethnographic field site. The field I identified was not a “site” per se, but, rather, a network of people. I began with professional midwives in Mexico, a contained and connected group of women, and subsequently gained access to their clientele. Simultaneously, I approached different transnational humanized birth leaders and interviewed them about their respective roles in the movement, both around the world, and specifically in Mexico. Using the snowball technique and through my attendance at multiple humanized birth conferences, I recruited more couples and humanized birth attendants, including physicians and obstetric nurses, to my study. Over the course of my fieldwork, I volunteered at two different transnational NGOs, gaining access to training workshops for indigenous traditional midwives. Having befriended a few indigenous midwives, and while staying as a guest in their homes during repeat visits to their villages, I was able to witness their interactions with indigenous women and the “traditional” midwifery care they provide. Finally, I observed medical professionals and maternity patients in both private and public hospital settings and solicited interviews with physicians and policy makers. This process led me to the Mexican

states of Guanajuato, Guerrero, Jalisco, México, San Luís Potosí, Veracruz, Chiapas, Oaxaca, Quintana Roo, Morelia, Querétaro, Puebla, Michoacán, and Nuevo León; additionally, I travelled to California for interviews, and Brazil for participant observation in a “traditional Mexican midwifery” workshop. While the geographic breadth of this “field” is enormous, the specific people I travelled to meet, observe, and interview were very concrete and are conscientiously members of a cohesive transnational community. All the individuals in my study have acquaintances, and often great friends, among the other individuals in my study.

Interviews were semi-structured and lasted from 15 minutes to three hours, with the average being approximately forty-five minutes. I tailored my questions to the interviewees’ positionality within the humanized birth movement (whether the interviewee[s] was/were a mother, a couple, a humanized birth attendant [professional midwife, obstetrician, obstetric nurse], a traditional midwife, or a policy maker), but usually included questions to help me understand the interviewee(s) positionality in society (education level, socioeconomic status, ethnicity, etc.). In addition, my questions generally followed these themes: his or her occupation, life history, perspectives on gender, the Mexican health system, positive and negative experiences with birth, and the shifting political climate regarding midwifery. By not over-structuring the interviews, I resisted scripting or leading the informants, allowing them to speak for themselves. My data analysis is derived from detailed entries in my field diary, and audio and video recordings from interviews. Upon concluding my research, I engaged in an iterative process that used open coding to identify emergent themes and synthesize higher order constructs.

Humanized Consumption of Indigenous “Others”

On a bright and dusty summer morning, I boarded a second-class bus to Matehuala, where I made a connection to Estación Catorce. Before this trip, I had attended several training workshops for practitioners classified as traditional midwives. In these prior observations, racial difference had been visually evident in classrooms of indigenous midwives taught by a nonindigenous Mexican health professional, or by a foreign professional midwife. The event in Estación Catorce was billed by the Secretary of Health’s office for Traditional Medicine and Intercultural Development (TMID) as an *encuentro* (an encounter, or a meeting of two cultures) between professional medical personnel and traditional midwives.

The person organizing the event told me that numerous humanized birth practitioners and holistic living proponents, mostly from Mexico City, had purchased tickets weeks in advance. In the final days before the event, Secretary of Health officials became concerned that too few traditional midwives would be in attendance to justify TMID’s sponsorship, so the organizing committee sent buses to neighboring villages to collect traditional midwives and deliver them to the event.¹³

During the *encuentro*, nurses, physicians, academics, and humanized birth practitioners trained in professional midwifery directed PowerPoint presentations at traditional midwives, while other humanized birth and holistic living proponents watched and browsed the various tables and displays in the lawn behind the area where all the traditional midwives were seated. Similar to other workshops I attended, the medical professionals emerged as *the* source of expert knowledge. Many are interested in New Age therapies, and some dedicated their presentations to the benefits of medicinal plants. While watching various professionals teach “traditional” remedies to the traditional midwives, I perused the agenda for the three-day event. Were the

traditional midwives to have an opportunity to share *their* expert knowledge? The last two entries, at the end of the final day, were presentations by “traditional midwives.” While all other entries named the presenting professional and title of the presentation, the “traditional midwives” were unnamed and no indication was given regarding their presentation topics. In similar fashion, professional presenters and humanized birth practitioners all wore name badges with their official titles and affiliations while traditional midwives were anonymous.

<Insert Figure 1>

At the entrance to the *encuentro*, beside the registration table, was a display of natural products for sale (shampoos, teas, marmalades, homeopathic remedies, etc.) These products and event publicity materials were branded with a cosmic/floral image in earthy tones, and the word “Nanahtli.” According to the brand’s website, “Nanahtli” speaks to women in the Nahuatl world, represents the resolve to recuperate and dignify the ancestral knowledge of “our people,” and plants conSCIENCE-iousness.¹⁴ Staffing the table was Sofia,¹⁵ a young, urban woman with chestnut-colored hair wearing a tank top and a long skirt.

Traditional midwives were not involved in the production of any items being sold; however, one traditional midwife, Liliana, was given the task of manning the table for a few hours when Sofia was away—the expression of boredom and lack of interest on her face provoked me to consider the *feeling* of dispossession. At the registration table was a sign-up sheet for those who wished to participate in a nocturnal “*temascal* ritual” (an indigenous healing practice, similar to a sweat lodge), for an extra fee. The *temascal* was eagerly attended by humanized birth practitioners at the event; however, traditional midwives did not attend.

<Insert Figure 2>

The Value of Indigeneity in the Ethnomedical Marketplace

Mexican midwifery is “good to think with” because it enables us to explore the consumption of cultural *medical* practices and the idea of a traditional past in ways that are exploitative of the very people it claims to celebrate, embrace, and represent. While other anthropologists have deconstructed the complexity of biopiracy¹⁶, Mexican midwifery serves as an entryway for examining the multivalence of “ethnomedical piracy.” Building upon how others have thought about cultural marketplaces,¹⁷ Mexican midwifery is an example of an emerging global ethnomedical marketplace.¹⁸ Although indigenous people are often discursively produced as specific types of subjects through research on topics such as land use, casinos, psychological pathology, and drug addiction (to name a few), Mexican midwifery is a unique example of how indigeneity as an object of consumption is sought through reproduction and health. In this article, I will offer examples of how people who self-identify as indigenous leverage their own racialized identities in order to use the commodification of “indigeneity” to their favor; however, I also want to signal the historical underpinnings at play when ethnomedicine is usurped by transnational humanized birth practitioners.

I offer midwifery in Mexico as an example of “imperialist nostalgia”: “Nostalgia for the colonized culture as it was ‘traditionally.’ . . . Imperialist nostalgia uses a pose of ‘innocent yearning’ both to capture people’s imaginations and to conceal its complicity with often brutal domination.” (Rosaldo 1989:107–108) Using Rosaldo’s terms, I suggest that traditional ways of birthing are destroyed through power, then reinvented through privilege. What is striking about this example, however, is how reinvention of Mexican midwifery provides a pathway to cultural capital, status, and profit. I explore how in Mexico, indigenous people are commonly politically

and culturally excluded as ahistorical “Others,” while their “culture” is consumed and marketed as an object of desire.

Transnational “Traditional Midwifery” Tourism

Adeli is highly regarded amongst humanized birth proponents across Mexico for her “Traditional Mexican Midwifery” workshops. Adeli built her reputation while residing in Veracruz, but moved with her family to Florianópolis, the capital city of Santa Catarina, Brazil—known for its high quality of life, unparalleled Human Development Index score among Brazilian capitals, nightlife, and tourism. Florianópolis is a second home destination for many Argentines, North Americans, Europeans, and people from São Paulo; as a result it is perhaps the “whitest” city in Brazil.

Adeli is of mixed Jewish and Mexican heritage and was reared in the United States and Mexico. Her parents were writers and intellectuals. She has tight black curls with red highlights, piercing green eyes, and the warmest of smiles. She exudes positive energy with her every word and gesture—the way she carries herself signals her training in dance at UC Santa Cruz and in the Congo. Like other successful professional midwives in Mexico, she studied midwifery in Texas. I was excited to meet her, but as the workshop unfolded, I was equally intrigued by the other participants in the workshop, most of who had specifically traveled to Brazil from other Latin American countries to learn from Adeli. I was surprised at how fair the group was—although we were in Brazil, there were very few women of African descent. No Mexican women were in attendance.

For most of the week, the group sat in a circle on the beach or in boats, listening to Adeli’s anecdotes of births she attended and her personal reproductive experiences. Adeli is a

remarkable storyteller—her anecdotes highlight the spiritual and emotional elements of birthing, and are infused with symbolism and imagery. During the course, participants eagerly purchased birth-related jewelry, birth manuals, music, and *rebozos* from Veracruz (the iconic shawl worn by “indigenous Mexican midwives” and a “tool of their trade”).¹⁹

However, as the workshop transpired, it was apparent that very little of what was being taught is traditional Mexican midwifery. The techniques that Adeli discussed represent her own style of midwifery, and most are not the traditional techniques of indigenous midwives in Mexico. For example, her workshop included New Age explanations of homeopathy and how to make tinctures from placentas and placenta art.

<Insert Figure 3>

<Insert Figure 4>

Throughout the week, it became clear that what I was observing can be more aptly described as traditional midwifery tourism: middle- and upper-class women from across Latin America who are not midwives but are curious about New Age approaches to traditional midwifery, indigeneity, and going back to nature and travel internationally and spend a week on Brazilian beaches with someone who offers herself as a representative of traditional midwifery knowledge.²⁰

As in Estación Catorce, participants were offered a *temascal* ritual experience for an additional fee. What was striking to me about this experience was how the *temascal* ritual had been extracted from its original geographic and sociocultural contexts; usurped, transported, and manipulated for profit within Florianópolis’ tourism industry; and infused with New Age meanings leading to experiences of sexual liberation, emotional cleansing, and psychological healing among the participants that were wholly distinct from the way my indigenous informants

experience the *temascal*. During a subsequent conversation, Adeli acknowledged to me that the touristic *temascal* had not been nearly as hot as the more authentic versions she experienced in Mexico (which test participants' limits and lead to physical cleansing through sweating), and yet, workshop attendees described a level of meditative consciousness that resulted in the transformative alleviation of prior traumas. Furthermore, hymns like "Amazing Grace" during the ritual made me wonder about the intermingling of traditional and indigenous practices with Anglo-Christian elements. How does the New Age notion of healing allow for the mixing of concrete practices originating from disparate contexts and rooted in divergent ideologies? What are the unintended consequences of this ostensibly clean extraction of healing practices from the social milieu for which they were created?

During my research, New Age notions co-option of "traditional" practices were especially evident during water births. When I interviewed Martha Lipton—a "water birth educator, gentle-birth guardian, and celebrity" within humanized birth circles—she told me about destination births in Puerto Vallarta where women can give birth with the dolphins while partaking in the millennial practices of indigenous women in the region. I then traveled to an expensive private hospital in Mexico City where I interviewed couples who purchased suites, complete with birthing pools, huge flat-screen televisions, annexed bedrooms and sitting areas for visiting family, water bottles stacked into pyramids, toilet paper with folded triangle tips, an outdoor jungle gym for older siblings, all organic food options, and, as a gift from the hospital, a wood carving of the newborn's foot and handprints produced by "indigenous artisans."

Commodification of Indigeneity and the Dynamism of Indigenous People

My ethnographic work not only points to the relationship of inequality operating in encounters between government health personnel and traditional midwives, but also how “indigeneity,” “traditionality,” and “nature”²¹ are conflated and subsequently commodified/fetichized by nonindigenous “allies” for economic profit. In these settings, the image of “indigeneity” is juxtaposed or overlaid on items or “traditional experiences” for sale, but indigenous people do not profit from these transactions and often cannot even access the goods that make use of their image. I argue that the power differential inherent in all the workshops and *encuentros* I have observed is enabled by subtle processes of gendered racialization rendering indigenous midwives needy recipients of expert knowledge from foreigners and mestizo professionals working in urban settings (see Molina 2006). Essentially, I am describing how humanized birth in Mexico is based on rhetoric of shared humanity while not including indigenous peoples. Instead, it usurps and reinvents indigenous birthing practices and images. The many contradictions of global humanitarianism, as described by Didier Fassin, are visibly present at the *encuentro* in Estación Catorce:

[Humanitarianism] is both a moral discourse (based on responsibility toward victims) and a political resource (serving specific interests) to justify action taken in the name of shared humanity. Its ambition is thus indivisible (it includes all human beings without distinction of race, class, religion, ideology) but its implementation is always situated (where others are thought to be in need of assistance). (Fassin 2010: 239)

Thus, my work uncovers oppositional forces at work during training workshops like the one described above, and more generally in the humanized birth movement in Mexico: a discursive debate about “humanity” and “humanization of birth” which criticizes the biomedicalization of childbirth and celebrates “traditional” birth practices, and the concurrent commodification of “indigenous medicine” by which non-indigenous individuals consume

“indigeneity” while indigenous people are “taught” by medical professionals and constrained by government mandates.

My ethnographic observations hark back to *Returns: Becoming Indigenous in the Twenty-First Century*, wherein James Clifford (2013) points to *indigènitude*: a process of rearticulation that is sustained through media-disseminated images, including a shared symbolic repertoire (‘the sacred,’ ‘Mother Earth,’ ‘shamanism,’ ‘sovereignty,’ the wisdom of ‘elders,’ stewardship of ‘the land’)” (Clifford 2013:16). Clifford links the performance and commodification of ethnic identities to a new regime of cultural production and reception, however he resists descriptions that portray power as totalizing, and argues instead for dialectical analysis of hegemonic forms and countercurrents. At stake is the issue of agency—people with their own dynamism. This article explores how humanitarian discourse and processes of gendered racialization lead to the commodification of “indigeneity” and the consumption of culture; at the same time, I underline the agentic dynamism of indigenous informants. I add to Clifford’s work by providing complex ethnographic examples that suggest that while unequal power structures are operating in the transnational humanized birth movement, indigenous individuals are also agentic actors who appropriate cards in decks stacked against them.

Through ethnographic examples, I examine the evaluative work on the part of indigenous women to achieve what they consider to be better birth outcomes. My work documents the strategies these women employ when proactively seeking out citizenship-based health services or subversively evading racial discrimination in biomedical settings (see Scott 1985). Building upon Bourgois 2002, I argue that these actions, based on logical responses to an unjust reality, provide dominant sectors of society with further evidence for labeling indigenous women as “backward,” child-endangering irresponsible mothers, and in dire need of humanitarian interventions.

Portraying Indigeneity: Politics of Representation

I am concerned not only with how indigeneity is portrayed by non-indigenous ethnomedicine enthusiasts, but how indigenous individuals portray their own ethnic identities. I suggest that while indigenous people have suffered from centuries-long structural violence, they have also devised strategies for leveraging their indigeneity and, at times, view their indigenous heritage as a source of pride. My perspective does not sanitize the effects of violence and long-standing exclusion, nor does it diminish the dynamic decision-making of indigenous individuals; rather, I aim to cast indigenous informants as agentive, proactive people who experience their indigeneity both as a source of marginalization and also as a valuable resource.

A primary goal of this article is to provide several examples to illustrate the complex politics of representation of indigeneity. I have, on different occasions throughout my ethnographic research, observed how indigenous individuals perform their “indigeneity” for foreigners and transnationals. At times, it seemed that indigenous informants enjoyed ritualized representations of their indigeneity—that their indigeneity was a source of pride and a resource to be strategically employed to achieve desired outcomes. Other times, indigeneity seemed to be a liability, and indigenous informants made concerted efforts to portray themselves as “modern” individuals who practice Western techniques.

Doña Eugenia

I stayed in the Nahua village of Zacatochin where I befriended Doña Eugenia, a well-respected traditional midwife. Nahua women and their families travel long distances, as far as from the other side of the Orizaba volcano, to give birth with Doña Eugenia—her use of traditional herbs commingled with biomedical techniques like application of an IV drip appeal to

women who want the security of giving birth with someone possessing biomedical knowledge, the comfort of laboring with the support of a woman who has learned generations of traditional healing techniques, and the safety of knowing they will not be discriminated or mistreated while delivering their baby.

One night, I observed Doña Eugenia attend two births which unfolded simultaneously. A 20-year-old, María Elena, was giving birth to her first child in the living room of Doña Eugenia's home-clinic, while a second woman, Juana, was birthing in Doña Eugenia's bedroom. I witnessed the entire evolution of María Elena's birth: María Elena's arrival with a horde of family members in tow, Doña Eugenia direction of the extended family to the patio while only María Elena's husband accompanied her during the birth, the moment Doña Eugenia examined the shape of María Elena's belly and predicted a female child, the second when the baby girl emerged from her mother's vagina, wailing and filling her strong lungs with oxygen for the first time, the minutes when Doña Eugenia massaged the mother's belly to encourage the placenta to detach from the uterine wall, and the wordless entrusting of the plastic-bagged placenta to María Elena so she can bury it close to her home.

I did not witness Juana's birth as she was uncomfortable with my presence, and I respected her wishes. Since only a curtain covers the passageway to Doña Eugenia's bedroom, I heard the birthing while waiting outside. Later, I asked Doña Eugenia to describe the birth, and she did so with an air of formality, as if presenting a case at medical grand rounds before an attending physician.

During the night she hardly had any pain, only the mucus plug. It was very slow and I thought they would have to go to the hospital. After, she started to have more pain, and at five in the morning I checked her dilation and she was at two centimeters. I told her it would be better for us to go to the hospital, but she said no—she wanted to wait a little longer. I conceded since they have a truck and I knew we could still go to the hospital later. At eight in the morning she started to have regular contractions, her water broke,

and she bled a little—all normal signs her cervix was opening. At 8:50 I performed a vaginal exam, and it was definitive we were going to stay; she was completely dilated. At 9:06 a baby girl was born. I moved the [umbilical cord] a tiny bit, encouraging the placenta to come out, and the placenta came out on its own. The bleeding was normal; she bled a little. I suctioned [the baby's] phlegm immediately. The baby has good coloring, good movements, very active movements. The baby cried. After, I was orienting [the mother], encouraging her and stimulating her to breastfeed. Then, the mother and child stayed together. I dried her vaginal area, changed her sheets, and placed the baby girl with her mother. The mother is content, happy, conversing, and laughing. She is content because she didn't go to the hospital, and since the beginning she said she didn't want to go to the hospital. . . . She is around 34 years old and says this will be her last child.

(Spoken report of Doña Eugenia on July 9, 2011)

The spoken report Doña Eugenia gave is striking because of the performative element that was evident to me even as it was occurring. Her use of the medical case presentation method is evidence of her experience working in biomedical contexts, thus disrupting definitions of what it means to be “traditional” versus biomedical and humanized. Furthermore, the “objectivity” of the case presentation format serves multiple purposes: by presenting the births in this way, Doña Eugenia frames herself as a medically appropriate birth attendant, while also implying that her intention was to refer the birth to the hospital. In doing so, Doña Eugenia portrayed herself as both capable of independently attending birth and obedient to government mandates.

However, what is missing from her report is just as operative as what she chooses to include. Indigenous women in the region must give birth in the government hospital, or else lose their conditional cash transfers. Doña Eugenia admitted to me that Juana did not plan to go to the hospital and that Doña Eugenia permitted Juana's will to be fulfilled—against the stipulations placed on mothers by *Oportunidades*. This birth is recorded in detail in Doña Eugenia's notebooks, but appears in the official registers as having occurred in Juana's home, without the

help of a birth attendant. Juana reported to government officials that the baby was born “too quickly” for her to travel to the regional hospital, thus displaying subversive agency.

Doña Eugenia’s assertion that Juana is “around 34” is significant since she is again ameliorating the disobedience to government mandates that could be associated with her involvement in Juana’s birth. Midwives are strictly ordered never to attend the births of women thirty-five and over since these women are at additional risk for maternal mortality. I can only speculate about Juana’s exact age given her wisened face and grey hairs, but what interests me more is the context within which women weigh reproductive decisions, sometimes leading them to make choices that are deemed “risky” and “dangerous” by the biomedical system and the Mexican government.

Eventually, I asked Doña Eugenia to sit for a formal, video-recorded interview. I explained to her that this footage could potentially be edited into an ethnographic film and used to demonstrate the work of traditional midwives to American anthropology students and conference attendees. She acquiesced, on one condition: that I not start the video camera until she had finished dressing herself in her traditional indigenous attire, put on her best jewelry, and combed her hair. I agreed.

Doña Eugenia is among the few women in the village who does not wear indigenous attire on a daily basis. I gazed curiously at her slow and deliberate movements while she searched among several plastic bags, until she finally selected the traditional blouse she wanted to wear while being filmed. She folded the pleats in her *bata* (a large piece of black wool cloth that is worn as a skirt) and straightened out the lace and ribbons on her blouse ever so carefully, in a methodical, almost ritualistic fashion.

Why was it so important for Doña Eugenia to be seen by imagined foreigners in indigenous clothing when she wears Western clothing—long sleeve sweaters, button-down shirts, long jean skirts—in her everyday life? Was this ritual production for foreign consumption?²² On the other hand, considering that many indigenous women in her village *do* wear traditional clothing on a daily basis, what does it mean for Doña Eugenia to wear Western clothing in most situations, and especially when going on shopping trips into town and during interactions with midwifery patients and staff at the village clinic? Moments like these have led me to consider that “presentations of self in everyday life” (see Goffman 1959; Hendrickson 1995) are based on a syncretic and situational sense of identity/identities.

I suggest that Doña Eugenia’s medicalization of her spoken report to me, the tacit agreements she has established with the village doctor and the mothers she attends, her strategic estimation of Juana’s age, and the way she leverages her indigeneity by choosing to be filmed in indigenous dress are examples of Doña Eugenia’s agency within (and despite) transnational exchanges that are structured to displace her from a chain of value that commodifies her image and her practices.

<Insert Figure 5>

Leveraging Syncretic Identities

Don Israel self-identifies as a “traditional doctor” and “male midwife” (*médico tradicional y partero*). He is one of the few men that attend birth in the High Mountains of Veracruz, but his gender has not limited his clientele. He is well-regarded for his extensive knowledge of herbal remedies and leads an indigenous organization of traditional doctors.

When I met Don Israel, I explained to him that I was eager to learn about his practice of traditional medicine. His eyes lit up as he told me about the many trainings and certifications he has received, and his collaborations with the government health sector, researchers at the state university, and chemical supply companies. He showed me certificates, photos of moments when he had been recognized, and a book publication for which he had shared his knowledge—all are material results of how Don Israel agentively leverages his indigeneity to his advantage.

However, despite his track-record of ongoing recognition, Don Israel has stopped attending birth because he is wary of the consequences that would befall him in the case of a negative birth outcome. He follows the guidelines he has been taught in the trainings, which dictate that he refer birthing mothers to the government hospital. Furthermore, he pondered aloud to me about an apparent increase in tourists seeking indigenous medicine. Commenting on poorly designed *temascals* reflecting a lack of understanding about traditional medicine and the therapeutical mechanism that facilitates healing, Don Israel asked why his authentically constructed *temascal* lacked visitors. How could he attract more visitors? He considered putting up a sign on the road directing people to the *temascal* and offering courses on herbalism to the general public in hopes that this would attract more visitors to the clinic.

As time passed, I began asking Don Israel for more details about his interactions with university researchers, chemical supply companies, and the Mexican government. While his group of traditional doctors shared their knowledge with the Mexican Institute of Social Security from which an extensive herbal manual was published, his name does not appear in the publication nor does he receive royalties for the book. Furthermore, he has shared his knowledge of *sangregado*, *Santa María* and a few other herbs common to traditional medicine with the researchers at the state university who in turn are partnering with a chemical supply

company to commercialize the herb and develop balms, tinctures, shampoos, and soaps. When I interviewed him about this project, he explained that the researchers were engaging in legal patent procedures involving the notary public and the Public Ministry.

In contrast, Doña seeks recognition mostly from within her own community and from the staff members at the IMSS clinic in her village. She does not derive a sense of pride from accumulating certificates. In the past she was employed by the local government as a community health worker, but she was underpaid and soon realized that the work limited her from dedicating herself fully to the more rewarding task of midwifery. For similar reasons, Doña Eugenia declined participating in Don Israel's indigenous organization of traditional doctors. She explained to him that with so many pregnant and birthing mothers under her watch, she simply did not have time to travel away from her home. These decisions demonstrate how much Doña Eugenia values her skills as a midwife and how protective she is of her indigenous knowledge. However, Doña Eugenia's relative success depends on a delicate balance: her harmonious relationship with the village physician who turns a blind eye to her midwifery practice, her recognition among local mothers but "invisibility" to government officials, and continued luck with respect to birth outcomes.

Agentive Dynamism and Racial "Hierarchy"

My experiences with Don Israel and Doña Eugenia point to the mutual imbrication of agentive representations of self and commodification of culture. Don Israel was proud of the many certifications and trainings he had received. Furthermore, his having been recognized in governmental, biomedical, and university settings led to him enjoying a higher regard among clients and fellow traditional medicine practitioners and birth attendants. However, by

simultaneously pointing to the pride that Don Israel derives from sharing his traditional medicine practices, and also the potential exploitation and biopiracy of his ethnomedical knowledge, I am problematizing the binary nature upon which opposing notions of victims and agents are premised. I have juxtaposed his experience with Doña Eugenia's to argue that binary representations are insufficient for the complex reality of how individuals' cultural pride is infused with potential exploitation, and how entrepreneurship unfolds on the edge of uncertainty.

In this article, I have applied the theoretical lens of cultural consumption to the object of my ethnographic inquiry: the reinvention and commodification of present-day Mexican midwifery. I am documenting how indigenous midwives are excluded and denied professional status while their "traditional" cultural practices are romanticized, and sold for profit by affluent urban Mexicans and by international practitioners in humanized birth circles. Furthermore, what humanized birth proponents describe as an international feminist liberation for educated women inadvertently reproduces inequality in Mexico, as the indigenous practitioners of these birthing arts and practices are prevented from practicing them in Mexican hospitals. The diverse methods indigenous midwives use to attend births are not equitably included by members of the humanized birth community under the rubric of humanized birth, since they are relegated to the realm of traditional medicine from which humanized birth draws, then "improves" and develops.

While I have observed indigenous midwives defy government restrictions, challenge biomedical authority in hospital settings, and attempt to market their traditional knowledge by forming their own association and opening a shared clinical practice, these examples of resistance emerge within a context of power and political economy that, more often than not, capitalizes on images of indigeneity while obscuring the lives, experiences, and opinions of indigenous people.

¹ Throughout the article, the terms “indigeneity” and “indigenous culture” are placed in quotation marks to throw into question the notion of a single, reified way of being indigenous. I am drawing attention to the way in which the idea of a singular “indigeneity” is mobilized versus the multiplicity of how indigenous people live their lives.

² See Glenn 2002, Roberts 1997, Granzka 2014, Crenshaw 2014, and Haraway 2014. On “raza” vs. whiteness, see Roberts 2012.

³ See Scheper-Hughes and Wacquant 2006.

⁴ While all of these terms were the ones offered to me by informants, they also come from the realm of policy. *Parteras profesionales*, *parteras tradicionales*, and *parteras empíricas* are the terms used by the Mexican Secretary of Health and other governmental bodies like the Mexican Institute of Social Security. I am not arguing that “traditional midwifery” practices are anchored in the past, while “professional midwifery” practices are representative of greater modernity (see Bauman and Briggs 2003). Moving forward, I will forego quotation marks when referring to these practitioners.

⁵ My usage of the terms “indigenous women” and “indigenous people” refers to individuals who self-identify as indigenous, speak indigenous languages, and live in rural, indigenous zones. The indigenous people with whom I worked are from the following ethnic groups: Tlapaneco, Mixteco, Huasteco (Tének), Nahuatl, Tzotzil, Tzeltal, Maya, and Purépecha. In representing indigenous women as racialized mothers, I am not intending to reproduce universalizations that ignore the diversity of indigenous peoples across Mexico or reduce political economic factors to a mere question of racial difference; however, I recognize that government programs and development discourse often do, employing the global health goal of reducing maternal and infant mortality as a response to reproductive health issues across different indigenous populations (for example, see Cabral Soto et. al. 2000).

⁶ I am placing “nature” in quotes to signal that nature is situated within social and historical contexts, and unequal relations of power.

⁷ I place “tradition”/ “traditionality” and “modern”/ “modernity” in quotes when I am questioning Euro-American ontologies of time and the chronology of progress, but not when referring to people and practices that were identified as traditional by informants.

⁸ I am referring to a globalized notion of “back to nature” among transnational humanized birth communities, not a repeat of Latin American indigenist projects that aimed to go “back to culture.” See MacDonald’s 2006 critique that escaping from the present-day and going back to nature at the moment of birth is impossible due to the integration of elements of modern medicine into “natural childbirth” practices.

⁹ This figure is taken from the IMSS website (imss.gob.mx) and their publication, “Guía de Práctica Clínica: Vigilancia y manejo de parto. Evidencias y Recomendaciones. Catálogo Maestro de Guías de Práctica Clínica: IMSS-052-08.”

¹⁰ Sánchez, Cinthya. “En México, uno de cada dos niños hoy nace por cesárea.” *Eluniversal.mx*. July 18, 2010. Web. Accessed September 21, 2014.

¹¹ I am not arguing that indigenous women do not describe nor ascribe meanings to their own bodies; rather, I am observing that government bodies and NGO leaders inadvertently perpetuate race-based inequalities when they fail to recognize the “target population” as knowledgeable interlocutors and instead utilize racial frameworks formulated from within a locus of power.

¹² “Culture” as a reified object ready for consumption, not as a set of everyday beliefs and practices pertaining to a particular ethnic group.

¹³ I attended a prior workshop where midwives were offered food, lodging, training certificates, and obstetric tools in exchange for their attendance.

¹⁴ My translation. <https://nanahtli.wordpress.com/>

¹⁵ For the sake of anonymity, I have changed all of the names of specific individuals.

¹⁶ See Hayden2003.

¹⁷ See Chow 2002; Camaroff 2009; Clifford 2013.

¹⁸ Other examples are shamanic tours to the healing compound of Joao de Deus and consumption of Ayahuasca in the Amazon, and New Age approaches to Ayurveda in India.

¹⁹ While wrapping a pregnant woman in a rebozo and forcefully jerking the material can be used to jolt a misplaced fetus back into proper position (a technique called *la manteada*), during field work I observed that traditional midwives are more inclined to use controlled hand movements to manipulate the fetus' position (a massage called *sobada*). Upon typing "rebozo parto" in an internet search (*parto* is the Spanish word for "birth"), Adeli's name appears several times on the first page, along with a doula from Mexico City who trains doulas internationally (in the United States, Canada, Argentina, Chile, Uruguay, Puerto Rico, Belfast, and England), and a Chilean midwife who was a fellow participant in Adeli's workshop.

²⁰ Professional midwives go unquestioned when they stake claims to traditional knowledge, while traditional midwives are excluded from a national guild for professional midwives unless they undergo a formal course of study. This speaks to the unequal power relations operating within Mexican midwifery.

²¹ I place "nature" and "returning to nature" within quotes to draw attention to how the notion of nature can be deployed as a reified category to satisfy specific objectives. I am not essentializing "nature" as pure and valuable, nor am I arguing that through humanized birth women are returning to a more natural, and, therefore, more positive state. See Haraway 1997, Haraway and Goodeve 2000, and Thompson 2006).

²² Her purposefulness caused me to reflect on Clifford's assertion: "It is difficult to know, sometimes even for participants, how much of the performance of identity reflects deep belief, how much a tactical presentation of self." (Clifford 2013:16)

References

Bauman, Richard and Charles L. Briggs

2003 *Voices of Modernity: Language Ideologies and the Politics of Inequality*. Cambridge: Cambridge University Press.

Macdonald, M

2006 *Gender Expectations: Natural Bodies and Natural Births in the New Midwifery in Canada*. *Medical Anthropology Quarterly* 20(2):235-256.

Bourgois, Philippe

2003 *In Search of Respect: Selling Crack in El Barrio*. Cambridge, UK: Cambridge University Press.

Chow, Rey

2002 *The Protestant Ethnic and the Spirit of Capitalism*. New York: Columbia University Press.

Clifford, James

2013 *Returns: Becoming Indigenous in the Twenty-First Century*. Boston: Harvard University Press.

Comaroff, John L., and Jean Comaroff

2009 *Ethnicity, Inc.* Chicago: The University of Chicago Press.

Crenshaw, Kimberlé Williams

2014 *The Structural and Political Dimensions of Intersectional Oppression*. In *Intersectionality: A Foundations and Frontiers Reader*. Patrick R. Granzka, ed. Boulder, CO: Westview Press.

Dávila, Arlene

2012 [2001] *Latinos, Inc.: The Marketing and Making of a People*. Berkeley: University of California Press.

Davis-Floyd, Robbie

1992 *Birth as an American Rite of Passage*. Berkeley, CA: University of California Press.

Fassin, Didier

2012 *Humanitarian Reason: A Moral History of the Present*. Berkeley: University of California Press.

Foucault, Michel

1990 [1978] *The History of Sexuality*. United Kingdom: Vintage.

García Canclini, Néstor

2001 [1995] *Consumidores y ciudadanos: Conflictos multiculturales de la globalización*. México, D. F.: Grijalbo.

Goffman, Erving

1959 *The Presentation of Self in Everyday Life*. Garden City, NY: Doubleday.

Glenn, Evelyn Nakano

2002 *Unequal Freedom: How Race and Gender Shaped American Citizenship and Labor*. Boston, MA: Harvard University Press.

Granzka, Patrick R.

2014 *Intersectionality: A Foundations and Frontiers Reader*. Boulder, CO: Westview Press.

Haraway, Donna

1997 *Modest Witness@Second Millennium. Female Man Meets Oncomouse: Feminist and Technoscience*. Routledge, New York.

2014 *Situated Knowledges and the Persistence of Vision*. In *Intersectionality: A Foundations and Frontiers Reader*. Patrick R. Granzka, ed. Boulder, CO: Westview Press.

-
- Haraway, Donna and Thyrza Nichols Goodeve
2000 *How Life a Leaf: An Interview with Thyrza Nichols Goodeve*. Routledge, New York.
- Hayden, Cori
2003 *When Nature Goes Public: The Making and Unmaking of Bioprospecting in Mexico*. Princeton, New Jersey: Princeton University Press.
- Hendrickson, Carol Elaine
1995 *Weaving Identities: Construction of Dress and Self in a Highland Guatemala Town*. Austin: University of Texas Press.
- Howes-Mischel, Rebecca
2009 Regimes of Responsible Pregnancy Management: Creating Reproductive Subjects in Oaxaca, Mexico. *Anthropology News*, February 2009:16–17.
- Malkki, Lisa
1996 Speechless Emissaries: Refugee, Munitarianism, and Dehistoricization. *Cultural Anthropology* 11(3):377–404.
- Marcus, George E.
1995 Ethnography in/of the World System: The Emergence of Multi-Sited Ethnography. *Annual Review of Anthropology* 24(1):95–117.
- Mazzarella, William
2003 *Shoveling Smoke: Advertising and Globalization in Contemporary India*. Durham: Duke University Press.
- Menéndez, Eduardo L.
1996 *De algunos alcoholismos y algunos saberes: Atención primaria y proceso de alcoholización*. México, D. F.: CIESAS.
- Molina, Natalia
2006 *Fit to Be Citizens? Public Health and Race in Los Angeles, 1879–1939*. Berkeley: University of California Press.
- Morgan, Lynn and Elizabeth F.S. Roberts
2012 Reproductive Governance in Latin America. *Anthropology and Medicine* 19(2):241-254.
- Nader, Laura
1972 Up the Anthropologist: Perspectives Gained from Studying Up. *In Reinventing Anthropology*. Dell H. Hymes, ed. New York: Pantheon Books.
- Rapp, Rayna
2000 *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*. New York: Routledge.

Roberts, Dorothy

1997 *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York, NY: Vintage Books.

Roberts, Elizabeth F.S.

2012 "Scars of Nation: Surgical Penetration and the State in Ecuador" *Journal of Latin American and Caribbean Anthropology*. 17.2:215-237.

Rosaldo, Renato

1989 Imperialist Nostalgia. *Representations, Special Issue: Memory and Counter-Memory* 26:107-122.

Scheper-Hughes, Nancy and Loic Wacquant

2006 *Commodifying Bodies*. London: Sage.

Scott, James

1985 *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Haven, CT: Yale University Press.

Smith-Oka, Vania

2013. *Shaping the Motherhood of Indigenous Mexico*. Nashville, Tennessee: Vanderbilt University Press.

Thompson, Charis

2006 *Race Science. Theory, Culture & Society (Special Issue on Problematizing Global Knowledge)* 23(2-3): 547-549.

Wilson, Ara

2004 *The Intimate Economies of Bangkok: Tomboys, Tycoons, and Avon Ladies in the Global City*. Berkeley: University of California Press.

List of Figures

Figure 1. Sofia

Figure 2. Liliana

Figure 3. participants watching, filming, and photographing Adeli prepare herbal cosmetic balms

Figure 4. Using rebozos to apply pressure to the pelvis and broaden the birth canal

Figure 5. Doña Eugenia