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Routledge Handbook of Anthropology and Global Health provides an overview of the complex relationship between anthropology and global health. The book brings together a diverse group of scholars who consider the intersection of anthropological concerns with health and disease as understood and intervened upon by the field of global health.

The book is structured around five sections: (1) social, cultural, and political determinants of health; (2) knowledge production in anthropology and global health; (3) persistent invisibilities in global health; (4) reimagining a critical global health; and (5) new horizons in anthropology and global health. Within these five themes a range of topics is explored, including:

- rare diseases
- medical pluralism
- universal global health protocols
- HIV
- health security
- indigenous communities
- (non)communicable diseases
- decolonising global health

Routledge Handbook of Anthropology and Global Health is an essential resource for upper-level students and researchers in anthropology, global health, sociology, international development, health studies, and politics.

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The Routledge Handbook of Anthropology and Global Health
Edited by Tsitsi B. Masvawure and Ellen E. Foley



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INDIGENOUS MIDWIFERY REVISITED IN COVID-19 TIMES

The making of global maternal health and some anthropological lessons from southern Mexico

Paola M. Sesia and Lina R. Berrio Palomo

Introduction

Mexico has the largest Indigenous population in Latin America¹ and is one of the twelve most eco-diverse countries on the planet (Boege 2008; Rzedowski 1998). This biocultural heritage is linked to the many Indigenous peoples who inhabit the continent and is associated with a remarkably rich, diverse, and enduring ethnomedical tradition. Indigenous midwifery is part of this heritage; midwives have attended pregnant and birthing women in many regions of Mexico for centuries. In the early 1970s, only 37% of the 2.3 million births registered each year were delivered in institutional health facilities and/or by biomedical personnel; traditional midwives² and/or family members at home handled the rest (Zolla 1983; Sepúlveda 1993). In places where most people were (and still are) Indigenous, such as the southern states of Oaxaca and Chiapas, biomedical deliveries accounted for less than 10% of total births (Idem).

Fifty years later, the situation has changed drastically. Official data indicate that over 95% of births occur in institutional health-care facilities (SSA 2022). In recent years, traditional – Indigenous and non-Indigenous – midwives attended a very small fraction (between 1% and 2% in 2019) of births nationwide (SSA 2019). Today, most women, including women from Indigenous regions, give birth in hospitals; three-fourths of them are public and (almost) free of charge.

The shift from ethno-obstetrics to bio-obstetrics (Davis-Floyd 2001) occurred rapidly, accelerating at the turn of the millennium. This shift has not only contributed to the reduction of maternal mortality, but has also engendered an epidemic of unnecessary and potentially iatrogenic C-sections, standing today at approximately 46% of total deliveries.³ It has also generated other significant negative effects, such as the routine overmedicalization of normal births, the loss of women-centred birth care, and the common occurrence of disrespect and abuse against women in labor; all of them are facets of the pervasive phenomenon of ‘obstetric violence’, which is a systematic and structural problem of most hospital deliveries in Mexico (Sesia 2020) as well as in the rest of Latin America (Quattrocchi and Magnone 2020).