



Contemporary Urban *Parteiras Tradicionais* in Brazil and Discourses on 'Knowledge' and 'Modernity'

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Abstract

In Brazil, *parteiras tradicionais* are usually portrayed as women who live in rural areas, very much attached to religion, and part of a group on the verge of disappearing, especially because they are only ‘allowed’ to perform their task in cases women in labor do not have access to the public healthcare system. Nevertheless, there currently is a growing movement in Brazilian urban centers to actualize traditional knowledges in the assistance of pregnancy and childbirth, and propose it as a viable alternative for urban women who opt for this type of assistance. Therefore, this project aims at inquiring how contemporary urban *parteiras tradicionais* are included in this debate, tackling specifically how the concepts of ‘knowledge’ and ‘modernity’ shape their insertion in contemporary society. Even though feminist and decolonial studies (Haraway, 1988; Lugones, 2010) have largely contributed to broadening the discussion on what can be considered proper knowledge in light of modern science, and how such ideas contribute to a “monolithic representation” of the “third world woman” (Mohanty, 1984), previous works have failed to address the possibility of subversion through the attachment to traditions in reproductive healthcare by contemporary urban women. This research aims at investigating how contemporary urban Brazilian *parteiras tradicionais* manage their living and working in an environment somehow hostile – because it ‘negates’ their existence – to them. The voices of urban *parteiras tradicionais* are ‘heard’ via excerpts of interviews I did with five of them, alongside participant observation in activities conducted by two of them. Academically, this research can be seen as broadening decolonial and transnational feminist discussions on knowledge and modernity by adding the voices of women who honor their attachment to traditional/ancient practices. Socially, it is expected to demystify common assumptions about *parteiras tradicionais* and help place them as viable alternative for urban women who opt not to deliver their babies in hospitals.

Key words: *parteiras tradicionais*, decolonial feminism, feminist epistemologies, gender and development

Resumen

En Brasil, las *parteiras tradicionais* suelen ser representadas como mujeres que viven en zonas rurales, muy apegadas a la religión y parte de un grupo a punto de desaparecer, sobre todo porque sólo se les ‘permite’ realizar su tarea en casos en que mujeres de parto no tengan acceso al sistema público de salud. Sin embargo, existe actualmente un movimiento creciente en los centros urbanos brasileños para actualizar los conocimientos tradicionales respecto a la asistencia al embarazo y al parto, y proponerlo como una opción viable para las mujeres urbanas que buscan ese tipo de asistencia. Por lo tanto, este proyecto tiene como objetivo indagar cómo las *parteiras tradicionais* urbanas contemporáneas se incluyen en este debate, abordando específicamente cómo los conceptos de “conocimiento” y “modernidad” modelan su inserción en la sociedad contemporánea. A pesar de que los estudios feministas y descoloniales (Haraway 1988, Lugones 2010) hayan contribuido en gran medida a ampliar la discusión sobre lo que se puede considerar un conocimiento apropiado a la luz de la ciencia moderna y cómo estas ideas contribuyen a una “representación monolítica” de un ‘tercer mundo’ (Mohanty 1984), estas obras no han abordado la posibilidad de subversión mediante la adhesión a las tradiciones de la salud reproductiva por parte de las mujeres urbanas contemporáneas. Esta investigación tiene como objetivo investigar cómo *parteiras tradicionais* urbanas contemporáneas en Brasil manejan su vida y trabajan en un ambiente en cierto modo hostil - porque “niega” su existencia - hacia ellas. Las voces de las *parteiras tradicionais* urbanas son "escuchadas" a través de extractos de entrevistas que hice con cinco de ellas, junto a la observación participante en actividades realizadas por dos de ellas. Académicamente, se espera que esta investigación amplíe las discusiones del feminismo descolonial y transnacional sobre el conocimiento y la modernidad agregando las voces de mujeres que honran su adhesión a las prácticas tradicionales/ancestrales. Socialmente, se espera desmitificar las suposiciones habituales sobre las *parteiras tradicionais* y ayudar a situarlas como una alternativa viable para las mujeres urbanas que optan por no tener a sus bebés en los hospitales.

Palabras clave: *parteiras tradicionais*, feminismo descolonial, epistemologías feministas, género y desarrollo

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Introduction

Over the past three decades, gender studies and feminist research practices have dedicated great effort to subverting the hegemonic modes of knowledge production. For instance, feminist philosopher Donna Haraway (1988) has delineated a feminist epistemology that moves away from the male-biased ‘neutral universal objectivity’, named by her “the god trick” (p. 581), to a scientific mode of knowledge production that acknowledges the researcher’s partiality in knowing what and how she or he knows. Haraway suggests that disrupting hegemonic epistemologies implicates learning to see from “the vantage points of the subjugated”, being attentive not to “appropriat[e] the vision of the less powerful while claiming to see *from* their positions” (Ibid, pp. 583-584 – my emphasis). Therefore, conducting research from a situated perspective means acknowledging the different social positions occupied both by the researcher and the researched while analyzing the various power relations that forge an experience of oppression. Transnational feminist Chandra Mohanty’s ‘Under Western Eyes’ (1984) reinforces Haraway’s warning by giving examples of how Western feminist scholarship has contributed to the construction of a monolithic image of ‘third world woman’ as the pejorative other. Such a construction perpetuates a colonial discursive practice that places Western women as liberated and the ‘third world woman’ as victim of systemic oppression in need of salvation. Criticism of epistemic coloniality is reinforced by decolonial feminist Maria Lugones’s manifesto ‘Toward a Decolonial Feminism’ (2010), which suggests resistance to the imposition of colonial/capitalist modernity is the beginning of the political struggle that promotes social change. Lugones proposes the attachment to a mode of reasoning that moves beyond the dichotomic hierarchical logic of the capital, calling for more communal or less fragmented “ways of being, valuing, and believing” (Ibid, p. 754). It is through this logic of coalition that she envisions a resistant response to coloniality.

Despite its interest in unearthing subjugated knowledges, gender scholarship has insufficiently addressed aspects concerning the actualization of ‘traditional’ or ‘non-modern’ knowledges in relation to women’s empowerment, more specifically to “female

[sexual] autonomy” (Corrêa & Petchesky¹, 1996:159). According to anthropologist Sônia Corrêa and political scientist Rosalind Petchesky, debates concerning women’s sexual and reproductive rights emerged from the feminist struggle for birth control and sexual liberation. The feminist movement supported that women were capable of “deciding whether, when and how they want to have their babies” (Ibid, p. 151) and had the right to sexual pleasure/satisfaction (Ibid, p. 153). This discussion has largely been held from a Western medical and pharmaceutical perspective (cf. Barroso & Bruschini, 1991; Johnson-Odim, 1991; McCool & McCool, 1989). In this context, local culture and traditions are perceived as challenges for feminist legal and political theory, for they are presented as constraints to the application of international norms on human rights, especially concerned with sexual and reproductive rights (Corrêa & Petchesky, 1996: 155-156). Instead of reinforcing such beliefs, this project intends to add the voices of urban *parteiras tradicionais* from Brazil as relevant subjects to the debates around sexual and reproductive rights.

*Parteiras tradicionais*² are practitioners who rely on ancient knowledges of traditional midwifery to assist women in childbirth, help women take care of their sexual health, accompany pregnancies and provide general healthcare to the whole family, especially during children’s early ages. Nevertheless, their craft is on the verge of disappearing and urban *parteiras tradicionais* are non-existent figures in contemporary specialized literature in Brazil (cf. BRASIL, 2010; Carr & Riesco, 2007; Mott, 2005; Osawa et al., 2006). Furthermore, initiatives elaborated to preserve the ancient knowledges of *parteiras tradicionais* seem to contribute to such effacement, for they refuse to ‘actualize’ the representation of *parteiras*³, thus perpetuating a stereotypical portrayal of these practitioners forged to not fit into contemporaneity. The stereotypical

¹ Quotations from this essay have been translated from its Portuguese version by the author of this research.

² I have chosen to use the Portuguese designations ‘*parteiras*’/‘*parteiras tradicionais*’ when referring to midwives in this research as a way to mark the political importance of using such terms in Brazil (Farias, 2013:30). As will be presented in the following pages, *parteiras tradicionais* have been stigmatized in contemporary Brazilian urban centers by a stereotypical representation that invalidates their practice based on epistemological prejudice.

³ The terms ‘*parteira(s)*’ and ‘*parteira(s) tradicional(is)*’ will be indistinctly used in this investigation meaning women who have learned the *métier* by observing a more experienced ‘*parteira*’ and/or performing on her own when it is due time. If a reference is made to women who have had formal education to perform the task, i.e. women who attended the university to have a degree for that, I will use the word ‘midwife’.

representation perpetuated by them is the image of *parteiras tradicionais* as illiterate women who lack proper, that is technical, information to deal with pregnancy and childbirth, a complete ‘unfit’ in a society that ‘worships’ academic, technical knowledge, such as the one in Brazilian urban centers. Therefore, this research envisions helping to recuperate validity to the knowledges and practices of *parteiras tradicionais* and presenting them as important agents to the social change proposed by feminist scholarship. Demystifying common assumptions about *parteiras tradicionais* allows their inclusion as a viable healthcare alternative, especially for urban women who opt not to deliver their babies in hospitals. Moreover, including their voices in decolonial and transnational feminist scholarship may help overcome the ‘coloniality of modernity’ that stigmatizes women attached to traditional/ancient practices, calling attention to characteristics that subvert their homogeneous fixed representation and fight the “capitalist ruling apparatus” (Mohanty, 2003:58).

The figure of the *parteira* has recently re-emerged in Brazilian debates concerning birth rights, due to the fact that, over the past ten years, home births have become more common in the urban environment (cf. Gonçalves et al, 2014). The process of ‘institutionalization of childbirth’, initiated around the 1960s and that referred every pregnant woman to deliver their children in the hospital (Carr & Riesco, 2007:406), had eliminated the activity of *parteiras tradicionais* from urban centers based on the belief that their knowledge and practices were outdated to a modern medicalized society. By analyzing both how *parteiras tradicionais* are represented and how they see themselves and their work, this project aims at ascertaining the importance of recuperating and actualizing their practices in Brazilian urban centers. Therefore, this project has investigated how *parteiras tradicionais* have been represented in relevant media published in the past ten years concerning home birth and birth rights. Due to space limitations, such investigation focused on three specific documents: 1) a technical report on home birth assisted by *parteiras tradicionais*, used as guidelines to implementation of public policy on the topic; 2) a documentary released in 2013 that discusses birth rights in Brazil; and 3) an exhibition meant to portray the daily lives of *parteiras tradicionais* in Pernambuco, a state in the Northeast of Brazil⁴, as the ‘conclusion’ of a three-year project of registering their work in order to ‘safeguard’ it. Furthermore, I have conducted

⁴ Brazil is divided in five geopolitical regions: North, Northeast, Southeast, South and Center-West.

participant observation and have interviewed five urban *parteiras tradicionais*, especially inquiring about their understanding of the relevance of their work in urban centers, for ‘modern’ urban families who consciously decide to be assisted by *parteiras*.

Contextualizing the Research

My interest for this project originates from my encounter with *parteiras tradicionais* in Brazil and my engagement with them as an apprentice of the craft, an encounter motivated by my interest in birthrights. From an early age, I knew I would like to work with women, providing assistance and support that would help them improve their lives, I just did not know yet on which aspect I would like to focus. The experience with three close friends, during their pregnancy, presented me the harsh reality of obstetric assistance in Brazil, especially to the fact that doctors believe their technical knowledge is the truth, leaving (almost) no room for negotiation with their patients and no space for patients to express doubts or desires concerning their pregnancy and childbirth. Therefore, I decided to become a doula⁵. Becoming a doula would allow me to have specific knowledge about pregnancy, childbirth and postpartum to help women build confidence to not uncritically accept every medical ‘truth’; that is, it would grant me access to valuable information women could use to negotiate their desires within the imposed obstetric reality in Brazil.

Therefore, with the intent of becoming a doula, I arrived at an institution called *Centro Ativo de Integração do Ser*⁶ – *CAIS do Parto*⁷ in the beginning of 2013. There I had the opportunity to meet *parteiras tradicionais* and learn from them, an encounter that presented me with ‘new’ approaches to women’s empowerment. For instance, many ideas I believed to be liberational, progressive, and anti-patriarchal, especially the ones related to sexual liberation, contraceptive methods/reproductive rights, and motherhood/parenthood, were resignified from the perspective of women who honor ancient knowledges as a means to autonomy. Indeed, learning the craft and political importance of the work of *parteiras* has added to my engagement with feminism elements

⁵ *Doulas* are professionals who provide technical, physical and emotional support to women and their family during pregnancy, childbirth and postpartum (Pascali-Bonaro and Kroeger, 2004:19).

⁶ Active Center of Integration of Being

⁷ From this point on, I will use ‘CAIS’ or ‘CAIS do Parto’ interchangeably.

that I considered ‘incompatible’ to it, such as spirituality and the relevance of traditional knowledges. Moreover, it made me realize how limited the hegemonic representation of *parteiras* is. In the interview given in the scope of this research project, Suely Carvalho, *parteira tradicional* and founder of CAIS do Parto, positions herself very critically regarding this stereotypical representation, considering how it does harm to such practitioners.

[T]here is an imagery, there is a misconceived idea that *parteira tradicional* must be old, must be illiterate, must be someone from the farm, the country house, must be very simple and must wear a scarf over her head, [carry] a little pipe on the hand. Finally, it is a stereotype that actually stigmatizes the *parteiras tradicionais*. (Carvalho, S.⁸, 2017)

This stigmatized representation of *parteiras* relegates them to a place of oblivion and even disrespect in contemporary urban Brazilian society. The incapacity (or lack of interest) of the hegemonic discourse to move beyond this stereotypical representation described by Suely⁹ impedes the portrayal of *parteiras* as a heterogeneous complex group. Mohanty (1984, 2003) denounces the dangers of constructing monolithic representations of subjugated groups. Her reflections about the perpetuation of oppression of subjugated groups by a colonial discursive practice that creates a monolithic representation of said groups motivates this research by pointing to how Western feminists may reinforce this oppression disguised in a discourse of liberation.

The monolithic representation of ‘third world’ women presented by Mohanty originates in the inability of Western feminist researchers to analyze their realities using a ‘local lens’ (Ibid, pp. 333-334). That is, a Western-centric perception of the world allows Western feminists to understand themselves as liberated, which would ‘justify’ the

⁸ Quotations from this interview have been translated by the author of this thesis from the original in Brazilian Portuguese.

⁹ Referring to the *parteiras* by using their first names is a conscious choice, which intends to show, mainly, two aspects: 1) to mark the difference between academic and non-academic knowledge while equally valuing them; and 2) to contribute to the discussion on authority and hierarchy that will be developed in the following pages, by marking the familial relation that is created between the master and the apprentice, and among *parteiras* themselves.

application of Western values as means to improve women's lives globally. Lying behind Carvalho's and Mohanty's problematizations of the fixed representation of a social group is the idea of knowledge as power, or the ability to produce a certain type of knowledge that grants a minority the authority to 'dictate' the social rules.

Indeed, the prevalence of Western scientific knowledge 'victimizes' subjugated experiences even when it is supposed to 'protect' it. For instance, one of the documents analyzed in this research is the most recent decennial report of a program called 'Working with *Parteiras Tradicionais*', envisioned by the National Ministry of Health to improve the working conditions of *parteiras* in Brazil. The program is part of a movement called 'humanizing of birth', concerned with improving birthrights and reducing maternal and neonatal mortality rates in Brazil. According to Suely, *parteiras tradicionais* worked along with obstetricians, obstetric nurses and midwives in the beginning of such initiatives, but were slowly moved to the margins due to "some discrepancies ... on intellectual, philosophical, social issues" (Carvalho, S., 2017). These discrepancies are mainly rooted in the different 'epistemologies' used by each group: on the one hand, *parteiras tradicionais* base their practice on ancient knowledges passed orally in a master-apprentice relationship; on the other, technical professionals (which include obstetricians, obstetric nurses and midwives) base their practice on modern scientific knowledge learned in the academia.

Decolonial feminist Maria Lugones discusses the idea of 'colonial modernity' as the oppressive logic that emphasizes hierarchical dichotomies the place colonial, capitalist, modern values over traditional, non-modern knowledges (Lugones, 2010:742-743). The belief in the superiority of technical modern scientific knowledge of healthcare professionals over the non-modern ancient practices of *parteiras tradicionais* is a way to understand their 'exclusion' from initiatives in which they are profoundly invested. For instance, not only does the report mentioned above not give voice to *parteiras* (deploying indirect speech in the only attempt of it), it also contributes to reinforcing the stereotypical representation of the group by restricting their performance to cases and places where 'better' technical support is not available (BRASIL, 2010).

Even though planned assistance of pregnancy and childbirth by *parteiras tradicionais* in Brazilian urban centers is not presented as a viable option in the hegemonic discourse of obstetric care, it is a reality in at least ten cities in Brazil, where

apprentices and *parteiras* formed by *Escola de Cultura, Saberes e Tradição Ancestral*¹⁰ – *ESCTA* work. As described above, their work goes beyond the ‘punctual’ assistance to pregnancy and childbirth and promotes women’s empowerment by calling attention to the importance of self-knowledge and the construction of autonomy in that process. Despite the stigmatized image that home births assisted by *parteiras tradicionais* are usually unplanned events, the urban *parteiras tradicionais* interviewed for this project were very emphatic about the importance of creating a professional bond and developing a relationship of confidence with the women and families assisted by them. These relations are forged throughout most of the pregnancy, both via attendance to the weekly meetings facilitated by the *parteiras* and via individual consultation with the *parteira* and/or other therapists indicated by her. This lengthy process is necessary to allow pregnant women and their partners to face their traumas and fears, such as sexual abuse, history of abandonment, fear of death, fear of failing as a parent, and initiate the process of overcoming or even curing them. Families who engage with this process and trust the assistance and guidance of the *parteira* express a feeling of gratitude for the whole process, for allowing them to live pregnancy and childbirth beyond the pure anatomical and physiological perspective of Western white-male medicine (Farias, 2013:34).

Observing the important role of urban *parteiras tradicionais* in helping empower women who choose to be assisted by them, and especially how this empowerment is closely connected to a ‘recuperation’ of traditional practices, I decided to investigate if and how the attachment to ancient knowledges can be a ‘catalyst’ to social change. Furthermore, developing the research in an urban environment contributes by subverting many taken-for-granted assumptions, such as big cities being spaces of prevalence of the ‘modern’, transforming non-modern ways to do and learning things into premodern (Lugones, 2010:743) in order to dismiss it. In the debates around reproductive rights, creating a discourse that ‘downgrades’ non-modern knowledge can be translated as reinforcing assumptions about traditional knowledge of *parteiras* being outdated, no longer valid and even dangerous (cf. Anderson et al., 2004; Fraser, 1998; Lang & Elkin, 1997). Therefore, this research also intends to subvert the idea that health care is an issue exclusively of doctors, and more specifically that women’s sexual health must be exclusively taken care by health care professionals (Barroso & Bruschini, 1991; Carr &

¹⁰ School of Ancient Knowledges, Culture, and Tradition, the branch of *CAIS do Porto* dedicated to the formation of doulas and *parteiras*.

Riesco, 2007; McCool & McCool, 1989), and almost forbidding them autonomy in the matter.

Structure of the Thesis

Considering that one great objective behind this research is questioning the hegemonic modes of knowledge production, which usually emphasize the ‘disembodied’ aspects of science over the partial ones, the order of presentation of the chapters is intended to slightly break the expected hierarchy between theory and practice. Such hierarchy creates the expectation that the theoretical and methodological aspects of a project are presented as a primary topic of the research, the point of departure upon which the analysis is based. Even though this project does not disregard the importance of academic theoretical knowledge to the understanding of real life experiences, it tries to emphasize the latter by highlighting the voices of *parteiras tradicionais*. Therefore, the first chapters are dedicated to present them, initially discussing how they are represented in institutional discourses, then presenting a perspective from within, letting the *parteiras* speak for themselves.

The first chapter presents an overview of how *parteiras tradicionais* are presented to Brazilian contemporary ‘audiences’, both in specialized and non-specialized literature. The analysis focuses on three main documents, chosen because of their relevance to current discussions on birthrights and the role of *parteiras* in it: a technical report on home birth assisted by *parteiras tradicionais* aimed at specialized professionals and policymakers; an ‘entertainment’ documentary responsible for broadening the debates concerning birthrights to the lay public; and an exhibition planned to show the results of a three year research on the work and lives of *parteiras tradicionais* in the state of Pernambuco. Despite the explicit interest of such initiatives in discussing improvement in childbirth in Brazil, and recuperating the knowledge and practices of *parteiras tradicionais* as a means to such improvement, the analysis point to the perpetuation of a stereotypical representation of *parteiras tradicionais* as practitioners who lack knowledge and are, therefore, not capable of providing decent assistance for women during pregnancy and childbirth.

The second chapter emphasizes how urban *parteiras tradicionais* perceive themselves and their work. It begins by locating *parteiras tradicionais* in the concerning debates birthrights in Brazil, and presenting CAIS do Parto, an institution nationally

relevant especially for their work recuperating and actualizing the knowledge and practices of *parteiras tradicionais*, and for raising the discussion on home birth assistance by *parteiras tradicionais* in urban centers. Besides presenting and discussing excerpts of the interviews conducted with five of them, their voices are enriched or confronted with reflections drawn from participant observation conducted in the headquarters of CAIS do Parto and courses attended in the context of ESCTA.

The third chapter engages the discussion about the (self-)representation of *parteiras tradicionais* with feminist scholarship. It delineates the theoretical framework that motivated this research, specifically the debates on feminist epistemology and research (cf. Haraway, 1988; Hesse-Biber, 2011; Preissle, 2006) and the problematics of a Western approach to subjugated knowledges (cf. Johnson-Odim, 1991; Mohanty, 1984; Mohanty, 2003; Spivak, 2010). The discussion unfolds in questioning the relation between tradition and modernity, supporting that one should not necessarily exclude the other, as a dichotomic hierarchical perspective would suggest (cf. Lugones, 2010). The second section of this chapter is dedicated to presenting how the new material analyzed in this investigation was collected, focusing specifically on the ethnographic methods of participant observation and interview.

Finally, the fourth chapter intends to bring together the discussions developed in the previous chapters in trying to place urban *parteiras tradicionais* in contemporary decolonial feminist debates. The reflection developed in this chapter aims at trying to discover whether the attachment to traditional modes of living, based on ancient knowledges of *parteiras tradicionais*, can be a catalyzer of social change, subverts the imposed current system. Therefore, the first section discusses the conscious resistance of *parteiras tradicionais* by claiming themselves to be ‘traditional’, followed by an analysis of how such attachment can be subversive, in the second section.

1. What Do We Find When We Look for *Parteiras Tradicionais*?

Over a two-year period of study I have developed knowledge, interest and analyses on *parteiras tradicionais* from various perspectives, including women's sexual empowerment and development discourses. Great interest in the topic arose when I realized the notions of 'tradition' and 'traditional' were taken for granted in most of Western feminist scholarship, concepts usually interpreted as causes that held women 'behind' while placing them as victims. The work of transnational feminists, such as Johnson-Odim (1991), Mohanty (1984, 2003) and Spivak (2010), point to the continuous necessity of trying to break the hegemonic discourses that suppress "the heterogeneity of the subject(s)" (Mohanty, 1984:333) by replacing it with a fixed and immutable representation, and acknowledging the complex realities of subjugated subjectivities. Representing subjects as a monolithic group is part of the structural domination described by Mohanty as 'colonization', which creates a particular cultural discourse that justifies the imposition of a 'liberatory' agenda based on hegemonic values (Ibid). Therefore, she calls attention to observing the realities of women directly affected by 'attempts of development' with local lenses, sensitive to their different needs and desires in relation to 'developed' Western women.

Indeed, in the realm of obstetric assistance, 'first world' countries, such as the Netherlands and Germany, are considered benchmarks for optimal obstetric assistance (Farias, 2013:13), a parameter strongly based on the easy access to specialized healthcare. Providing specialized healthcare means the country has reached a level of development that allows to move beyond 'rudimentary' practices that could supposedly put people's lives at risk. Even though the investigation described in the following pages raises some criticism to the conduct of some specialized healthcare professionals, it must be interpreted as a criticism to the hegemonic discourse that positions such practices as the only viable option while contributing to the extinction of traditional cultures and ancient knowledges. In fact, this research is intended to show that both 'sciences', the modern and the traditional, can be coeval and incite development.

In Brazil, representation of *parteiras* in movies and soap operas that depict rural areas of the past assure their presence in the country's contemporary social imagery. Moreover, even though most of the obstetric assistance is now provided by medical doctors, not until so long ago women would mostly rely on the *parteiras* to help deliver their babies. It is very common that Brazilian young adults, from the age range between

20 and 30 years old, know of parents and/or grandparents who were born at home assisted by someone, usually a woman, who had learned the craft by accompanying, as an apprentice, a more experienced *parteira* for some time. Therefore, talking about *parteiras*, and more specifically *parteiras tradicionais*, already means something to Brazilians in general. To feminist historian Maria Lucia Mott, nowadays the image of *parteiras* is “associated with poverty, and a second-class assistance” (Mott, 2005:117). If, on the one hand, *parteiras tradicionais* are depicted as a ‘rudimentary’ assistance, a type of assistance that is not based on proper scientific knowledge therefore not desirable in a modern, developed society; on the other hand, there is a concern in parts of Brazilian society not to let medical doctors take complete control over such events. Women’s dissatisfaction with current obstetric assistance in Brazil push them to seek other options, which does not initially include *parteiras tradicionais* due to this stereotypical and stigmatized representation of them.

Some pros and cons of such extremes – of a healthcare system without specialized professionals and a highly-medicalized assistance – are discussed in an article written by obstetric nurses Ruth Osawa, Maria Luiza Riesco and Maria Alice Tsunehiro (2006). Their intent is to advocate that midwives balance such extremes, gathering in one professional the personal care provided by *parteiras* and the technical knowledge offered by medical doctors. They briefly present the historical background and discuss the political implications of the events that led to an effacing of *parteiras tradicionais* and the placement of medical doctors as providing the optimal obstetric assistance. They attribute such a transition to two episodes from the early twentieth century: one was “the incorporation of their [the *parteiras*]’ work in the public healthcare system” in England and the other was “the strategy of holding them responsible for the high rates of maternal and perinatal mortality” (Ibid, p. 700), known as the “midwife problem” (Ibid; Fraser, 1998:6) in the United States. Nevertheless, by presenting academic midwives as ‘the’ (only) non-medical option for obstetric assistance, the authors may reinforce such events by ignoring the importance of *parteiras tradicionais* in contemporary Brazilian society. Urban *parteiras tradicionais* are (almost) completely excluded from the debate concerning pregnancy and childbirth assistance in Brazil, even though they are well-known practitioners in many Brazilian urban centers. This is based on a belief that traditional practices do not suit the modern environment of the cities, leaving only two options for these practitioners: either integrating the system by pursuing a degree on midwifery, or being marginalized (and even criminalized) for not acting according to the

system (Pereira, 2011:4). Advocating obstetric assistance that goes beyond the medical one and not acknowledging the existence of urban *parteiras tradicionais*, along with midwives and obstetric nurses, is dismissing a non-modern science purely by epistemological prejudice and ignoring its contributions to contemporary obstetrics.

Parteiras tradicionais are powerful authorities in their communities (Fraser 1998:196) and play important political and social roles, especially as guardians of the collective memory of their people (Pereira, 2011:4). Besides that, it is a reality in Brazil that in many places they are the only healthcare practitioner available (BRASIL, 2010:17) to provide any assistance to their community. Hence civil society and governmental institutions' interest in promoting initiatives both to 'preserve' (or safeguard) their knowledge and to recognize their social importance. The following sections are dedicated to investigating how such importance and care are present(ed) in three significant documents/texts in contemporary discussions on birthrights in Brazil: the most recent decennial report of a governmental project called "Working with *Parteiras Tradicionais*" (cf. BRASIL, 2010), which is currently used as guidelines for policymaking on this topic; the first documentary produced in Brazil concerning birthrights, *O Renascimento do Parto*¹¹ (2013), especially relevant for its repercussion among non-technical audience; and an exhibition issued from the collaboration between a human rights and a birthrights NGOs titled *Museu da Parteira*¹², intended to present the daily life of *parteiras tradicionais* from Pernambuco, Brazil.

1.1 Guidelines for Policy Making

As mentioned above, the transition in birthing assistance from *parteiras tradicionais* to medical doctors had political implications. A more concrete outcome was turning labor into a highly controlled event, either full of interventions to 'help' deliver the baby via the vagina or in a scheduled cesarean that does not even wait for the woman to go into labor. Such control developed into what specialists call an endemic situation of C-sections (*O Renascimento do Parto*, 2013), with a rate much higher than the one recognized by the World Health Organization (WHO) – whereas the WHO understands

¹¹ Translated into English as 'The Birth Reborn'

¹² Museum of the *Parteira*

that a rate of C-sections around 15% is healthy, in Brazil this type of birth represented 45,9% of all births in 2008; it is important to notice that in the private healthcare system 82,3% of births were via C-section in that same year (BRASIL, 2010:27-28). Therefore, institutionalizing pregnancy and birth has led to negative consequences, such as women becoming highly dependent on the assessment of health care professionals and losing confidence in their own knowledges and feelings, that go beyond the invasive and disrespectful treatment mentioned above. The high institutionalization of such events absurdly increased the rate of C-sections, which is strongly associated with maternal and neonatal mortality (Ibid.). On the other hand, the extreme opposite, poor access to the healthcare system, is another factor that contributes to high rates of maternal and neonatal mortality by impeding women to receive proper treatment when it is needed.

Therefore, as a way to balance such realities – of a highly-medicalized assistance and a near impossibility to access the healthcare system –, the Brazilian government started developing public policies to both try to reduce the rate of C-sections and guarantee proper treatment for women in labor in birthing centers and hospitals, and improve access to specialized healthcare assistance for those who lacked it. *Parteiras tradicionais* received special attention in such policies for two main reasons. First, *parteiras*’ ‘rudimentary’ practices figure among the causes of the high rates of maternal and neonatal mortality these policies intend to combat (Ibid, p.13), especially in combination with precarious living conditions, such as low levels of formal education, poverty and lack of sanitation. Second, it is a reality that in many communities across the country the *parteiras* are the only healthcare practitioner to provide any assistance, hence the policies’ focus on improving their work conditions (Ibid, p. 14). Therefore, a strategy envisioned by policy makers to improve assistance to pregnancy, childbirth, birth and after-birth encompassed training *parteiras tradicionais* in more technical ways to deal with these events.

1.1.1 “Working with *Parteiras Tradicionais*”

The ‘resistance’ of *parteiras tradicionais* in many places in Brazil, despite the rapid transition to a mainly medicalized healthcare assistance, motivated the implementation of many projects to ‘demarginalize’ them and use their knowledge as first-aid assistance in their communities (BRASIL, 2010:22-24). The most recent and largest project that intended to map, register and provide workshops to *parteiras* in all

five regions of the country, started in the beginning of the 1990s under the coordination of the *parteira tradicional* Suely Carvalho, founder of the NGO *CAIS do Parto*, and was titled *National Program of Parteiras Tradicionais* (CAIS do Parto, 2014). This might be considered the first part of what would then develop into the program “*Working with Parteiras Tradicionais*”, which launched in 2000 and consisted of traveling to different parts of the country, identifying the *parteiras*, helping them create associations and eliciting from them their needs and desires. Their major complaint was the lack of financial recognition of their work and their desire was to have more education and proper material to assist their communities. Therefore, the group developed a training methodology that departed from the knowledge of the *parteiras*, adding to it relevant information to help reduce the rates of maternal and neonatal mortality. Besides that, the program distributed ‘bags of the *parteira*’, containing a set of tools and materials necessary for performing their craft in safer ways, such as gloves and scissors to cut the umbilical cord (BRASIL, 2010:89).

The document to be analyzed in this section, titled “*Labor and Home Birth Assisted by Parteiras Tradicionais: the Program Working with Parteiras Tradicionais and Exemplary Experiences*”, is an assessment report listing the activities developed on that scope of the program in the period from 2000 to 2010. It was selected for being the most recent assessment report of the program, published every ten years, and the document currently used as guidelines to policy making involving home birth assisted by *parteiras tradicionais*. The report is directed to policymakers, public managers and healthcare professionals so that they can evaluate the current situation and make decisions accordingly. The definition of *parteira tradicional* presented in this report is “someone who assist homebirth based on traditional knowledges and practices, and is recognized by the community as *parteira*” (Ibid:11). Explicitly labeling them ‘traditional’ is seen as a way to characterize the type of knowledge on which their practice is based, which is different from the knowledge of technical midwives. Moreover, it attaches a social value to their knowledges and practices, allowing them to move away from labels that do not do justice to their practice and type of knowledge, such as ‘curious’ or ‘lay’ midwife (Ibid). Even though I could not find in any document whether this label was required by the *parteiras* themselves, I have noticed, among the ones with whom I have been in contact, they are very proud of presenting themselves in such terms. The analysis of this document helps understanding how the work of urban *parteiras tradicionais* can figure as an activity of resistance and subversion, considering it states the conditions for

parteiras tradicionais to assist home births, but restricted to the cases in which they are ‘the only option’. The interviews with urban *parteiras tradicionais*, presented in detail in the next chapter, showed that there is a growing number of urban women who seek their assistance desiring a planned home birth with a *parteira tradicional*.

The report uses data about the types of births assisted by *parteiras tradicionais* to somehow create a profile of the kind of assistance provided by them as not-planned, stating that most births assisted at home were from women with no formal education whatsoever, who have not attended proper pre-natal control, who live in rural areas and, mainly, from the North Region of the country (Ibid:16). This is part of the justification for the implementation of a program that would ‘insert’ *parteiras tradicionais* into the public healthcare system, whereas restricting their work until almost no woman is assisted by them. On the one hand, the report presents this as a way to reduce maternal and neonatal mortality rates, which are perceived to be higher in regions with less access to the healthcare system. On the other, the document relates such high rates to the great amount of cesareans performed in the country, especially in the private healthcare system.

From the five objectives of the program explicitly mentioned in the document, one is particularly noteworthy in that it portrays a very clear image of what the technicians who wrote the report think of *parteiras tradicionais* and people assisted by them, as mentioned above. The third bullet point states: “Guarantee sexual and reproductive rights for rural, riverside, and forest populations, people who live in places with difficult access, and indigenous and *quilombola* traditional populations” (Ibid:22). The reiteration of terms such as ‘difficult access’ and ethnic specific groups restricts the assistance of the *parteiras* to very particular situations, not giving the possibility for women who are not part of any traditional population and who live in places with good access to hospitals and medical doctors to have their pregnancy and labor assisted by *parteiras tradicionais*. Considering this text is found in a document used as guidelines for policy making, it is possible to infer that any performance of *parteiras tradicionais* outside this context might be considered inadequate or even illegal (Pereira, 2011:4).

Throughout the document, the image of *parteiras tradicionais* is built especially by the condescending tone in which it is written, presenting them as women who lack formal education and whose work should be restricted to unplanned situations in areas of difficult access, being a more technical assistance, either with a midwife, obstetric nurse or obstetrician, preferred where it is available. In the following section, I inquire into what

types of representations of *parteiras* are available for a general audience in contemporary urban Brazilian society.

1.2 Locating *Parteiras Tradicionais* in the Social Imagery

In the past decades, considering the alarming growth in the rate of C-sections and an increasing awareness of the violation of rights due to obstetric violence mentioned in the previous sections, discussions around obstetric assistance have gained more space in the Brazilian feminist agenda, changing from being an exclusive concern of policy makers and public managers to a relevant topic of discussion in civil society as well. Indeed, many groups have emerged with the intent of empowering women and their families to fight for their rights and desires concerning pregnancy and labor. This led to an increasing interest for bringing birth back to the domestic environment. Nevertheless, the figure of the *parteira tradicional* seems to have been replaced by the midwife in urban areas. In this section, I intend to investigate the construction of the image of *parteiras tradicionais* in pieces of entertainment directed to a general – non-specialist – audience. Advocating the recognition of *parteiras tradicionais* as a viable option in providing healthcare assistance also in urban centers, and not restricted to rural unassisted areas, implicates being attentive to their recognition among the ‘prospective clients’, that is, being recognized as a trustworthy practitioner by the community. Contrary to technical healthcare professionals, who have their professional status assured by a diploma, *parteiras tradicionais* need to be recognized by the community as so (BRASIL, 2010:11). Therefore, investigating their representation in documents/texts concerning birthrights aimed at a general urban audience is a means to ascertain the viability or impossibility of their practice in parallel with that of technical professionals.

1.2.1 O Renascimento do Parto (2013)

O Renascimento do Parto (The Birth Reborn) is a documentary about birth written by the doula Érica de Paula and directed by audiovisual producer Eduardo Chauvet. An article written by the medical doctor Simone Grilo Diniz (2014) points to its relevance to discussions on birth rights in Brazil, especially considering the reach of this documentary among the lay audience: in two months, it had already been seen by ten times the average rate of documentary spectators in the country (Ibid, p. 217). Moreover, it was produced

independently, funded with the help of a crowdfunding campaign, with the intention of denouncing the widespread of obstetric violence and its incorporation as normal obstetric procedures as well as presenting alternatives via a more 'humanized' assistance. Moreover, it opens the discussion about the social importance of being born in a respectful and loving environment, mindful of the time of the baby, waiting the woman go into labor and respecting her nature during childbirth, facilitating the mother-child bond right after birth, promoting breastfeeding, etc.

The documentary gives voice both to many specialists on the topic, from obstetricians to public managers and anthropologists who have been studying the topic around the world for many years, and to women and families who have had different birthing experiences. It begins with a woman narrating the birth of her first child and the process that pushed her into looking for a more natural way of giving birth to her second child. This narrative is repeated, with some particular differences and many structural similarities, by other women throughout the documentary: idealizing a normal/vaginal birth and either facing infinite difficulties during their pregnancy, usually built by their doctors, which will translate into an elective cesarean, or being mistreated and having their bodies cut without their consent while in labor. The common narrative among women who lived this script was first listening to their doctors say they would go into labor 'if everything was fine' during pregnancy. By doubting that everything would be fine both with the woman and the baby by the end of pregnancy medical doctors create a state of awareness that equates pregnancy to a debilitated health condition. Moreover, this creates room to present any 'alteration' as a problem: umbilical cord too long or too short, too much or too little amniotic liquid, baby too big or too small, among others, are all examples mentioned by obstetrician Melania Amorim (*O Renascimento do Parto*, 2013) emphasized by obstetricians to 'convince' their patients to 'choose' a cesarean.

This narrative is the 'conductive thread' for the documentary, divided into fourteen small parts that build upon each other in a linear way. The first parts are dedicated to presenting the problem, starting by a brief history of birth assistance in Brazil and its unfolding in our current situation of pregnancy and birth as highly controlled events, and the creation of a so-called 'birth industry'. Most of the movie discusses the constant use of unnecessary interventions by doctors, and how this is frequently (not to say purely) related to their convenience. To support this argument, obstetrician Melania Amorim (*O Renascimento do Parto*, 2013) states that most of the procedures adopted in birth care in hospitals, such as episiotomy and the Kristeller maneuver, not only do not have

scientifically proven evidence of their efficacy but also their use is discouraged by the WHO. Moreover, the documentary discusses the most common myths obstetricians use to lead women into choosing cesareans over vaginal birth, concluding that both scenarios are unhealthy and disrespectful both for the mother and for the child to be born.

After having presented the problems, the argumentative thread of the documentary is directed to presenting possible solutions. All the specialists interviewed are part of a movement called ‘humanization of birth’, which intends to be an escape from the highly-controlled model previously in vogue while encouraging women to take control over her body and options for delivering her child. A humanistic approach to pregnancy and birth has influenced the creation of some policies, such as the program “*Working with Parteiras Tradicionais*”, and has revived in urban women the desire for delivering their children at home. Home birth is, in fact, presented in the documentary as one of the best solutions for the obstetric ‘crisis’ happening in Brazil. Nevertheless, the *parteira tradicional* is completely excluded from this new context, mostly focused on presenting obstetric nurses and midwives as the proper assistance for home birth, and left to reinforce a stereotype that excludes them from the urban environment where women consciously choose and plan to deliver their children at home. The obstetric nurse Heloísa Lessa affirms there are two types of home birth assistance in Brazil nowadays: the one assisted by *parteiras tradicionais* for women without access to the healthcare system, and the planned one (Ibid). To consolidate such stereotypical representation, of *parteiras tradicionais* only good to handle unplanned domestic childbirth in unassisted and distant rural areas, the images that follow Lessa’s words on home birth assisted by *parteiras tradicionais* are of three said practitioners in rural areas speaking of births they have assisted in unusual conditions: having very basic means of transportation, in a chariot, on the floor, etc.

By dichotomizing the type of home birth assistance into planned (assisted by midwives, obstetric nurses or obstetricians) and unplanned (assisted by *parteiras tradicionais*), the documentary purportedly ignores the *parteiras tradicionais* who offer a conscious and planned alternative for women, either rural or urban, who choose to have their pregnancy and labor assisted by *parteiras* and doing that in a planned way. The success of this documentary, measured by the large audience it reached and its relevance to the debates concerning childbirth in the national healthcare system, as previously mentioned, makes it an essential document to delineating the representation of *parteiras tradicionais* in Brazilian popular imagery. Presenting *parteiras tradicionais* as exotic figures perpetuates the “historicized ideologies of gendered and racialized citizenship”

(Mohanty, 2003:66), serving the purpose of qualifying some professionals, while diminishing or even denying the importance of others.

1.2.2 'The Museum of the *Parteira*'

'The Museum of the *Parteira*' is a joint initiative of *Instituto Nômades* and *Grupo Curumim*, two partners of the Brazilian Ministry of Health in the program 'Working with *Parteiras Tradicionais*'. Both groups are settled in Pernambuco, state in the Northeast of Brazil where they conducted a three-year project documenting the work of indigenous parteiras and parteiras tradicionais in six 'counties' (FUNDAJ, 2016). The exhibition originated in this project and is now settled as a permanent exhibition in a bigger museum in Recife, capital Pernambuco.

The Northeast and North Regions of the country are the ones with most *parteiras tradicionais* still active nowadays (BRASIL, 2010:15), and the intent of the current exhibition is bringing visibility and acceptance to their craft, a practice perceived as resistance by the idealizers of the museum (FUNDAJ, 2016). In the context of a technocratic society, strongly dependent on images, machines and other numeric controls to state a person's well-being – ultrasounds, blood pressure, clinical analysis, etc. – *parteiras tradicionais* resist by not 'curving' to these facilities to attest everything is fine with the women and babies they assist. More than not 'curving' to such tools, they resist by trusting their judgment is equal or better than the mere interpretation of numbers given by a machine. In short, they resist by moving away from "biomedical interventions" in pregnancy and childbirth.

In the room designated to the exhibition it is possible to see some documents from the *parteiras*, such as certificates of workshops they have attended and identification badges from associations of *parteiras* they are part of; materials/tools used by them, including the bag that composed the kit given by the program 'Working with *Parteiras Tradicionais*'; pictures of them hanging on the walls; and reports and other official documents originated in the research placed on a coffee table in the corner supposed to reproduce part of a house of a *parteira*. The scenario is a reproduction of the 'mud houses' usually found in rural areas in the countryside of the Brazilian Northeast, the preferred construction technique due to its low cost.

The certificates hanging on the wall suggest the *parteiras*' pride in fulfilling a course and having their knowledge validated by a document. However, an example of

such arrangement is not present in the pictures of *parteiros*' houses that compose the exhibition. In fact, the interior of their houses is only visible in portraits of them inside, depicted in such a narrow frame that mostly convey their image as 'domestic' or even 'enclosed' women.



Image 1 - Parteiros in their communities



Image 2 - Parteiros in their houses

Despite the intent of bringing visibility and acceptance to the *parteiras* and their craft proposed by the exhibition, or precisely because of that, a more detailed explanation of the pictures is missing, at least by mentioning the names of the *parteiras* in the pictures and the location where such pictures were taken. Displaying pictures of some *parteiras* in their supposedly ‘natural environment’, i.e. their houses and communities, and not providing additional information, such as their names and the places where they live and work, seems to reinforce the image of *parteiras* as a fixed monolithic group, that does not adapt its practices to different places and time. Presenting *parteiras tradicionais* as incapable of local and chronological adaptation, and comparing their practice to a medical practice based on scientific evidences, up to date with social change on global levels, reinforces the idea that there will be no loss if their practice disappears. As honorable as the intent of the project seems to be, the way *parteiras tradicionais* and their knowledge are ‘deployed’ in it makes me profoundly skeptical of the initiative’s aim to “safeguard” (Ibid) their practice. Considering what has been discussed here, I can only interpret such objective as placing the ancient knowledge of the *parteiras* in a box or inventory and leaving it there merely for observation, with no intent of actualizing it in a ‘modern’ society.

1.3 Concluding Remarks

Pregnancy and birth assistance in Brazil has been changing over the past decades. From home birth assisted by *parteiras tradicionais* to highly-controlled events assisted by medical doctors in the hospital, there is now an attempt to revive some old practices in combination with contemporary obstetric knowledge. There is an increasing awareness among Brazilian women of the ‘movement’ that took empowerment in birth away from them and placed it with medical doctors, and now they are struggling to bring said empowerment back to them.

Much of this empowerment is fostered by different media, such as internet forums, feminist publications and documentaries, as the one discussed in this chapter, alerting women of their rights and bringing awareness to instances of obstetric violence, but also in pregnancy groups intended to help women go through pregnancy with as much information as they believe to be relevant in order to choose the best way to deliver their babies. Nevertheless, even though there remains a significant number of *parteiras tradicionais* performing their craft, both in rural and urban areas, they are never presented as an option in birth care assistance. Moreover, failing to recognize the *parteiras* as a heterogeneous group and address their existence as an *option* for those who are not satisfied with the ‘conventional’ alternatives, especially in urban centers, indicates a disbelief in the possibility of actualization of traditional practices some projects intend to ‘safeguard’. What is the point in ‘safeguarding’ it then?

In the following chapter, I intend to broaden this discussion by presenting the voices of *parteiras tradicionais* who offer their services in Northeastern and Southeastern Brazilian urban centers. Contrary to the stigmatized representation of *parteiras tradicionais* described in the present chapter, these practitioners are greatly aware of the importance of profiting from pregnancy to prepare oneself for childbirth and even parenthood.

2. What Do *Parteiras Tradicionais* Think?: Listening to Urban *Parteiras Tradicionais*

Increasing interest in birthrights in Brazil has led governmental and civil society institutions to engage in initiatives to improve obstetric assistance, especially related to the national healthcare system. Among these initiatives, the Brazilian Ministry of Health developed a program to ameliorate the work conditions of *parteiras tradicionais* on a national level, envisioning the reduction of maternal and neonatal mortality. This program, and the reports issued by its technicians, are used as guidelines to policymaking in the country. However, instead of validating the type of knowledge upon which *parteiras* base their practices, the program contributes to reinforcing the common representation of *parteiras tradicionais* in Brazil. Indeed, according to relevant material issued from these initiatives, *parteiras* are women who reside in the countryside, especially in rural areas; who lack formal education even in basic levels and are hence illiterate; who do not have a paid job, making their living from agriculture and depending on their husbands and/or children for money; and who assist childbirth solely as a mission, not really concerned with any financial or economic retribution for such work. Whereas this may be a reality for great part of the approximately sixty thousand *parteiras* acting in Brazil (Carvalho, S., 2017), a significant number of them currently working in the country do not fit into this description. For instance, the *parteiras* interviewed for this investigation are urban women who discovered they had the gift of midwifery and decided to engage with the practice. I had the chance to live more closely to one of them during two courses attended at ESCTA and I learned, for example, that she gave up her work as a lawyer to dedicate herself entirely to midwifery. This is a good example to subvert the preconceptions about *parteiras tradicionais* being illiterate women who end up performing the craft as ‘victims of fate’. It breaks the preconception by showing that a highly educated woman can be open to the spiritual guidance of ancient midwives, and chose this mode of living over the highly prestigious life as a lawyer. Moreover, one demand of *parteiras tradicionais* in their struggle for recognition of their work is the attribution of a financial value to be paid by each childbirth assisted by them (Caballero, 2017).

Departing from discussions around gender and development and transnational feminist scholarship (cf. Federici, 2010; Fraser, 1998; Mohanty, 1984; Mohanty, 2003; Wood, 2001), this chapter aims at adding the voices of urban *parteiras tradicionais* to

broaden their representation and subvert/counter their ‘monolithic’ portrayal as demonstrated in the previous chapter. Having a single and fixed idea of a social group is dangerous because it does not allow us to see its ramifications and importance in different areas of the society (Preissle, 2006:522). For instance, restricting the representation of *parteiras tradicionais* to the one previously discussed excludes them as an option in healthcare assistance for urban women and their families. Who benefits from their exclusion?

The implementation of policies that give more emphasis to the work of midwives and obstetric nurses, limiting the performance of *parteiras* to cases in which they were ‘the only option’, may be one strong factor to this restricted representation of *parteiras tradicionais*, with the aim of slowly replacing them by formally trained midwives. Sociologist Gertrude Fraser described and discussed a similar case in her ethnographic work titled ‘African American Midwifery in the South: Dialogues of Birth, Race, and Memory’ (1998). Despite describing a different reality, that of the United States, the reasons mentioned by her to justify such a replacement were also mentioned by the *parteiras* themselves, as will be discussed later on this chapter. According to Fraser,

[a]s long as African American midwives delivered children and delivered them safely, they challenged the dominance of the medical profession. Fear of the midwife’s real power—her ability to do the work of obstetrics—translated into a public portrayal of such women as primarily responsible for long labors and puerperal deaths. (Fraser, 1998:83)

Fraser points to a struggle that equates power to knowledge in the relationship between *parteiras tradicionais* and healthcare professionals, especially midwives and medical doctors. Considering participants of the latter group are not only aligned, but also ‘creators’ of the hegemonic discourse concerning healthcare assistance, it is easy to justify such replacement by presenting themselves as the best – and even unique – option available. Nevertheless, the work developed by *parteiras tradicionais* in contemporary Brazilian urban centers point in a different direction, of people looking for an assistance based on a holistic approach of ancient knowledge because they are skeptical and distrustful of the highly fragmented and medicalized approach of Western medicine.

Therefore, the following pages are dedicated to presenting *parteiras tradicionais* and *parteiras na tradição*¹³ who work in urban centers in different geographical regions of Brazil and how they understand the role of their work in this scenario. They are all related to *CAIS do Parto*, an institution founded in Olinda – Pernambuco in 1991, with the objective of preserving the ancient knowledges of *parteiras tradicionais* and actualizing it in contemporary Brazilian society as a means to improve assistance to pregnancy and childbirth concerning human rights (Corrêa & Petchesky, 1996:155-156). *CAIS do Parto* was a fundamental institution to the raising and amplification of discussions in birthrights in Brazil, not only for bringing back the ‘customized’ healthcare provided by *parteiras tradicionais* to their ‘*comadres*’¹⁴ and godchildren, but also by creating a school where lay women could develop their gift of midwifery and provide a more personal assistance to pregnancy and childbirth in their communities, including urban centers.

The next section briefly presents how birthrights and *parteiras tradicionais* have become topics of interest to Brazilian feminists, once mostly worried about domestic violence and reproductive rights. An important institution in the spread of these topics in the political scenario of the country was the NGO *CAIS do Parto*, whose history and some achievements are also mentioned in the following section. One of the ‘unfoldings’ of *CAIS do Parto* is a school to prepare *parteiras tradicionais*, discussed in more detail in the second section of this chapter. Besides shortly presenting the five urban *parteiras* interviewed to this research, this section is also dedicated to discussing some of their ideas concerning knowledge, modernity and empowerment.

2.1 Broadening Feminist Agenda in Brazil: Embracing Birthrights and *Parteiras Tradicionais*

¹³ The difference between *parteiras tradicionais* and *parteiras na tradição* concerns the mode through which they learned the craft. According to Suely Carvalho (2017), *parteiras tradicionais* are the ones who have inherited the gift of *parteria* (midwifery) and learned from someone directly related to them – mother, grandmother, or greatgrandmother. *Parteiras na tradição*, then, are unaware of from whom they inherited their gift and have learned the craft from another *parteira* not directly related to her, but who takes her as a master and a godmother in *parteria*.

¹⁴ ‘Comadre’ in Portuguese literally means ‘co-mother’. This word is used to describe the existing relation between a mother and the godmother of her child. Due to the ancient understanding of labor and birth as spiritual events, the *parteira* is considered a godmother of the children they assist deliver, and they share responsibility with the family in taking care of them (Carvalho in Santos 2015:17)

Home birth was a long-forgotten practice in Brazilian urban centers when Suely Carvalho, *parteira tradicional*, decided to found the NGO *CAIS do Parto*. She had worked as a *parteira* in hospitals in the South Region of the country, where she assisted more than four thousand childbirths, before moving to the Northeast Region to meet other *parteiros tradicionais* and learn from them. By the time she started working, it was still common that birth centers and hospitals in Brazil hired *parteiros tradicionais* to assist natural childbirth, that is, childbirth without complications, such as an increase in the mother's blood pressure, that require medical intervention. This reality was slowly changing and the *parteiros* were replaced by obstetric nurses and midwives (cf. Mott, 2005; Osawa et al, 2006), and their craft was more and more criminalized (cf. Pereira, 2011). Even though she was a *parteira tradicional*, without academic training to perform obstetric assistance, Suely lacked experience assisting childbirth at home, thus her interest in learning from other *parteiros*.

At the age of sixty-six and performing as a *parteira tradicional* for the past forty-two years, Suely mentions in the interview conducted with her via a WhatsApp¹⁵ call that she is currently traveling between European and South American countries to expand the activities of CAIS do Parto and ESCTA internationally. Questioned about her story as a *parteira*, she tells that she inherited the gift of midwifery from her grand- and great-grandmothers, with whom she could not learn much from accompanying them as an apprentice, because they lived far and/or died before she reached the age in which her interest in the subject arose.. Moreover, she acknowledges that by the time her 'masters' were still alive, there was little conscience of the importance of passing this ancient knowledge to the following generations:

My grandmothers, who were *parteiros*, they did not have this understanding that this tradition, this gift, is transmitted, [it] is passed along from generation to generation, and they needed to train a granddaughter, a daughter to continue their work. They did not have this understanding. It happened, apparently, by chance.

¹⁵ WhatsApp is a cross-platform mobile messaging application that allows the user to exchange messages with one or more people at the same time and make voice and video calls using the telephone's internet connection.

Knowing, we know that ‘chance’ does not exist. (Carvalho, S., 2017)

This lack of interest in passing along ancient midwifery knowledge may be attributed not only to the understanding of how *parteiras* were initiated, usually by having to assist someone in labor and ‘receiving’ the child without previous notice, but also to the devaluing of non-technical knowledge and criminalizing of the practice in Brazil (Pereira, 2011:4). Moreover, the lack of recognition, both social and financial, of their work has contributed to the disinterest or even refusal of many heirs of such traditions to learn the craft from their mothers or other close relatives¹⁶. Suely observed and talked to the *parteiras* about this reality during the seven years she spent “carrying the bags of the *parteiras*”¹⁷ (Carvalho, S., 2017), voluntarily working as their assistant. Furthermore, she gathered a wealth of material and documents from taking notes and writing her impressions of her experiences with them. Both as a *parteira tradicional* and as a feminist, she started advocating for the inclusion of the voice of *parteiras* in the local feminist activism, considering they are relevant figures to the debates concerning reproductive and birthrights. Including *parteiras tradicionais* meant listening to the demands of a marginalized group, endorsing the feminist epistemological subversion by valuing traditional modes of producing knowledge, and broadening feminist discussion on reproductive rights with attention to birthrights, a topic that was missing in the Brazilian feminist agenda, mostly concerned with reproductive rights such as abortion and contraceptive pills. In her interview, Suely narrates her early attempts to include *parteiras* in the debates relevant to them:

¹⁶ In 2013, I was invited to participate as a doula in the IX National Congress of *Parteiras Tradicionais*, a meeting organized bi-annually by the National Network of *Parteiras Tradicionais* and CAIS do Parto, and I had the chance to meet rural, indigenous and ‘quilombola’ *parteiras* who attended the event with their heirs. Many of them reported that most of the girls in their communities, who have the gift of midwifery, do not want to be trained in the practice due to the lack of recognition and little economic retribution that such work provides.

¹⁷ Among *parteiras*, it is common to refer to their apprentices as the one who carries the bag, meaning the *parteira* will be totally focused on the woman and childbirth, leaving to the apprentice to sterilize her instruments, boil water and prepare whatever else is necessary for that moment.

I was an activist in the feminist movement ... in Recife [and] three feminists gathered and started organizing an NGO to work with *parteiras*, talk about childbirth and so on. This [discussion] was still very difficult inside the feminist movement, because the feminist movement did not claim this cause, did not claim this agenda [...] of childbirth and birth issues. [...] So, when this small group of three women said they were organizing [...] I offered myself to be part of this group to help. [...] I told them I would very much like to be part of this group because I was a *parteira* and I wanted to assist childbirth in the city. They did not believe me. They did not believe I actually had this experience. [...] I felt so, so discriminated by women themselves. (Carvalho, S., 2017)

Suely's first attempt to include *parteiras tradicionais* in the feminist struggle failed due to prejudice: she felt she was not given credibility in her offer because neither did she fit the stereotypical image of a *parteira*, the poor illiterate rural woman, nor did she act according to the image she attributes to technical professionals, who continuously call attention to their work as a way to show their achievements. Moreover, it leaves one wondering about the kind of project this group wanted to develop, considering they wanted to work with *parteiras tradicionais*, but refused help from one of them.

Being on the margin of political discussions, along with the 'natural' inclination of *parteiras* to become political leaders in their communities (Fraser, 1998:196), taught Suely that change comes from resistance and demand from the oppressed groups. Therefore, in the end of the 1980s she started facilitating the 'pregnant couples' circle',¹⁸ a *roda*, which was a weekly meeting whose methodology was developed to improve the confidence of those participating to fight for what they believe is proper obstetric assistance to their pregnancy. Still the most regular activity of CAIS, the *roda* is a space where pregnant women and their families meet in a group with the *parteira* to exchange impressions (mostly, but not limited to) about pregnancy, childbirth, and postpartum.

¹⁸ In Portuguese, these meetings are called 'roda de casais grávidos', usually referred to as 'a roda' (the circle). Considering the affective bond existing among the community and this event, and having in mind the purpose of this essay to present the voices and perspectives of the *parteiras tradicionais*, from now on I will refer to this event as a 'roda'.

Besides learning from each other, participants profit from the knowledge of the *parteira*, which adds subjectivity to what is frequently seen in technical matters by healthcare professionals. For instance, every *roda* ends with the pre-natal care with the *parteira*, a moment when she gives exclusive attention to the pregnant women, inviting one by one to lay on the floor so she can touch the belly to see how the baby is growing and observe other aspects of the woman's health, such as her nutrition, whether she is anemic or not, if she is retaining liquids, etc. This is the moment the families keep waiting for because the *parteira* teaches the partner to touch the belly so they can feel the baby, explains the subjective aspects behind every somatization and provides a 'customized' assistance to that family.

The methodology of the *roda* was developed envisioning the construction of a "peaceful, respectful and prosperous living" (Carvalho, S., 2017), fostered by the promotion of a 'new' conscience, that understands everything is integrated in nature and not 'surgically' divided as the technocratic medical approach suggests. Suely understands this 'new' conscience as a fundamental condition to achieving social justice, that encompasses aspects of gender, class, race, and ethnicity, at least. Even though the *rodas* helped bring birthrights to the political discussion, Suely still desired that an NGO would help improve the situation of *parteiras tradicionais* as much as it was needed.

2.1.1 CAIS do Parto: Bringing Visibility to *Parteiras Tradicionais*

Having been rejected in her offer to help in the NGO her fellow feminists were starting related to childbirth and birth, Suely thought she would never find a place to work as and for *parteiras tradicionais* in an urban environment. Concerned about the inclusion of birthrights in the feminist discussion, she believed that bringing *parteiras tradicionais* and their ancient knowledge back to urban centers was a way to fight

the interventions already done in obstetrics over the centuries, [which are] trying to change, trying to transform [the ancient knowledge], ... with the intent to have control over the woman, of having control over the woman's body. [It is] a patriarchal, male chauvinist, dominant, authoritative and prejudiced attitude (Ibid).

In 1990, however, she was elected to the Ashoka Fellowship, an organization that supports social entrepreneurs. In practical terms, this meant she would receive a monthly salary during the next four years to have time and money to dedicate to the NGO she envisioned. She gathered with two fellow feminists and founded CAIS do Parto, whose main objective was bringing visibility to and recognizing the work of *parteiras tradicionais* and their importance to healthcare assistance in Brazil. They developed a project to recuperate and validate the ancient knowledge of *parteiras tradicionais* while training them to perform their practice in safer ways, for instance by properly sterilizing their tools to avoid the contamination of tetanus via the baby's umbilical cord.

Our pilot project was in Caruaru, in the Agreste region, where I had all my friends *parteiras*, many friends. ... From then on, from this project with the *parteiras* ... based in Caruaru, we managed to put the *parteiras* in the national media during ten years. ... It was impressive to the urban society because no one imagined there [still] were *parteiras* and suddenly they are on TV, being interviewed on the radio, newspapers, magazines (Ibid).

This pilot project consisted of promoting workshops with the *parteiras* to discuss their work conditions and see what could be improved. The success of such an initiative resulted in a partnership with the Brazilian Ministry of Health and the beginning of the program “Working with *Parteiras Tradicionais*”, in 1991 (CAIS do Parto, 2014). As mentioned above, this program was designed to provide training to the *parteiras* so they could become ‘partners’ of the healthcare system assisting women where professional assistance was not available nor necessary. Another important aspect was to promote the recognition of *parteiras* as guardians of the ancient knowledge of midwifery who offer an alternative service to the hegemonic one. Improving their work conditions meant not only providing the necessary material, as the ones that compose the ‘*bolsa da parteira*’ described in the previous chapter, but also defining a financial value to their work, to be paid by the government (Caballero, 2017). Even though there is a fixed amount that the *parteiras* should receive for each childbirth assisted by them, not evidence was found that such payment is actually happening.

The many ways of promoting recognition of the work of *parteiras tradicionais* resulted in the creation of the National Network of *Parteiras Tradicionais* (RNPT), to

discuss the work conditions and fight for the rights of the *parteiras* already active, and the School of Ancient Knowledges, Culture, and Tradition (ESCTA), where people develop their skills to perform their gift of midwifery. The latter will be the focus of the following section, dedicated to present a few representative examples of urban *parteiras tradicionais* and discuss how they understand tradition, knowledge, and modernity.

2.2 Urban *Parteiras Tradicionais*: Actualizing Traditions

Different from her grandmothers, who were not aware of the importance of passing along the knowledge of midwifery to their heirs, Suely's experience as a *parteira tradicional* along with her political engagement in the preservation and actualization of such knowledge led her to creating a school where she could pass her knowledge to younger generations of *parteiras*. People invited to the school had received "signs and revelations" (Fraser 1998:191), which may come in dreams or events, such as 'unintentionally' helping a woman deliver, that show that they have the spiritual gift of knowing about "birth, healing, and the body and its treatment" (Ibid). Therefore, initiating the instruction to become a *parteira* means starting a process to let such a gift manifest itself. As strange to the academic mind as it may sound, only one out of the four modules of the instruction is purportedly dedicated to technical aspects of pregnancy and childbirth. All the others are designed to deal with aspects of spirituality and practices of natural healing, for example.

Giving room to such practices is related to the belief that pregnancy, childbirth and birth are part of a bigger experience in life that grants us the opportunity of healing traumas, emotions and fears, so we can become more confident, loving and emotionally stable people to deal with future generations (Davis-Floyd, 2001:S17; Diniz, 2014:218). Marcely Carvalho, *parteira tradicional* currently heading CAIS and ESCTA in Brazil and daughter of Suely, reminds us of the commitment of the *parteiras* to these more 'subjective' aspects of childbirth:

Many times people imagine that being a *parteira tradicional* is only [about] receiving the baby at home, but it is not that. In the tradition [of ancient *parteiras*] we have an awareness and a commitment to life that requires much dedication, [and involves] many processes of healing and connection (Carvalho, M., 2017)

Both the assisted families and, especially, the *parteiras* must engage in these processes of healing. Indeed, the five *parteiras* interviewed see this opportunity of emotional and spiritual healing, finding balance and ease in these aspects of life, as the great difference of their work in comparison to the one developed by obstetricians, obstetric nurses and midwives. It is important to mention that urban *parteiras tradicionais* work in parallel with these other professionals, for women assisted by them have to do their prenatal controls in the healthcare system as well in case they need to be referred to the hospital. To Denise Cardoso, *parteira na tradição* in Bauru, São Paulo, the assistance provided by *parteiras* goes beyond observing the physical aspects of the pregnancy, stated in numbers in the clinical exams.

This is the great difference ... the healthcare system provides a basic assistance ... a technical knowledge based on the exams, right? ... As a *parteira* I will meet the couple I will assist. I will go to their house, I will see how they organize themselves, I will pay attention to what they say. ... We'll enter in this couple's life, we'll enter a very intimate place, which is birth, right? (Cardoso, 2017)

Speaking of birth as a very intimate place is not restricted to the idea of childbirth and birth as part of the couple's, and more specifically, women's sexuality, even though this aspect is considered to help empowering women to not accept every medical intervention uncritically. Understanding pregnancy as an event that brings many memories and emotions to the surface, changing the way women feel about their surroundings, living pregnancy and becoming parents assisted by urban *parteiras tradicionais* means entering a path of self-knowledge to transform oneself into 'the best parent a child may have'.¹⁹ Due to this commitment, Tattiane Caballero, *parteira na tradição* in Brasília, national capital, affirms that "the work in the tradition [of ancient

¹⁹ As Marceley Carvalho, *parteira tradicional* who coordinates the headquarters of CAIS do Parto in Olinda, openly affirms in the *rodas*, becoming the best parent one can be means leaving one's emotional comfort zone and dealing with the issues that keeps him or her distant from emotional stability. Couples assisted by her usually share in the weekly meetings that, even though this is not an easy process, they feel grateful for the opportunity of fighting their 'inner monsters' (fears, pride, traumas, vanity, etc.) and becoming a more confident version of themselves for their children.

parteiras] ... is not a fashion and it is not for everyone” (Caballero, 2017). However, those who actually engage with the holistic approach of traditional midwifery seem to find with urban *parteiras tradicionais* the type assistance for which they had been looking. For instance, people who ‘find themselves’ in this approach are usually the ones who have already started the quest for self-knowledge (Ibid), “who are connected to more spiritual life philosophies” (Cardoso, 2017), and who do not accept ‘pre-packaged’ healthcare assistance that limits one’s freedom of choice (Brasil, 2017).

Dealing with pregnancy and childbirth in this way is part of the development of the ‘new’ conscience CAIS do Parto proposes as a way to achieving “a healthy society, with equality and equity of rights and social justice [...] in a near future” (CAIS do Parto 2015), paying special attention to gender relations. Becoming better parents, then, means becoming better people capable of honoring the child to be born, of understanding and accepting the great transformations that will come with she or he. In the interview conducted with Marceley Carvalho in the headquarters of CAIS, she states very clearly how people assisted by her can propel positive transformation in society by living this process to the fullest.

People I assist here ... are opinion leaders, people who are aware and choose [to live] childbirth with *parteiras tradicionais* for understanding that this is a sacred moment. So, childbirth in urban areas is a ‘rescue’ of one’s ancestry and it is the encounter with one’s healing, it is the encounter with one’s ancestors, it is the encounter with the sacred. ... The sacred of the family. ... [A moment] when you understand that is a sacred event, when a great master is coming, who will transform that family, and the transformation is always positive, even if in some moments there is the pain of surprise, of conflicting relationships, of griefs, and sorrows. But this is precisely the objective why they come, to [help their parents] access the healing and learn what is unconditional love. We are here in a great transformation, this transformation has to start in us. If every man, every woman, transform him or herself in a better person because a son or a daughter will be born, we will transform birth and then we transform society. (Carvalho, M., 2017)

The interview with Marcely was the shortest of the five interviews with the *parteiras*. However, as it is possible to see in the quotation above, her answers were always full of information. By answering a question about the profile of people who look for her assistance, she reinforces what is stated in the mission of CAIS, their ‘dream’ of creating a new society, more conscious of the collective, through the experiences of pregnancy and childbirth. Those Marcely refers to as opinion leaders are people who make decisions informing themselves of the circumstances involved and critically analyzing the options available before choosing the one that best suits their needs. Suely’s perception of the people who seek assistance with *parteiras tradicionais* adds to Marcely’s that class and formal education are not impediments to raising such awareness, that the type of information needed to live this transformation goes beyond what is taught in academia. Indeed, because their work is highly centered in the subjective aspects of the events, and in building trust among the people participating in it, they believe it is more difficult for extremely rational people to live this process of cure proposed by the assistance of *parteiras tradicionais*.

[W]omen who look for us are usually well-informed women, [they] are women who have information. It does not matter whether they have or not an academic degree, but they do have information. ... [They] are women who, in one way or another, could open their view, their minds, their conscience, and moved beyond what is imposed in the urban society as hegemonic, or as a pattern, right? (Carvalho, S., 2017)

By emphasizing women in her speech, Suely provokes thinking about the ‘equality and equity of rights’, especially concerning gender roles, advocated by CAIS. Living in a male-dominated world, it is important to call attention to the necessity of building “egalitarian relations or at least mutually respectful relations” (Johnson-Odim, 1991:321), which she does by placing women as the ones in charge of their bodies and of the decisions concerning their children. Even though these *parteiras* are aware of, and demand from parents, co-responsibility in raising children, they are also aware of the social conditions that many times leave women alone in such task. Furthermore, it is an organization founded and run by women, focusing special attention in empowering other women so they have autonomy to make decisions for themselves. Interestingly, this

empowerment usually comes from an understanding of and respect to the hierarchies involved in the relationship with and among *parteiras*, a topic developed in the following subsection.

2.2.1 Re-signifying Hierarchies: Finding Liberation in the Master-Apprentice Relationship

Western feminist practice is strongly based on the overcoming and even ‘destruction’ of hierarchical relations, usually perceived as a form of domination by reinforcing the status quo (Hesse-Biber, 2011:4; Mohanty, 2003:65). Overcoming the structural oppression suffered by women is a common point between Western and Third World feminists, as stated by third world feminist Cheryl Johnson-Odim (1991): “[t]he need for feminism arises from the desire to create a world in which women are not oppressed” (p. 319). Therefore, speaking of women’s liberation emerging from a master-apprentice relationship may seem contradictory in itself. Nevertheless, this project also intends to ‘twist’ the taken-for-granted assumptions on hierarchy by showing that fighting oppression does not necessarily imply destroying hierarchical relations. Or else, that hierarchical relations do not necessarily imply oppression.

Traditional knowledge is passed orally by the guardians of such knowledge to their apprentices. The guardians of ancient knowledge have authority in traditional systems because they are the ones dealing with the mysteries (of pregnancy and childbirth, for example) and are the ‘keepers’ “of some aspects of collective memory, understood ... as the continuous rebuilding of the past, having the present as its support” (Pereira, 2011:3). However, having this knowledge does not place the guardian in a superior position in relation to the community, but grants him or her a prominent position as master (Ibid, p. 4). Thus, being a master does not mean exerting power or having dominion over the other members of the community; it does mean, however, that her or his knowledge must be valued and taken into account in the practices of the group. Gender scholar Donna Haraway proposes that researchers/knowers must take accountability for what they know (1988:583), and emphasizes it as an important feminist premise in ‘democratizing²⁰’ knowledge production. This idea resonates to Marceley Carvalho’s

²⁰ In the sense of doing it outside the hegemonic parameters.

understanding of the role of masters of traditional groups, who are also answerable for knowing and teaching what they know – and they live by what they pray. In the interview conducted with her in the headquarters of CAIS do Parto, in Olinda, she stated:

Being a *parteira tradicional* is not a choice. I did not choose to become a *parteira tradicional*. It is part of my mission and the mission must be fulfilled. ... So, being a *parteira tradicional* to me is now my life. (Carvalho, M., 2017)

While Marcely honors her mother, Suely, as her master, she is also a master to the other *parteiros* from ESCTA. In the hierarchy²¹ of this lineage, Suely is the ‘great master’ whose knowledge and practice guide the practice of her goddaughters²², and Marcely is her direct heir and successor. The master-apprentice relationship, which in this school is also transformed in a godmother-goddaughter relationship, implies care and obedience from the parts involved. Therefore, it is a sign of care towards her apprentices that the master *parteira* be a good example of the values she teaches, such as humility, simplicity and commitment to the truth and to the tradition, so the apprentices can trust their work and follow her guidance. This bond creates in the apprentices a feeling of protection, of being guarded by the spiritual and political power of their masters. For instance, Kelly Brasil, *parteira na tradição* in Fortaleza, a state capital in the Brazilian Northeast, details how she felt protected and confident to continue her practice of assisting domestic childbirth after entering ESCTA and going under the guidance of Suely and Marcely – before that, she provided such assistance undercover.

I started assisting childbirth as an undercover *parteira*, I wasn’t a nurse nor a *parteira na tradição* ... Then by [the] time I learned about the school and things started going back to place and in 2012

²¹ In the traditional group investigated in this research, the notion of hierarchy is closely related to the line of succession based on the authoritative knowledge that grants one a position as master, as the guardian of the collective memory, knowledges and practices that guide the modes of living and working of the group.

²² Transmission of knowledges of traditional midwifery may occur from a *parteira tradicional* to younger generations directly related to her in kinship or from a *parteira tradicional* who ‘adopts’ apprentices not directly related to her and with whom she creates a relationship of godmother-goddaughter. This relationship implies both care and obedience from the parts involved.

I entered the school ... [Now] I feel more protected and validated, it is not something I need to perform hidden ... because I have a reference, not only technical, but also a spiritual reference. Knowing that there is a master who is connected to us, who prays for us and who is available in case I need support [assisting] a childbirth in the middle of the night, I feel protected for being in this school (Brasil, 2017)

Because of the initiatives that envision safeguarding the knowledge of *parteiras tradicionais* and training them to provide basic health care assistance in their communities, such as the program ‘Working with *Parteiras Tradicionais*’ (BRASIL, 2010:21), for example, there is an acceptance of their work, even though it is not considered the optimal assistance. Therefore, home births in Brazil can be either assisted by nurse-midwives or *parteiras tradicionais*, but Kelly was neither of them – or, at least, had not yet been legitimized as such. Not having a master from whom she inherited her knowledge did not grant her the status of *parteira tradicional*, the only possible way to assist home birth without a degree in midwifery. Therefore, she was performing her work undercover, not belonging to any group that could give her some support and/or protection. In the quotation above, Kelly describes a transformation in how she feels acting as a *parteira na tradição*, a transformation that was made possible by the trust placed in her masters. This trust is earned, it is not imposed. It is by observing how the masters behave and position themselves in a variety of circumstances, that range from the firm and loving way they talk to the apprentices to their conduct in childbirth and other rituals, that this trust is built. Similar to Fraser’s (1998) description of a communal connection forged among women assisted by the same midwife (p. 17), having the same midwife as their master builds a trusting relation between the apprentices and their masters that form an ‘egregore’, a bonding among a group of women thinking in similar ways, whose existence is enough to empower women into acting according their will, knowing there will be a group supporting her (Federici, 2010:9).

2.3 Concluding Remarks

This chapter was intended to present some examples of *parteiras tradicionais* and reflect of their living and performance in comparison to the stereotypical representation

prevalent in contemporary Brazilian society. Adding urban *parteiras tradicionais* to this representation aims at breaking the monolithic representation of *parteiras*, which reinforces stereotypes and stigmatizes the craft and the individuals who perform it.

Moreover, the discussion developed here sought to subvert some taken-for-granted ideas of tradition, knowledge, and modernity, usually related in a linear thinking that ‘proper’ knowledge is capable of freeing from traditions towards modernity. Listening to urban *parteiras tradicionais* is a means to rethink such concepts by perceiving that not everyone understands them the same one. For instance, to the group of *parteiras* presented here, the construction of a healthy society in which all individuals have equal rights and opportunities to develop into what is best for them implies a return to traditional values such as family, engaged parenthood, respect to ancestors and hierarchies. Furthermore, their voices echoed the feminist concern with subjugated knowledges by fighting to validate non-academic knowledge as a proper way of knowing and basing one’s conduct.

In the next chapter, the project engages with the theoretical aspects of feminist research and epistemologies, trying to identify some aspects that have remarkably left urban *parteiras tradicionais* outside the gender and development scholarship, while building arguments to include them. Therefore, the chapter presents a recent historic overview on the debates concerning feminist epistemo-methodologies, focusing on works by transnational and decolonial feminists to inquire the place of tradition in modernity.

3. Understanding Discrepancies: Why Are Some *Parteiras* Left Out from the Collective Representation?

Chandra Mohanty's 'Under Western Eyes' motivates this research because it problematizes the global imposition of Western values by gender and development scholars doing research in the 'third world'. For instance, she points to Western feminist assumptions that women's liberation necessarily implies moving away from familial and religious traditions, and the 'overlapped' relation between development and production of wealth. Moreover, she relates these biased assumptions to the unfolding of a fixed, monolithic representation of women globally. These aspects have motivated the engagement of this research with discussions about 'tradition' from transnational and decolonial feminist perspectives.

Previous experience with *parteiras tradicionais*, including my involvement as an apprentice of the craft, allowed me to observe that even though they placed great importance in the spiritual work and dedication to the family, characteristics that might grant them a description of 'backward' according to Western feminist values, their practice was strongly based on empowering women in their search for autonomy. For example, the familial bond created among them gives confidence enough to women from this 'circle' to go for what they think is best for their lives, even if it means quitting their office jobs to dedicate themselves to more fulfilling activities, such as spending more time with their families (Tenderini, 2016 in Melo, 2016). Moreover, because they understand Western medicine as "masculine, white, elitist, excludent" (Carvalho, S., 2017), they focus on "help[ing] women to be free, to be empowered, to regain control over their bodies, of their power, of their childbirth" (Ibid) using the traditional knowledge of ancient midwives. This encounter subverted much of my understanding of female empowerment and liberation, which was entirely based on academically educating oneself and moving away from 'common sense' beliefs, or knowledge that could not be scientifically proven. Therefore, I felt the urge to tell a different story, and present an image of the *parteiras* that not only subverts the stereotypical representation made of them, but also provokes thinking of them as important tools for social change.

Investigating the practice of *parteiras tradicionais* in Brazil has been an intense task because it continuously forced me to juggle my insider/outsider identities, both as an apprentice and as researcher. Living very close to urban *parteiras tradicionais* had already warned me of the difficulties of sustaining practices and beliefs, such as not

carrying any ‘allopathic’ medicine believed to help women on childbirth and relying solely on teas, Reiki²³, and prayers, among other natural therapies, long discredited by doctors and most healthcare professionals in general, that is, hegemonic authoritative voices. Observing the (almost) complete erasure of urban *parteiras tradicionais*, as described in the first chapter, reinforced the impression on the ‘impossibility’ of coevalness between ancient knowledge and modernity.

This chapter focuses on presenting contemporary discussions of feminist epistemologies, which place great emphasis on unearthing subjugated knowledges and ‘democratizing’ access to knowledge production, by attempting to redefine both who can be a knower and what can be known (cf. Hesse-Biber, 2011). Discussion will be furthered by linking feminist research practice ideas to existing gender and development scholarship. Even though feminist research and praxis aim at validating subjugated knowledges, there is still a very strong hierarchical relation of power defining what constitutes ‘proper’ feminist struggles and modes of knowing, excluding more ‘marginalized’ realities. In the second subsection, I present the methods used to gather the material concerning the *parteiras tradicionais* and discuss how their voices can be heard (if it is possible) in a Western academic environment. Finally, I conclude by calling feminist researchers and activists to do self-criticism and reflect on what voices they choose to hear and why.

3.1 Feminist Epistemo-Methodologies

Women have long been excluded from conventional sites of knowledge production, such as laboratories and universities. Male philosophers and scientists defended women were not suitable in said spaces due to their lack of neutrality, a necessary premise to the production of ‘proper’ scientific knowledge (cf. Haraway, 1997). Moreover, to produce science, one had to have the (material) means either to initiate or to replicate experiments and spread their findings in written reports. This mode of producing and validating knowledge excluded most social groups, leaving the

²³ Reiki is an ancient healing technique from Japanese tradition that explains diseases and somatizations are unbalanced energy in the bodies – both physical and subtle –, which can be treated by the redistribution of such energy by the ‘laying of hands’ of an initiated therapist. (Stein, 2010:25)

development of modern science to a very restricted group. Across the past three centuries, feminists have combined theory and activism into the development of a feminist research *praxis* (Hesse-Biber, 2011:2), mainly denying or proposing new meanings to ‘structural’ premises of modern science, such as ‘objectivity’, ‘neutrality’ and ‘universality’ (cf. Haraway, 1988; Haraway, 1997).

Contemporary feminist research is inspired by three clearly divided (mainly for didactic purposes) moments in the attempt to define a feminist epistemology. Gender studies scholar Sharlene Hesse-Biber places the beginning of this discussion in the 1960s, when feminist scholars started denouncing “the androcentric bias within the sciences and social sciences” (Hesse-Biber, 2011:5) and advocating for women’s visibility in academia – both as subjects and objects of research. The following phase emphasized the importance of acknowledging the key role of women’s experiences in the process of knowledge production and considering their standpoints as ‘privileged’ points of departure in the task of fighting oppressions (Ibid, p. 11). Finally, the post-structural turn in sciences led feminists to question the structure of production of scientific knowledge itself. Feminist philosopher Donna Haraway has made important contributions to the field by questioning whether the premises upon which modern science is based are really unbiased (cf. Haraway, 1997), and suggesting that researchers must be accountable for their findings, therefore true ‘objectivity’ is situated and ‘neutrality’ must be replaced by recognition of the partial perspectives that mold scientific knowledge production (cf. Haraway, 1988).

Countering the disembodied objectivity of the positivist scientific method, that placed the researcher outside the event and distant from his object of investigation, feminist researchers acknowledged women’s concrete lived experiences as key points of departure “from which to build knowledge and foment social change” (Hesse-Biber, 2011:2). Promoting social change is a core value for feminist scholarship, initiated with the pursuit for equal representation in sites where science was made as a way to fight the patriarchal oppression that never allowed women to be subjects, always subjected and/or objectified. In feminist epistemologies, the great social change lies in recognizing the values of distinct forms of knowledge building, therefore modes of living, trying not to restrict or judge women’s experiences from a single perspective. Nonetheless, despite feminist struggles to fight oppressions, the following discussion will raise questions on how far academic Western feminists have come in combating epistemic oppression and how this interferes in the lives of women in a global level.

Haraway's work 'Situated Knowledges' (1988) sets the basis for contemporary ideas on feminist knowledge building. In this paramount work, she questions the positivist understanding of objectivity and suggests another one, that of objectivity as partial perspective. This comes from her questioning of how 'unbiased' positivist scientific methods could be, developed by a very restricted group of individuals who had access to the venues where knowledge was built and defined the rules of its validation: regarding the conditions under which one could produce what was considered proper knowledge, the group of those with means to participate in studies and experiments was mostly formed by white middle-class or wealthy men (Haraway, 1997:26-27). Therefore, Haraway concludes, the idea of neutral and unbiased knowledge production is a myth that gets in the way "of a more adequate, self-critical technoscience" (Ibid, p. 33). In her terms, a self-critical technoscience is one that moves away from 'the god trick', a belief in the ability "of seeing everything from nowhere" (Haraway, 1988:581), to situated knowledges. She questions the (im)possibility of 'objectivity' deriving from such broad perspective to suggest an 'objectivity' that is embodied and partial (Ibid, p. 582).

Recognizing the biased origins of modern science leads Haraway to question the 'scientific method' as a whole, suggesting the mere inclusion of women in spaces where knowledge is produced does not suffice "to queer" (Haraway, 1997:24) the entire process. Queering the modes of knowledge production means departing from premises other than the ones imposed by the hegemonic mode, that is, learning to look differently at the world, finding new objects of research, and asking different questions about it. To her, no mode of knowledge production is innocent and researchers must be accountable for their findings. 'Innocent', in this context, means not previously exposed, unaware of the surroundings, suggesting a knowledge exempt and protected from previous experiences and outside influences. Thus, she advises, one must acknowledge their partiality if it is to produce 'objective' knowledge (Haraway, 1988:595). Acknowledging one has intimate motivations to learn what they learn and how they learn avoids the danger of falling in the 'taken-for-granted' trap and trying to fit different realities into a singular understanding of it. Relying on 'taken-for-granted' knowledge is dangerous because it does not open space to differences in understanding, as if concepts and ideas were 'lived' the same way everywhere. That is the reason behind Haraway's claim the standpoints of the subjugated are preferred, because it allows knowledge to be built upon constant negotiation of meanings and practices, promising "more adequate, sustained, objective, transforming accounts of the world" (Ibid, p. 584). The social transformation promoted

by knowledge building is a central issue to transnational, post- and decolonial feminist scholars. Departing from the standpoints of the subjugated allows one to ‘shake’ the structures of knowledge previously disposed. For instance, departing from the knowledge of *parteiras tradicionais* leads one into questioning the high medicalization of life and its almost intrinsic relation with the pharmaceutical industry. It allows one to engage with one’s health in less dependent and more autonomous ways. Nonetheless, one must be critical not to romanticize subjugated positions and occupy a position to which they do not belong.

Indeed, scholars invested in producing knowledge that does not dismiss the power relations involved in the research must be constantly aware of their role and not to shadow or efface realities that differ from their own. Postcolonial feminist critic Gayatri Spivak warns that “the intellectual within globalizing capital, brandishing concrete experience, can help consolidate the international division of labor by making one model of ‘concrete experience’ *the model*” (Spivak, 2010:27-28). Participation in the labor market, or in the mode of production narrative, is the starting point for Spivak’s discussion on subalternity and the (im)possibility of speaking (and being heard). Her work makes perhaps a clearer connection to the importance of capital among the ‘criteria’ to define who produces proper knowledge and should be validated. Access to financial capital means access to academic knowledge, both learning and producing; moreover, in the context of the ‘technocratic’ society we live in, access to academic knowledge is power, is defining the ‘neutral’ rules by which contemporary societies should live. In this discourse, wealthy formally educated societies are granted the ‘developed’ position and considered benchmarks for all the others who have not ‘yet’ achieved such level of development and ‘quality of life’.

This dichotomic division of societies concerning access to financial means and academic knowledge, and the consequences of it, are central not only to Spivak’s work. Mohanty’s works (1984, 2003) are also paramount to both postcolonial and gender and development scholarship, for they all emphasize the heterogeneity of women globally and how oppression can also be created and/or reinforced among them, including inside the feminist movement. Both scholars are critical of the ‘imposition’ of a Western feminist agenda on global levels, which they believe might have ‘dire’ consequences. For instance, Mohanty criticizes how the engagement in research departing from a Western feminist hegemonic mindset creates a monolithic representation of ‘third world women’ always as victims: of male violence, of the colonial process, of the familial system, of the economic

development process, or of religious codes (Mohanty, 1984:338). Nonetheless, she reminds that the Western/‘third world’ division is not necessarily restricted to physical location, recognizing it is possible that a feminist located in the ‘third world’ uncritically advocates for the application of a Western feminist agenda as the best way to improve the lives of indigenous women.

Mohanty describes this process of suppressing the heterogeneity of subjects, along with the exploitative economic exchange, as colonization, which she identifies as a predominantly discursive process because it appropriates ‘knowledge’ about women in the ‘third world’ taking as their referent Western feminists’ interests (Ibid, p. 333). For instance, as I will deepen this discussion in the next chapter, the way the program ‘*Working with Parteiras Tradicionais*’ is being conducted seems to me a clear example of such ‘colonization’: it is built upon a discourse of preserving their knowledge while restricting their practice. Moreover, both Spivak and Mohanty have clearly stated the importance of accounting for other factors, such as class, race, and ethnicity, if one is to investigate oppressions. This idea finds resonance in feminist philosopher Maria Lugones’s suggestion that “the intersection of race, class, sexuality, and gender” (Lugones, 2010:742) is the core issue upon which women of color and third world women base their critique of feminist universalism. Indeed, one of the most common comments among the *parteiros tradicionais* I interviewed concerns the difficulty (or impossibility) of the recognition of their work in urban centers because they do not fit the race and class stereotypes of *parteiros*: all the *parteiros* I interviewed come from a middle-class family and had access to formal education, for instance only one of them does not have a university degree. While conducting participant observation in Olinda, it was possible to listen to people surprised by the figure of Marceley, wondering how it was possible that that young strong woman, with the body covered with tattoos, and a firm talk was a *parteira*. Some have even confessed that it took them some time to trust her, especially because she did not look like the image of the *parteira tradicional* they had in their minds.

We now move to discussing the place of ‘tradition’ in ‘modernity’, whether it is possible and how both concepts are related to one another. Western feminist literature has left me with the impression of the impossibility of their ‘co-realization’, considering that discussions concerning women’s sexual health are always based on medicalization and the use of contraceptive methods (cf. Barroso & Bruschini, 1991; Corrêa & Petchesky, 1996). Such assumption was countered by the practice and beliefs of the urban *parteiros tradicionais* I interviewed. Moreover, the *parteiros* to whom I listened are part of a Latin

American network of *parteiros tradicionais*, with at least three schools combined in joint effort to guarantee such knowledges are preserved and keep being actualized.

3.1.1 Tradition and/or/vs. Modernity

In feminist criticism of positivist ways of producing knowledge, sciences and methods that strictly follow the scientific method have been labelled ‘traditional’. It is not rare to see feminist scholars using both terms, positivist and traditional, interchangeably. For instance, when Hesse-Biber (2011) criticizes “the traditional image of science” (p. 7) and proposes “the deconstruction of traditional knowledge frameworks” (Ibid, p. 8), she is equating traditional science and knowledge with positivist science and knowledge. Nonetheless, such an equation lacks self-criticism, for it is attributing a taken-for-granted notion to tradition, and reinforcing the idea that all traditional knowledge is as oppressive and hegemonic as the one produced in the Eurocentric scientific tradition. This equation, combined with the feminist struggle to fight hegemonic modes of knowledge building, makes it almost impossible that tradition and modernity are coeval (Fraser, 1998:12). Besides that, the construction of the concept of ‘traditional’ as ‘backward’ makes it impossible that traditional knowledges and practices, such as acknowledging that the ability to handle childbirth mostly comes from spiritual guidance, fit into feminism, posing an either... or... situation (Hesse-Biber, 2011:20). Indeed, feminist educational specialist Judith Preissle (2006) states the inadequacy of a traditional mode of knowing in a feminist scholarship profoundly based on Western academic principles. In her words:

The Western scientific movement ... arising during the European Enlightenment was based on the idea that *knowledge is freeing* – that it provides an *alternative to* superstition, to religious orthodoxy, and to feudal authority. This assumption of the intrinsic value of knowledge is deeply embedded in feminist thought. (Preissle, 2006:521 – my emphasis)

It is important to note in this quote the construction of the idea of knowledge as an excluding alternative to superstition, in itself a pejorative term to define knowledge acquired by non-rational methods, and to religious practices. However, with the *parteiros* I learned this coevalness of tradition and modernity is not only possible, but

also desirable (cf. Federici, 2010; Lugones, 2010). They do not perceive these two concepts as antagonists: they believe keeping traditional knowledges is important to build more respectful relations to others and to nature. Moreover, it is a tool of resistance to a highly-medicalized health care assistance, in which women, especially, have lost autonomy over their bodies. For instance, Hesse-Biber mentions Emily Martin's monograph on the sex-biased assumptions concerning reproduction in medical texts and how white middle-class women are most apt to accept the dominant images of birth as 'production' and the uterus as a 'machine' (Ibid, p. 7). Thus, the high rates of elective cesareans in the private health-care system, as if 'extracting' the baby via a surgical procedure was an improvement in the 'line of production' that caused less damage to the 'machinery' involved. Therefore, the *parteirás* may help us realize that traditional practices can be part of a feminist *praxis*, or that feminist practices may be enriched by adding a traditional perspective to it.

Borrowing from Peruvian sociologist Anibal Quijano's analysis of the capitalist world system, Lugones employs the concept of *coloniality* as "the process of active reduction of people" (Lugones, 2010:745) in her investigation of the relation between the colonizer and the colonized. Understanding gender as a colonial imposition, a category constructed at the intersection with class and race, and observing them "as central constructs of the capitalist world system of power" (Ibid, p. 746), Lugones proposes a move towards a decolonial feminism. Decoloniality is thus equated to resistance, which she claims to be an infra-political expression; a resistance enacted intimately leading to a lived transformation of the social. If coloniality is the process of active reduction of people and a decolonial feminism implies resistance to such reduction, every time the urban *parteirás tradicionais* meet among them, with women they assist, at the *roda*, and actualize their ancient traditional knowledge, they are resisting the attempts of effacement of their stories and subjects.

Moreover, Lugones brings light to the hierarchical dichotomies central to colonial modernity (Ibid, p. 743). Modernity, itself, is a concept she finds problematic, for dividing the world – societies, practices, cultures etc. – into modern and pre-modern. Categorizing an understanding of a reality as pre-modern, from a modern scientific perspective, presets such understanding as invalid and not worth of consideration, only if it is to be exposed as exotic. Therefore, she suggests applying the idea of non-modernity as way to recognize some ways of building knowledge are not modern, while resisting their 'reduction' to pre-modern (Ibid). Strongly attached to ancient/non-modern modes of knowing, with special

attention to oral tradition, *parteiras tradicionais* learn their craft by observing a more experienced one and engaging in the activity, helping as an assistant or having to perform ‘solo’ when it is due time. Their knowledge does not come from books or highly controlled experiments, it is mostly transmitted via oral tradition in informal/not-so-formal gatherings and observation. Moreover, the possibility of controlling events such as birth is minimal, and it is very common to hear *parteiras* saying that no matter how many times a woman has delivered children before, every time will be a new experience. In this ‘uncontrollable’ environment, especially considering they are responsible for at least two lives, of the mother and of the baby, they usually rely on the divine for guidance in handling ‘unexpected’ situations.

Suely Carvalho, founder of CAIS do Parto and ESCTA, is aware of the ‘discomfort’ urban *parteiras tradicionais* cause in contemporary urban Brazilian society, considering many people cannot see *parteiras* beyond the stereotypical image of the old poor woman who performed the craft solely as a mission, almost as if she was not allowed to charge anything for it. While recognizing this reality, of *parteiras tradicionais* assisting women in modern technocratic, is unconceivable for those outside traditional practices, she can explain it in very simple terms:

It doesn't matter whether the apprentice of *parteira* or *parteira na tradição* is young, it doesn't matter whether she holds two or three academic degrees, if she arrives at the path of tradition, she will become a *parteira na tradição* and will perform the same practice with no difference whatsoever. [...] So, actually, contemporizing the practices of *parteiras tradicionais* doesn't change its content, nor its essence, nor its practice. Only the context changes and the language, so people can understand, so people can demistify, destigmatize, disrupt such prejudices ... Actually [this practice] brings to us, to everyone, the affective memory of our ancestors, of our female ancestors, and people from our lineage, of our family who have also walked this path [of tradition]. So, actually, bringing [tradition] to this modern time is not modernizing, but actualizing it within the context. (Carvalho, S., 2017).

By differentiating between ‘modernizing’ and ‘actualizing’, and rejecting the former while recognizing the latter, Suely implies her understanding of modernization of practices as its ‘customization’ to fit the parameters defined by modern science as valid. Actualizing, however, refers to realizing the same actions, performing the same rituals, ‘dressed’ in symbols accepted in contemporaneity. For instance, the use of natural medicine during childbirth is justified and dictated by its ancient efficacy in the millennial tradition of *parteiras*, not by presenting pregnant women with scientific studies to prove such point.

3.2 Modes of Collecting and Analyzing New Material

As discussed above, Western feminist research has been largely based on premises that twist or subvert the principles of the positivist model of knowledge production. Indeed, Hesse-Biber presents positivism as “a form of knowledge building” (Hesse-Biber, 2011:8 – my emphasis) that excludes all the others that do not follow ‘the scientific method’. Despite feminists’ awareness of the diversity of ways to produce knowledge, they are not exempt from engaging in theory and practices that assume that “what is true for dominant groups must also be true for women and other oppressed groups” (Ibid, p. 3). Bringing the example of contemporary urban *parteiras tradicionais* from Brazil is a way to ‘tease’ feminist scholarship, especially that related to gender and development, to work on self-criticism and acknowledge how far we still have to walk to give the due value to the subjugated knowledges we so proudly ‘unearth’.

Therefore, in this section I intend to reflect briefly on the methods I used to collect the new material this research presents and the ethics that guided my analysis of it. Being part of the studied group, I had to be constantly aware of my double position in there and how to juggle with hierarchy in such scenario. How to be an apprentice and a researcher at the same time? What are the advantages and the risks related to this type of investigation?

3.2.1 Ethnography

Developing ethnographic work implies being in close contact with the studied community and spending time with them. I was already part of the group I chose to investigate, the institution CAIS do Parto, where I studied to become a doula and an

apprentice of *parteira tradicional*. Many questions have arisen concerning my deep involvement with them, such as how to criticize their practices when I am so invested with what they are doing? Indeed, one of the most difficult parts of conducting this investigation and writing about it is ‘detaching’ myself from the emotional implications it brings, such as not allowing this work to become a manifesto in favor of the *parteiras* and against conventional Western medicine. Moreover, as part of the group, I had to balance both the feeling of gratitude and honor of being able to present their stories, and the fear of not being able to do it in a fair way. Nonetheless, it is necessary to acknowledge the extent of emotions in our decision-making process while conducting academic research. Hesse-Biber, paraphrasing Jaggar, affirms

“it is unrealistic to assume emotions and values do not surface during the research process. Our emotions, in fact, are an integral part of why a given topic or set of research questions is studied and how it is studied.” (Hesse-Biber, 2011:10)

Letting emotions and values surface, and acknowledging this is an integral part of research, is being accountable for what we know and how we chose to know. Conducting ethnographic research implies being in close contact with the researched group, negotiating space, time and desires with them. In the end, “the ethnography is a representation controlled by the researcher” (Preissle, 2006:524), and acknowledging the importance of emotions throughout the process of research is a way to achieve the partial objectivity that allows engaged feminist research to provoke social change.

Being so invested in this investigation, how could I guarantee that the voices of the *parteiras tradicionais* would be heard? To guarantee that they have not spoken in vain, it was necessary that my research could, at the same time, both represent the urban *parteiras tradicionais* and speak for them (Mohanty, 2003:75). This task grew in importance considering my double positioning in the group of *parteiras*: as an apprentice of *parteira* I occupied an ‘insider’ position; while as a researcher, a position I occupied in many interactions with them, I was an ‘outsider’. The position of the researcher was usually marked by the presence of accessories, such as a notebook in which I was constantly writing, and the cell phone, used as a voice recorder. Therefore, it was essential to keep in mind the different hierarchical positions I occupied, both as a researcher and as an apprentice. In addition, I needed to be attentive not to fall into the subject-object

split that promotes a hierarchy that mimics patriarchy (Hesse-Biber, 2010:8), treating the informants in condescending ways for believing in an epistemic superiority endowed by academia. Hierarchy is an important characteristic of traditional knowledges and culture, passed orally to newer generations by the eldest in the communities, respected as the ‘guardians’ of such knowledge. Therefore, as an apprentice of *parteira tradicional*, I could use this credential to circulate among them creating bonds and gain their trust that the research would present a fair representation of the work they develop. There is, among this group, a concern about who is speaking about and for them, due to some bad experiences²⁴ from the past, in which their voices were presented in a way that only reinforced stereotypical images of *parteiras*.

Finally, I decided to occupy the position of an apprentice of *parteira tradicional* who was granted access to academia in order to tell their story from an insider’s perspective. Being an insider allowed me to circulate in spaces and events where outsiders would be, at least, not welcomed (Mohanty, 2003:243). If, on the one hand, I feel very honored for they trusted me this task, on the other I feel a great sense of responsibility on how to present their voices fairly. Therefore, it was a methodological decision to quote them directly whenever it is possible, and leave my own voice to the reflections about it, not ‘disguised’ in paraphrases of their speech.

3.2.1.1 Participant observation

Anthropologist James Spradley (1980) differentiates between an ordinary participant of any activity and someone who engages in activity as a participant observer: the former is related to the tacit engagement with cultural rules, whereas the latter implies

²⁴ As I have learned in an informal conversation with Suely, in 2013, a group of journalism students interviewed her, as a *parteira tradicional*, and some midwives and obstetric nurses for a short documentary about the different types of childbirth assistance in Brazil. For Suely, it is very important to specify the differences between home birth with *parteiras tradicionais* and the other types of assistance (Carvalho, 2014), because they are practices based on different and, from the hegemonic perspective, divergent knowledges. However, the students edited the video in a manner that such differences were ignored, and even constructed a dialogue between the people interviewed giving the impression that the practices were the same. Because of this event, Suely, Marcely and Marla, the coordinators of CAIS, have decided to only give live interviews of participate in articles/research written and conducted by people who know the story of the institution and its struggle to validate and actualize the knowledge and practices of ancient *parteiras tradicionais*.

an analytical look to the situation (pp. 53-54). Nevertheless, it is important that such differences remain “hidden inside the investigator’s head” (Ibid, p. 54), to not disturb the event and/or influence the phenomena observed. Learning from analytical observation is a skill highly mastered by *parteiras tradicionais* and their apprentices, considering the craft is taught and learned in the making, by apprentices observing the conduct of the more experienced *parteira* in order to learn from that. Therefore, it is possible to affirm that I have been conducting participant observation in groups of *parteiras tradicionais* since I started attending the meetings as a doula and, later, as an apprentice of *parteira* (Ibid).

Nevertheless, considering the specific scope of this research, participant observation was predominantly conducted at meetings inside the headquarters of CAIS do Parto and on three labors I assisted as part of the team composed by the *parteira*, her assistant (usually another *parteira*) and some doulas, the amount varied according to the occasion. Observation happened while I worked, either helping the *parteira* facilitate the weekly meetings with the pregnant couples or taking care of women and what else needed to be covered during the home birth events. Having the opportunity to work while observing, and *vice versa*, allowed me to strengthen the sense of belonging in the group of *parteiras* and apprentices, and the relationship of trust with my masters (Preissle, 2006:520).

Fully engaging in the activities left me with little time to reflect on the event while living it. Thus, I rely on entries about my experiences I wrote in my ‘birth log’, a notebook in which I register the childbirths I assisted by writing the name of the baby and the parents, the date and time of birth, the city of birth, the team who was present at the moment, and describe the events as I remember they happening; and on a journal I specifically opened for this research, in which I mostly write my impressions of the weekly meetings, the interviews and the overall process of researching a group of which I participate. Nevertheless, considering the hierarchical discussion presented in the subsection above, I only turn to this material when it is necessary to support or exemplify topics mentioned in the interviews.

3.2.1.2 Interviews

My aim in interviewing the *parteiras* was to present their voices on how they understand ‘knowledge’ and ‘modernity’, if these are concepts that permeate their

practices and choices. Therefore, the interview was semi-structured with questions about their initiations, their history in and with the craft, and how they relate to more formal or conventional modes of knowledge building. One concern while elaborating the interview script was that questions were open, so there would be room for adding to the conversation and eliciting more from them, unfolding their answers into points that seemed relevant to this project.

The *parteiras* chosen to be interviewed are part of CAIS do Parto/ESCTA. Because of the hierarchy existing in the institution, I put extra effort into interviewing Suely Carvalho, the founder and head of CAIS, and Marcely Carvalho, her daughter and the next in line to be her successor, and currently in charge of CAIS do Parto in Brazil, since her mother has been working internationally. Guaranteeing these two interviews was important because they are the masters of all the other *parteiras* formed by this school – and Suely is also Marcely’s master. They are the ones who make sure the ancient knowledge of *parteiras tradicionais* is being properly applied, because this is what assures them their apprentices are not only honoring this ancient knowledge, but also using everything they have in hands to take good care of women during their pregnancy, labor and of the children to be born or newly born.

Besides interviewing Suely and Marcely, I interviewed three more *parteiras*. In total, I conducted five interviews with *parteiras tradicionais* living and working in Brazilian urban centers. It was very difficult scheduling and conducting these interviews, mainly because *parteiras* are not allowed to have a fixed, closed agenda: their schedule may suddenly change due to women going into labor, and some of them also travel to assist childbirth in other cities of their states. Except for Marcely Carvalho, whom I interviewed in person, all the other interviews were conducted via either Skype or WhatsApp, communication technologies often used by them to contact the heads of the school.

3.3 Concluding remarks

Feminist scholars have traveled a long way in changing more conventional positivist research practices, problematizing concepts and acknowledging the importance of women’s lived experiences as key points of departure for unearthing subjugated knowledges and promoting social change. However, it is still (and perhaps will always be) possible to see how power relations operate inside feminist scholarship (Mohanty,

2003:58) placing some on top and other at the bottom of knowledge building hierarchy. Indeed, the progressive characteristic of feminist research has left behind (or broadly ignored) knowledges who are not considered 'modern', even stating an opposition between traditional and feminist (Hesse-Biber, 2011:20).

Therefore, I rely on my experience with urban *parteiras tradicionais* to question how far Western feminist scholarship has committed itself to the unearthing of subjugated knowledges. Furthermore, how it engages with such subjugated knowledges, whether there is room for validation or whether they are just 'epistemological tokens' to be looked at, but not necessarily applied in the promotion of social change. To conclude, such questioning aims at showing Western feminist scholarship is not ready yet to move away from the discussion on who is allowed to know what is known and how such knowledge can be validated or is rejected.

In the next chapter, this discussion on the formulation of feminist epistemologies and how it relates to subjugated knowledges will be furthered to suggest that attachment to traditional knowledges may be a way to subversion and social change. The lack of interest of the hegemonic discourse in changing the stereotypical representation of *parteiras tradicionais* will be confronted with the brief portrayal of contemporary urban *parteiras tradicionais* presented in the second chapter. Such confrontation will be put in dialogue with the theoretical discussion presented here to suggest that attachment to traditional practices may as well be a means to female empowerment and liberation.

4. Non-Modern Modernity: Can ‘Tradition’ Be ‘Subversive’?

Maria Lugones’s call for a decolonial feminism touches upon the ‘construction’ of modernity and its status of superiority in the “oppressive logic of colonial modernity” (Lugones, 2010:742). To her, the dichotomous, hierarchical logic is a central construct of the “modern, colonial, capitalist thinking” (Ibid), hence her interest in investigating social organizations that resist “capitalist modernity” (Ibid) by inquiring their engagement with “decolonial, liberatory processes of knowledge production” (Ibid, p. 756). Lugones clearly equates modernity to colonialism and capitalism, ascertaining how the merging of these concepts is fundamental to the notion of “the colonality of being” (Ibid, p. 745), which can be understood as the imposition of the modern, colonial system to former colonized peoples.

Such impositions can be traced back to the ‘civilizing mission’ of colonization and its genocides and epistemicides (cf. Grosfoguel, 2013) that imposed a ‘categorical’, hierarchical ontology over a holistic, integrated understanding of life and nature. Sociologist and decolonial scholar Ramón Grosfoguel describes such epistemicides as an essential part of the Christian settler colonialism that started with the conquest of Al-Andalus, in current Spain, and traveled its way to the Americas (Ibid, p. 74). The ‘civilizing mission’ of colonialism entailed, among other values, the spread of modern science propelled by the Enlightenment, which unfolded into the erasure of modes of reasoning that differed from the Cartesian rationality. Much emphasis was placed in the individual over the collective, and in the rational over the spiritual (Ibid, pp. 75-76), disregarding many indigenous modes of social organization. ‘Teaching’ indigenous peoples the modern, Eurocentric way of building knowledge relegated their ontologies to the sphere of the ‘premodern’, or modes of knowing that would be better superseded by the conventions that guaranteed the production of ‘proper’ knowledge.

At this point, it is necessary to recall Lugones’s notion of non-modern, as a way to avoid the classification of ancient knowledges as premodern, a classification that would imply inferiority in the hierarchical relations of knowledges (Lugones, 2010:743). According to her, “non-modern knowledges, relations, and values, and ecological, economic, and spiritual practices are logically constituted to be at odds with a dichotomous, hierarchical, ‘categorical’ logic” (Ibid). Being at odds allows both modern and non-modern logics to coexist, meaning they are ‘just’ different ways of perceiving

realities – it does not reinforce the chronological oblivion justified by a linear understanding of ‘time.’

Therefore, relying on a non-modern logic means resisting the colonality of being by not accepting the imposition of the modern, colonial system. According to Lugones, resistance is the beginning of political struggle (Ibid, p. 746), which translates into not blindly accepting what is presented as a given and proposes a move towards a politics of liberation. By questioning taken-for-granted concepts and practices, one is able to develop ‘epistemological autonomy’ and become accountable for what and how one chooses to know. Moreover, Lugones characterizes resistance as an infra-political tool, which mostly acts in the “intimate, everyday resistant interactions to the colonial difference” (Ibid, p. 743). For instance, urban *parteiras tradicionais* embody this intimate resistance by stating as part of their ethics that ‘they live what they preach’, as discussed in the second chapter. This intimate resistance is part of the necessary praxical task embedded in decolonial feminism (Ibid, p. 746), motivated by the possibility of overcoming, that is subverting, the colonality supported by complex systems of oppression.

Departing from the perspective of resistance as the initial process of social change, described here as a ‘subversion’ of the imposed logic of the current hegemonic system, this chapter is dedicated to place urban *parteiras tradicionais* in the debate concerning decolonial feminism. Therefore, the following section discusses how their attachment to traditional values and practices, such as relying on ancient knowledges of healing to assist childbirth, is a form of resistance in contemporary urban societies. The last section inquires into whether and how this resistance catalyzes social change, subverting the current scenario especially in what concerns healthcare assistance.

4.1 Why is Claiming To Be ‘Traditional’ Is a Tool of Resistance?

The development of modern science, profoundly based on male-biased premises, and its spreading as the hegemonic mode of knowledge production has pushed Western feminist scholars to discussing alternatives to the ‘scientific method’ approach that take into account subjugated experiences, as previously discussed. The production of knowledge by applying the scientific method implied strictly following a set of

conventions, such as performing experiments in ‘public’ venues²⁵ and thoroughly describing the experience in written reports to be spread among the scientific community (cf. Haraway, 1997). These imposed conventions restrict the production of ‘valid’ knowledge to a tiny part of global population, considering that the minimum criteria – access to sites of knowledge production and ability to read and write – are not reached by various peoples.

Critical of the popular exclusion provoked by academic modes of knowledge production, most of Western feminist research has traveled through paths that envisioned disrupting positivist scientific premises, especially questioning concepts such as ‘objectivity’, ‘neutrality’ and ‘universality’ (cf. Haraway, 1988; Haraway, 1997) upon which modern science was based. Therefore, the intent to disrupt positivist modes of knowledge production, and its construction as a tradition, has led to the equation that positivist equals traditional. Nevertheless, combating the hegemonic discourse meant opening the possibility to listening to subjugated voices (cf. Mohanty, 1984; Spivak, 2010), usually found in the lower social strata, which are more closely related to the preservation of traditional knowledges due to restricted access to academic education.

As discussed by Chandra Mohanty (1984) and Gayatri Spivak (2010), academic Western feminists have not entirely comprehended what the inclusion advocated by them entails. By attempting to add the voices of subjugated non-Western women to the transnational feminist debate, many Western feminist researchers have occupied the position of the oppressor by not fully understanding the nuances of traditional behaviors they intended to combat; or, yet, that they intended to ‘protect’. Based on a Western ‘academicist’ perspective, many Western feminist researchers have contributed to the portrayal of ‘third world women’ as victims (Mohanty, 1984:338) in need of salvation. It is important to remember Mohanty’s assertion that the division between ‘Western’ and ‘third world’ goes beyond the geographical, being more coherent to her discussion the perception of this division as based on the attachment, or lack of it, to Western scientific knowledge (Ibid, p. 336). Indeed, as especially narrated by Kelly Brasil in her interview, most of the prejudice towards her practice as an urban *parteira tradicional* comes from

²⁵ Donna Haraway (1997) inquires the ‘publicity’ of said experiments, especially in the early development of modern science, a time when women and other subjugated individuals, either by class or race, were blatantly excluded from such venues.

technical midwives and/or obstetric nurses, who base their practice on medical scientific evidences and invalidate the ancient practices of traditional midwifery.

There are other groups who assist home birth [in Fortaleza], a doctor and two or three teams of obstetric nurses. The difference is that their work is based on [medical scientific] evidences ... and they do not take into account and diminish and even position [themselves] in very prejudicial ways against us, [against] the metaphysical elements of childbirth ... They base their work on scientific evidences and [even though] *I do not deny the scientific evidences, I do not limit myself to it and add to the scientific knowledge the spirituality and other subtle elements that are very important in childbirth* [assistance] ... [They say that] *parteira na tradição* is dangerous, does not work with humanizing [protocol], does not work with scientific evidences, does not have technical knowledge, does not have a degree ... the main accusation is that of technical inferiority. (Brasil, 2017 – my emphasis)

It is part of the actualization of the ancient knowledge of traditional midwifery to dialogue with contemporary modes of obstetric assistance, as exemplified by Kelly Brasil's recognition of the scientific evidences as a valid source of knowledge concerning childbirth, but denying it as the only one. As *parteira tradicional*, her practice is primarily based on the metaphysical and subtle elements related to pregnancy and childbirth, to which technical knowledge can be incorporated if it is in accordance with the 'precepts' of traditional knowledge. For instance, as Suely usually narrates in classes conducted by her concerning postpartum immediate care²⁶, when she started the workshops in the program 'Working with *Parteiras Tradicionais*' a great technical concern was teaching *parteiras tradicionais* the right procedures to avoid tetanus contamination via the baby's umbilical cord. Contamination was usually due to poor sterilization of the scissors used to cut the cord, so they were presented a more efficient technique.

²⁶ These classes are part of the modules in the formation course for *parteiras tradicionais/na tradição*, which I attended as part of my development as an apprentice of *parteira na tradição*. I participated in formation modules over the years of 2014 and 2015.

If, on the one hand, technical healthcare professionals consider the craft of traditional midwifery inferior purely based on the *parteiras*' lack of academic knowledge, on the other, *parteiras tradicionais* in Brazil are very proud of presenting themselves in such terms, precisely because it marks their difference from technical midwives and validates their ancient knowledge. As previously stated, *parteiras tradicionais* occupy respectful positions in their communities for their role as guardians of the collective memory especially concerning ancient knowledge of midwifery and natural healing (Pereira, 2011:3-4). Regardless of the environment, either rural or urban, *parteiras tradicionais* are honored as masters because they help preserving, by actualizing it, the knowledges and practices of their ancestors. Therefore, validating and relying on this mode of reasoning configures a strong piece of resistance of subjugated experiences.

In the context of 'epistemic coloniality', the resistance of ancient traditional midwifery knowledges also means overcoming the 'coloniality of customs' dictated by the hegemonic technocratic discourse concerning female sexuality. The following section intends to contribute to this 'subversive' understanding of 'subjective resistance' by investigating how the resistance raised by *parteiras tradicionais* against the imposition of conventions can promote social change.

4.2 How Is 'Traditional Resistance' Subverting the System?

The previous section introduced the discussion on how *parteiras tradicionais* intimately and continuously resist the imposition of modern, colonial values by basing their practice on ancient knowledges and traditional modes of dealing with female sexuality, especially related to pregnancy and childbirth. Traditional knowledge of midwifery is highly based on self-knowledge (Anderson et al, 2004:313; Lang & Elkin, 1997:28), on engaging with one's body with the six senses and relying on this information to make decisions about one's health and life. *Parteiras tradicionais* help empowering women to get to know their bodies, identify their symptoms and leave the hegemonic healthcare assistance as the 'last' option, instead of promptly recurring to it. Therefore, they subvert the idea of *parteiras tradicionais* being the last option and leave this status to the healthcare assistance provided by the system. They encourage women to take control over their health as a whole, from treating a flu with teas and homemade cough

syrups to regaining confidence not to rely on the pharmaceutical industry for contraception.

They are also subversive in presenting themselves as an alternative assistance in a technocratic environment such as contemporary Brazilian urban centers. In what concerns childbirth, instead of providing a service that mimics the ‘industrialized’ assistance available in the healthcare system, *parteiras tradicionais* provide an experience of “childbirth more accordingly to the family’s desires, with the family’s intimacy, using natural therapies, the use of herbs, the use of intuition” (Cardoso, 2017). By holding to this type of assistance, they subvert the capitalist logic that everything must be turned into a commodity, must envision profit, and dedicate themselves entirely to that moment. Even though the political struggle of *parteiras tradicionais* include the financial recognition of their work, the sense of ‘mission’ involving the craft ‘flexibilizes’ them to negotiate payment/the economic counterpart according to each case.

Furthermore, even though *parteiras tradicionais* trust their ability to handle the cases that demand their assistance, they also know their approach is not easily accepted. Indeed, Suely sees women assisted by them as allies in their ‘struggle’ against the system, or to continue working ‘in the margins’ of society.

I consider them [women who choose the assistance of *parteiras tradicionais*] revolutionary. They are countering the current system. They are opposing themselves to the authoritarianism of hospitals, of doctors. They are saying ‘no’ to this hegemony and this academic concept of absolute truth, right? (Carvalho, S., 2017)

Actualizing ancient knowledges does not preclude reference to the modern scientific knowledge when it is needed. By critically positioning themselves ‘against the system’, they present an alternative that is also limited. Being accountable for their knowledge, *parteiras tradicionais* recognize the limitations of their work and knowledge and rely on the system or hegemonic knowledge when it is necessary. Therefore, being against the system means being critical of the hegemonic practices imposed by it and subverting the idea that there is only one way to produce proper knowledge by proposing other ones. Borrowing Lugones’s words, it is politically important for *parteiras tradicionais* to clearly distinguish their knowledge from the technical one because:

[it] tell[s] us that modernity attempts to control, by denying their existence, the challenge of the existence of other worlds with different ontological presuppositions. It denies their existence by robbing them of validity and co-evalness. This denial is coloniality. It emerges as constitutive of modernity. (Lugones, 2010:749)

It is possible to conclude, then, that by presenting themselves as alternatives in urban centers, *parteiras tradicionais* are ‘facilitating’ the engagement of urban women in a decolonial feminist praxis. Suely’s perception of women assisted by them as revolutionaries comes from the alliance created among them in order to fight the ‘coloniality of modernity’ that attempts to control and homogenize the diversity of experiences by the system.

Finally, another critical aspect to the preservation of the craft of traditional midwifery is the lack of interest of the heirs of many *parteiras tradicionais* to learn the practice from their masters, especially due to the poor social recognition of such practitioners. To Kelly Brasil, the actualization of the craft by urban *parteiras tradicionais* may provoke change in the way younger generations of *parteiras tradicionais* see it. In her words:

I do believe ... in the possibility of recontextualizing ... of reformatting [the craft], of younger women being capable of looking with admiration at and validating the work of [their] grandmothers, greatgrandmothers [who were] *parteiras*, and desire to continue [the lineage of *parteiras*] considering it is possible to continue in another format ... it does not need to be a work that only brings onus, there is also the part of the bonus, I mean of the joy, of the satisfaction, and also, of course, the financial return! (Brasil, 2017)

The attachment to traditional knowledges and the actualization of it in urban centers help rural *parteiras tradicionais* see it is possible that traditional midwifery coexist with modern obstetric assistance.

4.3 Concluding Remarks

Western feminist researchers have long worked to ‘democratize’ processes of knowledge building. From placing women in sites of knowledge production to questioning who can be a knower and what can be known, gender scholars have contributed to the inclusion of subjugated experiences and modes of learning in the Western epistemological debate. Nonetheless, as progressive as Western debates on feminist research may seem, failure to include and respect, in the sense of engage with, the importance of attachment to traditions by women in some cultures has contributed to the oppressive role some Western-inspired initiatives may enact.

By resisting to fully accept, or even play by, Western medical conventions in the assistance of pregnancy, childbirth, birth and puerperium, contemporary urban *parteiras tradicionais* in Brazil are subverting the hegemonic discourse that tries to efface their collective memory and practice. Nevertheless, it is important to understand that resisting the logic of Western medicine does not mean denying it. *Parteiras tradicionais* resist for believing their knowledge is as valid as the hegemonic one, and this allows them to acknowledge the importance of each of them, if applied correctly. For instance, different from some humanized childbirth activists, who advocate for attempting physiological birth as far as possible, *parteiras tradicionais* are in favor of referring the woman to a surgery if they understand it is the less traumatic experience for the baby. Furthermore, considering their belief that looking back at one’s ancestry and traditions is an essential part of building a healthy society in the near future, we might consider their resistance to be subversive from the beginning.

Conclusion

Over the past two years, I have engaged with research that has allowed me to look at the work and the social role of *parteiras tradicionais* from different perspectives, always inquiring into their ‘invisibility’ (or purposeful erasure) in academic and other relevant political debates. Observation of their exclusion (or inclusion by ‘tokenization’) from debates concerning birthrights in Brazil, mostly ‘headed’ by Brazilian feminists invested in bringing empowerment back to women in childbirth, has motivated the present investigation on the ‘causes and consequences’ of such ‘effacement’. Moreover, living with urban *parteiras tradicionais*, I could see how their work was discredited and even criminalized by many of these feminists, who ‘delegitimized’ their knowledges and practices mainly because they were not based on ‘scientific evidence’.

Chandra Mohanty’s (1984, 2003) alert to the dangers of attachment to Western feminist values and its unsituated application in the analysis of the realities of women globally provided the basis upon which this investigation developed. Special attention was given to the understanding that the ‘Western’ and ‘third world’ division goes beyond the geographical one, which may transform a ‘third world’ woman into a ‘Western’ epistemological colonizer, ‘loyal’ to a modern scientific mode of knowledge production that excludes every other form of knowing. Her ideas were greatly enriched by Maria Lugones’s (2010) problematization of ‘coloniality of power’, a concept that translates the imposition of a colonial/capitalist modernity to non-Western civilizations. In her attempt to resist and overcome such coloniality, she proposes a move toward a decolonial feminism, one that is engaged with “liberatory processes of knowledge production” (Ibid, p. 756).

These two theoretical/methodological works were fundamental to this research, which aimed at investigating the power relations molding the current discourses and practices related to birthrights in Brazil, believed to give emphasis to a technical approach while contributing to the ‘extinction’ of the traditional midwifery craft, especially in Brazilian urban centers. Furthermore, this research intended to present other possibilities to pregnancy and childbirth assistance with the objective of broadening women’s spectrum of choice. Presenting urban *parteiras tradicionais* as competent health care practitioners is aligned with the objective of “respect[ing] the integrity of women’s sexual and reproductive decisions, and condemn[ing] the social, economic and cultural conditions that may force them into ‘choosing’ one procedure over the other” (Corrêa &

Petchesky, 1996:158). As previously stated, this research aimed at presenting the knowledge and practices of *parteiras tradicionais* as valuable tools for every woman who desires to have this kind of assistance. Instead of devaluing the mode of thinking of Western medicine, valuing the ancient knowledge of *parteiras tradicionais* means placing them as equally valid, possible of co-existing, and acknowledging that each type of assistance is more adequate for some people at certain time and places.

Such belief was reinforced by the analysis of three relevant documents, produced both by governmental and by civil society groups deeply invested in current national debates concerning birthrights, that intended to discuss the best scenario for pregnancy and childbirth assistance in Brazil. Nevertheless, these documents strongly contributed to the perpetuation of a stereotypical and stigmatized image of *parteiras tradicionais* as women who do not have access to ‘modern’ means of care and, therefore, lack ‘proper’ knowledge to handle the care of women during pregnancy and childbirth, especially. Therefore, the solution presented is to leave such assistance to ‘properly trained’ technical healthcare professionals, such as obstetricians, obstetric nurses and midwives, only allowing *parteiras* to handle ‘unplanned’ situations.

Nevertheless, this stigmatized homogeneous representation of *parteiras tradicionais* completely ignores their presence in Brazilian urban centers as practitioners who provide an alternative assistance who urban women and families who decide to conduct these moments in their lives as much as ‘out of the system’ as they can. The understanding of ‘out of the system’ is not restricted to desiring a home birth to avoid hospitals, but can be broadened by a profound questioning of the epistemological hegemony embodied by technical healthcare professionals, as mentioned by Suely Carvalho and other urban *parteiras tradicionais* in their interviews.

As the urban *parteiras tradicionais* presented in this research indicated, questioning the hegemony of academic knowledge implies an engagement with the liberatory processes of knowledge production mentioned by Lugones (2010). This liberatory aim of their practice is what makes it possible that one understands the resistance of traditional knowledges as subversive, allowing a critical thinking about the imposed medicalization of women’s sexual health, for example. Moreover, the way they actualize ancient knowledges and traditional values, by relying on spiritual guidance, using herbs and prayers instead of pharmaceutical drugs, and offering this knowledge as a health care service to urban women, for example, is much more aligned to their belief

in the relevance of such ‘phenomena’ in the construction of a healthy society in the future than a ‘blind’ attachment to the past.

Even though I acknowledge that these few pages do not suffice to explain and expose the complexity of the work that ‘listening to subjugated voices’ entails, I am confident that this research has paid important contribution to transnational, decolonial and gender and development scholarship by presenting *parteiras tradicionais* as proud guardians of ancient knowledge and aware of the importance of such mode of reasoning to the construction of a future in which oppression is fought by a true sense of community.

Further research on the implications of the inclusion of traditional values and knowledges in environments that seem hostile to it, such as modern urban centers and Western academic thinking, is still necessary (and desired) for contributing to the unearthing of subjugated knowledges envisioned by (Western) feminist research. Besides listening to *parteiras tradicionais*, I believe that listening to women and families who consciously choose to be assisted by them is also of great interest to the field. Listening to these individuals, understanding their desires and motivation to ‘subvert’ the rituals related to pregnancy and childbirth as imposed by this technocratic modern society, is a way to guarantee these women’s right to self-determination (Corrêa & Petchesky, 1996:163).

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Appendix

The following questions compose the script of the semistructured interview conducted with the *parteiras tradicionais*:

- 1) First, I would like you to introduce yourself.
- 2) You identify yourself as a *parteira tradicional/parteira na tradição*. What does it mean to you to be a *parteira*? How do you see the craft of traditional midwifery?
- 3) I would like you to tell your story, of how you became a midwife. Was this an occupation you had ever envisioned performing?
- 4) Why do you think it is important to preserve the traditional knowledge from our ancestors and, more specifically, related to midwifery?
- 5) How do you see your work as a traditional midwife in an urban environment? Who are the women/family assisted by you?
- 6) Are there other people doing a similar job in the city? In which ways are your work/performances similar and in what ways do they differ?
- 7) How do you see the reception/relation of medical doctors to you and your work as traditional midwife?
- 8) I leave you the floor to say what you think is important to say and we did not have the opportunity to touch upon in this interview.