Detalles sobre la publicación, incluyendo instrucciones para autores e información para los usuarios en:
http://espacialidades.cua.uam.mx

Rosalynn Adeline Vega (University of Texas, Valle del Río Grande, Estados Unidos).

Converging Space and Producing Place: Social Inequalities and Birth Across Mexico.
pp 4-18.

Fecha de publicación en línea: octubre 2020
DOI: www.doi.org/10.24275/uam/cua/dcsh/esp/2020v10n1/Vega

ESPACIALIDADES. Revista de temas contemporáneos sobre lugares, política y cultura Volumen 10, Núm. 01, enero-junio de 2020, es una publicación semestral de la Universidad Autónoma Metropolitana, a través de la Unidad Cuajimalpa, División de Ciencias Sociales y Humanidades, Departamento de Ciencias Sociales, editada en la Ciudad de México, México. Con dirección en Av. Vasco de Quiroga 4871, Cuajimalpa, Lomas de Santa Fe, CP: 05300, Ciudad de México, México. Página electrónica de la revista: http://espacialidades.cua.uam.mx/ y dirección electrónica: revista.espacialidades@correo.cua.uam.mx. Editora en jefe: Dra. Fernanda Vázquez Vela. Reserva de Derechos al Uso Exclusivo del Título número 04-2018-072414222300-203, ISSN: 2007-560X, ambos otorgados por el Instituto Nacional del Derecho de Autor. Responsable de la última actualización de este número: María Fernanda Flores Torres (Dendrita Publicidad S. A. de C. V.), Temístocles núm. 79, int. 3, Colonia Polanco IV Sección, Alcaldía Miguel Hidalgo, C.P. 11550, Ciudad de México; Fecha de última modificación: octubre del 2020. Tamaño de archivo 322 KB.

Espacialidades. Revista de temas contemporáneos sobre lugares, política y cultura tiene como propósito constituirse en un foro de discusión académica que aborda la compleja, contradictoria y multicausal relación entre el espacio y la vida social. *Espacialidades* se inscribe en el debate académico internacional sobre el giro espacial en las ciencias sociales e invita al análisis de diversas prácticas sociales y formas de organización y acción política desde una perspectiva multidisciplinaria que ponga énfasis en las diferentes escalas territoriales. Los textos publicados incorporan métodos y problemas tratados desde la sociología, la ciencia política, la economía, los estudios urbanos, la geografía, los estudios culturales, la antropología, la literatura, el psicoanálisis y el feminismo, entre otros.

Las opiniones expresadas por los autores no necesariamente reflejan la postura del comité editorial.

Converging Space and Producing Place: Social Inequalities and Birth Across Mexico

Espacio convergente y lugar de producción: desigualdades sociales y nacimiento en México

ROSALYNN ADELINE VEGA*

Abstract

This article combines ethnographic research of the professional midwifery model in Mexico with concepts gleaned from an interdisciplinary literature in order to illustrate how different types of spaces converge in the process of place-making. From October 2010 to November 2013, I conducted a twenty-eight-month research project, in which I interviewed employees from government bureaus and public health programs, and observed how the professional midwifery model unfolds in distinct contexts. I also carried out interviews as well as participant observation with CASA midwifery students and alumni. Moreover, I "shadowed" professional midwives and obstetricians as they engaged with pregnant women in a hospital setting. Based on ethnographic examples, this article points to five different types of space: contested, geopolitical, transnational, gendered, and embodied. Furthermore, it argues that these different spaces map onto socioeconomic and geo-racial grades in ways that produce wholly distinct places for individuals with contrasting positionalities in society. Given the ethnographic data presented in this article, to what extent health models can be successfully applied to different local contexts? This research concludes that it is impossible to cleanly extract health models from one local context and implement them in another. Greater attention to how contested, geopolitical, transnational, gendered, and embodied spaces are mapped onto one another to create unique places can productively inform public health policy, and lead to more appropriate place-based programs.
Keywords: Birth; Mexico; Inequalities; Place; Race.

Resumen

Este artículo combina la investigación etnográfica del modelo de partería profesional en México con conceptos extraídos de una literatura interdisciplinaria para ilustrar cómo los diferentes tipos de espacio convergen en el proceso de creación de lugares. Desde octubre de 2010 hasta noviembre de 2013, realicé veintiocho meses de investigación, entrevisté a empleados de agencias gubernamentales y programas de salud pública, observé cómo se desarrolla el modelo de partería profesional en contextos diferentes, realicé entrevistas y observación de participantes con estudiantes / exalumnos de partería de CASA y "seguí de cerca" a las parteras y obstetras profesionales cuando proporcionaron servicios de salud a mujeres embarazadas en un hospital. A partir de ejemplos etnográficos, este artículo apunta a cinco tipos diferentes de espacio: disputado, geopolítico, transnacional, de género y encarnado. Además, argumenta que estos diferentes espacios se mapean en grados socioeconómicos y geo-raciales en formas que producen lugares completamente distintos para individuos con

* Assistant professor of Medial Anthropology, Department of Sociology and Anthropology, ELABN 330, University of Texas Rio Grande Valley. C.e.: <rosalynn.vega@gmail.com>.

posicionalidades contrastantes en la sociedad. Dados los datos etnográficos presentados en este artículo, ¿en qué medida los modelos de salud pueden aplicarse con éxito a diferentes contextos locales? Esta investigación concluye que es imposible extraer de manera limpia los modelos de salud de un contexto local e implementarlos en otro. Una mayor atención a la forma en que los espacios disputados, geopolíticos, transnacionales, de género y incorporados se asignan entre sí para crear lugares únicos puede informar de manera productiva las políticas de salud pública y conducir a programas basados en el lugar más apropiados.
Palabras clave: Nacimiento; México; Desigualdades; Lugar; Raza.

Fecha de recepción: 19 de octubre de 2018
Fecha de aceptación: 4 de febrero de 2020

Introduction

This article illustrates how different types of space (contested, geopolitical, transnational, gendered, and embodied) converge to create specific places. This work—methodologically rooted in ethnography and guided by theory from geography, tourism studies, medical anthropology, and medical sociology, among others—contributes to interdisciplinary studies of health and place because it describes the process of place-making, and, thus, reveals nuances for applying health models in distinct local contexts. Using the example of the professional midwifery model in Mexico, I suggest that when extracting a model from one context and implementing it in another, those involved must work to carefully adapt the model to local realities. This adaptation process involves equitable inclusion of local people during both planning and implementation.

Theoretical Framework

This article points to five different types of space: contested, geopolitical, transnational, gendered, and embodied. I adopt Low and Lawrence-Zúñiga's (2003: 18) definition of contested space:

> We define "contested spaces" as geographic locations where conflicts in the form of opposition, confrontation, subversion, and/or resistance engage actors whose social positions are defined by differential control of resources and access to power [...] Contested spaces give material expression to and act as loci for creating and promulgating, countering, and negotiating dominant cultural themes that find expression in myriad aspects of social life.

Geopolitical space is the way people categorize physical space in geographic and political terms. Like all of the types of space discussed in this article, it is a social construct with important implications for how people experience their lives, and it has direct consequences for policy.

The concept of transnational space builds upon geopolitical space since it refers to space that transcends geopolitical boundaries. It points to social networks, material exchanges, and flow of ideas on a transnational scale.

On the topic of embodied space, Low and Lawrence-Zúñiga write, "We define gendered spaces to include particular locales that cultures invest with gendered meanings, sites in which sex-differentiated practices occur, or settings that are used strategically to inform identity and produce and reproduce asymmetrical gender relations of power and authority" (2003: 7).

Finally, my understanding of embodied space is gleaned from the articulations of this term by various authors. Miles Richardson (1982; 1984) uses embodied space to mean being-in-the-world. He emphasizes the existential and phenomenological realities people perceive: smells, emotions, colors, and other sensory dimensions. Nancy Munn extends

Richardson's concept by coining the term "space-time": "a symbolic nexus of relations produced out of interactions between bodily actors and terrestrial spaces" (Munn, 1996: 449). Similarly, Stuart Rockefeller (2003) draws attention away from the landscape and redirects it to how places are *in* the land, people's minds, customs, and bodily practices.

Central to this article is the difference between space and place. Yi-Fu Tuan (2001) untangles the specificities of "space" and "place," using the perspective of experience. Sensations, perceptions, emotions, and thoughts are folded into experience. Using our experience, undifferentiated space becomes place as we endow it with value and meaning. Place is a pause in movement, a source of nurture, a haven of stability, and a container for meaning. Permanence is an important element of place, and over time, place becomes a part of us.

Embodied space becomes place through a process of inscription. Low and Lawrence-Zúñiga (2003: 13) state that "[i]nscribed space implies that humans 'write' in an enduring way their presence on their surroundings," and point to "how people form meaningful relationships with the locales they occupy, how they attach meaning to space, and transform 'space' into 'place'". Place, like the body, is both locational and relational.

The Mexican Context

In 2011, the Center for the Adolescents of San Miguel de Allende (CASA) Maternity Hospital was accredited by Seguro Popular (Mexico's universal health insurance), which allows women in the State of Guanajuato to receive free midwifery services. CASA is a locally well-known NGO with a thirty-year history of providing healthcare services to Mexicans in the State of Guanajuato. In 1996, CASA opened its professional midwifery school—the only government-accredited midwifery school in Mexico. Through a comprehensive curriculum combining traditional Mexican midwifery with Western biomedical knowledge, CASA midwives boast significantly lower rates of birth complications and maternal and infant mortality than their obstetric counterparts (Mills and Davis-Floyd, 2009).[1]

CASA's professional midwifery school offers a three-year program, plus a fourth year which students complete as residents in government hospitals. Generally, students are given scholarships funded either by individual donors or charitable foundations, so the majority does not have to pay full tuition. Most students live in CASA dormitories and receive didactic training in classrooms while performing clinical work in the CASA hospital. Each semester, they are required to live in rural areas for two weeks and serve an apprenticeship with traditional midwives. CASA students are trained to provide highly humanistic care in any setting. Some of the CASA graduates I have interviewed regularly attend home births and water births. Most of the CASA students and graduates in my study do not perform episiotomies and are extremely conscientious about not medicalizing births unnecessarily.

While the CASA model is already being replicated in Guerrero (with important differences, described below), the Mexican States of Chiapas, San Luis Potosí, and Veracruz are potentially seeking to reproduce the model as well (Cruz, 2011). In this article, I provide observations of CASA midwives and midwifery students practicing their midwifery care model in the States of Guanajuato (where CASA is located), Veracruz, and Guerrero.

San Miguel de Allende, a Unesco World Heritage Site with its huge population of expatriate Americans, is ideal for studying the transnational flow of people, ideas, and practices, as well as for studying politics of birth, and the level of engagement between NGOs and the state. In Tlapa, Guerrero, a public professional midwifery school funded by the state-level Secretary of Health opened in August 2012. Although modeled after CASA, there are important differences in how this school functions, thus drawing attention to the importance of place. In the Nahua High Mountains of Veracruz, villagers receive stipends from IMSS Oportunidades (Opportunities Program, Mexican Institute of Social Security) due to their abject poverty. These stipends are conditioned upon compliance when engaging with government medical institutions. Research

[1] For a problematization of the category "traditional", see García Canclini (2005); and for a specific critique of the category "traditional" as it relates to midwives, see Sheepers (2004).

in Veracruz provided me with insight on the process of racialization, the social production of inequality, and the dramatic disjunctures between Nahua villages and government clinics. These three sites represent urban and rural; "foreign" and "local"; affluent and impoverished; indigenous and mestizo; and mountainous and central regions of Mexico.

Research Methods

From October 2010 to November 2013, I conducted a twenty-eight-month research project, in which I interviewed employees from government bureaus and public health programs, and observed how the professional midwifery model unfolds in distinct contexts. I also carried out interviews as well as participant-observation with CASA midwifery students and alumni. Moreover, I "shadowed" professional midwives and obstetricians as they engaged with pregnant women in a hospital setting. I have audited professional midwifery courses, engaged in workshops alongside CASA students and graduates, spent time traveling with and closely observing former general director of CASA Sagrario Villareal[2] as she engaged in a full range of professional activities, and traveled with CASA midwifery students to Veracruz where they performed field practice with Nahua *parteras tradicionales* (traditional midwives). In this context, I witnessed the encounters between professional midwives and their "traditional" counterparts, and, subsequently, I returned to the Nahua villages to live with traditional midwives and observe the pre and postnatal care they provide. Additionally, I traveled to the newly established Professional Midwifery School of the State of Guerrero to give a medical anthropology course to current students, and to observe the school operated.

Interviews were semi-structured and lasted from 15 minutes to three hours, with the average being approximately forty-five minutes. I tailored my questions to the interviewees (whether the interviewee was a government employee, a traditional midwife, or a professional midwife/professional midwifery student), often including questions to help me understand the interviewee(s) positionality in society (education level, socioeconomic status, ethnicity, etc.). My questions generally followed these themes: occupation, life history, perspectives on gender, the Mexican health system, positive and negative experiences with birth, and the shifting political climate regarding midwifery. By not over-structuring the interviews, I resisted scripting or leading the informants, allowing them to speak for themselves (Briggs, 1986).

Each day, after concluding in-depth interviews and participant observation, I typed up fieldnotes (Emerson, Fretz, and Shaw, 1995). By the end of the 28-month-research period, my fieldnotes spanned 734 single-spaced pages. My data analysis is derived from detailed entries in my field diary, audio and video recordings from interviews, and digital ethnographic data gathered from social media. Upon concluding my research, I engaged in an iterative process that used open coding to identify emergent themes and synthesize higher order constructs.

Open coding is important because it ensures data-driven analysis. Instead of using data analysis software to search my fieldnotes for repeated terms, I carefully read through my fieldnotes and created notecards for each emergent theme. While this hand coding was labor-intensive, I recognized intersectional linkages between class, gender, and race that qualitative data analysis software would have otherwise missed (Crenshaw, 2014).

All the names that appear throughout this ethnography are pseudonyms, with the exception of humanized birth public figures who I encountered at humanized birth events but were not direct participants of my research. I obtained IRB approval for this research from the University of California Berkeley.

[2] All of the names in this article are pseudonyms.

Different Types of Spaces Converge to Create Places

Contested Space

CASA and its professional midwifery model are unique in Mexico, and they could not exist without the City of San Miguel de Allende. San Miguel, simply put, is a perpetual "contact zone," which make it a fertile (but not unproblematic) ground for the professional midwifery model of health provisioning.

San Miguel is characterized by a large, visible population of semi-permanent resident American and Canadian retirees. These seniors live on a different economic and moral scale than the Mexican locals, and, thus, from the perspective of many Mexican locals, they enjoy the privileges of tourists on an ongoing basis. Urry (2007), referring to Bauman, writes, "The tourists 'pay for their freedom; the right to disregard native concerns and feelings, the right to spin their own web of meanings, "The world is the tourist's oyster [...] to be lived pleasurably and thus [be] given meaning' Both vagabonds and tourists move through other people's spaces, they involve the separation of physical closeness from any sense of moral proximity and they set standards for happiness" (Bauman, quoted in Urry, 2007: 33).

While Urry and Bauman's assessment appears rather harsh, it is true that in San Miguel de Allende two distinct worlds exist: that of American and Canadian long-term residents, and that of Mexican locals. San Miguel is comprised of two distinct moral landscapes, unfolding simultaneously. That is not to say that no wealthy Mexicans live there. However, San Miguel is a booming tourism and retirement destination, and as a result, many San Miguelenses work in tourism and service industries. On the other hand, most tourists and retirees hail from the United States and Canada, leading to the dollarization of the local economy.

In pointing to these two distinct groups, I am not arguing that one group is moral while the other is immoral. Rather, I argue that stark economic disparities have led to two distinct economies, and vividly divergent outlooks on life. Currently, the minimum wage in Mexico is 67 pesos per day (approximately 5 USD). Dinner at a "mid-range" restaurant would easily cost 500-600 pesos per couple, or eight to nine days' wages. Rent for a studio apartment, equipped with American-style conveniences (furnished, television, microwave, Wi-Fi, heating, etc.) costs around 700 USD per month, or what a Mexican local earning minimum wage would earn in six and a half months. Entire neighborhoods and real estate developments, such as Los Frailes and Las Ventanas, are cost prohibitive to Mexican locals—prices are in the hundreds of thousands of dollars, and often extend into the millions—more than Mexican locals earning minimum wage will earn in a lifetime. The percentage of Mexican families subsisting on near minimum wage earnings is high since the service sector is central to San Miguel's economy.

In regard to the weakened acquisitive power of many Mexicans in connection to their wages and increasing poverty, the now president of Mexico, Andrés Manuel López Obrador, writes, "Currently, the earnings per person of 70 percent of Mexicans is less than 2,680 pesos monthly"—a meager 206 USD (López Obrador, 2010: 95-97), and explains that as a result, 41 percent of the economically active population do not earn enough to afford good nutrition. Many Mexican locals are displaced because it is difficult or impossible for them to afford to live in the pricey center of their own town. For example, when I went to visit a well-respected medical professional trained at the prestigious National Autonomous University of Mexico, I passed a gleaming shopping plaza and several luxury resorts to finally end up at his home —a fifteen-feet-wide cinderblock box on a dusty path at the edge of town.

On this note, Urry comments, "Such non-places are spaces: where people coexist or cohabit without living together; they 'create solitary contractuality'" (Urry 2007: 156, referring to Augé, 1995: 94). I place Urry's solitary contractuality in conversation with de Genova's "pluralization of urban space that identifies transnational processes as simultaneously capable of violent disjunctures and creative ferments, both of which are disproportionately felt among the poorest people" (De Genova, 2005: 123). For sojourners, San Miguel de Allende is touted as "The Heart of Mexico," holding the history of the Mexican Revolution. In October 2013, Condé Nast Traveler Magazine Reader's Choice Awards identified San Miguel as the #1 city worldwide, claiming "great atmosphere, excellent restaurants, culture and ambiance galore." However, for

Mexican locals the place is sometimes characterized by "reverse discrimination." While discrimination describes prejudicial treatment towards people of a different social group, "reverse discrimination" refers to discrimination by and towards members of one's own social group.

Sagrario Villareal, former general director of CASA, complained, in one of my interviews, that if she hails a taxi on any street in San Miguel and a white person does likewise half a block ahead, the taxi will pass her up and pick up the white customer. This same phenomenon was readily admitted to me by a taxi driver who often passes up Mexican passengers in favor of "gringo" passengers. He described his actions as *"discriminación reversa"* (reverse discrimination) since he gives his fellow Mexicans inferior treatment, but also explained that for him the determining factor is who is more likely to pay a larger fare. Hence, San Miguel could be considereded as described by Urry: "Cities are becoming [...] less places of specific dwellingness and more organized in and through diverse mobilities and the regulation of those multiple mobilities [...] and the contested placing of people" (Urry, 2007: 148-149).

From my perspective, as someone who has resided in San Miguel for several years, San Miguel is eerily reminiscent of Jamaica Kincaid's Antigua in *A Small Place*. The beauty of its cobblestoned streets and colorful colonial buildings is undeniable. However, like the Antiguans of *A Small Place*, Mexican Sanmiguelenses experience discrimination and corruption as part of their everyday lives.

For Kincaid, Antigua's dilapidated library represents the government's disinterest in educating its people and symbolizes Antiguans' dismal prospects for true independence and prosperity. On the other hand, San Miguel de Allende's Public Library—a beautiful complex with classrooms for workshops, a theater, a café, and a large courtyard with umbrella-covered tables—is actually an NGO largely supported by donations from American and Canadian semi-permanent residents. However, the Municipal Library, a fraction of the size and unknown to many of people living in San Miguel, is located around the corner. At first glance, the Public Library is for everyone (as the word "public" implies)—the library even has a language exchange program connecting foreigners who wish to practice their spoken Spanish with Mexican locals hoping to improve their English. In actuality, any foreigner can sign up for the language exchange, while the program is only accessible to some Mexican locals.

Guadalupe, my former landlady, cleans houses year round for wealthy Americans visiting Mexico several weeks to several months each year, and continues to clean them during the owners' long absences. Guadalupe wanted to improve her English to communicate more fluently with her employers, and having heard of the language exchange program at the Public Library, she went to sign up. Guadalupe described how the library office attendant gave her the once-over, and told her there were no spots available, without even offering to put her on a waiting list. Guadalupe felt the attendant had deemed her "not good enough" because of her modest attire.

After listening to her story, I carried out an experiment: I dressed in modest clothes (an embroidered blouse, a long skirt, and sandals), braided my hair like many rural women, sat down at one of the many empty tables outside the Public Library theater near the café, pulled out a book, and began to read. As a woman with brown skin, dark brown eyes, long black hair, and "exotic" features resulting from my mixed Chinese, Mexican, and Blackfoot Native American heritage, I can pass for an indigenous person. An older American woman was sitting at a nearby table, doing nothing in particular. A café attendant asked her if he could serve her anything. She declined, and continued sitting at the table. The café attendant then asked me if he could serve me anything; I declined. He told me since I was not a paying customer, I would have to leave.

Kincaid describes the colonial possession of Antigua by Great Britain and how this resulted in the subservience of Antigua to England and English culture. Claudio Lomnitz-Adler (2005), de Zavala (1976), and Suárez-Orozco and Páez (2009) all point to the eclipse of European dominance and the simultaneous ascendency of the United States to the post of hegemonic world power as key to how Latin American countries experience the United States. In Mexico, fear of cultural degeneration in the face of ubiquitous U.S. cultural influence is paired with the "sneaking admiration" of U.S.-style modernity. Fitzgerald (2009) points to the plethora of U.S. styles, slogans, and media images that cross into Mexico, and how such styles function as a sort of social capital (Bourdieu, 1986)—a marker of modernity. Not only are these styles imported into Mexico, the United States also influences the way Mexican traditions are celebrated and represented—certain aspects of Mexican culture are stylized for foreign observers. In *Skulls to the Living, Bread to the Dead* (2006), Stanley Brandes discusses how

the Day of the Dead has become a kind of cultural capital used to attract tourism, and benefits the economic, political, and social well-being of towns and the national state. In San Miguel de Allende, this cultural capital is exercised constantly—a multitude of holidays lead to "traditional" parades, fireworks, and celebrations almost every week.

When Mexican president Felipe Calderón inaugurated Rosewood San Miguel, a landmark resort, in March 2011, the spectacularization of the inauguration was for the benefit of potential tourists. There was the sense that the whole world was watching—and Mexican locals were watching too, but their gaze did not count because they could never hope to step inside the doors of Rosewood San Miguel, except as receptionists, waiters, and housekeepers. Ironically, Rosewood San Miguel's philosophy is "a sense of place." In this article, I am attempting to show how, for many Mexican locals, entire zones of San Miguel are characterized by a lurking, and not easily ignored, sense of placelessness. In the presence of so many luxuries in which locals can never partake, except as service workers, locals feel displaced. Pleasant images of San Miguel can be like one-way reflective glass—sojourners may see diversion and relaxation in their own reflection, while Mexican locals watch them being "leisured" through the glass without being able to cross over or see themselves in these moments of enjoyment and ease.

Urry argues that "the performances of place often cannot be realized or there are contested performances or 'emotional geographies' of place" (Urry, 2007: 261, referring to Bondi, Smith, and Davidson, 2005). I suggest that, in San Miguel, the emotional geography is a well-kept secret, and is only momentarily revealed when specific violent acts against foreigners catch media attention. In late January and early February 2011, San Miguel was abuzz after the murders of three elderly U.S. citizens. According to CBS News, "For decades the City of San Miguel de Allende, nestled along the mountainous region of Central Mexico, has attracted scores of Americans, Canadians and Europeans seeking to retire in the mild climate and tranquil, culturally-rich region. But in just the past three weeks, the safe haven community—known for its low crime rates—has been shattered by the unsolved murders of three Americans" (Keteyian, 2011). More recently, in September 2013, a 72-year-old Canadian woman was beaten to death in her home (Gallant, 2013), causing many foreign women, especially those who live alone, to fear for their safety. It was as Urry said: "To be a tourist is to be on the front line in places of positive affect but places that can transmute within a split second into places of carnage" (Urry, 2007: 270).

I do not mean to overemphasize the deep social inequalities that separate sojourners from Mexican locals, nor do I intend to deny locals their agency. While I purposefully resist Urry's notion of "non-place" and the total lack of agency it implies, I emphasize that San Miguel is simultaneously a site of belonging and dispossession. In pointing to the emotional geography of San Miguel, I attempt to demonstrate the disruptive features of foreign and local juxtaposition, while also alluding to the productive possibilities of these encounters. One point of this article is that San Miguel, as a contact zone, makes the production of emergent health models possible—if only through donations of American and Canadian dollars. I hope it is clear that San Miguel de Allende, a place where "traditionality" and "modernity" intermingle, is fertile ground for the production and revision of ideology, especially regarding birth and respect for women's bodies.

I also mean to emphasize the careful and constant negotiation of CASA's work in San Miguel, specifically because of the deeply penetrating divide between people of white and brown skin. Sagrario told me that the American co-founder of CASA is the person who is primarily in charge of fundraising since she is the only one who can. Sagrario commented, "If our founder were not an American but a Mexican woman, our donors would say, 'Oh, that's a nice organization,' forget about us and never donate a single dollar. We could not exist without her." Perhaps her judgment is more black-and-white (or should I say more brown-and-white) than reality, but her frustration points to important lapses in communication between Mexican locals and foreign donors.

Geopolitical Space

Mexico has a decentralized healthcare system, and when pushing for midwifery services as a public good and citizenship-based right, proponents and members of the federal government sometimes encounter obstacles at the individual state level. Mexican Minister of Health Dr. José Ángel Córdova Villalobos has expressed his support for expanding CASA's professional midwifery model to the national level. Four states —Chiapas, Guerrero, San Luis Potosí, and Veracruz— have expressed their

commitment to create professional midwifery schools that replicate CASA's model; and CASA administrators are working with Secretary of Health officials in these states. State lines and the U.S./Mexico border do not block the flow of ideas across geographic space, but they do determine which resources are available to poor Mexican women and have dire effects for maternal and infant mortality.

Transnational Space

The professional midwifery movement in Mexico at once references state and national geopolitical boundaries, while referring to ideology, birth practices, policy, and proven results from abroad. The movement points to the effectiveness of midwifery in reducing maternal mortality in Malaysia and Sri Lanka, and the sustained low infant mortality rates in Switzerland and Holland, where midwifery holds a privileged status and is widely respected as the best and safest way to give birth. Furthermore, the co-founder of CASA is an American woman. She and her Mexican husband founded CASA thirty years ago, and, as a result, an American woman has been one of the most influential leaders in the professional midwifery movement since the midwifery school opened over fifteen years ago. In 2013, the co-clinical director of CASA was also an American citizen. The co-clinical director's social capital (Bourdieu, 1986) and flexible citizenship (Ong, 1999) were evident in November 2011 when she went with several other CASA staff to represent CASA and describe the state of professional midwifery in Mexico at the North America Midwifery Conference in Canada. CASA students are also transnational—while most are from Mexico, several are from Guatemala, Ecuador, Germany, and the United States.

Importantly, CASA's donor network is largely based in the United States. CASA is a physical and metaphysical space forming connections between peoples and social groups that are not based upon propinquity. CASA forms a community between seventy thousand foreign donors and thousands of Mexican recipients, and is tied to many corporations in the United States through financial contributions—over 40 percent of their donations come from American corporations.[3] This community is "real" due to its financial impact, but it is "fictitious" in that donors and recipients do not share a lived reality. This fluid community evidences that, in addition to the corporeal travel of midwifery students and CASA administrators and affiliates, CASA is a site of physical movement of objects (money and other resources), imaginative travel through multiple print and visual media (for example, in pamphlets and solicitations for donations), and communicative travel through person-to-person messages (via email, texts, letters, telephone, and fax). (While imaginative travel implies that the reader/viewer of print and visual media is imagining themselves in the distant location described or depicted in the media, communicative travel is a way to achieve co-presence in the midst of absence through communicative propinquity [Larsen, Urry, and Axhausen, 2006].) CASA is an "assembly of humans, objects, technologies and scripts that contingently produce[s] durability and stability of mobility" (Urry, 2007: 48). CASA's mobility and CASA's positionality within San Miguel de Allende, a transnational site of circulation and unrelenting movement, make the professional midwifery model of care mobile—so much so that in September 2011, Ministry of Public Health and Population in Haiti and Mexican Subministry of Health Prevention and Promotion agreed to send two to four Haitian women to learn professional midwifery at CASA in order to reproduce its model in their home country.[4]

Gendered Space

I suggest the professional midwifery movement, in itself, represents a gendered space. Women are the primary proponents of humanized birth and midwifery, and have taken the lead in bending and reshaping gendered space at the moment of birth.
Arianna, a guest instructor at CASA, described one particularly long, arduous birth. The mother, exhausted from hours of pushing,

[3] Personal communication with Sagrario Villareal, March 2011. Villareal was general director of CASA at the time.
[4] Personal correspondence with Sagrario Villareal, September 2011. Villareal was the advisor for Mexico's National Center for Gender Equity and Reproductive Health, a sub-bureau of the Ministry of Health at the time.

fell into a deep slumber as soon as the baby was born. Arianna recognized the baby would benefit from the "Kangaroo method" (skin-to-skin contact during the first hours and days of life), and since the mother was asleep, she asked the father to provide warmth to the baby. She said to him, "Take off your shirt." He was befuddled by her request, but after she explained the importance of skin-to-skin contact during these first hours, he reluctantly complied. She placed the newborn baby on his chest and covered them both with a blanket. The father was so moved by the novel experience of having his newborn baby in his arms that he began sobbing. Although the baby was his third child, this was his first experience holding a newborn.

I interviewed Doña Alejandra in summer 2011 and again in fall 2013. She began as a traditional midwife, later sought and received professional training from an American professional midwife, and subsequently became a teacher and administrator at CASA (for Alejandra's full story, see Mills and Davis-Floyd, 2009). She is now clinical director at Professional Midwifery School of the State of Guerrero. Doña Alejandra teaches midwifery students how to protect the birthing woman from harmful family pressures, while simultaneously working to involve the father in the birth process; i.e., not to be afraid to ask disruptive family members to "go to the reception area and guard the front door." Doña Alejandra is reshaping the Mexican medical imaginary of childbirth, starting from within the family. (I use the term "imaginary" in the same sense as Mignolo, 2000, and Glissant , 1997. The imaginary is constituted of all the possible ways a culture can perceive and conceive of the world. The imaginary is sociohistorical, as opposed to individual.)

Similarly, while in the Nahua Mountains of Veracruz, I observed Eugenia, a *partera tradicional* (traditional midwife).[5] Eugenia explained that when she attends births, she strictly prohibits all family members, except the birthing woman's husband and mother, to enter her "clinic" (a room inside her home reserved specifically for birthing). It is customary for birthing women to arrive at Eugenia's home in the middle of the night, at the brink of delivery, with more than a dozen family members in tow. Eugenia has physically blocked the door to keep prying family members out. Over the years she has saved up enough money to deal with this problem more diplomatically: she has built a porch in front of her home-clinic and filled it with numerous chairs, and when families arrive, she invites them to sit on the porch. In doing so, she is rescripting her local villagers' medical imaginary of childbirth as a private experience, and a ritual moment in which the birthing woman's comfort is primary. Without ever using this vocabulary, Eugenia is impelling her local villagers to envision birth with a human rights and gender equity perspective. I argue sexual reproduction is a potent site of social (re)production, and in these concrete, middle-of-the-night moments, Eugenia is engaging her fellow villagers in a collective agreement about women's rights and men's responsibilities.

Embodied Space

I point to embodied space to ask how transnational and national politics are embodied during pregnancy and birth. Also, I suggest the body is, in itself, a site of meaning-making and contestation, and point to the ways political economy, often penetrated with ethnic inequality, is located in the body (Scheper-Hughes and Lock, 1987). That is, the distribution of wealth and poverty is, in every sense, political—it reflects a society's unequal valuation of different ethnicities, which is then inscribed onto the body, where it manifests as health or illness, vitality or suffering.

Anecdotally, to illuminate this last point, I will share my observations while attending a workshop for traditional midwives given by the Mexican Institute of Social Security in Zongolica, Veracruz. Natividad and María Elena, traditional midwives, recounted how the neglect by medical doctors and staff led to the unnecessary death of an indigenous teenager's baby. The seventeen-year-old arrived at the hospital in active labor, but the nurses refused to attend to her. The desperate mother rushed into the restroom and gave birth to a stillborn child, into the toilet. Having never been assigned a hospital bed, she left pools of blood

[5] Doña Eugenia describes herself as a "partera tradicional." In this article, I use the terms that individuals use to describe themselves.

on the hallway floor; a nurse scolded her for making a mess and forced her to clean it up. The hospital director asked for the community worker's name. When they answered with the female indigenous community worker's name, he nodded, as if to say, "Ah, yes," and noted this worker had been involved in several unfortunate cases. If this worker had got the birthing mother to the hospital sooner, he suggested, the case would not have ended tragically. He assured the midwives he would reprimand this worker. While this resolution appeased the midwives somewhat, I was less satisfied. By a sleight of hand, the female indigenous community worker became the scapegoat for a health system that is failing at multiple levels. The hospital director quickly redirected the workshop attendees away from this "disruptive" anecdote; however, the incident lingers in my mind.

The woman's hemorrhage and her infant's life-that-never-was had been the site of contestation, but were not the real objects of the debate. Through this heart wrenching experience, Natividad and María Elena were demanding from the director, in front of their fellow workshop attendees, for the dismantling of intersecting inequalities (race, class, and gender), authoritative knowledge (Jordan, 1992), and abusive power. This anecdote, also an example of contested space, echoes Nazar-Beutelspacher's *et al.* (2007) assertion that in Mexico, the approach of institutional services to indigenous populations is an encounter between two cultures, and is embedded in unequal relations with respect to the value of knowledge and distinct medical practices.

However, the body can also become a site for empowerment and for departure from biomedical hegemony. In August 2013, I interviewed Sofía, a mother of three. After having two cesarean sections and being told "once a cesarean, always a cesarean" by obstetricians, Sofía met Juana and Elena (CASA graduates) during her eighth month of pregnancy. During all three pregnancies, Sofía's doctors had labeled her body as a source of risk to be managed by modern medicine (see Davis-Floyd, 2003). María and Lupita told Sofía that while there are some risks, they are confident about attending natural, vaginal births in women with prior cesarean sections. Sofía felt an immediate connection with these two professional midwives, and several weeks later gave birth to a healthy baby boy in an inflatable tub at home.

Sofía and her husband are owners of a cloth diaper manufacturing company, and Sofía uses the company as a platform for educating other women about their birthing options. Since her baby boy's birth less than a year ago, five other mothers with prior cesarean sections have given birth naturally, without complications. Thus, Sofía's body ceased to symbolize risk and came to symbolize empowerment—the power to inscribe meanings on her body was wrested away from physicians and reclaimed by Sofía, who is now empowering other women.

The Importance of Place

Ethnographic anecdotes from the previous section demonstrate that it is extremely important to account for the importance of place when adapting a model from one social and geographic context to another. In the case of CASA's professional midwifery model, San Miguel de Allende does not exhibit the same advantages and challenges as the States of Guerrero, Veracruz, San Luis Potosí, and Chiapas, or the Republic of Haiti. This is not to say CASA's model does not provide important lessons for other places seeking to reduce maternal and infant mortality by using the art of professional midwifery and the ethos of humanized birth—it is simply to say that the model must be adequately adapted for each specific social and geographic context. This can and should be accomplished by equitable inclusion of local people in the planning and implementation of the model within the local environment.

My assertions are supported by observations at the burgeoning midwifery school in Guerrero, modeled after CASA's academic curriculum. The Guerrero school is a public institution largely supported by state funds. While the school is located in an "out of the way" place where there is a significant need for professional midwifery, it would be rather difficult to fundraise enough money from foreign donors to sustain the school if it were part of an NGO. In my opinion, adaptations of the CASA model at the Guerrero school are very positive since (1) students are recruited locally and, thus, more likely after graduation to practice midwifery in the same region as the school where there is more need; (2) the use of government funds relieves the pressure of fundraising and NGO-related worries about sustainability; (3) in the long run, graduates from

a public midwifery school will hopefully have brighter prospects for job placement (especially in government hospitals); and (4) the location of the school is more appropriate for its ultimate purpose of lowering maternal mortality while reducing destructive feelings of displacement, meaning the professional midwives will be better situated to use their skills as health professionals and human rights defenders to effectively reduce gender, ethnic, and class-based inequalities. At the time of writing, the Professional Midwifery School of the State of Guerrero in Tlapa has sixty-two students. These students are of indigenous descent, and many speak indigenous languages. They were selected from Guerrero's Mountain and Costa Chica regions, and it is hoped they will practice professional midwifery in these regions after graduation.

While visiting the Guerrero school, Sagrario shared with me some of its unique challenges when compared to CASA. CASA students enjoy many workshops given by guest instructors, many of whom are foreigners and/or people who travel long distances to share in the birth model emerging from CASA. While the Guerrero school has been open since August 2012, and despite Sagrario having invited different people to teach workshops, I am the first person to have made the trip. Tlapa, a small city tucked into the mountains, is a nine-hour "direct" bus ride from Mexico City, and a sixteen-hour bus ride from San Miguel, including connections in Querétaro and Mexico City. The mountainous journey is treacherous, with many nausea-inducing curves. Furthermore, with no touristic attractions, scarce accommodations, and a reputation for violence, the Tlapa region is unattractive to those not committed to visiting the school. For these reasons, students at the Guerrero school have had a drastically different experience than their CASA counterparts—specifically, their experience is less transnational and more local.

While entrance requirements for both schools are the same, almost all students at CASA have attended high school, some have attended college, and one particular student has even attended graduate school. In Tlapa, the students are divided between those who have only studied up to secondary level, and those who have studied at high school level. None of them have attended college or graduate school. Their lower level of education, combined with their lack of travel outside the Mountain and Costa Chica regions of Guerrero, give these students a different perspective when compared to CASA students. While Guerrero students are from indigenous communities and therefore more adept at connecting with them, they also have a more limited range of experience, and this is reflected in their academic performance. As a result, instructors at the Guerrero school have had to adapt the CASA curriculum for the learning styles of Guerrero students.

Conclusion

In this paper, I have attempted to demonstrate, through ethnographic examples, how different types of space converge to produce specific places. More specifically, this article points to five different types of space: contested, geopolitical, transnational, gendered, and embodied. In essence, these different spaces map onto socioeconomic and geo-racial grades in ways that produce wholly distinct places for individuals with contrasting positionalities in society. That is, spaces become places when they are *experienced* by individuals based on their intersectional position in society (Crenshaw, 2014). Every place is made through the convergence of multiple spaces—a process that reflects the contested values, multiple knowledges, various customs, and fluctuating politics of the people who inhabit, occupy, and traverse it. Stated differently, it is the (un)equal inclusion and valuation of people, their experiences, and their knowledges, within spaces that bring places into existence.

With all of this in mind, in order to be successful, models must be adapted to social and geographic contexts (I offered the example of the Guerrero school to illuminate this point). That is, when extracting existing models from one local context and implementing them in another, it is essential to involve local people and adapt the model to local realities. Practices and models—in the realm of health and otherwise—are successful when they are congruent with the place where they unfold. Those that are incongruent with the place—that is, those that are incommensurable with the values, knowledge, customs, and politics of the place—are destined for failure. The underlying cause of this failure is a fundamental disconnect between the model or practice and the people whom it intends to engage.

In order to improve the likelihood of success of models and practices, I suggest that program planners resist decontextualized approaches. This is a valuable insight for all areas of public policy and for an increasing number of transnational organizations in our ever-globalizing world. Instead, program planners must pay greater attention to how contested, geopolitical, transnational, gendered, and embodied spaces are mapped onto one another to create unique places. That is, by turning to the "organic intellectualism" (Gramsci, 1989) of people within distinct places and developing true community partnership, program planners can create place-based programs more productively and appropriately. These programs will, in turn, be more efficient and successful.

However, similar to Tuhiwai Smith's (2012) arguments about the decolonization of research methods, this place-based, people-first approach requires a total transformation of how program planning is conducted. Incorporating features that reflect unique characteristics of the place and its people by simply modifying an existing model or practice can be wasteful, ineffective, and, in the worst cases, can even exacerbate existing inequality. Therefore, community partners must be engaged as equals during the earliest stages of program planning. This means that before the planning process even begins, a planning team must be comprised to equitably include individuals who belong to the place where the program will be implemented. Equitable inclusion means that the knowledge and expertise of each contributor is valued and respected, and is thus reflected in the way the program is conceived and designed. The "local" members of the team possess place-based knowledge that is invaluable to the success of the program; therefore, their expertise is equal or more valuable when compared to their non-local counterparts. Place-specific factors, and therefore the people in a place, need to lead the planning and implementation process since this will not only guarantee greater success, but also greater social justice.

References

Augé, M. (1995). *Non-places: Introduction to an Anthropology of Supermodernity*. London: Verso.

Bauman, Z. (1993). *Postmodern Ethics*. Oxford: Blackwell.

Bondi, Liz, Mick Smith and Joyce Davidson (2005). *Emotional Geographies*. Aldershot: Ashgate.

Bourdieu, P. (1986). "The Forms of Capital," in J. Richardson (ed.), *Handbook of Theory and Research for the Sociology of Education*. New York: Greenwood, pp. 241-258.

Crenshaw, K. (2014). "The Structural and Political Dimensions of Intersectional Oppresion," in P. R. Granzka (ed.), *Intersectionality: A Foundations and Frontiers Reader.* Boulder: Westview Press.

Cruz Martínez, Ángeles (2011). "Hay que preparar más parteras para reducir muerte materna: experta," *La Jornada*, 28 December, in <http://www.jornada.unam.mx/2011/12/28/sociedad/033n1soc>, consulted 31 December 2011.

Davis-Floyd, R. (2003 [1992]). *Birth as an American Rite of Passage*. Berkeley: University of California Press.

De Genova, N. (2005). *Working the Boundaries: Race, Space, and "Ilegality" in Mexican Chicago.* Durham: Duke University Press.

Fitzgerald, D. (2009). *A Nation of Emigrants: How Mexico Manages Its Migration*. Berkeley: University of California Press.

Gallant, Jacques (2013). "Mexican Police Suspect Robbery Was Motive in Brutal Beating that Killed Canadian Artist", *The Star,* Sept. 27, in <https://www.thestar.com/news/crime/2013/09/27/mexican_police_suspect_robbery_was_motive_in_brutal_beating_that_killed_canadian_artist.html>, consulted .

García Canclini, N. (2005). *Hybrid Cultures: Strategies for Entering and Leaving Modernity*. Minneapolis: University of Minnesota Press.

Glissant, E. (1997). *Poetics of Relation*. Ann Arbor: University of Michigan Press [1990].

Gramsci, A. (1989). *Selections from the Prison Notebooks*. New York: International [1971].

Jordan, B. (1992). *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*, 4a ed. Long Grove, Illinois: Waveland Press.

Keteyian, Armen (2011). "Mexican Murder Mystery: Three Americans Dead in Last Three Weeks," *CBS News*, 15 February, in <http://www.cbsnews.com/8301-31727_162-20032001-10391695.html>, consulted 2 April 2011.

Kincaid, J. (2000). *A Small Place*. New York: Farrar, Straus and Giroux.

Larsen, J., J. Urry, and K. Axhausen (2006). *Mobilities, Networks, Geographies*. Burlington: Ashgate.

Lomnitz Adler, C. (2005). *Death and the Idea of Mexico*. Brooklyn: Zone.

López Obrador, A. M. (2010). *La mafia que se adueñó de México... y el 2012*. Mexico City: Grijalbo Mondadori.

Low, S., and D. Lawrence-Zúñiga (2003). *The Anthropology of Space and Place: A Reader*. Oxford: Blackwell.

Mignolo, W. (2000). *Local Histories/Global Designs: Coloniality, Subaltern Knowledges, and Border Thinking*. Princeton: Princeton University Press.

Mills, L., and R. Davis-Floyd (2009). "The CASA Hospital and Professional Midwifery School: An Education and Practice Model that Works," in R. Davis-Floyd, L. Barclay, B. Daviss, and J. Tritten (eds.), *Birth Models That Work*. Berkeley: University of California Press, pp. 305-336.

Munn, N. (1996). "Excluded Spaces: The Figure in the Australian Aboriginal Landscape," *Critical Inquiry,* 22: 446-465.

Nazar-Beutelspacher, A., B. Salvatierra Izaba, and E. Zapata Martelo (2007). "Atención del parto, migración rural-urbana y políticas públicas de salud reproductiva en población indígena de Chiapas," *Ra Ximhai*, 3: 763-779.

Ong, A. (1999). *Flexible Citizenship: The Cultural Logics of Transnationality*. Durham, NC: Duke University Press.

Richardson, M. (1984). "Material Culture and being-in-Christ in Spanish America and the American South," in *Built Form and Culture Conference Proceedings*, October 18-20. Lawrence: University of Kansas.

Richardson, M. (1982). "Being-in-the-Plaza Versus Being-in-the-Market: Material Culture and the Construction of Social Reality," *American Ethnologist*, 9: 421-436.

Rockefeller, S. (2003). "Where Are You Going," in *Work, Power and Movement in the Bolivian Andes.* Chicago: University of Chicago Press.

Scheper-Hughes, N. and M. Lock (1987). "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology," *Medical Anthropology Quarterly*, 1(1): 6-41.

Sheepers, L. (2004). "Jidda: The Traditional Midwife of Yemen?," in E. Van Teijlingen, G. Lowis, P. McCaffery, and M. Porter (eds.), *Midwifery and the Medicalization of Childbirth*. Hauppauge: Nova Science.

Suárez-Orozco, M., and M. Paéz (2009). *Latinos: Remaking America*. Berkeley: University of California Press.

Tuan, Y. (2001). *Space and Place: The Perspective of Experience.* Minneapolis: University of Minnesota Press.

Tuhiwai Smith, L. (2012). *Decolonizing Methodologies: Research and Indigenous Peoples*. New York: Zed Books.

Urry, J. (2007). *Mobilities*. Cambridge, UK: Polity Press.

Zavala, L. de (1976). *Obras, Viaje a los Estados Unidos del Norte de América*. Mexico City: Porrúa.