



Delivering the Future

by Anne L. Thompson, Communications Assistant

All photos courtesy of CASA

When Aurora Lucio went for her prenatal checkup at a local clinic in San Miguel de Allende, a rural town 180 miles northeast of Mexico City, the doctor told her that her baby would have to be delivered by caesarean section. Her first pregnancy had been a C-section, and her doctor wanted to operate on her once again.

But Lucio wasn't convinced. She decided to visit another local clinic, Centro Para los Adolescentes de San Miguel de Allende, or CASA, which is known for having much higher rates of natural birth than the Mexican average. Lucio was already acquainted with the organization because a few years prior CASA had helped her complete her middle school education.

At CASA, Lucio was attended by a traditional midwife and gave birth to a healthy baby boy through natural birth. The following year she returned for another successful natural birth. Both deliveries were under two hours, with no complications. Lucio was delighted with the medical care she received at CASA. "I am so happy I had my children in natural birth, very, very happy," said Lucio. "My mood has been much better. It has changed an aspect of my life, the way I see things. It is so wonderful."

If you have uncontrolled, rampant population growth, that's going to have a negative affect on your ambiance, your environment.

***—Nadine Goodman
Executive Director of CASA***

Antonia Cordova attended Lucio's two deliveries at CASA. A midwife since 1985, Cordova first found out about CASA when she attended a discussion on sexual health led by the organization's peer counselors at her niece's house. The informal discussion taught her a lot about sexuality and the human reproductive system, so she gathered a group of midwives to attend more talks. She and the other midwives were especially interested in gaining access to contraceptives that would not interfere with lactation. As Cordova became more involved with CASA, she began pushing for the formation of a formal training program for midwives. At the time, CASA focused almost exclusively on sexual health education and family planning.

Cordova, like the vast majority of midwives in the world, learned how to deliver babies through a little bit of guidance and a lot of experience. "I consider myself a traditional midwife," she said. "I did not go to a school for midwifery, but I learned through various methods. First, I learned on my own in order to meet the needs of the women. Second, I sought support from public institutions here in San Miguel de Allende. Later, when I got to know CASA, I learned about subjects such as

anatomy and physiology and the male and female reproductive systems, which are things that I had not learned about before.”

Cordova wanted other midwives to have access to the same information that she had received at CASA. Cordova and CASA's executive director, Nadine Goodman, spearheaded an effort to put together a course on professional midwifery, and in 1991 Patricia Kay, a U.S.-trained midwife living in Morelos, Mexico, began teaching a midwifery course to 26 midwives at CASA. One weekend a month for three years, the midwives of San Miguel de Allende gathered for courses in reproductive health. By 1994, the midwives were ready to open the family health center and teaching maternity hospital where Aurora Lucio gave birth. It is the only facility in Mexico where professional midwives, as defined by the World Health Organization (WHO), work together with physicians, nurses, and traditional midwives.

CASA broke ground again three years later when it opened the first and only government-accredited Professional Midwifery School in Mexico. According to Cordova, the school was created with the goal of keeping the midwifery profession alive in Mexico. “We opened the midwifery school because although there were still midwives, they were getting older. It seemed like all the midwives were disappearing and there weren't any new ones to replace them.”



Antonia Cordova teaches midwifery students about herbs used by traditional midwives.

The program consists of three years of instruction on the modern biomedical model, clinical training, and an apprenticeship with a traditional Mexican midwife. The curriculum follows the international standards set forth by the WHO and includes family planning, reproductive health, and vacuum manual aspiration (a procedure used to stop hemorrhaging caused by miscarriage or incomplete abortion).

Like Mother, Like Daughter

Sinaí Hernandez Rodriguez, a student in her final semester of the midwifery school, is following in her mother's footsteps. But unlike her mother, who learned traditional midwifery from her godmother and occasional classes at the local health center, Hernandez will complete three years of courses and one year of service to become a professional midwife. She decided to enroll in the school so that she “could be more prepared to handle emergencies.” When she finishes her schooling this spring, Hernandez plans to “go to work in my community, attending all the people that are waiting for me, because there are many people waiting for me. My mom's getting older and I don't think that she can attend everyone anymore. Now it's my turn to attend to her people.”

Nineteen women have graduated from CASA's professional school of midwifery since it opened. Their success has been an uphill battle though, with the school facing constant opposition from the government and other medical professionals. Health authorities refused to designate the maternity hospital as an authorized training facility until 2002, eight years after it opened. The federal government continues to make it very difficult for CASA's students to complete the mandatory year of social service Mexico requires of all medical professionals by denying the school the federal authorization necessary to allow students to complete their service anywhere besides the CASA hospital itself.

Why have CASA's traditional midwifery programs spurred so much controversy? For starters, “because midwifery is talking about women making their own decisions,” said Goodman. “Midwifery is one and the same as women's empowerment. It's women deciding if they want to get pregnant, how they want their pregnancy



to be, and how they want their birth to be.” Midwifery allows poor, indigenous women in rural communities to provide an effective, low-cost service to their communities, reducing their dependence on male doctors from the city.

Midwifery also challenges the high rate of C-sections and other interventions that are the norm in Mexico. Almost 40 percent of births in Mexico are C-sections, three times the healthy norm identified by the WHO. Until the mid-1990s, the government promoted caesareans as a method to reduce infant mortality, and medical training in Mexico places a great emphasis on birth interventions. In 2002, CASA had a caesarean rate of just 9.4 percent, one-fourth the national average.

Talking with Teens

Nadine Goodman arrived in San Miguel de Allende in 1981 with the intention of learning Spanish and then moving back to the U.S. where she was working as a social worker. But she quickly became involved in the local community, and before the end of the year she and her husband Alejandro had founded CASA with a \$3,000 grant from the International Planned Parenthood Federation. CASA grew out of conversations about reproductive health that Nadine had with young people in the community. “Teenagers came over to my house, asking for advice, trying to get information in a non-judgmental environment, and it took off from there,” said Goodman.

Community education about reproductive health and family planning has been at the core of CASA’s efforts ever since. CASA’s peer counselor program now reaches 30,000 people a year with health education and

family planning, empowering young people, and advancing the goal of reducing the number of unplanned pregnancies, especially among adolescents. The peer counseling program places a special emphasis on reaching marginalized rural communities throughout the Mexican countryside. While health indicators have risen overall in Mexico over the last few decades,

The Mexico Miracle: A Demonstration of Positive Population Policy

- The total fertility rate in Mexico has fallen from 7.2 in the early 1960s to 2.8 today, one of the quickest declines in history.
- The General Population Law of 1947 encouraged high fertility, creating health regulations prohibiting the sale and use of contraceptives and criminalizing abortion. Mexico’s population nearly doubled in 20 years, from 28 million people in 1950 to 51 million in 1970.
- In 1974 the government reversed its population policy, instituting significant measures to stem the country’s rapid population growth, including a widespread media campaign to educate Mexicans about family planning. Modern contraceptive methods became available free or at low cost through government-sponsored health institutions.
- The new population policy saw the proportion of married women of childbearing age using methods to regulate their fertility rise from 30 percent in 1976 to almost 71 percent in 2000.
- Even with the decrease in fertility rates, Mexico’s population is expected to grow by over 40 million by 2050.

Left: Peer counselors take weekly trips to remote rural villages to educate communities about sexual health, provide family planning services, and collaborate on environmental projects.

many rural areas still face tremendous health crises. Peer counselors travel each week to poor, remote villages giving talks, providing family planning counseling, distributing free contraceptives, and working with the community to construct latrines, build fuel efficient stoves, restore rivers, and reforest.

Peer Counselor Director Irma Salas says that the lack of information and knowledge about reproductive health in the community is the biggest challenge that CASA faces. “The women lack a lot of information about the importance of prenatal care, about the importance of an HIV test, about the importance of a pap smear. I think if the women had more information about these subjects and were more conscious of the importance of these activities, their health would improve a lot. I think that these days getting access to services is much easier than it was 10 years ago, but the educational and cultural barriers prevent those services from being used as they should be.”

With the aim of breaking down these educational and cultural barriers, peer counselors visit Leon Morales Gonzalez’ elementary school classroom in San Miguel de Allende once a week to hold workshops on sexual health, general health, and drug prevention. After school, the peer counselors gather the parents to discuss the same issues. Morales’ school is one of more than 500 that have been host to CASA’s peer counseling program since 1981. Morales said that the information CASA brings is critical to the education of his students. “A child that is well-informed, that understands his body and how it works, is a child that is going to do well and is going to develop and mature more easily.”

The program is also a valuable experience for the teens that work as counselors. “The majority of the peer counselors are young people who have had problems with violence, early pregnancies, drug use, that have left school, that are at risk, and have been in crisis,” explained Salas. “They look for a place at CASA first because of economic need, but during their time here they realize that there are

other things that give them strength. The objective of the program is to have two impacts: one in the life of these young people, and another in the lives of the people that they serve.” In exchange for their service to the community, peer counselors receive a stipend equivalent to minimum wage, medical attention, child care, counseling services, vocational training, and the opportunity to continue their education through equivalency programs.

“Cristina” is 18 years old and enrolled in the peer counselor program after her friends who worked at CASA encouraged her to apply. She is currently taking a yearlong course for peer counselors on gender, sexuality, and sexual health. “The program has helped me so much because I have learned so many things that I didn’t know before. I feel like I am a new person after attending the classes because I’ve learned so many things about my body, sexually transmitted diseases, and health.”

Before coming to CASA, she had never discussed sexual health with her family. “It almost pains us to talk about these things because we are reserved when



Peer counselors and midwifery students create t-shirts portraying their thoughts about violence for the Clothesline Project, an international program that combats domestic violence.

it comes to talking about sex and sexuality.” But now Cristina feels comfortable enough to talk openly with her family about these issues. “I talk with them and I tell them things that they might not have known. I share this with them and they understand me, and little by little we are opening our minds to understand these subjects.”

An evaluation carried out by a team headed by Dr. Enriqueta Valdez Curiel of the School of Medicine at the University of Guadalajara found that CASA has a strong educational impact on the people it reaches. Preliminary results show that among CASA’s female family planning clients, 75 percent first learned about family planning from CASA, 61 percent first learned about sexually transmitted diseases from CASA, and 84 percent reported that CASA is where they learned that men and women have the same rights.

The Population Connection

The philosophy motivating CASA includes the belief that uncontrolled population growth hurts the environment and prevents sustainability. “If you have uncontrolled, rampant population growth, that’s going to have a negative affect on your ambiance, your environment,” said Goodman. “We talk about that all the time, as well

as about over-consumerism and other dynamics that contribute to the lessening of sustainability and the destruction of the planet.”

Through its multiple programs that work to empower and educate individuals and increase their access to family planning, CASA has been part of the extensive efforts that have greatly reduced Mexico’s fertility rates. Total fertility rates have fallen from 7.2 in the early 1960s to 2.8 today.

Armed with a budget of roughly \$700,000, made possible by gifts from foundations and private donors, CASA reaches 50,000 people with its services each year. Over 22 years, the organization administered 3,648 free HIV tests, gave 143,193 medical consultations, and provided full birth services and maternity care to 4,029 women. CASA has distributed free family planning methods to 134,434 people and provided free surgical contraceptives to 542 individuals. By empowering individuals to exercise their reproductive rights and plan their families, CASA is making the population connection. “I love helping women deliver their babies,” said Cordova. “But above all, I love being part of an organization that fights for the rights of women.”

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Marchers begin a 55-mile walk to raise funds for CASA’s domestic violence pro-