



## Understanding, Respecting, and Honoring Traditional Partería

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In rural areas of Colombia, Traditional Parteras, or Traditional midwives, use traditional methods to provide reproductive and maternal health care to underserved communities. They are often trusted fixtures of their communities, and are found at most births that do not have a physician present.

Yet, their contribution to not only to the health of families, but to the longevity and sustainability of their communities, is often overlooked. Historically, reproductive health practices specific to indigenous cultures have been stigmatized and delegitimized with the introduction of conventional Western medicine, leading to those practices' rejection and marginalization. In the case of Traditional Parteras, the dominance of Western medicine threatens this culturally important practice and puts vulnerable communities—many of which cannot be reached by the formal, professionalized healthcare system—at risk. Promisingly, there are concrete steps that the medical community can take to support pro-Traditional Partería policies and to generate the interchange of knowledge between the formal and the traditional healthcare systems that cohabit in Colombia and in other countries.

### Serving Their Communities

Centuries of territorial segregation have led to the ostracization of indigenous communities in Colombia. They are isolated in the north desert, east to the mangroves, and south into the Amazon rainforest, and for women that need to access health care, traveling from remote rural areas in highlands to big cities is not feasible. In rural zones, access to healthcare services is not only geographically limited for rural residents, it is also expensive. Due to difficult access, armed conflict in the country, and a lack of adequate health care services, maternal mortality in rural Colombia is one of the highest categories in comparison with urban regions, and consistently under-registered at that. In rural Colombia, Traditional Parteras are the only healthcare providers for most of the population.

Traditional Parteras in Colombia are mostly present in the Western Pacific Region, accounting for approximately one million inhabitants, of whom 90% are Afro-descendants. In this region, gestation and birth are celebrated by the entire community and have a strong cultural component that is poorly addressed by the formal healthcare system. Women's sexual and reproductive life in the Pacific is considered a set of events that other women's knowledge and experience must surround, and the practices are usually passed down from woman to woman.

### The Western Response and the Path Forward

There have been attempts, in some areas, by the formal healthcare system to both acknowledge the value the body of knowledge presented by Traditional Partería. For some, it is important to work together with the

formal healthcare system to identify high-risk pregnancy symptoms in order to help women deciding to seek appropriate medical help for an obstetric emergency, and to contribute to the community being able to reach an appropriate obstetric facility.

However, the relationship between the formal healthcare system and Traditional Partería has been strained, especially as the World Health Organization (WHO) dismisses Traditional Parteras' skills. The organization recognizes what it calls "Traditional Birth Attendants," which it classifies into two types: skilled and non-skilled. Critically, the determining factor for "skilled" Traditional Birth Attendants is whether they have acquired conventional/Western medical training and abilities.

This imposed classification and terminology perpetuates the inequalities and disparities that generate discrimination against traditional and ancestral healthcare providers like Traditional Parteras. Therefore, a reconceptualization of the Traditional Birth Attendant term, as well as the skilled/unskilled binary, is an urgently needed first step in [destigmatizing Traditional Partería globally](#) and changing the narrative around non-Eurocentric medical practices. Global norm-setting medical bodies and Colombian practitioners from all traditions should work together to generate an adequate and culturally congruent interchange of knowledge in Traditional Parteras' own world perspectives to support the health of rural people while protecting this ancestral practice.