

Maternal Health of Indigenous Women in Southern Mexico

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Abstract

Indigenous women in southern Mexico have poor maternal health due to poverty, lack of education, lack of transportation resources and shortage of medical staff in rural areas. Government programs such as Conditional Cash Transfer programs like *Opportunidades* in Mexico have been implemented to help families send their children to school, provide them with money to buy food and acquire health services, however this program has not been able to specifically address the issue of high maternal mortality rates in the indigenous population of southern Mexico. In Oaxaca , Mexico the NGO GESMujer has been established to support women by providing them with services like psychological and legal consultations and workshops that inform them about sexual and reproductive health , gender equality and prevention of interfamily violence. Furthermore, NGOs like GESMujer not only provide services that lead to the reduction of maternal mortality rates , but they also provide an avenue of awareness of women's rights and give moral support to women who are facing tough situations .

Background

Factors that Affect Maternal Health:

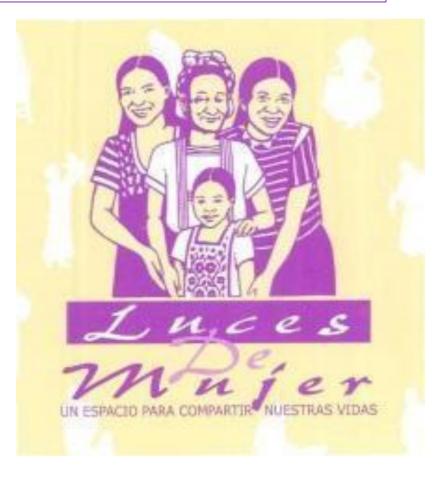
- poverty
- lack of education
- shortage of medical staff in rural areas

Facts:

- Maternal mortality rates in Oaxaca, Mexico are twice as high than those of the national average
- In Chiapas, Mexico there is only about one doctor per 3,000 people
- In Oaxaca there is only one hospital bed per 1,000 people
- Indigenous women in Oaxaca are three times more likely to die from childbirth than non-indigenous women







GESMujer

- NGO program in Oaxaca
- Advocates for women's human rights
- Researches and spreads knowledge about political, economic and legal inequities
- Mission: to strive for the well-being of women in order to help build a society where men and women have equal rights
- Provide psychological and legal consultations, group talks and workshops to educate women about sexual and reproductive



Tables

| | | Subtestal |
|--|--------|-----------|
| Coune | Number | No. (%) |
| 1. Homorrhage | | 34 (30.9) |
| a) Placental complications | 13 | |
| (placenta previa, placenta | | |
| accreta, abruptio placentae) | | |
| h) Peripurtum hysterectomy | 9 | |
| c) Uterine atony | - 2 | |
| d) Other | - | |
| 2. Complications associated | | 34 (28.2) |
| with procdampsia oclampsia | | |
| a) Cerebrovascular complications | 23 | |
| b) Disseminated intravascular | 3 | |
| coegulopathy | - | |
| c) Pulmonary edema | 3 | |
| 3. Infection | | 12 (10.9) |
| a) Septic shock | 12 | |
| 4. Complications associated with | | 11 (28) |
| heart diseases | | |
| a) Heart failure | 10 | |
| b) Pulmonary odoma 5. Embolism | | 8 (7.3) |
| a) Thrombotic | - | 447.25 |
| by Americaic fluid | 7 | |
| 6. Other | | 14 (12:7) |
| a) Complications associated | 4 | 1441777 |
| with Ever discases | - | |
| b) Acute pancreatitis | 2 | |
| c) Other medical conditions | | |
| Total | 110 | 110 (100) |
| - 5-man | | |

Table 1. Causes of Maternal Deaths (r = 10)

The table on the right shows the significant factors that lead to the high maternal mortality rates of indigenous women.

The table on the left shows the main causes for maternal mortality rates in indigenous women.

Table 3. Adjusted Odds Ratios for Significant Risk Factors (n = 550)

| Factor | Odds Ratio | 95% CI |
|---|------------|-----------|
| Maternal age | 1.1 | 1.0-1.1 |
| Marital status | 16.2 | 1.3-196.1 |
| Number of antenatal visits | 1.3 | 1.0-1.6 |
| Preexisting medical conditions | 23.3 | 6.6-81.6 |
| Obstetric complications in previous pregnancies | 28.3 | 4.9–163.0 |
| Mode of delivery | 1.6 | 1.0-2.4 |

Strategies

- 1. Psychological and legal consultations
- 2. Group talks and workshops to promote gender equality, and information about sexual and reproductive health and women's rights.
- 3. Projects:
- Mujer Salud y Communicacion researches the sexual and reproductive health of women in five regions of Oaxaca.
 Information is disseminated through a series of three videos called "Nuestras Vidas Compartidas" and twenty audio programs called "Luces de Mujer"
- Paso a Paso Cuida el Embarazo is a project that addresses the issue of maternal mortality in the indigenous and migrant population

Conclusion

With the collaboration of NGOs, the government and the community themselves, maternal mortality rates for indigenous women can be reduced through women empowerment.

Literature Cited

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