“VIOLENCE AND MATERNAL HEALTH IN MULTICULTURAL CONTEXTS”

A self-instruction and training model in participatory audio format for the detection of family violence during pregnancy, aimed at monolingual women or women whose second language is Spanish (project underway)

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This proposal arose from two broad lines of work:

1. A project conducted in collaboration with the Family Violence Prevention Fund (1999-2004), the goals of which centered on guaranteeing the application of integral care models for domestic and family violence victims, sensitizing public policy makers and the population in general about the right to a violence-free life, influencing the fulfillment of public policy, and proposing modifications in domestic or family violence policy.

2. The results of various research-action projects obtained in coordination with and/or under the direction of Graciela Freyermuth, Ph.D.

Diverse situations in both lines of work made clear the urgency of developing a strategy by which to directly approach the topic in the context of indigenous populations.
OBJECTIVES

• Contribute to the reduction in maternal death via the timely detection of violence among pregnant women, an important element in reducing obstetric risk.

• Promote knowledge and awareness of rights and the exercise of citizenship among indigenous women.

• Provide tools that support the process of empowerment of indigenous midwives.
Description of the four constituting modules
Module I: “Premarital cultural and familial aspects that make women vulnerable to reproductive risks of family and domestic violence”

This is a sensitization module regarding the importance of midwives in the detection of family or domestic violence.

It provides elements to detect precursors of vulnerability to family violence and reproductive health harm prior to marriage.

The module also illuminates connections between past events and those of the present and the future.
In this module, in addition to facilitating the recognition of gender inequality as the source of violence against women, the concept of *family violence* is introduced and conceptualized as a crime subject to punishment if it is reported.
Module II: “Improving midwives’ abilities to support women who experience family or domestic violence”

In this module, elements are provided to assist midwives in recognizing the diverse forms in which family or domestic violence is manifested, and its impact on obstetric risks. We provide an explanatory introduction to the concepts of: physical violence, sexual violence, psychological violence, patrimonial violence, and the right to live without violence.
We encourage an analysis of the possibilities that women have - given their gender situation - to make decisions and count on support in the resolution of their problems, with an emphasis on urgent obstetric situations. We provide elements to facilitate detection of violence (including what to ask, when to ask, and how to ask).
The specific objectives of this module are to:
Recognize the cyclical and progressive nature of acts of family or domestic violence and their distinct risks posed to health and life, as well as to identify the value of documenting violence cases in terms of risk reduction and the inclusion of evidence for legal action.

In this module, listeners are introduced to and assisted in the use of a manual of illustrations developed specifically to document violent acts, injuries, and the possible consequences or harm posed by violence to maternal-infant health.
Module IV: “Safety plan and legal options for indigenous women experiencing violence”

This module provides elements to establish a safety plan allowing women to identify their family and social safety nets.

It suggests minimum safety precautions that women may take to protect their health and their life in crisis situations as well as in the intermediate and long term contexts.

It lays out the institutions within the community, in the county seat, and beyond the county that are available to women to assist them in resolving their problems.
Self-Instruction and training method and techniques
The self-instruction and training method allows for listeners’ active and autonomous involvement, and makes them responsible for their own educational progress.
The audio materials are designed and developed with the permanent participation of two presenters who are in charge of delivering the various educational messages, three or four actresses who conduct the dramatization, and a narrator charged with providing continuity to the drama after each break.
The music is an integral part of the strategy, and we conceptualize it as another character, given that it facilitates the changes between message delivery, dramatization, and activities.
The listeners construct their own learning experience by choosing one of two interactive techniques offered on the tape via a brief and simple explanation; for example, small discussion groups devoted to exchange and consensus, socio-dramas with guided discussion groups, among others.
Listeners also do individual activities specifically related to the illustrated manual or based on hands-on practice.
Time for group work: 3 hours average

Tape-recording length: 1 hour average
Eleven processes forming the module framework
1. An understanding of the unique realities in which diverse indigenous women experience family or domestic violence, as well as the varying situations and circumstances in which midwives conduct their work, in contrast to the situations and circumstances of many non-indigenous women.
2. Definition of specific objectives and detailed content.

3. Design of the didactic approach, in which ethnographic material becomes the vehicle for problematizing the topic for collective analysis and construction of knowledge and development of abilities.

4. Conversion to radio script format.
5. Adaptation of the script to indigenous language semantic construction

6. Translation of the script into indigenous language.

7. Definition and development of illustrations for inclusion in the support manuals.
8. Production and post-production of audio material.


10. Modification, adaptation, or correction according to the results of the pilot.

11. Carrying out of the method.
Recommendations

Consider contextual diversity and adapt the method to better fit the local characteristics, observing the following tenets:

1. Keep practical activities linked to everyday experience.

2. Reflect the knowledge of the target population.
PROJECT ADVANCES

• The model has been translated and validated in Spanish, Tsotsil and Tseltal.

• 17 Tsotsil midwives have undergone self-training.

• 16 young indigenous Community Health Technicians and 13 primary care level health care workers from Health Jurisdiction II have been trained in managing the model in order to promote its use.

• 40 midwives (20 Tseltales and 20 with minimal Spanish language skills) are currently being trained.
OUR EXPECTATIONS

In the short run:

- By early this next year, the group of midwives who helped us in the piloting process will apply their acquired knowledge and skills to actively identify and document family and domestic violence.

Given necessary technical support, women in this same group will become trainers and achieve the replication of the model.
OUR EXPECTATIONS

In the intermediate run:
• A system for monitoring and evaluating impact will be established.

In the long run:
• The model will become institutionalized.
ADVANTAGES OF THE MODEL INCLUDE

• Bivalence: The model may be used in (controlled) radio broadcasts and/or via micro-media.

• Flexibility: The model may be used in diverse contexts.

• Future cost effectiveness: The possibility to remake, enrich, and strengthen future versions of the model with minimal investment of time and resources.
• **Compatibility:** Incorporation of both scientific and lay knowledge (as the content is based on ethnographic material and is sensitive to a gender focus).

• **Accessibility:** This is a useful tool for working with promoters who are relatively inexperienced in group management or in the topic of violence and maternal well-being.

• **Practical utility:** The model develops abilities that may be directly applied in the contexts of work, citizenship, and daily life.
Module I: “Premarital cultural and familial aspects that make women vulnerable to reproductive risks of family and domestic violence”

Module II: “Improving midwives’ abilities to support women who experience family or domestic violence”

Module III: “Documentation of abuse”

Module IV: “Safety plan and legal options for indigenous women experiencing violence”