

# **Indigenous Iauareté Women conceptions on reproductive health<sup>1</sup>**

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## **Introduction**

The initial results of the demographic analysis based on the Autonomous Indigenous Census of the Rio Negro<sup>3</sup> (CIARN) indicated possible maternal high mortality rates, that is, indigenous women in the whole Rio Negro region were dying immediately before or after delivery. With this information I tried to start a dialogue with the indigenous teachers in the Iauareté region (see maps 1, 2 and 3) on women's health in order to begin a study on the perception these women had about their health. I carried out the study between 1997 and 2000 in close collaboration with the Association of Indigenous Women of the District of Iauareté (AMIDI), a grassroots association linked to FOIRN. The work initially was geared to learning the concepts of reproductive health<sup>4</sup> of *Tukano*<sup>5</sup> women, trying to relate them with the fertility levels and patterns of these women. The goal on the part of the women of the AMIDI was to produce recommendations for public health policies with respect to the health of indigenous women in the Rio Negro region.

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<sup>1</sup> This paper is part of my doctoral thesis defended in the Unicamp Postgraduate Demography Program.

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<sup>3</sup> In 1992 the Indigenous peoples of the Alto Rio Negro in the Northwest of the state of Amazonas, Brazil, carried out a population count in order to help in their struggle for the demarcation of a sole and continuous land, which they won in 1997. This census was coordinated by the Rio Negro Federation of Indigenous Organizations (FOIRN) with my assistance together with another anthropologist from Unicamp.

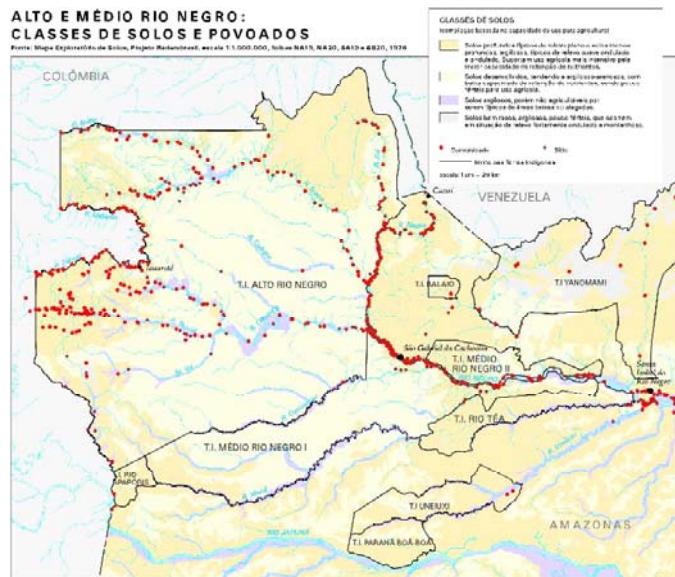
<sup>4</sup> The Cairo International Conference on Population and Development in 1994 defined reproductive health as "the general well-being, be it physical, mental or social, of the human person, in all that involves the genitalia, its functions and functioning, and not merely the absence of disease or illness".

<sup>5</sup> When the word *Tukano* is in italic means all the ethnic groups who speak languages belongs of the Tukanoan family.

## Map 1

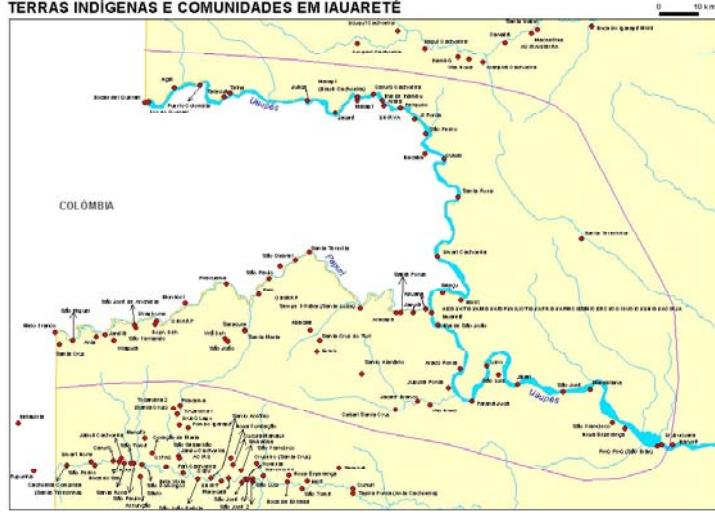


## Map 2



### Map 3

TERRAS INDÍGENAS E COMUNIDADES EM IAUARETÉ



The relation between Western medical attention and the traditional knowledge of indigenous peoples regarding health and disease is an important theoretical problem in anthropology. When analyzing the relation between the traditional health/disease systems of indigenous peoples and the Western medical system, Buchillet (1991) concluded that most Brazilian indigenous peoples still resort to their traditional systems for medical attention, rather than to the western medical system. This author agrees with the recommendations being

made by the World Health Organization (WHO) since 1978, that health policies should favor the health education aspect with the participation of the local communities. The WHO also recommends that some traditional medical resources, such as some medicinal plants, could be used after an evaluation where the beneficial resources should be selected and those considered harmful to health should be discarded.

Buchillet warns us about two issues in relation to these recommendations. The first is who would select these traditional medical resources and with what medical perspective; the second refers to the traditional systems of health and disease. Traditional medical resources are part of an integrated and structured system and cannot be separated from this system. The anthropology of disease demonstrates the internal and rational consistency of traditional thought through the social interpretations and behavior of individuals regarding disease. Thus representations and practices related to healing have different meanings than the Western medical system; hence one cannot select solely the healing practices related to bio-medical logic. In Western medicine conception of the disease is similar in two different persons, regardless of the socio-cultural context where it is inserted. In traditional societies, when a person becomes ill, the causes are related to the social representations of the human being, to his or her activities in society and to the environment where he or she is located. Disease cannot be seen as separate from its socio-cultural-environmental context.

This difference is important. Every event which occurs during the woman's reproductive age is immediately inscribed in the totality of the socio-cultural-environmental context. There is always a consideration of socio-cosmological causes, and/or a violation of cultural laws of behavior. Bio-medicine does not recognize the dimension of the process of the disease which is fundamental for indigenous peoples.

The objective of this work on reproductive health was to build a dialogue between the traditional concepts of *Tukano* women in relation to the life cycle and to their health and Western knowledge on the subject from the perspective shown by Buchillet. Iauareté was the village chosen for the development of this work, in the first place, due to a suggestion made by local teachers: they indicated, during our first conversations, that this village had many problems with pregnancy among young unmarried women who had sexual relationships with the military personnel from an army base on the frontier. The AMIDI also had a large interest in participating in the study in order to make their traditional knowledge known and to make a series of recommendations.

### **Iauareté**

Iauareté is a small growing urban center built around a Salesian mission established in 1929. Each neighborhood in this center has a political organization similar to a traditional community: the captain is the leader responsible for the solution of problems which might arise among the inhabitants of his neighborhood and for the organizing of meetings, feasts and rituals. The vice-captain, the catechist and the animator are also local leaders. Iauareté can be reached by river, either by boat or by small aluminum canoes with outboard motors known as "voadeiras". From São Gabriel da Cachoeira the trip by boat takes approximately five days; by "voadeira", almost two days. During the study the village had no telephone communication, it was installed in 2001. There is a diesel generator and the houses have electricity during most of the day. The village has a hospital built and run by the military, where nursing technicians work, who are local indigenous people, work. In the military base, which is next to the village, there is a small clinic run by a doctor, who also attends to the indigenous residents.

The AMIDI women and I drew up a three year study plan: during the first phase of field work we worked with the ideas of the *Tukano*<sup>6</sup> women regarding their bodies through informal conversations (which were held in Tukano and Portuguese) with the women from the various *Tukano* ethnic groups who visit the AMIDI headquarters and we interviewed profoundly and talked individually with four different women, collecting their life stories. The second stage of the work was holding meetings with larger groups; three large meetings were held, with the participation of approximately 120 women.

The objective of these meetings was to establish an exchange. To hear the women's traditional views on the subject and to air Western knowledge about it. Each of these meetings lasted four days and the men were invited to participate only at the closing. During the meetings on women's health several themes were discussed: a) care with the first menstruation, the ritual associated with this passage including the blessings, diets and attitudes of the young woman at this time; b) sexual initiation of the young woman, traditional and modern contraceptives, methods for the prevention of STD/AIDS; c) with regard to pregnancy the traditional prenatal system was discussed, which involves the participation of the *Kumu* with blessings, diets and attitudes to prevent problems during pregnancy and delivery; d) issues

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<sup>6</sup> The region focused on in this study is the Alto Rio Negro, located in the extreme Northwest of the state of Amazonas. The limits of the region are: on the East the municipality of Santa Isabel do Rio Negro, on the South the river Japurá, on the West and North by the Colombian and Venezuelan border. The region includes the municipality of São Gabriel da Cachoeira, whose population is predominantly various indigenous ethnic groups, but also by Salesian and Protestant missionaries, the military (based in frontier stations and in highway building battalions) and, more recently, by migrants from the Northeast or from within the state of Amazonas (the residents in the municipality of São Gabriel da Cachoeira). The groups who speak Tukano (all from the East Tukano group) are the following: Barasana, Jurité, Kubéwa (Cubeo), Síriána, Arapaso, Wanana (Uanano), Desana, Karapanã, Pira-Tapuia, Tukano, Miriti-Tapuia, Bara, Carapanã and Tuyuka. Those who speak the Maku language are: Bara (there are two denominations of Bara, one Maku and the other Tukano), Hupde, Dow (Kamã), Nadeb, Yuhup and Guariba (Nukak). The ones who speak Aruak are: Baniwa, Bare Werekena and Tariana. The Northeastern Amazon is a region known in ethnology as being an area which uses linguistic exogamy, with a Dravidian type of kinship

related to traditional delivery, the different ways to have a baby and care during the post partum of both the parents and the newborn were also discussed.

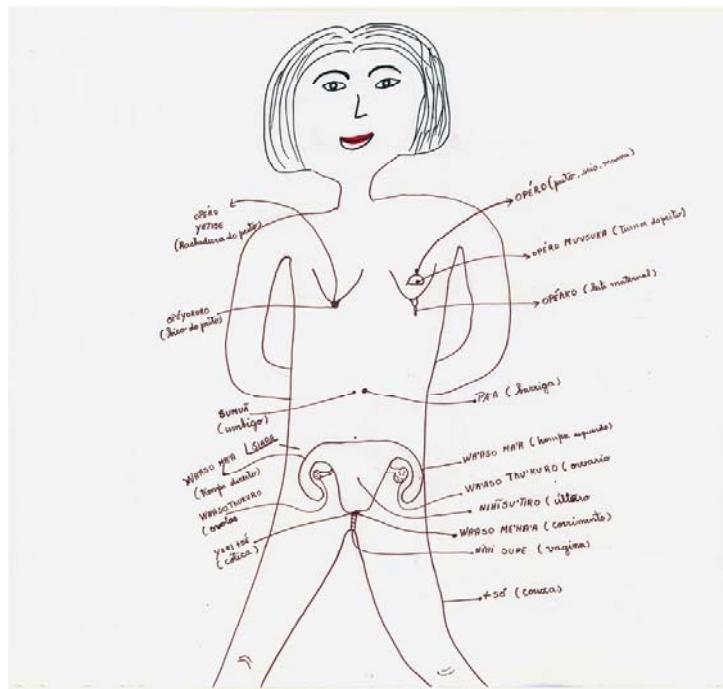
Because these were meetings between completely different cultures and tongues, an extremely useful tool was revealed: since the beginning, when we were still putting the glossaries together, we began to draw illustrations. These were taken to the meetings, where they were added to – as the participants began to make their own drawings. At the end of the two meetings there were a series of 70 drawings, which became an important tool for debate and for learning about the traditional women's health concepts. The illustrations of the women body are a live record of the exchange: they are the result of the observations and experiences of the women regarding their bodies, together with the teachings of the *Kumu*, of the mothers in law and mothers, and even what the women learned in school.

The great conclusion arrived at after these meetings was that the knowledge the women possess regarding their bodies and reproductive health care are quite extensive and profoundly related to the Cosmo vision of these peoples. The debate between the non-indigenous health professional and the women also proved to be very productive, because the need for the training of professionals for the specific attention to women was very evident, as well as the need to plan for health education for this population, which should be offered in each community's own language and should stem from the understanding of traditional systems of women's health care. When we reached these proposals, however, we had come a long way, all described through the drawings.

The language spoken by the Iauareté Indians is Tukano, used as lingua franca when communicating with one another. Every adult usually speaks three languages: his or her original language (Desana,

Tuyuka, Pira-tapuya, etc.), Tukano which is used as lingua franca between the different groups, and Portuguese. Some speak Spanish as well. As I had a lot of difficulty to learn Tukano quickly, in spite of the initial glossary we prepared, the conversations regarding women's bodies and the reproductive organs began with the preparation of large drawings. At the AMIDI headquarters where I was staying during the first stage of the work, when I interviewed people, we would talk and try to make ourselves understood by through these drawings. Each woman gave her opinion about a particular part of the body, what it is called in Tukano and the translation of the word into Portuguese and they would all discuss the relationship between the reproductive organs and their functions (Figure 1).

**Figure 1**



The women from the AMIDI told me that the tukano word for vagina (*nihî suhpe*) means 'door of the fetus' and is related with the myth of creation. The concept of the 'opening' of the woman is related

with the myth of "The Cataclysm of Güramuye"<sup>7</sup>. It tells that when the mythical canoe/snake was coming up the river laden with the "Pamurīmahsā", or People of Transformation, they wanted to build the Settlements of the Sacred Flutes. In order to do this, they gave the sacred cigar to the daughters of thunder "Buhpuporānome" to smoke and one of them became pregnant. When she was ready to deliver, the man who had made her pregnant ("Boreka") saw that she did not yet have a vagina, only a little hole to urinate; that is why he measured the 'door of the fetus' with his little forked cigar holder and cut her with his earring. The vagina was called the 'parturition door' (in Tukano nihî suhpe<sup>8</sup>). "Nihî" means fetus and many other words related to the reproductive organs and pregnancy are derived from this root.

### **The Importance of Body Fluids**

As Silverwood-Cope (1990) demonstrated, for the Bará-maku, the creator Idn Kamni made beings from a mixture of his saliva and soil. Diemberger (1996) shows that for the Khumbo of Nepal the body is part of the cosmos, filled with signs and values; the woman passes the blood to the child and the man passes the bones through the sperm. Men transmit the bones, which is the hard part of the human body and for this reason the continuation of the clan must be made through the father. The passing on of the specific masculine territory comes from this transmission and is specific to the men. The Khumbo possess an identity which is related to the sacred territory of each sub-group and the body, therefore, is related to this territory. The Khumbo family relationship is conceived through the ideas of blood and bone, where the

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<sup>7</sup> For one of the versions of this myth see Lana's report (1995).

<sup>8</sup> The spelling of Tukano words follows the proposal made by Ramirez (1997). Exceptionally in the case of some words about which the women disagreed the proposed spelling follows the one suggested by them. It can be noted that all the women with whom I worked knew how to read and write, most of them having studied as far as 6<sup>th</sup> grade in the Iauareté orphanage.

bones are the consanguineous ties inherited from the father and passed on to the sons and the blood defines the affinity. The sperm defines the consanguineous relationship and the feminine blood defines the affinity. A Khumbo baby is considered to be formed by the blood of the woman which generates his blood and his flesh, and the sperm which forms the bones and a kind of soul linked to the cycle of rebirth and to the sacred mountains as being the home of the ancestors to which all the dead return (Diemberger, 1996).

Something similar happens at the Rio Negro region: the women transmit the blood and the flesh to the children through their blood, the men transmit the bones (S. Hugh-Jones, 1979). The Iauareté women told that the fetus is formed by the union of the female *wahsó* which translates as being the egg and as being the fluid expelled by women during sexual intercourse, with the male *wahsó* or sperm. Here again the blood and the 'female sperm' of the women define the affinity, while the male sperm defines the consanguinity. As for the Khumbo, transmission of territory among the Iauareté is masculine. Therefore, sperm, bones and land are terms intrinsically related and symbolic equivalents.

The blood and its body fluids are considered extremely important to the women of the Rio Negro region. Through them some of the fundamental characteristics of the peoples flow into the next generation. This importance is not limited only to the group, but to the whole region: women spread affinity to the neighboring or distant communities. From this understanding of the importance of the fluids comes a fundamental behavior pattern: female mobility, prescribed by virilocality (after marriage the woman moves into her husband's community). She disseminates affinity and organizes the communities through political alliances. Blood alliances in this case could be

understood as being the opposite to Western blood alliances, which generally are more understood as blood relationships or consanguinity.

## **Menstruation**

The organizing role of the fluids is apparent at puberty. During the first menstruation the woman opens up, her body becomes apt to receiving the male sperm. The body opens so that the blood can descend. After the first menstruation women remain 'open': they can have more power and can present a certain danger to other people. Power comes from the presence of blood which represents fertility and at the same time contact with the pre-human world. On the other hand the women also become vulnerable and, therefore, must proceed in certain ways to protect themselves from the sick, so as not to worsen their state nor be contaminated. For this reason they must maintain a certain confinement.

S. Hugh-Jones (1979), who worked with the *Tukano Barasana* group in this same extensive region, established a symbolic relationship between the gourd and beeswax used in rituals and the menstrual blood. The Barasana believe that beeswax identifies with the liver, while the Iauareté women told us that this organ is where blood is created and stored. The Barasana also say that when beeswax burns it becomes a dark and hard substance, smelling like menstrual blood. Thus this author associates the beeswax in the gourd with menstrual blood. Menstruation, due to its periodic, represents a renewal of the woman's body: for them how, with menstruation, the body 'cleans' itself and becomes ready for a possible pregnancy. In the Basana ideology this periodicity of the woman helps her to survive better than the man. At a cosmological level menstruation is related with the alternating periods of drought and rain: female menstruation brings alternation, it renews the possibility to reproduce.

This explains the ritual behavior during this period of passage. The young woman remains confined in a space within the house made up by a type of screen of braided strips (Figure 2), doing everything within this compartment. After this period of confinement she can bathe in the river but she must go accompanied by the *Kumu*<sup>9</sup> who blesses her by burning beeswax in the gourd and reciting magic spells to protect her from many dangers, for example the small fish in the river which could enter her open vagina, or the sun's "urine".<sup>10</sup> Buchillet (1990) analyses the power of words in the recitations of the *Kumu* or *Yai* (high ranking shaman who has more power than the *Kumu*) and the metaphoric relation which exists between the words and the vehicles through which they acquire power.

**Figure 2**



<sup>9</sup> Kumu is the specialist in cure, in general a man.

<sup>10</sup> The blessings are all specific to each sib and to each people. Apart from this, they are related with myths which also vary according to the peoples and sibs in the region. We didn't collect related myths from each people or sib, we simply describe in a general way some forms of blessing and this importance in the care of the reproductive health of all the *Tukano* women.

The *Kumu* must bless the young woman during her first menstruation and this blessing consists in "opening" her symbolically. It is a most important moment. The work must be done competently, for many evils can result from a mistake. A transgression to an eating habit or an attitude contrary to the rules, such as bathing in the river when menstruated, can have serious consequences. The young woman must remain secluded the whole time, without talking to others, except to her mother and the *Kumu*. She can only bathe when her menstruation ends and after having been blessed. The place where the bath takes place must also be blessed. According to the women, an older woman could also give this blessing. This blessing in the river where she will bathe consists in symbolically placing that type of screen made of braided strips in the river, so that the small fish do not enter her vagina, and also symbolically placing a kind of basket on the young woman's head so that her hair will not be burnt with the sun's urine; many other stages and recitations take place as well as these already mentioned (Figure 3). All personal objects belonging to the young woman are also blessed, as well as the food she eats during this period and immediately after it. As well as body painting which is applied at this moment, the juice of a pepper is squeezed into the nose, so that she will have red shiny skin on her face. If the *Kumu* does not recite the blessing of the first menstruation correctly, the young woman can become ill or have difficult births.

**Figure 3**



### Conception

The conception of the fetus takes place through many sexual relations. The fetus is formed little by little, by the union of the male *wahsó* (semen) and the female *wahsó*. We were not able to check exactly what this female *wahsó* is: some women identified the eggs or the ovaries in their drawings, others told us that the female *wahsó* is

produced only during sexual intercourse. In this case, it would be a jelly-like substance produced during female orgasm. The man's semen is responsible for the formation of the fetus' bones and the blood of the woman, transmitted during the nine months of pregnancy through the umbilical chord, forms the flesh and the blood of the fetus.

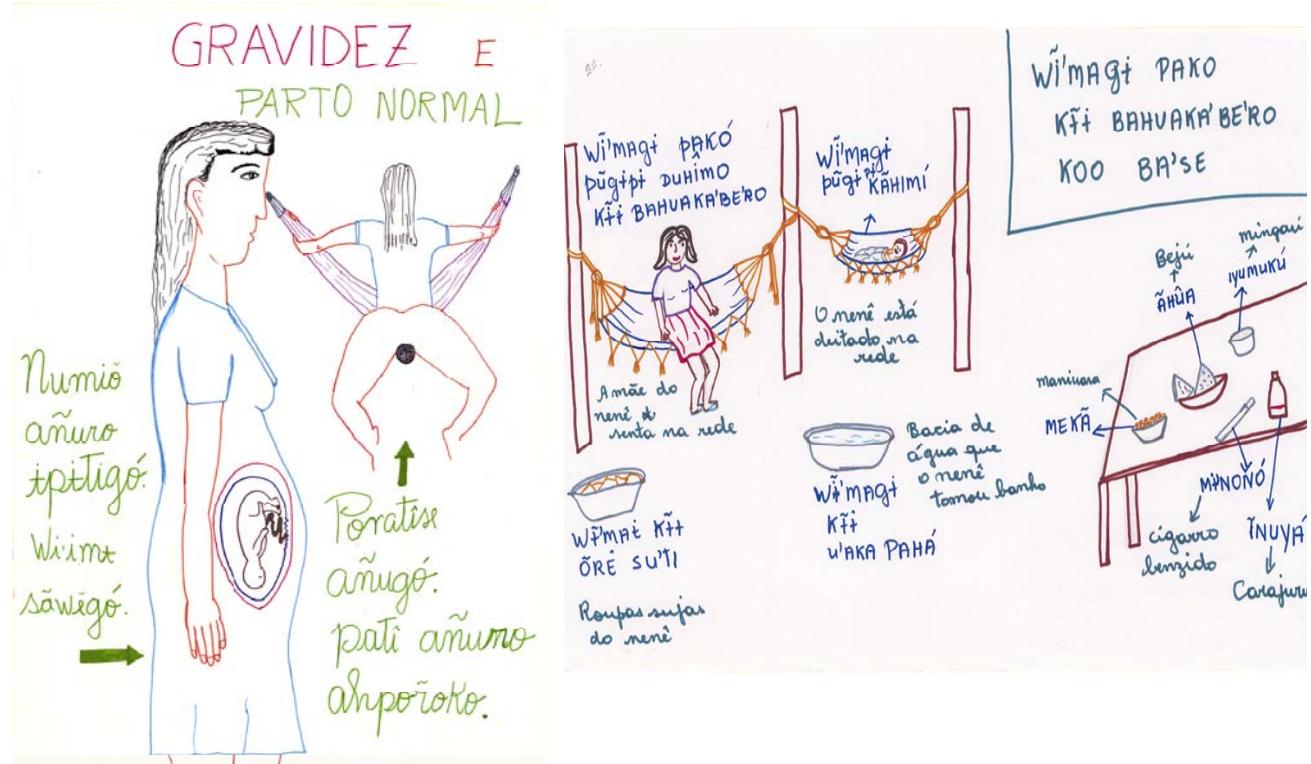
The pregnant woman is known as *nihîpahkó*, quite literally mother of the fetus (*nihî*:fetus, *pahkó*:mother), the husband of the pregnant woman is known as *nihîpahku* or father of the fetus. Everything related to the fetus stems from this word, for example *nihîkoó*, water of the fetus, *nihîsuhpê*, door of the fetus, or vagina, *nihîsutiró*, uterus or place which holds or carries the fetus, *nihîkumunó*, placenta or the seat of the fetus. The placenta or *nihîkumunó* has a very important symbolic value because it is the ceremonial seat of the fetus, which develops with it. The boy or girl will acquire a *kumunó* during the ritual of initiation. This *kumunó* will be with him or her for the rest of his or her life. This ... is related to the myth of creation and transformation of each people, and is decorated with painting related to the sib and people of each person. According to the women, the fetus, which 'already has his *kumunó*' possesses a social identity while still in the mother's womb.

### **Pregnancy, childbirth and diet**

In the old days the woman delivered her baby in her garden, which is the female's domain. According to their beliefs she could not deliver at home, due to the danger of contamination from the blood of the delivery. Before she could return home it was necessary for the *Kumu* to burn beeswax in the gourd and bless the whole area to protect himself from the dangers of the blood and to protect the woman as well as the child. After returning home with her child, she remained isolated for three days, usually the time it takes for the newborn's navel to heal. Both the mother and the father remain quietly at home and during this

time the baby's first bath is given. When the parents return home, the *Kumu* must once again make a blessing and indicate which food can be eaten, as well as bless the newborn's belongings (Figures 4 and 5). This blessing must be made by burning beeswax and blowing the smoke over the items which are being blessed.

**Figure 4**



In the days when the women gave birth in the gardens, the delivery was attended from a distance by a *Kumu*. When they began to have their babies in a reserved space within the village he began to come closer, but still without direct contact with the woman. Without directly watching, the *Kumu* blesses as the need arises during the delivery. If a baby is taking a long time to come out, for example, the *Kumu* can make use of a blessing which requires the seed of the Amazon grape (regionally known as cucura), because it is very slippery,

and would symbolically help the baby's passage through the vagina. Or he can also make use of armadillo claws which are able to dig rapidly in very hard ground, which would also help the baby to appear.

The most common positions for the delivery are squatting with legs bent and holding onto the hammock, or lying in the hammock which has been previously cut so that the baby can fall through the hole onto a clean cloth. When the baby slides to the ground, the woman who is helping with the birth, usually the mother in law, waits the time it takes until the cord stops pulsating in order to cut it. After this is the placenta 'born'. The placenta can be used for rubbing on the face of women who acquired spots during the pregnancy, and then it is buried. The delivery usually lasts about 3 to 4 hours, but the women can feel contractions for days before.

The women spoke of a few problems during childbirth which were solved by them: pelvic presentation, an arm coming out first, difficulties in expelling the placenta and others. Problems related to the presentation of the baby can be solved by turning the woman to a head down position (with the help of other women) and trying to turn the baby while it is still in the uterus. When the baby is already appearing, however, it is necessary to have much strength and be very careful to turn the baby, so that it can come out safely and to avoid uterus rupture.

In Iauareté, traditional delivery is widely followed. According to the nun who was the director of the São Miguel Hospital (the old Iauareté hospital), it is very rare for a woman to give birth there. They always prefer to have the baby at home. Some women did a midwifery course which was given in the '60s by a Salesian nun who worked there. These women are called even today to help with difficult births, for example in the case of twins.

## **Contraception**

In order not to become pregnant, the women take drinks made with some types of plants which are blessed beforehand. This contraceptive blessing is used mainly by women before the wedding. It produces, according to them, a temporary sterilization which lasts for a year or two. Some women said that they were blessed before the wedding because they did not want to get pregnant until they got used to their new community. The problem, according to them, is that the same *Kumu* who gave the contraceptive blessing must undo it. It cannot be undone by any other *Kumu* unless he knows exactly which formulas the first *Kumu* recited. These prayers are traditionally secret recitations passed on from father to son or to a close relative and are always metaphorically related or have some similarity with the symptoms of the illness or events which are being treated.

These traditional formulas are still used today but the young women say that this method of traditional contraception does not work well for them. The young women also say that their mothers get very angry when they know of an undesired pregnancy, not only because their daughters are pregnant and not married, but because this means that they have had many sexual relations, while most times they say that they only had one sexual relationship. The fact that these young women have sporadic relations with partners before marriage can be accepted by the mothers, but in their conception the pregnancy of their daughters proves that they do not limit themselves to the sporadic, but that they have sex often, and with a short interval between one relationship and another.

Undesired pregnancy is the first issue mentioned by the Iauareté women when speaking of reproductive health. There are many cases of mature women and young women who were mothers of children conceived in relationships with the military and all of these bring

conflicts in relation to traditional beliefs. The children are brought up by the grandmothers, because the grandfather is the person who passes on the ethnic belonging in their group. But this arrangement does not come about peacefully. There are conflicts with unwed mothers and a certain uneasiness in relation to these children. When there is a separation between a husband and a wife, the children usually tend to stay with the father, and the mother can return to her original community where she can marry again. The children of non-Indians not only do not remain with the parents, they remain without an ethnic identity, unless the grandfather gives it to them.

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