



### Teaching Midwifery: A Fresh yet Familiar Experience

*An Interview with GPA's Lauren Jaye*

In 1981, Lauren Jaye was an organic farmer experiencing a difficult first pregnancy when her life changed course. Inspired by the comfort and support she found in her midwife, she decided to study midwifery herself. "What originally drew me to midwifery was the attraction to working with people through a time of intense personal transition," she says. She became a certified nurse midwife in 1985.

Today Lauren practices at Seamar Community Health Center in Washington state, which serves mostly Mexican migrants, and is the newest member of the GPA team. She has taught at Seattle Midwifery School and treated hundreds of indigenous patients, so teaching GPA workshops in Chiapas is a natural extension of her experience and passion.

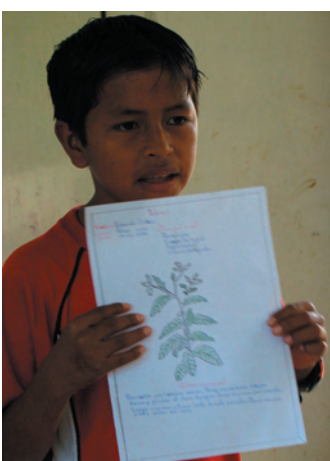
The workshops have felt "both completely different from anything I've ever done before and entirely familiar," she says. "Although I (had) not taught midwifery to indigenous people (before working with GPA), I feel a resonance with that community through my clinical work."

Her patients have taught her how important it is to be conscious of the assumptions we make based on the culture we live in. She has become especially aware of how different perspectives about time and religion shape our views about health.

She notices and appreciates the pride the midwives take in their work. "They definitely gave me the message that they are . . . taking good care of their patients with their own traditional practices," she says. She enjoys the challenge of understanding what is most important to her indigenous colleagues and then sharing Western medical techniques that they find useful and meaningful. ¶¶



*(Clockwise from left) Lauren Jaye, Juan Carlos, Estela, and Enedina share laughs as well as information in a midwifery train-the-trainer session.*



*Tomas and other students share knowledge of medicinal plants by making and presenting their own illustrations. Read more on page 2.*

### Partnership Grant Projects: The Six-Month Progress Report

*Since June, Ecuadorian communities that have received Grassroots Health Partnership Grants have been working steadily toward their goals: to reduce child malnutrition, to educate mothers in their right to free health care for themselves and their children under five, and to teach women how to use and cultivate medicinal plants proven effective for common ailments.*

**In Azuay Province**, seven lay health promoters, with the support of Dr. Lupe Chusete, have taught six **workshops on child nutrition** in three rural communities. They have covered causes and effects of malnutrition in children, parasites and nutrition, and good hygiene practices, among other topics.

The team has also found creative ways to make the teaching more effective and to involve children directly in the project. Most workshops include a written review to determine what participants have learned, but many adults in the communities are illiterate. To solve this problem, Dr. Chusete and the promoters redesigned the tests so participants can draw their answers or give oral presentations to the group. The team also asked school children to attend the workshops as scribes so they can write the answers their parents dictate to them during the tests.

Dr. Chusete and other physicians also **tested and treated all of the children** in the communities **for parasites and other conditions associated with malnutrition**. Since July, children's weight has increased, their skin and hair are healthier (suggesting a reduction in parasites), and parents have become more knowledgeable about good hygiene and enthusiastic about improving nutrition through diet.

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In Orellana, coordinators with FONAKIN, the federation of Kichwa people in Napo and Orellana provinces, have conducted **workshops in 20 communities** for more than 220 women and men to inform them about **women and children's constitutional right to free medical care**. In Napo, FONAKIN coordinators have implemented a similar program reaching 24 communities and more than 230 participants.

The workshops have become a forum for participants to discuss delicate or taboo topics, such as contraception, cervical cancer, and domestic violence. They have also stimulated debate about the poor quality of care at state health centers and lack of funding for the law. As a result, **women are organizing a formal, legally recognized committee** so they can lobby local government officials to allocate funds for the program, oversee implementation in hospitals and health centers, and seek redress for patients' complaints.



Community leader Susana (l) uses bilingual Kichwa-Spanish flip charts in the FONAKIN community workshops.



Students put their knowledge into practice in the school garden.

In Pastaza Province, Didier Lacaze, Guillermo Ashanka, and other coordinators have begun **teaching mothers** in three rural Kichwa communities **how to cultivate and use native medicinal plants** to treat common ailments. So far, the team has helped mothers plant half a dozen species, including lemongrass, proven effective for treating cough and fever, and "teta de vaca," for skin fungus, in family and communal gardens. The team has produced and distributed an easy-to-read, illustrated booklet called *Cultivating Medicinal Plants in Pastaza* that mothers can use at home to determine which plants to use to treat specific symptoms, how to prepare the plants, and when to seek higher levels of care.

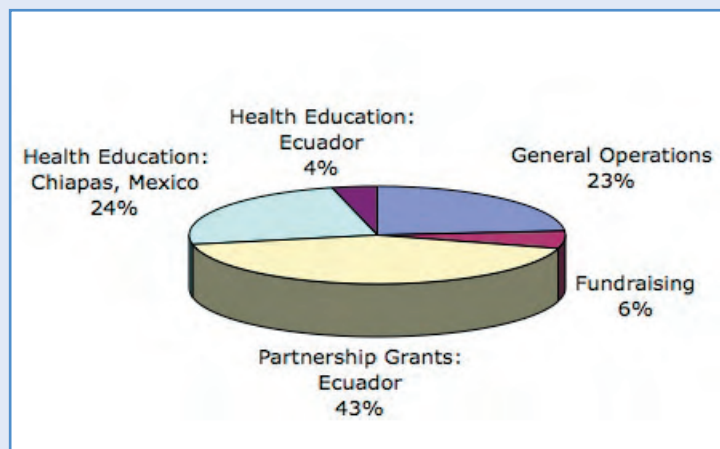
At the community school, the coordinators are also **teaching children about medicinal plants** and basic health. Students use the booklet to make their own illustrations and give presentations, they practice making natural rehydration solution using guayaba leaves, and they have started their own school garden.

Transportation from the communities to the nearest hospital is infrequent and unreliable and many villagers cannot afford to buy medicine, so the plants are a practical alternative for treating children before simple illnesses become more serious. People are also excited about the project because **use of the plants revives their indigenous tradition**. Through medicinal gardens, the Kichwa in Pastaza improve not only the health of their children but the vitality of their culture. ♪

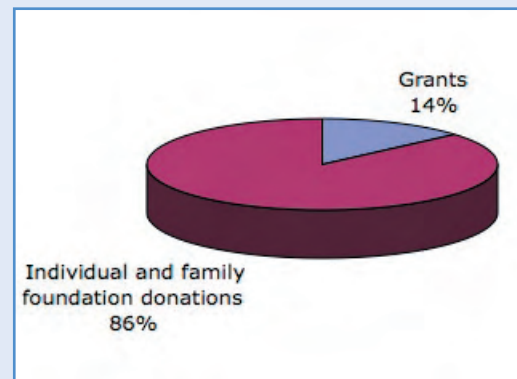
## Donations in Action: 2006

Supporters contributed \$132,000 to Global Pediatric Alliance from October 2005 through September 2006. Projected operating expenses\* for calendar year 2006 are \$113,000.

### Program and Operational Costs



### Income Sources



\*Expenses do not include an estimated 16% reserve. Final data will be published in the 2006 financial report, available in spring 2007.

**Our Mission: Global Pediatric Alliance seeks to promote grassroots empowerment and improve child and maternal health by providing educational, technical, and financial support for community-based health projects in Latin America.**

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