INVESTING IN MIDWIFERY
A ROUTE TO REDUCE GENDER INEQUALITY
ABOUT HIP

Hispanics in Philanthropy (HIP) works nationally and globally to strengthen Latino equity, leadership, and voice. Over our 35-year history, HIP has invested more than $54 million in Latino-led, Latino-serving nonprofits across the Americas. We partner with foundations, corporations, and individuals to bring increased resources to Latino-focused work in health, education, civic engagement, gender, and more. Recent accomplishments include launching HIPGive.org, the first bilingual, bicultural crowdfunding platform focused on Latino communities. Since 2014, $2 million has been raised and distributed for local projects in the U.S. and Latin America. Additionally, HIP provides leadership training and professional development to Latinos working in the social sector through its Next Generation Latino Líderes program, which launched in 2015. For more information, please visit hiponline.org.
INTRODUCTION

Over the last 25 years, Mexico has made tremendous strides in addressing maternal mortality, decreasing the rate by nearly 58%. But this decline falls short of the country’s Millennium Development Goals, and Mexico still sees nearly 39 maternal deaths for every 100,000 live births. More important, focusing on the overall decline in maternal mortality obscures critical health disparities for women based on income, education, and geographic location, as well as how reproductive health is inextricably tied to a variety of socioeconomic factors and gender inequalities.

Universal access to maternal and neonatal health services is widely recognized by the international community as crucial to women’s overall health and equality, and having sufficient and qualified personnel to provide those services is central to achieving universal access. Many experts and community leaders in Mexico have recognized the importance of midwifery to advancing women’s health and promoting greater opportunities and equity for women.

Unfortunately, midwifery does not have a clearly defined place within Mexico’s health care system. As a response, the Mexican government, together with non-governmental organizations, are leading a movement to strengthen its role.

HIP is joining this movement, both to improve women’s health in Mexico and to reduce gender inequality in the country. HIP believes this is a fertile and strategic area for philanthropic investment.

Read on to see why.
The quest for equity for women in Mexico is inextricably linked to maternal health and to women’s ability to decide when/if they want to have children and how many they want to have. Reproductive health and rights directly impact over 33 million women in Mexico, almost half of whom are between the ages of 20 and 34. Fortunately for these women, maternal mortality has declined over the years, and life expectancy for their children has increased. Women also appear to have more control over their reproductive rights as the number of births per woman has decreased to an average of two children.

Goals related to women’s reproductive health and rights vary significantly, depending on a woman’s age. For example, care and services for teenagers focus on preventing unintended pregnancies and sexually transmitted diseases, whereas services for women in their early thirties focus greater attention on maternal and child health, as well as access to contraceptives. Care for women over 35 centers on limiting pregnancies, preventing reproductive disease, and preparing for the end of the childbearing years.

Age, however, is only one determinant that provides context for women’s reproductive health and rights in Mexico. Various socioeconomic factors also affect women’s access to care and services and, ultimately, to maintaining reproductive health and autonomy. These include:

**EDUCATION**

In Mexico, a compulsory basic education includes primary and middle school, with the culmination of middle school learning by the age of 15. However, over 35% of the population does not acquire a basic education by that age, and women lag behind men in educational attainment, especially when it comes to high school, college, and vocational education. Educational achievement, in turn, directly corresponds to reproductive health. Women with higher levels of schooling have greater knowledge of contraceptives and sexually transmitted diseases and demonstrate greater self-determination when it comes to family planning.

**EMPLOYMENT**

Mexico’s National Survey of Occupation and Employment shows that just over 43% of working-age women are active participants in the economy, and fewer than 25% have health care benefits as part of their employment. Strikingly, almost 34% of female workers have no employee benefits whatsoever, and almost 8% do not even receive remuneration for their work. Nearly 20% work more than 48 hours per week. According to the National Council to Prevent Discrimination, men earn salaries that are 34% higher than women for the same jobs. All of these factors have a direct impact on women’s financial stability and, therefore, access to maternal health care.

**GEOGRAPHY**

Where a woman lives in Mexico has a significant impact on her access to essential reproductive services and care. Institutions in Mexico vary greatly, in terms of their type and level of development, depending on their location within the country. As such, women living in rural locations with low population densities often struggle without access to reproductive health care. Isolated indigenous communities face especially marginalized and precarious conditions. Language differences of indigenous groups, as well as customs that encourage early motherhood, also pose significant barriers to access to care and to reproductive health and autonomy.
In 2015, world leaders at the United Nations Summit on Sustainable Development approved an Agenda for Sustainable Development. A total of 193 Member States adopted the agenda, which includes several Sustainable Development Goals (or SDGs) – universal calls to action to end poverty, fight inequality and injustice, cope with climate change, and ensure that all people enjoy peace and prosperity.

Four of these SDGs closely align with the goals and benefits of the midwifery model. They include:

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<tr>
<th>SDG Description</th>
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<td><strong>Ensure Healthy Lives and Promote Well-being for All at All Ages.</strong></td>
<td>In order to completely eradicate a wide range of diseases and address many health-related issues, countries need to develop initiatives to: reduce maternal mortality, put an end to preventable deaths of newborns and young children, ensure universal access to sexual and reproductive health services, and increase funding for the recruitment, training, and retention of health personnel, among other goals.</td>
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<td><strong>Ensure Inclusive and Quality Education for All and Promote Lifelong Learning.</strong></td>
<td>In order to achieve greater progress in the attainment of universal education, countries need to redouble efforts to: ensure access for all women and men to higher and technical education, increase access to decent work and entrepreneurial opportunities for young people, and increase the number of qualified teachers and educational scholarships.</td>
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<td><strong>Achieve Gender Equality and Empower All Women and Girls.</strong></td>
<td>All societies and economies will benefit by providing women and girls with equal access to education, health care, decent work, and representation in political and economic decision-making. This can be achieved by: putting an end to all forms of discrimination against all women and girls, ensuring universal access to sexual and reproductive health and rights, and ensuring equal participation for women in leadership of political, economic, and public matters, among other goals.</td>
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<td><strong>Promote Inclusive and Sustainable Economic Growth and Full and Productive Employment for All.</strong></td>
<td>In order to achieve sustainable economic development, companies in each country must create the conditions for people to access quality jobs that do not contribute to environmental degradation. Companies must: support the creation of decent employment and entrepreneurship, promote creativity and innovation, and ensure decent work for women and men with equal remuneration, among other goals.</td>
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The midwifery model can significantly contribute to the achievement of these SDGs.

**Properly educated and trained midwives, for example, can provide more than 80% of the essential health care services required by women and newborns. According to the International Confederation of Midwives, they have the required knowledge and skills to provide high-quality health care that:**

- Is relevant from a cultural standpoint and appropriate for women, newborns, and families of childbearing age.
- Promotes a healthy family life, planned pregnancies, and positive parenting.
- Contributes to the early detection and treatment of complications during pre-pregnancy.
- Promotes clean, safe, and culturally sensitive deliveries and addresses obstetric emergencies during labor.
- Responds to the needs of postpartum women.
- Contributes to healthy children from birth to two months of age.

The midwifery model also significantly contributes to the achievement of numerous health goals set forth by various international initiatives (such as the Family Planning 2020 global initiative and Global Plan for ending HIV infections) in the field of women and newborn health:

- Preventing sexual abuse and violence against women and girls.
- Providing family planning information and services that contribute to saving the lives of 120 million women and girls in the poorest countries of the world.
- Increasing the availability of contraception.
- Reducing the number of teen pregnancies.
- Reducing unsafe abortions among adolescents.
- Increasing the provision of qualified prenatal, delivery, and postnatal care among adolescents.
- Preventing sexually transmitted infections, including HIV.
- Reducing maternal mortality to less than 70 per 100,000 live births.
- Reducing the estimated number of pregnancy-related deaths associated with HIV.
- Reducing neonatal deaths and stillbirths to less than 12 per 1,000 live births by 2030 and less than 10 per 1,000 live births by 2035.
- Reducing the cases of anemia in women of reproductive age.
- Reducing the cases of low birth weight.
- Increasing the rate of exclusive breastfeeding during the first 6 months of life.
THE CHALLENGES OF MIDWIFERY IN MEXICO
While midwifery holds great promise in addressing many issues related to women’s health and equality in Mexico, widespread adoption of the midwifery model has faced challenges throughout the country. In 2014, the United Nations Population Fund, the International Confederation of Midwives, and the World Health Organization developed a report, entitled The State of the World’s Midwifery (SWM), that outlines four metrics that can be used to assess whether health systems and their staff provide effective care for women in relation to their sexual and reproductive health. These metrics – which include availability, accessibility, acceptability, and quality – provide a useful framework for highlighting the challenges faced in Mexico for the widespread adoption of midwifery.

**AVAILABILITY:**

According to the SWM, the entire country of Mexico has only 78 professional midwives, accounting for less than 0.01% of the qualified personnel currently attending births. Further, the report found that while midwives focus 100% of their time on providing direct care, other health professionals providing maternal health services only devote between 20% and 75% of their time to direct care provision, with the remainder of their time dedicated to administrative and other tasks. The SWM outlines the following recommendations to strengthen the availability of midwifery in Mexico:

- Open more colleges of professional midwifery and develop sufficient clinical fields for their graduates, ensuring that midwives acquire all necessary core competencies and skills.
- Analyze and systematize existing curricula to establish minimum competencies and certification standards.
- Expand the number of technical midwifery training programs and increase enrollment in them.
- Develop accreditation programs and curricula in both public and private schools.
- Strengthen existing training sites and replicate them in other locations.
- Certify the 15,000 traditional midwives in Mexico regardless of their schooling.
- Better align levels of training for midwives with the positions they hold and the duties they perform to ensure skill levels correspond to responsibilities.
- Set more precise parameters for the job duties and salaries of technical and professional midwives and obstetric nurses, for how these professionals are recruited, and for the mechanisms and systems that can be put in place to ensure they can maintain consistent employment.
- Grant and renew licenses for professional midwives.
- Assess and set standards for proper working conditions, hiring systems, and the infrastructure for local service delivery.
ACCESSIBILITY:

In order for women in Mexico to benefit from a larger pool of trained, professional midwives, they must be able to access their services, both in terms of geographic proximity and financial affordability. Mexico faces challenges in the geographic distribution of midwives already linked to the health care sector, as well as of new graduates of training programs. The SWM outlines the following recommendations to strengthen the accessibility of midwifery in Mexico:

• Incorporate midwifery into existing service networks, taking into consideration the needs of the networks’ population and their capabilities in terms of access (proximity and affordability).

• Strengthen existing networks’ primary level of care with technical and professional midwives and obstetric nurses who can provide a continuum of care and more comprehensive interventions for women and their newborns.

• Promote networking among maternal and perinatal health programs and traditional, technical, and professional midwives, especially in areas with significant access barriers.

• Strengthen budgetary and regulatory practices to include technical and professional midwives and obstetric nurses in health systems.

ACCEPTABILITY:

In addition to resolving issues of availability and accessibility, Mexico must contend with public perceptions of midwifery in order to promote widespread implementation of the midwifery model. Issues of acceptability are tied not only to the women receiving care, but also should be acceptable for them, their families, and communities. At the same time, women should be accepted as providers of the services. Prevalent sexist perceptions of who should be providing health care services create barriers to women becoming midwives and practicing their profession. The SWM outlines the following recommendations to strengthen the acceptability of midwifery in Mexico:

• Develop avenues to research perceptions about midwifery, both traditional and professional.

• Develop culturally-sensitive policies for the provision of care.

• Document the process of incorporating professional midwives into health care systems, including primary and secondary level units in charge of midwives or obstetric nurses.

• Develop practices, at both federal and state levels, to promote and measure progress towards the cultural acceptability of midwifery services.
QUALITY:
A dedication to continuously improving the quality of service provision goes hand in hand with improving the availability, accessibility, and acceptability of midwifery in Mexico. While the SWM shows that midwifery training curricula in Mexico are generally adequate and aligned with current standards, it also illustrates that there are widespread structural deficits in the health care and education systems preventing the widespread adoption of the midwifery model. It also highlights the lack of financial resources needed to change these systems. The SWM outlines the following recommendations to strengthen the quality of midwifery in Mexico:

- Provide midwives and nurses with regular professional development opportunities.
- Strengthen professional midwife organizations and associations to increase the visibility of midwifery, promote workers’ rights, enable midwives to participate in the development of professional regulations and standards, and promote the widespread adoption of curricula standards for training midwives.
- Mobilize citizens and health care providers to hold governments and health care systems accountable and committed to neonatal and maternal sexual and reproductive health.
- Strengthen frameworks that promote transparency and accountability, establishing results-based budgeting and involving communities in monitoring the quality of services offered.
- Develop a College of Professional Midwives to serve as a regulatory body and to promote the profession.
- Promote information sharing of evidence-based best practices to design and sustain midwifery pilot programs.
- Conduct research on the benefits of collaboration between traditional and professional midwives.
- Identify lessons learned around bringing technical midwives and obstetric nurses into health systems and on their direct participation in service provision.
- Establish certification criteria, as well as a body responsible for certification and updating certification standards, in cooperation with existing technical and professional midwifery organizations.
- Define culturally competent standards for midwifery practice, including non-school-based competencies.
- Develop strong assessment methodology to monitor the implementation of the midwifery model.
Of the total number of women who attend health centers for contraceptive methods, 32.2% do not receive guidance or comprehensive information to make decisions, and 11.5% do not even receive information.

This figure increases up to 50% when it comes for women speaking indigenous languages.
In 2014, of every 100 births at the national level:

- 5 times greater for women in the 100 poorest municipalities
- And 3 times greater for indigenous women

36.7% of women and girls 15 years and older have not completed compulsory education. The percentage of women without a university degree (6.8%) is higher than that of men. The average level of education for women is 9.1 years.

In 2012, the risk of dying from a cause related to pregnancy, childbirth, or postpartum issues was:

- 23.2% were emergency C-sections
- 23.1% were scheduled C-sections

Both figures exceed the WHO recommendation of 10 to 15% of births by C-section

Only 43.2% of women are part of the economically active population, compared to 78.5% of men.

Two of every three employed women (66.9%) have non-decision-making positions. Of this group, 41.9% work without a written contract and 37.7% do not have health insurance. On average, men earn 34.2% more than women with the same educational background and in similar positions.
The extent of philanthropic support directed towards advancing midwifery in Mexico is difficult to measure. HIP conducted research on 48 international foundations and found that they supported various initiatives working in the areas of sexual and reproductive health, but few specifically prioritized strengthening midwifery models.

Within Mexico, little information is available about the scale and scope of philanthropy. Among the people and institutions associated to philanthropy in Mexico, there are a wide variety of philanthropic interests. According to a recent study of the Hauser Institute for Civil Society at Harvard University, philanthropic priorities are education, community and economic development, and health.

Corporate foundations within Mexico, which primarily use a results-driven approach in determining their funding priorities, provide a useful framework for measuring the social impact of philanthropy and, therefore, a lens through which to inspire future investments. This results-driven approach asks beneficiaries to identify problems that they will address, work plans with goals and objectives that they will reach, and results that they will achieve.

Through this funding model, corporate foundations focus philanthropy on larger, systemic challenges that demand long-term commitment, as well as on the collaborations that will be necessary to tackle these significant challenges.

They also provide proof of the demonstrable impact of social investments that will, in turn, motivate governments, private foundations, and the public at large to make greater philanthropic contributions.
The work of corporate foundations illustrates that many opportunities exist for philanthropies to make impactful social investments by advancing midwifery models at every stage of service provision:

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<th>Stages of Service Provision</th>
<th>Benefits include:</th>
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<td><strong>PRE-PREGNANCY CARE AND FAMILY PLANNING</strong></td>
<td>Improving women’s nutrition and preventing sexually transmitted infections, gender-based violence, unsafe abortions, and unplanned pregnancies, especially for young adolescents, women in their 40s and 50s, women who have many children, and women with pre-existing medical conditions.</td>
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<td><strong>PROVISION OF CARE DURING PREGNANCY</strong></td>
<td>Helping mothers comply with prenatal care protocols, preventing anemia, maintaining adequate nutrition, identifying potential obstetric complications, and developing plans for emergency care.</td>
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<td><strong>PROVISION OF CARE DURING LABOR</strong></td>
<td>Facilitating normal deliveries, identifying complications, referring complicated deliveries for specialized care, and providing basic care to newborns.</td>
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<td><strong>PROVISION OF CARE FOR WOMEN DURING POSTPARTUM PERIOD</strong></td>
<td>Identifying complications and referring women to specialized care.</td>
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<td><strong>POST-NATAL NEWBORN CARE</strong></td>
<td>Helping women learn how to care for healthy children, identifying complications, making referrals to specialized care, and promoting breastfeeding.</td>
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PHILANTHROPIC SUPPORT OF MIDWIFERY ALSO HAS NUMEROUS INDIRECT BENEFITS:

- **Benefits for individual women include:**
  
  Greater life satisfaction, increased self-esteem, greater independence in decision-making, more time to bond with children, greater educational and employment opportunities, elevation in social status, higher productivity and incomes, and greater financial security.

- **Benefits for households include:**
  
  Increased ability of women to care for their families, stronger marital relationships, shared decision-making by couples, less discrimination against women and children, more attention from parents to the care of each child, higher household incomes, and a greater percentage of family income available for children’s health care, education, and nutrition.

- **Benefits for the community include:**
  
  High productivity, reduction of poverty, fewer abandoned children, increased gender equity, higher levels of saving and investment, and reduced need for public spending on education, health care, and social services.
Philanthropies with specific interests and missions can also focus their investments on specific areas within the spectrum of availability / accessibility / acceptability / quality in order to have the impact they desire:

**EDUCATION AND TRAINING**

For donors interested in education and training, investments can focus on: opening new schools for professional midwifery, investing in the development of clinical fields for new graduates, expanding technical midwifery training programs, supporting initiatives aimed at increasing enrollment in training programs, strengthening existing training sites, replicating effective training sites, and investing in initiatives that focus on developing standardized curricula and certification standards.

**SERVICE PROVISION**

For donors interested in service provision, investments can focus on supporting initiatives that: increase the presence of technical and professional midwives (as well as obstetric nurses) in primary health care, conduct research on public perceptions of midwifery, provide technical assistance on creating culturally-competent policies, document best practices for incorporating professional midwives into health services, and document the benefits of collaboration among traditional and professional midwives.

**SUPPORTING WORKERS**

For donors interested in supporting workers, investments can focus on strengthening professional midwifery initiatives, organizations, and associations that: increase the public visibility of midwifery, improve workers’ rights, create professional opportunities for newly trained midwives, adapt spaces for midwifery practice, and participate in creating professional standards and regulations.

**EMPOWERMENT AND LEADERSHIP**

For donors interested in empowerment and leadership, investments can focus on supporting initiatives that: design and implement community participation strategies to monitor the quality of service provision, identify best practices for pilot midwifery programs, promote professional midwife organizations and associations, define certification standards, and support the creation of a College of Professional Midwives that serves to promote the profession and establish standards.
Advancing midwifery in Mexico not only contributes to better overall health outcomes for women, it also has a tremendous impact on a variety of socioeconomic factors that affect every aspect of women’s lives. This, in turn, has a broad impact on Mexican society as a whole. The widespread adoption of midwifery not only benefits the women who receive the services, it also benefits the women who provide them – giving women another avenue to gain education, higher incomes, and greater economic stability and independence.

All of these outcomes depend upon funding for a variety of initiatives, described above, that will promote high-quality midwifery practices and make them more available, accessible, and publicly acceptable. Simply opening more midwifery schools will make substantial progress in standardizing curricula, strengthening certification standards and processes for certification, and exponentially expanding women’s opportunities for securing better paying jobs – jobs that also have the concomitant benefit of ameliorating many of the socioeconomic challenges women face as a result of unplanned pregnancies, having too many children, suffering health crises related to giving birth, and other factors associated with reproductive health.

This is a unique moment for philanthropies to make social investments that have the potential to not only impact individual lives in Mexico, but to transform entire communities and even the nation as a whole. And many distinct opportunities for investment exist, from funding in the areas of training and direct service provision, to program development and public policy. Philanthropies can play a pivotal role in the promotion of a strong midwifery model throughout Mexico, not only through their direct financial donations, but also by raising awareness of the issues and inspiring giving from other sources, both institutional and individual.

Midwifery has been identified by multiple international entities as a model with tremendous potential to affect a number of significant issues that impact a nation’s growth and development, from ameliorating poverty and preventing disease and death to advancing the rights and equality of women at every level of society. The philanthropic community has a vital opportunity to play a pivotal role in a nascent movement in Mexico and, in the process, propel developments that will dramatically change the future for Mexico’s women and, subsequently, society as a whole.
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