

Culture and Childbirth, a Play of Mirrors on the Two Shores

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From the oldest civilisations to the present, all human groups have been concerned about their women's gestation. Thus, to protect the pregnancy and ensure a successful birth avoiding the much feared miscarriage, a range of ancestral care and beliefs have been passed on within the domestic environment of the pregnant woman which are, along with celebrations of the birth, the core of what I call "childbirth culture".¹ Since ancient times, the study of traditional types of care and beliefs surrounding childbirth has attracted the interest of anthropology scholars. Most research has focused on groups of older people, studying women's memories of the customs and traditions of the different societies of the past. There is little research on how young women think and their current level of knowledge.

In the past, historians, as they were usually men, left very little documentary record of the care and beliefs of something as physiological as giving birth and the culture surrounding it: "Almost nothing has been recorded about domestic life during this stage and, as historians were men, it is no surprise that to them giving birth seemed too insignificant to mention" (Towler and Bramall, 1997: 28). Therefore, if women had not passed on their knowledge orally to enlighten others about the care and beliefs, this aspect of popular culture would not have survived and some of the folklore of popular childbirth customs would have been lost.

Every society has childcare customs that are the result of cultural crossover. Spain, in particular, is a mixture of multiple cultures (from Iberians, Greeks and Carthaginians to

Romans, who remained in Hispania for seven centuries) that have gradually left a legacy shared with other Mediterranean countries. Moreover, there must necessarily be bonds with the Maghreb countries, given the length of time Muslims spent in the Iberian Peninsula (from 711 to 1614) and the ongoing flows, both human and trade, between the two shores over the centuries. To assess these links we should take into account the time elapsed since Christians and Muslims coexisted in the Iberian Peninsula, not since the expulsion ordered by the Catholic Kings in 1492 but the definitive expulsion of the Moriscos, which took place throughout the 17th century in the reign of Philip III, in 1609, when the Valencia region lost 30% of its population (Benítez and García, 2009: 41).

1. I defined childbirth culture as including knowledge, beliefs, customs, traditions and meanings concerning childbirth, passed on orally within the group of peers, from generation to generation, in the family and domestic environment of pregnant woman in any society (Moreno, 2017: 22).

From Empiricism

Of all the cultures with which my work brings me into contact, the one that seduced me most to study it in depth was Morocco's, partly due to personal affinity but also because of the prevailing ethnocentrism in Western society, which out of the most profound ignorance, as well as the stereotypes with which women in the neighbouring country and their approach to life are seen, despises their way of life, customs and traditions. Finally, I chose Morocco as, among the Maghreb countries, it has the highest number of migrants living in the towns where I conducted my fieldwork: Quart de Poblet and Chiva, in Valencia (Observatori Valencià d'Inmigració, 2016: 6).

Working as a midwife in a primary health-care centre in a rural area with a large migrant population means being in contact with women from different countries and cultures every day at a transcendental time in their lives that unites them as one, regardless of differences of ethnicities, flags or religions: their pregnancy, expecting a future child, which will change their lives forever. In order to adapt care to the different cultures, it is important to know how the childbirth culture is experienced in each country: "It is about understanding from within the social world, based on the vision of the Other, in a profound exercise in empathy" (Sánchez, 2014: 69).

One day in the consulting room, while I was explaining to a pregnant Moroccan woman that she needed to have an ultrasound done, during which they would tell her the sex of her child, she said that she already knew she was having a son because of the shape of her abdomen (pointed). What surprised me was not what she told me but that she had used almost the same words I had heard so often from Spanish women, and the explanation was exactly the same: "Depending on the shape of the tummy, if it is pointed, it's a boy, and if it's rounded, it's

a girl. In my case it worked" (Silvia, Valencia-born informant from Quart de Poblet, Spain). An informant from Burriana also offers a similar version. In the *Edición crítica de la información promovida por la sección de Ciencias Morales y Políticas del Ateneo de Madrid en el campo de las Costumbres Populares en los tres hechos más característicos de la vida: nacimiento, matrimonio y muerte (1901-1902)* [Critical edition of the information promoted by the section of Moral and Political Sciences of the Ateneo de Madrid in the field of Popular Customs in the three most characteristic events of life: birth, marriage and death (1901-1902)] (Limón et al., 1990) she states: "If the tummy has a pointed shape it will be a boy and if it's rounded, a girl." In Turkey, according to Nicolas (1972: 69), informants explain in research carried out: "You have a pointed tummy, like a plant pot, so you'll have a boy."

I decided to find out more about the culture of Moroccan childbirth to check that it had not been merely anecdotal, an individual experience with a specific woman

From my privileged position as the professional with whom they had established bonds of trust, to whom they have given the key to their privacy, the person who had accompanied and looked after the women from the two countries through all the stages leading to birth, I decided to find out more about the culture of Moroccan childbirth to check that it had not been merely anecdotal, an individual experience with a specific woman. The empirical imperative drove this work, later complemented by intuition that it may be an interesting topic and curiosity about the unknown, with a point of rebellion as Morocco is a Muslim country and given the Islamophobia prevailing in society. When I saw that there were cultural links with Spain, I was able to start scheduling



Pointed tummy and rounded tummy (Clara Moreno Llopis).

the fieldwork, the phase of study and research on Moroccan childbirth culture, which I later extended with the comparative analysis of the two cultures. In this way, I was able to focus the empiricism of my profession as a midwife with an anthropological viewpoint.

Looking, Listening, Getting to Know the Other

In today's ethnography, my objective was to find out what Valencian and Moroccan women of childbearing age currently know about the traditional customs of childbirth and the meanings, as well as to discover whether passing on such customs continues within the family. I also

wanted to discover whether there are similar types of care and beliefs in such apparently different cultures as the Spanish and Moroccan which support the thesis of the Mediterranean legacy that considers the *Mare Nostrum* not as a border but as a path of cultural transit of customs, beliefs and meanings. Thus, I did in-depth research on the two cultures with a subsequent comparative study of them, with the idea of giving a voice to the young women from the two shores so that they could personally explain their experience of the family legacy that has been passed down to them.

The fieldwork was carried out in different stages in the two countries, with six stays in Morocco. In total, 58 interviews were conducted with Moroccan and Spanish women² and some

men. The interviews were held in Quart de Poblet and in Chiva with women who were born and live in a rural environment. I did not interview women from other areas of Spain. The Moroccan informants in Valencia mainly came from the urban environment of the coastal and inland towns, and all of them were from the north of the country, with only one from the rural environment. The interviews in Morocco were conducted in Thimahdit, a mountain village in the Middle Atlas, in Missour, a village in a desert oasis close to the border with Algeria, and in Chefchaouen, a tourist town in the north. In total the customs and beliefs of three different ethnic groups were studied: Jebala, Berbers and Arabs. I was interested in knowing about the geographical origin and educational background of the informants because I supposed that belonging to the rural world and having limited or no training involved a greater anchorage in tradition. Authors such as Pérez (2010) corroborate this idea arguing that in tribal or rural environments the family structure, and therefore their beliefs, is still anchored in a traditional model.

The women in the family in both cultures, mainly the mother and mother-in-law, are involved in passing on traditional care although also female friends and neighbours participate

To uncover all the knowledge the informants had about childbirth, I divided it into two main sections (traditional care and beliefs) as I consider that, in this way, I would cover it from many rational and irrational perspectives and in three specific periods: pregnancy, birth and postpartum. In the care section, among other aspects I studied care of the women, recommendations concerning food, posture, sleep

and rest, hygiene, sexual relations and care of the newborn. In the belief section, I assessed beliefs about the evil eye, predicting the child's sex, the baby's physical characteristics and the treatment of the placenta or umbilical cord, among other aspects. Finally, I described how the mother and child are celebrated in Morocco and the Christian baptism in Spain.

The Play of Mirrors around Childbirth

In both cultures, news of the arrival of a new baby is welcomed with joy by the whole family. The pregnant woman is given attention unimaginable at other times of her life. She is relieved of heavy or dangerous housework and is obliged to take care of herself so that the pregnancy is successful.

The women in the family in both cultures, mainly the mother and mother-in-law, are involved in passing on traditional care although also female friends and neighbours participate: "When the woman is pregnant, her mother and her mother-in-law guide her. The pregnant woman asks more of her mother, who gives her more advice than her mother-in-law" (Naima, Berber Moroccan informant from Chiva, Spain). "The family: mainly the mother and the mother-in-law" (Nuria and María José, Spanish informants from Chiva, Spain).

During the pregnancy, in both countries they are advised to rest and relax, as well as to sleep avoiding dangerous postures (on their back): "Yes, well, sleeping on one side should be good, but not on your back, because you can't breathe well" (Laura, Spanish informant from Chiva). "You can't sleep on your back because it can bring anguish and death" (Berber Moroccan informant from Chiva, Spain).

2. I am referring to Valencian women from Spain, as I have not conducted interviews in other part of the country.

It is also worth noting that crossing of the legs is not a good idea because they believe that the child can suffocate from getting the umbilical cord entangled around its neck: “We also have the custom of not putting one foot on top of the other, [crossing the legs] is not good for us” (Dounia, Arab Moroccan informant, in-depth interview, Spain). “I was told not to cross my legs, as it was not appropriate because the baby could be strangled by the umbilical cord, or he might be deprived of oxygen” (Marina, Spanish informant, in-depth interview). According to Nicolas (1972: 64), “the future mum must avoid crossing her legs during pregnancy so that, at the moment of birth, the baby is not strangled by the umbilical cord.”

There are also similarities in terms of recommended food: it must be rich and varied. Both cultures attach proprieties to different foods such as cleaning the body, calming the nerves, warming up or recovering strength

There are divergences in terms of hygiene because the two countries have different customs in this respect. In Morocco, the *hammam* is used both in rural and urban areas, although pregnant women can use the warm room. In urban dwellings, bathroom fittings are similar to those in Spain. In rural areas, given the idiosyncrasy of the classical Arab dwelling which has no bathroom, general body hygiene must be done in the *hammam*, and at home they only wash parts of themselves. “In the *hammam* you have to bathe in the room that is a little colder, so that the child doesn’t suffer, and you need to be very careful when you go there” (Naima, Berber Moroccan informant from Chiva, Spain). Similarly, in Turkey “a pregnant woman doesn’t go to the *hammam* because they say that if she does, her child won’t live, or if he does, he’ll have a mental disease” (Nicolas, 1972: 63).

There are also similarities in terms of recommended food: it must be rich and varied. Both cultures attach proprieties to different foods such as cleaning the body, calming the nerves, warming up or recovering strength. Food and drink should be warm, and some women are advised to eat for two: “Whatever, but to eat a lot, to eat for two” (Natalia, Spanish informant, focus group in Chiva). “Good things, warm food” (Rachida, Arab Moroccan informant from Chiva).

In both cultures cravings are well-established because they share the belief that some unfulfilled desires can cause birthmarks on children’s skin in the shape of an unsatisfied craving. To avoid a mark on the child, they must avoid touching their body and, if they do, they are advised to touch it in a hidden part, so that it does not appear on the face and render it ugly. “I was told that, if I had a craving, I should touch my bum, so that it appeared there. If a craving caused a birthmark, it shouldn’t be on the face or any other visible part... A birthmark appears in the shape of what you have craved” (Laura, Spanish informant from Chiva, Spain). “If you fancy something, you should have it; otherwise it comes out on the child’s body. When you see another woman, she will tell you: ‘Have something, have something’” (Souad, Arab Moroccan informant from Quart de Poblet, Spain).

There is also the shared belief that sexual relations, at the start and end of the pregnancy, can be inadvisable, and should be resumed after the period of abstinence: “You should have limited sexual relations, because it isn’t good for the baby” (Mamma, Arab Moroccan informant from Chiva, Spain). “Ah!, and during the pregnancy, nothing! You can’t have sexual relations. None!” (Maria, Valencian gypsy informant from Chiva, Spain).

They agree about predicting the child’s sex. There are several indicators: apart from the shape of the belly there is the mother’s beauty, among others: the mother is pretty if

the child is a boy and ugly if it is a girl, because the girl steals her mother's beauty. "Yes, I was told that when it's a boy you're prettier and when it's a girl your face, nose and lips get deformed" (Elena, Valencian informant from Quart de Poblet, Spain). "If the mother is uglier and fatter, it's a girl, if she's prettier and thinner, it's a boy. If birthmarks appear on her skin [chloasma], it's a girl" (Kaoutar and Sana, Jebala Moroccan informants from Chefchaouen, Morocco). "If the woman is ugly during pregnancy, it's a girl; if she's pretty, it's a boy. The girl steals beauty from the mother" (Mamma, Berber Moroccan informant from Chiva, Spain).

They also share the belief of associating heartburn in the birth of a child with a lot of hair. "If I had heartburn, it was because the boy was going to be very hairy, but he has come out bald, hairless" (Cristina, Spanish informant, in-depth interview, Spain). "When you have heartburn it's because the child has plenty of hair, it's growing a lot" (Mamma and Hanane, Berber Moroccan informants from Chiva, Spain).

In both societies magical religious beliefs are interiorised with multiple amulets that were familiar in ancient civilisations such as the Roman, as well as preventive remedies – ritual cleaning of the house, and burning oleander leaves, incense or alum stone [*chba-lhmal* in Arabic] to purify the air. There are amulets against the evil eye, for protection and good luck such as the colour red, coral, amulets or Koranic surahs under the pillow, as Moriscos used to do: "[We had] talismans with invocations to Allah written on parchment, sheathed in small coloured cloth bags hung around the neck as if they were scapulars or sewn on the clothes. Plaques featuring the carved hand of Fatima, the moon or Koranic verses were also hung around the neck" (Mendiola, 2011: 201). For today's Jebala women, "to protect against the evil eye, you place the Koran close to you or some verses under your pillow" (Sana and

Kaoutar, Jebala Moroccan informants from Chefchaouen, Morocco). Verses from the Bible in scapulars also have this function: "Well, for protection you should always wear a red ribbon or a small medal concealed so that nobody can see it. There is the custom of putting Bible verses in an amulet, and the child must wear it wherever he goes" (Maria, gypsy Valencian informant from Chiva, Spain).

The application of henna is a ritual in which the palms of the hands and the feet are painted for baraka (luck). Henna has different cosmetic, healing and ritual properties.

The importance and veracity that both cultures attach to amulets is striking. The difference is that, in Spanish culture, the wearing of amulets by the newborn and mother is public and ostentatious (medallions, red ribbons): "I was given a saint card, which I carry under the pram pillow. He wears a scapular and a red ribbon so that they don't give him the evil eye, and the medallion of the Virgen de los Desamparados around his neck" (Silvia, Valencian informant from Quart de Poblet, Spain). In Moroccan culture, in contrast, protective amulets are more discreet and private like Koranic fragments, and are placed in more intimate and invisible places, such as Fatima's hand or black ribbons: "To prevent the evil eye, you need to wrap the child in a piece of black cloth, some *chba-lhmal* placed on the chest, and the mother's ankle" (Rabha, Berber informant from Timahdit, Morocco). "During the pregnancy you must wear dark colours" (Hanane, Berber Moroccan informant from Chiva, Spain). The application of henna is a ritual in which the palms of the hands and the feet are painted for *baraka* (luck). Henna has different cosmetic, healing and ritual properties.

There are divergences in religious matters but, in general, Moroccan women show greater religious feeling. "Reading the Koran, this is so



Midwife assistance (Clara Moreno Llopis).

that... God wants to protect the woman, help her, give her a good life" (Souad, Moroccan Arab informant from Quart de Poblet, Spain). In Spain, women regard themselves as mostly non-practising yet in many cases they marry in church, christen their children and use religious symbols for protection for both the women and their children.

Inequalities in healthcare are seen during this time because of the differences between the health services in the two countries. In Morocco, home birth, mainly in the rural environment, is attended by *qâblas*, experienced women, whereas in towns women having their first baby prefer hospital birth attended by a woman. During labour, fasting is not advised as the woman must maintain hydration and energy levels needed to recover. The ritual meal of Moroccan labour and postpartum is

the *rfissa*, equivalent to the typical postpartum hen broth in Spanish society in the past: "The *rfissa* is made with homemade bread, like a thin pancake, cut up in the dish to which we add a broth made of free-range chicken, onions and very fine herbs, which cleanse the body and smell lovely...! Also oregano, mint and other spices that we bring from Morocco" (Mamma and Hanane, Berber Moroccan informants from Chiva, Spain).

In both cultures, walking is recommended to ease labour and for correct presentation, as well as being calm, having warm drinks, not being cold, locally applying heat and massaging the lumbar area to relieve the pain. Kaoutar, a Jebala woman from Chefchaouen, told me that, for a good labour, a quick labour, the woman should drink the water in which her husband had washed his right toe. Champault says

the same: "The father's right toe is carefully washed to remove the dust and sweat, and the resulting dirty water is given to the woman in labour to drink. They are common rites known in Morocco, Syria and Eastern Africa" (1953: 94).

Both cultures keep the umbilical cord; in Spain as a tradition, although the meaning of the rite is unknown, and as a lucky amulet in Morocco. The placenta in Spain is cremated, while in Morocco it is buried deep in a corner of a room of the house or nearby, under a tree or a plant, to avoid it being eaten by animals (because otherwise the mother would not stop bleeding or so that it is not touched by people who want to harm the family), or near a mosque (so that children are good). Several authors, including Belmont (1983), confirm that the placenta, which is given the value of an amulet, should preferably be buried under a plant or tree, probably due to fertility properties, but also because of the possible consequences of touching it: "It is buried in the domestic sphere. In Casablanca, a tile is removed from the floor, a hole is made into which some lime, salt, earth and the placenta are placed, and then closed up again" (2010: 460). "In the hospital they throw it away, at home they bury it; throwing it away is bad, if dogs eat it they say it's like eating the child; if dogs eat it, the woman doesn't stop bleeding" (Mamma and Hanane, Berber Moroccan informants from Chiva, Spain). The cord is dried and preserved more frequently, thereby taking on the value of a talisman, an amulet that confers positive virtues such as intelligence and various skills: "We keep the cord; some people keep it; there are people who take it and make a hole on the ground by the mosque and bury it so that the child turns out wise and knowledgeable" (Rachida, Arab Moroccan informant from Chiva, Spain). "I've kept the belly button, as well as the first lock of hair... plenty of things; I have stored all this so that they see it, so that they

see it's his" (Henar, Valencian informant from Chiva, Spain).

Both cultures experience extraordinary births, mainly of children who were wrapped in the amniotic membranes, giving them good fortune, and in Morocco it brings luck. In Spain it is said that those children who "were born with a bag or veil" have the power to heal with their hands to repair sprains or set bones: "A great uncle of mine was born wrapped in membranes, and if a bone hurt or we had a sprain, they sent us to him, although it wasn't his job, he was a farmer" (Beatriz, Valencian informant from Chiva, Spain). "When a child is born with the bag (surrounded by amniotic membranes), it is interpreted as a sign of good luck and the bag is kept as a sign of protection" (Kaoutar, Jabala informant from Chefchaouen, Morocco).

Both cultures experience extraordinary births, mainly of children who were wrapped in the amniotic membranes, giving them good fortune

During the postpartum, the puerperal woman (*nfisa*) receives the support of the women in the family in both countries, and during the early days she only needs to rest and recover. When washing the body, immersive baths are avoided during the whole quarantine. In Morocco they put henna on the hands and feet for ritualistic and magical purposes. Women are "open", a term used in both cultures in the puerperal period, as they are believed to be susceptible to infections or haemorrhages: "Yes, yes, our whole body is open and we women who have just given birth are like this; they always put a postpartum belt on us, to hold the body together, so that all our organs return to their place" (María, gypsy Valencian informant from Chiva, Spain). "Three days after delivery they take a herb, put it on the floor of the *hammam*, on a cloth and the woman sits on it and they throw water on her to purify her. When

she leaves the *hammam*, they cover her head and wrap her arms around her body and her legs (like a mummy) because she's open and must close. They make a belt for her (like a belt, with a piece of cloth) so that the belly returns to its place" (Kaoutar and Sana, Jabala informants from Chefchaouen, Morocco). This corroborates the research by different authors.

During the puerperal period and breastfeeding, both cultures attach diverse powers to a series of foods or drinks, such as increasing the production of milk (galactogogues), enabling rapid recovery or purifying properties (in the case of the teas of lemon verbena, mallow, a varied diet in general and some restoratives such as the *rfissa*, *harira*, *sellou*, liver, lentils, stew or red meats: "The *sellou* is good for women in labour (it has olive oil, sesame paste, almonds, toasted flour, hazelnuts, cinnamon and sugar), it's very nutritious" (Rachida, Arab Moroccan informant from Chiva, Spain). "The *harira*, hot soup, helps the body" (Souad and Warda, Moroccan informants from Quart de Poblet, Spain).

The newborns' eyes, belly button or skin are given particular care; in this respect there are no differences between either cultural group but there are differences in the products used and how they are applied. In Morocco cultural guidelines deeply anchored in the tradition of childcare prevail, mainly in Jabala and Berber women, such as the use of kohl and henna, both with antiseptic and preventive properties against the evil eye and some *jinniya* (bad spirits).

Many Moroccan women swaddle the baby (*ssmat*) for several weeks so its body grows straight, an obsolete custom today in Spain: "The *ssmat*, when the child sleeps wrapped up, is good for children. When they are dreaming and kick, they can wake up and be frightened, but when you do this to them they are very quiet, they can't get frightened, they stay straighter and their back is better. It's done for

three or four months, depending on whether this bothers them" (Rachida, Arab Moroccan informant from Chiva, Spain).

There are differences in breastfeeding time. It is longer for Moroccan women because they do not work outside home, and the Koran recommends breastfeeding for around two years (surah 2:231). In Spain, in contrast, many women stop breastfeeding when they return to work. In both cultural groups, herbal teas are used to calm the baby and avoid baby colic, such as lemon verbena and star anise: "Chicken and wheat milk soup make [the] milk rise. In caesarean section, liquids, couscous, *zamita* and lemon verbena are taken" (Dounia, Arab Moroccan informant from Quart de Poblet, Spain). "Drinking brewer's yeast creates more milk. The star anise [is for] when the baby's stomach hurts" (Lourdes, informant from Chiva, Spain).

In Morocco it is traditional for women to help each other with raising children, as they share the physical space of the traditional Arab extended family dwelling

In Morocco it is traditional for women to help each other with raising children, as they share the physical space of the traditional Arab extended family dwelling. Moroccan women who live and bring up their children in Spain, lacking the support and help provided by the women in their country, behave like Spanish women.

In both societies, traditional birth celebrations are closely linked to religion, as it is considered that, with each birth, the *uma*, the community of believers, expands. The celebrations are generally similar, and are held to commemorate everything going well. The celebration consists of a meal to which family, friends and neighbours are invited. In Morocco, the festival is called *caqîqa* and takes place on the seventh day after birth; in it the baby is named, its hair is cut – the price of its

weight in gold or silver is given as alms – and a lamb is killed if it is a girl and two if it is a boy. In Spain, in the past, Christian baptism was celebrated, according to Linares et al. (2011: 4) “between one week and fifteen days” after birth, but currently there is no specific date to do so.

By Way of Conclusion

For there to be a lasting belief, members of different generations of the same family need to relate to each other, and active listening and conversation must emerge from these relations. In this way myth and meaning, custom and explanation, are passed on. In the analysis of the two cultures that I have carried out, I conclude that current Moroccan society has a better understanding and greater internalisation of ancestral customs and what they represent; that is, their meanings. Spanish society is also familiar with many traditional beliefs and ways of caring, but in most cases does not know why and what their meanings are, so they are underestimated: “The passage of time, together with progress and disregard for everything related to popular culture and the ingrained customs of yesteryear, cause a loss and a departure from that traditional wealth” (Duque, 2003: 15).

Immigrants arrive in the host countries carrying their cultural heritage in their luggage, including, among other things, their idea of health and disease and traditional and preventive care

After the journey, immigrants arrive in the host countries carrying their cultural heritage in their luggage, including, among other things, their idea of health and disease and traditional and preventive care, also in relation to birth. When analysing the information provided by the participants, I can say that there is

a great similarity between the two cultures in the care and traditions surrounding birth. This shows that the Mediterranean is not a border but the path that joins the two shores. We share a similar childbirth culture in which you cannot study a belief or type of care without recalling or feeling reflected in a similar piece of data on the other shore, as if it were a mirror.

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