Family Planning, Pregnancy, and Birth in Guatemala: Maya Women and Modern Healthcare

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Introduction

- Guatemala is a country that is defined by the highest rates of maternal and infant mortality in Latin America

- Maternal mortality: 156.2 per 100,000 births
  
  Infant mortality: 41-49 per 1,000 births

- These rates almost double for Maya women

- Although there is an increasing availability of reproductive health services, resistance to these services is observed within these populations
History of the Maya in Guatemala

• “Heritage of conquest”

• Spanish conquest began in 1524
  • First decade emphasized devices of *encomienda* and *repartimiento*, enabled Spaniards to receive goods/services from Maya communities without seigneurial rights
  • *Composición de tierras*, raised funds by selling lands that were thought to belong to the Crown throughout Spanish America
## History of the Maya in Guatemala

- Guatemala gained independence from Spain in 1821
- Governed by a series of conservative authorities until 1870
- Liberals returned to power in 1871, being led by Justo Rufino Barrios
  - Promoted Liberal Reforms
  - Maya farmers lost nearly half of the land originally claimed during colonial times
  - Structural inequalities that resulted from ethnic manipulation are still present in Guatemala today
History of the Maya in Guatemala

• 1944-1954: “Ten Years of Spring”
  • Initiated by the country’s first democratic elections
  • CIA-led takeover put an end to
  • Due to Arbenz government began to requisition unused land that was owned by the forceful U.S. based United Fruit Company

• Early 1960s, guerilla resistance broke out. Resulted in overreaction of army to threats.

• By 1968, force of military increased greatly and overpowered the dawning rebellion
History of the Maya in Guatemala

• 1970s and 1980s in Guatemala were very dangerous

• Escalating civil war between the state and army against many guerilla groups
  • Reasons behind murders and kidnappings remained unclear, therefore constant and widespread fear

• Guatemala declared war on its own citizens, primarily the indigenous
  • Government intent was to inhibit community initiatives
  • ~440 villages in rural areas destroyed
  • Between 1981 and 1985, tens and thousands of Maya lives claimed
  • Effective for traumatizing survivors in submission
Guatemala Populations

- Maya inhabit five hundred square kilometers
  - Four Central American countries
  - Five Mexican States

http://mistonsofpal Enrique.com/maps/
Guatemalan Populations

• Guatemala is home to the largest population of Maya (4.4 million)

• Maya = refers to speakers of the 31 languages
  • Descendants of ancient Maya civilizations that thrived in prehispanic times
  • Ethnic consciousness, language, and culture vary due to nation states and historic routes
Guatemalan Populations

• Indigenous Maya and Ladino populations
  • Ladino = apart of national Guatemalan culture, speak Spanish, and wear Westernized clothing

www.paxgaea.com
Guatemalan Populations

- Ladinos dominate the structure of Guatemala
  - Politics
  - Military
  - Upper class of society
  - Higher levels of income
  - Higher levels of education
  - Primarily urban

- Indigenous Maya are characterized by disadvantages and are labeled as poor
Demographic Transition Theory

- Societies that participate in modernization will progress from a pre-modern pattern of high fertility and mortality to a post-modern one, where both are low.

- How does modernization result in a decline of fertility and mortality rates?
  - Active governments
    - Pure water
    - Vaccination services
    - Control of epidemics
    - Other public health measures
Demographic Transition Theory

- Decline in fertility rates
  - Increased contraception use
    - Motivation for birth restriction
    - Changes in religious beliefs and practices
    - Increasing education
    - Raising women’s status
    - Overall improvement of child health
    - Diffusion
Guatemala is home to one of the highest levels of health inequalities in Latin America

- Ladinos: TFR- 3.3, Infant mortality rate- 33 per 1,000
- Maya: TFR- 4.5, Infant mortality rate- 51 per 1,000

May be due to:
- Healthcare primarily in urban areas
- Socioeconomic and regional disadvantages
- Language barriers and low education levels may also play a role
- Distrust
Traditional Contraception

- Modern contraception use increase in the last decade:
  - Ladino women- 22% to 34%
  - Maya women- 4% to 6%

- Many Maya couples attempt to engage in traditional methods:
  - “Natural” or rhythm method
  - Abortificants
  - Celibacy
  - Postpartum neglect
Traditional Birthing

- Estimated that 75-85% of Maya births occur in the home with a traditional birthing attendant (TBA)
- A Comadrona is the most common TBA in Guatemala
  - Especially prevalent in Maya communities
  - Trusted woman within community
  - Thought to be wise
  - Have a scared calling to be a midwife
Role of the *Comadrona*

- Childbirth is a spiritual event, not just a physical one
- Gain knowledge through dreams and direct communications with God
- Act of birth is sacred
  - Praying
  - Burning incense
  - Going to church to light candles in front of Holy Virgin
  - Religious artifacts
- Use skills obtained through dreams and previous births aid in labor and delivery
Maya Perceptions of Biomed Reproductive Services

• Social norm within Maya communities = strong disapproval of biomedical reproductive health services

• Maya extremely opposed to these services, but why?
  • Multifactorial
    • Desire for large families
    • Religious beliefs
    • Disapproval from community leaders
    • Access
    • Widespread distrust of outsiders
Desire for Large Families

- Use of contraceptives must be preceded by motive for birth restriction (Demographic Transition Theory)
  - Agricultural society
  - Large family is advantageous
    - Economic security for older parents
      - No welfare programs
    - Lack of structured law enforcement; rely on family members for defense
Religious Beliefs

• Catholic Church is primary source of family planning information
  • Premarital classes: couples learn they should have all the children God blesses them with
  • Women born with all children she will bear in her lifetime within her
  • Sole reason for living is to have children
Community Leaders

- Community leaders commonly known to oppose family planning services
  - Claim it is a harmful sin
  - Distrust anyone who promotes it

- Results in widespread agreement through Maya population that these services are a sin
Access

- Biomedical reproductive health services are usually offered in urban areas
  - Ladinos reside here
  - Have better access

[Image]

www.pbi-guatemala.org
Access

- Lack of association between proximity of these services and its usage by the Maya
  - Lack of adequate care, government spending
  - Limited hours of service
  - Lack of confidence in biomedical care
  - Lack of attention to cultural, social, and structural factors
    - Indigenous languages
    - Ladino staff usually condescending/discriminatory towards poor (Maya)
Gender Roles & Education

- Most Maya men in complete control of reproductive decisions
  - Some feel it is their right to have sex whenever they want to
- The more educated a woman is, more likely to use biomedical reproductive services
  - Increased freedom in decision-making
  - Self-confidence
  - Greater control over resources, such as finances
Distrust

- Maya have widespread distrust of outsiders
  - History of violence, social/political oppression
- Suspicious of government-run (by Ladinos) agencies for biomedical reproductive care
  - Genocide
  - Maya believe it is their plot to rid of their population for good
- Conspiracy theories are formulated to explain what the government will not
  - Distrust is attributed to “political-economic underpinnings of the distribution of power, wealth, and violence and of the circulation of public disclosure” (Briggs 2004: 182).
Distrust

- Reluctance to visit Ladino health clinics
  - Racist intimidation

- Chemical means of regulating birth
  - Poison
  - Dangerous

- Biggest concerns for contraception = the pill
  - Thought to cause weight gain/loss
    - Community attributes weight changes with contraception
    - Might become suspicious and express criticism
Reaching the Maya; Culturally Appropriate Care

- Increase in recognition of qualitative research for designing programs
- Has led to a better understanding of beliefs and perceptions the Maya have toward family planning and pregnancy care
  - Realizations that the Maya will not adopt modern methods in the near future
  - Demonstrates the need to modify current efforts
  - Will require overcoming social, cultural, political, and language barriers
Reaching the Maya; Culturally Appropriate Care

- To be credible and reasonable to Maya population:
  - Messages should be delivered by those apart of Maya community
    - High levels of trust
    - Cost-effective
    - Eliminates language-barrier
  - Attention should be focused on those who influence women’s decisions
    - Church/community leaders
    - Husbands
Reaching the Maya; Culturally Appropriate Care

- Most important and successful adjustment: integration of traditional practices into formal health care system
  - Promotion of fertility awareness
  - Traditional birth attendants
    - Training programs that act as a mutual learning experience
    - Cooperation between these women and biomedical providers should provide the most effective and culturally appropriate care to the indigenous Maya
Conclusion

- Guatemala is characterized by some of the highest maternal and infant mortality rates in Latin America
- Lacking usage of government-run biomedical pregnancy services
  - Lack of attention to community’s belief systems
  - Occupying rural areas
  - Inequalities in education, socioeconomic statuses to Ladinos
  - Distrust left by the cycles on conquest, violence, and oppression
- To make services more attractive to Maya population:
  - Integration of traditional beliefs with biomedical services
  - Dissolution of racist intimidation with mutual respect
  - Overcoming social, language, and cultural barriers