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# The Comadrona: A Dying Profession or Secret Society? The Effects of Modern Medicine on Traditional Practice

Vanessa Romero  
*University of Pennsylvania*

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# The Comadrona: A Dying Profession or Secret Society? The Effects of Modern Medicine on Traditional Practice

**Disciplines**  
Anthropology

*THE COMADRONA: A DYING  
PROFESSION OR SECRET SOCIETY?*

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THE EFFECTS OF MODERN MEDICINE ON  
TRADITIONAL PRACTICE

By

Vanessa Romero

In

Anthropology

Submitted to the  
Department of Anthropology  
University of Pennsylvania

Thesis Advisor: Frances K. Barg, PhD

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## Abstract

The structure of healthcare in Santiago Atitlán is one which has undergone vast amounts of change within the last few decades. These changes continue to shape the way in which the people of Santiago Atitlán view health and make health-related decisions. One of the most significant sectors of healthcare is that which serves *Atiteca* women in regards to maternal health. There are two major components that the sphere of maternal health is comprised of: the biomedical system and the traditional system. This paper will focus on the latter and seek to analyze the traditional practice of *comadronas* – the traditional birth attendants of Santiago Atitlán – within the context of a dynamic and rapidly modernizing health environment. It will examine the practices of *comadronas* by considering three different aspects: 1) The dynamic healthcare environment of Santiago Atitlán, 2) The perspective of *comadronas* and 3) The relationship between *comadronas* and mothers. Childbirth and maternal health have been and continue to be among the most culturally-rooted customs in Santiago Atitlán. The understanding of traditional practices and how they are influenced by changes in the spectrum of healthcare is essential in maintaining a balanced relationship with biomedicine and with the healthcare system as an entity.

## Dedication and Acknowledgements

*To the comadronas of Santiago Atitlán.* Without these women whom I grew to respect and cherish, my quest for knowledge would have never been possible. The unrelenting strength, determination, dedication, and compassion that the women demonstrated in their efforts to serve their community and better the health of the generations that would follow has fueled my innermost passions and has given meaning and purpose to my desire to pursue my dreams of a career in maternal health. The women taught me indelible lessons about caregiving, womanhood, and the beauty and value of human life that I would not have learned otherwise. My experience in Guatemala can be described as nothing short of life-changing and Santiago Atitlán is a place that will always have a part of my heart and soul. For that I am eternally indebted.

*To my mentors.* I would like to thank the coordinators of the Guatemala Health Initiative for giving me the exceptional opportunity to partake in such a phenomenal program. The amount of personal and academic growth I have experienced is unparalleled by anything I have ever encountered. Thank you to Dr. Fran Barg, Dr. Kent Bream, Mamie Guidera, and Mike Harvey for all of your guidance and support and for making this an unforgettable journey.

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*To my GHI peers.* To the group of eight students who left to Guatemala as acquaintances and came back as family - each and every one of you made this experience an amazing one that I will hold close for a lifetime. Thank you for all of your love, support, friendship, and for helping me become a better person through and through.

## Introduction

The data presented in this thesis will attempt to demonstrate the ways in which the practice of traditional midwives is being influenced by a growing presence of biomedicine in the community of Santiago Atitlán. Through the stories and experiences of the *comadronas*, I intend to explore the dynamic healthcare environment of the community in order to demonstrate the degree to which the traditional practice and health culture is being negatively impacted by the imposition of biomedical practice. I wish to reflect on the precarious future of a historical profession in order to speculate about whether the practice of *comadronas* is gradually fading, or if the collective of women can be viewed as a sort of “secret society” working to preserve the tradition and sacred practice in a rapidly modernizing healthcare environment.

### *Study Community*

Santiago Atitlán is located in the lush Western highlands of Guatemala in the department of Sololá – a predominantly indigenous sector. It is picturesquely nestled between three towering volcanoes – *Volcán San Pedro*, *Volcán Atitlán*, and *Volcán Tolimán* – and is one of the many towns that sit along the shore of the majestic turquoise waters of Lake Atitlán. The *Tz’utujil* Maya of Santiago are the largest indigenous community in Central America and can be distinguished from other indigenous villages around Lake Atitlán by the native dialect – *Tz’utujil* – and by the colorfully embroidered clothing and fabrics that the *Atiteco*<sup>1</sup> people wear with pride and honor. The *Tz’utujil* people continue to

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<sup>1</sup> The people of Santiago Atitlán are commonly referred to as *Atitecos*

proudly and humbly uphold Mayan customs, beliefs and traditions, despite the influx of outside influences in recent decades. Santiago Atitlán is a unified community with 44,920 inhabitants, 98% of whom are indigenous (Censo de Santiago Atitlán). The population is distributed among seven cantons and two villages that are part of the central and surrounding pueblo (Hernandez Yol).

Within the last few decades, the Santiago Atitlan has experienced several major events that have contributed to the nature and outlook of the community. The pueblo was a major site of state-sponsored violence during a civil war that persisted for thirty-six years, which greatly impacted the entire population. Furthermore, the town was also severely affected by Hurricane Stan in 2005, resulting in countless deaths and long-term suffering. These occurrences are two of the primary events which have greatly contributed to the shaping of the social context of the growing population of Santiago Atitlan.



## Literature Review

### *Traditional Care in Santiago Atitlán: A Profile of the Comadrona*

Traditional forms of healthcare comprise a large subsection of the complete sphere of healthcare in Santiago Atitlán. *Comadronas* are among the most prominent practitioners of traditional practice and are respected and distinguished within the community. They are the key figures in maternal health, attending to the majority of pregnancies and deliveries – especially in rural indigenous areas such as the municipality of Santiago Atitlán (Goldman and Gleit). There are currently thirty *comadronas* that are registered with the *Centro de Salud*, all of whom currently practice.

The *comadrona* performs a variety of tasks that are deemed essential throughout the duration of a woman's pregnancy. Although the *Tz'utujil* title for the traditional birth attendant is *iyom* which translates to "midwife," the designated role "embraces a wider range of attributes than is currently conveyed by the English term midwife or either or its Spanish equivalents (*partera, comadrona*)" (Paul and Paul). As a traditional birth attendant and spiritual healer, the *comadrona* is a specialist whose work encompasses not only the obstetric discipline, but religious disciplines as well. Many times, *comadronas* will also take on the practice of *curandera* – a "folk healer" or "traditional healer" by incorporating natural medicines and natural or spiritual remedies into their practice. The *comadrona* and her patients uphold certain expectations as part of the caregiver-patient relationship. It is the responsibility of the patient to call on a *comadrona* when she desires to initiate a relationship with her upon the discovery of a new pregnancy. The patient is also expected to cooperate with the *comadrona* and follow the advice that she is given throughout the

pregnancy. Conversely, it is the role of the *comadrona* to visit her patient periodically on her own accord or when her patients call on her. When a *comadrona* goes to her patients' home, the visit typically follows a general routine. During almost every visit, the *comadrona* will give her patient a *sobada*, or massage. This massage is given to both prenatal and postnatal patients. In prenatal patients, the *comadrona* massages the woman's thighs, lower back, and stomach in order to help position the baby correctly from within the womb of the woman so that the baby's head is facing downward. In postnatal patients, the massage is given to mothers who have recently given birth in order to reposition the uterus and ensure that there are no perceptible abnormalities. In both cases, the massage is also a form of pain relief. In addition to the massage, the *comadrona* will also sit with her patient and listen to any questions or concerns she may have. The *comadrona* will then give the woman advice and make any recommendations that she sees fit regarding medications (generally natural medicines), supplements, or further medical attention. However, the most important role of the *comadrona* is to deliver the babies of her patients when they go into labor. Traditionally, births take place in the patient's home under the care of the *comadrona*. The women of Santiago Atitlán continue to carry on this tradition with three-fourths of all births taking place in the home (Schram and Etzel).

The process of becoming a *comadrona* is culturally determined and according to *Atiteco* beliefs, the only way that a woman can become a *comadrona* is if she is given the gift from God. It is not within a woman's capacity to decide that she will become a *comadrona*, "she must be born with a mandate" (Paul and Paul). Most women are born with some sort of physical indicator, the most common being: a *bolsa* (mucous membrane) over the infant's face at the time of birth, an extra toe or finger, or teeth that are present at the time

of birth and are never lost throughout the woman's lifetime. In addition to the physical indicators, the women also begin to have specific dreams in their childhood and youth, that usually begin around eleven or twelve years of age. The dreams are reoccurring and continue to take place over the course of the *comadrona's* life. These dreams are often accompanied by bouts of sickness until a woman chooses to accept her calling (Walsh). Once a woman acknowledges her fate and begins practicing, the women begin to learn and acquire knowledge and skills from their dreams and from experience.

There is typically no formal public recognition that a *comadrona* has entered the ranks of her peers. However, once word gets out that a woman has received a calling to be a *comadrona*, expectant women will begin to summon her for prenatal care and the delivery of their children. A *comadrona's* success is determined by her reputation in the community. If she succeeds in delivering children without any complications or harm to the mother or child, she will gradually acquire a repertoire of patients. The most successful of the *comadronas* in Santiago Atitlán are those who are able to communicate effectively with their patients and have the capacity to deliver infants safely and efficiently. Furthermore, the women who are well-versed in the warning signs and risk factors of pregnancy and who are able to accurately determine whether or not outside assistance from doctors at the *Centro de Salud* or Hospitalito is necessary – such as cases of breach or lateral positioning and high blood pressure – will be the *comadronas* who are regarded most highly. Overall, the *comadronas* of Santiago Atitlán are skilled (note: “skilled” – by definition of WHO, *comadronas* are not considered skilled birth attendants) birth attendants who continue to receive patients and attend to home births in the dynamic healthcare environment of Santiago Atitlán.

### ***The Comadrona's Role in the Community***

In Santiago Atitlán, the *comadronas* uphold a very important social role. The women are well known throughout the pueblo and are distinguished by their profession. They are known among the community to be trusted and wise women who have acknowledged the calling of midwifery (Walsh). The *comadronas* are favored among the community because of the fact that they are able to “provide an array of services to pregnant women that hospitals and clinics do not” (Replogle). Many women go to *comadronas* for “non-medical” health needs and advice that they would not likely receive from a biomedical health institution. With a *comadrona*, there is more lay work involved and more personal care that is specific to the individual, rather than a broad approach or treatment aimed at a specific condition that is commonly seen in biomedicine.

There are a number of *comadronas* who live in each of the seven cantons of the municipality. Because there is not a formal address system in Santiago Atitlán, the women are most easily located by the canton that they live in. If one wished to know where the home of a *comadrona* can be found, it would be relatively easy to find out by simply asking a woman in the street to point you towards your destination. However, the *comadronas* do not only operate within their respective cantons, but they also attend to patients from other sectors as well.

Since the majority of births are attended to by *comadronas*, they are recognized as the individuals who bear the responsibility of bringing new life into the world and thus, garner respect and reputation. Paul and Paul offer a “five point explanation” to account for the “elevated status” of the *comadronas* from the various Mayan pueblos around Lake

Atitlán: 1) The role is highly professionalized, 2) requiring that incumbents be drawn from the pool of married women in their prime 3) who must overcome their own and their husbands' resistance; 4) this barrier is surmounted only by manifold evidence of divine election 5) which in turn accords midwives prestige and respect (Paul and Paul). The *comadrona's* professional standing is able to come to fruition when she is able to emerge from the typically subordinate role that women occupy as part of the social hierarchy that exists in many Latin American countries. This is crucial in the sense that the woman must demonstrate to her community and to her patients that she possesses the bold characteristics that are fundamental to her profession. She must be capable of overcoming her fears and maintaining control in any given situation. Furthermore, the notion of divine election as an explanation for the "elevated status" reiterates the prominence of the rich sociocultural context that frames the experience of a traditional Mayan midwife.

### ***Medical Pluralism in Santiago Atitlán***

#### *Santiago Atitlán's Health Institutions – The Three Main Players in Maternal Health*

In recent years, Santiago Atitlán has witnessed an influx of biomedical influence. This is largely in part due to the three main health centers that have come about over the last few decades. Before these centers were available to the community, the closest healthcare facility required at least a two hour commute that consisted of a boat ride across the lake to Panajachel and a car or bus ride up the mountain to Sololá where the National Hospital of Sololá is located. Thus, the inauguration of these health institutions in Santiago Atitlán has rapidly transformed the sphere of healthcare, especially in terms of cases where immediate medical attention is necessary. Yet, health professionals of Santiago Atitlán still

rely heavily on the National Hospital of Sololá for caesarean section operations, owing to the fact that the Hospitalito is not authorized to perform the operations due to a lack of personnel who are trained in the administration of anesthesia.

The three healthcare institutions that will be discussed are three prime examples of the various types of care that exist under the biomedical system in Guatemala. Due to a lack of a greater centralized healthcare system, the Guatemalan national healthcare system is comprised of three primary sectors: non-profit, public, and private. These three sectors then trickle down to smaller communities and villages such as that of Santiago Atitlán (Gradilla). Thus, the wider availability of healthcare options in the community enables women, in particular, to routinely utilize both biomedical care and/or traditional care with a *comadrona* at her personal discretion.

### 1) Hospitalito Atitlán

Hospitalito Atitlán is a private non-profit hospital that serves the population of Santiago Atitlán and the surrounding area. At the Hospitalito, local physicians, nurses, and staff collaborate with volunteer medical professionals from around the globe who practice at the Hospitalito for varying amounts of time. The Hospitalito provides comprehensive healthcare to people within a 2-hour radius, including 24-hour emergency care. Before the Hospitalito was established, “there was no adequate emergency service available for complicated births” (Schram and Etzel), posing great risk to mothers and their children in cases where complications arose during birth that required a caesarean section or sophisticated medical attention.

Hospitalito Atitlán has a relatively short, but complex history. Before Hospitalito Atitlán, there was *Clínica Santiaguito* – a health clinic that was established in the late 1960s

which provided healthcare to the surrounding community for 25 years. However, in 1990 at the height of the civil war, a tragic massacre took place down the road from the Hospitalito and 13 *Atitecos* were murdered at the hands of the Guatemalan army. Soon after, the clinic was abandoned with no possibility of revival in sight. The loss of the clinic took a devastating toll on the population of Santiago Atitlán, leaving thousands of people without access to in-patient care or emergency medical services at the height of a civil war and political and economic upheaval (Penn Medicine). The Hospitalito remained abandoned until 2005, when it was restored and reopened by a grassroots organization named *K'aslimaal* which devoted its efforts towards the reconstruction of the Hospitalito and the advancement of healthcare. The newly reopened hospital “dedicated itself to lowering neonatal and maternal mortality rates and providing in-patient, surgical, and 24-hour emergency care to the people of Santiago Atitlán” (Penn Medicine). Six months after the Hospitalito reopened, the community was struck with yet another tragedy – this time, in the form of a devastating mudslide triggered by Hurricane Stan that claimed the lives of hundreds. A temporary hospital was subsequently instituted several months later, and continued to serve the population of Santiago Atitlán for many years. It was not until 2008 that a construction project to build a large and innovative permanent hospital was set in motion. As the lower level of the Hospitalito was completed, the space was slowly transformed into a functioning health establishment complete with x-ray machines, an emergency room, a dental clinic, and the most modern medical technology in the region. The construction was finally completed in 2011 and the people of Santiago Atitlán were guaranteed a permanent healthcare center.

In terms of obstetric and gynecological care, the Hospitalito provides numerous services including but not limited to: vaginal deliveries, fetal monitoring, ultrasound, birth induction, cesarean section, dilation and curettage, tubal ligation, and hysterectomy (Hospitalito Atitlan). The Hospitalito offers many different types of healthcare services that are among the most modernized and technologically advanced of the services that are available in Santiago Atitlán. It provides the types of care that cannot be found anywhere else within a reasonable radius. For this reason, the Hospitalito is attractive and serves a large percentage of the population. However, there exists a widespread perception that the Hospitalito is not within the financial means of the average family, despite the fact that there is a sliding scale to determine the amount a family should pay based on the family income. Thus, many families do not consider the Hospitalito an option unless it is completely necessary – a mindset that potentially prevents individuals from benefitting from the services that the Hospitalito has to offer.

## 2) *Centro de Salud*

The *Centro de Salud*, Santiago Atitlán's government-based public health clinic, opened its doors in 1972. Located in the heart of town, the clinic is very accessible to the community and offers primary care services Monday through Friday from 8am-5pm. During normal hours, the staff consists of one doctor, one or two registered nurses, and several auxiliary nurses. There are also local volunteers that assist the staff as well. Within the last two to three years, the *Centro de Salud* has begun to implement 24-hour care. From 5pm-8am and on weekends, there is always one doctor who is present to handle emergency cases and births. The *Centro de Salud* has a total of four local doctors who work 24-hour days and rotate daily. The *Centro de Salud* is a very accessible, but very small clinic



that has limited supplies and limited (often inadequate) staff. Despite the lack of resources, the *Centro de Salud* is able to offer free or very low-cost healthcare to the residents of Santiago. For this reason, it is very widely used with the majority of patients being women and their children.

Within the last two years, the *Centro de Salud* has incorporated a *Centro de Partos*, or birthing center, with the objective of reducing the unusually high level of infant and maternal mortality rates in Santiago Atitlán. The center is comprised of one primary delivery room and two post-delivery rooms where women are given the opportunity to recover after they have given birth. The implementation of the birthing center has had a perceptible effect on the birthing trends and continues to transform the way in which *Atitecos* perceive birth and maternal health. The birthing center offers prenatal care including ultrasounds, examinations, and the provision of prenatal vitamins and supplements. Most importantly, it has given women the option – something that has never existed prior to the inauguration of the birthing center – to have their children delivered in a controlled environment by biomedically trained professionals free of charge (although there is a suggested 30 Quetzal donation (less than \$4 US) for those who are able to pay). The birthing center continues to grow in popularity as more women are now considering and opting to give birth in the facility as opposed to in the home, should there arise any complications during the birthing process.

### 3) *Rx'iin Tn'amit*<sup>i</sup>

*Rx'iin Tn'amit* is a private health clinic that was founded in 1993 when the old Hospitalito (also known as Clinica Santiaguito) closed its doors. The clinic offers services for prenatal care, healthy pregnancies, births, post-pregnancies, and care during the years

following a birth. The clinic is open Monday through Friday from 8am-5pm. In addition to patient care, the clinic also hosts monthly educational sessions for mothers. The trainings cover various subjects such as dietary and nutritional advice, how to check blood pressure and determine whether or not it is within an acceptable range, and potential danger signs. The clinic provides services for a fee, which may be considered a drawback, given the fact that people can receive many of the same types of service at the *Centro de Salud* for a lesser cost or for no cost at all.

### ***Efforts to Formally Educate Comadronas***

The World Health Organization identifies the “lack of access to quality care before, during, and after childbirth” (World Health Organization) as a key obstacle that hinders the successful prevention of maternal mortality. Additionally, it has also been acknowledged that the investment of health systems, “especially in training midwives and in making emergency obstetric care available round-the-clock” is central to reducing maternal mortality (World Health Organization, 10 facts on maternal health).

The formal education of traditional midwives was first introduced in the 1970’s and 1980’s in an attempt to reduce high mortality rates. These efforts were focused on educating “empirically-trained birth attendants – that is, birth attendants with no formal training but often much experience,” explains Jill Replogle. Rather than being formally trained, the *comadronas* learn their practice “through dreams or visions and they expressed the belief that the dreams were direct communication from God” (Walsh). Thus, through the trainings, the *comadronas* in the highlands of Guatemala “have the opportunity to attend monthly reunions during which nurses or physicians teach and review clinical

skills needed for obstetrical problems and emergencies” (Walsh). The trainings cover a range of subjects and are designed to enable the *comadrona* to be able to identify signs of unsafe pregnancy and determine whether or not specialized medical assistance is needed, in addition to having the capacity to treat a range of other basic medical issues (Replogle). Additionally, the *comadronas* are encouraged to alter their clinical practice in order to “incorporate new knowledge and skills gained during monthly training sessions” and that these skills are intended to be “added to practices to supplement the spiritual beliefs and rituals, rather than replace them.” (Walsh)

However, “training sessions like this for traditional birth attendants (TBAs) are out of style in major international health circles. TBA training, policymakers say, simply hasn’t led to significant reductions in maternal mortality rates.” (Replogle). In addition, the World Health Organization (WHO) expressed in the *World Health Report 2005* that the strategy to educate *comadronas* is progressively considered a failure on the basis that “TBAs haven’t helped women get women into hospitals as was hoped, and that health professionals don’t have the time or resources to provide the level of supervision that TBAs need to be successful” (World Health Organization). Nonetheless, the fact remains that Guatemala continues to maintain its rank as having one of the highest rates of maternal mortality in Central and South America.

Despite the risks, a majority of women in Santiago Atitlán continue to opt to have a *comadrona* deliver their babies in the home. In response to the practicality of the continued efforts to reduce maternal mortality rates, Kruske and Barclay reason that rather than the perpetuation of interventions grounded in a Western medicine perspective on healthcare, we need to devise programs that incorporate traditional healers who essentially embody

the sociocultural beliefs of the community (Kruske and Barclay). Thus, in order for training sessions to have a substantial effect on maternal mortality rates, it is crucial that traditional practice and culture be acknowledged as having an important role within the larger scheme of maternal health.

### ***The Challenges that Comadronas Face***

One of the greatest challenges that *comadronas* face is the high infant and maternal mortality rates. According to the World Health Organization (WHO), Guatemala has the third highest rate of maternal mortality in Latin America and the highest rate of maternal mortality in Central America (WHO, Guatemala Country Profile). In addition, the infant mortality reported in 2004 in Guatemala was the third highest in the Americas (39 per 100,000 live births) and the under-5 mortality was the fourth highest in the Americas (48 per 100,000 births). Furthermore, the WHO also states that the figure for the indigenous population was three times higher than for the non-indigenous population (WHO). Thus, the predominantly indigenous community of Santiago Atitlán is considered to be a high-risk category, based on the information that is conveyed by the above statistics.

Correspondingly, Linda Walsh discusses the idea that “because of their lack of education, their gender, and their ethnicity, they are commonly devalued by those in the formal healthcare system, and *comadronas* are often the scapegoat for the high mortality rates in the country” (Walsh 2006).

In addition to the issue of high levels of infant and maternal mortality, there also exists a growing need for *comadronas* to compete with modern medicine. A prime example of this lies in the belief that funding could perhaps be better spent on the training of

professional midwives according to biomedical standards rather than the training of traditional midwives (Replogle). Given the scarcity of resources, many believe that a shift to births taking place in a clinical setting rather than in the home to be of utmost priority. Although this is still a far-off goal to reach, there have been efforts by the Ministry of Health to “medicalize” the profession.

Among the efforts to “medicalize” the profession, there have been strides taken at the national and local level to incorporate more education into the work of traditional practitioners who have little to no formal education. The *comadronas* of Santiago Atitlán are now required by the Ministry of Health to attend monthly training sessions as part of a collaborative effort to reduce infant and maternal mortality rates and educate *comadronas* on vital knowledge of the birthing process, complications that could potentially arise during pregnancy and birth, and how these complications should be handled in the event that they should occur. However, the programs which aim to educate *comadronas* are largely biomedically-driven and often times fail to correspond with traditional birthing practices and cultural factors. For example, although the prenatal massage is considered to be a cornerstone of *comadrona* practice, the public health ministry “warns that such massages can endanger the mother and fetus” (Replogle). As a result, a rift between biomedical and cultural beliefs is created when biomedicine is introduced into a population without having considered the context of the traditional birthing culture. Furthermore, the trainings are often criticized “for being academic in nature, and for being deficient in linguistic and cultural considerations” (Roost, Johnsdotter and Liljestränd). Often times, trainings fail to account for stratified levels of education among *comadronas* (many of whom are illiterate) and the language barriers that exist within the population, given the

fact that many *comadronas* are only able to speak the local Mayan dialect. Therefore, it can be said that the effectiveness of the training programs is often limited due to poor design and coordination (Replogle).

***What is the Relationship Between Traditional Practice and Biomedical Practice in the community of Santiago Atitlán?***

Because the influence of biomedicine is on the rise, Santiago Atitlán is witnessing an increasing amount of interaction between traditional and biomedical practice. Not only is biomedicine becoming more prevalent, but it is also becoming a much more dominant contender within the community's sphere of healthcare. The modernization of medical care in Santiago Atitlán has undoubtedly had a great influence on the various forms of traditional practice including those of curanderos, midwives, bonesetters, and shamans (citation). *Comadronas* are now taking part in collaborative efforts in conjunction with the Hospitalito, the *Centro de Salud*, and the clinic *Rx'iin Tn'amt* more than they have ever done in the past. Hospitalito doctors have described the relationship with *comadronas* as "decent" (although they also claim that their knowledge of traditional practice is relatively minimal) with much room for improvement and further partnership given the fact that the Hospitalito has only very recently attempted to reach out to *comadronas* in order to initiate a cooperative relationship. Similarly, the *Centro de Salud* and *Rx'iin Tn'amt* describe their relationship with *comadronas* as "good" or "okay." However, the *Centro de Salud* in particular has managed to bridge the two sectors of healthcare by maintaining a steady flow of communication with the *comadronas* in order to keep track of patients more efficiently which in turn allows the patient to receive informed information and advice that has been

cleared from both parties. Although the health institutions of Santiago Atitlán are all still in the process of attempting to create resilient and trusting relationships with traditional midwives, there is still a great deal that can be done to strengthen this bond – beginning with a thorough and mutual understanding of one another that is necessary to foster a cooperative rapport.

In addition to the collaboration between these two distinct practices in terms of maternal health and child delivery, there have also been efforts to incorporate education and acquisition of skills in a more formal setting. As previously mentioned, the *comadronas* of Santiago Atitlán also participate in the monthly meetings – called *capacitaciones* – where the education is focused on topics such as signs of risk and maternal health (Hospitalito Atitlan). In addition, the *comadronas* also are required to have an identification card and maintain a log of the training sessions that they have attended. The trainings generally last around three to four hours and are held at the Hospitalito or at the clinic *Rx'iin Tn'मित*. Since many of the *comadronas* only speak in Tz'utujil, there is typically a translator available if the workshop leader conducts the training session in Spanish.

As traditional birthing practices become progressively more subjected to the influence of biomedicine, biomedical notions of health are too becoming much more normalized. Although the process takes place over a broad span of time, the normalization of biomedicine can be thought of as the gradual merging of the two practices, which in time will influence the common psychosocial perception of pregnancy and birthing practices. In the present time, the significance of the prenatal examinations that *comadronas* perform remains consistent, as they are done to identify problems or potential problems. However

women are now being encouraged to birth their infants in facilities with trained personnel  
(Walsh).



## **Methods**

### ***The Role of the Researcher***

The research took place over the course of two months from June 6<sup>th</sup>, 2011 to August 6<sup>th</sup>, 2011 in Santiago Atitlán, Guatemala. My primary goal as a researcher was to look past the exterior of the realm of healthcare in Santiago Atitlán in order to gain a greater understanding of the work of *comadronas* and how they interact with and are influenced by their changing environment. I strove to break away from my preconceived understanding of health in Santiago Atitlán to get an insider's perspective of not only the practice of *comadronas*, but also of the women who are their patients and the greater community which they serve. It was necessary that I remained mindful of the fact that I was an outsider looking into a culture that was not my own and that I respected the *Atiteco* beliefs and traditions. I tried to conduct my research in the most ethical and courteous manner possible.

However, with the research came certain limitations. First, because I was a non-native individual working and living within the community, there was always the concern of cultural bias. It was necessary for me to remove myself from my American cultural standpoint and immerse myself in *Atiteco* culture in order to be as impartial as possible. In addition to cultural bias, I was also concerned about the ways that my presence influenced the interactions and practices that I was observing and whether or not things would have happened differently, had I not been there. Another essential part of my role as a researcher was to overcome said limitations and integrate myself into the community as best as I possibly could.

### ***Criteria Used to Select a Sample Population***

There were various criteria that were used in the process of selecting a sample population. Given that the research was focused on the work of the *comadronas* themselves, I aimed to focus on the *comadronas* that were registered with the *Centro de Salud*. The *Centro de Salud* has a registry of *comadronas* and keeps important information such as name, phone number, birth year, age, canton in which they practice, and patients whom they are connected to. The list contains approximately thirty *comadronas* who are currently practicing. After I was given permission by the director of the *Centro de Salud*, Dr. Chumil, I began working closely with the practicing obstetrician, Diana. Diana allowed me to have access to the information that the *comadronas* had provided the *Centro de Salud* and from there, I was able to get in contact with some of them. Another way in which I was able to contact *comadronas* was by attending the *comadrona capacitaciones*- or, training sessions. These training sessions are held once a month and I was able to attend two *capacitaciones* – one in June and one in July. At the meetings, I was able to introduce myself to the *comadronas* and explain to them exactly what I was doing and what I hoped to learn. As the *comadronas* became accustomed to my presence, they became increasingly open to allowing me to sit in on their meetings and visit their homes to interview them.

In addition to the *comadronas* that I interviewed, I also interviewed a range of medical practitioners who had ties with the biomedical institutions in the community. The criteria that I followed in order to select the healthcare professionals which I interviewed were: 1) the individual had to be a practicing healthcare professional at one of the three healthcare institutions in Santiago Atitlán, 2) The individual had to have been working at any one of these institutions for at least one year.

### ***Becoming Established in Santiago Atitlán***

Generally, my presence was welcomed during the interviews and observations that I conducted. However, because of my outsider status, I found myself in a position in which it was necessary that I first earn the trust of the people whom I was working with before I was able to acquire a deeper understanding of health in Santiago Atitlán. In order to do this, it was necessary that I took the time to establish relationships and a certain level of trust and respect with the individuals whom I wished to work amongst.

In order to do this, I made connections with many different individuals from within the healthcare community. I utilized a top-down method which consisted of first making connections with individuals from the two most prominent hubs of healthcare: the Hospitalito and the *Centro de Salud*. Several days after arriving in Santiago Atitlán during the daily afternoon meeting, I was notified that the monthly *capacitación* – or, *comadrona* training session was happening. At this meeting, I was able to make the initial connections that served as the foundation of the social network that I would eventually come to form with members of the community over the course of the summer. The first set of relationships that I established proved to be crucial for the development of my research. These connections allowed me to familiarize myself with the healthcare community, gain an understanding of how it functioned and ultimately, helped me formulate a roadmap that would assist me in navigating my research and the questions which I sought to answer.

### ***Data Collection***

In order to explore the subjects of healthcare and midwifery and to find answers to the questions I had developed, I conducted my research by employing three methods: semi-structured interviews, participant observation, and apprenticeship.

#### **a) Semi-structured Interviews**

I was able to formulate various sets of interview questions that were specific to the individual sample populations that I wished to focus on. Among these populations were the *comadronas* themselves and various medical practitioners and staff from the three major health institutions in Santiago Atitlán.

The interview questions geared towards the *comadronas* first inquired about the woman's personal history such as the number of years that she has been practicing, how she became a *comadrona*, and where she learned the skills necessary for her profession. The questions then centered on the notion of change in regards to the presence of Hospitalito and the *Centro de Salud*, the *comadrona* training sessions, and the trends that the women have witnessed among their own patients over the years. In total, I was able to interview fourteen of the thirty registered *comadronas*.

Finally, in preparation for the interviews with the various representatives of the major health establishments in Santiago Atitlán, I sought to ask questions pertaining to the doctors' relationships with the *comadronas*, the doctors' perceptions of the practice of *comadronas*, and their perceptions about the transformations that the health environment has undergone in recent years. Although the interviews from health institutions were not necessarily the focus of my research, they helped me gain a better understanding of the biomedical perception of *comadronas* and how biomedicine and traditional practice interact with one another.

## **b) Participant Observation**

Some of my first observations took place at the monthly *comadrona* training session that I attended. In total, I attended three training sessions. At these training sessions, I was able to observe what type of material was being taught to the *comadronas*, the manner in

which the material was delivered, how the *comadronas* responded to the training, and the interactions that took place during the training. The material taught at the training sessions included information regarding health risks during pregnancy, danger signals that the women were advised to look out for, women's health, and infant health. The trainings were done in Tz'utujil and in Spanish and were led by nurses from the *Centro de Salud* and by *comadronas*. The trainings not only allowed me to make detailed observations, but they also allowed me to familiarize myself with and befriend the *comadronas* that attended them and the nurses that led them.

Furthermore, I worked closely with the practicing obstetrician named Diana from the *Centro de Salud*. Diana allowed me to accompany her on patient visits several times a week. While Diana conversed with the women that we visited, I observed the interactions that took place and the types of care and advice that Diana provided. Generally, we visited pregnant women or women who had recently given birth to ensure that the women and their babies were not experiencing any problems and that the women and their infants were receiving the care that they needed. Often times, a *comadrona* would accompany Diana on visits because the women whom they visited were more likely to be more cooperative and communicative if a *comadrona* was present rather than just the staff from the *Centro de Salud*. Although my work with Diana was not the same as the work I had been doing with the *comadronas*, it was helpful in the sense that I was able to observe the ways that the care and patient interactions were similar and also the ways in which they differed from two different healthcare perspectives. It also allowed me to build relationships with *comadronas* because the *comadronas* and the *Centro de Salud* greatly overlap in terms of the patients that they visit and the types of care that they offer.

### c) Apprenticeship

Once I was able to build trusting relationships with several *comadronas* by learning their names, in which canton they lived, and their personal stories, I was invited to accompany some of the women on patient visits. The women with whom I developed the strongest rapport with and who allowed me to visit patients with them were Sandra, Juanita, and Ana. These visits allowed me to observe the relationships between a *comadrona* and her patients and what types of care and advice she gives. The *comadrona* generally visits her patients at their home and almost always included the *sobada* – or, massage, that the *comadronas* are known for. The massages are given in both prenatal and postnatal visits and serve the purpose of correctly positioning the baby within the womb and pain relief. Either before or after the massage is given, the *comadrona* will sit down with her patient and talk to her about any questions or concerns she may have. Often times, the *comadrona* will recommend herbal remedies, dietary advice, and vitamin supplements to the women to promote a healthy pregnancy. The visits varied in duration depending on the type of visit and the concerns that were voiced by the patients and the *comadrona* usually received some sort of compensation at the end, although the prices vary among *comadronas*.

These visits were crucial in helping me understand the true nature of the work of *comadronas*. They allowed me to gain an insider's perspective of what it was like to be a *comadrona* and what it was like to be a patient. Because I expressed that I really wanted to learn what it was like to be a *comadrona*, the women whom I worked with were all readily willing to pass on their knowledge to me. The *comadronas* explained to me how they did the massages and allowed me to physically touch the baby and feel where the babies' heads

were located inside the wombs of their patients. Although the primary language spoken during visits was Tz'utujil, the women were very inclined to explain to me what they had discussed with their patients and answer any questions that I had for them.

## Results

### *The Practice of Comadronas is Anchored by Traditional Mayan Belief Systems*

Mayan women have delivered their children in the home for thousands of years. Today, *comadronas* carry on this practice and deliver babies in their homes and in the homes of their patients. Because the notions of life and death in Santiago Atitlán are saturated with traditional Mayan beliefs, it is only natural that the concept of birth follows the same pattern. Mayan culture emphasizes the significance of the relationship between the people and the land and it is said that the people themselves are products of mother earth. Thus, birth, life, and death are closely paralleled to the corn cycle which is referred to as *Ixim Acha* in Tz'utujil or, the "Corn Man."<sup>iii</sup> The seed of the corn serves as a metaphor for the seed of life. The growth of the corn is paralleled with the life of an individual – as the corn grows and matures, the individual experiences the various stages of life. The corn cycle, and the life of the individual, comes to an end when the corn is picked from the stalk, dried, and brought into the home. Furthermore, the corn cycle often serves as an explanation for child mortality: some "seeds" make it through the harvest while others do not. Given that the *comadronas* are regarded the bearers of life, they have a particularly close connection to the traditional beliefs of life and death that have been passed down over the years and continue to live and practice in accordance with the lessons that accompany them.

Not only are births and the traditions that surround them significant aspects of Mayan culture, there are also myriad cultural beliefs and practices regarding pregnancy and postnatal care that are fundamental to the practice of *comadronas*. As aforementioned



the *sobada*, or prenatal massage, is an essential part of *comadrona* care. The massage is given by the *comadrona* each time that she visits a patient throughout the entire pregnancy and for a period of time after a woman gives birth. As the pregnancy of the woman progresses, the massages are given more often. Sandra, a 43 year-old *comadrona* described how she gives her patients a massage every week throughout the duration of the pregnancy and in the last two to three months, the frequency of the massages given increases to two or three times per week instead of once<sup>iv</sup>. Its purpose is to correctly position the baby in the womb and to help alleviate the bodily pains that are associated with pregnancy. Almost every woman in Santiago Atitlán has a *comadrona* for the purposes of the prenatal massage, even if the woman opts to have a doctor deliver her baby in the *Centro de Salud* or in the Hospitalito.

In addition to the massage that the *comadrona* provides, she is also able to give her patients invaluable advice and certain types of treatments that they would not likely encounter outside of the traditional sector of medicine. The advice is often specific to the cultural context of Santiago Atitlán and to the many other Mayan populations around Lake Atitlán and is customarily passed down over many generations of women. A *comadrona* might suggest anything from the ideal temperature at which a pregnant woman should shower to instructions on how to prepare an herbal tea or remedy. In addition to being *comadronas*, many of the women are also *curanderas*, or traditional healers. These women are called on by members of the community to treat various ailments that only a *curandera* has the potential to cure such as *mal de ojo* – a culture-bound illness that is characterized by the transmission of negative energy towards an infant or child, resulting in identifiable physical symptoms<sup>v</sup>. Thus, one of the primary reasons why women have gone to and

continue to go to *comadronas* is because they offer their patients certain types of traditional and spiritual care, support, and guidance that women would not be able to find anywhere else.

In addition, the *comadrona* also plays an important role during the period of time following the birth of a child. Juanita, a 48 year-old *comadrona* explained how she visits her patients for at least forty days after a woman delivers<sup>vi</sup>. However, there is no standard for the amount of post-natal care a woman should receive – it is determined by a number of factors including: a mother's desire to continue receiving care, the mother's ability to compensate her *comadrona*, the nature of a woman's relationship with her *comadrona*, and the *comadrona's* overall assessment of her patient. Postnatal visits are very similar to prenatal visits in the sense that they allow the *comadrona* to check on her patients and the newborn infants. During a postnatal visit, Sandra massaged her patient's abdominal area, lower back, and thighs in order to examine the woman for any detectable irregularities. She then helped the woman adjust her *faja* – a belt-like piece of cloth that Atiteca women wear during the months following a birth in order to restore the position of the womb and to keep the woman's abdomen firm. Sandra then unwrapped the newborn and examined the umbilical cord, which still had the clamps in place. She took a small bottle of liquid out of her bag and dabbed it around the baby's navel area to disinfect and dry out the umbilical cord. Sandra wrapped the baby back up in the blanket she had been in and assured her patient that she would be back to visit her in a week's time.

The prenatal visit with Sandra is exemplary of those that *comadronas* carry out on a regular basis with each of their patients. Not only are the visits beneficial to the mother and her newborn by ensuring that the baby is healthy and being cared for properly, but they

also help foster the bond that a woman forms with her *comadrona* that may last a lifetime. Thus, the *comadrona* is an essential component of the experience of pregnancy and childbirth in Santiago Atitlán.

Finally, one of the most culturally-tied aspects of the *comadrona* profession is the reception and interpretation of dreams, which are often telling of one's calling or destiny. One of the most important functions of dreaming serves to enable the dreamer to communicate with the dream world. A prominent example of dreams being an indication of one's calling is found in relation to traditional healers. Both shamans and *comadronas* first discover their calling to be spiritual healers through vivid and powerful dreams that they begin to have as children and in the years of adolescence. A *comadrona* named Sandra recalls, "Being a *comadrona* is something that one is given by god. It is a gift that comes spontaneously. Many people receive the knowledge that they are destined to be a *comadrona* through their dreams. I used to dream that I was part of a birthing team. After having this dream many times, I knew that it was my destiny to be a *comadrona*<sup>vii</sup>." Like Sandra, most *comadronas* have similar experiences with dreaming over the course of their lifetime. The women identify these dreams as the indicators that allow them to understand and carry out their respective destinies. The dreams also possess very religious characteristics, as *comadronas* accredit the dreams and the gifts that they foretell to a higher power. Virtually all of the *comadronas* that were interviewed described their abilities as "un don," a talent or gift, or "algo que Dios le dio a uno," something that one is given by God. Furthermore, the women always call on God to guide them and help them proceed with their everyday work. The religious element of the work of *comadronas* is a

unique characteristic that demonstrates how cultural practice and religion are very closely tied in the community of Santiago Atitlán.

***Comadronas in Santiago Atitlán are currently witnessing a period of transition***

*Comadronas* in Santiago Atitlán have experienced perceptible changes in their work in recent years. Of the thirty *comadronas* that are registered with the *Centro de Salud*, there are only seven who are younger than 50 years of age. Thus, a majority of women have been practicing long enough that they are able to recognize changes that have occurred since they first began their practice. One of the most frequently mentioned changes that the women have noted has been the birthing process itself. The *comadronas*, especially the older women who have been practicing for many decades, claim that it is much more difficult than it has ever been for women to give birth. They claim that women and their babies are “weaker” than they used to be and unlike in the past, the duration of the birthing process is more prolonged and is accompanied with more complications. Often times, these complications require that the women receive caesarian sections. In addition, there has been an increase in cases of high blood pressure, which poses the threat of a hemorrhage and is something that is greatly feared among *comadronas*. Chonita, a 77 year-old *comadrona* explained how she believes that the earth is contaminated and that it is directly affecting the nature of the people. Given the belief that the people come from the earth, if the earth is contaminated then the bodies of the women are contaminated as well<sup>viii</sup>. Although there are no tangible causes for these changes that have been witnessed, *comadronas* attribute them to various causes such as changes in the environment, changes in the diet of the people, and the rising commonality of birth control among women in

Santiago Atitlán. Because complications during birth have become more common in the present day, the *comadronas* view the increased risks as a threat to their profession in the sense that while it is becoming more dangerous to give birth in the home, the *comadronas* are not becoming any less liable if anything serious were to happen to a woman under her care.

In addition to changes in the physical nature of childbirth, there is a discernible sense of apprehension concerning a relatively recent decline in clientele and whether or not it will become an established trend in Santiago Atitlán. While some women reported that the number of patients that they received had not changed because there was never really a consistent pattern in patient numbers, other *comadronas* maintained that they have seen a decline in the number of patients who give birth in the home over the years. This is primarily attributed to the expansion of and increased access to healthcare options outside of the traditional sector. Although a vast majority of women in Santiago seek out a *comadrona* for prenatal care, there are fewer women who choose to deliver their babies at home with a *comadrona* and more women choosing to utilize the various biomedical-based institutions that have become available to them. Andrea, a 70 year-old *comadrona* explained, “Before, a woman never had to go to the hospital because there was no hospital to go to, so everything had to be done in the home<sup>ix</sup>.” However, now that alternate possibilities of maternal healthcare that have become available, it has directly and inevitably contributed to the transformation of the traditional birthing sector.

***Globalization has been instrumental to the transformation of healthcare in Santiago Atitlán***

Over the course of many years, globalization has manifested itself in the everyday lives of the population of Santiago Atitlán. From the extensive availability of Coca-Cola products to telephone companies utilizing the voices of pop singers to sell their products, globalization has taken the Tz'utujil people by force. The presence and influence of globalization is more prevalent in Santiago Atitlán and its surrounding communities than it has ever been. One of the most prominent ways in which the influence of globalization can be observed is through tourism. Santiago Atitlán has only had a relatively recent history of being recognized as a tourist hot spot in Guatemala. Before, when the town was much less accessible, it was rather isolated which in turn, facilitated its protection against external influence. However, as the town became more accessible, it also grew more vulnerable to an influx of outside influence. Tourism has inevitably impacted the town, bringing in them goods and ideas that had not yet penetrated traditional ideals and the everyday lifestyles of the *Atiteco* people.

As we examine the trends of the increasingly dynamic sphere of healthcare it is clear that one of the primary drivers of the modernization of medicine in Santiago Atitlán has been the globalization of healthcare. The globalization of healthcare is exhibited in the expanding presence of biomedicine. This is not to equate biomedicine with the globalization of health per se, but to highlight the idea that biomedicine is the most pervasive form of medicine in Santiago Atitlán. There has also been an influx of humanitarian aid organizations that aim to improve the healthcare for residents of Santiago Atitlán by making monetary donations, and donations of healthcare equipment, hospital supplies, and medications. The Hospitalito alone is almost exclusively run by funds that it receives from donors. As a result, the health institutions in the community have been

able to expand outwards, creating a larger presence of more modern forms of healthcare which, in turn, has attracted the community interest. This succession of events as a result of globalization can be observed particularly within the sphere of maternal health. Presently, the percentage of women who are now looking to the health institutions as the preferred location to give birth is on the rise. As medical pluralism increases in a community such as that of Santiago Atitlán, the position of traditional practice is compromised as a consequence of the growing necessity to contend with the expanding presence of biomedicine. This is a relatively new phenomenon, given that the existing health centers have only recently begun to play a major role in the healthcare environment. It is considered to be among the major factors that have contributed to the widespread perception and recognition by *comadronas* that times are indeed changing. Although the establishment of the birthing center in Santiago Atitlán was not intended to detract patients from *comadronas*, the women have reported that they have taken notice to the decreased number of patients that they have received over the past five to ten years. The birthing center was initially implemented with the aim to provide the *comadronas* with a space in which they would be able to carry out births under the supervision of doctors and nurses. However, due to the concern of legal issues at the national level, this plan was never able to come to full fruition<sup>x</sup>.

### ***There Is a Growing Tension between Modern and Traditional in Santiago Atitlán***

In recent years, the nature of medical care in Santiago Atitlán has undergone a great deal of development and modernization. Santiago became more medicalized than it had ever been with the opening of the Hospitalito in 2005. Despite the fact that the Hospitalito

was shut down six months following its opening due to a massive mudslide brought on by Hurricane Stan, there have been strides taken since then to provide Santiago Atitlán with up-to-date medical attention and technology, including the building of the new Hospitalito to replace the one that had closed. The Hospitalito reopened in 2011 and is equipped with new and useful technology such as x-ray machines and dental chairs that the medical community of Santiago has never had access to until now. It is staffed and operated by members of the community with the exception of the doctors, many of whom are not native to the pueblo. The Hospitalito is the beacon of biomedicine in Santiago Atitlán and surely has the potential to revolutionize the realm of healthcare in Santiago Atitlán.

In addition to the Hospitalito, the *Centro de Salud* is also a place that is frequented by *Atitecos* in search of a more “modern” form of healthcare. Although the *Centro de Salud* is not nearly as advanced or funded by third-party organizations as the Hospitalito, it is an important institution that serves many patients per day for various illnesses and conditions. The number of patients that the *Centro de Salud* serves has continued to rise as a result of the recent expansion in service, making healthcare available to *Atitecos* twenty-four hours a day, seven days a week. In addition, the *Centro de Salud* has celebrated the opening of the *Centro de Partos* or, birthing center, which has allocated a space within the *Centro de Salud* specifically for maternal health. In addition, the introduction of the *Centro de Partos* has made it possible for women to seek attention for birth-related matters at any hour of the day, as compared to the past when these services were only available during normal daytime hours<sup>xi</sup>.

Although the greater accessibility of these health institutions is beneficial to the community in myriad ways, it can also be viewed as a drawback when the status of



traditional practice is taken into consideration. With more patients electing to utilize the biomedically-based health centers, there is less of a demand for traditional practitioners than there has been in the past when biomedical health institutions were not in existence. When the community of Santiago Atitlán had much more limited options in terms of healthcare, the traditional health practitioners and family held the responsibility of restoring individuals back to health. Likewise, *comadronas* were self-sufficient and had no other option but to manage births within the home as safely and efficiently as possible in any given situation. However, now that the healthcare arena of Santiago Atitlán has become much more pluralistic, traditional health practitioners have to compete with biomedical influence much more than they have had to throughout the community's history. The modernization of healthcare that has occurred in recent years is contributing to what many individuals view as the exclusion of traditional Mayan practice.

After speaking with many of the *comadronas*, it became evident that there exists a visible divide among the older and younger generations of *comadronas* in terms of the perception of biomedical notions of birth and health and willingness to accept change. On one hand, the younger generation of *comadronas* is much more tolerant of change and more receptive to new methods that biomedicine advocates for. The younger women have begun their practice in an age where biomedicine has had the opportunity to establish itself within the community. Amidst recent efforts by the *Centro de Salud* to improve community health relations by collaborating with *comadronas*, the women have observed the benefits that accompany the incorporation of biomedical notions of birth and health with more traditional notions. The "younger generation" is categorized as the younger half of *comadronas*, the vast majority of whom are sixty years of age or younger. Acceptance of

biomedicine is often seen in light of the *comadronas*' perception of the training sessions that they are now required to attend on a monthly basis. This is because the training sessions are one of the most direct examples of the influence of modern medicine on traditional practice. The training sessions are largely biomedically-based and are instructed by various healthcare practitioners including staff members from the *Centro de Salud*, student doctors, and the *comadronas* themselves. Mercedes, a 53 year-old *comadrona*, described the sessions as "Good, because they teach *comadronas* important things that they need to know in risky situations.<sup>xii</sup>" Mercedes' view of the training sessions seemed to echo the sentiments of many other *comadronas* – particularly of those belonging to the younger generation in reference to the dangers associated with risk. The women are instructed on the proper actions that one should take in situations that may compromise the health of the mother or her child during birth. In addition, the women are also taught basic sanitation techniques including the use of gloves and disinfectant which prevent the development and transmission of infection. Sandra expressed that the classes "are a small price for the *comadronas* to pay because they cover information that can save lives. They encourage the *comadronas* to work as a team in order to face bigger issues<sup>xiii</sup>."

On the other hand, the older generation of *comadronas* is collectively less open to accept change or deviance from traditional practice as they have always known it. While a majority of *comadronas* attend the training sessions, not all of them do. This may be able to be explained in part by the fact that there are a handful of *comadronas* who do not believe that the training sessions are beneficial. Rosalinda, a 69 year-old *comadrona* stated that the training sessions don't bother her and haven't changed anything. She explained how even though the trainings teach the women different things, she still continues to practice in the

way that she always did before the training sessions<sup>xiv</sup>. Thus, Rosalinda conveys feelings that are shared among the older women with a lifetime of experience – the women were able to do their job well before the introduction of biomedical ideologies in Santiago Atitlán and they intend to continue to do their job in the same manner as they always have done.

Chonita, a 77 year-old *comadrona* clearly articulated her distaste towards biomedicine, “When the *comadronas* leave the Hospitalito, they don’t know anything better than when they came. What they teach at the Hospitalito isn’t complete.” She continued by saying, “What I know already, I know well<sup>xv</sup>.” Chonita’s expression of her views of biomedicine exhibit a shared outlook among the older generation of *comadronas*. It is not uncommon to encounter a *comadrona* who feels as if doctors do not understand her or the work that she does. Many women feel insulted by the push for biomedical values because they believe it suggests that the women do not know what they are doing and that they need outside assistance to correct their conventional methods. Chonita explained her compelling belief that “*comadronas* constantly face oppression from doctors.” She described an instance in which she was told by a doctor that she did not know any better about a problem that a woman had during her pregnancy because she couldn’t read or write. However, in the end Chonita was the one who was able to cure the woman rather than the doctor. She explained, “When I say something is fine, it’s fine. When a doctor says something is fine, it’s not always fine<sup>xvi</sup>.”

Thus, the inclusion of biomedicine has resulted in a sort of medical elitism in which biomedicine is automatically regarded as more reliable than traditional medicine. While some *comadronas* welcome biomedical values with open arms, others uphold a rigid aversion. However, biomedicine has only begun to have an impact on the cultural norms

and traditional birthing practices of Santiago Atitlán. As it continues to develop and expand within the community, biomedicine may very well play a much larger role within the scope of maternal health in years to come. As Sandra, a 43 year-old *comadrona* explained, "There have been advances in care because they have apparatuses and other more advanced technology that allow doctors to do things that they have not been able to do in the past. This is the difference between the old way of thinking and doing and the *new way*<sup>xvii</sup>."

### ***The Future of Comadronas is clouded by Uncertainty***

One detail in particular that immediately becomes apparent concerning the community of *comadronas* is that there is a marked disparity in the ages of the women. Of the thirty registered *comadronas*, there are many older women than there are younger women. There are currently no *comadronas* under the age of 40. There are seven *comadronas* which fall within the age range of 40-50, five *comadronas* who are 50-60, six *comadronas* who are 60-70, five *comadronas* who are 70-80, and five *comadronas* who are over 80 years of age (information was not given for two of the *comadronas*). Thus, it becomes evident that over half of the thirty practicing *comadronas* are over 60 years of age. This is problematic in the sense that the *comadronas* who are nearing old age may not be able to carry out their duties safely and efficiently in the coming years. Thus, the number of practicing *comadronas* in the years to come may experience a dramatic drop. There are few registered *comadronas* who have begun their practice within the last decade and it does not seem as if there are going to be any new women joining their ranks any time soon. The question of why this was happening plagued me the entire summer and I did not understand why I was witnessing a trend that deviated from the general pattern of

*comadrona* practice. Generally, the circle of *comadronas* expands to meet the demands of population growth (Paul and Paul). However, this does not seem to be the case at the present time. Although there is no concrete explanation to account for this recent trend, there is speculation among midwives and community members that the younger women who are being called on do not wish to take on the arduous commitment and responsibility that is expected of a *comadrona* and as a result, they are actively rejecting their spiritual mandate.

While the population of Santiago Atitlán is on the rise, the number of *comadronas* who are committed to serving the women of the community is not. While it is a possibility that there are new *comadronas* who are currently practicing, yet are unregistered with the *Centro de Salud*, the current situation illustrates the ambiguity surrounding what the future may hold for the traditional birth attendants of Santiago Atitlán.

## Discussion

### *A “secret society” of comadronas*

When one considers the operational organization of the *comadrona* collective, there are various factors regarding the nature of the group of women that may lead one to question the development of a sort of “secret society.”

A *comadrona*'s calling to her profession is among the elements that influence the notion that a secret society may be existent. The manner in which a woman becomes a *comadrona* is considered to be a spiritual mandate determined by a higher power. A woman is able to recognize this calling based on whether or not she experiences the dreams that are telling of one's destiny. For *comadronas*, the dreams generally serve two functions: 1) the dreams reveal one's calling in life, and 2) the dreams are a means of communicating knowledge and skills necessary for the work of a *comadrona*. *Comadronas* usually do not have any sort of formal training or education; most of what they know has been learned from dreams and hands-on application. This is especially true for the older women, many of whom are illiterate and never took up the opportunity (if it were available) to enroll in schooling. Although there are exceptions and some *comadronas* opt to work as midwives in biomedical settings for a period of time in order to learn skills that they may not have learned otherwise, a majority of women never have the opportunity to do so. There is a great emphasis placed on dreaming as the means by which the women learn *how* to be a *comadrona* through the process of learning through dreams and applying that knowledge to their professions. Thus, it is through the experience of dreaming that one is able to take on the identity of a *comadrona*.

Because of the nature of the cultural beliefs that surround the process of becoming a *comadrona*, there is an evident reluctance towards the idea of passing on knowledge to other women. This is especially true for the older *comadronas* who maintain a tight grasp on tradition and not very receptive to change. Diana, the obstetrician from the *Centro de Salud* discussed with me her plan to implement a program to educate *comadronas* in the present and for the future that would be a collaborative effort between the *comadronas* and the *Centro*. She expressed her concern about the issue and explained, "It would be important to educate *comadronas* for the future because many of the current *comadronas* are reaching older ages. There are very few *comadronas* who are younger and even fewer who have recently started their careers." However, she explained, "there is a general resistance from many of the *comadronas* because they do not want to teach new women." When I asked why this was, she explained, "they do not want the new women to know what they know or have the abilities to do the work that they are able to do." Thus, it is evident that there is a restriction of entry into the ranks of the *comadronas* and the knowledge that comes with the privilege. Many *comadronas* are intent on the idea that the profession of a *comadrona* is solely a gift given by God; not just anyone can become a *comadrona* and carry out the responsibilities that were bestowed upon them by destiny.

On one hand, the reluctance of the *comadronas* to pass on their cultural knowledge and birthing expertise to younger women who wish to enter the existing circle may be seen as deliberate obstinacy. However, when we consider the virtuous nature of the profession and the privilege and respect that accompanies it, it may be that by refusing to pass on their legacy, the *comadronas* are turning inward to protect the sacred practice. Given the precarious nature of traditional healing in light of a rapidly biomedicalizing healthcare

sector, the sharing of knowledge and abilities outside of the current network could potentially contribute to the dilution of cultural tradition. The *comadronas* – especially those who view biomedicine in an adverse light – have acknowledged the uneasy relationship between biomedical and traditional practice and uncertainty of the profession in the years to come. As a result, the protection of a sacred practice may be deemed a cultural obligation by many of the women who wish to preserve tradition as it has existed in the past and the present time.

***What are the advantages and disadvantages to the reshaping of traditional birthing practices?***

From an objective standpoint, the reshaping of birthing practices would allow for potentially safer births in a controlled environment where more specialized medical attention would be readily available in the event that complications should arise. By formally educating *comadronas*, it would ensure that the women all know important information that would help her identify risky situations in which help from a medical doctor should be sought in order to assure the safety of her patients and their infants. In addition, she would be able to better educate her patients on the subjects of women's health, prenatal health, and infant care. Furthermore, the education of *comadronas* would help create a standard to which the women can be held to. The collective of women would thus be better able to maintain a consistency in terms of the healthcare that they offer their patients, unlike the stratified levels of care that currently exist among the network of *comadronas* as a result of variations in delivery methods, personal beliefs and amount of personal experience. Overall, the reshaping of birthing practices may be seen as beneficial



in the sense that it is actively contributing to the national efforts geared towards lowering maternal and infant mortality rates.

As more options as to where a woman is able to give birth become available, more women have begun to realize that unlike in the past, there are now alternatives to home birth. While doctors have reported seeing an increase in the number of deliveries taking place in health institutions, especially in the birthing center as part of the *Centro de Salud*, *comadronas* have reported seeing a slight decrease in the number of patients that deliver in the home. Although it has been very gradual, it is evident that maternal health may be witnessing a decline in the reliance on *comadronas* for the delivery of babies. However, one of the primary reasons why women have gone to and continue to go to *comadronas* is because they offer their patients certain types of traditional and spiritual care, psychosocial support, and guidance that women would not be able to find anywhere else. Birthing practices in Santiago Atitlán are centered on the cultural experience. It is through lived experience that women and their *comadronas* have been able to deduce and differentiate between what is effective and what can be changed or improved in terms of the general process of pregnancy and delivery. As a result of the perpetuation of the reshaping birthing practices, pregnancy would likely be reduced to a medical issue rather than a lived experience as it persists in the present time. As a result, a key aspect of the Tz'utujil Maya heritage and culture would be lost.

The loss of Myan culture is problematic and the implications of such a loss are extensive. There is much more that comprises the occupation of a *comadrona* in addition to the obstetric responsibility of delivering babies and caring for patients. *Comadronas* also bear a spiritual responsibility as a traditional healer and holder of sacred knowledge. Their

profession is deeply rooted in the long-established Mayan customs, traditions, and belief systems. It is these women who possess the power and wisdom of the Mayan cycle of life and death as it corresponds to natural, meteorological, and metaphysical elements that form the foundational principles of Mayan life. Thus, the dilemma lies in the prospect that the traditional practice and presence of *comadronas* will begin to diminish as biomedicine becomes more dominant. If in the future, the practice of *comadronas* gets driven out or left behind, it is likely that a large part of cultural history may also get left behind. Therefore, thousands of years of cultural identity are at stake as a result of the modernization of medicine and the possible exclusion of traditional practice in a globalizing world. Although there is concern among community members about the future of *comadronas* and the cultural practices that they maintain, there has been very little dialect and even fewer tangible efforts directed towards acknowledging the current situation.

### ***Biomedical Hegemony on an Uneven Playing Field***

What we are ultimately witnessing is the transformation of birthing practices and cultural norms within the dynamic healthcare environment of Santiago Atitlán. Rather than there being an assimilation of the biomedical system into the health culture of Santiago, it seems as if biomedicine is instead rewriting the nature of health and birthing practices altogether. The powerful presence that biomedicine yields leaves traditional practice with significantly reduced odds of being able to stand ground against biomedical dominance. A prime example of this is illustrated by the WHO's desire to "get women to hospitals" and "provide the level of supervision that TBAs need to be successful" (World Health Organization). In place of possible collaborative efforts between the WHO and traditional

midwives, the WHO anticipates an outcome that is essentially dominated by biomedicine which would eventually manage to completely remove the experience of childbirth from the home and into an institutional setting. Furthermore, the WHO discusses the *comadronas'* "necessity" be regulated as a prerequisite for success. Thus, in this context it becomes evident that traditional medicine is deemed inferior in light of biomedicine which in turn, gives biomedicine the advantage of having much more leverage and authority in determining the future of healthcare in Santiago Atitlán.

Further contributing to the authority that is harnessed by biomedicine is the nature of the biomedical institutions located within the community. The three main players that make up the pluralistic healthcare environment of Santiago Atitlán – the Hospitalito, the *Centro de Salud*, and the clinic *Rx'iin Tn'amit* – all have an inherent advantage over traditional medicine in the sense that they are each localized at their respective sites from which they are able to organize and base their operations. On the other hand, the *comadronas* do not possess the luxury of a central location, which inhibits the women from being able to coordinate and fully establish their operations. As a result, the biomedical institutions have much more flexibility and potential for expansion and organization as compared to their traditional medicine counterparts. Moreover, these institutions are not only linked to the government, but also to the framework of power and influence that exists on a community level and on a national level. Given that these institutions are bolstered by the government, they possess a great deal of power that can be used against what is viewed as an indigenous practice. Consequently, this bias against traditional practice can be viewed in various ways as class warfare in which there exists an innate discrimination against the indigenous Tz'utujil practitioners.

Ultimately, the distinct practices of biomedicine and traditional medicine are situated upon an uneven playing field which fundamentally enables biomedicine to withhold a concerning advantage over traditional practice. Ultimately, the merging of biomedical and traditional has resulted in a sort of medical elitism, in which biomedicine is considered to be the new "truth."

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## Endnotes

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- <sup>i</sup> Vanessa Romero, Field Notes 7/19/2011
- <sup>ii</sup> Vanessa Romero, Field Notes 6/28/2011
- <sup>iii</sup> Vanessa Romero, Field Notes 7/16/2011
- <sup>iv</sup> Vanessa Romero, Field Notes 7/4/2011
- <sup>v</sup> Vanessa Romero, Field Notes 7/21/2011
- <sup>vi</sup> Vanessa Romero, Field Notes 7/30/2011
- <sup>vii</sup> Vanessa Romero, Field Notes 6/21/2011
- <sup>viii</sup> Vanessa Romero, Field Notes 7/28/2011
- <sup>ix</sup> Vanessa Romero, Field Notes 7/19/2011
- <sup>x</sup> Vanessa Romero, Field Notes 7/19/2011
- <sup>xi</sup> Vanessa Romero, Field Notes 8/4/2011
- <sup>xii</sup> Vanessa Romero, Field Notes 7/8/2011
- <sup>xiii</sup> Vanessa Romero, Field Notes 6/29/2011
- <sup>xiv</sup> Vanessa Romero, Field Notes 7/27/2011
- <sup>xv</sup> Vanessa Romero, Field Notes 6/17/2011
- <sup>xvi</sup> Vanessa Romero, Field Notes 6/17/2011
- <sup>xvii</sup> Vanessa Romero, Field Notes 6/29/2011