

**Cultural ideas and norms in transition.
Indigenous women's experiences giving birth at
the regional hospital in Solola, Guatemala.**



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**Hildegunn Annie Hvidsten Kull-00
Christine Strøm Kull-00**

Veileder: Nils Kolstrup, Skansen Legekantor, ISM UiTø.

Tromsø den 150905

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Abstract

Objective

To obtain the views of Maya women on the experience of being hospitalized during labor at the regional hospital in Solola, Guatemala.

Design

Qualitative interview study.

Setting

San Andrés Semetabaj and San Jorge la Laguna, Solola Region, Guatemala.

Participants

A sample of 14 Maya women who had undergone both normal and complicated deliveries at the regional hospital in Solola between July 2003 and November 2003. The women were recruited from two villages, San Andrés Semetabaj and San Jorge la Laguna. Both villages have approximately 2000 inhabitants. The majority of the inhabitants were indigenous Kaqchiquel.

Key themes

Feelings and thoughts before getting to the hospital, at the admittance, during the stay at the hospital, at the departure and in the period after leaving the hospital.

Results

In general all women in our study reported of *negative expectations* before going to the hospital, either because of earlier bad experiences, or because of rumors and stories from families and friends.

One half of the women were *not pleased* with the treatment they received at the hospital. The other half thought they received good treatment, although almost every one of them

reported of episodes of bad behavior from the staff. Violation, scolding, ignoring and the feeling of loneliness were frequently mentioned. The general opinion was that they experienced suboptimal treatment because of the language barrier and their *ethnic origin*. When it came to future deliveries ten of fourteen women would recommend others or return to the hospital themselves in case of an emergency because of access to better equipment and *lack of an alternative* in the community, still knowing that there was a risk of being treated badly.

Conclusions

It seems that the birth giving ideas of the women of San Andrés Semetabaj and San Jorge la Laguna are in a transitional phase between believing in the traditional midwife in whom they have a degree of mistrust and the modern hospital service that they feel give more security, but at the cost of lack of cultural respect.

Problems due to language barriers can be managed introducing an interpreter service. This will ensure better quality of communication. It is also important to encourage equality of all patients independent of ethnicity.

Resumen

Objetivo

Obtener las concepciones de mujeres maya de ser hospitalizado durante parto en el hospital regional de Solola, Guatemala.

Diseño

Estudio cualitativo de entrevistas.

Ambiente

San Andrés Semetabaj y San Jorge la Laguna, la región de Solola, Guatemala.

Participantes

Una muestra de 14 mujeres maya quien había dado a luz en forma normal o complicada en el hospital regional de Solola en el periodo entre Julio 2003 y Noviembre 2003. Las mujeres fueron alistadas de dos aldeas, San Andrés Semetabaj y San Jorge la Laguna. Ambas aldeas tienen aproximadamente 2000 habitantes. La mayoría de los habitantes son del grupo linguístico Kaqchiquel.

Temas importantes

Pensamientos y sentimientos antes de llegar al hospital, en el ingreso, durante la hospitalización, en la salida y al llegar a la casa despues de la hospitalización.

Resultados

En general todas las mujeres de nuestro estudio hicieron reportajes de *expectaciones negativas* antes de ir al hospital, por causa de experiencias anteriores negativas o por rumores e historias de familia y amigas.

La mitad de las mujeres estaban *descontentas* con el tratamiento que recibieron en el hospital. La otra mitad estaban contentas, aunque casi todas informaron sobre episodios de mal tratamiento por parte del personal. Con mucha frecuencia mencionaron abusos, regañas, negligencia y sentimientos de soledad. La opinión general fue que recibieron mal tratamiento por causa de barreras de idioma y por su *origen étnico*. Sobre pensamientos de futuros nacimientos 10 de 14 mujeres hubieran recomendado ir al hospital a otras mujeres o hubieran ido ellas mismas en caso de emergencia, por el acceso a mejor equipo y por *falta de alternativa* en las comunidades, sabiendo aún que habría un riesgo de recibir mal trato.

Conclusión

Parece que las ideas de dar a luz de las mujeres de San Andrés Semetabaj y San Jorge la Laguna se encuentren en una fase de transición entre la comadrona tradicional, a quien tienen media desconfianza, y el servicio moderno del hospital, que sienten da seguridad, pero que falta respeto a su cultura.

Problemas por la barrera de idioma puede ser solucionado introduciendo un servicio de interpretación en el hospital. Esto aseguraría una comunicación mejor. También es importante animar a igualdad entre todos los pacientes independiente de sus grupos etnicos.

Introduction

The Republic of Guatemala is located in the north of Central America, bordering Belize to the northeast, Honduras to the southeast, Mexico to the north and northwest, and to El Salvador in the southwest.(1) It has an area of 109,000 square kilometers and a population of 12 million people.(1) Among the inhabitants the Spanish speaking Ladinos account for around 50%, the remaining 50 % are of Maya origin.(1)

43% of the population is younger than 15 years of age and only 3% of the population is over the age of 65.(1)

Guatemala is a developing country with 75% of the population living in poverty, 58% in extreme poverty.(1) In the highlands were most of the Indigenous people live; almost 93% of the population lives in extreme poverty.(1) The total unemployment rate is around 37%.(1)

The official language is Spanish, but many speak one of the 22 Mayan languages as their main language.(1) The low level of education and the lack of one common language is a problem in Guatemala. Only about 60% of Indigenous women are able to speak Spanish.(2)

Ethnicity in Guatemala is defined in terms of cultural identification.(2) Ethnic boundaries are based on both self-perception and social perception of ethnic identity, with outward markers such as language and dress playing an important part in signaling group membership to others.(2)

Within the Hispanic culture health is recognized as a gift from God.(1) People from all socioeconomic levels use magicoreligious healers and folk medicine as the primary source of health care.(1) These includes *curanderos*, who treat illness not caused by witchcraft, *jerberos*, who use herbs, *sobadores*, who treat the musculoskeletal system with massage, *brujos*, who treat illness caused by witchcraft and *espiritistas*, who receive

their talent to heal from God.(1) Many patients also use biomedical medicine as their first option, but the use of both traditional and biomedical medicine is most common.(2)

Health personnel in biomedicine are mainly Ladinos.

The wide spread use of both traditional medicine and biomedicine creates difficulties among the patients. They find it difficult to relate to the different information.

Biomedical approaches to health are difficult to understand and accept among the indigenous population, because the patients' conceptions of health are closer to traditional medicine. The ladino culture is dominant in the Guatemalan society and ethnical tensions and misunderstanding are common in the health sector.

Guatemala has a high neonatal mortality. In Latin America Guatemala has experienced some of the highest maternal and infant mortality rates in the region.(2) More than 50% of all infant's death occurs during birth or before the third month of life.(3)

In 1987 the infant mortality rate, IMR, was 73,4 per 1000 live births.(3) The aggregate intrapartum and neonatal mortality rate can then be estimated to more than 36 per 1000.(3)

In rural areas where most of the inhabitants are Indigenous, most babies are delivered at home.(3) In some villages 80-90% of the births are traditional home births.(3,4) In the same areas there are very high perinatal mortality.(3)

Comadrones or Traditional Birth Attendant, TBA, often attend during home-delivery, because the country has no professional midwives.(2,5,6) The comadrone rarely have any formal education but of the long experience with deliveries.(2,4) The TBA attends private visits and help before and during labor. They advice the women about the diet, how to take care of personal hygiene during pregnancy and decide when to send the women giving birth to hospital during problematic situations.(4) Different kind of herbs and massage are used during delivery.(4) Often they do not have enough competence to recognize high-risk deliveries.(4)

A study among TBA In Guatemala revealed that complications as septicemia, hypertension and eclampsia were not described when TBA were told to describe the most common complications.(4) Several of the TBA could not identify any complications, others not more than one.(4)

Some TBA also has the idea of “failure” if they refer patients to other health services.(3) That might be explained as a result of an economic interest of the TBA to comply with the request of the pregnant women and their family in order to maintain a good reputation in the community.(4) Some comadrones also warned the women about the risk of being operated if they went to the hospital.

Another problem is that indigenous women have had bad personal experiences, as misunderstanding, maltreatment, discrimination and scolding, from other healthcare personnel.(3,4,5) According to the women there are a lot of rumors between Maya Indians about arrogance and mistreatment of patients during hospitalization. Also some of the women and their families have a strong aversion against going to hospital mainly caused by fear of caesarean section, which is often considered meaningless and is believed to have the consequence of future childlessness.(4)

A combination of both cultural misunderstanding, episodes of maltreatment at the hospitals, rumors among the indigenous women and the role of the TBA during home births may all contribute to the high perinatal mortality. It has been proposed that socio-cultural factors and ethnic background are strongly related to the choice of seeking medical care; with a gradient showing that higher Indigenous identification means lower possibility of seeking modern health care.(2,4)

To elucidate social and cultural factors that may have affected the willingness to seek or recommend modern health care during birth, we wanted to know what were the women’s experiences of hospital delivery.

We explored the Maya women’s experience of being hospitalized and treated with biomedical methods during delivery. Our focus was communication between medical personal and patients from the patient point of view. Their feelings and thoughts before the admittance, how they were admitted, the labor, the understanding of what happened during and after the delivery, and their thoughts afterwards. We were especially interested in, if there were episodes with treatment that they believed were related to their ethnic origin, gender, language, religion etc, if they followed the advises from the doctors, and if they were seeking help from traditional medicine after departure.

Methods

We conducted a selected qualitative interview study of the experiences that Maya women had at the Hospital in Solola. We used a fixed interview guide, but deviations were done when necessary.

The qualitative interviews were designed to enlighten how the Maya women felt about being hospitalized during delivery.

Sample

We identified 14 women of Maya origin who had undergone deliveries at the Regional Hospital in Solola between July and November 2003.

We obtained the names of women who had recently delivered from the Bomberos, the local ambulance services in San Andres Semetabaj, and the health care center in San Jorge la Laguna. These two villages were relatively well developed by Guatemalan standards. Especially San Andres Semetabaj had undergone large cultural changes towards a modern relatively well enforced society. We sought to sample women typical of the two villages. 9 of the 14 women spoke Spanish. The others only spoke Kaqchiquel. The interviews were carried out from the 26 of November to the 12 of December 2003. We were three women carrying out the interviews, two medical students from Norway and one woman of Maya origin.

The participation was voluntary, and the interview was done either at the women house or at their work place. We paid the women 5 quetzales an hour, about 4 NOK, equivalent to minimum hourly pay in Guatemala. The demographic questions included age, marital status, children and their age, education and social status based on house quality, electric equipment as TV or radio, and water delivery.

Data collection and analyses

Interviews were arranged at a time and place to suit each woman, generally their own homes. The interviews were anonymised. They lasted from 33 to 81 minutes, and followed a topic guide drafted and piloted by the research team. As data collection progressed, additional items were added as new areas of interest emerged. The interviews

were recorded and transcribed in Spanish, except for those that were recorded in Kaqchiquel, and transcribed into Spanish.

The interviews were analyzed within an interpretive approach that sought to understand women experience of delivery and how they made sense of what had happened before, during and after the delivery. The authors read all the transcripts. Preliminary ideas and tentative codes were derived by the researches that met to discuss, elaborate, and agree on the emerging themes. By comparing transcripts we confirmed that all themes had been explored. The themes we present are those that we believe are of most interest to a clinical and health service research audience.

We have used articles from the *BMJ* as a guide for this paper.

Results

Overall, 14 women agreed getting interviewed. Nine of the women, 1-9, spoke Spanish in addition to Kaqchiquel; five of them, 10-14, only spoke Kaqchiquel. Women 10-14 were from San Jorge, the rest from San Andres. They had all been giving birth to a child within the last three months, except for one, who delivered five months ago. Twelve of the women went to the local hospital in Solola. Three gave birth at a private clinic in the same area. A short presentation:

1. Woman nr one was 34 years old, married, had two children and had been at school for 2 years. Her house had several rooms divided with curtains and the floors were made of earth. There were fowls in the backyard. Totally there were five people living in the same house. She was calm, open, relaxed and seemed pleased about the birth experience. She had delivered without complications.
2. The second woman was 35 years old, married, had six children and had never been to school. The house was maid of brick wall with floors of cement. They had electricity. She was a serious grown up lady and spoke openhearted. She was very emotional, and alternated between being aggressive and soft when she spoke about her birth experience. She had a complicated delivery, and her baby had a lot of fluid in its lung afterwards.

3. We met the third woman in her local store. She was very young, 19, and shy. She was married and had been eight years at school. This was her first child. She had a prolonged delivery. After the doctors had tried stimulation with oxytocin, the birth resulted in a caesarean. Now she worried about her baby because it did not give eye contact, but she thought it was the wind bothering her. She had not applied for medical help.
4. Woman nr four was 25 years old, married, and had been six years at school. She had four children. The house complex consisted of several yellow painted houses of brick wall with floors of cement. They had a small shop and a bakery in front of the house and a lot of electrical equipment as a TV and a large stereo. They also had a lot of photographs and pictures at the walls. She had four children and lived together with her parents, siblings and their children. She was a bit nervous in the beginning of the interview but afterwards she was calm and serious. She had been waiting several hours during labor at the hospital without receiving any help. Finally the TBA from her community was allowed in to the delivery room and helped her deliver her baby.
5. The fifth woman was 29 years old, married, and had three children. Her husband had a degree from the university. Their house had two floors and was made of brick. They had a lot of electrical equipment and toys for the children. The woman was tense and nervous and had a very convincing way of speaking. She gave birth at a private hospital.
6. This woman, nr six, was 35 years old, married, and had seven children. We have no information about her education level. Her house contained two rooms filled with beds, and a separate compartment for cooking. They had an old television and a cassette player. The floors were of cement. She was thinking a lot during the interview and was calm and sad. She had not been able to give birth at home and had to go to the hospital. After waiting eight hours at the hospital in a lot of pain, she was operated. She had a uterus rupture and the baby died.
7. Woman nr seven was 18 years old, not married, and had been five years at school. She lived with her parents and six brothers and sisters. They had several houses of brick wall, a large bakery and a basket ground in the courtyard. She spoke with

few words and her mother was standing behind her during the whole interview.

She had an uncomplicated birth at the hospital.

8. The eighth woman was 39 years old, not married, and had five children. She had never been to school. The father of her children was living in another village. She had recently moved to this village. The house had one room with brick walls holding only one bed. She had no furniture. She was very thin, undernourished and shy. She did not have milk for her baby. She delivered in the waiting room of the hospital with other patients present, being told that there was no other place for her to give birth.
9. We met the ninth woman in a small kiosk where she worked. She was 21 years old, married, and had two children. She had been to school for six years. She had her baby under the desk, and another two running around in the shop. She spoke openly. After waiting eight hours at the hospital she had a caesarian. She received epidural at first, but as she could feel the surgeon operating her, she was given general anesthetic.
10. Woman nr ten was married, had two children and had been six years at school. The house was quite large with several rooms. They had chips on the floor and a TV. The baby was lying in a hammock. She gave birth without complications at the hospital.
11. The eleventh woman was 23 years old, engaged to be married, and this was her first child. She had been six years at school. The house had several rooms, and she and her husband had their own bedroom. They had Christmas equipment and a radio in the room. Not being able to give birth at home, she had gone to the hospital. After three days of labor she had a caesarian. The baby's meconium had gotten to its lungs and the baby was sent to a hospital in Guatemala City. One month after the birth the baby was still in Guatemala City.
12. This woman, nr twelve, was 24 years old, engaged and had two children. She had been three years at school. The house had three rooms, were one of them were used as the local pub. The floors were of earth. She had an uncomplicated birth at the hospital.

13. Woman nr thirteen was 30 years old, married, had five children and had been at school for nine years. They had a very nice house with several rooms for only her kids and her husband. They had a complete kitchen and a balcony. Their kids were nicely dressed. Her husband was a businessman and wore suit at work. She gave birth at a private clinic. She delivered the baby in the waiting room with other patients present. After the baby was born she received help from the hospital staff.
14. The last woman, nr fourteen, was 28 years old, married and had two children. She had been to school for six years. She lived in the same house as women nr 13, but in another compartment. They were sisters. She also gave birth at a private clinic. She arrived at the hospital with fever and was operated at once. The caesarian was uncomplicated. She stayed a week at the hospital.

In the presentation below we divided the statements of the women in five main categories: Expectations before hospitalization, Episodes of bad treatment during the hospitalization, Episodes of good treatment during hospitalization, Different treatment related to Maya and Ladino ethnicity, and thoughts and feelings after the hospitalization. Their socioeconomic status is represented by educational attainment and household consumption. In the categories we have marked the statements with a number for each women.

Expectations before the hospitalization

Generally the women's expectations were both positive and negative before going to the hospital. Most women were worried because of previous negative experiences, either personal or experiences by family members or friends. Many had heard negative rumors about the hospital. Other women were positive towards the hospital due to positive personal experiences. The women did themselves decide to give birth at the hospital, often supported by family and TBAs.

Four women, 1, 5, 7, 13, were *worried before going* to the hospital. They were afraid of being left alone, being yelled at and getting ill after an eventual operation.

Nr 1: "...Saber si me iba a componer normal o cesaría o no cesaría entonces llegue con algo de pena allá, y sabiendo también que no tratan bien a uno, y ya con pena llegue."
"...I didn't know if I was going to give birth normally or if I was going to have a cesarian, that's why I was afraid when I got there, and also knowing that they don't treat people nicely, so I was afraid."

Nr 5: "Me dio un poco de miedo, porque otras veces pues, que he tenido a otras compañeras pues que se ha ido al hospital, pero allí en el nacional. Y me han contado que lo abandonan a uno, que le deja a uno y no ayudan a uno, que ni siquiera un poquito de agua pasen a uno. Y yo en este momento pensé, ay yo no me quiero ir al hospital, dije yo. Yo no me quiero ir al hospital porque peor me van a tratar, dije yo. Pero gracias a Dios pues, esta vez como digo no fue así."

"I was a bit afraid because of friends of mine who has gone to the public hospital. They have told me that they leave you alone, they don't help you, they don't even give you wather to drink. In that moment I thought, oh no I don't want to go to the hospital, that's what I said. I don't want to go to the hospital because they will treat me worse there, I said. But thanks to God, as I said this time it didn't turn out like that."

Nr 7: "Me da miedo quedarme solita allí."
"I am afraid of being there alone"

Two women, 2, 9, had *bad experiences* from previous births at the hospital. One of the women, 2, had given birth alone at the hospital and experienced that the baby almost fell to the floor after the delivery because there was no one there to help her.

Nr 2: "Ah, veo mucha diferencia. La primerita vez con mi hija, la más grande, me dejaron sola. Sola allí donde nacen los niños. Allí me dejaron en una camilla. Y ya cuando iba a nacer fue cuando yo grite. Cuando la enfermera llego la nena nació. Más que todo si la enfermera no había llegado la nena hubiera caído en el piso. Y lo mismo que no la bañaban, así. Y la segunda parto que tuve allá fue más o menos. Ya lo pusieron vacuna y era bien bañadito, bien chulo venía mi niño. Pero en el otro caso en que mi niña nacía muerta, les dijo el doctor que me llevaron a tomarme rayos para ver como estaba la niña. Pero ellos no lo hicieron caso.....Allí no me pusieron importancia, y la niña murió."

"Ah, I see a lot of difference. The first time with my daughter, the oldest, they left me alone. Alone in the room where the babies are born. They left me there on a bed. And when I was to give birth I screamed. When the nurse came the baby was borne. If the nurse hadn't come the baby would have fallen to the floor. And they didn't bathe her. The second time I was there was more or less. They did vaccinate and bathe my baby, my baby was really cute. But the other time that my baby girl was born dead, the doctor told them (the nurses) to take me to do x-rays to see how the baby was. But they didn't do as he said.....they didn't care about me, and the baby died."

The other woman, 9, had delivered at a private hospital before and was not pleased with the treatment.

One woman, 1, had a mother who had received bad treatment at the hospital.

Four women had had *good experiences* from earlier hospitalizations. One woman, 4, had been having a cesarean earlier and was pleased with the treatment. Three other women, 10,12,13, were also pleased with the treatment they had received earlier. The first meant the good treatment was a result of having paid the doctor in advance. The second had a baby that was ill and that was taken to an incubator. The third had given birth at home once but had also been giving birth at the hospital once. She said that it was hard to give birth at home, and that she was treated well at the hospital.

Another woman, 3, had a sister in law who was pleased with the treatment she had received at the hospital.

Four women had heard *rumors* about the hospital. Two women, 1,5, had heard that the nurses and the Ladinos working at the hospital gave bad treatment such as yelling if the patients bed were untidy or stained, and giving no help and leaving the patients alone for long periods of time. Women 12, 13 had also heard rumors saying that the comadrones at the hospital were disqualified and that the patients received bad treatment.

Five women, 4, 9-12 *had received advice* from a comadrone. Four of the women had been advised to give birth at the hospital and one woman, 10, had been advised to give birth at home.

In a few cases also family members and friends advised the pregnant women where to give birth.

Nine women, 2-4, 6, 8, 9, 12-14 decided themselves that they would give birth at the hospital. The decision was often made together with their husband or their family.

Five women, 2, 5, 7, 10, 11, had families that thought giving birth at the hospital was safest. One woman, 7, was recommended by her mother to give birth at the hospital. Another woman, 5, was recommended to give birth at home by friends.

Three women, 1, 3, 4, had families that thought it was sad or that was worried because she gave birth at the hospital. The families were not allowed to be present at the hospital, and they did therefore not know what was happening and could not be there to support and help.

Eight women, 1-4, 6-9 felt they were *safe* going to the hospital. They thought they delivered in a shorter period of time because of being in hospital, and they also appreciated that they could get help in case of complications.

Nr 6: “Yo pensé que mejor me voy, porque aun se que se muere mi bebe dije yo.”
” The baby could die if you are not giving birth at the hospital”.

Episodes of bad treatment during the hospitalization.

Several women experienced episodes of bad treatment during their stay at the hospital. They reported violation, scolding and ignoring from *comadrones*, nurses and the doctors. Some had to deliver in the reception room without any help from the staff. They often felt left alone and their families were not allowed in the hospital ward. A few women said they had to wait for a very long time in the operating theatre before the doctor attended them. One lost her baby. None of the women got any information immediately after delivery.

Two of the women, 4,10, said that they did not receive help from the *comadrones* at the hospital when they needed it. One of them, 10, also said that the *comadrone* was rude.

Nr 4: “La comadrone que estaba allá? No. Sólo llega a uno y le habla, pero ya con el bebe ya se fue...”

“The comadrone that was there? No. She just comes and talk to you, but when the baby was coming she was gone...”

Eight women, 1-4,7-9,12, experienced bad treatment from the *nurses*. They were ignored, even when they were in great pain. One of the women, 3, was told that if she had sex, she had to deal with the pain afterwards.

Nr 3: “ Las enfermeras cuando llegaban me decían que vamos a ver, y me examinaban así muy fuerte, y le decían que dolía y me decía que “tiene que aguantarse”. Y hay unas enfermeras también que, ya que uno no aguantaba y que le decía que me duele, que tenia que esperar porque si ella se quise ella se tendría que aguantarme me decían así. Si ello lo que quería pues ni modo tengo que aguantarme. Y a mi me dolía y ellos así decían.”
“The nurses came to see me and they said let’s see, and they examined me roughly, and I said that it hurts, and they said “you have to stand the pain”. And there were also some nurses that, if one didn’t stand the pain and said that it hurts, I would have to wait because if you wanted it you have to put up with the pain they would say. I was in a lot of pain and they would talk to me like that.”

During a cesarean one of the women, 9, did not receive properly anesthetic, but was told that the pain she felt was only an imagination.

Nr 9: “Entonces pensó el doctor ya hacerme la cirugía, y yo sentía todavía, entonces yo le dije a la señorita “mire seño, yo siento que me están cortando”, entonces ella me dijo “lo que pasa es de que usted se metió en la cabeza esto”, y me estaba regañando la señorita. Entonces el doctor le dijo “mire, anestesia la toda entonces”.
“Then the doctor wanted to do the operation, but I could still feel, so I said to the nurse “look mam, I can feel that they are cutting me”, and then she told me “that is something you’re just imagining yourself”, and the nurse was scolding me. So the doctor said to her “look, we have to give her general anesthetic then”.

Several women said that they did not receive help when they had to move from one bed to another, just before delivery. The nurses yelled a lot.

Five women, 3,6,9,11,12 said that the *doctors* were impolite. They had to wait for a very long time before the doctor came, and often they did not get their questions answered. The doctor told one woman, 6, that it was her fault that her baby died during delivery.

Nr 6: “ No, no me explicó nada. Sólo me dijo que “su bebé se murió, pero es culpa de usted. Por qué no veniste rápido? Tarde veniste.”

“No, he didn’t explain anything to me. He just said: “your baby died, but it is your own fault. Why didn’t you come here sooner? You came here too late.”

In *general* most of the women said they had to wait for a very long time before they received any help. None of them got painkillers, and it was not allowed to either eat or drink before the babies were delivered. After the delivery they got something to eat if they had brought their own plates. Two women, 4,13, had to deliver outside the delivery room without any help from the nurses. They were ignored until the babies were lying between their legs screaming.

Nr 4: “Entonces hasta que yo pude hablar así le dije yo a las enfermeras que ya estaba allí. Entonces hasta allí levantaron la chamarra y vieron que ya estaba allí. Pero ya es porque uno les tuve que decir no porque ellos están poniendo atención a uno. Pero sí, después de eso, hasta allí me, quiere decir, arreglaron bien.”

“...Then when I could speak I told the nurses who were there. Not until then did they look under the sheet and saw that it (the baby) was there. But it was because one had to tell them, not because they do care about you. But yes, after that they helped me.”

Nr 13: “Ahí mismo era, ellos decía que me faltaba pero como sentía que ya, y cuando escucharon el bebe ya había nacido, hasta vinieron rápido, hasta me atendieron pero ahí mismo me mantuve, me arreglaron todo, me pasaron en la otra sala.”

“It was in the same place, they told me I would have to wait but I felt like it was time, and when they heard that the baby was born they came fast, not until then did they attend me, but it was there in the same room they did attend me, and afterwards they transferred me to another room.”

One woman, 8, had to deliver in the same room where all the other pregnant women were waiting for delivery.

Woman nr 4 also said that the comadrone from her village came in to help her for five minutes during birth, while the nurses were sitting in a corner talking with each other instead of helping her. Normally it was not allowed for visitors to be in the same room as the women before or during birth.

Two women, 6,11, were waiting to be operated because of complicated deliveries, but when the doctor finally came to do the emergency procedure their babies were either dead or injured.

Some families tried to pay the doctors or the nurses in advance, hoping that the women would get better treatment. Not all the staff accepted money, but those who did often didn't care more for the patients anyway. Several of the women we interviewed believed that it would help to pay the staff.

One woman said it was tradition to pay the comadrones for helping you during delivery.

After giving birth none of the fourteen women were given *information* about the delivery. Not even when their baby died. Seven of fourteen, 1,3,4,6,8,9,11 said they felt insecure, alone and afraid. If the doctors would have to do a caesarian the women could not speak for her self, but needed her husband to sign the papers to obtain his consent.

Nr 3: "No. No me dijo nada. Ni me dijeron cuanto pesaba. Y yo les dije, o yo pregunte todavía cuánto pesaba. Lo que quería saber yo era si estaba normal la bebe o no. Pero hasta aquí no se, porque no me dijeron."

"No. He didn't say anything. They didn't even tell me his weight. And I asked them how much did he weigh. I wanted to know if my baby was normal or no. But until now I don't know, because they didn't tell me".

Nr 4: "No, ellos no...No ya el doctor no le llega a uno, como digo que por turno están. Entonces ya, quiere decir, tal vez uno al llegar, quiere decir que se encuentra el doctor. Ya el siguiente día son otros doctores. Ya no es el mismo doctor que está allí. Quiere decir que se cambian. Así que el otro no, ya no llega con uno. Ya es, quiere decir, el otro que está al turno. Y no le explican a uno por qué está así o tal tiempo, que complicaciones estuvo. Ellos no dan una explicación a uno."

"No, they didn't...No, the doctor doesn't see you anymore, as I said that they are working on shifts. I mean, maybe when you get there the doctor is there. But the next day there are other doctors. It's not the same doctor that is there. They cange. So the same doctor doesn't see you. It is the other doctor that is on shift. And they don't explain to you why you are there and for how long or if there were any complications. They don't give you any explanation."

Nr 6: " Sólo me dijo que hay que lavar bien con jabón, bañarse todos los días. Sí, sólo eso."

“He just said that I had to wash with soap, wash every day. Yes, just that.”

Nr 8: “No me dijo nada. Sólo paso allí por mi, y me preguntò si todo fue normal y dije que sí, y nada más. No me dije nada.”

“No, he didn’t tell me anything. He just came to see me, and asked me if everything was normal, and I said yes, and that was it. He didn’t tell me anything.”

The hospital did not have a *maternity clinic* check-up for pregnant women.

According to the women there were no doctors at the hospital in the evenings and during the weekends.

One woman, 5, had given birth at a private clinic and complained about how her mother was treated. Her mother did get her own bed in the same room as her for the night after the delivery, but did not get anything to eat the next morning.

Episodes of good treatment during the hospitalization.

Most of the women reported episodes of good treatment during the hospitalization.

The *comadrones* and nurses were polite, nursed their babies and gave them food. The women said they trusted the doctors and were pleased with the treatment. In a few cases they used x-ray, ultrasound and an incubator. All the babies were vaccinated, and the women were offered a birth control a few weeks after giving birth. The doctors advised the women to plan their future deliveries.

Six of the women, 2,4,7-9,13, told us that the *comadrone* was polite, helped them getting undressed when they arrived at the hospital and attended them regularly. One woman told us that she had used the *comadrones* cell phone to call her family.

Twelve women, all except 3 and 6, said that the *nurses* were polite and were there to help them. In one case the nurses explained breathing techniques during delivery. Most of the women experienced that the nurses helped them to dress their new borne babies, changed their bedclothes and gave them food afterwards.

Nr 8: “Sí, fueron amables. Después de que dí a luz me ayudaron con el bebé, lo cambiaron y lo vacunaron. Sí.”

“Yes, they were polite. After I had given birth they helped me with the baby, they dressed him and vaccinated him. Yes.”

Nr 9: “1. Sí, me dieron, me pusieron suero y me iban a ver cada poco si necesitaba algo, o uno las llamaba y llegaron rápido.”

“Yes, they gave me i.v. and they came all the time to check if I needed something, or you could call them and they came fast.”

Twelve of fourteen women, all except 4 and 6, were pleased with the treatment from the *doctors*. They said that the doctors were polite and they felt they could trust the doctors. Five women, 1,2,5,7,12, said the doctors were present when needed.

Nr 7: “El doctor sí me trató bien, era amable. Las enfermeras también. No me ayudaron para pasarme en la camilla. Pero lo demás sí.”

“The doctor treated me well, he was polite. The nurses as well. They didn’t help me over in the trolley. But apart from that, yes.”

Nr 9: “El doctor, fíjese que él me atendió bien. Sí. Era una buena persona. Y era un señor ya grande, y me atendió bien.”

“The doctor, he treated me well. Yes. He was a good person. And he was an old man, and he treated me well.”

In *general* most of the women felt that they received good treatment at the hospital. Their blood pressure and temperature were taken; they received intravenous treatment and got a shirt from the hospital to wear during birth. Afterwards they had the opportunity to change bedclothes and to get some food. In one case the baby was sent to a hospital in Guatemala City. Ultrasound, x-ray and incubator were once in a while used. One woman got an injection to help getting the birth started, after she asked for it. She had seen that a ladino woman who also gave birth at the same time got that type of injection. After the birth thirteen women were offered a control at the hospital for their babies. All the children were vaccinated after the birth and later at the local health center in the villages. When the women left the hospital they got prescriptions for painkillers, antibiotics and vitamins.

In most cases the doctors *advised* the women to plan their future deliveries and use birth controls. Some women were advised not to see the local comadrones or to use herbs. In a few cases a pediatrician gave advice about nutrition for the babies.

Two women, 3,9, said they felt *safe* at the hospital because they trusted the staff and the equipment.

Different treatment related to Maya and Ladino ethnicity.

Most doctors at the Hospital in Solola only spoke Spanish. Many patients spoke their native tongue and did not understand Spanish. This often led to misunderstandings and a sub optimal treatment. Most comadrones and nurses were of Maya origin, but some also were Ladinos. The general opinion was that the Mayan patient would be treated worse than the ladino patient, independently of the hospital staff being maya or ladino.

However, the Mayan doctor would treat the Mayan patient better than the ladino doctor would because they spoke the same language as the patients. This was not the case for Mayan nurses where their behaviour was not reported related to their origin.

One woman, 4, felt that the behavior of the *comadrones* depended on the personality of the comadrone, and not on whether she was ladino or Maya.

According to the women the majority of the *nurses* at the hospital are of Mayan origin. One woman, 4, meant the way of treating patients depends on the nurses' personality and not on her origin. One woman, 11, said that some of the Mayan nurses treat the patients well and that some Mayan nurses treat them bad and yell at them. One woman, 1, said the Mayan nurses treat the patients badly.

Nr 1: "A mi si pues la enfermera me regañaba. Cuando iba a ser ella me regañaba..... Sí son indígenas. Al llegar allí se visten con su ropa así, pero son indígenas."

"The nurse scolded me. When I was about to give birth she scolded me.....Yes they are maya. When they go there they dress in the hospital clothes, but they are maya."

Two women, 5, 6, had received good treatment from the Mayan nurses.

Another woman, 2, said that the ladino nurses did not care about the Maya patients. One woman, 13, meant that the ladino nurses treated the ladino patients better than the Maya patients. Woman nr 10, said she had observed the ladino nurses wearing gloves when to change the bed sheet of a Maya woman, which they did not do when changing the bed sheet of a ladino woman. She also meant that the ladino patient would get clean bed sheets more often than the Maya patient.

Nr 10: “Así hay diferencia porque las ladinas no va a querer cambiar a uno en cambio si es una indígena si, en cambio si es una persona o un paciente es ladina allí si ellos se van con esas personas, en cambio si es una enfermera ladina ellos se protege con cosas especiales como guante para cambiar las sabanas de la cama de uno que es indígena porque una enfermera que cambio la sabana de la cama ella fue a traer sabanas originales. Entonces allí es donde hay diferencia.”

“There is a difference, because a ladino would not change your clothes, but a maya would, but if the patient is ladino they do all these things. But if there is a nurse who is ladina she would protect herself for example with gloves to change the sheets in a bed of a maya woman, because a nurse who changed the sheets went to get original sheets. So there is the difference.”

One woman, 12, had experienced that the nurses spoke a Mayan language to other nurses, but that they only spoke Spanish to the patients even though not everyone understood Spanish.

Five women, 2, 4, 9, 13, 14, meant it lead to a worse treatment if the *doctor* only spoke Spanish. According to these women many patients were feeling bad at the hospital because of the language barrier, and many also believed that you would be treated better if they spoke Spanish.

Nr 4: “Porque hay mujeres que llegue allí que sólo el Kaqchiquel, o más que todo sus lenguas que tienen. Como hay diferentes idiomas, como Kaqchiquel, eso es lo que a ellos no les gusta también. Que, quiere decir, ellos hablan pero no los entienden. Ellos no los ayuda como debe de ser. En cambio si uno sabe más bien hablar, quiere decir, el castellano entonces ya ellos, yo digo que tal vez como uno ya sabe bien hablar el castellano que la atienden un poco mejor a uno. Ahora los que habla así en Kaqchiquel, pues a ellos atienden con una diferencia miro yo porque no los atienden bien.”

“There are women getting there (the hospital) who only speak Kaqchiquel, or the language they speak. Because there are different languages, like Kaqchiquel, that is also what they don't like. It's like, they speak but none understands them. They don't help them as they are supposed to. On the other hand if someone knows better to speak, that is castellano, then they, I would say that perhaps if one knows how to speak castellano well, then they will attend you better. Now the ones that speak Kaqchiquel, well they are treated differently because I've seen that they are not treated well.”

One woman, 4, meant that the type of treatment the doctor gave would depend on the doctors' personality and whether the doctor received money from the patient. It would not depend on the doctor being ladino or Maya.

Four women, 2, 6, 7, 13, meant that the *ladino doctor* would treat the Mayan patient bad in terms of being fast and harsh during examination, frightening the women and give prescriptions on very expensive medicines. They would also treat the ladino patient better than the Mayan patient, and that the ladino doctor did not care about the Maya patient.

Nr 13: “Hay diferencia con un doctor ladino, así como decimos, entre ellos como ladinos, solo ellos se tratan bien, pero si uno es indígena no la tratan bien, medio te atienden lo importante te miraron y eso miro yo de eso.”

“There is a difference with a ladino doctor, as we say, between them, as they are ladinos, they treat them well, but if one is maya one is not treated well, they only treat you so and so, that is my opinion about that.”

Another woman, 1, meant that there are both good and bad ladino doctors.

Woman nr 2 said she was afraid of ladino doctors, and that she only trusted the Mayan doctors.

Nr 2: “Porque eso es como una discriminación, todo lo que tienen ellos. No llegamos a querernos por decirle entre nosotros, ellos no nos quieren porque somos indígenas.”

“It is like a discrimination, what they do. We don't like each other, and they don't like us because we are maya.”

Three women, 2, 6, 13 were generally positive to the *Mayan doctor*, and one of them thought a Mayan doctor would have treated her faster than a ladino doctor (in positive meanings).

The general opinion was that the Mayan doctor would treat the Mayan patient better than a ladino doctor would. The Mayan patients trust the Mayan doctor more than the ladino doctor, because the Mayan doctor would speak the same language, be polite and give prescriptions on cheaper medication.

Four women, 8, 9, 12, 14, said that there would be no difference in the treatment depending on whether the *patient* was ladino or Mayan, and that all the patients were served the same amount and type of food.

Seven women, 2, 3, 6, 7, 10, 13, 14, said the ladino patient would be treated better than the Mayan patient at the hospital. In particular if the doctor was ladino. One of the women, 2, said she had seen a ladino woman having her family with her in to the waiting room, which is forbidden. She also meant that the Maya women are used to being treated differently from outside the hospital, and that the Ladinos generally don't care about the Maya population. One, 7, said no one took notice of her at the hospital even though she was screaming out of pain, and she meant this was because of her Mayan origin.

Thoughts and feelings after the hospitalization.

Half of our sample felt pleased with their stay at the hospital and the other half was not pleased. They would return to the hospital again, but mainly in cases of great necessity. The reasons given were access to better equipment and lack of an alternative in the community. ?Generally the women would recommend others to give birth at the hospital, still knowing that there was a risk of being treated badly.? The majority of the women did not return to the hospital for maternity control.

Eight women, 2-4,6,7,9,12,13, would *recommend* others to give birth at the hospital, even though there was a risk of being treated badly. They would recommend going to the hospital because it would be safer than giving birth at home. They also meant that there was no reason to feel ashamed or being embarrassed afterwards since they would never meet the persons at the hospital again.

Nr 2: "Sí. Yo lo he recomendado a muchas mujeres. "Váyate al hospital" les digo, "porque si aquí te vas a componer, qué vas a hacer? Andáte al hospital"
"Yes. I have recommended many women. "Go to the hospital", I tell them, "because if you'll give birth here, what can you do? Go to the hospital"."

Two women, 1,11, would only recommend giving birth at the hospital in cases of complicated deliveries and in cases of mothers giving birth for the first time. One woman, 14, would not recommend the hospital.

Nr 1: "Ah...sí hombre.. sí, tal vez sí digo yo, porque estando allá pues miran que hacen con uno, aunque regañando allí miren lo que hacen con uno. En cambio aquí en la casa si uno no se compone no pueden hacer nada con uno. Por la necesidad tiene que llegar allá. Y eso también aconseja a otros, que si no se compone aquí es mejor llevarle al hospital luego y se compone de una vez."

"Ah...yes, maybe I would, because being there they know what to do with one, even though they scold you they know what to do. On the other hand if you are at home and can not give birth, no one can do anything. Because of the necessity one have to go there. And that is also what I recommend other people, that if one is at home and can not give birth it is better to go to the hospital and give birth right away."

Four women, 1,3,6,11, would have returned to the hospital only in case of emergency, and then they would have been afraid of being treated badly. One of them was afraid of being operated if she had to give birth at the hospital again. Another woman would let the comadrone decide.

Nr 1: "Ay, ya con poca pena ya. Pero si hay necesidad se tiene que ir, verdad? Si hay necesidad de ir, uno tiene que ir."

"Ah now with worry. But if it is necessary you have to go, right? If it is necessary to go, you have to go."

Nr 3: "No se quería le digo yo. Si tendría que ir me aguantara el trato que les dan allá. Si les tratan bien o les trata mal. Ya tal vez los otros doctores no son los mismos, ni modo."
"I say that I wouldn't. But if I had to go I would have to stand the treatment they give you there. If they treat you well or they treat you bad. Maybe the other doctors are different, who knows."

Five women, 2,5,7,12,14 would have returned to the hospital without doubts. One woman, 4, would rather have contacted a private doctor, and woman, 13, would have contacted a private hospital instead of the public hospital.

Six women, 2,8-10,13,14, felt they in general received *good* treatment at the hospital. Two of them, 13,14, had been to a private hospital.

Nr 10: “Pues a mi me trataron bien por como fue la única doctora que estuvo conmigo, pero ella si me atendió bien y ella también se y entraron otros doctores y ellos si saber como trataron pero yo ya no vi nada como me dieron salida y saber pero la doctora si me atendió bien.”

“Well they treated me well, but as the only female doctor was with me, but she treated me well, and others doctors also was in the room but who knows which treatment they gave, but I don’t know anything about that as I left the hospital, but the female doctor treated me well, yes.”

Six women, 1,3,4,6,7,11, felt they were treated *badly* at the hospital. They were left alone, did not receive much help, were given a minimum of information and did no longer trust the doctors.

Nr 7: “No, casi no tratan bien en el hospital.....Porque cuando estaba allí y uno estaba gritando, casi no le ponían atención. O sea no llegaban las enfermeras.”

“No they don’t give you very good treatment at the hospital.....Because when I was there and one was screaming, they almost didn’t care. In other words, the nurses wouldn’t attend you.”

One woman, 6, regretted having gone to the hospital. She waited for a long time without anyone attending her, and when the doctor came to see her they had to operate her. She had a uterus rupture and the fetus died.

Nr 6: “A veces que me arrepiento, porque digo yo que hubiera esperado aquí porque tal vez voy a dar a luz normal, porque ahora ya no puedo tener familia.”

“Sometimes I regret it, because if I had waited at home maybe I would have been able to give birth normally, and now I can’t have any more children.”

Another woman, 11, also waited for a long time and ended up being operated and having a baby that was ill. Both of these women said they would never return to the hospital.

Later in the interview they said they would have returned in case of emergency for lack of an alternative.

All the women except one got an appointment for *maternity control* at the hospital after the delivery. Only one woman, 13, went to the appointment. The others did not go because they believed they would not get any information from the doctors and because the long queues would have to make them wait the whole day at the hospital. One woman, 4, said it would only be necessary in case of serious illness. Many women also received advice from the local health clinic of not going to the appointment at the hospital but instead go to the clinic. One woman, 3, had been to see a local nurse after the delivery. Two women, 4,9, had been to a private doctor. Two other women, 10,12, had been to a comadrone after the delivery. Eight women did not go to any kind of maternity check up after the delivery.

Three women, 1,6,9, said they trusted the comadrones. But one of them, 9, would not have given birth with only the comadrone present; she would rather have given birth at the hospital. One woman, 2, said she did not trust the comadrone.

One woman, 14, who had had a cesarean were *advised* by the doctor to be careful and not lift anything heavy in the period after the operation. Some of the women also received prescription on medicines when leaving the hospital.

One woman, 7, had at a previous delivery at a private hospital learned breathing techniques and how to know when the birth was induced.

Four women, 4,8,11,13, were thinking about using *birth control*. But they were all sceptical to this because they believed they could get very ill. None of the women did use birth control methods.

When it came to *future deliveries* six women, 2,3,8-10,13 would have given birth at the hospital because of the access to better equipment.

Nr 3: “Porque como le decía, pienso que es mas seguro estar allí. Porque estado aquí conmigo la comadrone, como dar a luz y se puede complicar las cosas. Y ella no tiene las materiales de que los doctores por el dolor.”

“Because as I said, I think it is safer there. Because with only the comadrona there with me (at home), giving birth, there may be complications. And she doesn’t have the equipment that the doctors have for the pain.”

Nr 2: “Sí, al hospital. Yo no confío en las señoras de aquí. Porque es muy fácil equivocarse. Y la comadrona no usa anestesia, ni pinzas para ver las cosas como están. El doctor sí. El doctor si el placenta no viene el doctor simplemente usa el guante y ya llega mover esto y sale, y ya estuve. Pero una comadrona no lo va a hacer porque tiene miedo. En cambio del doctor sí.”

“Yes, to the hospital. I don’t trust the women here. Because it is very easy to make the wrong decision. And the comadrona doesn’t use anesthetics, not pincers either to examine how things are. The doctor yes. The doctor if the placenta is not coming the doctor simply uses gloves and touches it and then it comes out, and that’s it. But a comadrona wouldn’t do that because she is afraid. The doctor would.”

One woman, 1, would have given birth at home if possible, but would have gone to the hospital in case of complicated delivery. One woman, 4, would have delivered in their own home because of tradition, happiness and support from the family. She had gone to the hospital because of complications during delivery.

All the women *wished that the doctors in the future* would treat the patients well, and that there would be more doctors at work during nights and weekends. They wanted the doctors to be able to communicate with all of the Mayan population. They also wanted the doctors to be polite, motivated, subscribe more medication and treat everyone equal. One woman, 9, said that there in general were not much medication at the hospitals because of little subsidies from the government, and that this led to rationalization so that only the patients that are most ill would get medicines.

Discussion

In general all women in our study reported of negative expectations before going to the hospital, either because of previous bad experiences, or because of rumors and stories from families and friends. Some women had positive expectations before the hospitalization due to positive earlier experiences. Often the women decided themselves

when to go to the hospital, but they emphasized the advices of the comadrones. Some did not trust the comadrones in case of an acute care setting.

One half of the women were not pleased with the treatment they received at the hospital. The other half thought they received good treatment, although almost every one of them reported of episodes of badly behavior from the staff. Especially violation, scolding, ignoring and the feeling of loneliness were mentioned frequently.

The general opinion was that they experienced suboptimal treatment because of the language barrier and their ethnic origin. They also believed the Ladino patient would get better treatment independent of the ethnicity of the staff. However, a Mayan doctor would ultimately treat the Mayan patients better than a Ladino doctor because of a common cultural and linguistic origin. This was not the case for Mayan nurses and comadrones were their behavior was not reported related to their ethnic origin.

When it came to future deliveries most women would recommend others or returned to the hospital in case of an emergency because of access to better equipment and lack of an alternative in the community, still knowing that there was a risk of being treated badly. Almost no women returned to the hospital for their maternity control.

Earlier studies have shown that the majority of child births take place at home, and about 80% are assisted by TBAs because Guatemala has no professional midwives.(6) Their training was abolished two decades ago.(6) Access to the referral hospital is problematic, not so much to distance but because of negative attitudes by the providers towards their clients and also TBA.(6) Our impression is that the comadrones advised the women to go to the hospital when there were twins, if there were a prolonged delivery or if the woman previously had had a cesarean. The childbearing women's aversion against modern health facilities is also a problem.(4) This is partly caused by a widespread fear of negative consequences of the hospital stay and caesarean section.(4) Furthermore, in the conception of the TBA, the pregnant indigenous women are subjected to discrimination and the fear of maltreatment, because of ethnical affiliation and language barrier, is influencing the choice of care even in life threatening situations.(4) Hospitalisation of an indigenous mother for birthing may lead to feelings of social and cultural isolation from the community and kin and may impinge on their sense of well-being.(7) This isolation of Indigenous mothers may be further compounded by inappropriate communication

techniques and failure to recognise that Indigenous and non-Indigenous linguistic conventions are different.(7) Inadequate interactions between staff and Indigenous mothers often result in misunderstandings and fear.(8) A number of mothers in our study reported they were frightened either in the delivery suite or in operation theatre, because they were alone.

In our study there was some inconsistency between women's ratings of overall satisfaction and the negative comments that they had, a problem observed in other studies.(9) With reference to obstetric health care, satisfaction has been defined as a feeling of contentment on the part of the woman with the care that she has received.(9) Other definitions appear to fall into one of two categories: satisfaction as an affective response or feeling about childbirth, and satisfaction as defined in terms of those factors that contribute to childbirth satisfaction.(9)

Shearer(10) lists a number of difficulties inherent in the measurement of satisfaction with perinatal care, including the following:

- how the concept is measured (i.e., in view of the lack of standardized or validated scales) (9)
- the fact that satisfaction is relative (e.g., a forceps delivery may be judged relative to serious complications) (9)

We define satisfaction as the relation between previous expectations and the situations' actual outcome. The accordance between expectations and experiences may be the reason why many of the women reported bad experiences, but still felt satisfied with the hospitalization. Since their expectations in advance were low due to previous bad experiences and negative rumours about the hospital, the women accepted a measure of bad treatment from the hospital staff if the outcome of the hospitalization was good, that is returning to their homes with a healthy newborn baby. On the contrary, the women who had been to private hospitals seemed to have higher expectations before the hospitalization, and these women were also more critical to details during the hospitalization than the rest.

A previous study has documented the importance of satisfaction in a patient's stated intent to use the hospital in the future and emphasized the role of hospital staff that

provide direct patient care as a key element in satisfaction and, therefore, repeat purchase.(9)

In our study there was no clear connection between the patients satisfaction and the patients intent to use the hospital in the future. Most women would return to the hospital only because of necessity, still knowing that there would be a risk of being treated badly at the hospital. The lack of an alternative was a major reason for using the hospital. However, we do not know if there would be a more clear connection between a patient satisfaction and the patient intent to use the hospital in the future, if they were more pleased with the treatment.

The women would not rely solely on biomedical care, but combine this care with a TBA. However, most women were aware of the TBAs limitations in an acute care setting. Lack of equipment, difficulties on making decisions, wrong diagnostics and in general knowing that the TBA could not do anything to help in case of complicated delivery, were all reasons for going to the hospital. The women had confidence in the doctors at the hospital having the equipment and the knowledge to handle a medical crisis. Despite the women's will to return to the hospital it is a fact that the majority of indigenous women in Guatemala prefer giving birth in their own home instead of using the hospital.(6)

Many women report having heard 'bad stories' about the hospital from friends or relatives in their community, and many have suffered racism and discrimination. The majority of women in our study described maltreatment, scolding and ignoring from the hospital staff, and many believed the reason for this was their ethnic origin.

Hospitalisation during the birthing experience removes the Indigenous mother and baby from the traditional setting, from their 'special place',.(7) The role of caring, traditionally provided by the family, is taken over by the hospital staff, who in many cases are non-Indigenous, and seldom with experience, understanding and appreciation of Indigenous culture. The collision between the traditional culture and the modern technological culture is strongly felt by the women. On the one hand they want the mental and cultural support of their traditional culture, on the other hand they want the technical advances to minimize the risk of delivery both to themselves and their babies. This mental dilemma

of the Maya women of today is perfectly described by our informants. This can explain many of the ambivalent statements by the women.

The widespread report that Mayan nurses treat the indigenous women badly is interesting. To us this shows that the social status of being educated and having a respected job is more important for the Maya women than their ethnical background. Our impression is that the Mayan nurses have a need to demonstrate their superiority in the hospital system to the indigenous patients. Having the same role as Ladino women have, being hospital employees, make the Maya women step out of their role as a Maya wearing a traditional suit, and step into a new role as an employee at the same level as Ladino women, without the cultural and social differences apparent. The importance of having the Ladino women's recognition may be more important than the wellbeing of women with the same ethnical background as themselves. This may be the reason why Mayan nurses suppress the Indigenous patients in the same way, and even more, than the Ladino nurses would. Acting this way might be the Mayan nurses way of solving the conflict of being in between the traditional culture as a Maya and taking part of the modern technological culture.

Delays in TBAs in referring patients as soon as a complication occurs can result in decreased ability of the hospital staff to provide health care with good outcomes.(5) Furthermore, if patients admitted to the hospital do not have good outcomes, the TBAs decision not to refer patients is reinforced.(5) In rural Guatemalan communities, TBAs are expected to manage most high risk situations in the mother's home.(5)

The majority of Indigenous mothers are young, and previous studies have shown that coming into hospital was thought to be a very frightening experience.(6) In our study we did not find age to be a factor in the women's expectations before hospitalisation. The younger women did not speak more negatively about the hospital than the older women. Moreover, some studies suggest that the lower socioeconomic status of the indigenous population makes it difficult for the women to access various health facilities.(2,6) This did not seem to be an issue among the women in our study. The local ambulance was always available to transport the pregnant women to the hospital without charging them,

and the public hospitals' facilities were free of charge. However, the women had to buy the medications they got prescribed when leaving the hospital. For several women it was a major issue that many of the ladino doctors prescribed more expensive medication than their Mayan colleagues would. Many women also meant paying the hospital staff would improve the quality of their birth experience.

Almost all women did not return to the hospital for their follow up appointment after the birth. They cited long queues as well as misbehaviour of the staff as primary reasons why they did not go. This supports the notion that indigenous women only uses the hospital in cases of great necessity, and that they prefer using alternative health systems in their own community.

The results from a qualitative study can be generalised to the background population with regard to the existence of phenomena and tendencies, but not with regard to amounts and proportions.(4) Our sample size of fourteen women is typical for qualitative study, but is too small to be generalized to wider population in a statistical sense. The women interviewed were roughly representative for the women who had been giving birth at the hospital during the last months in the two Indigenous villages. The presentation in this article does not reflect all mothers' experiences. We know about the thoughts before, during and after delivery of the women who gave birth at the hospital. But, we do not know why other women in the same villages chose not to give birth at the hospital. It would have been interesting to see if these women shared the same point of view regarding expectation before hospitalization, and their main reason for not giving birth at the hospital. The two villages were more representative of the large areas of Guatemala where there at the moment occurs great cultural transision from traditional Mayan life to a more modern Mayan culture. This transition now occurs in urban and suburban settings and in some villages in the vicinity of cities and towns.

There were no apparent recall problems since these women had experienced delivery in the four months before the study, and therefore should have been able to recall the event in sufficient detail. Still, the study is retrospective. Ideally we should have made three separate interwieves of the women, before, during and after the hospitalization, but this was not possible due to distance and limitation of time.

There were many ethical considerations in our study. The women participated on a strictly voluntary basis and were paid the minimum hourly pay in Guatemala. The small amount of money was to show our appreciation, and at the same time avoid anyone participating only for the profit. Interviews were arranged at a time and place to suit each woman, and they were anonymised. There were only women present during the interviews, and the atmosphere was tranquil. The women were informed that they could break off the interview at any time, and that they could refuse to answer any question if they wanted to, without consequences. The women were under no circumstances forced to speak.

Conclusions

Indigenous women in the region Solola, Guatemala, prefer giving birth at home due to tradition, safety and fear of getting maltreated, scolded and ignored at the hospital. However, many choose to go to the hospital in case of an acute care setting because of lack of an alternative. The women are aware of the TBAs limitations and find it necessary to seek biomedical help in cases of complicated deliveries.

The collision between the traditional culture and the modern technological culture is strongly felt by the women. On the one hand they want the mental and cultural tranquility of their traditional culture, on the other hand they want the technical advances to minimize the risk of delivery both to themselves and their babies.

The findings in other studies suggest that using TBAs are likely to continue to be key providers of pregnancy-related care in the future.(2) Our study confirmed that the women preferred to give birth home if possible. By improving the capacity of TBAs to recognize danger signs during pregnancy and cooperate in a larger extent with biomedical health services, infant mortality and birth complications can be reduced.(11)

The women believe the main reason for receiving suboptimal treatment is due to their ethnicity and language barrier. Therefore, introduction of an interpreter service is important to ensure good quality of the treatment.

In the future the women find it most important for the hospital staff to treat all the patients equally, independent of ethnicity.

What is already known about this topic:

- In rural Guatemalan communities the majority of childbirths take place at home, and about 80% are assisted by TBA(6)
- The aggregate intrapartum and neonatal mortality rate is estimated to more than 36 per 1000 and more than 50% of all infant's death occurs during birth or before the third month of life.(3)
- Teaching comadrones/ obstetrical staff to have an appreciation of the proper way to communicate with people and manage obstetric complications, resulted in an increase in demand of health services and a fall in perinatal mortality in Guatemala.(6)
- Current efforts directed toward the training and integration of comadrones into the formal health system are likely to be much more effective at improving pregnancy-related care than the replacement of midwives with biomedical providers.(2)

What this study adds:

- Expectations before hospitalization were often negative due to stories and rumors from families and friends.
- Most of the women experienced episodes of bad treatment, and they believed this was related to their ethnic origin.
- The collision between the traditional culture and the modern technological culture was strongly felt by the women.
- Because of lack of an alternative most of the women wanted to give birth at the regional hospital and recommend others to do the same in case of an emergency, despite having fear of bad treatment.
- Many women have a critical attitude against the communities TBAs.

- The general opinion of the women and their families is that paying the hospital staff will improve the quality of the birth experience.
- In our study we do not find age to be a factor in the women's expectations before hospitalisation.

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