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Barriers to Care Amongst Rural Indigenous Mayans in Guatemala's Western Highlands

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Turbulent Political History

1821: Independence from Spain, followed by series of unstable coalitions, liberal regimes and dictatorships

Late 1800's: United Fruit Company gains power, begins U.S.-backed destruction of native farmland and monopolizes Guatemala's banana industry, which results in drastic economic disparity, exploitation and massacres over next several decades

1944: Guatemalan Revolution begins as plantation workers protest and go on strike against the UFC

1954-1996: Civil War between Guatemalan military (supported by U.S.) and leftist rebel guerrillas

1999: Commission for Historical Clarification and United Nations determined that the Guatemalan military had committed genocide against the Mayan population, using terror, massacres and "death squads" as military tactics. Mayans were specifically targeted during the Civil War and still suffer from its repercussions, especially in terms of healthcare.

- Over 200,000 Guatemalans were killed or forcibly disappeared, of which 83% were indigenous.
- 93% of the atrocities and 626 massacres attributed to government forces, while only 3% of the atrocities were attributable to the guerrillas. [1]
- Lasting cultural effects still palpable: crime and violence cost the country 7% of its GDP in 2012 [1]
- 4th highest rates of malnutrition globally [2]



Struggling Healthcare System

Information presented here is based on 5-week volunteering experience at Primeros Pasos clinic in the rural Palajunoj Valley outside the city of Quetzaltenango, Guatemala. Almost all of the patient population is rural, indigenous Quiche Maya.

Guatemala has a relatively high GDP and patient-doctor ratio (1000:1) compared to its neighboring Latin American countries, but these resources are extremely localized to its capital, Guatemala City, where 70% of the country's physicians work.

Only the wealthy are able to utilize private clinics and hospitals that are known to provide the highest quality care. At these clinics, patients pay out-of-pocket.

Indigenous, rural communities typically rely on under-funded, understaffed, overcrowded government *Puestos* and *Centros de Salud* that are often far from their homes and difficult to access.

Theoretically, these public clinics allow for Guatemala's healthcare system to claim "universal coverage," but a lack of funding for public hospitals and clinics have left many of them in dire condition.

By 2015, 4 out of the 44 public hospitals were forced to shut down all but emergency services because they could not afford to pay their employees. [3]

Guatemala's Deputy Prosecutor, Hilda Morales, blames the lack of funding and resources on "structural failures," such as corruption within the system, debt, delays in payment to suppliers, and the poor maintenance of medical equipment. Many of these issues are rooted in the violence, corruption and prejudice against indigenous cultures during the Civil War.



Current Barriers to Care

ECONOMIC

- Indigenous poverty rates are 2.8 times higher than the rest of the population, with 79% of the population making less than \$1.90 a day. [2]
- Indigenous Mayans most commonly work in agriculture and struggle to make a living against poor environmental conditions and natural disasters. Those that do not work in agriculture frequently face social and economic discrimination in the workforce,

CULTURAL

- More than half of indigenous students never graduate from primary school, and many of these students never learn to read or write. [2]
- Many rural patients only speak a Mayan language, and cannot speak or understand Spanish. However, few physicians in the country speak Quiche or any of the other indigenous languages.

SOCIAL

- Alcoholism is an incredibly prevalent, yet highly stigmatized, aspect of Mayan Guatemalan culture. The culture is marked by abstinence interrupted by irregular binge-drinking occasions with a widespread illegal market for traditional regional alcoholic beverages. It is the root of domestic and gang violence and excessive spending in families already suffering from poverty. Churches and grassroots organizations have established health and socioeconomically-based intervention programs that have shown to be effective. However, the biggest obstacle is overcoming the cultural stigma against alcoholism and moving towards acceptance.
- Machismo is another aspect of the culture that physicians in Guatemala must learn to deal with delicately. It is based on deep-rooted patriarchal ideals that justify gender-based violence and inequality. The decades-long civil war was filled with public and barbaric atrocities against women, leading to perspectives about male dominance being ingrained in the minds of the generations that lived through it. This inherent perception is further fueled by prevalent alcoholism, economic inequality and institutional barriers to females speaking up amongst rural, indigenous communities.
- In regards to illiteracy, alcoholism and machismo, Guatemalan physicians have to know what red flags to look for, how to approach these subjects and what resources are available for the women to be connected to.

As a result of these barriers, there is a 13 year gap in years of life expectancy between indigenous and non-indigenous people. [2]

Primeros Pasos's Work

- First founded in 2002 when an abandoned clinic in the Palajunoj valley was revitalized by a group of volunteers who were exposed to, and shocked by, the shortages of healthcare professionals and resources in the area.
- Today, it functions as a full-time primary care clinic and community NGO with education, nutrition, dental, gynecological services, biannual community health fairs and frequent health education workshops. The prevention-based, collaborative health model has been effective at tackling many of these economic, cultural and social barriers faced by the residents of the Valley.
- **Nutrition Recuperation Program:** The program staff and volunteers guide pregnant women through their pregnancy and children's infancy by providing education and free healthcare and monitors their progress with home visits and weighing and measuring of children.
 - Important to the community because the rate of stunted height for indigenous children less than five years old in Guatemala is 58%. [2]
 - The program was one of the three clinics featured in Roger Thurow's book, *The First 1,000 Days: A Crucial Time for Mothers and Children*
- **Healthy Schools Program:** Annually, volunteers spend a week or two giving "charlas," or public-health based talks to students from pre-K to 6th grade. Then, the volunteers return with a team of dentists, physicians and medical students to provide a free weeklong mobile clinic for the same students. Throughout the year, the students in the program have access to free healthcare at the main clinic.
- **Other projects** at the clinic involve planting gardens throughout the valley, leading workshops with public school teachers about healthy cooking and food safety, providing health fairs for the community and more.



Left: Healthy Schools Program Volunteers leading a workshop about hand-washing with a first-grade class in Xecaracoj, Guatemala in July 2016
Right: Women from the Nutrition Recuperation Program posing with their children after a cooking workshop in June 2016.

References

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