

Towards an Understanding of Health-Seeking Behaviors in a  
Modern Maya Town

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## *Abstract*

*Health-seeking behaviors are an important indicator of the cultural, social, economic and political realities of a group of people. Understanding health-seeking behaviors has been an important part of medical anthropology especially how it relates to biomedicine in non-Western societies. This research project is concerned with understanding the health-seeking behaviors of a K'iche Maya group in the highland Guatemalan town of Zunil. Local perceptions on different types of medicine will be explored, especially the syncretism that characterizes the relationship between "chemical" and "natural" medicine in Zunil. Using ethnographic data and interviews with medical doctors, traditional healers, nurses and pharmacists I will examine health-seeking behavior in terms of the "4 A's" model. Finally, the politics of health and development will be reflected on and conclusions will be made about the importance of understanding local notions of medicine, health and illness.*

Health is a universal need and thus, the way it is perceived by a community is very important. Health and illness are also a critical part of culture and learning about them can provide useful insights into local culture. Local perceptions of health and illness as well as health-seeking behaviors reflect a community's worldview and allow us to gain a deeper understanding of aspects of Mayan culture and the realities of life in a K'iche Maya town. Also, the discourse on health is inevitably tied to the discourse on politics and development. Thus, attempting to understand the health-seeking behaviors of a group of people is an important endeavor. I am interested in understanding patterns of health-seeking behavior in Zunil and in exploring other factors such as distribution of health services and preconceptions about government health services that might affect health-seeking behaviors. Also, I am interested in finding out under what circumstances to locals utilize a traditional healer versus modern medicine? And how do Zunileños perceive of the relationship between 'natural' and 'chemical' medicine?

## Methodology

Several of these questions have not been explored in the previous literature on Guatemala, and most research has not been contextualized in the local culture. As a result, I hope to pursue this topic differently by using a combination of participant observation, and formal and informal interviews to create a short ethnographic study.

I will be using a popular model called the "four As". It is composed of four key factors that explain health seeking behavior: availability, accessibility, affordability, and acceptability. This model has often been used by anthropologists and epidemiologists because it easily identifies potential barriers for seeking treatment (Hausmann-Muela et al 1993: 14).

This ethnographic study took place in Zunil from February 10<sup>th</sup> to March 3<sup>rd</sup>. During these three weeks I conducted formal interviews with the doctor and the public sanitation officer at the health clinic, the only private doctor in Zunil, two pharmacists, two midwives, two *naturistas*, two *aq'ikhs*, and a young woman who practiced *costumbre* (Maya religion). I had informal interviews with two Evangelical men, two Catholic women, four patients at the clinic, and various members of my host family. I used participant observation at the government clinic during consultation hours, and I observed the treatment of three patients by an *aq'ikh*.

Previous research on medical decision-making in Guatemala has been too concerned with predicting health-seeking behaviors and as a result the material has often been full of statistics but not enough ethnographic data. Most research has not dealt with

the health practices of indigenous people nor has it taken Maya culture and cosmovision into account.

A recent study by Weller et al that aims to predict patient behavior in Guatemala found that there was no significant difference in treatment choices in two coastal Ladino villages with and without a government health post. Furthermore, the availability of resources, along with two other factors (health status and prior experience) factored into only 7% of treatment choices and was not significant in making treatment choices (Weller et al 1995). The results of this study have motivated me to examine the role of the government health clinic in Zunil, and to explore community perceptions of it in order to understand how it affects the health-seeking behavior of Zunileños.

### **Terminology**

The politics of health and who possesses and controls legitimate medical knowledge has its roots in the Conquest era (Treviño 2001). In his article titled "Curanderismo in Mexico and Guatemala: It's Historical Evolution from the Sixteenth to the Nineteenth Century", Treviño explains how the term *curandero* was a result of conquest because colonial authorities delegitimized the role of the traditional indigenous doctors by grouping them together and labeling them *curanderos* and at times *brujos* (witches). Hence I will use the term *aq'ikh* which is a Mayan priests or a spiritual guides who is able to cure physical and/or spiritual diseases. I will use *naturistas* to denote those who practice natural or herbal medicine but are not *aq'ikhs*.

`Traditional` medicine in Guatemala has been greatly affected by the Conquest and the introduction of European humoral medicine (Sáenz and Foster 2001). Furthermore, the

term is inadequate to describe the multiplicity and range of health care options that are available in a medically pluralistic society. After doing a domain analysis I found that the appropriate cover term is natural medicine (*medicina natural*) because traditional medicine is not a meaningful description of reality. The included terms are natural and spiritual treatments such as those recommended by *naturistas* and *aq'ikhs*<sup>1</sup>.

Similarly, I will use the term chemical medicine (*medicines chimicas*) to refer to the medicine practiced by biomedical doctors and pharmaceutical products. Figuring out the local terms for these categories greatly helped me gain a more 'emic' perspective to understanding local notions of health, illness and treatment.

Sector is a word used in the literature and by the WHO (World Health Organization) and PAHO (Pan American Health Organization) to refer to indicate different types of therapy choices such as self-treatment, biomedicine and natural medicine (Hausmann-Muela et al 1993). I will use the term medical pluralism to refer to "the existence and use of many different health care alternatives within societies" (Stoner n.d. ). I have also used four treatment actions that have been previously identified by Weller et al in their study about predicting health-seeking behavior in Guatemala. These treatment actions are: home remedies, pharmacy, different types of physicians (government or private), and natural medicine<sup>2</sup>. I used these same categories in my field work (Weller et al 1995).

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<sup>1</sup> Some of these include steam baths, massages, or ingesting and drinking medicinal plants, ceremonies, prayers and cleansings.

<sup>2</sup> They term this last category folk medicine.

## **Personal experiences from the field**

I started my field work in Zunil with the aim of focusing my research on the relationship between two medical systems: 'traditional medicine' and 'modern medicine'. Much of the literature I read on medical decision making and medical anthropology framed their inquiry in these terms and implied that there was a duality between the two. However, the initial conversations I had with my host family and others about their health seeking behaviors soon clarified that people did not conceive of their medical system in this way. Indeed, the only reply I received was that sometimes people use the doctor and sometimes they use a natural healer. After a period of confusion and frustration I began to understand that Zunileños did not use the terms 'modern' and 'traditional' medicine to envision their reality, and they also did not perceive of a dichotomy between these two sectors of medicine.

Medical anthropologists such as Bradley Stoner have claimed that those "who discuss health care decision as a choice between Western and non-Western therapies present a falsely restricted view of the complexity of the environment and the multiplicity of therapies within a society" (Stoner n.d.). Furthermore, it is at times virtually impossible, and undesirable to divorce health care choices and to analyze them separately without contextualizing them in the religious, cultural, economic, and political realities of a group of people.

Finally my own experience getting sick with a bad cough during my first week in Zunil further helped me internalize this new realization. During my period of illness everyone in my host family and extended family gave different suggestions. Clara, my host

mother, told me to stop washing dishes with cold water and gave me chamomile tea (*té de manzanilla*) instead of the coffee we customarily drank with every meal. My host father Domingo told me to avoid *aire* (air) by keeping the door to my room closed. And when none of these suggestions improved my conditions, my host grandmother María Solome gave me a herbal home remedy of eucalyptus with honey, and the next day I received a concoction of coffee mixed with Quetzalteca, honey and a lime. Since there was no significant change after the home remedies, a neighbor suggested some pills that a friend of hers had used, meanwhile my host family bought me some more pills that they had used in the past. When nothing worked some suggested I visit the health clinic and others advised me to go to Quetzaltenango, while Clara thought I should visit a *naturista*. This experience was insightful because I recognized that not only were my assumptions about terminology and worldview wrong, but I also understood that there was no generic pattern of health-seeking behavior that was waiting to be discovered because medical decision making is a personal endeavor that differs between most people.

### **Health Services in Zunil**

Zunil is a municipality in the department of Quetzaltenango in the western highlands of Guatemala. Almost 100% of its 5,753 inhabitants are K'iche Maya<sup>3</sup>. At first glance Zunil seems to be a very traditional town where all the women wear *traje* and where everyone, including young children, speaks K'iche as a first language. Despite Zunil's traditionalism, there is a great deal of religious and economic diversity.

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<sup>3</sup> Diagnostico Municipio de Zunil, Quetzaltenango. Oficina Municipal de Planificacion (Obtained from the Mayor's office in Zunil. The document used 2002 census data).

In terms of health there is one *‘centro de salud’* or government clinic, along with a *‘puesto de salud’* or health post in the two townships of Estancia e la Cruz (8km from Zunil) and Santa María (13km from Zunil). The clinic’s staff included one physician, one professional nurse, two auxiliary nurses, one inspector of public sanitation, one rural health technician and one secretary. The center is open Mondays to Fridays from 8am-4pm although consultation hours last from 8-10am Monday through Friday.

There is also one private physician in Zunil. Dr. Huix owns his own practice, a small two room office operating from his house which he runs single-handedly. He is also the only indigenous doctor in Zunil. The average cost for a consultation and medication is 100 Quetzals. In general the private biomedicine sector is very much lacking in Zunil and many travel to Quetzaltenango in search for private treatment (8-15km away).

There are also five pharmacies, one of which is a community pharmacy and four of which are private. Also, there are two midwives, and there are numerous types of natural healers. Some of the healers include *aqikhs*, *naturistas*, massagers, bonesetters, and acupuncturists. There are no set prices and there is a range of prices depending on the healer and the disease.

### **Role and perceptions on the government health clinic in Zunil**

Early on in my field research I initiated contact with Dr. Sandra Martinez at the health center. A ladina from Quetzaltenango, she has been at the clinic for nearly twenty years. According to Dr. Martinez not many people used the clinic in the past but now more people come. She proudly told me that there were 7,384 consultations last year (Feb 13<sup>th</sup> 2008). Despite the number of consultation per year, I was surprised when Dr. Martinez

admitted the lack of popularity of the clinic and I did not understand why more people were not taking advantage of this free service.

There were numerous answers to this question and I quickly found that one deterrent was that the center was government operated. This discovery was made during a health planning meeting that I was invited to in the township of Santa María. This was supposedly the first meeting of its kind in the Santa María and it was attended by the mayor, the staff at the center in Zunil as well as by a nurse from Quetzaltenango, a final year medical student from Quetzaltenango who was serving in Santa María for a year, and about forty citizens from the township. The purpose of the meeting was to arise awareness about health and to start the first ever health census in Santa María. Some of the community members who attended the meeting seemed somewhat skeptical and asked how much this service would cost. Also, the tone of the meeting was defensive and somewhat tense; Dr. Martinez covered really basic sanitation issues such as hand washing and potable water and she twice repeated "We are here to help you, nothing else. We are not interested in your political part affiliation" (Field notes Feb 13<sup>th</sup> 2008).

A week into my field research I went to the clinic to observe during consultation hours. The primary nurse Emilia was in charge as Dr. Martinez had a meeting in Quetzaltenango. The sixteen people in the waiting room were all women and children. Everyone received a card with a number and Emilia proceeded to give a talk about family health and the need to vaccinate children. She asked if all the women spoke Spanish and I later found out that only four women spoke Spanish well enough to converse with me (field notes Feb 20<sup>th</sup> 2008).

Two of the women I talked to lamented the lack of resources and believed that the private doctor had better knowledge. Both of them however, seemed to think that the clinic was the easiest and most accessible source of treatment in Zunil. The two other women preferred the clinic because it was the cheapest alternative and the most accessible, although they too mentioned the lack of resources at the clinic. All of them agreed that they visited a private doctor in case of a serious illness or if the clinic wouldn't cure it.

These apparent contradictions characterized the discussion on government health services. Everyone I talked to had a different opinion about the government clinic. One pharmacist I interviewed, a Ladina from Quetzaltenango, stated that there were two problems with the clinic: there is not enough medicine, and consultation hours are only 8-10am Monday to Friday (Field notes, Feb 22<sup>nd</sup> 2008).

Furthermore, an interview with the Inspector of Health Don Daris Lopez who has been working in Zunil for more than two decades revealed some more concerns. Don Daris claimed that the government is not interested in changing the situation and so people lose faith. He added that "there are not enough resources and the government purchases cheap medicine all over Guatemala"(Field notes, Feb 14<sup>th</sup> 2008). Another major problem was the trash situation in Zunil. Don Daris was very concerned about the situation claiming that each new mayor promises to find a solution to this problem but in the end nothing happens because there is a lack of interest from the government's side. He pointed out a law<sup>4</sup> that prohibits contaminating water sources, but the law is never enforced he said.

The history of government intervention in Zunil, a lack of law enforcement and broken promises have given the government and its health services a bad reputation.

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<sup>4</sup> Article 96 of the 'Codigo de Salud Nuevo 1998'.

Furthermore, the government maintains that the services it provides in Zunil “cover 100% of the population”, although it conceded that “the rural area is less attended.”<sup>5</sup>

The central location of the clinic assures that it is fairly accessible to most of the population. The language barrier however, creates uneasiness since only one auxiliary nurse at the clinic speaks K’iche. In terms of availability the clinic is open during the weekdays and consultation hours are 8-10am. The clinic is well staffed but accepts only emergency consultations after 10am. Also, the lack of services on Saturdays and Sundays is a major shortcoming. Nevertheless, the clinic is affordable since it is free. Yet there have been many criticisms concerning the clinic’s lack of resources and patients often times resort to buying their own prescription medicine. The issue of acceptability on the other hand, was the most complex. There are many preconceptions about the ‘real’ purpose of the clinic. Doña Irma González, the midwife who has been living and working in Zunil for more than 33 years explained that many Zunileños associated the clinic with contraceptives and the sterilization of women. Also, the people think badly of the medicines given at the clinic and they don’t like the treatment they receive there (Field notes Feb 21<sup>st</sup> 2008).

Interestingly, some of the stereotypes-conceptions she mentioned have been confirmed by the staff at the clinic. Don Daris for example mentioned that the government bought cheap medicine all over Guatemala and on the first day I talked to Dr Sandra she proudly narrated how people’s increasing acceptance of the clinic was reflected in the 2,036

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<sup>5</sup> Diagnostico Municipio de Zunil, Quetzaltenango. Oficina Municipal de Planificacion (Obtained from the Mayor’s office in Zunil. The document used 2002 census data).

women who are currently using family planning in Zunil (Field notes, Feb 13<sup>th</sup> and Feb 14<sup>th</sup> 2008).

### **Wounded healers**

Rosa Xik, one of the *aq'ikhs* and a San Simon *cofradía* member whom I interviewed narrated to me the history of how her destiny chose her. Rosa Xik got married at fourteen years of age and all her three male children survived while all four of her female children were still-born. This phenomenon gave her a grave disease and her feet were swollen so she could barely walk, and she couldn't eat, and she felt cold and slept all day. The doctors with their pills couldn't cure her, but finally one day she met an adolescent boy at the *cofradía* of San Simon and he told her that she was the recipient of a *don* (gift) and that she would be cured in eight days if she started practicing *costumbre*. On the eight day she recovered completely and got pregnant with a baby girl who survived and is now twenty two years old. She interpreted her disease as a sign to follow her calling and she has since renounced Catholicism, been trained as a Maya priest and practices *costumbre* exclusively (Fieldnotes Feb 27<sup>th</sup> 2008).

Don Juan, another *aq'ikh*, gave me a lengthy account of how he received his calling. More than twenty years ago a crying woman appeared in his dream. He got extremely sick after that dream and he went to the mountain to pardon God and the *aire* before he died. There he met an old man who told him he still has long to live and he took him under his tutelage and taught him where to burn copal. On the third day after this encounter Don Juan went to burn copal alone at the mountain. That same day he also found an ancient Maya

artifact with the head of a rabbit. He interpreted this as a sign and he was cured that same day. Ever since this incident he became *an aq'ikh*.

### **Cosmivision and Disease**

In Zunil natural medicine is a very fluid category encompassing any type of treatment administered by a non-biomedical practitioner such as a *naturista*, acupuncturist, *aq'ikh*, and *comadrona* or midwife. Natural medicine is divided into two different spheres: *khe'lal* (the physical) and *k'ha espiritu* (spiritual). In addition there are two types of illnesses: *yab'ilal* or general illnesses and *koqob'al* or illnesses caused by someone else. Chemical medicine is effective for treating *yab'ilal* cases but it absolutely can not treat *koqob'al* cases. When *koqob'al* is suspected only an *aq'ikh* can treat the infirmity. According to Roberto Poz, an *aq'ikh*, natural medicine cures better because it is personal. The first step is always to find the patient's *nawal* or spirit companion (Fieldnotes Feb 26<sup>th</sup> 2008). Vilma Poz, a renowned *aq'ikh*, explained that the *nawal* enables one to know the energy of the patient and to see the weak side and the strong side of the person, hence enabling the healer to restore the patient's equilibrium (Fieldnotes Feb 19<sup>th</sup> 2008)

Contrary to what many outsiders may believe, natural medicine as it is currently practiced in Zunil is not an ancient artifact dating back to the time of the classic Maya civilization. The so called 'traditional' healing practices have been considerably influenced by biomedicine. In an interview with Don Juan I asked him how he thinks the human body becomes sick. He replied that microbes cause disease, and the herbal medicine he uses cures by killing the microbes. Although he had a clear idea of what causes disease, Don Juan, like all the healers I talked with, had a vague idea of what disease and health meant.

In K`iche health simply means *`utz kolik`* (I am well) although disease, *yab`il*, is a more complicated concept. For example, one can get sick if he worries too much, if he is angry or if he has been frightened.

According to all the healers I interviewed, natural medicine has its boundaries. Vilma Poz claimed that natural medicine does not cure every disease; "If you have the *gripe* then take a pill and you are fine" and if you have internal problems or a complicated illness then it is better to seek chemical treatment (Fieldnotes Feb 19<sup>th</sup> 2008). In addition, natural medicine can not deal with modern diseases such as those caused by contamination. "This new lifestyle is causing more diseases. What we eat and drink is all chemical. People back then used to be stronger; they drank *atole* not coffee" said Rosa Xik (Fieldnotes Feb 27<sup>th</sup> 2008). Roberto Poz, who advocated for natural medicine also conceded that modern food is causing the evolution of new and more chronic diseases such as diabetes, AIDS and cancer. Natural medicine has no cure for these (Field notes Feb 26<sup>th</sup> 2008).

Whether it is the spirits that infect the body, the fevers that strike adults fifteen days after a lunar eclipse, or the mental diseases that are a result of witchcraft and eating produce grown with fertilizers, there are certain infirmities that only be cured by an *aq`ikh* or a natural healer. But the diseases of modernity are the ones that are outside the realm of natural medicine. Yet, natural medicine has endured so well because it is flexible and continues to adapt itself in order to be in accordance with the local worldview and cosmovision. Don Juan said that he can not cure additions such as smoking because it affects your brain and gives you cancer. He also explained that many diseases are caused by the *mal espiritu* which originates in the trash thrown in the river (Fieldnotes Feb 17<sup>th</sup> 2008). Hence, disease, health and illness are intricate functions of the local worldview and a major

success of natural medicine is its cultural sensitivity which allows it to change at the same pace that people's views are changing.

### **Spiritual diseases**

Health-seeking behaviors in Zunil are very much complicated by the existence of several non-biomedical categories of illness. The *mal espiritu* is a bad energy that is the cause of many spiritual diseases. This bad energy enters the body and causes "non-life-threatening chronic illnesses, the kinds of afflictions which biomedicine frequently fails to alleviate"(Finkler 2001: 119). Many of these spiritual diseases are cured by healing ceremonies and the burning of copal. According to Rosa Xik "some diseases are incurable, that is why there is the Maya religion" (Fieldnotes Feb 27<sup>th</sup> 2008). Spiritual healers such as Vilma Poz use the energy of the patient's *nawal* to restore missing energy through ceremonies and burnings on specific days of the Mayan calendar.

### **Witchcraft and *koqob'al* illnesses**

Witchcraft illnesses are complex affairs. It is difficult to cure a case of *koqob'al* because powerful prayers can be used by witches, or sometimes the disease is bestowed by an ill-wisher who has given a special prayer to San Simon and requested to cause an illness<sup>6</sup>. *Koqob'al* happens when an animal, a spiritual animal according to Don Juan, enters the stomach with *aire*. The person's stomach begins to hurt and the animal moves around and has to be symbolically excreted after consuming some herbs (Fieldnotes Feb 17<sup>th</sup> 2008).

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<sup>6</sup> This is done by writing the name of a person on a piece of paper, putting the paper in San Simon's shoe and making an offering to San Simon.

The process of healing is long and usually involves personalized ceremonies and special prayers to Ajaw. According to Don Juan these cases are so hard to cure that he often gets a little sick because strong witchcraft gets transmitted to him during the healing process. Also, witchcraft cases can't be cured on just any day. The *aq'ikh* has to consult the Mayan calendar because each day has its own work. The day *t'zi* for example, is one that assures a successful witchcraft healing ceremony.

### **Culture bound illnesses**

Culture bound illnesses are culturally specific diseases (Carrey 1993) and throughout my field work period I have encountered several of these illnesses. A common one was *aire* which is the common air that we breathe but it can also be a spirit. *Aire* can be a good force or a bad force. If it enters the body it causes pains in the stomach or the hands and it causes one to feel cold. This is a disease that biomedicine can not cure, instead an *aq'ikh* has to pardon the *aire* and invoke it to leave the body during a ceremony.

An even more vague disease is caused by the *mal espiritu* or *retz'alal*. The *mal espiritu*, which is bad spirit, gave many kinds of diseases such as general pains and aches and mental diseases. Some said that one hears noises when they have been infected by the *mal espiritu*, others said that it motivates people to do bad after it enters their body. The only cure for this disease was *ch'abal* or K'iche prayers because even Catholic and Evangelical prayers in Spanish can not cure.

*El derrame* or *xik'ob wixik*, a stroke of some sort, was a fairly common disease in Zunil. At first I did not understand why people went to see a healer for such a serious disease but I soon learnt that *el derrame* was not simply a stroke; it was when part of the

body 'dies' after the individual has experienced extreme emotions such as anger, fright or happiness. According to one victim of *el derrame* a part of the body goes to sleep. I actually witnessed two healing ceremonies where two female patients got cured from *el derrame*. Don Juan rubbed pure alcohol on their shoulders and used an acupuncture method by prodding the shoulders and the neck with a sharp snake tooth. Surprisingly, the patients did not feel any pain and both were cured after three sessions.

*Nervios* or nerves was another culture bound disease where the blood turns black after one has been frightened. I was told that this frequently happens here because people work in the mountains where they may encounter strange things. When this happens some healers rub two eggs or chilies all over the body and say a prayer from the book Santa Cruz de Caravaca. *El mal de ojo* was another disease that afflicted young children. One etiology I was given was that it happens when an adult, who has a higher body temperature, touches a young child, who has a lower body temperature, and thus transmits negative energy and causes a fever. The healer uses the palm of her hands on the child's body and thus removes the bad energy and restores health.

### **Patterns of Health-Seeking Behavior**

The general pattern of health-seeking behavior that I found in Zunil was as follows: after the recognition of symptoms the patient tries home remedies, if that fails then she tries a visit to a pharmacy, and if that also fails then it is time to see a biomedical doctor. Patients *consistently* sought healers (*aq'ikhs* and *naturistas*) as a last resort, only after biomedicine fails. In spite of this general model, patterns of health-seeking behavior amongst Zunileños can only be described as complex. Causes of disease can often be vague

and are open to multiple interpretations, and as such patients apply to biomedicine first in the hopes of a fast cure. John Watanabe also found that "Chimaltecos have developed an almost religious faith in pills and injections... This hardly means that Chimaltecos now unequivocally believe in Western medicine... Nonetheless, ever pragmatic in matters of survival, Chimaltecos try different remedies... When the magic of pills and injections fail, however, they freely resort to... traditional herbal cures and midwives whose skills remain highly respected" (Watanabe 1992: 210-211). The situation is similar in Zunil, and although there might not be "an almost religious faith in pills and injections", there is unanimous appreciation of the immediate results of chemical medicine. Furthermore, I am of the opinion that this pattern does not detract from the legitimacy of the natural healers because although they were always turned to last for treatment, they are the only ones who can cure some of the diseases that doctors could not.

### **Natural medicine in Zunil**

Natural medicine is easily the most available kind of medicine in Zunil. There are all kinds of healers that are widely distributed. Healers are also very accessible since they are easily reached at their homes where they practice most of their medicine. In terms of affordability healers span a wide range. Some of them have set prices, while others only accept donations. Yet, cost seems to depend on the severity of the infirmity as witchcraft cases and other complicated illnesses can be expensive to treat. In each of the three healing ceremonies that I witnessed the patients gave 15 Quetzals to the *aq'ikh*. In two ceremonies patients with *el derrame* were healed while in the other ceremony a baby with *mal de ojo* was cured. Practitioners of natural medicine enjoy considerable cultural acceptability.

Since there are not very many barriers to obtaining natural medicine, this makes it quite popular in Zunil.

### **Politics of health and development**

According to UNICEF (United Nation´s Children´s Fund) Guatemala´s expenditure on health is the lowest in Central America<sup>7</sup>. Also, 65% of Guatemala´s population lives in rural areas and 75% live in poverty according to PAHO<sup>8</sup>. Poverty is also highest in rural areas and especially amongst the indigenous population which makes up 43% of Guatemala total population<sup>9</sup>. The discussion on distribution of health services across Guatemala is a complicated and highly politicized topic that I can not do justice to in this paper. But what is clear is that the private health sector is a big business in Guatemala, and after talking to government health officials and local citizens I believe that the government needs to improve its health services not just in indigenous areas but all over Guatemala. As Roberto Poz said "the government has not done anything major for us" (Fieldnotes Feb 26<sup>th</sup> 2008) and as the government public sanitation inspector Don Dariz said "there is a lack of political will" when it comes to healthcare (Fieldnotes Feb 14<sup>th</sup> 2008).

### **Conclusions**

All of the healers I have conversed with complained of the contamination and all the trash thrown in the river and in the open. I found that on this one point both the healers and the biomedical doctors were in agreement; the pollution and lack of sanitation in Zunil were major problems that was detracting from people´s quality of life and causing disease. It

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<sup>7</sup> (0.86% del PIB en el 2003). <http://www.unicef.org/guatemala/spanish/index.html>

<sup>8</sup> <http://www.ops.org.gt/docbas/Guatemala.pdf>

<sup>9</sup> <http://www.ops.org.gt/docbas/Guatemala.pdf>

seems that one way forward would be to raise awareness and improve public health and sanitation in Zunil.

In terms of the relationship between natural and chemical medicine, Zunileños perceive of a syncretism between the two and they rely on both to create a complete medical system. This is because although the healers admit that they can't cure the modern diseases caused by pollution, lifestyle changes and the like, they are confident that there are diseases that only they are capable of curing. And their confidence is shared by the local people, hence, the faith that people have in healers as well as the healer's cultural sensitivity means that they will continue to be frequently utilized as people resort to faith, herbs and the natural to cure them of their afflictions.

There are also diseases that only biomedicine can cure and although doctors fail to cure spiritual ailments, witchcraft and *kogob'al* as well as culture bound diseases, biomedicine is still an essential component of health care in Zunil. Hence, biomedicine and natural medicine can only be perceived as complimentary and the existence of natural medicine does not necessarily imply the failure of chemical medicine, and neither does the existence of chemical medicine suggest the incapacity of natural medicine. Simply put each medicine has its sphere of influence.

As we have learned, Maya cosmovision dictates that plants, people and planets are all related. In my opinion, when it comes to health this same cosmovision dictates that health and illness are also part of a worldview, and that some illnesses, which the ancients knew about can still only be cured by those who continue to live, believe and practice the Maya cosmovision.

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