Maintaining the Meta-Physical Balance: Comprehending the Health-Seeking Behavior and its Influential Factors in Santa Catarina Palopó

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Abstract

This study examines the health-seeking behaviors of the Kaqchikel speaking Maya town of Santa Catarina Palopó, Guatemala. Based on ethnographic information collected over three weeks, this data presents the health-seeking behavior of the people of Santa Catarina Palopó as fitting a general pattern, while still variable to the influences of tradition, culture shift, perceptions on available resources, and degree of illness. Using these findings I will analyze health-seeking behavior using the “4 A’s” model and compare my conclusions with those of Alaa El-Bashir in her study of Zunil, Guatemala. I will consider a relationship between the natural and western sides of medicine in Santa Catarina Palopó as well as discuss the perceptions and preferences that the townspeople utilize when making health-seeking decisions. The medical pluralism will also be analyzed in consideration of both the medical practitioners and health seekers, showing how parts of the natural and western sectors are integrated.

A range of health care options are essential for any group of people with variable economic situations and cultural practices. These daily circumstances factor into medical decision making processes. “Understanding human behavior is prerequisite to change behavior and improve health practices… In order to respond to community perspectives and needs, health systems need to adapt their strategies, taking into account the findings from behavioral studies” (Hausmann-Muela et al 1992: 3). By understanding the health-seeking behaviors of Santa Catarina Palopó, it is possible to gain a larger appreciation for their Mayan culture, what they consider important, as well as insight into their world view. It is for this appreciation that I want to study the health-seeking behavior of Santa Catarina Palopó as well as examine what contributing factors influence this behavior. I am interested in finding out what motivations the people have when deciding between the natural or western side of medicine, as well as if a relationship exists between these two sectors.

Methodology
For this ethnography I replicated the methods of Alaa El-Bashir in her study of the town Zunil, Guatemala. To see if my study corroborated her research I used the same “four A’s” method considering availability, accessibility, affordability, and acceptability when investigating health seeking behavior of a group of people (Hausmann-Muela et al 1993). By forming my interview questions around this model as well as incorporating preferences and customs, I obtained information encompassing health-seeking patterns, influences, and perceptions on different resources in the community.

From February 15th to March 4th I utilized active listening, participant observation, as well as formal and informal interviews to gather information for my research. I conducted formal interviews in Panajachel with a private doctor as well as with a secretary at the Centro de Salud health clinic. Other formal interviews included a nurse at the Puesta de Salud health clinic, two ajq’ijab, two Evangelical women, three Catholic women, one Catholic man, and multiple members of my host family all in Santa Catarina Palopó. For these formal interviews the same set of questions was used for all interviews with a few variations depending on the interviewee. I also spoke informally with two Evangelical women, four Catholic women, and various patients waiting to be treated in the government clinics. In the waiting rooms of the Centro de Salud and the Puesta de Salud I was able to use participant observation. Theoretically these methods replicated those of Alaa El-Bashir in order to obtain comparable data.

Existing literature concerning the topic of health-seeking behavior in Guatemala has used ethnographic data, but found little inclusion of the four A’s, personal preference, or cultural influence. The research done by Alaa El-Bashir was motivated by the results of the study done by Susan Weller et. al. which identified no substantial differences in medical
decisions made by two Ladino villages with varying healthcare resources. The inquiry found that only 7% of medical decisions made considered availability, degree of illness and past experience (Weller et al 1995). This study encouraged El-Bashir 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” (El-Bashir 2008). After spending an initial week in Santa Catarina Palopó I discovered many similarities between my town and Zunil especially in sought out health services like government health clinics and ajq’ijab. These parallels inspired me to find out if my village of Santa Catarina Palopó carried out the same health-seeking behaviors concluded in El-Bashir’s paper as well as to determine whether the people held different perceptions on the resources around them that might affect their decision making processes.

Terminology

While in the field I discovered that the vocabulary of medical professions and treatment options differs depending on the location and the culture of each town. Initially I started my project focused on the “traditional” and the “chemical” sides of medicine, but quickly discovered after a handful of confusing conversations with informants that what I conceive of as “traditional” medicine is considered natural medicine (medicina natural) in Santa Catarina Palopó. Additionally instead of “chemical” medicine, the people refer to it as western medicine (medicina occidental). Within this sector of natural medicine exists the sub-divisions of spiritual medicine and plant based medicine. For this paper when discussing spiritual medicine I will use the term ajq’ij which is the name for a Mayan priest or spiritual guide and naturista for those who practice medicine with plants and herbs.
instead of chemicals and pills. References to western medicine will include the involvement of biomedical physicians and pharmaceutical wares.

I will use the term medical pluralism to define the “conflation of an array of medical systems” in Santa Catarina Palopó (Baer 2004: 109). Additionally I used the same four treatment actions in my fieldwork as in the El-Bashir paper. The four categories of home remedies, pharmacy, types of physicians, and natural medicine were originally identified in the Weller et. al. study that predicted the health-seeking behavior in Guatemala (Weller et al 1995).

**Carleton illness in the field**

Initially concentrating on the competing relationship between allopathic and homeopathic remedies (western vs. natural) I quickly discovered this was the opposite way to approach my research. Going off of literature such as Steffan Igor Ayora-Diaz’s article concerning the fight between traditional and western medicine struggling to gain legitimacy in the highlands of Chiapas, Mexico, I assumed incorrectly that all medically-pluralistic groups in these areas would contain combating medical sectors (Ayora-Diaz 1998). Hans Baer described medically-pluralistic societies as “consisting of the totality of medical subsystems that coexist in a cooperative or competitive relationship with one another” (Baer 2004: 110). My start at investigating the competitive relationship quickly shifted to looking at the cooperative relationship. What I discovered from interviews was that the Kaqchikel speaking people of Santa Catarina Palopó have definite preferences in their health-seeking behaviors, but believe that in order to have a complete health care system it’s necessary to utilize both the western and natural sectors of medicine.
Within our group of six in Santa Catarina Palopó, every one of us suffered from illness at least once during our three week stay. These experiences helped me realize that while the medical physicians and townspeople see no relation between western and natural illness, both are crucial to the medical system. Hence, the resulting treatment suggestions from family and friends incorporated both sides. Our varieties of illnesses also exemplified whether or not a set order of health-seeking behavior existed. While I only suffered from minimal stomach problems, my treatment suggestions included chamomile tea (té de manzanilla) and purified water (agua pura) instead of the usual coffee at meals as well as a bathe in the temascal which is a steam and hot water bath. Dillon Titcomb’s experience gave me much more insight into the two sides of medicine used in Santa Catarina.

Initially constipated, he was given a warm drink mixed by his family to ease his stomach pain. When his condition worsened he went to Panajachel to visit a biomedical doctor that his family and the community recommended. At the first visit he was told to buy Pedialite, pain killers and a laxative from the pharmacy. To help with the constipation the doctor also recommended bathing in warm salt water. Similarly when he returned home his host family suggested a trip in the temascal. After sitting with a naked butt in a bucket of warm water and experiencing no significant change in health he visited a second doctor. This doctor took a stool sample and reported back that Dylan was suffering from amebas in his intestines and needed antibiotics. Shortly after his return to Santa Catarina, Dylan discovered that he had an abscess near his rectum so he made a third trip to Panajachel to a third doctor. He was told that it would either shrink or grow larger and have to be lanced, but he would have to wait it out. So back at home Dylan continued to take antibiotics and received medical suggestions in his home. He did another round in the temascal and was
stressed by his family not to get cold afterwards. Additionally his family suggested a visit to an *ajq’ij*, made him another concoction of warm drink and later bought the same drink from the pharmacy for him to drink (Titcomb, Field notes Feb 25th 2012). In the end Dylan’s health improved, but it’s hard to tell if it was the antibiotics, the pharmacy beverages, the natural beverages, or the *temascal* that did the trick. This series of treatments and suggestions guided me to my initial informants as well as showed that there is no set order of health-seeking behavior in Santa Catarina.

**Available Health Resources in Santa Catarina Palopó**

In the town of Santa Catarina Palopó 95% of its 4,305 residents are indigenous Kaqchikel speaking Maya (Diagnostico Municipio 2007). All of the women wear *traje* and the town is split between Evangelicalism and Catholicism. With little work available, the economic status of families fluctuates greatly based on each individual situation.

Within Santa Catarina there is one *Puesta de Salud* or government health post with one doctor, one nurse/receptionist, and one inspector of public sanitation. The center is open Monday-Thursday from 8am-1pm and 2pm-4:30pm as well as Friday from 8am-1pm. All services are free. Also in Santa Catarina are two community pharmacies, three *ajq’ijab*, and six *comadronas* or midwives. The *ajq’ijab* have varied prices depending on the *ajq’ij* and the ailment and the price for a *comadronas* services is 300 Quetzals after the birth.

Four kilometers away, Panajachel provides the majority of biomedical resources for the people of Santa Catarina. Clínicas Médicas Pana Medic is a private clinic run by a married couple which offers 24 hour medical attention. A consultation here costs 100 Quetzals. Also in Panajachel is private physician Dr. Anabella Perez who practices general
and natural medicine at her hospitalito or clinic. Her services are available Monday-Friday from 8:30am-1pm and 2:30pm-5pm. Currently only Dr. Perez and a nurse staff the hospitalito, but they’re recruiting a third physician with a degree in medicine (Field notes, Feb 20th 2012). Consultations generally cost 100 Quetzals and labs 25 Quetzals, however she’s willing to work with patients on prices if they can’t afford them. Also in Panajachel are a handful of pharmacies, both private and community. For free treatment in Panajachel one can visit the Centro de Salud or government health clinic which has consulting hours from 8am-2pm everyday including 24 hour emergency care. Twenty-seven people staff the clinic including seven general doctors, one dentist, six secretaries, one lab technician, four rotating ER doctors, and more (Organigrama Funcional 2012). The clinic is government funded and free of charge to patients, but “is run significantly off of donations” (Andrade, Field notes, Feb 27th 2012).

Lastly for emergencies or grave illnesses the people of Santa Catarina travel approximately 18 km to the government hospital in Sololá. All services there are government funded.

Roles and views on government services

The government funded health services play different roles in the medical system of Santa Catarinans. The Puesta de Salud, Centro de Salud, and hospital in Sololá all provide free treatment, but after talking to patients, townspeople, and staff, it was apparent that the treatment varies greatly in each location. At all three places, in order to receive medical attention, instead of making an appointment you simply show up during consultation hours and wait your turn to see a doctor.
At the *Puesta de Salud* in Santa Catarina I spoke with Florinda Vicente who works as the receptionist and stands in as a nurse. When I stepped into the clinic the first thing I noticed was the massive amount of posters filling the walls with different information on things like when to vaccinate your child and what dangerous health signs to look out for. Only two people were waiting for the doctor so I was able to talk with Florinda right away. She informed me that everyday anywhere from five to twenty people visit the clinic, but more often than not all that the *Puesta de Salud* can do to help is refer patients to the *Centro de Salud* or other services in Panajachel (Field notes Feb 24th 2012). With the clinic situated in the community the staff has a closer connection to the townspeople and can communicate in both Spanish and Kaqchikel to better help its patients. The clinic is open from 8am-1pm and 2pm-4:30pm Monday- Thursday and Friday from 8am-1pm. People come to the *Puesta de Salud* because of its close location and free services. However since the funding comes from the government the clinic has incredibly limited resources. Florinda told me that “there are not that many resources because the government only sends things when we ask and sometimes not even then. There are many needs in the community and never enough resources” (Vicente, Field notes Feb 24th 2012). The staff attends to its patients with great care; unfortunately the medical care they can provide is extremely limited. This statement was validated by many of the community members I talked to. One of the host mothers, Rosa, went so far as to say that she didn’t even consider there being a doctor at the *Puesta de Salud* since there’s so little they can provide for sick people (Field notes Feb 27th 2012).

The most beneficial service that the *Puesta de Salud* provides for the community is health information. Whether it’s handing out slips of paper with treatment updates or
putting up posters, the Puesta de Salud provides a multitude of prevention and safety information. An important part of the posters are the pictures because most people only see letters and not words, so they look to the pictures to understand the information. According to Florinda, people don’t know the information and many resulting deaths occur in the home that could have been prevented. Since the increase in prevention awareness Santa Catarina has already seen a huge decrease in the percentage of in-home infant deaths (Vicente, Field notes Feb 24\textsuperscript{th} 2012).

If you don’t get the attention you need at the Puesta de Salud the next location you’ll be referred to is the Centro de Salud in Panajachel. With 24 hour emergency attention and a staff nine times the size of the clinic in Santa Catarina, the Centro de Salud offers a multitude of services. Here I was traded off from two doctors to the head secretary Marta Andrade for an interview. Once again walking into the waiting room I noticed a handful of colorful informational posters decorating the walls, but fewer than in Santa Catarina. In the course of one day around forty to fifty people come through the center during consultation hours of 8pm-2pm, seven days a week. The services here are government funded as well, but despite the larger space and extensive staff the Centro de Salud still lacks resources. Marta emphasized the need for donations and commented similarly to Florinda on the fact that they ask the government to send medical supplies, but they often don’t come (Andrade, Field notes Feb 27\textsuperscript{th} 2012).

The Centro de Salud does offer basic medical attention, lab work, inoculations, dentistry work, and birth services. However if there’s a complication with a birth they have to send the patient to the hospital in Sololá. The clinic also doesn’t provide care for bone fractures or surgery. In terms of care of treatment Marta told me that the Centro de Salud
gives the best service possible, but since it’s so busy with few resources care is always better at private places. When I asked why people come to the Centro de Salud instead of someplace else she responded that the location is close, but more than anything “it’s not because the treatment is good or bad, but because it’s free” (Andrade, Field notes Feb 27th 2012). Within the 30 minutes that I waited to talk to someone I spoke with the seven patients waiting with me and received similar feedback. One woman who had been waiting with her two children on the small playground in front of the clinic told me that the government didn’t send enough supplies, but the distance is close and after a small wait you can see a doctor for free. Two women chatting in the waiting room commented to me that usually the clinic is able to diagnose your illness and inform you on a plan of action, but it often involves going to the pharmacy and buying expensive medicine instead of receiving it for free at the center (Field notes Feb 27th 2012). When I returned two days later to observe during consultation hours I received more feedback that the Centro de Salud was lacking resources, but was free and accessible. All of the patients I chatted with concluded that the Centro de Salud was a good place to go first to seek treatment, but if there was ever a serious illness they would seek out the treatment of a private clinic or the hospital depending on the severity of illness (Field notes Feb 29th 2012).

Thirdly, if in need of emergent medical care, the people of Santa Catarina always go to the hospital in Sololá. Of the three medical resources, the hospital is the place to go for surgeries, broken bones, complicated births, and any other extreme emergencies. For anything less the hospital is highly non-recommended. While capable of providing care in extreme situations, the quality of care, sanitation, and medical resources are incredibly lacking. Bomberos or volunteer ambulance drivers from Panajachel can drive patients from
their home to the hospital in emergency situations; otherwise sick people needing care must travel the distance themselves. Although the services are government funded, most people avoid using them unless absolutely necessary. In the case of births most people from Santa Catarina use *comadronas* since they’re closer in town, the price is analogous to the hospital, and the birth is considered safer with better attention. The hospital still is a needed resource, but it is often the last place sought out when seeking medical treatment unless absolutely necessary.

**Bridging the gap between western and natural medicine**

Early on in my research I contacted Dr. Anabella Perez at her private clinic in Panajachel. Her services were recommended to me by my family because she practices general and natural medicine. Since her services are private she independently rents the space and provides all of the medicine and care. Despite having a small staff, she is able to provide a lot for her patients and the only medical care that Dr. Perez can’t provide are surgeries and other grand emergencies. While talking with Dr. Perez about her services it became clear to me that the level of attention and care with patients at the private clinic was drastically higher than at any of the government funded locations. Dr. Perez speaks fluent Spanish, a basic level of English, and a fair amount of Kaqchikel. In order to give her patients the best care possible sometimes she brings in a translator of Kaqchikel to fully understand the patient’s problems as well as allow them to describe their symptoms in their first language (Field notes Feb 20th 2012). Despite the *hospitalito* being in Panajachel and costing on average 100 Quetzals, Dr. Perez is willing to work with patients at lowering prices and will spent more time making a diagnosis of an illness. However since the clinic is not free and therefore more expensive, it’s not often the first place that people go to when
ill. Because of this, one of the first things Dr. Perez finds out during a consultation is the list of previous remedies that patients have already tried to cure themselves. This list often includes natural remedies made in the home as well as different medications purchased in a pharmacy. According to Dr. Perez, different cures can either complement or complicate an illness. She told me that the pharmacies now aren’t good because they lack the medical knowledge for the medications that they give out and advise to “take this and take that” without a consideration for the sickness (Perez, Field notes Feb 20th 2012).

People come to her because “now there are so many clinics and places available that it’s more about the quality of experience” (Perez, Field notes Feb 20th 2012). To make an appointment you can call ahead of time (as most people from Santa Catarina do) or show up during consultation hours of 8:30am-1pm or 2:30pm-5pm, Monday-Friday. She doesn’t have a large client list, however over time more and more people have utilized her services because of her superior quality of care and medicine (Field notes Feb 20th 2012).

When asked about whether a relationship existed between the western and natural sides of medicine Dr. Perez replied no. Different types of illnesses require different treatments and as she said earlier, remedies can either complement or complicate the illness (Perez, Field notes Feb 20th 2012). Although she can provide many beneficial services to her patients, Dr. Perez has limitations on both sides of medicine. Surgeries and births have to go to the hospital and spiritual diseases have to go to an ajq’ij.

**Destiny from a dream**
While doing research in Santa Catarina I had the opportunity to interview Don Francisco Perez and Alejandro Veng, both *ajq’ijab*. I inquired about how each came to be an *ajq’ij* and received fairly related histories.

Don Francisco Perez fell ill in his mid-twenties and was brought to an *ajq’ij* by his father to be healed. The *ajq’ij* brought Perez to the mountains to pray in a liminal space. Once in the fresh air and bright sunlight of nature he felt clear headed and returned home. That night he experienced communicative dreams which he realized to be *nawales* or animal spirit guides conversing with him. He returned to the elder *ajq’ij* where he was told that he had discovered his calling to himself be an *ajq’ij*. Perez knew a small amount from his experiences with the elder *ajq’ij*, but learned the majority of what he knows from his dreams in which he interacts with the spirits and *nawales* (Perez, Field notes Feb 28th, 2012).

With a similar beginning, Alejandro Veng fell gravely ill for four years when he was 17. He went to the hospital and ended up having abdominal surgery, but still suffered from illness. He visited an *ajq’ij* and for a short felt healed, but shortly after finding his wife he fell severely ill again, this time for five years. During this period of illness his father told him that he was supposed to work with the spirits since that helped him last time. Veng began to have revelations in his dreams of sick children curing him and showing him how to cure himself. In reality he entered into a process of healing. Now embracing the chance that his destiny may have been chosen for him, Veng allowed himself to communicate with the *nawales* in his dreams and returned to full health. Presently he still works as an *ajq’ij* and claims that he too learned all of what he knows
from his dreams as he is illiterate and never studied under a different *ajq’ij* (Veng, Field notes Feb 23rd 2012).

**Natural medicine, culture, and health**

As previously mentioned, natural medicine heads a multitude of professions outside of the biomedical field. In Santa Catarina the most accessed natural medicine practitioners are *ajq’ij* and *comadronas*. *Naturistas* should be included on this list as well, but all of the *ajq’ijab* that I spoke with practice the plant based side of natural medicine that *naturistas* perform. Other than using the *ajq’ijab* as *naturistas*, most people create their own plant and herb remedies independently in the home.

Natural medicine in Santa Catarina is almost always sought out first because it is the most accessible. All home remedies whether concoctions or ceremonies are taught through generations in the family. For medical assistance, *ajq’ijab* and *comadronas* are available by phone or by visit in their home. Since they have no set consultation hours, appointments and services are much more flexible and personal. The standard price for a *comadrona* is 300 Quetzals paid after the birth of the baby. The prices for an *ajq’ij* vary based on each healer and on the illness. The common system of pricing is that the patient pays the healer directly for any materials bought for a ceremony or plant based remedy, while the non-material services of an *ajq’ij* are reimbursed through donation or offering to the *capilla de San Simon* (chapel of Saint Simon), the protector of the area. However some *ajq’ijab* charge independently selected prices. For example a consult with Don Francisco Perez costs 100 Quetzals while with Alejandro Veng the only prices paid are for ceremonies (Field notes Feb 23rd and 28th 2012).
Prices and treatment also change depending on the cause of the illness. According to Alejandro Veng, people born with the nawale of ajpu are more likely to be born with a spirit with harmful intentions. These people run the risk of being called into their destiny similarly to ajq’ijab, but with the purpose of causing hurt and harm. These people are called aj’itz and work with the nawales and the spirits to cause illness (Field notes Feb 23rd 2012). Both Veng and Perez agree that the most difficult illness to cure is mal espiritu, where the cause of illness originates from an aj’itz or someone who paid one to persuade the spirits to create an imbalance in a person’s energy. In order to restore the patient’s energy the ajq’ij must call upon the nawales and the spirits to either ask for their help in restoring the balance or to tell the ajq’ij which remedy to give the sick person (Field notes Feb 23rd 2012).

In a consultation with an ajq’ij, a diagnosis is made with red seeds called huayruro and the ajq’ij asks the nawales if he will be able to heal the patient or if they need to continue on to a biomedical doctor. In order to seek biomedical treatment, one must travel to Panajachel (excluding the Puesta de Salud), so by location natural medicine is more available. In conversation with community members I discovered that a large majority of my informants preferred natural medicine over western medicine. With an appreciation of the quick fix that pills from the pharmacy can sometimes provide, they always try a natural remedy first which is often one independently made in the home. This approach is the most available, accessible, and affordable option since the plants can all be found in the mountains or bought in the market for very little money. Magdalena told me that “natural medicine is better for the body because it works slowly” (Gonzalez, Field notes Feb 28th 2012). Alejandro Veng told me that nowadays all of the pills given out are mixed with
drugs like cocaine and if you have a naturally caused problem, consuming chemicals will only add to the problem (Field notes Feb 23rd 2012). Diagnosing the source of an illness is crucial in choosing the appropriate treatment.

An appreciation for the natural side of medicine also includes a cultural factor. Pedro said that the majority of people from Santa Catarina visit an *ajq’ij* before a biomedical doctor for two reasons: one because the *ajq’ij* will inform you on whether or not you need to see a doctor and the other because it’s a cultural custom (Gonzalez Sajuín, Field notes Feb 23rd 2012). Within the cultural custom contains a personal relationship with the *ajq’ij* which translates to better attention, a fair price, and trust. The same beliefs follow with *comadronas*. At the *Centro de Salud* I was informed that about 75% of pregnant women have their births in home with a *comadrona* and 25% birth their children either at the clinic or at the hospital (Field notes Feb 27th 2012). In conversation with the women of Santa Catarina my impression was that even more than 75% utilize the services of a *comadrona*. Claudia, a woman who had birthed her son Dillon four weeks prior, reflected that “most people use *comadronas* because it’s safer, there’s more attention and better care” (Cuémez, Field notes Feb 28th 2012). The six known *comadronas* in Santa Catarina have been taught through family ties with the profession continuing through generations.

Along with history follows the legend of the *temascal* that ties into the spiritual side of natural medicine. According to Petrona, a woman and her grandchildren went to the *temascal*, but the kids ended up locking her in and running away. When they returned two months later they discovered that their grandmother had shriveled into a huiskil, which is the symbol of the uterus. Therefore part of the culture is for the *comadrona* to take each pregnant woman into the *temascal* every week, where this woman’s spirit lives, to talk to
her spirit in the fire and to pray to her for a healthy birth (Cumez, Field notes Feb 22nd 2012). The combination of accessibility in town with affordability and the tie in of culture creates a large preference for the natural side of medicine in Santa Catarina. In such a traditional town this continuation of culture holds a large significance in medical decision making.

**Past to present conflicts**

From talking with all of the health care physicians from both the biomedicine and the natural sector, the largest change from the past to the present is the change in quality of diet affecting quality of life. As recently stated, an *ajq’ij* performs a diagnosis to determine whether he can treat the patient or if they need to go to a biomedical doctor. The reason I was given for this distinction is because present day food and behavior is contaminated. Alejandro Veng stated that the food we eat is injected with hormones and chemicals, the streets, water, and air is polluted with trash and gasses, and our bodies are weak because we take cars everywhere (Field notes Feb 23rd 2012). Similarly, Anabella Perez discussed the increased air contamination and malnutrition. More and more she sees people that are obese, but anemic because they don’t spend their money on proper nutrition (Field notes Feb 20th 2012). The increase in materialism and unbalanced or contaminated diet in Santa Catarina is creating different categories of disease that aren’t purely spiritual or natural and so *ajq’ijab* must send the sick patients to a doctor where they can be healed with a material or chemical treatment. Both sectors of medicine experience limits on what illnesses they are capable of healing.

**Patterns of health-seeking behavior**
The general pattern of health-seeking behavior that I encountered in Santa Catarina Palopó is as follows: first the sick person tries a home remedy made from plants or herbs, next an attempt is made at a quick fix from the pharmacy; if still sick then they take a trip to the doctor or *ajq'ij*. The majority of the informants I talked to visited an *ajq'ij* before a biomedical doctor, but I did find a small pattern in that if the family practiced Evangelicalism they usually went to a biomedical doctor before an *ajq'ij* and if the family practiced Catholicism they always visited an *ajq'ij* before a biomedical doctor. Even though the health-seeking behavior in Santa Catarina does fit a rough order of events, it’s a complex endeavor to make a categorization of the health-seeking behavior of Santa Catarina since the entire pattern can change depending on the type and severity of illness. Since both western medicine and natural medicine experience limitations in their treatment capabilities, both are needed for a complete health care system. Naturally, individual preferences and perceptions of the two sectors will follow and disrupt any main order that might have been in place in the past. It is my opinion that in a town as traditional as Santa Catarina that the majority of the townspeople will continue to place priority on the services of the natural healers in the community over the biomedical doctors in the next town because it continues on with their cultural practices, is highly convenient and available as well as affordable.

**Conclusions**

Out of everyone I talked to, community members and medical practitioners, the clear consensus was that no relationship existed between natural and western medicine. It was also made abundantly clear that both sectors of medicine are crucial in order to have a complete medical care system in Santa Catarina Palopó. Whether it was that the food was
contaminated or people weren’t making proper nutritional choices, every single medical practitioner agreed on the fact that poor diet was a major contributing factor to the current illness in Santa Catarina. As we’ve seen, this change has also balanced the limitations of both sectors of medicine since biomedical doctors are unable to cure spiritual diseases, while natural healers lack the abilities to cure the material and chemically caused illnesses.

Comparing my results to those of Alaa El-Bashir, my data corroborates her conclusions about there being no existing relationship between the natural and western sectors of medicine, but that the two sides coexist in a complimentary relationship. In addition, this data shows how necessary both realms of medicine are to one another. Although each side will continue to “compete to gain legitimacy in the public sphere”, both provide different specialties for Santa Catarinans when choosing medical care (Ayora-Diaz 1998). My findings of a complimentary relationship disagree with popular literature which juxtaposes the two sectors as a competing duality. Additionally I found that cultural influences, personal preference, and the four A’s highly influence the health-seeking behavior of the people of Santa Catarina which also refutes the findings of the Weller et. al. literature which found only 7% of health-seeking behavior was influenced by these factors (Weller et al 1995).

Overall both sectors of medicine, western and natural, have their specializations and realms of priority in Santa Catarina Palopó, but until one side overcomes its limitations both are vitally necessary in the eyes of Santa Catarinans. The health-seeking behavior of these people is highly influenced by preference, cultural components, and the four A’s, so as we have learned, an outline of a behavioral pattern is predictable (home remedy, pharmacy, ajq’ij, doctor), but most often the behavior acts outside the lines.
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