

Beliefs and Rituals in Traditional Birth Attendant Practice in Guatemala

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Childbearing women and infants in developing countries continue to experience unacceptably high rates of mortality and morbidity in spite of targeted initiatives to address the problem. The aim of this study was to identify the beliefs and rituals of traditional birth attendants (TBAs) in one indigenous Guatemalan community to better understand the cultural influences on perinatal care practices. Ethnographic methods were used to increase understanding of the practice of 10 Mayan TBAs. Three themes were constructed: sacred calling, sacred knowledge and sacred ritual.

Keywords: midwifery; pregnancy; birth; rituals; spirituality; clinical area - maternal/child

Childbearing women and infants in developing countries continue to experience unacceptably high rates of mortality and morbidity in spite of targeted initiatives to address the problem. It is estimated that the average maternal mortality rate in developing countries is approximately 20 times that experienced in developed countries (World Health Organization [WHO], 2000). Approximately one half of all births in developing countries are attended by traditional birth attendants (TBAs), and it has been suggested that in rural areas, as many as 95% of women are attended by TBAs (Kruske & Barclay, 2004). For example, it is estimated that 59% of births in Guatemala are attended by TBAs or unskilled family members or friends; in rural areas, this proportion is undoubtedly higher (Pan American Health Organization [PAHO], 1998). The most common attendant at birth in Guatemala, particularly in the indigenous communities, is the *comadrona*, a

traditional birth attendant who may or may not have formal training for her role. *Comadronas* are typically women who have been recognized by community members as trusted, wise women who have accepted the calling to midwifery.

However, because of their lack of education, their gender, and their ethnicity, they are commonly devalued by those in the formal health care system, and *comadronas* are often the scapegoat for the high mortality rates in the country.

For the past 30 years, international health groups have called for the training of TBAs as a means to decrease maternal and perinatal mortality and morbidity. In 1987, a group of international agencies founded the Safe Motherhood Inter-Agency Group with the goal of halving the maternal mortality rate in developing countries by the year 2000 (Kruske & Barclay, 2004). Despite attention to TBA training and community education, by 2001 there was little change in the mortality rates (Anderson & Johnson, 2001). In response to the lack of improvement of health indicators for childbearing women, the WHO has suggested that ensuring that all women having access to a skilled birth attendant (physician, midwife, or nurse professionally prepared for the provision of perinatal care) will decrease the high number of preventable deaths. This statement reflects a Western medicine worldview held by members of the WHO that is that birth attendants with more skills will decrease the perinatal mortality and morbidity. The primary ritual associated with that belief is medically directed prenatal and perinatal care. However, it has been suggested that poverty, low levels of literacy, and the poor social and economic status of women may have a far stronger influence on pregnancy outcome than previously acknowledged, and that the training programs that were initiated were ineffective in part because of the lack of attention to community belief systems.

In addition to differences in belief systems and explanatory models for poor perinatal health indicators, there are practical concerns as well. Although the WHO has set a target of increasing the proportion of births attended by a skilled

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attendant to 90% by 2015, it appears that developing countries will have a difficult time recruiting and training a significant body of practitioners in that time frame. To solve this problem, Kruske and Barclay (2004) argued that rather than continuing to develop interventions grounded in a Western medicine worldview of health care delivery, we need instead to develop programs that are inclusive of healers who reflect the sociocultural beliefs of the community. To accomplish this, it is imperative that we increase our knowledge and understanding of the beliefs held and rituals valued by community members in developing countries. The aim of the current study was to describe the beliefs and rituals identified as central to the birth experience by comadronas serving a primarily indigenous Mayan population in Guatemala. This is an important target population because the traditional Mayan communities experience a disproportionately high rate of maternal and infant mortality and morbidity in the country.

METHOD

A poststructuralist approach was used to understand the lives of the comadronas and the researchers, namely, "The world as it is known is constructed through acts of representation and interpretation" (Denzin & Lincoln, 2000, p. 1055). Ethnographic methods were chosen because the purpose of the current study was to obtain in-depth information about the behaviors and beliefs of people in naturally occurring social settings (Atkinson & Hammersley, 1998). In the current study, observation, participation, and key informant interviewing were used to identify the beliefs and practices of Mayan TBAs. In addition, artifacts identified and used by these native healers were observed and entered into the analysis.

Traditional methods of participant observation with their goal of "emotional involvement and objective detachment" were not employed in this study (Tedlock, 2000, p. 465). Rather "observation of participation" was used to explore the comadronas' world. This view acknowledges the engagement of the researcher in the social, political, and cultural web of a community. In this context, participation is "a context in which researchers who define themselves as members of those social settings interact in dialogic fashion with other members of those settings" (Angrosino & Mays de Perez, 2000, p. 690). Observation in the homes of pregnant women and, in some cases, small community health centers, provided the opportunity to develop an understanding of the resources available and the process of care offered by the comadronas. Observation in the homes of the comadronas provided the opportunity to view areas in which the comadronas kept materials used during their provision of care. A few of the comadronas also shared artifacts that included rocks and candles used for creating sacred spaces in their homes and the homes of pregnant women.

Participation included the provision of prenatal examinations with the comadronas, as well as interaction during

monthly reunions, meetings in which there were trainings and time for social interaction. The principal investigator (PI) additionally participated in prenatal care and attendance at births in the small clinic in San Lucas Toliman, often with a comadrona also in attendance. Ethnographic research typically requires a significant immersion in a site to allow the investigator to comprehend the lifeways of the community members. Depending on the research question, this period of time can range from 1 month to years (Foster, 2004; Speziale, 2003). The PI has been a participant and an observer in the practice of midwifery for more than 25 years and has been working with community birth attendants and health promoters in San Lucas Toliman, Guatemala, for 4 to 6 weeks per year during the past 5 years.

Key informant interviews were done primarily in the comadronas' homes, although at two comadronas' request, they were done in the bed of the pickup truck used for transportation to provide increased privacy. All interviews were audiotaped, and they were 60 to 80 minutes in length. In addition, the PI wrote field notes that included observations of the participant's actions, the physical environment, and artifacts associated with the practice rituals. Each participant was interviewed once and was assigned an identifying number that was used in all taping and notes to maintain confidentiality.

SETTING

San Lucas Toliman is located on the southeast shore of Lake Atitlan in the highlands of Guatemala and is the commercial center for about 28 surrounding rural remote communities. About 82% of the inhabitants are indigenous Mayans. The remainder of the population is "Ladino," or mixed indigenous and Spanish race. The primary languages in the communities surrounding San Lucas Toliman are Spanish and Kakchiquel, one of the traditional Mayan dialects. It is estimated that 91% of the indigenous population lives in extreme poverty (PAHO, 1998). Families with one wage earner, usually the father who does agricultural work, must survive on the minimum wage of 14 quetzales per day (approximately US\$2).

Almost all of the births in this rural part of the country are attended by comadronas. Each community typically has one or two practicing comadronas, and it is unusual for comadronas to attend births outside their own communities. There have been past efforts to offer government-sponsored training for birth attendants and isolated training programs offered by nongovernmental organizations. Unfortunately, there has been no coordinated effort to ensure basic minimal competencies for comadronas attending births.

SAMPLE

There are approximately 40 comadronas in the communities surrounding San Lucas Toliman, although many coma-

dronas have limited practices with few births each year. Ten comadronas maintain busy practices, attending at least five births per month. Each of these comadronas was asked to participate, and all agreed to be interviewed. Their ages ranged from 37 years to 74 years, and their length of practice was 4 to 45 years. Nine reported marriage or “unida,” which means living in a committed relationship without formal church or civil certification. They had personally experienced 4 to 11 pregnancies. All had started work as comadronas when there were still dependent children in the household. Only two comadronas were able to read and write. Most comadronas provided only pregnancy-related care, primarily assistance at birth and during the immediate postpartum period. A few also provided counseling and care for other medical problems using traditional interventions and herbs. One comadrona in the sample also served as a health promoter (community health worker) in her community.

CONSENT PROCEDURE

The health promoter employed by La Parroquia San Lucas Toliman (the Roman Catholic Parish) assisted with recruitment of comadronas for participation. The health promoter volunteered to interview potential participants and to obtain verbal consent in the participant’s primary language because many of the comadronas do not read or write. The health promoter also served as translator for those women who spoke Kakchiquel. An American research assistant served as translator from Spanish to English. An informed consent form was developed in English and translated into Spanish by a professional translation service. It was then back-translated to ensure that the intention remained the same. The consent form was read to the participant in Spanish or translated orally to Kakchiquel. Two comadronas signed their names. The others indicated consent by drawing a line on the form. The research assistant witnessed all consents. The consent specifically gave permission for the investigator to audiotape all interviews.

INSTRUMENTS

Two data instruments were used. The first was a demographic data form that was completed by the investigator at the beginning of the interview. This was developed specifically to generate data that could be used to describe the sample (Appendix A). The second was an interview guide developed for this project by the investigator and reviewed by a panel of experts in nursing and midwifery (Appendix B).

FIELDWORK

When approval from the Institutional Review Board at the University of San Francisco was obtained, comadronas were recruited with the assistance of the San Lucas Toliman health promoter who speaks Kakchiquel and Spanish. Comadronas

were asked to talk about their journey to becoming a comadrona, and to describe a recent birth that moved them. Probes were used to obtain further data about symbols, rituals, transformational experiences, and what they believed was their purpose as a comadrona. A professional transcription service was used to transcribe all interviews in English and Spanish. These translations were shared with the health promoter and several participants to ensure accuracy in representation.

DATA ANALYSIS

Data included the transcriptions as well as field notes, observation of individual behaviors, and material items like amulets, rocks, and candles. Physical, cultural, and interpersonal settings were described in depth, and birth cultures were explored. The PI and another nurse researcher skilled in qualitative methods individually immersed themselves in the texts to develop codes. The field notes about the setting and the reflections of the PI were reviewed as well as the descriptions of the material items. The two researchers then met and continued to discuss the data and develop the codes until consensus was achieved. From these codes, categories were developed from the texts through interpretive analysis. That analysis yielded six categories: becoming a comadrona, knowledge, practice, activities, dreams, and spirituality. Text that illustrated each category was identified. Both researchers continued to explore the transcripts, the field notes, and the reports and photographs of the artifacts to develop themes from the categories. Early development of the themes was enriched by the initial review of the literature about Mayan history and culture (Ryan & Bernard, 2000).

Evaluation criteria used for this research included those identified by Hammersley (1992, p. 64): plausibility, credibility, and relevance. Plausibility was achieved by reviewing the results in light of other published data, and by reviewing the findings with community members. Credibility was established by sharing the draft of the analysis of data with selected participants and the health promoter to achieve respondent validation (Hammersley & Atkinson, 1995, p. 195). The health promoter and the two comadronas who could read Spanish reviewed the draft document and verbally confirmed accurate representation. The findings were relevant to the comadronas and to the women in their communities. The themes were shared by the PI with these community members on a subsequent visit to San Lucas Toliman to ensure that the findings of the researchers represented the experiences of the comadronas. Within poststructural interpretive analysis, there is no intent to claim objectivity, with a “God’s eye view that guarantees absolute methodological certainty”; instead, “there is emerging consensus that all inquiry reflects the standpoint of the inquirer” (Denzin & Lincoln, 2000, p. 872).

RESULTS

Three themes were constructed from the interpretive analysis: sacred calling, sacred knowledge, and sacred ritual.

Sacred Calling

All participants discussed being called into the work of being a midwife through communication from God or a saint in dreams or visions leading to their belief that their calling was "sacred." One comadrona explained,

I dreamt of a person, one with hair like L's [white] and with a white cape. And I thought about the dream the next day. Possibly it was the comadronas that have died, that are encouraging me to take this job.

Another noted that "a person came, a woman bringing children . . . the person bringing the children was Santa Ana." The stories all included references to images of babies and small children, all being led or carried by a female figure. "I dreamt of children, many children . . . then three men [health promoters] came to the house and they had had the same dreams." With the four of them having had the same dreams, it was decided that she was called to be the community's comadrona.

Another comadrona specifically noted a male messenger in her dreams:

What I dreamed about the most was someone came down from up above, from the air something like a priest holding mass. Always coming down, coming down in the dreams. I was always dreaming that he said "start with your work, begin to receive children."

When called, all of the comadronas explained that they at first rejected the calling. All described a period of time, sometimes years, during which they were ill or afflicted—often with ailments that were unable to be diagnosed by medical doctors. One comadrona described her experience:

After having four children I got an illness. A lot of fever, very high fever, and diarrhea and fever at the same time . . . it was a signal that I had to start. I didn't get better and didn't get better, so my mother-in-law used a shaman. [The shaman said] "No, don't be ashamed, that your daughter-in-law [is sick]. It is because she has a job and she has not started to do it. It is because of this that she is sick. And when she is going to start the work of being a midwife, that will go away." And from then the work started and the illness went away.

She explained that the shaman also told her, "It [work as a comadrona] is a gift from God. You cannot go against what God has decided. From here and after now, you can start your work. Within a month a woman will come to you." And it was true. A month later a [pregnant] woman arrived seeking her services.

Another explained,

I dreamt of a woman with a black cape like this, or sort of brown, coming down to here, down to the knee here [pointing to her knee] and she said "Do you agree to work with me?" She told me, "Because you aren't looking after yourself." She said, "We will take away your illness but only if you work with me." I suffered a lot from headaches. . . . I dreamt that like the lady told me "If you want to work, all the disease will go. If you don't refuse, otherwise the disease will stay." The woman was Santa Ana, the patron saint of all midwives.

Yet another comadrona summarized her decision to begin the work: "I needed the work because I had illnesses and if I didn't get that work of being a midwife, I would keep on being sick. . . . Now as a midwife I'm not sick anymore."

The dreams and the struggle with making the decision to do the work sometimes presented in frightening ways. One comadrona described,

I started [dreaming] at a very young age, I was 10 yours [sic] old, before my own menstruation, and I started to dream that I was seeing puddles of blood. I was bathing children, and things like that. Then at 28 years of age I started to get sick. I was sick a lot. The doctors from the church started to realize I was sick. I had high blood pressure at 29, very very high. When I was pregnant, I went around seven times to Guatemala City. There they ran tests on me and told me that there was nothing wrong with me, that I had no disease.

This comadrona experienced often incapacitating physical and mental illnesses during the course of several years until she decided not to reject the calling any more. Once she began the work as a comadrona, she regained her health.

Mayan spiritual beliefs include a strong integration of nature and the spiritual world. The sacred calling described by the comadronas often included symbols and objects linked to nature. One comadrona described walking down a path and finding a small stone with the shape of a face. This meant to her that she would start the work of a midwife. Another related, "I picked up a little doll made of stone in the form of a child. This was my first sign that I was to be a midwife."

One of the very experienced comadronas expanded her discussion of sacred rocks while showing her basket of rocks to the PI. She started simply. "I picked up some little stones . . . they represented being a midwife." She then went on to explain that she had had a dream directing her to walk on a particular trail where she would find the stone that would signify her calling into midwifery. She followed the directions and found the first of what would become a basketful of sacred rocks. One stone appears to have a face carved on it; however, she believes it was not carved by man but rather sent from the spiritual world as the sign of her calling to midwifery.

Among the Mayans, inanimate natural objects like the stones often are given sacred powers. As she talked about her sacred stones, the comadrona told a story. She left one of her stones in the cooking area of her house. She forgot about the stone and did not return it to the basket of sacred rocks. One of the pregnant women under her care came to her door and said to her, "How is it possible that you are burning me a lot?" She looked around the kitchen and saw that her daughter had put the stone under a pan to steady it, and the stone was hot and full of smoke. When she removed the stone from the hearth, the pregnant woman no longer felt like someone was burning her.

In Mayan tradition, birds are also seen as connecting the physical and the spiritual. While describing her early work as a comadrona, one participant said,

I was called to see a pregnant woman in [village]. And I was walking when I saw up in the sky something that looked like a swallow or a bird flying . . . it came in front of me and dropped something and I picked it up and it was like a little paper and there was a little bit of dust in it. I saw it as a sign for my work.

While telling the story, this comadrona took a piece of paper, dropped some soil from the ground on it, and folded it. She then dropped it to the ground as a way to demonstrate how the paper fell in front of her.

When the work of the comadrona was begun, participants believed that they were doing God's work. One said, "I dreamt of being a midwife. But now, thank God, I already have become a midwife." Another comadrona shared that she "fears God very much and knows that God was the one that granted me that work, and if I don't do it, I think that God can take away my life."

Sacred Knowledge

All of the comadronas began their work caring for pregnant women without any formal training or apprenticeship. Many described learning the work through dreams or visions and they expressed the belief that the dreams were direct communication from God. One related,

Nobody taught me how to do an examination, no one told me how, but I dreamed how to do this type of examination on women . . . how to measure them with a finger [points to knuckle on her finger that she uses to assess station of the presenting part] and when it gets smaller up here, that's a sign that they are going to give birth.

Another explained, "God is beautiful because He teaches everything, when the babies are coming feet first, buttocks first or sideways one has the practice to examine them. God gave me this gift. He gave me the vision to help people, to help the community."

One shared,

And if God, if it is my fate to leave it [the work of being a midwife] to the Lord, I take it with all my heart, and I tell my patients I do my best for them so the children are born properly, that I deliver them with affection.

The comadronas also described dreams that foretold births. One explained that she

dreams before going to take care of the delivery, [dreams that] people often arrive and ask that she go with them. Sometimes men come to tell me, to express in the dream "be very careful because that delivery brings complications."

Another explained that she receives messages through dreams:

Sometimes you dream that you are out in the market buying only things for the kitchen, pots and baskets and that's the month that more girls are born. And there are some months that you dream of buying a machete, hatchet and all that stuff . . . and sometimes that's when boys are born.

Comadronas also describe receiving somatic signs that they interpret as messages from God. "When my right eye or right arm twitch[es], it will be a normal delivery. If it's the left side, there will be complications." Another comadrona explained that when her arm twitches, she'll then dream of a birth, and the next day she'll hear a knock on the door, and someone will call her to attend a birth. Yet another described a "tingling" in her arms that she feels, and the veins in her arms become more prominent shortly before being called for a birth. Because knowledge acquisition and the somatic signs are seen as communication from God, the knowledge gained in this way was believed to be sacred.

Sacred Ritual

All of the comadronas described similar preparation for attending a birth. When called to attend a birth, the comadronas first pray before leaving their own homes. One explained that "always before I leave, I burn some incense at home and pray first before leaving the house." Similarly, one describes going to church and lighting a candle in front of the Holy Virgin and praying for a safe delivery. On arriving at the home of the laboring woman, the comadronas describe praying before entering the home. "I always pray before going in with the patient, before entering with the patient. I haven't touched, still haven't seen anything about the patient so what I do is pray." "The first thing [at my home] is to ask God, ask God that everything will be all right, and when I arrive at the house of the person too." Yet another explained, "When I first get there, I don't touch the patient. No, first I have to pray for half an hour."

"[From the time I leave my house to go to a birth] I am always asking God for wisdom. When I get to the house, always, and when I kneel in the, in the bed with the patient, I

pray always to God." Often the laboring women themselves participate in the spiritual rituals. "I kneel with the woman and ask God to help in this."

The comadronas also spoke of using candles, incense, and other religious artifacts to create sacred space in the homes of the laboring woman. One described purchasing special candles for the births and "burning the candle and incense for any work I am going to do." Another noted, "I light a candle, a special candle and pray for the lives of the woman and the baby." The comadronas also described creation of sacred space by the families themselves. "Some people have religious pictures and light candles around them. They light the candles so God will help the women and everything will come out all right with no danger."

All of the comadronas noted their belief that their prayers allow God to work through their hands. When asked how she knows this, one comadrona described,

When I get to the house, I kneel next to the bed and put my hands on her abdomen and begin to pray. After a while, I know God is there and working through me [sic] hands because I feel fire in my arms, up to here [indicating upper arms]. Fire, I feel fire.

When prayers are completed and sacred space is created, the comadronas reported using skills gained through their dreams and through the training classes to assist with the labor and birth. All of the comadronas spoke of examining the mother's abdomen to determine the position and size of the baby. Two spoke of doing a digital vaginal examination to determine dilation and station of the presenting part. During the key informant interviews and at the reunions, the comadronas spoke of the importance of identifying problems and transporting the laboring woman to a clinic or hospital if the labor was not progressing normally.

After the birth, prayer rituals often continue. "I am very happy, and I just kneel again, and as I asked God, so I thank God that everything turned out well." In summarizing the beliefs about the work of the comadrona, it is clear that birth is seen as a spiritual event, not just a physical event. One noted, "I have always thought that this [work] comes from God and all births are sacred, and I have to share my work with all the women."

Another simply said, "Birth is sacred; it comes from God."

DISCUSSION

The traditional healers represented in this sample reflect a practice deeply grounded in spirituality. Their stories are consistent with those identified by other investigators studying shamanistic practice. More than 50 years ago, Paul and Paul (1975) studied the lives of Mayan midwives in another Lake Atitlan village, and their findings are very similar to those of the current study. Their work describes a similar sacred calling experienced by the midwife. Dreams and visions provide

images of the divine and the mundane, and when the calling is initially rejected, the healer experiences illnesses. "Nearly anyone in San Pedro can name women who have sickened and even died because of failure to exercise their calling. The midwife, like the shaman, characteristically shows great resistance before beginning her sacred practice" (Paul & Paul, 1975, p. 710). They further noted, "The Iyum is at once an obstetrical and religious specialist. Like the shaman, her calling is divine, she mediates between the mundane and the supernatural world, and she performs rituals to safeguard the lives of her patients" (p. 707). Prechtel (1998), writing about spirituality in a different Mayan community on Lake Atitlan, noted that "most women shamans became Iyuma, and they got called by finding objects . . . which were sent by the Lake Mother, the Moon, the Holy Womb Mother. Iyuma were female shamans dedicated to midwifery, pediatrics and gynecology" (p. 113).

The struggle with powerful illness is consistent in the exploration of shamanism in the literature. As Halifax (1979) noted, "The shaman not only survives the ordeal of a debilitating sickness or accident but is healed in the process. . . . The shaman—and only the shaman—is a healer, only he or she can truly know the territory of disease and death" (pp. 10-11). She also noted that

the shaman is a healed healer who has retrieved the broken pieces of his or her body and psyche and, through personal rite of transformation, has integrated many planes of life experience: the body and the spirit, the ordinary and the nonordinary, the individual and the community, nature and supernatural. (p. 18)

The importance of natural objects that are perceived as sacred has also been noted by anthropologists in earlier work. Woods (1968) found that "as with shamans, midwives may have a special 'calling' which they are obligated to accept, and they too may possess special objects which symbolize the divine sanction of their office" (p. 136).

It is interesting to see that in a span of more than 50 years, a time when there has been dramatic infusion of knowledge and technology into the traditional Guatemalan villages, spiritual beliefs and practices surrounding childbirth have remained constant among traditional healers. Current formal health care practices in urban and rural areas of Guatemala reflect the dominant medical approach to health and illness with a reliance on allopathic principles. Care during pregnancy that is offered through the public and private health systems is similar to that offered in the United States. Prenatal examinations are done to identify problems or potential problems, and women are encouraged to birth their infants in facilities with trained personnel. Midwives in this highland area of Guatemala have the opportunity to attend monthly reunions during which nurses or physicians teach and review clinical skills needed for obstetrical problems and emergencies.

Examples of new skills taught and reviewed include methods to control postpartum hemorrhage, newborn resuscitation, and identification of prenatal risk factors. Yet the core beliefs held and rituals practiced by the comadronas are grounded by their belief in the guidance provided by a supreme being.

The WHO has one approach to the perinatal health indicators that requires significant time and money. The call for an increase in the number of skilled birth attendants requires formal educational preparation for individuals who have the skills and resources to attend centralized courses of study. This approach may not incorporate the important beliefs surrounding the "calling" into the role of healer. However, in the current research it was clear that the comadronas changed their clinical practices to incorporate new knowledge and skills gained during monthly training sessions. Those were added to practices to supplement the spiritual beliefs and rituals, rather than replace them. For example, in the past when newborns did not breathe spontaneously, the neonatal death was accepted as God's will, and little effort was made to resuscitate the baby. After resuscitation training that incorporated the belief that God works through the hands of the comadrona was offered one-to-one in the communities and in a group training at a reunion, community members reported the increase of active resuscitation efforts for depressed neonates.

As health professionals in international health struggle to identify programs and interventions that will improve health status of individuals, families, and communities, creative approaches that integrate cultural beliefs and rituals into trainings and care delivery may be found to have a positive influence on health indicators. Although findings of the current study are limited by the fact that this small sample of indigenous birth attendants may not be representative of birth attendants in other communities, the recognition of the strong spiritual values guiding midwifery practice in highland Guatemala provides information for planning future community health interventions. Further research exploring the impact of training programs and delivery interventions that incorporate recognition of the strength of the spiritual beliefs may hold promise in influencing policy decisions regarding future efforts to decrease maternal and infant mortality and morbidity (Rist, 2000).

APPENDIX A Demographics

1. Age
2. Marital status
3. Number of pregnancies
 - a. Number of living children
4. Race and/or ethnicity
5. Number of years of practice as a midwife and/or comadrona

APPENDIX B Interview Guide

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- Please tell me the story of your journey to become a midwife.
 What made you decide to be a midwife?
 What is your purpose as a midwife?
 Are there any particular rituals or practices that you use when you attend a birth?
 Were you taught anything to ensure that the birth goes well?
 Are there physical rituals (like washing your hands) or spiritual rituals (like saying a prayer) that you do while you are with a woman in labor or birth?
 Please tell me about a birth that was very special to you.
 Do you think birth is sacred? Why?
 Do you think that midwives have any special purposes in addition to "receiving" the baby?
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