



Proyecto Utz' Na'n  
Madres Saludables

# EXPLORING INDIGENOUS WOMEN'S ANTENATAL CARE EXPERIENCES *in* GUATEMALA'S WESTERN HIGHLANDS

The highlands of Guatemala are home to vibrant indigenous Mam and K'iche communities that have unique customs and traditions, including when it comes to seeking maternal and newborn care. In these rural areas, traditional birth attendants, or comadronas, provide critical support to indigenous pregnant women and their families throughout their pregnancies, including antenatal care (ANC), childbirth assistance, and postpartum care. While comadronas serve as a key link between the family and the health care system, there are missed opportunities that can ensure that traditional practices common in indigenous communities are linked with the formal health care system and women's experience of care is improved.

To strengthen these links and ensure better access to ANC for indigenous women and adolescents, Management Sciences for Health (MSH) is implementing the Healthy Mothers and Babies in Guatemala project, known locally as Utz' Na'n, in

the departments of Quetzaltenango and San Marcos. A key component of the project is assessing the quality and perceived quality of ANC among indigenous communities through ongoing research conducted in partnership with the Universidad del Valle de Guatemala (UVG).

## OBJECTIVES

From September 2022 to January 2023, the UVG Medical Anthropology Unit conducted an ethnographic study to evaluate the scope and impact of the Utz' Na'n project, focusing on how the complex dynamics of cultural practices and beliefs were impacting health care pathways to ANC and experience of care among indigenous women. A total of 317 pregnant women, 104 comadronas, and 906 Ministry of Public Health and Social Assistance (MSPAS) workers were surveyed.

To address identified barriers in timely evidence-based and culturally responsive care, the **Utz' Na'n project** is working with teams of comadronas—more than 1,700 individuals—and departmental MSPAS health teams across 24 municipalities in Quetzaltenango and San Marcos to build awareness around the importance of seeking facility-based ANC early in pregnancy, especially when complications are identified. Utz' Na'n also helped pilot the use of a new coupon that women hand in at the facility when referred by a comadrona to better capture which women are referred from comadronas. These efforts have contributed to increasing local MSPAS officials' recognition of the key role that comadronas play in community referrals, especially in isolated rural areas.

In addition to linking traditional care with facility-based care, the project—in coordination with the MSPAS and local partner PIES—implements a group ANC model to provide pregnant women with key information and a supportive space to discuss hopes and concerns and a skilled ANC provider who speaks the local language. Based on research findings, Utz' Na'n is working to adapt current project activities to incorporate key recommendations from indigenous pregnant women surveyed about the group ANC model, including expanding the number of groups and using broader communication strategies to increase familial support and understanding around seeking ANC at health facilities.

The project is also implementing a range of diversified strategies to ensure primary and district health services respond to the cultural needs and priorities of the women they aim to serve, as part of a high-quality care package.



## SELECT FINDINGS

### BLENDED MODEL OF CARE

The study found that 38% of women self-tested using a home pregnancy test prior to starting their ANC journey. The first checkup was at around 15 weeks of gestation and took place primarily at MSPAS health facilities (56%), at a private clinic (16%), or with a comadrona (17%). Over the course of their pregnancies, 38% of women consulted a comadrona during their first two checkups and 89% attended facility-based ANC at least once. Half of the women surveyed attended ANC sessions with both a comadrona and at a health service during pregnancy, and **78% said most women in their community consult both types of providers over the course of their pregnancy.**



This suggests that indigenous pregnant women in this region are choosing to use a blended model of care that includes both traditional and MSPAS facility-based providers, and that the health care model should be adapted to reflect this preference.

### TRUST IN THE HEALTH SYSTEM

The main reasons women gave for delaying the first visit to health services until their second trimester included fear of vaccines (given the COVID-19 context), the belief that early ANC is unnecessary after having had a first pregnancy, mistaking pregnancy for illness, reluctance to be examined by male health providers, lack of time due to work schedules, distance to health services, and greater confidence in consulting a comadrona first. Pregnant women's confidence in health personnel was reported as high (90.5%), although it was even higher for comadronas (98%). **The primary reasons given for preferring a comadrona over MSPAS health services included greater linguistic and cultural responsiveness of care (84%) and affordability,** as the costs of facility-based ANC are, on average, seven times higher than those of ANC with a comadrona. **About 70% of pregnant women surveyed indicated that comadronas and public health personnel should work together to improve ANC.**

### CULTURALLY RESPONSIVE CARE

Less than one-third of primary health facilities surveyed reported implementing at least eight culturally relevant standards of care, while 10% achieved less than five. Eighty-eight percent of MSPAS personnel surveyed prioritized the need to receive additional training to expand their culturally responsive care capacities to improve women's experience of care; they cited, for example, the need for additional guidance to implement existing national guidelines on Culturally Responsive Care, and to become more familiar with culturally blended ANC models and key principles in Mayan medicine. Feedback from MSPAS staff suggests that this blended model of care offers a supportive integrated approach to care during pregnancy and should continue to be evaluated for its potential to scale up as a holistic approach.

The study also found that 80% of comadronas interviewed took on their role due to sacred calling within their traditional worldview. All interviewed comadronas referred pregnant women to facility-based ANC at some point during their pregnancy, mainly for complete ANC checkups (64%) and to identify and address danger signs during pregnancy (30%). Regarding facility-based childbirth, 28% of comadronas surveyed always referred patients to health services or delivery care, even when complications have not been identified.



### NEXT STEPS

In collaboration with UVG, the project is currently analyzing this important research with the MSPAS and comadronas networks to incorporate the recommendations into needs-based interventions that best reflect the local needs, preferences, and practices of pregnant women and comadronas in indigenous communities. These findings will also be used to inform ongoing advocacy efforts to address access and acceptability barriers of timely care-seeking in health facilities and better engage comadronas as trusted providers within a blended model of care that meets the needs of indigenous communities in the Guatemalan Highlands.