CULTURAL SENSITIVITY BUILDS CONFIDENCE IN MATERNAL AND NEONATAL HEALTH SERVICES IN HUEHUETENANGO, GUATEMALA

The USAID Health Care Improvement (HCI) project makes a difference in the lives of women living in rural areas.

Improving the quality of health care depends on more than just providing materials and human resources. It depends on the positive attitudes of health care providers and their willingness to change their health care practices. This positive change in health care providers is clearly visible in Todos Santos Cuchumatán, a municipality in the northwest department of Huehuetenango in Guatemala. Most of Todos Santos Cuchumatán’s 30,000 inhabitants are Mayan of the ethnolinguistic Mam group, for whom traditional midwives meet a vital need in supporting women during pregnancy, delivery and the postpartum period.

In 2009, the USAID Health Care Improvement (HCI) project, in support of the Guatemalan Ministry of Health, began a process of continuous quality improvement of care in the Todos Santos Cuchumatán’s Permanent Health Care Center (CAP). As part of its efforts to improve the quality of health care services, the project provided training to physicians on cultural sensitivity in birthing services. Consequently, Dr. Pablo, a local physician, was taught to attend deliveries using traditional positions such as kneeling or squatting, which up to that point was not acceptable in the CAP. Physicians are generally only trained to deliver in the lithotomic position.

The sensitivity training has resulted in Dr. Pablo being able to provide better services to his patients.

Before the training, Dr. Pablo assumed that all women wanted to deliver in the lithotomic position. However when he asked women entering the delivery room, he found that most women prefer a traditional position. As a result of providing various birthing options, a larger number of women have given birth at the CAP and patient satisfaction has increased.

Dr. Pablo has aided in the delivery of women using traditional birthing positions not only at the CAP but also during home deliveries. One of the women cared for in her home, Sandra Cruz, expressed being grateful for the care she received because the doctor was aware of the local customs and asked her in which position she wanted to deliver. She chose a traditional position: “kneeling holding onto my husband’s waist, kneeling in front.” She also mentioned that her first daughter was born in the hospital in the lithotomic position. However, during her most recent delivery she preferred to deliver at home in the kneeling position because, as she said, “It feels better that way; delivery is faster and I withstand pain better.” With increased confidence in health care services, she is now using family planning services offered by the HCI project as well.

NOVEMBER 2011

This work was supported by the American people through the United States Agency for International Development (USAID) and its Health Care Improvement (HCI) project. The HCI project is managed through University Research Co., LLC (URC) under the terms of contract number GHN-I-03-07-0003-00. The views expressed in this document do not necessarily reflect the views of USAID and the United States Government. For more information on HCI’s work in Guatemala, visit HCI’s website at www.hciproject.org or URC’s website at www.urc-chs.com, or contact Leslie Lugo at llugo@urc-chs.com.