

Contextualizing Blame in Mothers' Narratives of Child Death in Rural Guatemala

Anita Chary

Wuqu' Kawoq; Washington University in St. Louis, School of Medicine & Department of Anthropology

Introduction

“If you only have two kids and one dies, you just have one left. And if that one dies, then you have nothing.” Dona Elena's words are a testament to the reality of child loss in the rural Maya village of K'exel, Guatemala. K'exel is a place where one-fourth of mothers have experienced the death of at least one child; it is a place where babies are cautiously named only at three or four months of age, when their parents have more hope that they will survive.

Due to a history of anti-indigenous violence and discrimination, the Maya of Guatemala bear a disproportionate burden of the country's poverty (Pan American Health Organization, 1998). Accordingly, Maya communities tend to experience higher rates of child mortality than the rest of the nation's population of mixed *ladinos* and European *criollos*. K'exel is no exception: its child mortality rate of 54 per 1000 live births exceeds the Guatemalan average of 45 per 1000 live births (World Health Organization, 2006).

Most families of K'exel live in extreme poverty. Few of K'exel's 500 Spanish and K'ichee'-speaking residents have land holdings because nearly all local land is in the hands of plantation owners. As such, the people of K'exel can expect income for only six months of the year from day-labor during the sugar cane and coffee harvests. Largely abandoned by local politicians, the village lacks potable water, sanitation infrastructure, and access to healthcare. As a result, many community children suffer from debilitating and sometimes life-threatening malnutrition and parasitic infections.

At the request of community leaders, the non-governmental organization Wuqu' Kawoq began to provide free health care in K'exel four years ago. Through our clinical work and the

implementation of child health and water purification projects, we became aware of many families' struggles with child illness and death. As childcare is primarily a woman's duty in K'exel, mothers especially bear the burden of child loss.

Mothers seek explanations for child deaths in order to cope and grieve, and blame plays a prominent role in their narratives. Medical practitioners blame mothers for negligence, mothers blame themselves for their perceived ignorance, and mothers blame other community members for sending sicknesses and death upon their children. Drawing on years of clinical work, participant-observation, community-wide surveys, and ethnographic interviews, this paper explores how these forms of blame are manifestations of the political and economic climate of Guatemala. It also seeks to analyze the social and psychological functions of blame.

Troublingly, what emerges is a picture in which blame is always targeted at the local community. In K'exel, accusatory interpretations of child death not only create and exacerbate divisions within the community, but also ignore the structural inequalities that contribute to high child mortality rates. The dangerous result is that the impoverished people of K'exel--especially mothers themselves--assume responsibility for child death.

Case Study 1: The Hospital

As the rickety van swerved through midday traffic on the way to the National Hospital of Mazatenango, my stomach churned over every pothole. I glanced back at Celestina, who was holding her tiny jaundiced baby in her arms. Three days old and four pounds, the little girl was dying. Celestina's somber expression betrayed her familiarity with the situation; at age 39, she had already lost eight children.

Just an hour before, a Wuqu' Kawoq physician had been examining the baby and had convinced Celestina and her husband Jose that the only hope of saving the child was going to the hospital. At the gates of the National Hospital, we pleaded with a skeptical security guard to let us in. He relented upon learning of the baby's enrollment in a United States health project, but stipulated that only myself, the mother, and the baby could enter.

When we entered the emergency room, the head nurse, a plump *ladina*, took the baby from Celestina's arms and barked, "You didn't take care of yourself during your pregnancy. Look at this malnourished baby! Why didn't you eat anything when you were pregnant?" Celestina stoically accepted the criticism. She did not respond that her husband had not had reliable work for the past year, that the family was in debt, and that most days she subsisted on only tortillas and salt. Instead, she stood deferentially as the nurse disparagingly asked the name of the child. "We haven't named her yet," Celestina spoke softly. "What do you mean you haven't named her? Go talk to her father and decide on a name! We can't admit a baby who doesn't have a name," the nurse spat. Celestina hurried off to the front gate as the nurse placed an IV. When she returned with the name "Ana Victoria," the nurse scolded her for dressing the umbilical stump with ash, an innocuous substance, as per Mayan custom in the area. Loudly, for Celestina's benefit, she pronounced the child septic.

Though the nurse's harsh demeanor shocked me, I soon came to realize how typical this type of encounter was for indigenous women in K'exel. Norma, a young mother of six, related a similar tale to us. Towards the end of her last pregnancy, she went to the hospital because she felt her child had stopped moving in her womb. The non-Mayan doctor who performed an ultrasound told her, "You picked up a virus that killed the baby when you went to the river to

relieve yourself.” The doctor had assumed that Norma was poor and had no latrine, and then blamed her child’s death on her poverty and ignorance.

Another young mother, Nanci, had also taken her dying baby to the hospital for seizures and severe weight loss. Upon her arrival, despite her insistence that she had had monthly prenatal care, the hospital staff wrote in her record that she had never seen a doctor during the pregnancy. Two nurses also told Nanci that it was her fault the baby was dying, and in the following months of the child’s decline, Nanci frequently broke down crying in guilt and helplessness.

Indeed, many Mayan women have shared similar stories of being blamed by non-Mayan health professionals for their children’s sicknesses and deaths. At the individual level, blaming the patient can serve as a coping mechanism for medical practitioners who see the same devastating situations day in and day out. Desensitization to suffering and interpretation of patient illness as self-created are common among health care professionals not only in Guatemala, but all over the world.

At a broader level, the attitudes and behavior of Guatemalan hospital staff reinforce the existing racial hierarchy, in which the mixed *ladino* or European *criollo* has authority over the “ignorant” *indigena*. They also distinguish themselves ethnically and socioeconomically from the indigenous “other” through their condemning and condescending actions. Additionally, hospital staff who blame Mayan women for their children’s deaths effectively obscure the state’s contributions to high child mortality rates. Inaccessible health care, anti-indigenous discrimination, abysmal educational opportunities, labor exploitation, and lack of sanitation infrastructure are all ignored in the unsympathetic practitioner’s interpretation of illness. The

result is that impoverished Mayan mothers, rather than the state, shoulder the burden of child health, and accordingly become the targets of blame for child death.

Case Study 2: Guilt and the Perception of the Self

“I was foolish,” Tina began mournfully. Her eyes reddened as she began the tale of her third child, who had died at two days old. At twenty-two, Tina had been sick throughout her pregnancy with periodic fevers and chills. When her little son was born, he too had a fever. Her voice faltered as she described the cold bath her mother-in-law gave the baby to bring down his fever, his subsequent refusal to nurse, and the midwife’s attempt to lift his fallen fontanelle by using her finger to clear out his throat. She should have known better than to allow it, Tina said. The baby grew weaker over the next day, turned purple, and stopped breathing. He died in his father’s arms. Tina’s eyes filled with tears as she spoke softly, “He was with me for one night and nothing more.”

Tina scrutinized each of her actions from the time of her son’s conception to his death. If only she had gone to the doctor for her fevers, if only she had refused to bathe the baby, if only she had stopped the midwife from lifting the tender boy’s fontanelle with so much force, what would have happened? Now, at forty-three, Tina knows about life-saving incubators in the hospital. If only she had known to take him to the hospital, she cried, he might still be alive today. “But he is gone, and I am to blame,” she said. As Tina dabbed at her eyes, her tortured expression reflected the guilt that many women in K’exel share.

“We are ignorant” is a common sentiment among the women of K’exel, many of whom blame themselves for their lack of knowledge of what to do for a dying baby. Many women blame themselves for being “uneducated.” As a woman named Flora said, “I have never been to

school and I never learned about these things.” Although monthly enrollment fees for public primary schools are low, school supplies, books, and uniforms are costly enough to deter many from sending their children to school. Most families with financial constraints educate sons before daughters, as an educated man’s earning potential is greater than an educated woman’s. Disturbingly, some women’s interpretations of their “ignorance” reflect internalized racism. “We are indigenous, so we do not know,” they say. Because they are indigenous, they are also prone to experiencing racism in the hospital; many women fear ill treatment and say they have heard that babies go to the hospital only to die there.

Another common reason women blame themselves is for a perceived lapse in emotional self-control. Recalling the death of her son Nelson, Dona Ramona commented that he probably died because of her bad milk. Nelson’s infancy was a hard time for Ramona, whose husband had entered a period of alcoholism--a common escape for men who feel powerless under the yoke of oppressive poverty. “When he drank, he would beat me, and I would get angry,” she said, “and they say that the anger goes with the milk to the child.” Many other women suffering domestic violence and emotional abuse have mentioned the possibility of their uncontrolled emotions--grief, rage, and despair--killing their children both in the womb and through transfer of negativity into breast milk. Notably, women never blame a child’s death on a husband’s drinking or a beating itself. Rather, they perceive the death as their own failure to remain level-headed when confronted with severe stress. Women, as the subordinated half of an already oppressed population, are expected to calmly endure mistreatment from the more powerful and societally exalted men in their lives. Thus, the guilt mothers feel upon child death can reflect the sharp power differential between the sexes.

Attribution of child death to one's ignorance or uncontrolled emotions allows a woman to imbue meaning to an incomprehensible situation; it also marks the "self" as the primary sufferer. However, as Tina's and Ramona's stories demonstrate, systemic problems of gender inequality, discrimination, and limited access to education form the basis of women's guilt. When women blame themselves for child mortality, they assume personal responsibility for a phenomenon whose roots lie in political and economic inequalities.

Case Study 3: Blame in the Community

"Why me? Why have I lost so many children?" Gloria frequently lamented. One day during the agricultural off-season, when her husband Elmer was despairing about not being able to find work and recalling all their past hardships, they offered an explanation to Gloria's question: witchcraft. "You don't know," they said in hushed voices, "but our neighbors killed one of our little girls." They gestured to the house of Don Wiliam, who years ago had feuded with them over a small piece of land that connected their houses. Wiliam's family, jealous that Elmer's father had a few small plots of land for coffee farming, began to quarrel with the couple. During the conflict, Gloria had given birth to a beautiful chubby girl. When Wiliam saw the baby, he allegedly said, "What a cute little girl, but let's see how long she lives." Within a few weeks, the baby died.

Gloria and Elmer were devastated. The price they had paid for land they rightfully owned was the life of their beloved daughter, whom they believe had succumbed to a sickness sent by Wiliam. Although the interfamilial tensions over the piece of land eased out over the next few years, Gloria and Elmer inwardly harbor deep mistrust of their neighbors. They

sometimes wonder if community members sent sicknesses upon the other children they have buried over the years.

They are not alone in their suspicions of their neighbors. Many others in K'exel have similar interpretations of child loss. For example, after losing one child, a woman named Diana speculated uncertainly that the baby had been the victim of witchcraft. Years later, when her next baby's health began to deteriorate, a witch confirmed Diana's suspicion that a jealous enemy had maliciously sent death upon her child.

As Farmer (2006) writes, "[the] obvious backdrop to sorcery...is fierce competition in a field of great scarcity" (204). Any individual who is perceived to surpass the baseline of extreme poverty is subject to the envy of poorer counterparts. As Foster (1965) writes, a community member who gains upward mobility is perceived to do so at others' expense. Witchcraft and fear of witchcraft function to ensure that everyone shares in the struggle of day-to-day living. It is also a powerful and compelling answer to Gloria's question of "why me?" shared by so many mothers who have seen their children die. Witchcraft also defines the self as the victim and the accused as insiders. A suffering mother would not accuse just anyone of witchcraft--only one who belongs to her community and accordingly ought to share her socioeconomic status. Outsiders to the community are also outside the realm of blame and witchcraft.

While witchcraft serves social and psychological functions, it is important to recognize how these accusations can be damaging to the community. Witchcraft makes community members turn on each other; it exacerbates conflicts between parties with long-standing tensions, and it creates conflicts where there is room for suspicion. As Gloria's and Diana's stories show, witchcraft also keeps blame for child death circulating within the community. Poverty and the

inaccessibility of health care services are absent from the picture, and again, community members are perceived to be at fault for child mortality.

Conclusion

This paper has described how the blame associated with child death in K'exel is a manifestation of political economic conditions in Guatemala. It has also explored how discourses of blame serve social and psychological functions of coping with intense suffering and defining insiders, outsiders, and the self.

One of the challenges of the analysis has been negotiating between the macro and micro forces affecting cultural idioms of distress. Understanding women's experiences of child death certainly requires attention to the broader political context of poverty and discrimination--which Farmer (2004) refers to as "structural violence." However, Scheper-Hughes' (1992) concept of "everyday violence," which Lockhart (2008) describes as "routinized experiences of violence" (96), is also germane. Lockhart exhorts us to "focus on...the 'micro logics of power'" (2008:96). In K'exel, this could be a tryst with one's husband that causes emotional contamination; it could be a struggle with a neighbor over limited resources, manifesting as witchcraft directed against an enemy's child. In either case, personal relationships shape women's interpretations of child mortality. Macro forces of gender inequality and poverty do shape these power dynamics, but the troubling nature of community members subjugating each other calls into mind Scheper-Hughes' statement: "How often the oppressed turn into their own oppressors, or worse still, into the oppressors of others!" (1995:418).

Although the origins of child death-associated blame are diffuse, all arrows strike one target: the community of K'exel. Whether the accusation is made by a medical practitioner or a

resident of K'exel, fault lies in the hands of the victims: the community members and especially the mothers of K'exel.

In analyzing women's narratives of child death in K'exel, we must ask ourselves why blame never leaves the community. As privileged outsiders, we are academically trained to analyze suffering in a framework of structural inequality. In the face of continual oppression, community members of K'exel are not empowered to interpret their problems in a broader context; the only power they have is over themselves and each other, and thus, they blame themselves and each other. This perspective, fostered by inequalities created by the state and global political economic system, frees the state and the world of responsibility to dying children. Thus, the people of K'exel live with the myth that they are completely responsible for their children's lives and deaths.

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