Maya America: Journal of Essays, Commentary, and Analysis

Volume 2 | Issue 1 Article 19

4-29-2020

Birth across Borders: Migueleña Maternal Experience in Palm Beach County, Florida

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Abstract: Dangers for pregnant Maya women in San Miguel Acatán, Guatemala are exceptionally high. *Migueleñas* who migrate to Palm Beach County, Florida also face significant risks during pregnancy. However, conceptualizing migrants as vulnerable and non-agentive dismisses the opportunity to explore other dimensions of their experiences. Interviews with *Migueleña* mothers and midwives and health professionals and advocates in both regions reveal resilience strategies women create and employ as they navigate linguistically and culturally foreign medical systems. This essay is primarily focused on the Palm Beach County findings, which demonstrate that over time, *Migueleñas* are able to adapt to the new environment through a network of support and a combination of familiar birth practices and those in the new system. They become agents of change by virtue of the manner in which they negotiate between their previous knowledge of birth and the new sources present in Palm Beach County and the support they provide each other, resulting in more favorable maternal experiences under arduous circumstances.

Keywords: Maya, women, health, migration, transnationalism, Guatemala

Introduction

Research on Maya maternal care in Guatemala outlines existing issues related to women and infant wellbeing and barriers to seeking obstetric care, yet few studies assess the transnational affect migration has on Maya maternal care. Dangers for pregnant Maya women in San Miguel Acatán, a highland municipality in Huehuetenango, Guatemala are exceptionally high and *Migueleñas*[1] who migrate to Palm Beach County, Florida also face significant risks during pregnancy. However, conceptualizing migrants as vulnerable and non-agentive dismisses the opportunity to explore other dimensions of migrant women experiences. This research is based in part on my dissertation, a transnational study centered on both regions aimed at investigating changes in *Migueleña* maternal care in their hometown of San Miguel and Palm Beach County, a major *Migueleña* destination

[1] Women who are from San Miguel Acatán are referred to as Migueleñas.

(Mazar 2015). Moving beyond the vulnerability associated with pregnant undocumented women, the research explored *Migueleña* resilience based on their development of strategies which indicate ways they successfully overcome hardship to manage their own maternal care and subsequently help other *Migueleñas* manage theirs.

This essay is primarily focused on the Palm Beach County findings, which demonstrate that over time, *Migueleñas* are able to adapt to the new environment through a network of support and a combination of familiar and new birth practices. Between 2012 and 2014, qualitative individual interviews were conducted in Palm Beach County and San Miguel with 16 *Migueleñas* who gave birth to at least one child in either or both locales. The range of ages allowed insight into changes in perception of maternal health-seeking behavior over the years, as participant ages ranged from young mothers 18 years of age to grandmothers in their late 40s and early 50s. Interviews with *Migueleña* mothers in Palm Beach County and their relatives in San Miguel resulted in a comparative view among family members in both regions[2]. Participant migratory status was taken into consideration, United States participants included documented and undocumented women. Education levels varied although most Palm Beach County mothers spoke fluent conversational Spanish. Three participants who were not fluent in Spanish understood Spanish well and were accompanied by daughters who translated from Acateko when they had difficulty expressing an idea in Spanish, which was seldom. The data provides a detailed view of transnational maternal care seeking behavior from the women's own perspectives as well as that of health advocates interviewed in San Miguel and Palm Beach County.

Interviews with *Migueleña* mothers, health professionals, midwives, and advocates reveal resilience strategies *Migueleña* migrants create and employ as they navigate linguistically and culturally through foreign medical systems. They become agents of change by virtue of the manner in which they negotiate between their previous knowledge of birth and the new sources present in Palm Beach County and the support they provide each other, resulting in more favorable maternal experiences under arduous circumstances. Though their views vary, the women employed similar strategies to navigate a culturally and medically different system than previously familiar.

Resources available to migrant women in Palm Beach County and barriers to utilizing them are presented in this essay along with various functions of social networks, specifically networks women used to gain support and access to services. *Migueleña* migrant perceptions of maternal care and coping and resilience methods they employ to adjust to a

[2] With the exception of one Palm Beach County participant and one participant in San Miguel, each Migueleña mother and at least one family member who was also a mother were interviewed across both locations.

vastly different medical system are emphasized. Interviews demonstrated that over time, they became knowledgeable about maternal care in Palm Beach County through use of services available from government, non-government and religious organizations. Social networks and especially support of and information gained from other migrant women from Mexico and Central America played a significant role in this adjustment.

San Miguel and Maya Migration to Palm Beach County

In 2010 the population of San Miguel was recorded as 4,494 families totaling 24,939 residents, 47% male and 53% female, with 99.40% from Maya Acatek origin. The general poverty stood at 91.45% and the extreme poverty, signifying insufficient income to cover basic food needs, amounted to 43.5% (Andrés et al 2010). San Miguel has a small government run health center that services daily nonemergency medical needs operated by nurse auxiliaries, a head nurse and a doctor, but does not count on medical equipment or staff for urgent care. Economic opportunities are scarce, one of the leading factors attributing to temporary and permanent outward migration to Mexico and the United States in search of employment. The economy relies on remittances, according to Andrés in 2010 residents reported that from every family, at least one person had migrated to the United States.

The impact of migration on San Miguel is manifested throughout the region, evident in the architecture, dress and language. Billiard halls, cantinas, cafeterias, hostels and stores named after major destination cities and states such as "Hotel Florida" and "Billar Lake Worth" are prevalent in San Miguel. Similarly, Maya population presence is particularly visible in Lake Worth, with certain areas of Maya enclaves. There are small businesses owned and frequented by Maya migrants, such as restaurants, bakeries and convenience stores that sell Guatemalan products. Establishments are recognizably Guatemalan owned; some names for example include "Quetzal", named after the Guatemalan national bird and currency, or Tecún Umán, after the Maya hero.

The Maya migrant population in Palm Beach County dates back to the late 1970s at the onset of Guatemala's 36-year civil war, which greatly affected San Miguel and surrounding regions. In 1988 the Maya population in Florida was estimated at fifteen to twenty thousand, of which a few thousand resided in the Palm Beach County areas of Indiantown, West Palm Beach, Homestead, Boynton Beach, Immokalee and Okeechobee (Burns; 1993). In 2009, the Guatemalan-Maya population in Florida was estimated to be between 29,000 and 60,000, or as many as 100,000, noting that variation in figures is caused by miscounting Mayas as Hispanics (Linstroth; 2009). Additional factors

preventing accurate figures are legal status and population changes depending on the availability of work, which is highest during harvest season.

Migueleña Maternal Experiences in Palm Beach County and San Miguel

Entering and embracing an unfamiliar medical system requires a variety of decisions relying upon new and previous birthing knowledge. Migrant women do not simply adapt to new prenatal resources available, it is a complex and multifaceted process in which decisions are grounded on experiences in their place of origin and settlement (Almeida et al, 2013; Gálvez, 2011; Im and Yang, 2006). Diverse health experiences are mediated by a woman's immigrant experience, including socioeconomic status prior to migration, reason for migration, economic hardship, employment, social support, spirituality, cultural beliefs, education and life events (Im and Yang, 2006). *Migueleñas* interviewed in Palm Beach County share a cultural background from the same Guatemalan community, yet their differing prior and post migration experiences result in varying views on and reactions to Palm Beach County's medical system.

Palm Beach County statistics of women[3] who do not seek care early in their pregnancy or at all, is alarming; approximately 25% of women do not seek prenatal care in the first trimester, of which over 40% are Hispanic women (HMHB program director, personal communication, October 12, 2012). There is no data that focuses specifically on the prenatal care received by *Migueleñas* or Maya women in Palm Beach County. Insight from interviews and information on the maternal care familiar to *Migueleñas* reveal it is drastically different than the maternal care common in the United States. Over 90% of women gave birth at home and only 8.6% of *Migueleñas* received all 4 prenatal controls (Superviviencia Infantil 2013). Checkups, bloodwork and vitamins are not routine and home births are the norm in San Miguel, and therefore transition to biomedical maternal care in Florida is not automatically accepted as a natural or simple process. *Migueleñas* based maternal-care-seeking choices on their pre-migration experiences and knowledge and what they witnessed and learned in Palm Beach County. Individual stories lead to a more thorough understanding of the diverse attitudes and use of maternal care, which change over time. Maternal experiences of *Migueleñas* who had more than one child were affected by experience lived and knowledge gained from each birth. Interviews revealed women found ways to incorporate their previous maternal care, and delivery culture and knowledge, and while some questioned procedures, all displayed a general trust in the

[3] Statistics are not based on migratory status, taking into consideration both migrant women and women born in the United States.

medical system.

Healthy Mothers Healthy Babies and the Guatemala-Maya Center Services

The main function of Healthy Mothers Healthy Babies (HMHB) is to improve access to prenatal care in the first trimester and to link women with early care, familiarizing them and connecting them to free and low-cost services. The agency's main concern is that women are waiting to access services until their second or third trimesters, resulting in issues such as gestational diabetes, high blood pressure, preterm labor, low birth weight, birth defects and infant mortality. HMHB has staff knowledgeable of Maya women's specific needs and obstacles and caters to the Maya population in several ways.

CenteringPregnancy is a group prenatal and early postpartum care program offered by HMHB to improve birth outcomes for low-income minority at-risk women. A practitioner or midwife checks women individually during group meetings while a moderator facilitates group discussions about pregnancy, delivery and infant care. CenteringPregnancy has shown positive results among Hispanic migrant women; those who joined CenteringPregnancy were significantly less likely to experience preterm births, were more satisfied with and participated more actively in their prenatal care and their homes were more medically prepared for infants. While more Central American women selected traditional care over CenteringPregnancy, a larger number of Guatemalan women opted to receive group care (Tandon et al., 2012).

Reasons why women selected group care were not noted, however, the CenteringPregnancy program manager believes the attendance is high because Maya women tell others in the community about the program. She mentioned that when the study was conducted the program had a Kanjobal speaking Maya outreach worker trusted by Maya women. The women felt accepted and comfortable, although they tended to participate the least in discussions. It is possible the Maya collectivism[4] of Maya women makes group learning an effective source of birth knowledge. Study director Darius Tandon (personal communication, November 18, 2014) agreed that it could be attributed to collectivism and a combination of women wanting group support, and because they are culturally accustomed to care lasting longer than the brief prenatal individual care in the United States. Few of the Palm Beach County participants interviewed attended elementary school, and none graduated from high school. The visuals and discussion-based learning during group meetings are a more appropriate way of learning as well due to low literacy levels among Maya women.

[4] For additional perspectives on Maya collectivism, see Galban and Simon, 2019.

Since 1992, the Guatemalan-Maya center (GMC) has provided services and programs that identify and assist individuals at risk of poor birth outcomes and inform them about and connect them with available services (Guatemalan-Maya Center). Services are similar to those of HMHB, but geared specifically to the Maya community, including literacy classes, legal assistance and translation and interpretation services, which are particularly useful in medical settings. Many participants used the GMC to better understand prenatal care options and for paperwork assistance and filing for government aid. When consulted in 2014, the GMC did not have an annual report containing specific information on services provided nor the amount of people who utilized them. Executive assistant Jill Skok (personal communication, November 17, 2014) shared that approximately 1,500 people seek various services monthly and that they planned to create a report. The GMC is a well-known resource among the Maya community, every *Migueleña* interviewed was aware of its services.

Barriers to Seeking Maternal Care in Palm Beach County

Migrant women avoid seeking care in host communities and urban settings for numerous reasons. Major barriers to healthcare for migrants include lack of information, cultural and linguistic barriers, fear of fees and bureaucratic processes, and fear of being detained or deported by Immigration and Customs Enforcement (ICE) (Portes et al., 2012). A survey of migrant maternal care studies reveled that miscommunication between migrant women and healthcare providers resulted in less than optimal prenatal care, such as undiagnosed symptoms and poor compliance with treatment (Almeida et al., 2003). In the particular case of maternal care, undocumented women in the United States tend to underutilize services and receive less prenatal and postpartum care since they generally have restricted access to government health services, no private insurance and negative attitudes toward medical practitioners (Sargent and Larchanché, 2011). The notion among migrant women that they are ineligible for or cannot afford care, coupled with fear that it could result in deportation are common misconceptions that deter care early on in pregnancy.

Interviews with *Migueleñas'* revealed that their maternal health-seeking behavior in Palm Beach County is influenced by similar factors as in San Miguel as well as additional reasons that affect migrant women, including lack of information and misinformation about care, fear of deportation, transportation issues, financial constraints and communication challenges due to language and cultural differences. Low levels of clinic attendance relate specifically to lack of information and cultural differences; *Migueleñas* do not view

pregnancy as an ailment and are accustomed to visiting clinics only when feeling ill, a mindset preventing routine prenatal check-ups.

Most women interviewed who became pregnant shortly after arriving to Florida were initially unaware of prenatal care options. HMHB affirmed that anyone meeting income criteria and residing in Palm Beach County can access prenatal services, women exceeding income criteria can access doctors on a sliding fee basis and women cannot be deported for seeking care. Despite this, data indicates that a significant number of women are not utilizing services until the second or third trimester, and some not until delivery. Lack of transportation is also a factor, and though HMHB does not provide transportation, they provide bus passes and have mobile services for clients with extreme difficulties. However, funding is not available to provide transportation to all who require it.

Fear of unfamiliar procedures prevented many from seeking medical care early on during pregnancy. Coleen Supanich (2009) found that women who did not locate a midwife were more likely to seek biomedical care earlier, while those with midwives waited until late in the pregnancy. Many participants who had previously given birth in San Miguel did not attend the Health Center in San Miguel before delivery and those without prior birthing experience were also not accustomed to attending a clinic. To them, giving birth was understood only as taking place at home assisted by a midwife while the clinic environment and procedures were unnecessary. For example, a procedure such as drawing blood seemed intimidating to those from a place where this is not standard.

Interviews with *Migueleñas* and healthcare professionals in both locales revealed that language and communication barriers are major deterrents to seeking care. In Palm Beach County, they recalled incidents when miscommunication led to both staff and patient frustration, including examples of slang and cultural differences even when speaking Spanish, contributing to negative experiences for mothers. Messages of such experiences spread among the *Migueleño* migrant community and may impinge on decisions to seek care. Word of mouth is an effective strategy among Maya migrants because it leads to dissemination of knowledge about maternal care, yet in some cases, it can result in rumors that cause fears preventing women from accessing formal care. Low literacy rates among Maya women who speak Spanish also hinders ability to seek care, as they do not benefit from instructional materials provided and cannot fill out forms without assistance. None of the *Migueleña* migrants interviewed spoke conversational English and the majority did not speak Spanish well enough to understand clinic staff during their pregnancies. Communication and language barriers significantly deterred them from attending the clinic, resulting in uncomfortable experiences.

Immigrant women's access to public prenatal care can often lead to a displacement of prior knowledge, as they are instructed to behave as particular kinds of needy patients, which can undermine protective and helpful behavior that these women practiced prior to entering the new system (Gálvez, 2011). Healthcare professionals may be unfamiliar with the culture, needs and habits of the women seeking medical care. In Lake Worth, Father O'Loughlin (personal interview, December 9, 2013) recalled that the standard used to measure whether women would require Caesarean operations due to at-risk births was not applicable to Maya women, as they had different body types than measured by the scale. As a result, Caesarean operations were performed on women capable of vaginal delivery, and some women were not familiar with the procedure or prepared for the recovery process. Whereas in San Miguel even in the case of emergency it is difficult for women to access hospitals for Caesarean operations. Reverend O'Loughlin's account presents an example of how delivery was medicalized from a generally natural process in San Miguel to an operation presided by height and weight statistics not culturally relevant to *Migueleñas* in Florida.

Employment also deters migrant women from seeking formal care, as their jobs are often not flexible enough to allow for routine checkups. In 1995, Nancy Wellmeier found that Maya women in Indiantown and surrounding cities participated in various types of employment; most commonly landscaping, agriculture, juice processing plants, sewing, importing and selling typical clothing, cooking for boarders and caring for other Maya women's children. Employment varied for *Migueleña* participants in this study, yet most women held physically intensive jobs either handling and preparing flowers or in the agriculture industry, where their health and pregnancies were affected due to pesticides and lack of necessary rest and food intake (Mazar, 2015). Loss of income is problematic for women whose livelihood and that of remittance recipients depends heavily on their hourly wages. For those who are away from their family, the need to work is also attributed to lack of family support. Whereas in San Miguel women rely on family support during pregnancy, especially during the recovery period, without family nearby, migrants cannot afford to stop working.

Migrant women encounter a different set of dangers when pregnant, especially those who continue to work while pregnant, and employment hindered formal care for every participant on some level during at least one of their pregnancies. Routine or necessary clinic checkups may be skipped by *Migueleñas* that hold labor intensive jobs throughout their pregnancy due to discomfort with procedures. Therefore, work is not only a barrier to seeking care, but provides further reasons for which pregnancies ought to be closely monitored. Physically demanding jobs may also result in tragic consequences,

including miscarriage (Mazar, 2015). Although work presents dangers to pregnancies, it also provides women with a social environment in which necessary support and advice may become inaccessible otherwise.

Influence of Social Networks, Support and Information Exchange

Migrant networks are "sets of interpersonal ties that connect migrants, former migrants, and non-migrants to one another through relations of kinship, friendship, and shared community origin" (Palloni et al., 2010, p.1263-1264). As researchers have long recognized, and as this case study confirms, migrant networks are critical to migrant success in the host nation. Networks are also essential to opening migration possibilities via funding, employment and housing. The premise of the network hypothesis of social capital theory is that migrants' relatives have higher odds of migrating on account of access to social capital made possible by prior migration (Massey, 1987; Massey, Goldring, and Durand, 1994; Palloni et al., 2001). Networks increase the likelihood of international migration due to reduced costs necessary for and risks associated with migration, information dissemination and increased expectations of future net returns (Palloni et al., 2001). In addition to financial and housing assistance, social networks serve the important function of providing emotional support and advice on system navigation.

Most *Migueleñas* interviewed had small, established networks comprised of immediate or distant relatives as well as *Migueleño* acquaintances before arriving to Florida. Networks were in Florida and transit cities, particularly important for crossing the border by land given the distance from the entry point to the East Coast. The knowledge and support *Migueleñas* gained at work demonstrates that networks are crucial to accessing information necessary to promote healthy pregnancies and deliveries. Studies show that women's networks alleviate fear and isolation and encouraged other women. Migrant women employed in live-in domestic jobs are at a disadvantage when it comes to social networks and support as they lack interaction with other migrants (Hondagneu-Sotelo, 1994; Hagan, 1998). Study participants were not employed in domestic work and many were able to secure essential support and information from coworkers and contacts at work. For example, two participants were informed about their options and encouraged to attend a clinic during work interactions with coworkers who had delivered in the area.

Experiences and knowledge women share with each other become a major factor in system navigation. HMHB promotes services in numerous ways, and in our 2012 interview, the program director agreed that word of mouth stands as the most common way to spread resource information and advice. Negative experiences can lead to distrust and

fear, and hinder access to care. However, overall, Palm Beach County *Migueleñas* trusted the system and encouraged each other through a network experienced with resources and information. Referrals are a trusted method of discovering care options in an unfamiliar area. Women who have experienced the Palm Beach County maternal care system provide *Migueleñas* with both support and information. One *Migueleña* accompanied a friend to the clinic, she then knew the location and procedures when she became pregnant and now shares this information with others.

Participant experiences reveal that *Migueleñas* learn of midwives from the *Migueleño* community's social networks. Some of the women who gave birth in Palm Beach County visited midwives to receive traditional massages. Only one delivered her firstborn at home with the assistance of a midwife who offered to live at her home and assist with household chores in exchange for delivering her daughter. She told me that her brother met the midwife in Indiantown, and she knew of her in San Miguel, evidencing how social networks function to grant access to contacts that can provide migrants traditionally familiar services.

Migueleña Resilience and Adaptation to Maternal Care in Palm Beach County

Migratory status affects *Migueleña* maternal health, leading them to resort to several strategies in order to give birth and care for their children. Many *Migueleñas*, especially new immigrants, choose to combine familiar cultural practices with the clinic environment due to factors such as language barriers and procedures that seem unnecessary. While most women in San Miguel deliver at home, the majority residing in Palm Beach County deliver in a hospital. There is no data available that speaks to the number of women who seek midwife maternal care in the region instead of or in addition to biomedical care. Interviews in both locales revealed that women who seek varying levels of prenatal care—from occasional visits to health centers and clinics to hospital delivery—elected to integrate this experience with traditional midwife practices.

In San Miguel, midwives are trusted community members; they are often family members, or personally know the women they are treating prior to their pregnancies, contrasting greatly with care from unknown and culturally different providers. Maya midwives take pride in their Guatemalan training and certification. It is difficult for them to understand why they cannot practice in the United States, but their work has shifted from birth assistants to health and nutrition promoters and prenatal experts who give therapeutic traditional massages which are comforting to women who are accustomed to this cultural practice (Burns, 1993, p.347). Midwives are aware it is illegal to perform

services and that there may be consequences if they do.

During interviews with a *Migueleña* midwife in Palm Beach County, I learned that her responsibilities are a spiritual calling that must be fulfilled and not a choice; she stated that while she is registered with the Justice of the Peace and received minimal training from the Health Center in San Miguel, she knew what to do prior as divine power has guided her in over twenty years of deliveries. She understands her services are limited by law as she is not licensed to practice in Florida and is undocumented, so due to fear, she sends women who want to deliver at her home to the hospital. She believes in her duty to heal, so she accepts visits for minor prenatal and postnatal care and other health concerns and continues providing massages and herbal remedies, because unlike providing birth assistance, this would not call attention to her or jeopardize her status. She told me she does not advertise her services; instead, documented and undocumented Central American women access her through referrals from women who have given birth and those who had infertility issues and miscarriages. She felt that undocumented women who visited her felt more comfortable with midwifes than in clinics, demonstrating that women do not necessarily renounce cultural practices they are accustomed after migrating, nor do they blindly accept the practices of the new culture.

Migueleña migrants initially feel more comfortable with *Migueleña* midwives over medical staff since it is customary to be seen by a midwife in San Miguel, as treatments are culturally familiar and serve as the only maternal care most have experienced. Midwives' treatments are trusted and familiar, they offer services for little to no cost, and the fear of deportation is not a factor for pregnant *Migueleña* migrants when seeing a midwife. *Migueleña* midwives rarely assist women in delivery in Palm Beach County, yet they serve an important function beyond treating discomfort during pregnancy; they encourage women to visit prenatal clinics and are able to provide information about additional types of care available.

Family and Network Support and Spirituality as Coping Strategies

Formal and informal support systems are a significant factor in successful adaptation during a relocation process. Abraham P Greeff and Joanita Holtzkamp (2007) found that the primary coping resource was intra-familial assistance such as family, emotional and practical support. Support of extended family and friends was the secondary coping resource, followed by activities related to religious and spiritual beliefs. Affirming communication, which calms by transmitting support and caring, was a significant factor in family resiliency. In our interviews, some Palm Beach County

participants explained that though their immediate family was lacking or they felt lonely upon arrival, they eventually built their own family and the presence of an involved partner gave them emotional and financial comfort. The women with supportive partners also felt that although they missed their family, they received the knowledge, encouragement and assistance that their family or spouse did not provide them in San Miguel.

Religion and involvement with the church are significant factors to migrant resiliency and settlement (Vlach, 1992; Burns, 1993; Hondagneu-Sotelo, 1994; Kohpahl, 1998; Greef and Holtzkamp, 2007). Religion is of great importance to the Maya in Guatemala and abroad. In Palm Beach County, Evangelical and Catholic churches provide supplies and link migrants to resources and information. Aside from assistance provided by religious organizations to Maya migrants and the support networks created among church members; the data reveal that many found comfort in their spirituality during challenging life moments. Almost every participant mentioned or thanked God as a source of strength.

Influence of *Migueleña* Migrant Experiences on *Migueleñas* in San Miguel

Information on the maternal care context in San Miguel built a foundation for a more complete understanding of maternal care choices in Palm Beach County. Additionally, examining the Palm Beach County *Migueleña* maternal care-seeking context is the only way to measure its impact on *Migueleñas* in San Miguel. Both study sites are not mutually exclusive; each is pertinent to understanding the context of and changes in the other. Migrants' experiences cause the set of birth practices in San Miguel to be continually re-assessed and modified in ways that are broadly impacting the experience of pregnancy and childbirth for women. Communication between *Migueleñas* has facilitated a bi-directional flow of maternal care and motherhood knowledge and support. *Migueleñas* who migrate to Palm Beach County share their experiences with their relatives and friends in San Miguel primarily during phone calls and can provide knowledge, financial and emotional support to women in San Miguel. Migration alters *Migueleñas* own health seeking behavior, and those who return to San Miguel also influence the maternal care of women in San Miguel who have not migrated.

Health care providers revealed that *Migueleñas* who return from living in an area with greater access to care are more open to using biomedical services and successfully encourage others to use services available in San Miguel, such as prenatal vitamins and emergency obstetrician care. Health promoters also mentioned that because women who resided abroad are more open-minded, organizations such as Curamericas train them to

become community leaders who promote and advocate maternal care to women who may otherwise be resistant to it. They assist health promoters to break the taboos that prevent residents from talking about subjects that are not commonly discussed. This is especially helpful since they are trusted by some *Migueleñas* over non *Migueleño* health providers. These findings demonstrate that *Migueleña* migrant prenatal experiences and biomedical services in the United States influence *Migueleña* maternal care in both regions.

Conclusion

Interviews with *Migueleñas* in Palm Beach County revealed clear changes in their maternal health seeking behavior over time, including in the number and frequency of hospital births and their gradual awareness of natal care. An additional important discovery is their desire to assist others in learning about maternal care and assistance, resulting in a support network of *Migueleña* women that provides critically important information on the urban socioeconomic dimensions of reproductive health care available to migrant women, including knowledge gained from nonprofit organizations, attending educational prenatal group sessions, visiting clinics, prenatal care and delivering in a hospital setting for the first time. *Migueleña* migrants gain information about maternal care and motherhood from trusted sources within their network. They shared that *Migueleña* and other migrant women encouraged them and helped and in turn, they used the experience and information they gained to help newly arrived migrants. All *Migueleñas* interviewed in Pam Beach County confirmed that they assisted other pregnant women, accompanying them to the check-ups as others had done for them, replicating the support and passing on knowledge.

Increased access to biomedical care, changes in support from family and networks and reduced access to midwives are structural factors contributing to changes in use of maternal services in Palm Beach County. *Migueleña* midwives are extremely limited in the county, those who practice tend to solely provide massages and remedies, thus *Migueleña* women must adapt to a new maternal care system. Unlike in San Miguel, where the option to deliver outside the home is reserved for those with the resources and family support to do so, biomedical services are available to women and encouraged by their support network. This leads *Migueleñas* to accept hospital births as the sole option for delivery in Palm Beach County, but it does not mean they immediately welcome the unfamiliar routine clinic visits and procedures that are part of this well-established process in the United States or that they discontinue their cultural beliefs. Their decisions regarding maternal care generally occur with less influence of relatives, as distance from family

promotes newly established support systems composed mostly of other migrant women who have experienced the birth process in the United States.

The combination of traditional maternal care *Migueleñas* are accustomed to in San Miguel with medical services in Florida and the creation of a women's support network stand out as resilience strategies. A hybrid of hometown and host country practices enables an easier transition to the new care setting and the support network enables women to learn from each other about available services and assistance. Over time, these collective strategies allow *Migueleña* migrants to become comfortable with an initially foreign and intimidating system. They gained confidence despite challenging circumstances experienced in Guatemala and upon migrating to Florida; every participant expressed fear and uncertainty when they first arrived and ultimately, they became confident and now assist others.

Migueleñas become agents of change by virtue of the manner in which they negotiate between their previous knowledge of birth and the new sources present in Palm Beach County. They employ strategies that have resulted in favorable outcomes, overcoming obstacles to improve their maternal experiences and that of others. By creating networks of financial and emotional support and other essential health-based connections, *Migueleña* migrants play a critical role in the evolution of transnational *Migueleña* maternal care in and across both regions. Over time, with the backing of previously established or newly formed networks they display their resilience as they begin to adapt and learn how to navigate the new culture and subsequently affect the culture they departed. This assistance extends beyond borders as the transnational network of support has resulted in positive changes for *Migueleñas* in San Miguel and in Palm Beach County.

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