Suggested Techniques for Inducing Navaho Women to Accept Hospitalization During Childbirth and for Implementing Health Education*

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SOME interesting and valuable suggestions on the implementation of health education and medical procedures among the Navahos have been made by Alexander and Dorothea Leighton.[1] Since I agree with them that a sympathetic approach to this important problem is necessary, I should like to offer a number of additional suggestions based on my investigation of the beliefs and practices of the Navaho Indians pertaining to the reproductive cycle.† This material was gathered from three areas in New Mexico, namely the Ramah, Pinedale, and Chaco Canyon regions. Sixty-six informants, both men and women, furnished the data. The investigation was made with a view to laying the background for a better understanding of Navaho attitudes toward health and particularly toward the problems of childbirth. Hospitals which serve the Navahos, both government and private, have made efforts to inculcate certain health principles into the minds of those whom they contact but the extent to which they have been successful is undetermined. Recent figures estimate that perhaps 25 per cent of the women seek medical assistance during childbirth.

In analyzing the data, a considerable degree of homogeneity of belief was found to exist, with certain deviations of opinion surrounding the central pattern. Definite patterns of thought, however, could be distinguished throughout all the material. For example, Navaho beliefs and practices pertaining to the reproductive cycle are dependent upon mythological and religious sanctions. Pregnancy restrictions and behavior patterns for facilitating delivery are based on the premise that *like produces like*, or that an effect resembles its cause, and various forms of sympathetic magic are indulged in so that nature will be forced into the path which is desired. It was also discovered that there is a strong emotional response in relation to hospitalization and medical aid. Although many informants did not refer to hospitals, others expressed a violent feeling either for or against these institutions and even mentioned individual doctors by name, discussing them with strong feeling.

Because certain Navaho practices are sanctioned by mythology and reinforced

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by ritual, they offer great resistance to change unless such changes can be made to fit the pattern of Navaho logic rather than that used by administrators of educational and medical programs. It is suggested, therefore, that medical workers and health educators accept without adverse comment the pregnancy restrictions and rules of conduct which are traditional with the Navaho. Then, using a pattern of logic which parallels that expressed in Navaho thought, they could present new restrictions and rituals based on modern medical knowledge which would assist the woman to achieve the desired result, namely, the safe and easy delivery of a healthy child.

Specific recommendations, based on these conclusions, have been proposed and will be presented here in conjunction with the native practices which can be used to reinforce or redirect the pattern.

It is of primary importance to gain the support and confidence of influential members in each family group if a program of health education is to be successfully implemented. Group decisions in matters of health are a common practice when a healing ceremonial is involved. There is considerable carry over, it is safe to venture, in decisions regarding hospitalization. There is little doubt that many women would welcome medical advice and assistance during pregnancy and childbirth if they had the support of older members in the family and heard favorable reports from those of their friends who had experienced hospital care.

One " singer " reported, " For a while, after one woman around here had gone to the hospital and come back with the news that they gave her something to put her to sleep and she had no pain with the baby, many women thought it was better to go to the hospital than to stay home." If, as a result of one woman's confidence and satisfaction, " many " women wish to make use of medical assistance, it should be a matter of principle for each woman receiving help to be sent away feeling secure and happy so that her enthusiasm would create support and confidence among her neighbors.

In explaining why women hesitate to make use of medical facilities the statement was made, " Women know what to do at home, and they don't know about hospitals, so they don't go to hospitals." This, according to Dr. Clyde Kluckhohn's analysis of Navaho thought patterns,[2] is a basic reaction closely linked with others by which they win security. Regarding unfamiliar human beings as threats the women withdraw and do nothing when confronted with a new and potentially dangerous situation. Facing such a situation, with which she feels unable to cope, the woman solves her problem by refusing to have anything to do with doctors. The medical staff, by anticipating this reaction, could prepare the way for a more constructive solution of her problem through field clinics, individual conferences, and educational procedures designed to reassure the patient through an explanation of hospital routine.

Even a white patient, entering a hospital for the first time, is confused and apprehensive if the routine has not been explained. How much greater must this apprehension be for a woman who enters an alien world where the language is strange, where nothing fulfils her expectations of how things should be done, and where she is liable to " ghost infection " (as the Navahos term the disease) if she comes in contact with articles previously used by those who have died there.

After orientation and reassurance have been given her, the staff of the hospital, or the visiting field worker, should continue to seek ways of reinforcing the woman's emotional security and peace of mind. The fear and

anxiety of pregnant women in connection with hospitalization could doubtless be reduced by encouraging early admittance, thereby lowering the mortality rate. Reports show that the majority of maternal deaths in the hospital are caused by a retained placenta since the women are so afraid to face an unknown situation that they arrive at the hospital only in time to die there. One young woman remarked, "If a baby doesn't come for two or three days they get scared and go to the hospital." This tendency to seek hospitalization only in an emergency, or if death is imminent, is not unusual. As a result, one hears such bitter reports as that which came from an older woman who had lost two daughters in childbirth at the hospital after each had successfully delivered other children at home. Obviously, in her opinion, there was only one deduction—the white doctors had killed her daughters!

Any effort made by health educators, therefore, to persuade women to seek hospitalization at the proper time would be valuable in that rumors of death due to the fault of the hospital would be minimized, and the fear which serves as an emotional block for some women could thereby be counteracted.

One anxiety, however, which might be exploited in persuading women to accept aid is the extreme fear of contact with the birth discharge. It is linked with the even greater fear of contact with menstrual blood. One man reported, "This blood is not as bad as menstrual blood but it will break the back or the breast." The "breaking" thus referred to is *arthritis deformans* for it is believed that deformation will result from contact with the birth discharge. Other ill-effects were detailed by a young woman as follows: "If a ghost-bird, or a bluebird, or a coyote eats it, the woman won't get well for a long time; she stops having babies; it gives the woman more pain; it kills the mother; the baby won't have any sense; it will cripple animals; and witches will get it." In the face of such formidable dangers which follow the improper disposal of the birth discharge, medical authorities might offer to relieve the woman of this responsibility, assuring her that if she comes to the hospital the nurses would take care of the disposal, thereby avoiding the possibility of exposing any of her family to contact with the blood and the resulting infection.

In dealing with patients during pregnancy, as well as after their admission to the hospital, it is important to phrase medical suggestions in terms of Navaho logic. For example: Navaho methods of keeping the fetus small, to insure an easy delivery, include hard work, exercise, and not sleeping in the daytime, as well as the magical application of certain medicines which work on the *like produces like* formula such as sucking honey from the pentstemon (called hummingbird's food) or eating a hummingbird's egg, shell and all, because this bird is so tiny. If the medical worker suggests other methods such as moderate exercise, the use of vitamins, or an increased calcium intake, he might explain them by using the Navaho phraseology, "It will make the baby strong, even though he remains small, so he will be born easily." It might also be pointed out that exercise keeps a person lean and in good condition, therefore it would, as they say, "keep the baby small."

There are certain parallels between Navaho and white medical practice which might be capitalized on by the hospital staff to expedite the delivery in a manner satisfactory to all concerned. Since the woman is accustomed to the native pattern of male assistants in the *hogan,* the presence of a male physician should be acceptable to her, and the Navaho practice of manipulating the abdominal walls in order to

secure a favorable presentation could be related to any similar manipulation which might be undertaken by the doctor. Both these patterns have mythological sanction, for Washington Matthews notes that abdominal manipulation to secure a favorable presentation was used by the two male gods, Talking God and Water Sprinkler, when they assisted at the delivery of Changing Woman and White Shell Woman.[3]

Native forms of modesty should be respected for a Navaho woman expresses her modesty in a slightly different manner from a white woman. That is, she does not consider exposure of the breasts an immodest act but places great emphasis on being adequately covered from waist to ankle. In their ceremonials women strip to one or two skirts and are very skillful in participating in events, even in the ceremonial bath, without exposing the lower part of the body. It is not strange, therefore, that hospital procedures involving a short bedgown and exposure during nursing care should be disliked. Manual examination should be undertaken with as little exposure as possible. However, since women are accustomed to a "singer" pressing and manipulating the body for ceremonial purposes, the doctor might minimize his problem by relating his examination to some such act with which she is familiar.

If internal version is indicated there is precedent in native practice for this also. Cactus salve is rubbed on the hands to make them slippery and the midwife then reaches into the orifice, using her hands as forceps, to deliver the child. However, one woman said, "It is a bad thing to reach in for the baby. I saw it done and it killed the woman." It should be explained to the patient, therefore, that under sterile conditions such emergency measures involve less danger than she anticipates in the *hogan*.

Navaho medical practices include the application of medicines externally and drinking of draughts during the period of pregnancy as well as at the onset of labor. Thus, any medicine which needs to be administered could be given with the explanation that it will, as the Navahos say, "help bring the baby easier," or "bring the placenta right away," or "stop the pain and clean out the blood." These are the results toward which their native medications are oriented and will, therefore, have meaning for them. No more than the exact amount, however, should be left where the patient has access to it, unless drinking a large quantity will make no difference, for the usual dose of native medicine is prescribed as "drink lots of it, drink one or two cups of that medicine."

If there is need for the use of diathermy, x-ray, or similar treatments these might be related to the healing properties of the sun prominent in Navaho ceremonial lore.

Since women are used to hot applications (made by heating the branches of juniper and packing them around the body) a parallel will be easily grasped, if heat needs to be applied, by using the Navaho cliché, "it will stop the pain."

If lacerations occur it is customary to use lotions, salves, or dusting powders. Steam baths, produced with water and herbs called Life Medicine, are also recommended. If similar treatments, ordered in the hospital, are tactfully introduced, objections might be avoided. Surgery, however, is not a native practice and this would have to be presented as a special technique used by white doctors.

A few days after delivery the woman takes a bath in certain herbs, including those called Life Medicine, to counteract the danger from contact with the birth discharge. It would be easy for a nurse to mention that the daily bath

water contained a kind of Life Medicine possessing purifying qualities, thereby easing the patient's mind.

If a woman does not have sufficient milk to nurse her child she may resort to artificial means of increasing lactation. This follows the familiar pattern of *like causes like* since liquids (particularly soups) are taken internally, and milkweed plants are applied to the breasts. On the basis of Navaho logic, therefore, the staff could introduce milk into the diet or, if desirable, force liquids. Certain other practices which have mythological sanction and therefore deep emotional significance for the parturient might be permitted, or even suggested, by the medical staff. If the doctor, for example, would advise the woman to have a Blessingway ceremonial sung for her, prior to entering the hospital, it would fall into a pattern which is familiar to her and make her feel that there was sympathetic coöperation between the white doctor and the native "singer."

The kneeling position, which the woman by tradition assumes for her delivery, has mythological sanction and is more in keeping with her sense of modesty than the modern obstetrical position. If the hospital could adapt its methods to allow delivery in the native position it might reduce emotional tension and prove valuable psychologically. Perhaps the dragrope, which in the legend was either a rainbow or a sunbeam, could be adapted for the woman's support, and certainly such small rituals as placing pollen ceremonially on the objects to be used, or applying pregnancy charms to her body, could do no harm. Corn pollen, sprinkled on a living horned toad at the moment it is born and then gathered, is always carried by a pregnant woman for use in this emergency. They say, "Take live pollen from the horned toad's babies and when the pains begin the woman takes a pinch and drops it inside her blouse because when the little toads are first dropped they can run away fast. They are strong." Mythologically the horned toad is protected against danger. For a nurse to suggest that the woman make use of such ritual assistance might easily serve to strengthen her feeling of security so that the subsequent ordeal would be eased.

Since the ritual act of *untying* plays an important part in native precautions at birth, if the woman were allowed to unbind her hair and remove her jewelry, and in cases of unusual emotional tension if the nurses would also make some gesture toward untying or unbinding their own persons, this would reinforce her morale.

The Navahos say, "No one should be around who gave any trouble to his mother at birth." Perhaps the hospital assistants could let it be known that they themselves had been born with great dispatch and little trouble. Anything that can be related to the *like causes like* formula would serve to bring reassurance.

That Navaho women find the smell of blood objectionable is evidenced by the fact that they use pungent herbs as an inhalant with the explanation that this will prevent fainting from smelling the blood. This may be partly psychological, related to the fear of contact with the birth discharge, but it would be easy to present the woman with a small bunch of sagebrush or a twig of wet juniper and might help her through a trying time. Familiar odors are known to be powerful stimulants to the emotions and would be gratefully welcomed in an atmosphere of strong, unfamiliar, and doubtless unpleasant odors.

One of the reasons women dislike hospitalization is that the food is unfamiliar and sometimes, to them, unpalatable. The food which the postparturient expects to receive imme-

diately after delivery is a ceremonial food sanctioned by mythology. It is a special type of blue cornmeal mush without the juniper ashes usually added to cornmeal breads. Any woman who has eaten mush ceremonially must eat it following childbirth. Where Navaho women assist in the hospital kitchens it should be possible to serve this specialty and thereby add to the patient's mental and physical comfort.

Since the woman is used to having the new-born baby close to her side it might be advantageous to let the infant remain near its mother in the hospital rather than to exile it to the nursery. This practice is not without precedent in certain modern hospitals where the philosophy of purely objective routine and seclusion for the infant has been replaced by one advocating closer physical contacts.

Molding or pressing the body of the new-born baby is believed to produce strength and beauty. This manipulation is based on mythology, being related to the pressing in the "Girl's Puberty Rite." Women who have had children born in hospitals say that the children did not develop normally due to lack of this ritual. One young mother said, "You press his forehead, and nose, and body to make him beautiful. My oldest girl was born in the hospital and they didn't do that to her, and her nose is little and her forehead sticks out." Certainly it would do no harm to suggest this ritual pressing and would satisfy a need.

Legend tells us, "It is thought the sun fed the infant on pollen, for there was no one to nurse it." This statement gives the sanction for the first food given to the child. Allowing the mother to offer a pinch of corn pollen to her baby would do him no harm and might do the mother considerable good. It might be practical, also, if the mother has enough milk, to allow her to nurse the child whenever it cries. This would follow a familiar native pattern yet would not be out of line with the newest practices in child care.

If the mother remains in the hospital until after the navel of the infant has healed it is important that the cord be given her to take home rather than discarded. The strong emotional tone in which the magical properties of the cord are discussed would indicate that coöperation in its proper ritual disposal would be appreciated.

When the mother and child are discharged from the hospital it is to be hoped that confidence will have been established between the medical advisor and the Navaho patient. Toward that end the preceding recommendations have been offered with the hope that they may point out specific ways of adjusting one culture to another and of lessening the tensions which are inevitable from such contacts.

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