

RESEARCH ARTICLE

“Our Lives as Women”: An Analytical Framework of What Makes Q’eqchi’ Women Sick

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ABSTRACT

The global pattern of women suffering from worse health than men, based on cultural, economic, and biological factors, was found in a small group of Q’eqchi’ women in the Toledo district of Belize. This research follows the health narratives of 20 Q’eqchi’ women to determine what they believe causes their poor health. Through in-depth personal interviews Q’eqchi’ women shared that they suffer from backaches, headaches, pain in their bones, and heavy bleeding. Further, the women also reported ‘thinking too much’ as a factor in their health caused by their reproductive roles. Through thematic analysis and an extensive review of varied literature, this research found that the colonization-rooted Latin gender roles of machismo and marianismo work to sustain Q’eqchi’ women to the domestic sphere. Based on the fact that most Q’eqchi’ women are mothers and wives, these women are stripped of opportunities to obtain education and gain employment, leading to high stress levels and a dependency on their partners for socioeconomic support. Moreover, Q’eqchi’ women’s domestic responsibilities involved arduous physical labour with little rest or help from their male spouses. This labour, combined with the pressures and responsibilities associated with their sex, results in their somatic and psychosomatic expressions of sickness. The research presented in this paper underpins the significance of women’s sex and cultural systems when analyzing global health outcomes. More nuanced considerations of cultural structures, like those mentioned by Q’eqchi’ women, need to be prioritized by policymakers and global health initiatives internationally to better support women’s health.

Keywords: Q’eqchi’, medical anthropology, gender roles, marianismo, machismo, health, culture

INTRODUCTION

An examination of the largest available multi-country population-based survey of self-reported health showed inequality in the health status of men and women. Women consistently having comparatively poorer health than men (Hosseinpoor et al. 2012). Internationally, evidence demonstrates that social and cultural factors such as one’s social status, personal values, income, and biological factors as well as one’s predisposition to illness, all negatively impact women’s health more than men (Hosseinpoor et al. 2012). The concepts of machismo and marianismo are vital to this

research and determine the social expectations of someone depending on their gender identity. These concepts are not unique to the Q’eqchi’ people, as they are dominant cultural concepts shared in Latin American communities. However, these concepts are deeply influenced by the Spanish colonization of the Americas (Hardin 2002). Indeed, the stereotype of machismo is both an interpretation and response to the ideas of gender and social roles of pre-colonization Latin American cultures (Hardin 2002). Machismo emerged from the Spaniards violence against indigenous women, indigenous imperial ritual, and the sublimation

of indigenous male sexuality (Hardin 2002). This paper analyzes the lives and self-reported narratives of Q'eqchi' women in the Toledo district of Belize to better understand their perception of what makes them sick.

The results of this study show that the local level of self-reporting of health outcomes for Q'eqchi' women reflected the global pattern (Hosseinpour et al., 2012), where Q'eqchi' women repeatedly reported experiencing worse health than their male counterparts. I developed a framework to identify factors that influence their perception of inequitable health outcomes based on gender roles based on what the Q'eqchi' women expressed in interviews and an extensive literature review. I rely on the emic perspective of Q'eqchi' women to counterbalance dominant western ideals and attitudes on the health of these women. Through analysis of in-depth personal interviews, and in conjunction with supporting literature, I argue that the most significant cause of Q'eqchi' women's sickness is best understood within the prescribed Latin gender roles of machismo and marianismo, as imposed by European colonizers¹. In doing so, this research aims to broaden knowledge on how the interception of gender and culture affects health.

ETHNOGRAPHIC CONTEXT

Belize is a small Central American country, bordering Mexico to the north, the Caribbean Sea to the east, and Guatemala to the west and south (Murray, 2020). Important to this article is the history of colonization, first by the Spanish and then the British, as Belize only gained independence in the late 20th century. Belize is an ethnically and culturally diverse country, including groups such as the Mestizo, Creole, Maya, Garifuna, and Mennonite (PAHO 2012). The Maya people are equally diverse, as they can be distinguished as Q'eqchi', Mopan, and Yucatec in Belize

(Murray 2020). Many of the Q'eqchi' Mayas migrated to Belize in the latter half of the 20th century due to the civil war in Guatemala from 1960 to 1996 (Kockelman 2010, 7). Despite the recent decline in poverty, the Toledo district remains the poorest district in Belize (PAHO 2012).

Toledo's unemployment rate was 6.8% as of April 2018 (SIB 2018 18), though the rate is higher for woman (11.3%) than men (4%) (SIB 2018 18). The number of men employed in waged labour (8228) in the Toledo District is double the number of women (4748) (SIB 2018, 20). When discussing employment and money within this paper, it should be recognized that the majority Q'eqchi' women interviewed were responsible for the unpaid labour of housekeeping and child-minding, meaning they are not compensated for the work they perform. The significance of paid labour for women in Belize is an essential factor in experiences of sickness, as Q'eqchi' women express in this data.

In addition to these economic relations of gender norms, maternal mortality rates increased from 41.8 to 55.3 deaths per 100,000 live births (PAHO 2012). Contraceptives have been linked to better maternal health outcomes in Belize, but there is a disparity among the districts in access and usage of contraceptives. The highest rate of contraceptive use is in the district of Belize at 47.5%, whereas, in Toledo, the use of contraceptives is only 23.4% (PAHO 2012). Multiple factors could influence this including transportation to clinics, affordability, and the level of autonomy women have in making health-related decisions. This is significant as it illustrates women's inaccessibility to healthcare, specifically Q'eqchi' women, challenging the rights to which they are entitled.

Gendered health issues also include the frequency that women experience domestic

¹ Q'eqchi' women did not use the words marianismo or machismo in their interviews. However, what the women identified as causes of their sicknesses were all related to their gender and the work that is expected of them as outlined in literature pertaining to machismo and marianismo.

violence. Domestic violence cases in Belize increased from 968 in 2006 to 1,477 in 2010 (PAHO 2012). Understanding the ethnographic context of Belize, and especially the Toledo district, is imperative to understanding how Q’eqchi’ women experience sickness. There is limited data available regarding Q’eqchi’ women’s health, possibly due to their remote location. Taken together, this paper shows how poverty, gender inequality, and the dispossession of Q’eqchi’ lands, all continue to impact the culture of Q’eqchi’ people within Belize, which contributes to negatively impacts on Q’eqchi’ women’s health.

Methodology

This paper is predominantly based on James B. Waldram’s² ethnographic, in-depth interviews. The interviews of the Q’eqchi’ women took place in the Toledo district of Belize in 2013. The research was designed to uncover how Q’eqchi’ women understand the Q’eqchi’ medical system and the distinctions between men’s and women’s health. Two types of interviews were conducted: in-depth personal interviews and pile sort interviews³. The in-depth personal interviews enabled researchers to gather key information from demographic information to personal experiences of health and sickness shared by the Q’eqchi’ women. Waldram used various interview types to conduct this research, but only the in-depth personal interviews and a selection of pile sorts will be analyzed in this paper.

This paper utilizes the twenty-one interviews were conducted with 20 different Q’eqchi’ women, one woman being interviewed twice. A female⁴ graduate student asked the questions in English. The translator asked the questions again in Q’eqchi’ and then

translated the participant’s answers back into English for the researcher to understand. A language specialist, an additional researcher who was not part of the community, fully translated the interviews into English while listening to the recording and translated the answers into English. Due to the language barrier, there are some variations and additions in the translation provided and grammatical and syntax adjustments for the excerpts of the interviews provided in this paper.

The interviews provided vital data to this research as the women could share insights into their real-world perspectives and experiences. A latent level of thematic analysis was utilized and required the researcher of this paper to uncover the underlying ideologies and ideas that form the semantic themes the participants explicitly stated (Braun & Clarke 2006). During the coding process, I coded for all health symptoms Q’eqchi’ women discussed, such as ‘backache’ and then grouped all expressions of sickness under the broad theme of “women’s health symptoms.” I applied this analytical framework to the interviews to develop a qualitative analysis of their findings. The thematic analysis enables researchers to examine valuable information on people’s perceptions of their health rather than stating statistics (Braun & Clarke 2014). In conjunction with existing data on women’s health in Belize, thematic analysis contributed to developing an explanatory model for what Q’eqchi’ women understand makes them sick.

To code the data within Braun and Clarke’s latent thematic analysis model, I used NVivo software the University of Saskatchewan provided (released March 2020) (Braun & Clark 2014). There were nine themes identified, varying from women’s health symptoms, cultural understandings of illness, relationship

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³ In-depth personal interviews are a qualitative research method used in social sciences which allow the results of research to be explained by the participants (Maman et al, 2014).

⁴ Previous researchers have been anonymized throughout this paper.

status, and the impact of education, employment, and children on health. Some of the themes were then divided into subcodes, for example, Income impact on Health was divided into three codes; money related to health via the cost of healthcare, food, and as a cause of 'thinking too much.' The most significant theme, Cultural Understandings of Illness, included eight codes.

Finally, I consulted literature on gendered impacts on health, such as domestic labour and intimate partner violence, and literature on gender roles in Q'eqchi' communities, before and after the Spanish conquest. I critically analyzed literature on social, biological, political, and historical academic work as a holistic perspective is central to anthropological research. Therefore, I analyzed a collection of literature on the health and roles of Indigenous women and gender roles within Latin communities for this research. Using anthropological work, government databases, and educational and public health resources as sources, I argue throughout this paper that the enforcement of gender roles is used to sustain the systemic marginalization of women, thus resulting in their poor health.

RESULTS AND DISCUSSION

Q'eqchi' Gender Roles: Machismo and Marianismo

This paper analyzes the impact that gender roles have on the health of Q'eqchi' women. Differences in expectations of behaviour and roles of gender are culturally determined (Pinos et al. 2016, 17). Gender roles are the social guidelines provided to new generations. As such, adolescents are enculturated into the gender role system and grow to impose them on the next generation (Pinos et al. 2016, 17). Gender roles are imperative to understanding

why Q'eqchi' women get sick, as they dictate the type and amount of work expected of men and women, who has control over women's bodily autonomy, and who can make health care decisions. In Western contexts, typical gender roles can be understood in terms of the stereotypical 1950's nuclear family⁵, with a home-making wife (domestic) and breadwinning husband (public). Although gender roles in some Western cultures have changed throughout time, other cultures have maintained more 'traditional'⁶ expectations of men and women, which are examined here.

The gendered division of labour plays a significant role in determining the 'negotiations of power and status between men and women' in Maya society (Re Cruz 1998). Alicia Re Cruz, who studies the gender dynamics of the modes of production in Mayan communities⁷, understands these negotiations as part of women's dependency on men and lack of autonomy that Q'eqchi' women experience. To highlight the gendered division of labour, I outline the tasks expected of Q'eqchi' men, such as earning money for the family, and connect these to the tasks expected of Q'eqchi' women, such as bearing and raising children and doing all domestic labour. This paper connects these tasks to the health of Q'eqchi' women and their expressions of sickness.

"Good Men Grow Corn": Machismo and Expectations of Q'eqchi' Men

The title of this section is from Kristina Baines, a medical anthropologist, who chose this quote to convey the nuances behind how 'good' is conceived in Maya communities. Gender roles lay out prescribed behaviours and attitudes thought to best highlight one's biological sex to maintain the status quo and expectations within a given culture. Machismo refers to the patriarchal structure in Latin America

⁵ Nuclear family referring immediate heteronormative familial relations such as mother, father, son, and daughter.

⁶ 'Traditional' here being defined as more historically synonymous, where women were expected to work from home and the men held jobs, while acknowledging that these 'traditional' roles were highly impacted by the colonialism.

⁷ Mayan communities are diverse and include groups such as the Q'eqchi' people.

whereby men are viewed as having rightful dominance over women (Wands et al. 2020). As a stereotype, machismo encourages men to express hyper-masculinity, such as virility, strength, and hegemony, usually through physical and sexual aggression (Wands et al. 2020). Q’eqchi’ men are thought to be strong and courageous, whereas women are perceived as ‘vulnerable and weak’ (Re Cruz 1998). ‘Good’ Q’eqchi’ men are providers, and it’s their job to grow food and earn money for their families.

The expectation for men to be the providers was captured in an interview with a Q’eqchi’ woman named Maria, who associated money, food, and education with men, not women. Her response gave invaluable insight into her perspective on gender, money, food, and education. Maria’s response translated as such, “She said most men think about money, education and food, because we as the women just wait for that from the men, the men have to get those” (Maria, 2013). Further, when asked who would be impacted more regarding lack of money, one participant explained the stress she feels when her husband refuses to work. Another Q’eqchi’ participant, Rebecca added, “Well we as the women maybe the man works for a week gets his money and doesn’t want to go and look for a job again... it’s we the women (who) sees what we need for the kitchen and for children needs it’s not the men. It might be good for the men he only wants to eat everyday but doesn’t want to work.” (Rebecca, 2013). These excerpts show the connections Q’eqchi’ women make connections between masculine gender roles and the procurement of income for food, education, and the stress they feel when they are unable to earn money for themselves. In the interviews, it was noted by some Q’eqchi women that some Q’eqchi’ husbands prohibit their wives from entering the workforce.

Therefore, there are Q’eqchi’ women who cannot gain independent income and are forced to rely entirely on men for survival which perpetuates power imbalance within marital relationships.

Marianismo and Expectations of Q’eqchi’ Women

If “good men grow corn,” what makes a Q’eqchi woman ‘good’? The answers Q’eqchi’ women gave relate to the implications of *marianismo*. Marianismo, the sister concept of machismo, encourages women in Latin America to express hyper-femininity through selflessness and motherhood (Wands et al. 2020). Two fundamental values dictate expectations of female behaviour; *simpati*⁸ and *familismo*⁹ (Wands et al. 2020). Although some theories state marianismo was a response to machismo, Ehlers argues that abiding by marianismo expectations serves as a female survival tactic as men hold all forms of institutional and social power. Women must act in the way that is expected by men, as the men withhold their right to economic security by mandating that the women subscribe to gender roles that perpetuate their marginalization (Ehlers 1991). Further, marianismo is based on maintaining women in the domestic sphere, making Q’eqchi’ women’s rightful place in the home. Women’s domestic responsibilities include processing and preparing crops for eating and selling, collecting, and processing wild plants, caring for all domestic animals, getting water, washing clothes and dishes, and caring for all children in the house (Baines 2016). Although this labour is vital to the community, it’s undervalued by men as it does not provide any additional income (Ehlers 1991). The expectations can of women can be traced to the colonial period through Ehlers (1991) and Hardin’s (2002) work, as marianismo emerged

⁸ Simpatia is where women should be agreeable and non-confrontational.

⁹ Familismo is where the primary concern of any woman should be the well-being of her family.

through the colonial imposition of machismo. Q'eqchi' women understand their work to be part of their femininity and positions as mothers and wives, despite the health consequences. Many Q'eqchi' women discussed this during their interviews, as Felicity said, “(We get sick) Because we have a lot of work today, especially (with) our children.”

Overview of Gender Roles and Health Implications for Q'eqchi' Women

The impact of machismo and marianismo, as set in place by the history of European colonialism, is felt by women in multiple ways.

Figure 1 shows two categories that influence Q'eqchi' women's health, machismo and marianismo. Under machismo, women expressed four themes believed to make them sick: lack of education, employment, independent income, and autonomy. Additionally, to explain why they get sick, women expressed their inherent weaknesses and inferiority to men in their interviews, as stated by values expressed through machismo.

The next category influencing Q'eqchi' women's health falls under marianismo. There are four themes Q'eqchi' women express as an explanation for their health related to their womanhood: domestic labour, childrearing

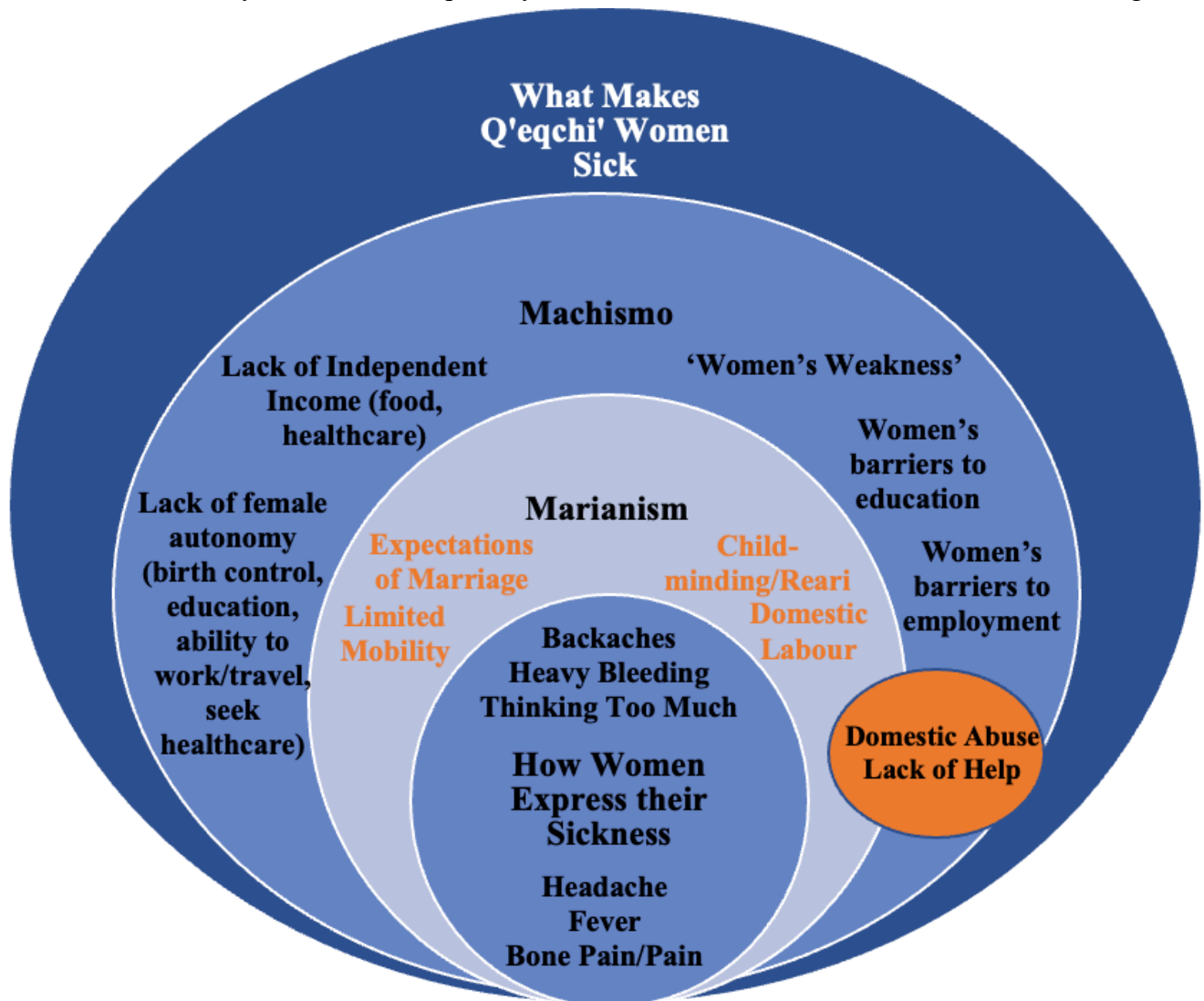


FIGURE 1: Schematic Analysis of how Machismo and Marianism lead to Q'eqchi' Women's Sickness (Created by author).

and minding, limited mobility, and expectations of marriage. The graphic shown in Figure 1 demonstrates that machismo (the overarching patriarchal structure), predetermined the expectations of women, including their domestic responsibilities, which is understood as the main cause of women’s sicknesses. Indeed, their responsibilities directly lead to their expressions of sickness.

In Figure 1, a small circle straddles the intersection of both machismo and marianismo. Domestic unrest, named to cover the various terms to describe discordance in the home, is maintained as a health problem due to both machismo and marianismo. Machismo encourages hyper-masculinity expressed through physical and sexual violence against women. When discussing certain sicknesses, a Q’eqchi’ woman Victoria, elaborated on why they get sick stating “the men like to hurt the women. That is why they could catch sickness so fast... because the women would think like why would the men like to do that?” (Victoria 2013). Correspondingly, marianismo and hyper-femininity, through being submissive and non-confrontational (*simpatia*), restrict actions that Q’eqchi’ women can take to remove themselves from an abusive home (Wands 2020). Included in the circle is ‘lack of help’ as men work outside of the domestic sphere, and women are solely responsible for all domestic labour to keep their family running smoothly¹⁰ (*familismo*) (Wands 2020). This domestic unrest and lack of help impact Q’eqchi’ women’s health due to the interrelationship between the expectations of machismo and marianismo.

There are three levels of analysis to consider when answering what makes Q’eqchi’ women sick. The first is the overarching patriarchal influence of machismo, which ultimately defines women’s lack of socioeconomic movement, where social and gender

norms demand that women work exclusively within the domestic sphere. The second level examines the consequences of the patriarchal structure and Q’eqchi’ women’s restricted socioeconomic movement. Such consequences include the expectation of women to become homemakers, where they are solely responsible for domestic labour, often with domestic unrest occurring in their home, which leads to their sicknesses. The last level is the culmination of levels one and two, how Q’eqchi’ women express their sicknesses through somatic and psychosomatic expressions and idioms of distress, whether their sickness is due to domestic violence, domestic labour, or childrearing. The innermost circle in Figure 1 represents the symptoms felt by Q’eqchi’ women due to both machismo and marianismo. This research explores this theory in-depth using data derived from the interviews of Q’eqchi’ women and supporting literature.

Machismo as a Catalyst for Q’eqchi’ Women’s Health Experiences

To follow the impact of machismo on the health experiences of Q’eqchi’ women, researchers must observe the relationship between education, employment, and independent income, as seen below in Figure 2.

To observe this relationship, Q’eqchi’ women were asked questions regarding education related to their health and their level of education. Alex, for instance, was asked by the female graduate student “Do you think it is easier for males to go to university?” Alex replied, “Yes, because there is no reason for females to go to university. Well, in our culture females going to university and whenever they graduated, they still end up living with a male and married so what is the sense or reason in going to university without getting a job?” (Alex 2013). In this excerpt, Alex identified

¹⁰ Insight into whether Q’eqchi’ women work collectively or independently to complete their domestic labour is outside the scope of the paper, due to the focus of the original research this paper is based on. However, it would be a fruitful area of feminist research in the future.

the systemic conditions that allow for men to receive an education over women and the connection between education and employment.

Q'eqchi' women are well-aware that education is needed for employment; however, Q'eqchi society believes that even with an education, a Q'eqchi' woman is not destined to work outside the home. Therefore, it's perceived by many Q'eqchi' women that maternal and spousal duties are inevitably prioritized over formal education which is a privilege reserved for boys.

Education being 'wasteful' and 'too expensive' for women was repeated in Yanira Oliveras-Ortiz's research on education in Maya communities. According to Oliveras-Ortiz, education is perceived as unnecessary for their subsistence-farming community (Oliveras-Ortiz et al. 2020). In this study Mrs. Po, a principal at a Mayan school, repeats the cultural preference for men to attain education, as it's believed that girls should stay home to look after younger siblings or start their own families (Oliveras-Ortiz et al. 2020, p. 47). According to Margorie (one of the Q'eqchi' women interviewed), teenage girls are taken out of school when they become pregnant, although the fathers can continue to study (Margorie 2013).

Education, income, and occupation are all critical factors in determining access to control over power and resources (Hosseinpoor et al. 2012). Studies on social determinants of health reinforce the fact that education, occupation, and income measure an individual's socioeconomic resources and social position all effect an individual's health (Braveman et al. 2014). Social determinants of health are further complicated for Q'eqchi' woman as not all Q'eqchi' women receive formal education, and most do not have an occupation that provides an income. Therefore, their socioeconomic resources and social position is at a low level resulting in negative health outcomes.

The expectation of women working in the domestic sphere and the preference for men to get educated creates a systemic barrier for Q'eqchi' women to have the qualifications to gain employment and socioeconomic mobility. The lack of independent income adds undue stress to Q'eqchi' women's lives because if their husband does not work, there is no way to support the family financially. When a Q'eqchi' woman named Daisy was asked why a lack of money might impact a woman more than a man she responded, "The woman, because maybe she is married, she doesn't have money and her husband doesn't want to work and the children would want stuff and you can't give them, and the mother start to worry." (Daisy 2013). Daisy recognized that Q'eqchi' women cannot earn money, and if the husband does not work, the mother feels the stress of providing for the family without the socioeconomic means or social position to do so.

Multiple women expressed that money is a significant barrier to good health, as transportation to and the procurement of healthcare is often too expensive for the women. Rose, a Q'eqchi' woman, responded to how money impacts health by saying, "Yes it's difficult, you might let a family member die because there is no money to help the sick person. If you have money then you can go to Belize City or Guatemala, just to try." (Rose 2013). Q'eqchi' women rarely make independent income due to the men maintaining dominance over women in economic and educational institutions, which controls not only female independence, but consequently decides if a woman gets to live or die (Ehlers 1991).

Marianismo as an Explanation for Q'eqchi' Women's Sickness

Q'eqchi' women's restriction to the to the domestic sphere negatively impacts their health, as set in place by machismo and its impact on women's education and employment (Figure 2). Q'eqchi' women had two primary

responses to what made them sick: domestic labour (including childminding and rearing), and domestic unrest. From the perspective of Q’eqchi’ women, domestic labour and children impact their health as expressed in an interview with Delphina, who claimed “(Women) don’t have a rest; they don’t rest their body. Especially when you have a lot of children, you don’t have rest for a minute.” (Delphina 2013). Q’eqchi’ women mentioned domestic unrest multiple times when discussing their health and pain. For example, when asked why so many Q’eqchi’ women experience back pain, the interpreter translated one response- “With gender abuse, most of the time, men hurt the women and that causes back pain.” Keeping the accounts of the Q’eqchi’ women at the forefront of this research, I elaborate on how domestic labour and domestic abuse are central to making Q’eqchi’ women sick.

Children have also impacted Q’eqchi’ women’s health decisions, as Rose, a Q’eqchi’ woman with eight children, described in her interview. Rose decided against having surgery that a biomedical doctor suggested. When asked why, Rose said “I didn’t want to get cut¹¹ because I have a lot of children to take care of and they want to eat and I have to wash clothes, and how will I take care of them (if) I get cut? That’s what I thought of, so I went to the bush doctor.” (Rose 2013). As a result of being solely responsible for all domestic tasks, Rose had to make health decisions that allowed her to continue to fulfil her role as a woman as

dictated by marianismo. In addition to children’s impact on healthcare decisions, many women reported needing their husbands for permission to seek health care and birth control, providing an example of the lack of autonomy Q’eqchi’ women have over their health and bodies.

Diane expresses another example of how domestic labour influences the health of Q’eqchi’ women, stating that women are not healthy like men. When asked why, her answer was informative; “The women they do work for the children, and they do hard work to take care of the children and to do the house clean-

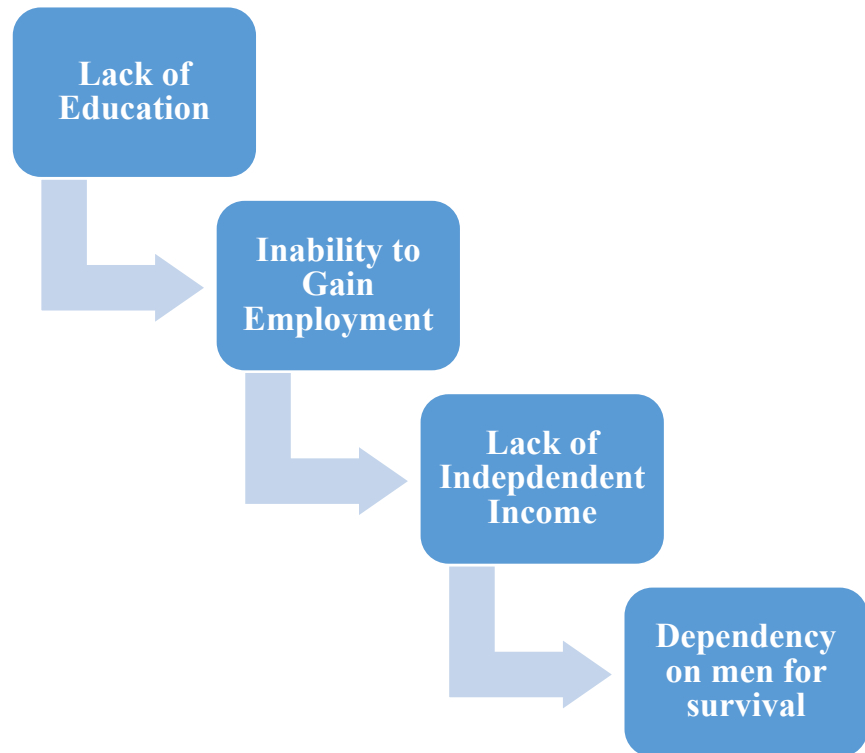


FIGURE 2 - Relationship among Education, Employment, Independent Income and Women’s Dependence (Created by author).

ing they do hard work. And then the backbone might hurt and anything like fever, it is easy to get it because she is working, working, more than the male.” (Diane 2013). When the hard labour women do is compounded with the lack of rest and help, women often begin to feel sick.

¹¹ “Get cut” refers to undergoing surgery.

Globally, Indigenous women like Q'eqchi' women in Central America, experience adverse health effects based on the domestic labour they perform in their respective regions (Waters et al. 2018). This is partly explained by the double burden of the expectation for women to perform both productive and reproductive roles (Waters et al. 2018). Q'eqchi' people believe that blood loss during pregnancy, labour, and menstruation results in weakness for women. The weakness associated with blood loss further cements both Q'eqchi' men and women's beliefs that women are inherently weaker due to the bleeding associated with the reproductive roles they are expected to perform (Berry 2006). Significantly, this belief supports the continuance of the patriarchal society, which negatively impacts Q'eqchi' women's health.

Worldwide, women provide 43% of the agricultural labour and between 85% to 90% of the food preparation and child-care required to sustain human life (Waters et al. 2018, p.221). This demonstrates that women's labour is vital to the well-being of rural small-scale agricultural households, making women vulnerable to serious health effects (Waters et al. 2018, p. 224). Many men work 'temporary and cyclical' off-farm wage jobs, which barely reduces women's stress (Waters et al., 2018, p. 221). The adverse health effects due to women's tasks are supported in Diaz et al. (2005) research on the symptoms of Indoor Air Pollution (IAP). This research demonstrates that burning wood, animal, or crop waste is a global health concern, impacting mainly women as they cook in poorly ventilated indoor spaces. The burning of biofuel leads to IAP, which is linked to experiencing headaches and backaches (Diaz et al. 2005). Ergo, the lived experience and accounts of how domestic labour and childminding/rearing

impact Q'eqchi' women's health is substantiated throughout various research.

The second theme identified as a cause of Q'eqchi' women's sickness was domestic unrest, that is associated with machismo, marianismo, and Q'eqchi' women's lack of mobility. Domestic unrest is complicated by Q'eqchi' women's lack of mobility, as expressed by Alex, "When I have domestic family problems and I wonder what it would be like to have a job and not have children, rather than having this man stress me out with these problems." (Alex 2013). Most Q'eqchi' women do not complete their education or work outside the domestic sphere, significantly hindering their independent income and ability to leave an unhappy marriage. Moreover, Q'eqchi' women's desire to leave may be undermined by the values of *simpatia* and *familismo*, which places family harmony over the woman's needs and/or desires.

Domestic unrest can be attributed to machismo, specifically male aggression. Veronica, a Q'eqchi' woman, explains "Because the men like to hurt the women. That is why they (the women) could catch the sickness so fast." However, domestic unrest is exacerbated by the expectations of female behaviour within marianismo. Maya women are especially susceptible to intimate partner violence due to their intersectional position between race, gender, and poverty (Wands 2020). Poverty has been linked to higher rates of intimate partner violence through higher levels of stress and conflict, financial dependency, and drug and alcohol abuse, which was noted by Q'eqchi' women (Wands 2020). Q'eqchi' women are taught to be non-confrontational to maintain the values of *simpatia* and *familismo*, though two additional factors present in many Latin communities, restrict women's ability to leave abusive situations: *sayra*¹² and *ximena*¹³ (Wands 2020). Although

¹² The blame a woman places on herself (Wands, 2020)

¹³ Ximena refers to women's concern regarding their children, specifically how they will provide for them financially (Wands 2020)

these are not Q’eqchi’ Maya terms, the sentiments expressed by Q’eqchi’ women mirror the definitions of these terms. Rose’s interview demonstrates sayra. “Okay, to me, it’s only with food,” Rose says, “When a woman cannot do her work or chores at home and the husband reach (home) and the home is not clean, she could be abused.” (Wands 2020). Rose explains that abuse towards women occurs when women fail to perform their gender roles effectively. In Wands’s research on Guatemalan women who experience intimate partner violence, one of her participants explains ximena, “The woman thinks, “I cannot leave him, because then how will I feed my children?” (Wands 2020). This statement is vital to understanding the complexity of Q’eqchi’ women’s experiences of abuse. Ximena, sayra, simpatia, and familismo all work together to make leaving an abusive home a transgression of their femininity and their skills as mothers.

Marianismo imposes the expectation of women to be reliant, submissive, self-sacrificing, and endure violence and adultery to preserve their value to men (Pinos et al. 2016, p. 18). Research on marianismo and its impact on intimate partner violence shows that it leads to poor health outcomes for Latina women both indirectly and directly (Da Silva et al. 2021). Domestic unrest and abuse lie in the intersection of male and female gender roles, as men’s aggression encourages violence, and the expectations of women restrict their capacity to leave and support their children.

How Q’eqchi’ Women Express Sickness

Q’eqchi’ women experience poor health due to their position in a patriarchal society that values machismo and male dominance. In this system, women work in the unpaid domestic sphere, where they are responsible for all household chores, such as getting water from the well, handling small farm animals, and minding the children. Domestic labour is hard physical work that can result in serious health

effects, like exposure to IAP (Indoor Air Pollution), especially when compounded by their roles as mothers (Waters et al. 2018; Diaz et al. 2005).

Q’eqchi’ women report six significant symptoms of poor health: backaches, fever, pains/pains in the bones, menstrual bleeding, headaches, and thinking too much. Diaz’s (2005) and Water’s (2018) studies explain these symptoms through the gendered division of labour, the impact of biofuel burning and the exacerbation of poor health due to their responsibilities. When asked why it was more common for women to get back pain than men, Elise, who has five children, responded, “You see how many kids we have, we are the ones that feels the pain for them during birth and that’s what cause us to get severe back pain and with the work we do at home.” Moreover, women reported a lack of rest when asked if there were sicknesses that primarily women get. For example, Daisy asserts, “Actually, backache, headache and fever sometimes, when she works very hard, and she don’t get rest.” The way women feel and express their sickness is crucial for understanding the impact of gender roles on women’s health.

Cultural understandings of sickness provide insight into how Q’eqchi’ women express and understand sickness, notably through idioms of distress. The primary example of this is “thinking too much.” This idiom of distress is of particular interest because although it’s caused by social issues, the women report feeling “thinking too much” somatically. Therefore, “thinking too much” is both a psychological and somatic sickness.

Q’eqchi’ women cited thinking too much multiple times and identified diverse causes. One was the women’s lack of money and the stress they felt surrounding supporting their family. Daisy shared her explanation for why women feel the pain of thinking too much more than men, explaining, “Because the women do everything, the kids want to buy this, they want to buy that, and they don’t have any

money and she have to think why is my life like this? Why is this my life?" Here, Daisy is questioning the position she holds in life, for if she were allowed to continue education, if she had not been expected to marry and have children, she realizes she could have a vastly differently life. At the root of most health concerns for these women lies the expectation of fulfilling their reproductive roles. If an individual seeks to improve the health of these women, one must trace these women's experiences of poor health back to the roots. Opportunities for independent income, skill-building, and an implementation of shared child-minding system may benefit the health of these women greatly.

Another significant cause for thinking too much was domestic unrest. Margorie shared her understanding of how women get sick from thinking too much, "Especially with problems, fighting, quarrelling, whenever you hear about those things you'll begin to think, and it can cause you to get sick. And when someone is drunk and when he gets home, he starts to quarrel and fight." Mary clarified that women experience "thinking too much" because of domestic abuse as well stating, "That is so because women tend to worry more about what happens, whether it's due to abuse by the spouse or anything that hurts feelings. Women suffer more than men because men do not worry about what happens to them." Thinking too much is not often used in international contexts; however, literature on this suggests a form of anxiety or depressive disorder (Baines et al. 2015). Q'eqchi' women who work in the domestic sphere experience "thinking too much" as an illness, but also experiences random pains, anxiety, and depression. As there are treatments available for these illnesses, and the cause of them are well-understood. Q'eqchi' women deserve the same supportive health initiatives that women who

experience poor mental health receive around the globe.

Women, specifically Q'eqchi' women and other Indigenous women, use idioms to portray an embodied expression of distress (Yarris 2011). Idioms of distress are a way to express suffering among those who share 'ethnopsychologies'¹⁴ (Baines et al. 2015). Idioms of distress are 'somatic forms of suffering' that are moral experiences, meaning that they're somatic complaints with social causes (Yarris 2011). In international contexts, thinking too much may be described as worry, stress, anxiety, sadness, or PTSD (Baines et al. 2015).

Q'eqchi' women express sickness through somatic explanations of their stress due to domestic labour and the precarious positions they find themselves in due to domestic unrest. Backaches, fevers, pains in the bones, headaches, bleeding and thinking too much all occur due to the overarching cultural structures that impose gender roles and tasks onto these women. As seen in Figure 1, the barriers to socioeconomic mobility due to machismo mandate that women perform unpaid domestic labour, which is compounded by their responsibilities that marianismo dictates. Combined, both gender roles impact the experience of health and sicknesses felt by Q'eqchi' women.

CONCLUSION

This research expanded upon the in-depth personal interviews of twenty Q'eqchi' women and utilized literature on domestic unrest, domestic labour, and gender roles to support the women's statements. The framework presented in this paper shows the ways that Q'eqchi' women's health experiences are dictated mainly by the gender roles and daily tasks imposed through the patriarchal values of machismo and marianismo. What makes Q'eqchi' women sick, according to Q'eqchi'

¹⁴ In this context, "ethnopsychologies" refer to a shared psychology of a group of people.

women, are the responsibilities and expectations for them as women in patriarchal Q’eqchi’ society.

As imposed by the Spanish and British, machismo dictates that men are dominant over women, barring the women from education and employment. Machismo then determines what is expected of Q’eqchi’ women, defined by marianismo. Marianismo includes values expected of women: sayra, simpatia, familismo, and ximena. These expectations guide women’s behaviour in terms of their daily activities, priorities, and, ultimately, their health care decision-making. Since women are not given the same opportunities as men, they are bound to and solely responsible for all domestic responsibilities, thereby excluding them from generating income for the family. Multiple women noted the lack of rest, child-minding/rearing, and hard work they do as the cause of their backaches, fevers, sore bones, and general sickness. Further, domestic unrest was shared by Q’eqchi’ women as another reason for their poor health and the cause of the ever so common “thinking too much.” Figure 1 demonstrates that what makes Q’eqchi’ women sick is ultimately the consequence of machismo and marianismo, whereby the overarching patriarchal structure of Q’eqchi’ culture, enforced by the colonial practice of Europeans, directly impacts women’s health symptoms because of rigid gender roles.

The history of the Maya people and the economic and social conditions in Belize are two essential factors when examining the cultural explanations for Q’eqchi’ women’s sicknesses. First, to understand why Q’eqchi’ women experience worse health, one must look at the colonial impacts on gender and gender roles for the Q’eqchi Maya. Researchers must approach these topics with the recognition of the far-reaching impacts of colonialism. Second, the availability to gain access to health care services are not straightforward and are heavily influenced by a myriad of internal and external factors. As

stated previously, contraceptive use for women in the Toledo district is over 20% lower than in more wealthy regions in Belize. Accessibility to good health for Q’eqchi’ women is hindered and exacerbated by their gender; whether it’s a treatment for diabetes or receiving birth control, gender roles shape health outcomes and sickness experiences for Q’eqchi’ women and men.

Developing this framework to expand upon patriarchal structures and gender roles underpins how gender is a crucial factor when discussing health and sickness and increases the comprehension of the role of cultural systems on health. I recognize that both men and women contribute to Q’eqchi’ notions of health, including negative health impacts, therefore, I urge policy makers to use this research to formulate health initiatives that are meaningful to communities. One way to do this is to work with the community directly by inviting Q’eqchi’ women to co-create health policies that are safe, practical, and effective. Further, to better the health of Q’eqchi’ women, it must be acknowledged that these women lack the autonomy and socioeconomic position to consistently make health care decisions for themselves without consulting their husbands or considering their children. Although this research is anchored within the context of Q’eqchi’ women in the Toledo district of Belize, this research can be a steppingstone for future research to advocate and elevate the voices of women who are often left unheard and to aid in improving the health of others.

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