Abstract

Chelsea E. Cullen. HOW WOMEN IN THE ANDEAN HIGHLANDS OF PERU USE RELIGION TO MAKE HEALTHCARE DECISIONS. (Under the direction of Dr. David Griffith) Department of Anthropology, July 2019.

Religious syncretism is common in Andean highlands. Andean highland women and key informants were interviewed to study the influence Christianity has exerted on women's choice of medical care, i.e. modern medicine vs. traditional medicine. The data were collected during a summer study abroad program in the Callejón de Huaylas of Peru. The overall goal of the project has been to understand the influence that Spanish colonization and Christianity has had on how local women make healthcare decisions. Andean women are marginalized in Andean society and must manage the combined stresses of the household and intensive agricultural practices.

# HOW WOMEN IN THE ANDEAN HIGHLANDS OF PERU USE RELIGION TO MAKE HEALTHCARE DECISIONS

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Chelsea E. Cullen

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By

CHELSEA CULLEN

APPROVED BY:

DIRECTOR OF THESIS:_____
(David Griffith, PhD)

COMMITTEE MEMBER:_____
(Robert Bunger, PhD)

COMMITTEE MEMBER:_____
(Blakely Brooks, PhD)

COMMITTEE MEMBER:_____
(Susan Pearce, PhD)

CHAIR OF THE DEPARTMENT OF ANTHROPOLOGY: _____
(Randolph Daniel, PhD)

DEAN OF THE GRADUATE SCHOOL:_____
(Paul J. Gemperline, PhD

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# CHAPTER 1: Introduction

While many studies focus on the effects of western biomedicine on an indigenous environment, few include perspectives that women bring to this process. Even more infrequently studied is the role that religion plays when making these decisions, or whether religion plays a role at all. The gender role of women in Latin American cultures is subjected to the influence of a "machismo" or "hyper-masculine" attitude that men embody, diminishing the perceived contributions of women to society.

The project reported here involved the collection and analysis of data from women informants in Huaraz, Peru. The purpose of this study was to: (1) identify the methods of preferred healthcare of Andean women in the Callejón de Huaylas of Peru and to see the order of care they preform or obtain; (2) understand why informants would choose one method of healing over another; (3) determine the religiosity of informants and which religion they follow; (4) evaluate the cultural domains of the words "cross" and "healing"; (5) identify what makes women calm and what makes them worried, and whether they turn to religion or healthcare for comfort; and (6) compare the findings of this to current research and use content analysis to understand the data.

## Ethnographic Background

This research took place during a six-week period in the Callejón de Huaylas valley in Peru, focusing on the town of Huaraz, the capital of the Ancash region. Huaraz is situated around 10,000 feet above sea level in a valley between the *Cordillera Blanca* and the *Cordillera Negra* Mountain Ranges. The tallest peak in Peru, Huascaran, can be seen easily from the valley.

Huaraz is a hub of agriculture, growing crops including wheat, maize, and potatoes. In addition to farming, this area of Peru has a several active mining communities, including mining for cooper, silver, cinnabar, and coal (Britannica Academic).

To get to this location from the United States one must fly into Lima then take an eight-hour bus ride across the diverse landscape of Peru, circling around mountains until finally reaching the destination of Huaraz. The areas around Huaraz are filled with small rural farming communities who mainly speak Spanish and Quechua. These farms are typically family owned and have a strict division of labor. Men typically partake in the more rigorous physical activities such as plowing and women tend to do more harvesting and planting, due to the believed connection between women and fertility. The sexual division of labor in the Callejón de Huaylas permeates the entire society. Men and women deem their social worth from their ability to perform these divided tasks. The men fulfill the role of the provider, providing clothing, food, money, protection, etc. The role of women is associated with being a good mother and wife. The women also manage monetary funding, take care of the children, and raise the animals (Brooks, 2014). The farm work along with other necessary household work can be completed either by the family or through reciprocal labor exchanges with surrounding neighbors and friends due to the importance of reciprocity in the culture of the Highlands. Reciprocity provides security against crop failure, establishes social bonds, and assists with the management of the task of farming.

Historically, Huaraz was first inhabited by pre-Incan groups such as the Recuay and Wari; however, the area was dominated by the Incas between 1463 and 1471, who incorporated the valley into their empire. The Incas ruled the area until the arrival of the Spanish, headed by Hernando Pizzaro in 1533. Originally Huaraz, under Spanish rule, was the center of tax collection, headed by Sebastian de Torres, who worked under Pizzaro (The Spanish Conquest,

2019). Not only was this area used as the hub for tax collection, but it was mined for its material wealth. Multiple metal ores were found in the area such as silver, lead, tin, etc. and the Spanish employed many of the local populations to mine these areas by the 1570s (The Spanish Conquest, 2019).

Through its history Huaraz has experienced environmental hardships. In 1941 a great deal of the town was buried by an avalanche (Oliver-Smith,1986). More recently in 1970 an avalanche caused by an earthquake decimated the nearby town of Yungay killing around 10,000 people in its path. Many of the individuals remain buried under debris to this day. Many locals surrounding Huaraz still remember this event and prefer informal structures instead of permanent ones in market places so that people have an escape route in case such a tragedy were to repeat.

Day to day life in Peru is "*tranquilo*" or calm. Many people are incredibly nice and friendly. It was easy to make friends with the locals. In my fieldnotes I have written "These people are the nicest people in the world, they are my family, I love them".

**Western Biomedicine vs. Traditional Medicine**

Although the introduction of western biomedicine into different cultures has proved beneficial for certain areas such as protection against disease, increase in life expectancy, etc., there are many areas that it negatively impacts. When western ideas are brought into existing cultures, there is often an ethnocentric attitude that accompanies it. These moves to modernize medicine are not simply to denigrate those who are indigenous to the land but normally accompany a total push towards modernization. Although one from a developed country would assume this would solve many problems for the indigenous "integrative health projects may also have unintended negative effects on traditional healing systems" (Deane 2018:214). Western

biomedicine has an extremely scientific focus which can alienate many cultural syndromes and weaken social identity. For hundreds of years, more modernized powers have sought to control or save the less fortunate by imposing their beliefs and practices on them. This idea that western biomedicine was the superior form of healing had a stronghold on the thoughts of society until around the 1960's and 1970's and in some ways prevails today.

With the introductions of western biomedicine, many thought it would terminate traditional healing all together; however, it turns out that traditional medicine is still thriving. Healthcare practitioners changed their tactics to incorporate indigenous views and practices, hoping this would eventually cause their disappearance. This new tactic would prove unsuccessful for a multitude of reasons. Any medical practice is a product of its cultural context t, meaning that it contains thoughts and ideas associated with that culture. For example, in western biomedical practice there is often an assumption of separation between the body and mind, even more so the body itself is divided into different specialties. Western medicine uses specialists for different parts of the body such as a gynecologist working on women's health, a dermatologist working on skin. This practice of division of the body is something which is commonly absent in traditional healing. For some biomedical practitioners the concept of culture is something that is foreign and not related to their field, which can cause them to be insensitive of other cultures. As a result, many go into this process, which is supposed to create syncretism between the two and ends up putting traditional medicine into a subordinate position, pushing the practitioners and their practices into the shadows. This subordination can lead to the loss of cultural identity and can render local medical systems inappropriate or resulting in marginalizing and pushing them into the shadows.

Recently medical practitioners have taken a new approach to this conflict by creating a pluralistic approach to medicine rather than a syncretistic one (Gold and Clapp 2004). This model argues that persons seeking health care rely on a variety of medical systems, including indigenous medicine and lay knowledge, regardless of the presumed authority of western biomedicine. This appears to be the model that is currently in use in Peru today.

With the current system in place it still seems that when given the opportunity to choose, many locals in Peru will choose traditional over western medicine (Gold and Clapp 2004). In 2004, Catherine Leah Gold and Roger Alex Clapp, investigated villager healthcare decisions. Participant observation and semi-structured interviews were conducted using 53 individuals, some of whom were healthcare administrators. The researchers found that villagers will often choose medicinal plants over pharmaceutical drugs. Gold and Clapp argue that this decision reflects not only the scope of medicine but extends to all Andean cultural identity. They discuss how this obvious prioritization demonstrates the revitalization of Andean identity, rejection of modernity, and the desire to break from the powers of the west. Around one forth, of the informants reported that they would use herbal remedies as their first resort; however, if this proved unsuccessful, they would seek help from western medicine (Gold and Clapp 2004). These studies demonstrate the work that has been conducted in relation to health care decision and modernization. However, within the literature, there is a definite lack of inclusion of women informants and the reasons they make medical treatment choices

An example of this case in another study was conducted by Susannah Deane on Tibetan Medicine, Buddhism and Psychiatry came to a similar conclusion. This study was conducted in Darjeeling, India during 2011 and 2012, mainly through the use of four main case studies. When these Tibetans sought treatment, specifically for mental health they were “often integrating a

number of different worldviews and their attendant classification and treatment systems, consulting multiple specialists (both religious and medical) and incorporating several different treatment methods" (Deane 2018: 211). She found through her studies that the local people of Darjeeling would also consult local plants, and if those deemed unsuccessful, they would turn to biomedical treatments. (Deane)

**Religion**

According to colonial accounts, the Inca worshipped a vast myriad of deities, ranging from natural features like the sun or earth to the bodily remains of their ancestors (Glass-Coffin 1998). Both the men and women who oversaw the care and worship of these deities had a power called *huaca* and would present offerings to the gods (Glass-Coffin 1998). Once the Spanish arrived in 1533, the area was subsequently conquered again by this new group of explorers, and the locals encountered the first "push" toward westernization, both technologically and religiously. Catholic priests adopted the language of Quechua, the language of the Inca, in efforts to aid communication and conversion (Ferreira and Dargent-Chamot 2003). Despite the influences of the Spanish, the highlanders were able to maintain their ancestral customs through the incorporation of Christian deities into their own religion (Ferreira and Dargent-Chamot 2003). This religious syncretism not only permeated religion but influenced the overall lifestyle of the Andean people (Ferreira and Dargent-Chamot 2003). One Shaman in Peru demonstrated the infusion of Catholicism and indigenous religion by stating that God is the Sun, Mary is *Pachamama* (the earth) and Jesus is the moon (Marcos 2010). Although this process appears to be a smooth transition, the domination and influence of the Spanish created resistance from highlanders (conscious or unconscious) that continues today. There is an example in the

literature where men create videos mocking Catholic mass, however when confronted many locals denied resentment and claimed this was simply for humor (Marcos 2010). Although Peru has laws protecting religious freedom, these laws are often overlooked, and cultural pressures prevail (Ferreira and Dargent-Chamot 2003). The leading Christian religious tradition is Catholicism but there is also a more recent influx of Protestantism.

*Curanderos*, or medicine men, represent a hybridization of religion and health care in Peru and other parts of Latin America. The term *curandero* comes from the Spanish verb *curar*, which means to cure. As in Inca culture, the *curanderos* view the physical and spiritual body as one entity. The appearance of the *curandero*, a product of the Spanish Conquest, appears in the 16th century. Through their rituals and magical practices, these folk healers solve many health problems. These healers believe that their gift or "*el don*" is a God-given blessing, which provides them with a sight through which they can view the causes of illnesses, along with the cures (Joralemon and Sharon 1993) There have been reports of women *curanderas*, however they are severely outnumbered by men, and have little discussion in the literature. When completing my research, the *curandero* Don Poncho had a woman apprentice, so this may signify greater participation of women as healers.

## CHAPTER TWO: Sample and Methodology

The purpose of this study was to (1) identify the methods of preferred healthcare in Andean women in The Callejón de Huaylas of Peru and see the order of care they preform or obtain; (2) to understand why informants would choose one method of healing over another (3) determine the religiosity of informants and which religion they follow; (4) evaluate the cultural domains of the words "cross" and "healing"; (5) identify what makes women calm and what makes them worried, and if they turn to religion or healthcare for comfort and; (6) to compare the findings of this to current research and use content analysis to understand the data. Convenience and snowball sampling were used to conduct semi-structured interviews of women participants. After the data collection process was completed, the data was analyzed quantitatively to determine group demographic information and qualitatively to expose any underlying themes or exploratory models.

**Research Hypothesis:**

Reviewing the literature, I hypothesize that my informants would initially seek out natural medicine before turning to western biomedicine. In addition, I hypothesize that the more religious my informants were, the more likely they were to seek out western biomedicine, demonstrating the connection of modern religion to modern healthcare.

**Development of the Interview Schedules**

Two-part interviews were conducted with each of the participants. The interviews were then recorded, transcribed and translated. These transcriptions are located in Appendix A.

The first part of the interview was designed to cover basic demographic questions. The age of the informant was gathered in order to examine if any generational differences existed between the female participants. Marital status was used to determine the sort of family relations they currently were in. The participants were asked if they had any children to determine if they were mothers. If the participants had children, a follow-up question was asked to determine how many children they had and the ages of their children. I wanted to determine if having a child or an increase in the number of children would demonstrate any impact on their religion or medical preferences. The next question concerned their education level. This was one of the most important questions in the demographic section since I wanted to see if there was a relationship between education, healthcare choices, and religion. The last question, which is equally important, was how often they attended church. The Duke University Religion Index, which has been used to test religiosity by asking specific questions related to church attendance and belief, is what I modeled my religion questions after. In fact, they ask how often you attend church, the same question used in my research.

The second portion of the interview aimed to gather additional data on the informant's religiosity, healthcare decisions, and ties to traditional or modern ways of life. In order to gather how the participants viewed religion and healthcare, I decided to do a free-listing activity with my informants. I asked them to tell me all words that came to mind when they heard the word

"cross" and when they heard the word "health". Next, I asked them if they would go to the hospital or the *curandero* when they were sick. If they said they would not go to the *curandero*, I asked additional questions to attempt to determine why they made this decision. If they responded that they went to the hospital when they were sick, I asked additional questions to determine why they made this decision.

The interview also contained a grand tour question where I asked the informants what they did when they first got sick. I would follow this up with a question about what they did if their first decision did not result in them getting better. I would continue this process until I discovered the complete cycle they went through until they recovered from their illness.

Lastly, I wanted to determine how religion and healthcare were related in their view. To reach an answer, I asked slightly vague questions. For example, I asked them what makes them feel worried or calm, and what they did when they experienced these emotions to try to gauge the connection they felt between the mind and body.

**Sample**

As previously stated, this research used convenience and snowball sampling. The main method of soliciting participants included walking around the main plaza of Huaraz or venturing to the market and buying produce from local women then asking them to speak with us. In total I obtained 20 interviews for my research.

In addition to the interviews with the women participants, two additional, more in-depth interviews were conducted with the *curandero* and a Catholic priest. The topics included in the interview addressed the informant's personal life, as well as topics related to medicine and religion. The areas of focus were God, *curanderos*, and hospitals. These topics were chosen in order to explore the underlying attitudes towards Western and traditional ways of life.

The only main restriction I placed on my informants was that they were above the age of 18 and lived in Huaraz. With the help of our translator, Eva Gonzales, the interviews were conducted in Spanish and then later translated to English. The main interviews lasted from 12-30 minutes per participant. In order to protect anonymity each participant was given a number.

**Observational Procedure and Data Analysis Plan**

Throughout my research I was aided by two research assistants, along with Eva, the translator. Before conducting interviews, I reviewed the questions with my research assistants, explained what I was looking for, and the overall point of my research. I also communicated how I wanted them to organize their note taking. For example, I instructed one of my research assistants to write mainly the answers that were provided by Eva in order to create a backup for my recordings. I instructed the second assistant to do the same; however, I asked her to notate the significant body language of the participant, e.g. did she not make eye contact, did she fidget, etc. My task was to ask the questions, ask additional clarifying questions whenever needed, and make the informant feel like our questions were just a conversation. I developed a great appreciation and respect for these women and did not want to make them feel at all uncomfortable.

For the majority of our interviews we solicited women in Huaraz, Peru who were either in the city square or around the market place. I wanted the women to be free of the influence of any male figures so they felt they could speak freely with me. Additionally, throughout my

research I encountered a significant number of participants who were surrounded by male family members and were often cut off or interrupted.

When I began the interviews, I would first receive verbal consent from my informant to ensure she would be willing to participate in the study and that she was 18 years old or older. After receiving her consent, I would assign her a number in my notes and after recording would title the audio file with the number of the informant. I would also tell my research assistants, following the interview, the number I had assigned to the participant to ensure that the recording number matched the notes.

Once data was collected from each participant in the sample, the audiotapes were transcribed. After transcription, the interviews were then divided up into questions and placed into an Excel workbook.

The primary methodology used for analysis was **content analysis**. Reviewing each of the sheets I was able to pull out specific repeating themes that were emerging and color coded these. For example, when I asked the informants "When you're sick what do you do first?" I was able to isolate the following three main themes:

- the use of traditional medicine,
- the use of western biomedicine, and

the use of religion.

## CHAPTER THREE: Results

From the research data collected there were five main objectives that were to be examined. These objectives are as follows:

1. Identify the methods of preferred healthcare in Andean women in the Callejón de Huaylas of Peru and see the order of care they preform or obtain.
2. Determine why informants would choose one method of healing over another
3. Determine the religiosity of my informants and which religion they follow.
4. Evaluate the cultural domains of the words "cross" and "healing"
5. Identify what makes women calm and what makes them worried and determine where they turn for comfort, i.e. religion or healthcare.

Data was analyzed to satisfy these research objectives, and to develop conclusions about the relationship women have between healthcare and religion.

### Demographic Information

When investigating the research questions, it was also important to gather demographic data in order to understand the background of my informants. The demographic data that was important to this research was as follows: age, marital status, years of education, church attendance, and church affiliation.

**Table 1. Marital Status of Informants**

| Marital Status | Frequency |
|---|---|
| **Married** | 36% |
| **Not Married** | 46% |
| **Divorced** | 9% |
| **Cohabiting** | 9% |

| Informant | Marital Status |
|---|---|
| **Don Poncho** | Married (twice) |
| **Priest** | Not Married |

**Table 2. Education in Years of Informants**

| Education (Years) | Frequency |
|---|---|
| **0-5** | 9% |
| **6-10** | 27% |
| **11-15** | 41% |
| **16-20** | 23% |

| Informant | Education (Years) |
|---|---|
| **Don Poncho** | 10 |
| **Priest** | 19 |

**Table 3. Age of Informants**

| Age | Frequency |
|---|---|
| **18-28** | 32% |
| **29-38** | 18% |
| **39-48** | 27% |
| **49-58** | 14% |
| **59-68** | 9% |

| Informant | Age (Years) |
|---|---|
| **Don Poncho** | 74 |
| **Priest** | 39 |

**formants cited not being married as their marital**

**e second majority. As for education the majority of**

**ucation. Lastly the highest frequency in age of my informants was between 18-28 years old.**

**Preferred Method of Healthcare**

When investigating the first research objective to identify the preferred method of healthcare, the question asked was, "When you are sick do you go to the hospital or the *curandero*?" Every single informant answered that they preferred the hospital/health post/clinic over the *curandero*. Following this question, the informants were asked, "When you feel sick, what do you do first?" The answers were then complied into a table with the informants' number, and their first choice of healthcare. These answers were then categorized based on the

following three themes, natural medicine, western biomedicine, and religion. Western biomedicine includes women who use the pharmacy, women who take pills, or women who go directly to the doctor. Natural medicine includes women who drink herbal tea or use traditional plants or herbs for healing. Religion includes women who cited prayer as their first line of defense against illness. This table was then condensed to include the number of women who identified one of the three themes in their answer. This table can be seen below.

**Table 4. Primary Method of Healthcare**

| Healthcare | Frequency |
|---|---|
| **W. Biomedicine** | 59% |
| **Traditional Med.** | 32% |
| **Religion** | 9% |

| Informant | Primary Method of Healthcare |
|---|---|
| **Don Poncho** | Religion |
| **Priest** | Western Biomedicine |

Within the theme of western biomedicine there is a further divide between informants. Many of these informants cited the use of the pharmacy as their main form of western biomedical treatment. For example, one informant said:

"Um I take a pill, I go to the pharmacy."

Pharmacies in Peru operate differently than they do in the United States. They have local pharmacies that can provide medicine that in the west, we would need prescriptions for. The translation of what informant 14 said was the following:

"If I get really sick, I go to the hospital but even before going to the hospital I go to the drug store because they have technicians there so you can ask them for pills."

While this woman said she would go to the hospital if she was really sick, earlier in her interview she claimed she would use "naturales" in reference to natural medicine, but if that did not work, she would go to the pharmacy and then the hospital.

When comparing these answers to our three main demographics, marital status, education and age, at first it appeared as though the younger groups of people preferred either traditional medicine or western biomedicine. Western biomedicine, which had the highest frequency of preference also had more educated women and less unmarried women.

Following this question, the informants were asked the following, "If this method of treatment does not work, what do you do next?" This aim of this question was to determine the sequence of events the informants went through until they reached a healthy status again. This table can be seen below.

**Table 5. Secondary method of Healthcare**

| Secondary Treatment | Frequency | Marital Majority | Education Avg. | Age Avg. |
|---|---|---|---|---|
| **W. Biomedicine** | 90% | Not Married | 11 years | 36 years |
| **Traditional Med.** | 5% | Not Married | 14 years | 37 years |
| **Religion** | 5% | Married | 6 years | 39 years |

| Informant | Secondary Method of Healthcare |
|---|---|
| **Don Poncho** | Traditional Medicine |
| **Priest** | Western Biomedicine |

These results were much different and there appears to be a trend of women starting off using traditional medicine and moving to western biomedicine if their methods did not work. For the first line of defense 59% of women cited western biomedicine as their first line of defense, if this proved unsuccessful then 90% of the women cited biomedicine as their second line of defense as indicated in the table above. For Traditional medicine, 32% of women reported it as their first line of defense, although when asked what they would do if this approach proved unsuccessful, only 5% of the total informants reported that they would continue to use traditional medicine showing their dedication to traditional medicine. This also shows us their lack of utilization of western biomedicine and the consistent use of tradition. 9% of my informants cited religion as their first line of defense to illness; although when asked what they would do if this approach proved unsuccessful, only 5% of the informants continued to use religion as their treatment methods. The outliers stuck with their original choice of treatment and said they would not seek out a different type of treatment but stick within their original scope of treatment. Informant 20 said that she would use natural medicine, although when asked if she would go to the hospital should this approach proved unsuccessful, she said that she would not go to the hospital but instead would try something different. She went on to talk about the mountain of natural remedies that Peru provides and said she would never go to the hospital.

**Why the Hospital? Why Not the *Curandero*?**

The second research objective was to investigate why the informants were choosing the hospital over the *curandero*, i.e. choosing western biomedicine over traditional medicine. When interviewing the informants if they chose going to the hospital over the *curandero*, they were

first asked why they would go to the hospital, and then why not the curandero? All of the informants chose the hospital over the *curandero* when asked, "When you feel sick would you go to the hospital or the *curandero*?" The main reasons for choosing the hospital was the belief that doctors were more knowledgeable about medicine. More than half of the informants cited knowledge and professionalism for the reason they chose the hospital. Informant 22 stated the following

> Informant 22: The hospital has machines and are professionals, they can treat you for what they find.

This informant makes the case that the hospital not only has machines and professional doctors but they can treat your illness as well.

Following the choice of the hospital, the informants were asked why they would not go to the *curandero*. The majority of these reasons included mainly a mistrust or a lack of belief in these practitioners. One informant stated,

*"I don't trust them very much. In general, these people can just take your money and say different things about you that aren't true, so I don't trust them very much."*

Another stated that she was concerned about the possibility of harm as a result of their treatment stating,

> *"I don't want to go there because that is a place where they can give you good things or bad things, they can harm you. I don't trust them very much."*

Additionally, several informants cited God as their reason to avoid the *curandero*, stating that "as a Catholic you should not go to the *curandero*."

**Religiosity and Religious Affiliation**

The third research objective was to examine the religiosity of my informants and the religious affiliation they belonged to. To do this, questions from the Duke Religiosity Index were utilized with the following questions.

1) How often do you pray?
2) When during the day do you think about God?
3) How often do you attend church?
4) What church do you belong to?

These four questions were the most appropriate to be used for the specific cultural context of the Andean highlands. The results are displayed below.

**Table 6. How often do you pray?**

| Prayer Freq. | Frequency |
|---|---|
| **Twice a day** | 27% |
| **Everyday/often** | 45% |
| **On the weekend** | 9% |
| **Once in a while** | 14% |
| **Very Little** | 5% |

| Informant | Prayer Frequency |
|---|---|
| **Don Poncho** | Everyday/often |
| **Priest** | Everyday/often |

When asking the informants how much they pray many reported that they prayed throughout the day, while others gave specific times of the day when they prayed. Many informants cited:

> "*En la manana y en la noche*"
> : "In the morning and at night.".

It appears as if the majority of those who were married prayed on the weekend. Additionally, those who had more education seemed to pray less and the older the informant, the more they admitted praying.

The outliers often cited: on the weekend, once in a while and very little as their reasons. Both Don Poncho and the Priest cited that they prayed either every day or often.

**Table 7. When during the day do you think about God?**

| Thoughts of God | Frequency |
|---|---|
| **Specified Times** | 23% |
| **All the Time** | 77% |

| Informant | Thoughts of God |
|---|---|
| **Don Poncho** | Specific Times |
| **Priest** | Specific Times |

When asking the informants when they thought about God the informants either cited specific times for prayer or all the time. The main answer for all the time was "*Siempr*e", or "*Todo tiempo*," translated to always or all the time. Others cited specific time for thinking about God, like special occasions, when traveling, or when they need guidance. For this question it did not seem that marital status, education or age were that determining factors, although there was a

slight difference being those who were younger and more educated who thought of God at specific times.

**Table 8. How often do you attend church?**

| Church Attendance | Frequency |
|---|---|
| **Frequently** | 36% |
| **Once in a while** | 41% |
| **Not often/never** | 23% |

| Informant | Church Attendance |
|---|---|
| **Don Poncho** | Frequently |
| **Priest** | Frequently |

When asking the informants when they attend church many said either frequently, once in a while, just the weekends, which I included in the once in a while category, or not often or never. There seems to be no clear association between church attendance and demographic factors, so it is hard to determine if there is an association.

**Table 9. What church do you belong to?**

| Church Affiliation | Frequency |
|---|---|
| **Catholic** | 86% |
| **Evangelical** | 14% |

| Informant | Church Affiliation |
|---|---|

| | |
|---|---|
| **Don Poncho** | Evangelical |
| **Priest** | Catholic |

The majority of the informants were Catholic, although a portion of them were evangelicals. Many of those who were evangelical seemed to practice their religion more frequently than those who identified as Catholic. Again, the demographic information does not seem to play a role in the responses to this question.

**Table 10a. Frequent church attendance comparison to prayer**

| **Attend church Frequently** | **40%** |
|---|---|
| **Frequently pray** | 90% |
| **Pray once in a while** | 10% |
| **Never pray** | 10% |

| **Informant** | **Marital Status** |
|---|---|
| **Don Poncho** | Attends Church Frequently and Frequently Prays |
| **Priest** | Attends Church Frequently and Frequently Prays |

In order to understand these results, it was important to compare these answers. Of those who attended church frequently, 90% of them frequently prayed as well. Of those who attend church frequently, 10% of them prayed once in a while. And of those who attended church frequently, 10% of them cited that they never prayed. When asking Don Poncho and the Priest the same question, both of them answered that they both attend church frequently and frequently pray.

Table 10b. Church attendance once in a while comparison to prayer

| **Attend church once in a while** | **45%** |
|---|---|
| **Frequently pray** | 67% |
| **Pray once in a while** | 23% |
| **Never pray** | 10% |

Of those who claimed they attended church once in a while 67% of them pray frequently, 23% of them pray once in a while, and 10% of them never pray.

**Table 10c. Never attend church comparison to prayer**

| **Never attend church** | **25%** |
|---|---|
| **Frequently pray** | 60% |
| **Pray once in a while** | 20% |
| **Never pray** | 20% |

Of those who claimed they never attend church 60% of them still pray frequently, 20% of them pray once in a while, and 20% of them never pray.

Based on tables 10a-10c, it appears that no matter how frequently one attends church, the majority of people still engage in frequent prayer.

Table 11. Church Attendance with Church Affiliation

| **Church Attendance** | **Catholic** | **Evangelical** |
|---|---|---|
| **Frequently attend church** | 26% | 100% |
| **Attend church once in a while** | 48% | 0% |
| **Never attend church** | 26% | 0% |

| Informant | Church Attendance with Church Affiliation |
|---|---|
| **Don Poncho** | Frequently attends Church, Evangelical |
| **Priest** | Frequently attends Church, Catholic |

This comparison, in the table above, attempted to determine if there was a correlation between church attendance and church affiliation. Based on the data it appears that those who are Evangelical take church attendance very seriously. Those who are catholic fall into a standard bell curve see with those in the middle making up the majority of church attendance. Don Poncho, who identifies as an evangelical, also attends church frequently as well.

**Table 12. Prayer with Church Affiliation**

| Prayer Frequency | Catholic | Evangelical |
|---|---|---|
| **Pray frequently** | 68% | 100% |
| **Pray once in a while** | 21% | 0% |
| **Never Pray** | 11% | 0% |

| Informant | Prayer with Church Affiliation |
|---|---|
| **Don Poncho** | Prays frequently, Evangelical |
| **Priest** | Prays frequently, Catholic |

So, the results clearly show that those in my sample who identified as evangelical prayed the most frequently. Those who identified as Catholics also prayed frequently but at a significantly less rate than the evangelicals.

**Table 13. Prayer with thoughts about God**

| Thoughts of God | Catholic | Evangelical |
|---|---|---|

| | | |
|---|---|---|
| **All the time** | 68% | 67% |
| **Specific Times** | 32% | 33% |

| Informant | Prayer with Thoughts about God |
|---|---|
| **Don Poncho** | Specific Times, Evangelical |
| **Priest** | Specific Times, Catholic |

The patterns between the Catholic and Evangelical informants was almost identical, with 67-68% thinking of God all the time and 32-33% citing they thought of God at specific times. Interestingly both the **curandero** and the priest cited they thought of God at specific times of day instead of all the time.

**Table 14. Church attendance frequency with thoughts about god**

| Church Attendance | Think of God always | Think of God at specific times |
|---|---|---|
| **Frequently attend church** | 22% | 14% |
| **Attend church once in a while** | 32% | 9% |
| **Never attend church** | 14% | 9% |

| Informant | Church attendance with thoughts about god |
|---|---|
| **Don Poncho** | Frequently attends church, Thinks of God at specific times |
| **Priest** | Frequently attends church, thinks of God at specific times |

Here we see that the majority of informants, as a group, think of God always with variation with church attendance. We see here a possible difference between public and private religion.

**Table 15. Prayer with thoughts about God**

| Prayer Frequency | Think of God always | Think of God at specific times |
|---|---|---|

| | | |
|---|---|---|
| **Frequently** | 45% | 27% |
| **Once in a while** | 14% | 5% |
| **Never** | 9% | 0% |

| Informant | Prayer with Thoughts of God |
|---|---|
| **Don Poncho** | Prays frequently, Thinks of God at specific times |
| **Priest** | Prays frequently, Thinks of God at specific times |

Lastly, we see that those who think of God always pray the most frequently, while those who think of God at specific times comprise the second highest percentage. Perhaps there is a difference between thoughts of God and prayer.

**Cultural Domains**

The forth research objective was to "evaluate the cultural domains of the words "cross" and "healing." In order to explore this objective, the informants were asked two main questions, "What do you think about when you hear the word cross" and "What do you think about when you hear the word health." From these questions I was able to narrow down the answers. For the free listing exercise for "Cross" I found 12 words that were important components of the cultural domain of religious symbols and are included in the list below.

- Cross (body)
- God/Jesus
- Death
- Peace
- Well Being
- Good Health

- Calm
- Sin
- Holy/Spirit
- Suffer
- Sickness
- Happy

For the free listing on the word health, there were 8 main words that were important for the cultural domain of health and are included in the list below.

- Health/Healing
- Doctor/Hospital
- Good Health
- Sick
- Disease
- Eating Healthy
- Well Being
- Body

As one can see, there is some overlap between the two groups of free listing. What is interesting about this is the fact that here in the western world, we view health and religion as such different entities. Here due to the overlap, it appears my informants view a connection between the two.

**Calm and Worry**

The fifth research objective was to "Identify what makes women calm and what makes them worried and if they turn to religion or healthcare when they are worried". After reviewing all answers, I separated them into categories based on repeating themes.

First the informants were asked "What makes you feel calm" or "*Que te hace sentir tranquila*?" Generally, the informants reported that aspects related to religion, their family and friends, money, and their health makes them feel calm with family and friends being the highest reported answer; although some cite multiple reasons that make them calm like the interview

> *Informant 20 stated:* Well, to me also when my family is healthy except for any problem. I am happy but when I have problems, for example, my son gets sick or my siblings have a problem or my mom or my dad, I despair ... Let's see when I go for a walk When I see my son happy. Or when I have money, I'm calm when I have money.

The informant cites monetary issues along with the health of her family as the causes of her calmness.

The majority of the answers given to the question about what made them feel worried ranged from nothing, family, to work and health of themselves or others. One informant stated, "Uh when I have health problems, economic problems or family problems." The fact that some informants reported that 'nothing' made them worried was somewhat perplexing since many report depression and anxiety in this particular culture. The informants reported that they did not feel stressed and that they come from a very calm or *"tranquilo*" environment.

Lastly, when asking the informants what they did when they were worried, the four main answers were nothing, prayer, distraction, and finding a solution. One informant stated,

"I pray whenever I am worried, I pray and ask for strength and ask that God can help me and whoever is having trouble or help me whenever I have trouble."

Those who answered 'nothing' were the same as those who claimed they did not feel worried. For those who said they prayed to God when they were worried, only one of them was an informant who chose religion as their first line of defense of healthcare treatment. Also, some of those who used western biomedicine were the ones who used prayer as a way to cope with their worry. One informant said that when she was sick, she would take a pill but when she was worried, she would pray and ask for strength and ask God for help, stating

"I pray for people to be better, the only thing I can do is pray and hope that God can help them."

**The Curandero and the Priest**

During my studies in Huaraz I conducted two interviews with specialists in medicine and religion. I interviewed Don Poncho, a local curandero, and a Catholic Priest. Through my work with Dr. Brooks I established a wonderful relationship with Don Poncho, one I hold very dear to my heart. We traveled to his clinic and sat on the examination table while talking to him. When interviewing him, I fist asked him the same demographic questions that I asked the rest of my informants. I found that he was 74 years old, married twice, attended school for around 10 years, frequently attended church and was an evangelical. Wanting to find the connection Don Poncho felt between medicine and religion I asked him, "If he believes that God called him to become *a curandero*". He answered

> That he believed that god is working through him, he felt that there was no way he could accomplish what he had, he was a silly man with no studies, but God gave him the knowledge of plants and medicines. He told me that when people thank him, he tells them to thank God as it was God who saved him.

Don Poncho mentioned God as the main reason for him feeling calm. He mentioned that one time he was incredibly sick, he went home and got on his knees and started praying, as he was praying, he felt warmth around his body, he felt that someone was moving his organs and the next day he started feeling better.

It appears that Don Poncho attributes most healing to the power of God. When asking how Don Poncho felt about Catholicism, we got a very different answer. He mentioned that Catholic churches are very bad because when they have celebrations, they consume a lot of alcohol and the men take advantage of women. He mentioned that people in his church suffer a lot because Catholics get all of the spotlight but in the end, they are a really bad religion and they do not behave like true believers of God. Even though Don Poncho has these feelings towards Catholicism he told us that he does not treat catholic patients any different than regular patients. Don Poncho's background is primarily centered on the practice of midwifery; however, he sees patients of both sexes. When asking Don Poncho what made him worried, he mentioned global warming, which is a common fear in Peru. He told us that he would normally consult the Bible when he was stressed out or sad. The interview with Don Poncho was incredibly interesting. He is a very kind figure, his feelings towards the Catholics were interesting, considering the majority of the people in the surround areas were Catholic. After interviewing Don Poncho, he re-aligned our spins by standing on the examination table and pulling on our arm while we laid on our sides. We experienced a huge crack in our backs but felt amazing after this procedure.
Luckily through the use of connections I had made, I was able to have my translator Eva connect me with the priest of the church her mother attends. The priest met us in the worship call and walked us into a comfortable room with large plush chairs. The priest had a calming feeling

about him, he had a wonderful presence and made the room feel comfortable immediately. We went through the demographic questions, finding out he was rather young, only 39 years old, had studied for around 19 years, and was Catholic and unmarried. We asked him if he would prefer to visit the *curandero* or the clinic when sick, he answered that he would prefer to visit the clinic. When asking him why he could no go to the *Curandero* he stated,

"The curanderos aren't actually that bad because for example if you broke a bone or you like misplace a bone you can go to this specific curander called juesero who can help you to put the bone in the in its position so it's actually not a bad thing but in general there are other things like more interior that people can be just like tricked or they can take advantage of others. And in any scenario when he has the flu like typical flu or whenever he is like having troubles with some deeper stuff in health he would rather go to the doctor because they are trained."

The Priest did not seem to think that the *curandero* was bad, so he could not be the source of this negativity that many of the Catholic informants claimed. He did mention that they can take advantage of people but when asking him why he preferred the hospital he also said they could misdiagnose you. When asking what made him feel calm, he said that when life was going well, he felt good, or when he was taking proper care of his body. When asked what made him feel worried, he felt that his worry stemmed from his concern about the students he taught in the church and their grades. Lastly when asking him what he did when he was worried, I assumed he would cite prayer as his example; however, this was not the case. The priest said:

> "Whenever I am worried, I like to do sports, watch movies, go to the pool, or ride a bike. I also like to distract my mind from things that are going on."

The Priest, out of everyone I interviewed, did not cite religion as something that makes him calm or helps him to deal with his worry. I last asked the priest if he felt that religion and healthcare were connected and he felt that God acts through healers to help society, the same thought as the *curandero*.

# CHAPTER 4: ANALYSIS

The findings from this research indicate many important aspects about the healthcare preferences of women in Huaraz, Peru along with the relationship between religion and healthcare in the Highlands. Reviewing the literature, I hypothesized that my informants would initially seek out natural medicine before turning to western biomedicine. In addition, I hypothesized that the more religious my informants, the more likely they were to seek out western biomedicine.

## Demographic Analysis

The majority of my informants had some years of education with the majority of them having 11-15 years of education. This means that the majority of my informants had completed high school and then furthered their education. This may be because my informants were located in Huaraz, the capital of the department of Ancash so there are more likely to have more educated people in this location. The age of my informants ranged from 18-68. The age of my informants mainly centered around people ages 18-29. It is possible this was the highest number because they were closer to my age which meant they probably felt more comfortable talking to me. In addition, I knew that there was a possibility that my informants would be more "modern" than the older women, in terms of less religious, more education, and more conservative regarding early marriage years. The last important demographic was their marital status. The majority of my informants were not married; however, this does not necessarily mean they are single. A lot of Peruvians do not get married early but rather cohabitate for years before thinking about marriage. In addition, it is also not uncommon for the couple to have children. It was

important to know these demographics in order to determine if they had any effect on the answers that were provided.

**Preferred Method of Healthcare Analysis**

When investigating the preference for western biomedicine or traditional medicine, I asked questions to determine if the informants preferred to use western biomedicine or traditional medicine as their first line of defense. A review of the literature led me to believe that traditional medicine would be the first line of defense although fifty-nine percent of my informants stated western biomedicine was their first line of defense. This mainly included taking a pill at the pharmacy. Thirty-two percent of my informants named traditional medicine as their first line of defense including herbal tea, *cuy*, (used mainly as a diagnostic tool) and other natural herbs. Nine percent of my informants cited religion as their first line of defenses, and in particular, the use of prayer. Following this question, I asked the informants what they would do if their first method of treatment didn't work. This time 90% of my informants said they would use western biomedicine with 5% continuing with traditional medicine and 5% continuing to use religion. This seemed to reflect more of what I had read in the literature. In general, local people were not afraid of using multiple methods of treatment in order to cure themselves, similarly to the study in Darjeeling. When attempting to figure out if there was a demographic factor that was affecting these answers, I compared age to their first line of defense, postulating that those who were younger would be the same ones who would prefer to use western biomedicine. The individuals who chose western biomedicine as their first defense were also the most educated, possibly pointing to the influence of modernism in the education systems. Interestingly enough, age did have a slight impact on the responses. The average age for those who chose western

biomedicine as their first defense was 38, while traditional and religion both averaged around 41 years. This could be attributed to the fact that most of my informants were between the age of 20-40. It is clear that the younger population would select western biomedicine as their first line of defense when sick. It would appear that education and age do have a slight connection with the preference for health care, but that religion does not. Again, it seems that those who are younger and more educated would also be more wealthy and exposed to modernism, thus it makes sense that they would be the ones who would lean more towards medical practices rather than religious ones.

**Why the Hospital? Why not the *Curandero*?**

The informants were asked the following question:

"When you are sick do you go to the hospital or the *curandero?"*

Interestingly, I had no informants report that they preferred going to the *curandero* over the hospital. I pursued this further by asking my informants why they would prefer the hospital over the *curandero* and I noticed a pattern of mistrust emerge about of *curandero*, as if they were some sort of crook who would lie to people to get money. One informant stated

*"I don't trust them very much in general; these people can just take your money and say different things about you that aren't true so I don't trust them very much."*

Another stated that she was concerned about the possibility of harm if they gave you treatment stating,

*"I don't want to go there because that is a place where they can give you good things or bad things, they can harm you. I don't trust them very much."*

I also had multiple people comment that God would not approve of visiting the *curandero*.

I followed this question with the following; "Why do you prefer the hospital?" To this many cited an impression that the hospital was more professional and therefore more trustworthy. One informant stated,

*"Hospitals know better, the doctors have studied and know how to treat people better."*

This situation created some conflict among informants. As it turned out, even those who would choose natural medicine over western biomedicine as their first line of defense still cited the hospital and not the *curandero* as their preferred choice of medical treatment. Since my research participants were drawn primarily from the city center and, in consequence, were wealthier, it could be that the *curandero* is more of an option to those who are not as wealthy. I also found it of interest that the *curandero* was almost villainized in the eyes of my participants. This attitude demands more attention in future studies and may hold a link to the preference of modern medicine over more traditional forms of healing.

I then turned my attention to the impact of local religions. I arranged for several visits with the priest of the town and asked him what he thought of the *curandero* and their role in healing. His overall feeling was that the *curanderos* were wonderful and contributed to the overall health of the population. It does not appear, at least in the case of this one priest, that the Catholic church was the source of the negative reaction to the *curandero*. Further research is indeed required to determine the source of this negative reaction to the use of the *curanderos* in Peru.

**Religiosity and Religious Affiliation**

Having researched the history of Catholicism in Peru, I expected to find a large number of Catholics in my research location and this proved to be the case. Out of my informants 86% identified as Catholic and 14% identified as Evangelical or Protestant.

For most religious questions the informants expressed an attitude of high regard for their religious activity. For example, when informants were asked when they spent time thinking of God during the day, 77% reported that they thought of God all the time. When asked how much they pray during the day, 45% reported everyday/often and 27% reported twice a day. Many of them stating "*En todo momento*" or "*all the time*." My research suggested that those who were more active in religious activities were also less trusting of traditional medicine and the *curandero*.

Given the strong religious identification, we further asked when the informants attended church and 36% of them responded that they attend church frequently although the rest of the informants responded that they attended church only once in a while, not often or never. This seems to parallel some of the information from my research. The reason for this apparent involvement in religion yet lack of church attendance appears to be found in the local culture. The informants preferred treating themselves with western biomedicine, traditional medicine, and religion at home before seeking outside help. Additionally, it seems that they view religion as a private event and not one that requires church attendance. It seemed that attending public activities was not something in which that the majority of my informants chose to participate. An additional factor that seemed to influence this frequency was age and education. Again, those who were younger and more educated tended to embrace modernism and not religion with the majority of my informants who responded that they pray once in a while or very little being

between the ages of 20-25 with 12-13 years of education. When studying church attendance there seemed to be a strange correlation with those who attended church frequently, not married, had around 10 years of schooling and were close to 37 years old. We do see a slight increase in education as church attendance decrease; however, age does not align with the rest of the studies. It is clear that additional research needs to be conducted in this area of investigation.

In terms of church affiliation, there did not seem to be a correlation between age, marital status or education. There was a significant correlation between those who attended church frequently and prayed frequently. For those who attended church once in a while, the majority still frequently prayed, showing the possibility of still having a close relationship to God while not partaking in religious activity, this is even more strongly supported when looking at those who never attend church and still have the majority of praying frequently. This shows the lack of connection between public church attendance and religious beliefs.

When comparing religiosity with church affiliation there appeared to be a direct connection between Evangelicals and higher majority in church attendance, in fact every single Evangelical that was interviewed cited their church attendance as frequent, while the majority of Catholics reported that they attended church once in a while. This finding may show that church attendance may also be affected by one's religious affiliation. This was similar to the prayer frequency with Evangelicals all citing that they prayed frequently, even with the majority of Catholics citing their prayer activity as frequent this was not the entirety of the sample. However, because the vast majority of those interviewed were Catholics, the result may be due to having more Catholics than evangelicals in the research sample.

In terms of thoughts of God, both Evangelicals and Catholics cited similar statistics. In both cases, they responded that they thought about God all the time. It is interesting that both the

curandero and the priest cited that they thought about God at specific times, so it is hard to tell if this is something that is prescribed by the catholic church or is more of a culture phenomenon.

Those who attend church once in a while also stated that they thought of God always, again showing the possible connection between public church attendance and religiosity. Lastly those who prayed frequently thought of God frequently, which would be the logical conclusion since one would assume prayer and thoughts of God would be interconnected.

**Cultural Domains**

My forth research objective was aimed at identifying similarities in the free listing of the terms 'cross' and 'health'.

The answers for 'cross' that appeared to have a connection with health were the following: well-being, good health, sickness, and suffering. Of interest was the fact that good health and well-being also appeared in the free listing of the term health, so it would appear that there is a possible overlap between the cultural domains of 'cross' and 'health' for the informants of the Andean Highlands although there seemed to be a slight issue with the idea of a hypothetical when asking the question. Many informants would simply repeat the word but with some explanation the informants were able to provide more answers. In total the free listing for cross produced a total of 23 terms and for health there were a total of 10, possibly that there is less cultural salience regarding the culture domain of religious symbols and more cultural salience and thus agreement regarding the cultural model of health.

**Calm and Worry**

The fifth research objective was to identify what makes women calm and worried and determine if they turn to religion or healthcare when they have these experiences.

Many informants cited multiple areas of life that make them feel calm and these included family, religion, and their health. This result may be due to the structure of the research questions although it was interesting to note that some of the same topics that they identified as making them feel calm were also identified as making them feel worried.

The majority of the answers given to the question about what made them feel worried ranged from nothing, family, work and health of themselves or others. One informant stated, "Uh when I have health problems, economic problems or family problems." The fact that some informants reported that 'nothing' made them worried was somewhat perplexing since many report depression and anxiety in this particular culture. The informants reported that they did not feel stressed and that they come from a very calm or *"tranquilo"* environment. Although it is possible they were telling me this because I was simply an outsider, or that their understanding of worry was different than mine.

Lastly, when asking the informants what they did when they were worried, the four main answers were nothing, prayer, distraction, and finding a solution. One informant stated,

> "I pray whenever I am worried, I pray and ask for strength, and ask that God can help me and whoever is having trouble or help me whenever I have trouble."

Those who answered 'nothing' were the same as those who claimed they did not feel worried. For those who said they prayed to God when they were worried, only one of them was an informant who chose religion as their first line of defense of healthcare treatment. Also, some of those who used western biomedicine were the ones who used prayer as a way to cope with

their worry. One informant said that when she was sick, she would take a pill but when she was worried, she would pray and ask for strength and ask God for help, stating,

"I pray for people to be better, the only thing I can do is pray and hope that God can help them."

Again, we see that many of the informants handled things privately. Clearly there is the need to conduct additional research into the connections between religion and the preference for health care.

**The *Curandero* and the Priest**

For the *curandero* and the priest, it was incredibly interesting that both of them cited God as their main calling to their profession. What stood out the most for the interview with Don Poncho was his anger against the Catholic church. It pointed to the possibility that the Catholic church could be one of the main reasons for the decline in the use of traditional medicine. However, when talking to the priest, he was the only one who identified as a Catholic who did not cite a total mistrust in the *curandero*. He did mention that there was a possibility of deception when visiting the *curandero*, but he did not outright cite that Catholics should not go to the *curandero*. Lastly when asking all of the informants what they did when they were stressed, those who seemed to be more religious cited God or prayer when they were worried. One would suspect that the priest would answer in a similar manner; however, his answer did not include religion at all. Perhaps this is due to the fact that his life is so connected with religion that he had found other ways to reduce stress.

## Conclusion

In conclusion, it does appear that there was a difference between those who preferred western medicine and those who preferred traditional medicine. Furthermore, modernism and religion appear to have an influence in this decision. Although contradictory to the current literature, it appears that the majority of the informants sought western biomedicine as their first line of defense although many continued to rely on home remedies. These home remedies are not what typically comes to mind but, rather, medication obtained from the local pharmacy. More research needs to be conducted to identify clearly the factors that lead one group to prefer western biomedicine while the other group prefers traditional medicine.

One would justifiably turn to the impact of religion on this decision although the increase in modernism is an equally viable candidate. As expected, the informants that were younger, wealthier, and more educated demonstrated a preference for western biomedicine. Additionally, western biomedicine is also in need of further definition. Those who preferred biomedicine indicated that this did not always mean a trip to the hospital or doctor. Some indicated that biomedicine meant simply taking a pill from the pharmacy before seeking help from the doctor should their condition show no improvement. In short, these individuals made the decision to initially handle their health problem in a more private manner. This notion of a lay cultural knowledge extended equally to the influence of religion in health care decisions. Although one used lay cultural knowledge, this did not mean that the informant was not a firm believer in the value of religion.

Throughout my research I identified multiple limitations, which need to be addressed in future research. The nature of this study necessitated the use of a small sample size, which can result in problems when trying to extrapolate the results to a larger population. In addition, the

majority of the women belonged to two of the younger age groups, which could result in skewed results as these individuals experienced less exposure to traditional healing methods than older informants.

The location where the research was conducted could also be considered a limitation. Huaraz is an urban city containing a population that is more financially stable and educated than those in rural Peru.

In addition, the impacts that religion plays in healthcare decisions were limited. My group of informants included only three who identified as Evangelicals with the remainder identifying as Catholic. This limited my ability to determine the impact religion exercised on one's healthcare decision making it limited my ability to determine if one type of religion responded differently from the other.

This information indicated clearly that additional research is needed in order to help clarify and isolate the factors that influence one's healthcare decision process.

As noted in the background section, the Andean highlanders cultural practices exhibit a patriarchal social structure with *machismo* often diminishing the importance of the role of women. As women are typically the household healers and the main party responsible for the rearing of children, it was important to gain their perspective. Although other studies have focused on women in the past, often they are interviewed around men with the result being that the men answer for them. Because I was aware of this situation, I made sure my informants were alone thereby providing the opportunity to respond with what I hoped were real answers.

In addition, women typically have a strong connection to fertility and women are normally in charge of planting crops thereby demonstrating their importance to the survival and wellbeing of the Peruvian family. This perceived connection to the earth makes it important to

research their healing practices and preferences to determine if they would be plant based or biomedically based. Although confining my research to Andean women can be viewed as a strength, it could also be considered a limitation since there was no comparable data gathered from men. In the future, gathering data from male and female informants would strengthen the research and produce more comparable findings.

I feel that additional work needs to be conducted to clearly identify the connection between religion and highland women's choice for medical care. Addressing this matter can have far reaching implications not only in Peru but in areas that are currently experiencing an influx of immigrants. If we can understand how particular immigrants view the choice of healthcare, we will be in a position to better address their medical needs. If they believe that a connection exists between their health and religion, then we can employ the church to help address medical needs. If the connection is simply one of having more faith in modern medicine, then we can also make that avenue available.

The boundary between preferring modern medicine as opposed to traditional ways of healing is an extremely interesting matter and one that will help us serve people in remote as well as urban settings. There is clearly more research to be done in this area although it is also clear that the effort will result in better treatment for all individuals.

REFERENCES


Bant, Astrid, and Françoise Girard. "Sexuality, Health, and Human Rights: Self-identified Priorities of Indigenous Women in Peru."*Gender & Development* 16, no. 2 (2008): 247-56.

Benjamins, Maureen R., and Anna Campbell Buck. "Religion A Sociocultural Predictor of Health Behaviors in Mexico."*Journal of Aging and Health* 20, no. 3 (April 2008): 290-305.

Bernard, H. Russell. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Lanham, MD: Rowman & Littlefield, 2018.

Botta, Sergio. *Manufacturing Otherness: Missions and Indigenous Cultures in Latin America.* Newcastle upon Tyne: Cambridge Scholars Publishing, 2013.

*Britannica Academic*, s.v. "Huaraz," accessed April 26, 2019, https://academic-eb-com.jproxy.lib.ecu.edu/levels/collegiate/article/Huaraz/41355.

Brosseder, Claudia. "Cultural Dialogue and its Premises in Colonial Peru: The Case of Worshipping Sacred Objects."*Journal of the Economic and Social History of the* Orient 55, no. 2-3 (2012): 383-414.

Bussmann, Rainer W. and Ashley Glenn. "Medicinal Plants used in Northern Peru for Reproductive Problems and Female Health."*Journal of Ethnobiology and Ethnomedicine* 6, no. 1 (2010): 30-30.

Everett, Margaret, and Michelle Ramirez. "Healing the Curse of the grosero Husband - Women's Health Seeking and Pentecostal Conversion in Oaxaca, Mexico." In *Journal of Contemporary Religion* 30, no. 3 (2015): 415-33.

Ferreira, César, and Eduardo Dargent-Chamot. *Culture and Customs of Peru*. Greenwood Press Westport, CT, 2003.

Gold, Catherine Leah, and Roger Alex Clapp. "NEGOTIATING HEALTH AND IDENTITY - Lay Healing, Medicinal Plants, and Indigenous Healthscapes in Highland Peru." *Latin American Research Review* 46, no. 3(2011): 93-111.

Glass-Coffin, Bonnie. *The Gift of Life: Female Spirituality and Healing in Northern Peru.* Albuquerque: University of New Mexico Press, 1998.

Hirsch, Jennifer S. "Catholics Using Contraceptives: Religion, Family Planning, and Interpretive Agency in Rural Mexico." *Studies in Family Planning* 39, no. 2(2008): 93-104.

Marcos, Sylvia. *Women and Indigenous Religions*, Praeger, Santa Barbara, CA, 2010.

Oliver-Smith, Anthony. *The Martyred City: Death and Rebirth In the Andes.* Albuquerque: University of New Mexico Press, 1986.

"The Spanish Conquest." Spanish Conquest of Peru: Francisco Pizarro. Accessed April 26, 2019. https://www.peru-explorer.com/spanish_conquest.htm.

Uberoi, Diya, and Beatriz Galli. "Refusing Reproductive Health Services on Grounds of Conscience in Latin America."*SSRN Electronic Journal* 13, no. 24 (December 2016): 105-15.

Appendix A:

**EAST CAROLINA UNIVERSITY**
**University & Medical Center Institutional Review Board**
4N-64 Brody Medical Sciences Building· Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** ·
**www.ecu.edu/ORIC/irb**

## Notification of Initial Approval: Expedited

From: Social/Behavioral IRB
To: Chelsea Cullen
CC: Blakely Brooks
Blakely Brooks
Date: 7/16/2018
Re: UMCIRB 18-000972
Effects of Colonization on Women's Religion in relation to Healthcare Related Decisions in the Andean Highlands of Peru

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) is for the period of 7/16/2018 to 7/15/2019. The research study is eligible for review under expedited category #6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

| Name | Description |
| --- | --- |
| Data Collection | Surveys and Questionnaires |
| Data Collection | Interview/Focus Group |