

As discussed earlier in the chapter, cultural values can have an immense bearing on where and how people give birth, who attends the delivery, and their willingness to address complications with emergency obstetric care should they arise. It is therefore crucial that women, especially high-risk groups such as the indigenous women around Ayacucho, deliver with a skilled birth attendant.¹ In an effort to address these concerns, the international nongovernmental organization Health Unlimited teamed up with Salud Sin Limites Peru (Health Without Limits Peru) to create a model for birthing services that is more responsive to the needs of indigenous communities in the Santillana district in Ayacucho. These factors, combined with poverty and low educational levels, especially among women, contributed in the late 1990s to very high maternal mortality ratios in some places in the Peruvian Andes. In the region of Ayacucho, for example, maternal mortality ratios were six times the rates in Lima, the capital of Peru. They have done this not only for cultural reasons but also because they did not always feel welcome in healthcare settings in which health providers may not speak their language, may not treat them respectfully, and may insist that they give birth in a manner different from their traditional ways. The aim of these meetings was to design a model that would respect local beliefs and practices as much as possible, but still ensure better outcomes for pregnant women.* The model was rolled out over a nearly 2-year period and promoted through a variety of communication efforts in the local language, Quechua. As noted, however, other factors, such as discrimination and a lack of empowerment, may also influence health-seeking behavior. Courtesy of Mark Tuschman. ????????