

**ORAL REHYDRATION THERAPY IN HIGHLAND GUATEMALA:
LONG-TERM IMPACTS OF PUBLIC HEALTH INTERVENTION ON THE
SELF**

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ABSTRACT

This dissertation examines the current state of knowledge and usage patterns of oral rehydration therapy (ORT) in the Chimaltenango Department of Guatemala. Diarrhea remains a leading cause of death in children under five years old in Guatemala, despite over thirty years of ORT programming. The majority-indigenous population of Chimaltenango have been targeted by various health programs to promote the use of ORT. This research moves beyond previous ethnicity-based explanations of ORT programming failures to explore specific factors of ORT programming that affect mothers' decisions to use ORT, including vestiges of the humoral healing system and access to formal health services.

This dissertation is based on one year of field research (2006-2007) in the Chimaltenango Department, Guatemala. Research was conducted in an urban environment in the departmental capital, one large town, one small town, and one rural village to enable an examination of patient interactions with the health system at all

available levels within the department. Research methods included an individual survey of over 300 mothers, 10 focus group discussions, formal and informal interviews with mothers and health care practitioners, and observations of patient-practitioner interactions.

Study data are analyzed through application of the three bodies theory put forward by Nancy Scheper-Hughes and Margaret Lock. In the dissertation, I argue that multilevel analysis is essential in building a full picture of the impacts of public health campaigns on the self of targeted populations. I utilize an expanded conception of self to include the individual, social groups, and political structures. I show that multilevel intervention schema in public health program design and evaluation are typically hierarchical in nature, whereas the application of the three bodies allows for analysis that is heterarchical and interactive across its categories.

Data from this research indicate that vestiges of humoral terminology and belief do not change usage patterns of ORT. Diarrhea occurring outside of the expected seasons and childhood developmental milestones is a source of embarrassment for mothers, which may be overcome by utilizing expensive, socially prestigious ORT products and other high-cost treatments rather than those supplied at low-cost through the government health service.