

## **Guatemala's Public Health Messaging in Mayan Languages during the COVID-19 Pandemic**

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### **Abstract**

Guatemala is a pluri-ethnic country in Central America. The 25 languages (22 Mayan languages, Xinka, Garifuna, and Spanish) spoken in the country present a challenge in the effective dissemination of public health messaging in an already understaffed and under-resourced public health system. This paper examines how the government, community members, and NGOs have worked to ensure the translation—both linguistic and cultural—of messaging in Mayan languages during the COVID-19 pandemic. The paper describes the case of messaging in Mayan languages generally; however, the examples draw heavily from our own work in Kaqchikel and K'iche' Maya communities. These are the two most commonly spoken Mayan languages in Guatemala and present a best-case scenario, especially related to the availability of effective public health messaging. Our examination demonstrates that while all translations are important, if only symbolically, effective public health messaging must be mindful of local contexts. Translations need to adhere to the linguistic form of everyday speech and reflect the appropriate cultural contexts.

Guatemala experienced its first confirmed case of the novel coronavirus on March 13, 2020. At the time of writing there were approximately 106,000 confirmed cases of COVID-19 within the country. The Guatemalan government took swift action, declaring a state of emergency in early March 2020 and closing the national border. Soon after unessential activities were suspended, interdepartmental travel was banned, sanitary perimeters around towns were created, and a curfew (6pm - 4am) was instituted. Despite these measures, Guatemala—as a middle income pluri-ethnic country—faces significant challenges when trying to confront the current pandemic. COVID-19 is overwhelming Guatemala's already under-resourced health system. As in other low and middle income countries, Guatemala's Indigenous peoples are among the country's the most

vulnerable because of a lack of resources and potentially a lack of information in Indigenous languages.

This paper explores the creative use of messaging in Mayan languages created and used by the government, Maya communities, and members of Guatemala's robust nongovernmental organization (NGO) sector. While we explore the case of Mayan languages generally, we draw heavily from our own experiences working with K'iche' and Kaqchikel Maya communities.

### **The Guatemalan Context**

Guatemala is a Central American country of 18 million people. Approximately 42 percent of Guatemalans self-identify as Maya, speaking one of 22 Mayan languages (Instituto Nacional de Estadística, 2018). These 22 ethnolinguistic groups are primarily found in the rural countryside of Western Guatemala. K'iche' and Kaqchikel Maya are the largest groups with 1 million and 500,000 native speakers respectively. Itza' Maya is the smallest group with fewer than 2,500 native speakers (Richards, 2003). Most Maya speak their native language along with variable amounts of Spanish. Isolated rural communities are more likely to experience Maya language monolingualism.

Today's sociopolitical conditions are the result of a complex history of Spanish colonialism, 36 years (1960-1996) of genocidal civil war, and ongoing structural violence. While Guatemala celebrates the splendor and vibrancy of the Maya to tourists, it harbors ongoing "racial ambivalence" (at best) and more often overt racism towards its Indigenous citizens (Hale, 2006). This racial ambience materializes in reduced educational and economic opportunities and increased health disparities for Maya when compared to their *Ladino* (persons of mixed-ancestry; non-Indigenous) counterparts. Indigenous communities already living in a permanent state of precarity before the COVID-19 pandemic, now face additional challenges as the public health crisis unfolds.

### **Public Health System**

Maya communities in Guatemala have little or poor health services. The Ministry of Public Health and Social Assistance (MSPAS) does not have enough personnel to attend to the rural, and overwhelmingly Indigenous, population because most of the qualified personnel and advanced technology are concentrated in urban areas (Hautecoeur et al., 2007). In certain rural Indigenous areas, MSPAS's investment often does not exceed 140 quetzales (\$18 USD) per person (ICEFI,

2013). Not only is Guatemala's public health infrastructure severely understaffed and underfunded, it primarily provides care in Spanish; translation services, even for the most commonly spoken Mayan languages, are rarely offered.

Language and ethnicity are key determinants of health in Guatemala. For example, Maya communities experience stunting rates as high as 75 percent for children under five (compared to national stunting rate of 49 percent) (Black et al., 2013). The Ministry of Health has worked to create national food guidelines to improve nutritional status. While designed for implementation in a pluri-ethnic nation, these guidelines are developed from a Western nutritional science perspective. The cultural aspects of Maya models of health are rarely considered (Cuj et al., 2020). Furthermore the guidelines are published in Spanish, creating significant communication barriers. Poor access to education means a significant proportion of Indigenous adults are illiterate even if they can speak (some) Spanish. Indigenous women, those typically in charge of preparing meals, are most vulnerable to educational exclusion and therefore more likely to be monolingual in Mayan languages. In a similar way, the need for cultural and linguistic translation is critical to the accurate dissemination of COVID-19 information for Maya communities.

### **COVID'S Impacts**

The COVID-19 pandemic threatens to overwhelm Guatemala's already fragile public health system and highlights longstanding health disparities. For many Maya, access to electricity, food, and potable water is limited. In fact, 51% of Guatemalans have no access to sanitation, making regular handwashing difficult (ICEFI, 2013). With public transportation restricted, communities struggle to access the most basic goods like soap or food. Legal stay-at-home orders likewise disproportionately impact the livelihoods of Maya who are more likely to work in informal economic sectors, selling products in regional markets. Since many Maya rely heavily on credit to survive, the inability to sell these goods has both immediate and long-term consequences. Thus, COVID-19 will accelerate social and economic marginalization of Maya communities. The government's failure to understand and respond to the needs and realities of Indigenous communities may result in failed containment of the virus.

### Messaging in Maya Languages

Public health messaging cannot be effective if it isn't accessible in both form and content. Accurate information about COVID-19 such as effective hygiene practices, social distancing, quarantine, and mechanisms of prevention must reach everyone, especially Mayan language speakers. This information must be grounded in scientific evidence, within a framework of respect for Indigenous worldviews. This section examines the role of Mayan languages in promoting the World Health Organization's COVID-19 recommendations and raising awareness of local resources.

#### Government

Every Sunday the president updates the country on the pandemic. These messages are delivered in Spanish, with no simultaneous translation to Mayan languages. Instead Mayan language translations are provided by the Guatemalan Mayan Languages Academy (Academia de Lenguas Mayas de Guatemala, ALMG).<sup>1</sup> While the ALMG has previously worked to standardize key health messages in Mayan languages (England, 2003; Fischer & Brown, 1996), the collaboration between the Ministry of Health and ALMG marks a key moment that the government has taken a proactive approach to translation at the national level. Despite this laudable effort it is unclear the extent to which these documents are effective forms of public health messaging. The documents, while written in Maya languages, may have little impact as the overwhelming majority of Maya are illiterate in Mayan languages. Additionally, the documents use numerous neologisms, reflecting the speech style of professional linguists rather than the vernacular spoken in everyday conversation.

In addition to the translations of the presidential decrees the ALMG has been integral in translating key public health messaging for flyers, infographics, and sharable documents. These messages range in topics, including symptoms, hygiene, and flattening the curve. For example, the key social distancing message “stay home” or “*chatkanaj pa awachoch*” (K'iche'), “*kak'oje pa awachoch*” (Kaqchikel) is promoted on all platforms including television, radio, and social media.

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<sup>1</sup> The translations of the presidential addresses can be found for each language at the following link: [https://drive.google.com/file/d/1XIJvS8OsZlmUaN12iumlkc7HNDmaVVhv/view?fbclid=IwAR3jfZDU1-hOApIW6vBHP\\_r\\_Odu0Yyk2yiQFVhjRHE-ac6p8yvwEfEFYWNFo](https://drive.google.com/file/d/1XIJvS8OsZlmUaN12iumlkc7HNDmaVVhv/view?fbclid=IwAR3jfZDU1-hOApIW6vBHP_r_Odu0Yyk2yiQFVhjRHE-ac6p8yvwEfEFYWNFo).

## Community

Indigenous community members have created numerous videos sharing practical information on how to implement hygiene guidelines in contexts where there may not have access to running water, as is often the case in rural Indigenous Guatemala. These videos, widely shared through Facebook, generally feature Maya women in *traje* (Maya dress) using “hacks” to effectively wash their hands in the absence of running water. The “hacks” are culturally relevant and use materials readily available in rural settings (including empty plastic bottles, rope, and cane). The videos, usually narrated in Spanish, serve as a cultural translation of MSAPS messaging.

Community radio stations have also played a key role in disseminating information in Mayan languages. The content of these messages read by native speakers comes from ALMG, MSPAS, and the World Health Organization. Almost all cities have at least one local radio station providing programming in the Spanish and the local Mayan language. Community radio stations continue to be important in rural Indigenous Guatemala. They are not only a means of cultural revitalization, but also the primary connection many rural households have local and national news. The information provided by community radio stations is especially important for reaching elderly Maya who are less likely to have access to a TV and/or cell phone. Indeed, for some households, a radio is their only source of reliable information about COVID-19. Community radio is also important for the Maya diaspora who stream broadcasts of community stations like Radio Nahuala. Several of the communities where members of the Maya diaspora settle are COVID-19 hotspots in the United States. Community messages provide members of the Maya diaspora linguistically relevant messaging, potentially improving outcomes in both Guatemala and the United States.

## NGOs

Guatemala’s robust health NGO sector has been working to ensure the spread of accurate messaging in local languages. Numerous organizations have created short videos in Mayan languages on the symptoms of the disease and the importance of staying home to flatten the curve. It is relatively easy to find resources in Guatemala’s most widely spoken Indigenous languages. Some NGOs have worked in cooperation to produce materials. For example, Maya Health Alliance and Proyecto Can have worked together to produce short videos in which an animated “Dr.

Chapín” answers frequently asked questions about the novel Coronavirus.<sup>2</sup> There are Dr. Chapín videos in Spanish and seven Mayan languages (K’iche’, Kaqchikel, Q’eqchi’, Mam, Tz’utujil, Q’anjob’al, and Ixil). Indeed, NGOs have worked in concert with each other to produce accessible public health messaging in Mayan languages.

Some NGOs’ videos target specific populations, like Maya women. For example, the NGO Maia has created a video in Kaqchikel describing best practices for safely going to the market, an activity typically undertaken by women. Many organizations have similar videos. NGOs have posted these short (often around three minute) videos to their Facebook pages, allowing for easy access and sharing. This is critical as most rural Maya access the Internet through their smartphones and connectivity along with data limits can prove to be factors limiting accessibility.

NGOs are not only translating key messages, they are also continuing to provide care to the communities they serve. Here, cellphones serve an important role in the provisioning of services in Mayan languages, allowing frontline health workers to remain in contact with Indigenous patients despite quarantine orders. Telemedicine allows nurses and community health workers, in particular, to continue serving their patients despite the suspension of interdepartmental travel (Garcia et.al. 2020). Often these calls create a space for clients to discuss not only their medical concerns, but also their anxieties about the ongoing pandemic. The conversations, carried out in Mayan languages, simultaneously provide a space for health workers to make patients aware of available emergency relief services.

While NGOs are creating innovative and accessible messaging in Mayan languages, their concentration in certain geographical locations means that some ethnolinguistic groups are vastly underserved. For example, it is much easier to find effective public health messaging in K’iche’, Kaqchikel, and Tz’utujil due, in part, to the proximity of these ethnolinguistic communities to NGO-dense areas.

### **Conclusion**

Effective messaging in Indigenous languages is critical to the success of public health strategies aimed at curbing the spread of COVID-19. To provide messaging in all the languages spoken in Guatemala, it is necessary to translate messaging from Spanish into 22 Mayan languages

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<sup>2</sup> Chapín is a commonly-used slang term meaning “Guatemalan.” In some areas it may be used to refer primarily to non-Indigenous Guatemalans.

(and Xinca). Not only is it necessary to translate public health recommendations linguistically, but also culturally. This translation places an additional strain on an already under-resourced public health system. In the past, the translation of health information has been haphazard and/or not culturally relevant.

Despite the missteps and failures of the past, Maya communities are resilient. Community activists and linguists have demanded effective public health messaging from the government and local NGOs. Messaging in Mayan languages during the COVID-19 pandemic has demonstrated the power of creative messaging. The government, with collaboration with ALMG, have ensured that messaging is translated to *all* Mayan languages, not just the most commonly spoken languages. Community members and their NGO allies have also translated public health messaging in ways that are culturally and linguistically relevant to local populations. Radio and social media have served as particularly impactful mediums in the distribution of these culturally and linguistically appropriate messaging.

As Guatemala faces the secondary effects of the pandemic, the lessons learned about the production and dissemination of effective public health messaging in Mayan languages will be important. The secondary effects of the novel coronavirus will disproportionately impact Maya communities. It is expected that maternal mortality rates will double, and poor communities will continue to see increases in child malnutrition.

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