



Curse or Cure? The Phenomenon of *Obeah* Pregnancy Among Belizean Maya

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23.1 Introduction

In the Maya villages of southern Belize, it is whispered that there are hills down which unwanted newborns are thrown. If found, the babies are dead and usually have been gnawed at by stray dogs—thankfully unrecognizable for the women who refuse their recognition. Rumors of these babies, and their actual discovery, circulate along with allegations of “*obeah*”—a supernatural force that is thought to cause a pregnancy-like state but without a human fetus; the *obeah* fetus is animal. Very often it is lamented that a woman who has been *obeahed* with a pregnancy will die unless she seeks counteractive spiritual assistance to rid her of the condition. However, it is also quietly discussed that *obeah* is responsible for unwanted pregnancies that result in [human] fetal or even newborn demise. This chapter looks closely at how women’s reproductive behaviors that transgress ideal gender norms and sexual propriety may, at times, rely upon a discourse of supernatural power to deflect involvement with socially inadmissible reproductive activity. However, this form of avoiding social sanction may, nonetheless, result in maternal, fetal, or infant death.

23.2 The Place

Belize is a geographically small, English-speaking, multi-ethnic, postcolonial nation located in Central America, adjacent to Guatemala (Fig. 23.1), with an ideological commitment to providing universal healthcare to its population of just under 400,000. Similar to the rest of the country, the southernmost Toledo district comprises a heterogeneous population; however, the region differs significantly in terms of its ecological specificity, economic status, and particular ethnic composition—all of which play a role in women’s reproductive health and behaviors (Fig. 23.2).

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Fig. 23.1 Map of Belize and the Toledo District
(Courtesy of Wikimedia Common Atlas of the World.
Available from: https://commons.wikimedia.org/wiki/Atlas_of_Belize#/media/File:Belize_pol_03.jpg)



Fig. 23.2 Aerial view of the coastal lowland area of Toledo, approaching Punta Gorda by air. Published with kind permission of © Aminata Maraesa 2017. All Rights Reserved



The district's only urban center, the town of Punta Gorda, was initially settled in 1802 by the *Garifuna* people, an ethnic group boasting of a proud *Arawak* and never-enslaved African heritage who freely entered the shores of the now-named Toledo district by boat from Honduras (Avila and Avila 2008). They comprise the majority of the urban population where *Garifuna* cultural practices and language are prevalent. The *Garifuna* language is spoken by approximately 14,000 persons in Belize. It is an *Arawakan* language containing vocabulary from *Arawakan* and *Carib*, and to a lesser degree French and English. While the majority of *Garifuna* people are officially Catholic, they

Fig. 23.3 Housing in Jalacte, a small community of *Kekchi* Maya farmers in the Toledo district of southern Belize, west of San Antonio village. Published with kind permission of © Aminata Maraesa 2017. All Rights Reserved



practice a type of syncretic Catholicism in which they incorporate traditional beliefs and rituals, and use a shaman (termed a *buyei*) to direct *Garifuna* religious practices. Comprising the majority of the district's rural areas are two linguistically distinct Maya groups, *Mopan* and *Kekchi*, both of which date their overland migration from Guatemala into what was then British Honduras in the late 1880s (Rambo 1962). The region is also populated by small percentages of Creoles (English speakers of African descent), Mestizos (Spanish-speakers of Guatemalan and Mexican origin), East Indians, Chinese, Mennonites of European descent (both Amish and proselytizing), other ethnic groups, and retirees from the United States of America (Figs. 23.3 and 23.4).

As a whole, Belize has a hot and humid climate, prone to heavy rains and hurricanes. Toledo, however, has the highest annual rainfall and is the most rural and underdeveloped region of the country; here, quotidian life is profoundly impacted by the environment. Imported supplies—like medical equipment—tend to degrade under these adverse conditions, rivers flood onto roads and bridges causing difficulties in both basic and emergency transportation, and infectious and parasitical diseases are easily spread. Far from taming the forces of nature, local ingenuity has developed a mode of existence accepting of life's precarious condition. Adversity, misfortune, and death are understood as factual and unavoidable circumstances, and Belizeans of all ethnic groups hold strong religious beliefs in a Christian God and the spirit world to which their fates are beholden—including their reproductive destinies. “Only God knows” is an oft-heard refrain when discussing the future or when specifically questioning how many children one “plans” to have.

Poverty is not the only determining factor in rapid population growth; however, multiple characteristics of poverty contribute to high fertility (Aassve et al. 2005; Birdsall and Griffin 1988; Central Statistics Office 2001b; Cameron 1997). Correspondingly, Toledo has the highest fertility in Belize with a total fertility rate of 5.6 among women aged 15–44, while the national average is markedly less at 3.65 (Central Statistical Office 2001a).¹ Indeed, Toledo is characterized as the poorest region of Belize, having 79% of the inhabitants classified as poor (defined as unable to meet basic food and

¹The most recent national statistics available from 2011 to 2015 indicate the average total fertility rate to be 2.6 (World Bank 2014). District-specific statistics are not readily available.

Fig. 23.4 Another view of rural housing in Jalacte, the last village on the border with Guatemala. Published with kind permission of © Aminata Maraesa 2017. All Rights Reserved



Fig. 23.5 Typical housing of the Belizean Maya in the area of Toledo. Published with kind permission of © Aminata Maraesa 2017. All Rights Reserved



nonfood costs) and 56.1% classified as indigent (defined as unable to meet basic food costs) (Central Statistics Office 2004; UNICEF 2005).² Unemployment rates in Toledo are likewise the highest in the country (Central Statistics Office 2004). Women's reproductive behaviors, including access to and use of healthcare services, susceptibility to unwanted and/or unplanned pregnancies, and their beliefs about fertility are undoubtedly influenced by environmental factors and poverty. I argue that they are also heavily conditioned by cultural norms and practices that include gendered constructs of propriety and a belief in spiritual practices that may, at times, be agentively—or unwittingly—harnessed to obscure reproductive misfortune (Fig. 23.5).

²The national averages are strikingly lower at 33.5% poor and only 10.8% indigent.

23.3 Beliefs About *Obeah* Pregnancy

In 2006, I conducted anthropological research that was focused on women's reproductive health and decision-making processes. I worked closely with nurse midwives from the Ministry of Health [MOH], traditional birth attendants [TBAs], and pregnant women to understand how cultural beliefs and practices influence reproductive health, mortality rates, and the implementation of development initiatives. A few months into my research I was introduced to the term "*obeah* pregnancy" by Petrona, a *Mopan* Maya woman who had been trained as a TBA to provide midwifery services for her rural community and with whom I had begun to work closely (see Maraesa 2012). Petrona, in her 40s, was unmarried and without children. Despite her lack of personal experience with childbirth, she was deemed an ideal candidate for TBA training since her lack of marital constraints would allow her freedom of movement to attend to the pregnant women in her village. One day as we chatted about childbirth, she digressed to describe this harrowing phenomenon: "For nine months, a lady belly get bigger and bigger. But there is no baby. Her belly get big because the man go to the bush doctor for *obeah* the lady. Maybe he get vexed because she no want to have sex with him, so the man mek the bush doctor *obeah* she. Then blood come out from between her legs and she dead."

Heretofore I had understood "bush doctors" to be healing practitioners who utilized plant-based medicine and prayer to treat various ailments of diverse origin, including maladies of pregnancy, but never had I heard that a bush doctor could *cause* a pregnancy—and a fatal one at that! This was also the first time I heard the word "*obeah*" used by a Maya to describe a type of supernatural magical practice commonly referred to by people of African descent. Indeed, *obeah* is a term widely employed throughout the English-speaking African diasporic communities of the Caribbean and the southern United States (Chambers 2009; Paton and Forde 2012) and appears only to surface among indigenous populations in Belize where they have been in close contact with diasporic Africans for hundreds of years (McClusky 2001).

Although historically and conventionally, *obeah* (and its practitioners) has been associated with counter-hegemonic activities like slave rebellions while concomitantly typified as a superstitious cultural practice that is inferior to scientific European rationality (Earle 2005; Bell 1893; Richardson 1997), a number of *obeah*-practicing Maya bush doctors have been incorporated into the world of rational biomedical care as "certified nurse's aides" [CNA] by the MOH's public health outreach campaigns (Belize Ministry of Health 1987: 21). Primary healthcare is based on community participation (World Health Organization 1978), and the integration of individuals like bush doctors, who are already positioned as community-based healthcare providers, is a local adaptation to this international objective. Arguably, the local attraction to bush doctors-cum-MOH service providers is their ability to span both worlds.

Included in a bush doctor's healing repertoire are certain skills that fall under the domain of midwifery—most notably, *hile'ek*, a form of uterine massage that is accompanied by prayer to ascertain and remedy fetal malpresentation.³ *Hile'ek* may be conducted throughout the pregnancy, but a bush doctor may also be called during labor to perform *hile'ek* if the laboring woman experiences pain or if the labor is not progressing normally. At times, the bush doctor may determine that the laboring woman is experiencing difficulties because she has been "*obeahed*," and the bush doctor will perform additional spiritual healing practices to counter the negative spell, thus enabling a successful delivery (Fig. 23.6).

³*Hile'ek* is in the Kekchi language, but *Mopan* Maya also refer to uterine massage as *hile'ek*. In the Belizean Creole it is called 'nointing'.

Fig. 23.6 A baby inside a *lepob* suspended from a scale at a well-child mobile clinic visit. Published with kind permission of © Aminata Maraesa 2017. All Rights Reserved



23.4 Encounters with *Obeah* Pregnancy

On the day Petrona opened my anthropological world to *obeah*, we made plans to talk again later that week. This second conversation, however, was postponed by her hospitalization. Unbeknownst to me—or to anyone, Petrona had been 9 months pregnant. She went into labor that very evening but suffered from placenta previa (note: an abnormal implantation of the placenta where it extends across the opening of the cervix in the lower uterus). When the low-lying placenta detached, she began to hemorrhage, causing massive bleeding and fetal demise. When her brother found Petrona the next morning, he rushed her to the hospital where she underwent an emergency cesarean section (Fig. 23.7).

Four weeks later I saw Petrona when she was in town to have her stitches removed, and we met at a café while she waited for her village bus. We made awkward small talk until I finally asked about her pregnancy-related hospitalization, whereupon she denied all knowledge of the pregnancy because she had continued to menstruate and adamantly claimed (without my asking) never to have had sex—ever. Petrona then exclaimed, “It was *obeah*!” Henceforth we walked in uncomfortable silence toward the bus until she made a stop at a public latrine. A few minutes after entering the bathroom, Petrona called for me: raising her skirt, she nervously asked what I saw. Fresh blood was seeping from the bandages around her abdomen. I quickly called for a taxi to take her back to the hospital where she was resutured and readmitted until her body was fully recovered from the cesarean delivery.

For the remainder of my fieldwork tenure, Petrona and I maintained a professional relationship; yet, the topic of her reproductive experience remained an unspoken albatross. Indeed, Petrona undeniably had an emergency surgery to remove a dead human-shaped fetus from her womb, yet she continued to proclaim (and believe?) that her pregnancy was the result of *obeah*—not out-of-wedlock sexual intercourse. However, once my ears were open to this phenomenon I encountered other stories of women who had survived an *obeah* pregnancy but were not innocent to sex, nor were their births of human form. Treena, a Creole woman, 17 years old at the time, was having sex with a 34-year-old

Fig. 23.7 Felicia, a *Kekchi* Maya women carrying her baby in a *lepob* suspended from her forehead. Published with kind permission of © Aminata Maraesa 2017. All Rights Reserved



married man. His wife threatened Treena by saying that if she got pregnant, “it [the pregnancy] will give you a lot of trouble because you messed with my husband knowing he was married!” The wife then went to a bush doctor who *obeahed* the teenage girl to become pregnant with a stingray. According to Treena, the obstetrical ultrasound even confirmed that a stingray was inside her womb, and the nursing staff said they could not help with situation. When she began to experience intense abdominal pain, Treena sought the help of a bush doctor who gave her bush medicine and recited prayers to counter the initial *obeah* of the angered wife’s bush doctor. This brought on the labor, and Treena gave birth to the stingray. According to the bush doctor who recounted this story, if Treena had not sought spiritual help, she would have stayed pregnant with the stingray past 9 months and eventually would have died.

Then there was the story told to me by one of the MOH’s top nurse midwives who denied the phenomenon of *obeah* pregnancy—“except for one case, which was my grandmother. Her belly mi swell, swell and you could even see a wiggling under her skin. When she was dying she said to us that something di come out from inside of her. Then a rat come out of her and fluid pour out. Then she take her last breath and she dead. They say that dah *obeah*, but I no know. Maybe.”⁴ Nurse Ical explained how an *obeah* pregnancy could be a case of fibroid tumors that distend the abdomen as they grow (note: benign tumors of smooth muscle origin that develop in the uterus, also termed leiomyomas). Often by the time a woman seeks medical assistance to check the “pregnancy,” the fibroid is too large to treat without a total hysterectomy, an operation that usually cannot be performed due to a combination of distance to the medical facility, cultural miscommunication, and finances. Untreated fibroids may result in complications, including obstetrical hemorrhage, that affect the health of the “pregnant” woman. This then would “confirm” the power of the *obeah*. According to Nurse Ical, fibroid tumors account for some of the “*obeah* deaths” of women in southern Belize. His grandmother’s “rat” could also have been a hydatidiform mole, or molar pregnancy, a chromosomally abnormal pregnancy that grows in place of the placenta that can be removed through dilation and curettage.⁵ However, in

⁴Regarding her research in the Toledo district among the *Mopan* Maya population, McClusky asserts that “Maya frequently use ‘maybe’ even if they are certain. In fact, it sometimes signals great certainty, but an uncomfortable topic. Maya also use it to express what someone else thinks” (2001: 278).

⁵In the United States and Europe, hydatidiform moles occur in approximately 1 pregnancy out of 1000. Symptoms of this condition include rapid growth in the size of the uterus with no fetal heart tone (American Cancer Society 2016).

southern Belize, where women often do not seek prenatal care until the second or third trimester, a molar pregnancy usually self-terminates in a spontaneous first trimester abortion. The passing of unidentifiable tissue without acknowledging the possibility of a “true” pregnancy may also validate the compelling power of *obeah*.

23.5 Community of Silence

In southern Belize, belief in the supernatural thus joins biomedical explanation to become part of the profoundly mundane “ways of knowing the world” (Khan 2004: 103). And as I made further inquiries into the different forms that *obeah* pregnancies could manifest, I was told they included a range of animals from small rodents like Nurse Ical’s rat to aquatic animals such as Treena’s stingray. So varied were the manifestations that the only consistency was a non-human form (see Sobo 1993 for a similar belief system in Jamaica). So what of human-like *obeah* pregnancies like Petrona’s? Could women allege *obeah* to cover up their reproductive improprieties? Or could others assert *obeah* to cover improprieties toward women that occurred under their watch?

In the summer of 2011, I returned to southern Belize to find out more about *obeah* pregnancy. A woman who self-identified as *Kekchifuna* [ethnically mixed *Kekchi* Maya and *Garifuna*] told me the story of her neighbor, Leila, a 14-year-old *Kekchi* Maya girl who lived in the section of town known as Indianville. First populated by rural dwelling *Kekchi* and *Mopan* Maya families who were to temporarily relocate to town so their children could attend high school, many of these residents stayed on to create a pocket of rurality within the urban *Garifuna* landscape. It was here that Leila resided in her two-room home with her parents, her newly married sister, and the sister’s husband. A few months after sharing sleeping quarters with her brother-in-law, Leila’s stomach began to grow. Her parents told the neighbors that they believed her daughter had been *obeahed* with a “pregnancy” due to jealousies regarding the family’s business. Their store was gaining in prosperity once the new husband had moved in to work full-time. The neighbors, however, were suspicious about the concurrence and questioned whether Leila’s growing belly was the result of *obeah* or incest.

Although I left Belize before this situation was resolved, I stayed in communication with Leila’s neighbor who told me a few months later that Leila’s “big belly” was gone, but there was no new baby at the house. What happened to Leila cannot be known for sure, as no official investigation was ever made, and the parents continued to seek help only from bush doctors. Proclaiming an *obeah* causation for their daughter’s distended abdomen, Leila never engaged prenatal care services or went to a hospital for treatment. Her family and neighbors preferred to turn a blind eye and tacitly agree with the presence of *obeah* in the girl’s womb rather than call attention to other social problems like allegations of incest or a teen pregnancy.⁶

⁶It is widely acknowledged that incest is a social problem that often goes unreported or unpunished (Di Capua 2006). So widespread is this recognized social problem that it was even the subject of an instructional comic book entitled *D(B)addy* published in 2003 by a local nongovernmental organization. The first of the five stories included in the book is entitled “Family Affair” which begins with the story of a young girl raped by her step-father who proclaims, “I am the king of all I survey!” After the forced sexual intercourse, he reasserts his patriarchal authority with the rhetorical question, “Who your daddy now?” (Youth Empowerment Services 2003: 2–4). Indeed, there was a cultural understanding prevalent among the many men that I spoke to in the Toledo district that they had a patriarchal right to marital (including common-law) property, which explains and may even justify—or allow them to “turn a blind eye” to—father/daughter incest. And boisterous allegations of sexual encounters between these relations were often made by women in the community when discussing clandestine out-of-wedlock pregnancies, some of which were terminated through illegal abortion or the pregnant woman’s death.

Throughout my fieldwork in 2006, I worked closely with the rural health nurses who provided prenatal care at a village health post. Arriving to the clinic one morning I found Ana, a 15-year-old *Mopan* Maya girl, in active labor. Ana had showed up to the clinic that morning complaining of a stomachache. When she was told she was pregnant, Ana denied any knowledge of it and incredulously asked how she could be pregnant if she never had sex. Upon birthing a baby girl, Ana left the clinic—and her baby—never to return. Her daughter was subsequently adopted.

Filomena, the TBA living in Ana's village, was actively engaged with her community's reproductive needs by providing rudimentary prenatal care for the pregnant women in her village and attending home births, the most recent of which was for Ana's mother. Throughout her twelfth pregnancy, Ana's mother had received in-home prenatal services from Filomena—at the same time that Ana was living in the house and hiding her own pregnancy. While I reasoned that Filomena should have recognized Ana's pregnancy, offered prenatal care, and spoken to her about attending the prenatal clinic, Filomena's response to my inquiry emphasized the cultural logic of a community of silence: "Yeah, I mi know she pregnant. I see she belly. But she no ask me nothing. So I no say nothing."

Like the *obeah*-practicing bush doctors who are also members of the public health team, the position of TBAs vis-à-vis socially problematic reproductive states, rumored infanticide, and *obeah* pregnancy is emblematic of the pervasiveness of cultural knowledge and practices that defy healthcare initiatives, yet that "make sense" at the local level and that of the individual. Indeed, the discretion with which Filomena answered my impudent inquiry impressed upon me the extent to which the tangible realities of everyday life in southern Belize are shaped by the invisible cultural walls that uphold the social world. These walls are extra thick when it comes to the public discussion of women's reproduction. As such, Filomena could not introduce any discussion of prenatal care until Ana disclosed her pregnancy. Because Ana chose to conceal her pregnancy, the presence of a TBA in the village did nothing to influence the outcome of her pregnancy—except maybe to prompt her to seek more anonymous care outside of her village when she went into labor.

Ana was familiar with Filomena and the midwifery services she provided—Filomena had previously delivered Ana's mother's baby. However, Ana looked for childbirth assistance outside of her community. By going to the rural health center located 10 miles from her village to birth her baby, Ana ensured that she could return to her community with no evidence of ever having been pregnant. Although her "secret" was a façade (if Filomena knew it can be assumed that others in her community were aware of her pregnancy—especially her own mother), Ana was able to effectively guard her private affairs by disposing of the baby outside of the community.

While Ana's baby was safely delivered into the world, other babies are not. Four years after I witnessed Ana's birth, I talked to Antonia, a *Kekchi* TBA living in a village 35 miles from Punta Gorda town, about clandestine births in her village and possible allegations of *obeah*. Was it coincidence, or was it pervasive practice, that only a week ago she saw a newborn baby hanging from the mouth of a stray dog as it walked through the village streets? Harrowingly similar to Tsing's "monster stories" (1990) about "bad mothers" in the United States who leave their newborns floating in toilets or bathtubs, Antonia's neighbor appears to have left her baby in the yard where it was picked up by the dog. However, unlike Tsing's mothers who were prosecuted for perinatal endangerment, Antonia's neighbor was never investigated. Even after village officials traced a trail of blood to the neighbor's back door, the explanation she offered: "That not a baby" suggests that what was later determined to be a premature stillbirth could have been the real "monster" in the eyes of the mother who was rumored to be having an affair with a married man.

Conclusion

While Petrona's training as a TBA should have alerted her to (1) her pregnancy and (2) the symptoms of placenta previa that include vaginal bleeding for which she should have sought out medical attention, she could have been trying to convince herself that she was spontaneously aborting. Maybe she was even taking an abortifacient when she went into labor and perceived that she was completing the induced abortion. Or maybe Petrona was trying to give birth clandestinely with the intention of absolving her shame through one final act of denial: leaving the baby in the bush for dead. In a culture where adulterous jealousies, gendered sexual impropriety, or incestuous relations spawn fetuses construed as rats or stingrays, masking the products of an unwanted pregnancy under the guise of *obeah* may be a way for women—and the larger social world—to conceal reproductive practices that, despite their ubiquity, carry a greater stigma and shame if openly acknowledged.

Throughout this chapter I have argued that *obeah*, dominantly portrayed as a counter-hegemonic force, can be agentively commanded by women to uphold normative representations of female sexuality and reproduction while engaging in illicit or immoral sexual activity—as agent or victim. In southern Belize, where women's reproductive behavior is highly scrutinized, *obeah* discourse may be a way to help conceal reproductive impropriety. Whether one believes in the power of *obeah* or accepts the cultural conditioning that tacitly sanctions problematic sexual encounters, social recognition of *obeah* pregnancy influences women's reproductive decisions—some of which may end in their own death, or that of their babies, when this belief results in clandestine perinatal behaviors.

References

- Aassve, A., Engelhardt, H., Francavilla, F., Kedir, A., Kim, J., Mealli, F., et al. (2005). *Poverty and fertility in less developed countries: A comparative analysis*. ISER Working Paper 2005–2013. Colchester: University of Essex. Retrieved from https://www.iser.essex.ac.uk/files/iser_working_papers/2005-13.pdf
- American Cancer Society. (2016). *What are the key statistics for gestational trophoblastic disease?* Retrieved September 4, 2016, from <http://www.cancer.org/cancer/gestationaltrophoblasticdisease/detailedguide/gestational-trophoblastic-disease-key-statistics>
- Avila, T., & Avila, J. (2008). *Garifuna world*. Providence, RI: Milenio Associates.
- Belize Ministry of Health. (1987). *The Belize national primary health care manual*. Photocopied document obtained from the files at the Punta Gorda Town Hospital.
- Bell, H. (1893). *Obeah: Witchcraft in the West Indies*. London: Sampson Low, Marston & Co..
- Birdsall, N., & Griffin, C. (1988). Fertility and poverty in developing countries. *Journal of Policy Modeling*, 10(1), 29–55.
- Cameron, S. (1997). *From girls to women: Growing up healthy in Belize*. Belize City: Government of Belize.
- Central Statistical Office. (2001a). Belize family health survey: Females. Belize.
- Central Statistical Office. (2001b). Abstract of statistics for Belize: 2000–2001. Belize.
- Central Statistical Office. (2004). *Environmental statistics for Belize: 2004*. Belmopan, Belize: Ministry of National Development.
- Chambers, D. (2009). *Murder in Montpelier: Igbo Africans in Virginia*. Jackson: University Press of Mississippi.
- Di Capua, A. (2006). *Child sexual abuse in Belize 2002–2005: An analysis of the criminal justice response*. Belize: National Committee for Families and Children.
- Earle, W. (2005). In S. Aravamudan (Ed.), *Obi; or, the history of three-fingered Jack*. Peterborough: Broadview Press.
- Khan, A. (2004). *Callaloo nation: Metaphors of race and religious identity among south Asians in Trinidad*. Durham, NC: Duke University Press.
- Maraesa, A. (2012). Saving face, losing life: Obeah pregnancy and reproductive impropriety in southern Belize. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care*, 14(Supp 1), S95–108. <https://doi.org/10.1080/13691058.2011.626075>
- McClusky, L. (2001). *“Here, our culture is hard”: Stories of domestic violence from a Mayan community in Belize*. Austin: University of Texas Press.

- Paton, D., & Forde, M. (Eds.). (2012). *Obeah and other powers: The politics of Caribbean religion and healing*. Durham: Duke University Press.
- Rambo, A. (1962). The Kekchi indians of British Honduras: An ethnographic study. *Katunob*, 3(3), 40–48.
- Richardson, A. (1997). Romantic voodoo: Obeah and British culture, 1797–1807. In M. Fernández Olmos & L. Paravisini-Gebert (Eds.), *Sacred possessions: Vodou, santería, obeah, and the Caribbean* (pp. 171–194). New Brunswick, NJ: Rutgers University Press.
- Sobo, E. (1993). *One blood: The Jamaican body*. New York: SUNY Press.
- Tsing, A. L. (1990). Monster stories: Women charged with perinatal endangerment. In F. Ginsburg & A. L. Tsing (Eds.), *Uncertain terms: Negotiating gender in American culture* (pp. 282–299). Boston: Beacon Press.
- United Nations Children’s Fund. (2005). *The Belizean child: A situation analysis of children and adolescents in Belize, 2004*. Belize: Cubola.
- World Bank. (2014). *Fertility rate, total (births per woman)*. Retrieved October 30, 2016, from <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>
- World Health Organization. (1978). *Declaration of Alma Ata*. Retrieved November 1, 2016, from <http://www.euro.who.int/en/publications/policy-documents/declaration-of-alma-ata,-1978>
- Youth Empowerment Services. (2003). *Torn pages: D(B)addy—5 stories of sexual abuse and exploitation*. Belize City: YES.