Mexico, which has been reported in more detail elsewhere (1).

The people of the Yucatán peninsula in south-east Mexico, especially in the rural areas, are accustomed to sleeping in hammocks; use of beds is exceptional (2). However, the public hospitals in this region exclusively use metal beds and have not considered offering indigenous alternatives.

The rural hospital in Hecelchakán provides secondary health care covering outpatient family medicine, gynaecology and obstetrics, internal medicine and surgery. Admissions are most frequently for childbirth. In 1995 a survey of 100 patients revealed that 96% used hammocks at home and 64% expressed a wish for them to be available in hospital. Hospital staff were more reticent: though 84% used hammocks themselves, 58% were either dubious about their use in hospital or expressed opposition to it.

Four hammocks were installed, at a total cost of US$ 500, for use by women recovering from childbirth or surgery, but not in the immediate postoperative phase. Patients who were unconscious, suffering from severe infection, a spinal injury or extensive burns, or who required intensive care, were not offered the choice of a hammock. The Maya women admitted to hospital were enthusiastic about the hospital hammocks, which were of matrimonial size and made of cotton in lively colours. All the women who used the hammocks felt more comfortable and had the impression that the quality of hospital care had improved. Nurses observed that newly-delivered mothers and their infants in a hammock slept more and rested better than those who were in separate hospital beds. If necessary, a knot could be tied in

**Use of hammocks in a rural hospital**

**Sir** – With the aim of improving the quality of community-based health services by taking account of patients’ social and cultural conditions and their traditional practices, a project was initiated to adapt medical services to the Maya culture predominant in the State of Campeche,
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the arms of the hammock to create a separate space for each of them. The women appreciated the coolness and comfort of the hammocks, to which they were accustomed; they said that sleeping in beds caused them back pain and considerable fatigue.

After the experimental introduction of these hammocks, the hospital staff changed their attitude: acceptance rose to 95%. The positions that patients were able to adopt encouraged venous connection, and the nurses experienced no problems in performing common clinical tasks such as injections, infusions and minor treatment. Bedsores became less common and less severe. There were no cases of nosocomial infections, probably because the hammocks were washed immediately after the patient was discharged or if they had been contaminated. Though bed-linen is constantly washed, mattresses and the metal structure of conventional beds are hardly ever cleaned.

The planning, implementation and assessment of this project generated both positive and negative reactions among participants at various levels: as well as sympathy and support, we encountered prejudice, ill-will and resentment. The pilot project was initially planned for two states, Campeche and Yucatán, but only the authorities in Campeche supported the idea. In Yucatán, though the Ozkutzkab Hospital expressed willingness, a state medical official refused to allow the project on the grounds that the Maya people had not requested the installation of hammocks (in spite of the preliminary survey in this area showing a potential use rate of 95%, higher than that expressed in Campeche). It is interesting to note that the official in question was a Maya speaker who used a hammock at home! Other

negative reactions were expressed in the initial stages of implementation, referring to the lack of precedents in the literature; accusations were made of appearing to cut costs, creating a “holiday camp” atmosphere, and encouraging backward ways instead of progress. Ongoing hostility led to agitation for the project to be cancelled, and the hammocks were removed for three weeks until the general manager in Mexico City ordered their reinstatement.

Under the guidance of the enthusiastic group running the Hecelchakán Hospital project (including the director, the chief nurse, the maintenance engineer and the manager), the hospital workers took part in training and awareness workshops. After initial reservations their response was excellent in terms of understanding and full support. Some nurses and nursing auxiliaries contributed practical experience of hammocks and made invaluable observations about ways of handling them, dividing them into two parts, and taking precautions for washing and drying.

It is noteworthy that opposition to this project did not come from the target group but from officials who were unaccustomed to innovative procedures. After the experimental stage was over, some of them changed their minds and publicly expressed their satisfaction at the project’s encouraging results. In view of the growing autonomy of indigenous peoples it is imperative to seek ways and means of providing hospital care that satisfies their justifiable needs and demands. It is no longer a question of developing public health programmes for indigenous peoples, but one of doing so with their active and indispensable participation.
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