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Guatemala: Indigenous Women Denied Sexual And Reproductive Rights

by LADB Staff

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In the municipality of Jocotan, one of the departments of the drought-stricken region of Guatemala known as the Corredor Seco, where the absence of rain deepens the chronic food insecurity of the campesino communities, only 20% of the female population uses contraception, says Tierra Viva, a local nongovernmental organization (NGO) that works to defend women's sexual and reproductive rights. "Machismo still prevails in rural areas. Women have every right to plan their families, but they don't do it out of fear as their husbands often accuse them of being unfaithful if they find out that they're using contraception. On average, they have six to eight children, some even have 13," says Elvira Avila, coordinator of Tierra Viva in Chiquimula. She adds that only around 5% of Jocotan's female population uses contraception with their partner's knowledge. Women who do plan their families, either choosing to have fewer children or spacing out their pregnancies, usually prefer quarterly progestine injections, a hormone that prevents ovulation, as this method is more discreet and can easily be applied without the partner's knowledge. The fact that many women in rural areas do not make use of their reproductive rights "has a direct impact on poverty and malnutrition," says Avila, as already scarce resources are often shared among large families. Lack of access to health services is another major problem. In the most remote and isolated villages, such as Xalagua, in the municipality of Camotan, women have to walk for four hours under a scorching sun to get to the nearest health clinic or wait for a pickup truck that passes through their village once a day and charges between US\$2.40 and US\$4.80, a considerable expense for rural families that live in extreme poverty and whose yearly income is less than US\$1,200. When they finally get to the local health center, they often find that the injections have run out and they are forced to return home empty handed. Racism contributes to indigenous women's health problems. A report published by the US Agency for International Development (USAID) and the Ministerio de Salud Publica y Asistencia Social (MSPAS) in 2007 also revealed that health workers' racist attitudes toward the Mayan population are another barrier, as many doctors often doubt indigenous women's ability to understand how contraception methods work and only 65% of health centers have bilingual staff. Alejandro Silva, director of the reproductive-health program, admits that racist prejudice is a problem and says that the MSPAS is working on a new multicultural approach to health based on successful programs implemented in Bolivia and Paraguay. Jacqueline Lavidali, director of the Programa Nacional de Salud Reproductiva (PNSR), says that the family-planning law must come into effect as soon as possible as the program's current budget (US\$3.9 million) is insufficient. Congress approved the family-planning law (Ley de Acceso Universal y Equitativo para la Planificacion Familiar) in 2006, despite strong opposition from the Catholic Church. The law clearly states the government's duty to provide free family-planning services for all Guatemalans, establishes compulsory sex education for all school children, and creates the Comision Nacional de Aseguramiento de Anticonceptivos (National Commission for the Procurement of Contraception, CNAA). Provision of contraception services was to be funded through a tax on alcoholic beverages. However, in the Guatemalan legal system, for a new law to come into effect a reglamento must be approved by the relevant government institutions (in this case the MSPAS, Ministerio de Educacion

(MINEDUC), and the Instituto Guatemalteco de Seguridad Social (IGSS). As this bureaucratic procedure has yet to be completed, the law has yet to be enacted and the CNAA has yet to be set up. Approval of the reglamento has been delayed, after various religious organizations both Catholic and Protestant lodged a number of appeals against the family-planning laws, all of which have been rejected by the Corte Constitucional (CC). Religious groups argue that the availability of family-planning methods will increase the number of abortions in the country (the practice is illegal under Guatemalan law) and that parents, not school teachers, should be solely responsible for their children's sex education. "The MSPAS has already approved the necessary legal changes for the law to come into effect. Now we need the IGSS and the MINEDUC to do the same," explains Lavidali. A study published by the Guttmacher Institute in 2006 found that only 17% of indigenous women in Guatemala use contraception as opposed to 34% of ladino (nonindigenous) women, and 39% of indigenous women have an unsatisfied demand for contraception. "In the workshops that we organize in rural areas, many women say that had they known about contraception they would have had only four children," says Avila. Alma Odette Chacon, director of Tierra Viva, adds that religious taboos also prevent women from exercising their right to limit the size of their families. "In El Progreso, one of the departments where we work, evangelical pastors often tell women that taking the pill or using condoms causes brain damage," she said. Mayan political scientist Alvaro Pop points out that it is important to develop family-planning programs with a long-term vision and an emphasis on sex education as "there is no point in improving access to contraception if people haven't been educated about the importance of deciding how many children they can support." Pop adds that it is also important to remember that the absence of family-planning methods is only one of the many factors that aggravate rural poverty. "It's not as simple as saying that all of our problems will be solved by having no more than two children. I come from an indigenous family of nine children, five of whom went to university and are lawyers," he says.

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