

Reproductive Rights In Guatemala

Reproductive rights are Human Rights!

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It all begins with reproductive rights



March 12, 2020. Last team photo before pandemic lockdown began.

The Guatemalan Context



Demographics

- Population: 17 Million (2018 census)
- Women in reproductive age (15-49): 5 million (ENSMI 2014)

15% referred history of sexual abuse (ENSMI 2014)

- 5% become pregnant
- 30% search for help



About sexual and reproductive health

- Guatemala has one of the highest teen pregnancy rates in Latin America and one of the few that is on the rise.
- Average age at first birth is 20.
- 21% of young women ages 15-19 are pregnant or parenting (and up to 24% in rural areas).
- 22% of teen girls have an unmet need for contraceptives.
- 31% of teen girls between 15-17 years of age used a condom in their last sexual act (compared to 67% among teen boys).
- 10% of teen girls who have been sexually active in the last year, had sex with a man 10+ years older.



Global fertility rate trend

Current available information is 2014-2015 from ENSMI
(National maternal and infant health survey)

Cuadro 5.4 Tendencia de la tasa global de fecundidad según las anteriores ENSMI's

Tasa global de fecundidad (TGF) para los 3 años anteriores a cada encuesta, según características seleccionadas, Guatemala 1987 - 2015

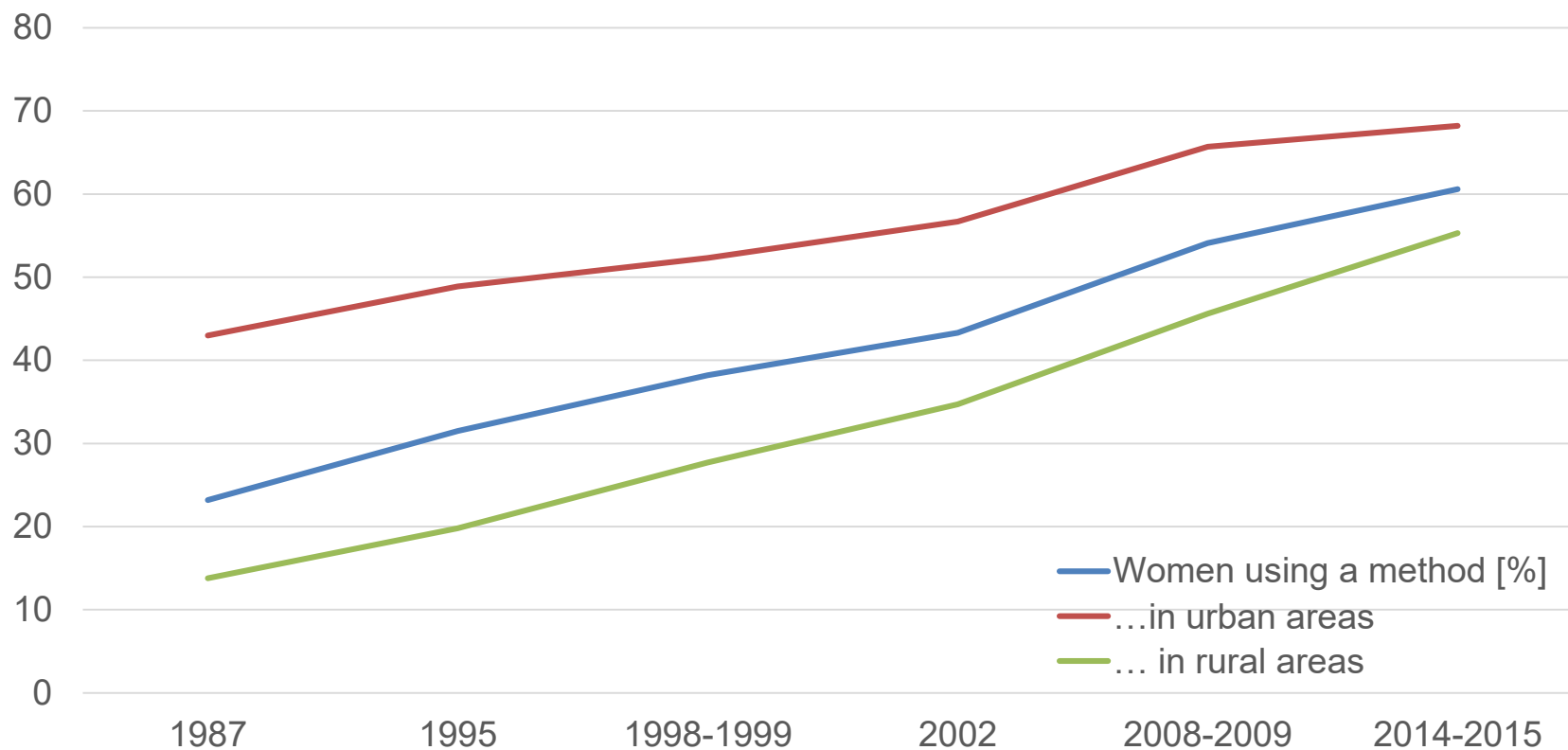
Característica	Encuesta/Período					
	ENSMI 1987 ¹	ENSMI 1995	ENSMI 1998-1999	ENSMI 2002	ENSMI 2008-2009	ENSMI 2014-2015
	1983-1987	1992-1995	1995-1998	1999-2002	2005-2008	2012-2014
Área de residencia						
Urbana	4.1	3.8	4.1	3.4	2.9	2.5
Rural	6.5	6.2	5.8	5.2	4.2	3.7
Región						
Metropolitana	4.0	3.9	4.3	3.2	2.7	2.3
Norte	7.2	6.7	5.5	6.5	4.4	3.8
Nororiente	5.3	5.1	5.4	4.7	3.4	3.3
Suroriente	5.8	5.7	5.1	4.4	3.0	3.3
Central	5.8	5.3	5.0	4.2	3.4	3.1
Suroccidente	6.3	5.5	5.3	5.0	3.8	3.1
Noroccidente	6.8	6.8	6.2	5.5	4.6	3.9
Petén	nd	nd	6.8	5.8	4.3	3.3
Grupo étnico						
Indígena	6.8	6.8	6.2	6.1	4.5	3.6
No indígena	5.0	4.3	4.6	3.7	3.1	2.8
Nivel de educación						
Sin educación	7.0	7.1	6.8	6.4	5.2	4.6
Primaria	5.2	5.1	5.2	4.7	3.8	3.5
Secundaria o más	2.7	2.6	2.9	2.1	2.3	2.2
Total	5.6	5.1	5.0	4.4	3.6	3.1

nd: No disponible.

¹ Mujeres de 15-44 años de edad.



Use of contraception among women in partnership



Average age of first child birth

Showing rates per ethnic group (self/traditional description), educational level and total and wealth quintile

Cuadro 5.11a Edad mediana al primer nacimiento según características generales

Edad mediana al primer nacimiento entre mujeres de 25-49 años, por características generales, Guatemala 2014-2015

Característica	Edad de la mujer 25-49
Etnia por autoidentificación	
Indígena	20.4
No indígena	20.8
Etnia por concepto tradicional ¹	
Indígena	20.4
No indígena	20.7
Educación	
Sin educación	19.3
Primaria incompleta	19.6
Primaria completa	20.5
Secundaria	22.2
Superior	a
Quintil de riqueza	
Inferior	19.7
Segundo	19.8
Intermedio	19.9
Cuarto	20.8
Superior	22.4
Total	20.6

¹ El concepto tradicional de etnia por observación se utiliza únicamente para fines estadísticos de comparabilidad con las anteriores ENSMI's.
a = No se calculó por tratarse de información trunca.



International writings on Guatemala policies related to sexual and reproductive health





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formerly the Center for Reproductive Law and Policy

The broad and ambiguous nature of Guatemala's reservations and the fact that it is legally bound to certain human rights treaties that encompass the right to family planning information and services ... nullify the effect of its reservations to the consensus documents emerging from the ICPD and the Beijing Conference



The Government's Obligation to Ensure Access to Family Planning Information and Services for All Its Citizens

- The right of all couples and individuals to have access to family planning services and information is well-established under international human rights law.
- This consists of a composite of both the right to health, including reproductive health, and the right to reproductive self-determination.
- The right of both women and indigenous people to be free from discrimination in all aspects of their lives, including in matters related to access to health care, is also internationally protected.
- These rights are explicitly articulated in human rights treaties and instruments to which Guatemala is bound, such as:
 - The Universal Declaration on Human Rights (Universal Declaration), the International Covenant on Civil and Political Rights (Civil and Political Rights Covenant)
 - The International Covenant on Economic, Social and Cultural Rights (Economic and Social Rights Covenant)
 - The Convention on the Elimination of All Forms of Discrimination Against Women (Women's Convention)
 - The Convention on the Elimination of All Forms of Racial Discrimination
 - The Convention on the Rights of the Child (Children's Rights Covenant).
- In addition, there are several major regional human rights treaties to which Guatemala is also a party:
 - American Convention on Human Rights
 - The Inter-American Convention on the Prevention





Demystifying Data Fact Sheet

April 2014

Sexual and Reproductive Health Of Young Women in Guatemala

- 866,000 women 15-19 yo (11%), 40% indigenous.
- Majority of indigenous live in poverty
- 55% are sexually active, un-married
- 26% of married 15-19yo women have an unmet need for contraception, meaning they wish to avoid having a pregnancy in the next two years but are not practicing contraception.
- Unmet need is equally high among married urban and rural residents (25–26%), but is higher among those in the poorest wealth quintile (31%) and the richest wealth quintile (35%).





Demystifying Data Fact Sheet

WINGS Guatemala

Sexual and Reproductive Health Of Young Women in Guatemala

- In 2010, the Guatemalan Ministries of Health and Education signed the “Preventing through Education” declaration, which commits them to increasing comprehensive sexuality education in schools and improving young people’s access to appropriate sexual and reproductive health services.
- Legal minors are required to have parental consent to access HIV testing.
- Abortion in Guatemala is severely restricted and is legal only in cases where the mother’s life is in danger. Despite legal restrictions, abortion is common and often unsafe.
- Restricted legal access to abortion often leads to unsafe abortion practices. Unsafe abortion contributes to Guatemala’s maternal mortality ratio, which is the highest in Central America.



POLICY AND PROGRAMMATIC IMPLICATIONS

- Adolescent women in rural areas have a particularly hard time obtaining services. This disparity is likely due to geographical, economic, cultural and infrastructural factors, including high levels of poverty and a shortage of sexual and reproductive health providers in rural settings.
- There is a great need to invest in programs that reach rural and indigenous young women with sexual and reproductive health services.
- Unmet need for contraception is high among unmarried and married young women. Action is needed to address underlying factors, including the lack of affordable and accessible health services, stigma surrounding sexual activity among unmarried women, lack of agency among young women, misconceptions about method side effects and provider-related barriers.

- Lack of privacy is a key barrier for young people seeking sexual and reproductive health services in the public sector (e.g., adolescents are often served in the same room as other clients). Providing a private, youth-friendly environment may improve young people's willingness to seek out services.
- Given low secondary school attendance among young women (particularly poor and rural women) and the absence of sexuality education in many schools, it is likely that young women in Guatemala have a great need for sexual and reproductive health information, including about HIV prevention. It is critical to determine the most effective forums and channels—in and out of school—for reaching a greater number of young women with comprehensive and accurate information.
- Large proportions of young women report access to television, newspapers, magazines and radio, and these mediums— along with the Internet—may prove effective for reaching this population with sexual and reproductive health information.

Compendium of laws related to family planning in Guatemala 2014



Ley de Desarrollo Social | Ley de Planificación Familiar
Ley para la Maternidad Saludable | Otras leyes

Guatemala, agosto de 2014

- 2001 Social development law
- 2002 Social development policy
- 2004 Alcoholic beverages tax law (15%)
- 2005 Family Planning Law, (Universal Access and Equitable Family Planning Services law)
- 2006 National budget for family planning program
- 2009 Ruling of family planning programs
- 2010 Healthy Motherhood Act
- 2010 Changes in purchase laws of methods

Other Guatemalan legal framework on sexual and reproductive rights

1. Law of Universal and Equitable Access to Family Planning Services and its Integration in the National Reproductive Health Program. Decree Number 87-2005
2. Law against sexual violence, exploitation and human trafficking. Decree Number 9-2009 of the Congress of the Republic.
3. Law for the comprehensive protection of children and adolescents. Decree Number 27-2003.
4. General Law to Combat Human Immunodeficiency Virus-HIV and Acquired Immunodeficiency Syndrome-AIDS- and for the promotion, protection and defense of Human Rights against HIV-AIDS. Decree Number 27-2000.



Current difficulties

1. Congress with a majority of conservative legislators. They seek to eliminate comprehensive sexuality education in the educational system, increase the criminalization and criminal prosecution of abortion, and reduce access to contraceptive methods for minors.
2. Lack of political will to comply the existing legal framework.
3. Local myths, cultural, linguistic and religious barriers (patients and providers).



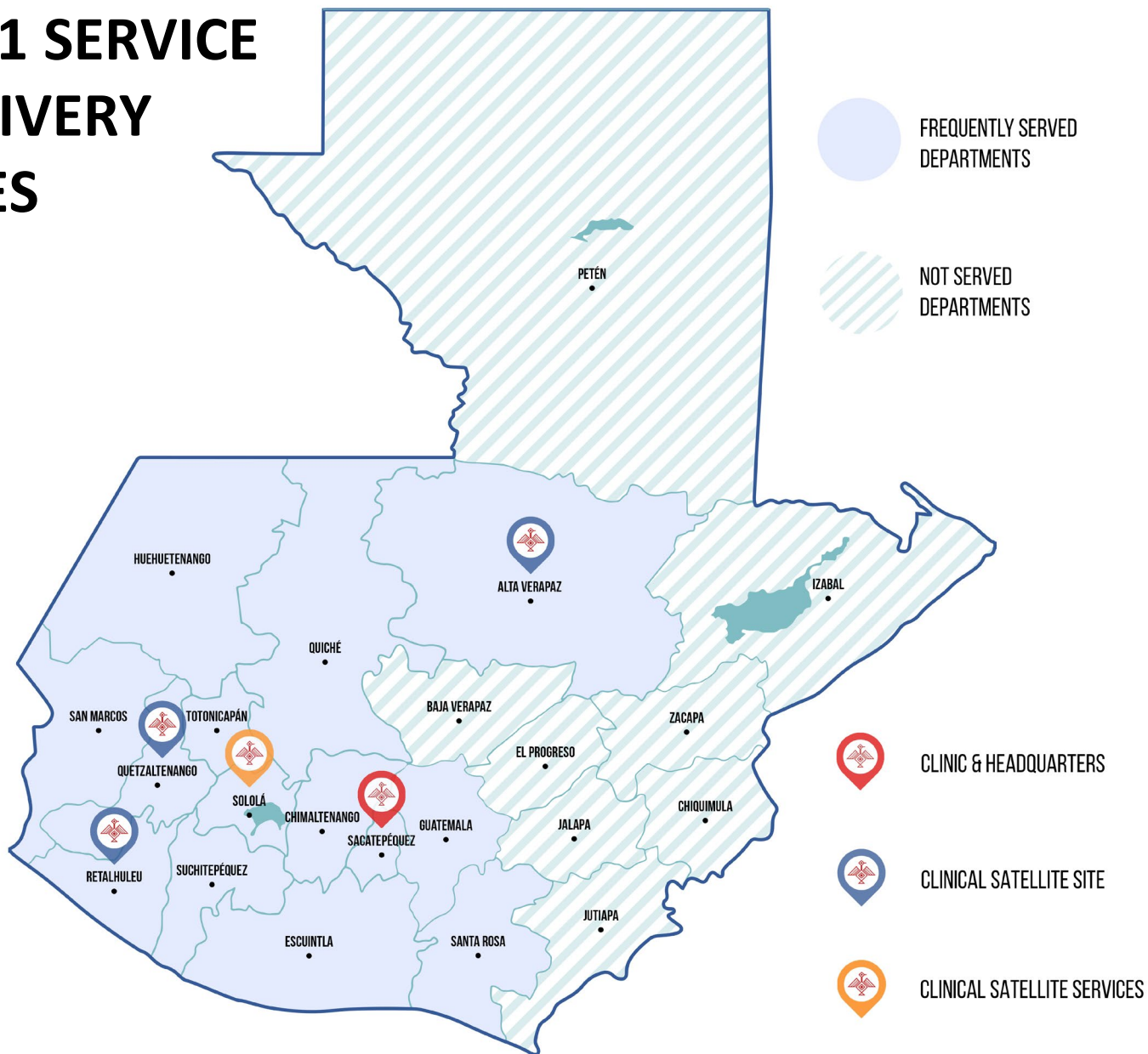


WINGS SERVICES

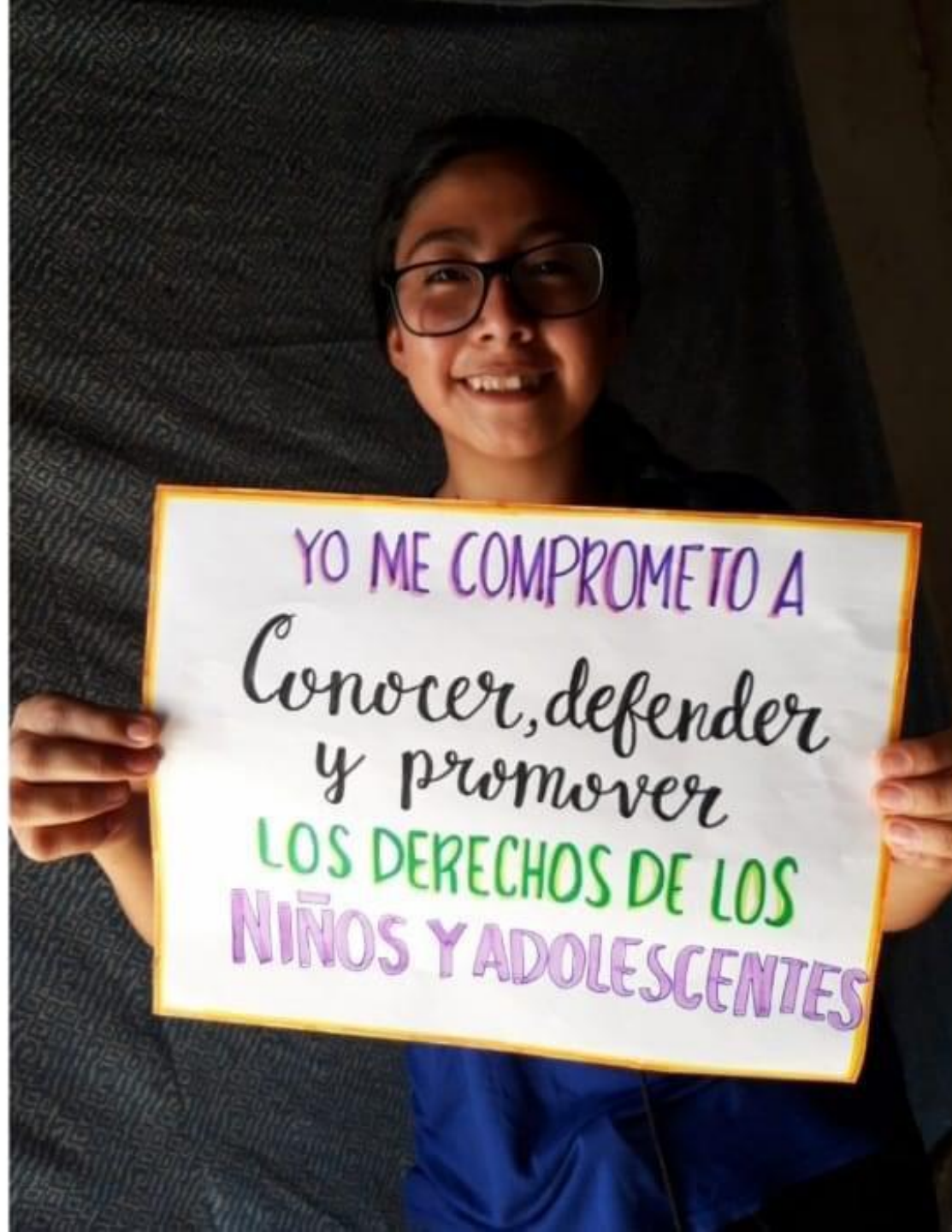
**“Rights based
approach”**

**Their choice, with quality information.
Quality counseling and access to qualified services.**

2021 SERVICE DELIVERY SITES







Youth peer
educational
program
participant:

I'm committed to:
Know, defend and
promote

The rights of children
and teenagers

