

CULTURAL REPRODUCTION: CHILD AND ADOLESCENT PREGNANCY IN
RURAL GUATEMALA

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A Thesis submitted to the faculty of
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In partial fulfillment of
the requirements for
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Master of Arts

In

Sexuality Studies

by

Allan David Avila

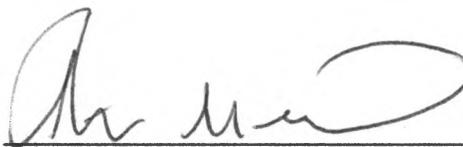
San Francisco, California

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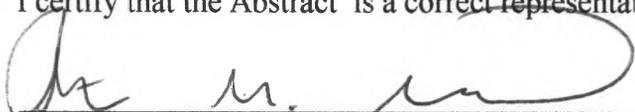
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CULTURAL REPRODUCTION: CHILD AND ADOLESCENT PREGNANCY IN
RURAL GUATEMALA

Allan David Avila Espina
San Francisco, California
2015

Child and adolescent pregnancy is common in rural Guatemala. Researchers have examined this phenomenon by analyzing the high fertility rate in developing countries. My research adds to this discussion by exploring how cultural traditions and social norms in Maya communities influence early-life pregnancy. I collected observational data of a sex education workshop on Maya children and adolescents in rural Guatemala, as well as data from questionnaires from the workshop and in-depth interviews with women's rights activists. Results show that issues such as rural residency, poverty, religious influences, lack of sex education and family planning programs, and sexual violence perpetuate the prevalence of early-life pregnancy. A comprehensive sex education curriculum, culturally-sensitive family planning programs, and the enforcement of laws that protect women's rights are needed to decrease child and adolescent pregnancy rates in rural communities of Guatemala.

I certify that the Abstract is a correct representation of the content of this thesis.



Chair, Thesis Committee

5/14/15
Date

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First and foremost, I want to dedicate this work to the Maya women of Guatemala, whose leadership, resistance, love, and pursuit of dignity is truly an inspiration. This project would not exist without the IUMUSAC, ADEMKAN, Dr. Mirna Montenegro, Dinora Gil, Silvia Menchú, and Miriam Maldonado. Thank you so VERY much for believing in my participation and for encouraging me and supporting me in my journey. Thank you Rita Melendez and Amy Sueyoshi for challenging me every step of the way (I made it!). Thank you to my *familia*: Christian, Danny, and Ilse: this work is for you (your coffee gift-cards helped me survive grad school!). Thank you to my friends who made me smile during the process: It is not easy to read and code interviews consisting of struggle, femicide, and sexual violence. Lastly, I want to dedicate this work to my lovely grandmother and my father, who always believed that school was the best choice I could ever make in my life.

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Introduction

Guatemala is a country with high ethnic diversity, shaped by a multilingual and multicultural population. Guatemalans belong to 21 indigenous groups, descendants of the Maya, who comprise roughly half of the total population (*Política*, 2002). *Ladinos*, persons of mixed indigenous/white European heritage, comprise roughly the other half of the population, speak Spanish, and consider themselves the mainstream culture (Goldman & Gleib, 2003). With a total of roughly 15 million inhabitants, Guatemala has a very young society, with 40% of the population between 0-14 years of age; 55.5% between 15-64 years of age, and only 3.6% of age 65 and older (*Análisis*, 2013).

Guatemala's economy has many disparities between different social groups and it is one of the poorest countries in Latin America (Goldman & Gleib, 2003), with 10% of the population receiving 44% of the country's income, a powerful elite, and 90% receiving the remaining 56% (*Política*, 2002). Furthermore, 56% of the population in Guatemala is poor and 16% is extremely poor. The poverty rate is even higher in rural Guatemala, with 85.7% living in poverty and 71.9% of the rural population living in extreme poverty (*Política*, 2002). Ethnicity and social class are linked together. Indigenous Maya are the poorest ethnic group in Guatemala. *Ladinos*, on the other hand, belong to all social classes (Goldman & Gleib, 2003).

In Guatemala, "Ley de Protección Integral de la Niñez y Adolescencia" (Childhood and Adolescence Integral Protection Law) defines a child as a person who is younger

than 14 years of age and an adolescent as a person who is younger than 19 years of age; furthermore, the law states that children and adolescents have the rights to a life with integral development that includes equality, freedom, the right to dignity, respect, and happiness (*Análisis*, 2013).

Guatemala has a high fertility rate and high maternal and child mortality and morbidity rates, which are health conditions exacerbated by having early-life pregnancies (Ishida, Stupp, Turcios-Ruiz, William, & Espinoza, 2012). Young people in Guatemala lack health care access, especially in rural areas of the country, the most vulnerable group being Maya girls (*Política*, 2002). The average mortality rate is 49 deaths for every 1,000 live births, with higher rates in rural Guatemala, primarily affecting indigenous Maya groups (*Política*, 2002).

With a high level of concern for these high pregnancy rates and newborn health issues in rural Guatemala, many non-governmental organizations (NGOs) are beginning to help make reproductive health accessible in rural Guatemala (Donis, 2012). These NGOs help develop programs to improve reproductive health access. Two of these NGOs are the Observatory of Sexual and Reproductive Health (OSAR, acronym in Spanish) and the Women's Institute (IUMUSAC). Additionally, urban organizations, such as the Association for the Family Well-being (APROFAM) and the National Council of the Youth (CONJUVE), as well as rural organizations such as the Association for the Development of K'ak a Na'oj Women (ADEMKAN), are involved in the cause. Urban and rural NGOs in the country have begun to investigate the sources of child and

adolescent pregnancy, especially by focusing their efforts on reproductive health and making family planning more accessible in rural Guatemala (Donis, 2012). Successful plans to improve sexual and reproductive health in the country will need to consist of learning about genetic factors, socioeconomic factors, sexual conduct among adolescents, and accessible health services in the country (*Política*, 2002).

Despite NGO interventions, child and adolescent pregnancy rates have stayed high in the last few years, especially in rural Guatemala. In 2010 alone, there were 45,048 registered births among girls and adolescents between 10-19 years of age according to the Ministry of Health (*Análisis*, 2013). Cultural traditions and social norms influence rates of early-life (child and adolescent) pregnancy (*Análisis*, 2013). The NGOs have therefore begun to tackle early-life pregnancy by offering sex education workshops in rural Guatemala.

The main goal of my project was to observe one of the sex education workshops provided by the IUMUSAC on August of 2014 in rural Guatemala and, by augmenting this through ethnographical observation and interviews, assess how social norms and cultural traditions influence child and adolescent pregnancy among Maya indigenous women.

Background

Guatemala has high rates of child and adolescent pregnancy (Valladares, 2012). Almost 20% of pregnancies in Latin America occur in children and adolescents, ages 10-

19 (*Análisis*, 2013). Between 2011 and 2013, Guatemala registered 41,454 pregnancies in children and adolescents. There were 7,627 pregnancies in children of ages 10-14, which makes up a total of eight percent of pregnancies among girls. There were 133,827 pregnancies in adolescents of ages 15-19, which makes up a total of 16% pregnancies among adolescents in the country (*Análisis*, 2013). Donis (2012) states that by mid-year in 2012, about 1,448 children between 10-13 years of age gave birth in Guatemala. In 2014, there were 5,119 registered pregnancies among children (Castañón, 2015). Furthermore, more young women in Guatemala are getting pregnant in rural areas, especially in Alta Verapaz, Guatemala (Donis, 2012).

Early sexual activity and pregnancy reinforce the challenges of poverty. Young pregnant women face malnutrition not only for themselves, but for their infants as well, since these incidents of early-life pregnancy usually happen in low-income groups of people. They also lack educational opportunities, and they are at risk of STIs and psychological problems (Donis, 2012). Most pregnancies among children occur through sexual violence; whereas, adolescent pregnancies mostly happen because of lack of scientific information about the body and sexuality (*Análisis*, 2013). Poverty and extreme poverty perpetuate social norms that lead to pregnancy as well, mainly in rural areas, where most of the inhabitants are indigenous Guatemalans of Maya descent (*Análisis*, 2013).

Girls are changing not only physically, but also emotionally, socially, and intellectually (Gonzalez, 2013). When growing up and developing, girls and young

women need an adequate support system that is composed of health, education, and a strong family system (Gonzalez, 2013). Girls who are between ages 10 and 14 years of age are more vulnerable to experience sexual violence; some young girls are forced into early-life or child marriage, which leads to pregnancy during childhood (Gonzalez, 2013).

OSAR believes that many agencies, both governmental and non-governmental, need to be more involved in sex discourse in rural Guatemala, such as the Ministry of Health and the Ministry of Education, who should implement new strategies for change, and which should include comprehensive sex education curriculum in schools and campaigns to educate people about early-life pregnancy in rural Guatemala (*Análisis*, 2013). OSAR has become the main organization to tackle reproductive health issues by investigating many factors that lead to early-life pregnancy in depth, especially in rural Guatemala (Donis, 2012).

Men in rural Guatemala control reproduction by virtue of feeling entitled to access females and having sex with them when they desire (Metz, 2001). Maya women lack autonomy in their sexuality: they do not initiate sexual activity, they do not ask to use condoms or contraceptives and they usually hide their pregnancy from community leaders and from their partners (Metz, 2001).

Indigenous Maya women are considered the “cultural and biological producers of the communities” (Ishida, 2011). Maya communities in rural Guatemala consider early-life

marriage important for reproduction, and although the legal age to get married in Guatemala is 14 years of age, some communities marry girls far younger (Sinclair, 2015). Maya women fear being pregnant and unmarried at the same time (Ishida, 2011). Maya Guatemalan cultures value virginity and chastity in a woman: a woman should be pure until she is married, so that she can *give* her virginity to her husband (Berganza, Peyre, & Aguilar, 1989). Sex and sexuality discussions are taboo in rural Guatemala, even for health purposes, yet men are encouraged to engage in sexual activity at an early age. Maya women who engage in sexual activity early in life are considered “transgressors” who go against the social norms that support women’s submissive, moral, and “virginal” roles or *marianismo* in their culture; thus, if a woman gets pregnant, it is she who is at fault and she must bear the consequences. A woman that engages in sexual activity without being married could end up pregnant, which could make her a target for shaming and isolation by her community (Berganza, Peyre, & Aguilar, 1989). Men, on the other hand, should pursue sex because they should strive for dominance, masculinity, and aggressiveness, in other words, they should be *macho* (Berganza, Peyre, & Aguilar, 1989).

According to Buvinic (1997), early-life pregnancy and childbearing perpetuates poverty, which is associated with lack of educational and work opportunities. The Nutrition Institute for Central America and Panama (INCAP) conducted an oral-history study from 1967-1987 with 2,000 rural Guatemalan women from seven villages that spoke Spanish. The INCAP found that girls and adolescents who had been initiated

sexually before age 19 had given birth to an average of 11 children; whereas those who initiated sexual activity after age 20 had an average of 8 children (Buvinic, 1997).

The rural landscape in Guatemala is complex. With volcanoes, rivers, lakes, jungles, highlands, mountains, and streams that make up the heart of the country, it is hard for Westernized health centers to operate in isolated communities (Ibanez & Rimola, 2013). Rural communities often lack access to electricity, sanitation, and water; thus, health centers are hard to establish in many rural communities (Goldman & Gleib, 2003). Remote areas are the most affected, which makes it harder for socioeconomic and health improvement (Ishida, 2011). Young mothers and babies in rural Guatemala, especially in remote areas, often die of malnutrition and poor living conditions (Metz, 2001).

Under these conditions, where infrastructure is underdeveloped, family planning programs struggle to provide their services in rural Guatemala (Metz, 2001). But even if family planning services were accessible, there would still be many barriers, culturally and socially, that would prevent using them. Rural communities value reproduction, depend on children for the future of their communities, and mistrust Westernized medicine (Metz, 2001). Thus, sex discourse in rural residencies is complex. Life conditions, social norms, and cultural traditions intersect, perpetuating the status quo and valuing reproduction at a high cost to healthy outcomes (Metz, 2001).

Sexual violence involves forced sexual intercourse, stranger rape, and incest (Speizer, Goodwin, Whittle, Clyde, & Rogers, 2008). Sexual violence by definition encompasses

any type of sexual for girls younger than 14 years of age –consensual or nonconsensual. Sexual violence leads to physical problems, such as unwanted pregnancies, as well as psychological and sociocultural problems, such as depression and shame (Speizer, Goodwin, Whittle, Clyde, & Rogers, 2008).

Family planning establishes autonomy and liberty in sexual activity, as well as sexual health and joy. However, the reality is different for many Guatemalan women, especially indigenous women in rural areas, who experience more births than *ladinas* throughout their lifetime, with an average of 6-8 children and sometimes up to 13 (Ibanez & Rimola, 2013). The government of Guatemala approved the Universal and Equal Access to Family Planning law in 2005 in an attempt to improve sexual reproductive outcomes and help families have more autonomy over the number of children they could have (Ibanez & Rimola, 2013). The law was not implemented until 2009, however, and almost 40 out of 100 people cannot get access to contraceptives and health clinics, especially in rural areas of Guatemala, where the most isolated communities do not get any access at all (Ibanez & Rimola, 2013).

Indigenous women in rural Guatemala have a disadvantage because of their rural residency; furthermore, they are not privileged linguistically –lacking Spanish-language skills– and socioeconomically (Ishida, Stupp, Turcios-Ruiz, William, & Espinoza, 2012). Maya women fear discrimination, possible side effects of Western medicine, and breaking out of their cultural practices, such as midwifery (Ibanez & Rimola, 2013). Moreover, most health centers in rural Guatemala are run by *Ladinos* who only speak

Spanish (Ibanez & Rimola, 2013). Indigenous rural women who can only speak a Maya language feel isolated, discriminated against, and mistreated. These factors influence the lack of sex/sexuality/family planning information distributed in rural Guatemalan communities (Ibanez & Rimola, 2013). Furthermore, indigenous communities believe that women's role in life is to procreate and have as many children as possible; a belief that defeats family planning programs' purposes (Ibanez & Rimola, 2013).

Guatemala is one of the countries in Latin America that most lacks reproductive health care. The government lacks the involvement that rural Guatemala needs, affecting Maya communities the most (Ishida, Stupp, Turcios-Ruiz, William, & Espinoza, 2012). Access to contraceptives in rural Guatemala has ethnic and socioeconomic barriers. Indigenous populations who live in extreme poverty cannot afford to buy contraceptives, do not feel comfortable using contraceptive methods, and do not trust *Ladinos* (Ishida, Stupp, Turcios-Ruiz, William, & Espinoza, 2012).

Maya rural young women, the most vulnerable population within reproductive health discourse, who because of location, ethnicity, and gender lack control over the number of children they bear, and have thus become invisible. They lack the access to any resources that could improve their sexual and reproductive health, especially when they are still girls and adolescents (Ibanez & Rimola, 2013). For example, in Santa Catarina Palopó, a rural community in Sololá, Guatemala, only six percent of women use contraceptives (Ibanez & Rimola, 2013). Maya women know little about sex/sexuality and do not receive any reproductive health or women's reproductive rights information; thus, many

NGOs in the country have begun taking action and now inform some rural communities about sexuality topics, including the importance of using contraceptives (Ibanez & Rimola, 2013).

The Ministry of Public Health, meanwhile, has been changing its perspectives surrounding family planning programs and has tried to make family planning more accessible in rural Guatemala. The Ministry of Education has likewise begun to change its perspectives surrounding sex education, but there are still competing views on how to teach sex education in schools. Existing sex education curricula in the country have not been implemented, mostly due to the belief that sex education should be taught by parents at home because it is considered a taboo and sensitive topic that teachers are neither comfortable nor trained to teach (Ibanez & Rimola, 2013). Guatemala's education system should implement a sexuality education curriculum as early as the elementary years, especially because some rural communities' educational system sometimes ends at the elementary level (Ibanez & Rimola, 2013). A comprehensive sex education in Guatemala could lead to better access to family planning programs that could help prevent early-life pregnancies, as well as help decrease maternal/child mortality and morbidity rates (Ibanez & Rimola, 2013). The Ministry of Health has begun training *comadronas* (midwives), the traditional birth attendants in rural Guatemala, utilizing Western methods of sexual reproductive health in recent years. The goal is to detect strengths and weakness of current sexual reproduction health care programs, prevent sexual issues such as early-life pregnancy, and provide easy access to health care

methods. *Comadronas* could be accepted as part of the health care system if trained properly with Western standards, which they would be able to utilize along with their traditional methods, with the purpose of reducing the maternal and child mortality and morbidity rate in the country (Goldman & Gleib, 2003).

In rural Guatemala, sex discourse is rooted in cultural traditions, lack of knowledge, and religious beliefs centered on reproduction (Berganza, Peyre, & Aguilar, 1989). APROFAM has attempted to reach rural communities in Guatemala to provide family planning services. However, cultural traditions and social norms complicate APROFAM's attempts (Metz, 2001). Family Maya traditions in rural Guatemala center on procreation for the well-being of the community and for the future: a future centered mostly on agricultural labor that depends on children, especially boys, who can help cultivate the land: coffee (predominantly), beans, maize, and sugar. Maya communities thus resist to the use of contraceptives that reduce the number of offspring (Metz, 2001).

Maya indigenous Guatemalans distrust *Ladino* health practitioners. A study conducted in the rural state of Sololá found that 31% of the Maya population do not utilize contraceptives because of shame and 32% do not utilize them because they fear the possible side effects (Metz, 2001). Only 10% of Maya women in rural Guatemala see a gynecologist and use family planning methods (Metz, 2001). Rural Guatemala prioritizes motherhood over education; thus, many girls and adolescents who get pregnant early in life are forced into early-life marriage (Metz, 2001). APROFAM sells pills for the equivalent amount of \$.40 and condoms for \$.15 (each), as well as Depo-Provera

injections, which come to a total of \$2.50. However, rural communities living in extreme poverty cannot afford these methods and usually perceive women who do manage to acquire contraceptives as transgressors, while others believe that these methods could cause permanent harm, like affecting the menstrual cycle, which is highly important and represents the start of womanhood (Metz, 2001). Thus, NGOs and other types of helping entities, reaching out to rural communities, should come up with a plan that could foster contraceptive availability through social and cultural accountability and sensitivity for rural practices, traditions, and norms (Metz, 2001).

Maya populations in rural sectors have the highest rate of maternal and infant mortality and morbidity in Guatemala (Walsh, 2006). The number of deaths in rural Guatemala reach up to 30 for every 1,000 births, and this is perpetuated by lack of access to Western medical methods because of isolation, where rural communities have to depend on *comadronas* (midwives), the traditional birth attendants, as part of the cultural birth tradition for birthing aide (Ishida, Stupp, Turcios-Ruiz, William, & Espinoza, 2012). Within indigenous rural communities, *comadronas* are considered trustworthy and wise by those communities. However, they are considered unknowledgeable by many *Ladinos* and are often blamed by many “Westernized” health providers for the high maternal and child mortality and morbidity rate (Walsh, 2006).

Communities that have better access to Western medical settings in rural Guatemala still often prefer *comadronas* as birthing aides, however. Maya indigenous people usually feel they are discriminated against in Westernized settings (Ishida, Stupp, Turcios-Ruiz,

William, & Espinoza, 2012). *Comadronas* deliver the majority of births among Maya indigenous women (Marsh & Houston, 2006). They provide affordable help to indigenous women who live in poverty and extreme poverty. Also, traditional *comadronas* speak the Maya language of their communities and they are trustworthy (Marsh & Houston, 2006). *Comadronas* serve an important role in child-birthing, especially because of the lack of health services/clinics available in rural Guatemala. For example, Sololá, a rural state of Guatemala, contains only one hospital, which is very far for most communities within Sololá (Marsh & Houston, 2006).

Comadronas in Guatemala face discrimination and criticism, even though they outnumber doctors in the country, with a total of 210 *comadronas* per 100,000 people, as opposed to 17 doctors in urban Guatemala (Goldman & Gleib, 2003). *Ladino* health care providers perceive *comadronas* as illiterate persons who practice unhealthy, limited, and poor traditional health care that harms Maya women's health (Goldman & Gleib, 2003). Thus, midwifery programs are not yet officially recognized by the Guatemalan government and are not accepted in the public system (Marsh & Houston, 2006).

However, rural communities highly value *comadronas* (Goldman & Gleib, 2003). Some people in rural Guatemala feel that *comadronas* are wise and spiritual, and they utilize their knowledge to bring life into the world. Maya women often fear hospitals, thinking that they are places "where one is sent to die" (Marsh & Houston, 2006). Current discourse on traditional midwifery centers on new ways to train *comadronas*, so that they can acquire both the mainstream training as well as more traditional midwife

training. The training can help reduce serious birthing problems that some mothers experience, such as postpartum hemorrhage, puerperal sepsis (infection of genitals after childbirth), eclampsia (seizures in pregnancy), or spontaneous abortion, which are leading causes of maternal mortality, especially for younger mothers (Marsh & Houston, 2006). Guatemala has gradually begun to recognize *comadronas* as important birth attendants; what is now missing is to officially include them into the public health system in the country.

Method

The main method employed for the current study was an ethnography consisting of observing a sex education workshop entitled “*Derechos Sexuales y Reproductivos: Embarazos en Adolescentes en el Marco de un Estado Laico*” (Sexual and Reproductive Rights: Adolescent Pregnancy in a Secular State). Additionally, interviews were conducted with three key informants who are women’s rights activists or *Defensoras de la Mujer*: Dr. Mirna Montenegro, Silvia Menchú, and Dinora Gil.

Using ethnographical methods for this study was pivotal. Creswell (2003) states that ethnography consists of a detailed description of a place, like a community, or people, which is followed by an analysis of themes or issues. The ethnography, through interviews and field notes, could help find meaning of an issue within a population, such as early-life pregnancy among Maya women in rural Guatemala.

Before arriving in Guatemala for data collection, I contacted the Women’s Institute (IUMUSAC). IUMUSAC’s mission, as part of the University of San Carlos and its goal is to help women who are victims (or survivors) of sexual violence. IUMUSAC works with NGOs throughout Guatemala to advocate for sexual, human, and women’s rights in the country, conducting workshops where young adolescents work with peers to develop ideas and solutions to improve access to information on sex and sexuality, as well as to health and reproductive services, especially in rural communities in the country. IUMUSAC invited me to observe the workshop scheduled for August 2nd 2014 in Santa Catarina Palopó, a rural community in Sololá, Guatemala. Santa Catarina’s main

non-profit organization for Maya women's support, the Association for the Development of K'ak a Na'oj Women (ADEMKAN), welcomed IUMUSAC and its researchers: Professor Miriam Maldonado (professor, researcher, and IUMUSAC's director) and Dinora Gil (a lawyer who specializes in sexual violence cases in Guatemala) to facilitate the sex education workshop.

Participants

The participants of the workshop consisted of Santa Catarina's youth: 16 Maya Kaqchikel adolescents and children ranging in age from 11 to 17. There were nine boys (from ages 13 to 17) and seven girls (from ages 11 to 16).

The adolescents' first language was Kaqchikel –one of many Mayan languages still spoken in Guatemala. All of the youth knew Spanish. Silvia Menchú, ADEMKAN's director, recruited the youth in Santa Catarina Palopó by telling them in person throughout the month of July 2014 that an important workshop would take place at ADEMKAN on August 2nd 2014 at 9 a.m., which would discuss family planning, pregnancy, and health issues.

Community Description

Santa Catarina Palopó, Sololá is a small community that is composed of Kaqchikel indigenous Maya groups. Santa Catarina's official language is Kaqchikel, but Spanish is the dominant language, spoken in schools and in municipalities. The community sits by the shore of Lake Atitlán, and it's surrounded by three volcanoes, with

rivers, and mountains around the community, which has one main road. The community attracts tourism because of the lake, which gives merchants the opportunity to sell their hand-made products, such as the *traje* (Mayan traditional dress) that women of Santa Catarina weave intricately along with the *huipil* (a Mayan blouse). Residents of Santa Catarina depend on the lake for fishing and for water use – women usually wash their clothes by the shore of the lake. There is extensive vegetation, with lush greenery all around the community and houses, which are mostly made out of blocks, abode, and wood.

Workshop

The first goal behind my collaboration with IUMUSAC and ADEMKAN was to provide objective feedback for the sexuality education workshop providers. My recommendations could help the IUMUSAC and ADEMKAN implement new strategies for new sexuality education workshops. The second goal was to observe how sex education was taught through a secular perspective. This meant that no religious views, such as sex for procreation or sex after marriage, were brought up. I observed the workshop to find data that could help me understand sources of the problem of child and adolescent pregnancy and use these data to write my Master's thesis. Free of religious perspectives around sex discourse in rural Guatemala, the workshop taught adolescents the importance of family planning programs as well as sex education programs in the country, their rights as humans, and sexual issues that rural Guatemala faces.

The workshop took place on August 2nd 2014 and began at 9:30 a.m. and lasted until 2.00 p.m. The workshop included an introduction and presentation by the facilitators from IUMUSAC; games for the adolescents to break the ice; an art activity for the adolescents to build rapport with the researchers; a presentation on condom use (female and male); discussion of secular state and religious perspectives that police sexual activity; discussion of early-life pregnancy; and videos of “real-life” scenarios that portrayed sexuality and situations the youth could encounter as well as a video of the current situation of early-life pregnancy in Guatemala. The workshop also included questionnaires for the youth.

The workshop began with Miriam Maldonado and Dinora Gil introducing themselves; the adolescents then introduced themselves, which helped break the ice. Professor Miriam Maldonado told the adolescents to get up and to walk outside the chalet area, towards the grass, saying "*vamos a jugar*" (we are going to play). The game the researchers planned out consisted of playing with a balloon. The girls and boys passed a balloon around to a partner (who stood at the other side of them, about 20 feet away). At 10 a.m. Miriam Maldonado and Dinora Gil told the adolescents that the next activity was to explore Maya art through nature, as a way to get to know the adolescents and their perspectives, and also to build more rapport. Maldonado and Gil brought paint, brushes, and posters for the young people to create artwork based on their connection to nature. Maldonado told the adolescents to split into two groups (eight in each group). Maldonado told the adolescents that after they finished, they would present their work at 10:30 a.m.

Then, at 11:15 a.m., the adolescents had a break. At 11:30 a.m., the adolescents were asked to sit down as Gil passed out writing material: notepads, pencils, erasers, so that they could take notes. The first presentation lasted from 11:30 a.m. to 12:00 p.m. Gil presented the word *laico* (secular), so that the adolescents could understand religious influences affecting sex education and family planning access (contraceptive access). At 12:00, Maldonado facilitated a condom-use-hands-on activity, which involved a participant putting a condom around his finger, so that Maldonado could explain how to fit a condom; she then introduced the female condom to the adolescents. At 12:30 p.m. Gil gave a presentation about sex issues in rural Guatemala, such as sexual violence and child marriage. She then presented three videos (two on sexual “real life” skits that could happen to adolescents and one of sexual violence in the country). This presentation lasted 45 minutes. At 1:15, Maldonado passed out questionnaires to the adolescents and then she passed out pamphlets about sexual rights, human rights, and women’s rights in the country. At 1:45, Maldonado and Gil told the adolescents to get up and form a circle to say the final remarks and to say one thing they were taking away from the workshop. The workshop ended at 2:00 p.m. See appendix A to look at pictures of the workshop.

Questionnaires

The two questionnaires utilized in the workshop were designed by IUMUSAC and approved by the Universidad de San Carlos. The first questionnaire consisted of demographic questions. The second questionnaire consisted of sex education and early-life pregnancy questions and was anonymous. The first questionnaire, which asked the

youth to provide their name, age, sex, religion, ethnicity, native language, marital status/household composition and education level, was kept separate from the second questionnaire. The second questionnaire was anonymous. It included open-ended questions about sexuality, sex education, and perspectives of early-life pregnancy. It posed questions such as “have you participated in sexual education talks... if so, how many times and at what age and who facilitated the workshop?” (question #1); “what is sex education?” (question #2); “why is it important?” (question #3); as well as “have you been sexually initiated?” (question #4). The last two questions asked about early-life pregnancy: “what does it mean to be pregnant at an early age?” and “what do you think about pregnancy among adolescents?”

Interviews

I conducted key in-depth interviews with *Defensoras de la Mujer* to find out about their work, their perspectives of child and adolescent pregnancy, and to understand the situation of early-life pregnancy in rural Guatemala better. Below is how the interviewees described themselves:

Silvia Menchú: Community leader and *Defensora de la Mujer*/activist. She is the director of ADEMKAN organization in Santa Catarina, which supports women that experience sexual and gender violence in the community. Through ADEMKAN, Menchú helps violated women seek the support they need, focusing on a path toward social justice in the community and in the country.

Dinora Gil: Lawyer and *Defensora de la Mujer*/activist that specializes in sexual violence cases in urban and rural Guatemala. She provides moral, ethical, and political support to violated young girls in the country. She also helps monitor sexual violence laws in rural Guatemala and teaches rural organizations how to deal with sexual violence cases in their communities.

Dr. Mirna Montenegro: *Defensora de la Mujer*/activist and director of OSAR, an NGO that helps monitor sexual and reproductive health in the country as well as the implementation of the laws centered on family planning, reproductive health, and women sexual rights. Dr. Montenegro, through the main OSAR office in the city, helps to create programs to improve access to sexual and reproductive health; she also helps communities get access to family planning and sex education in the country. She oversees 20 rural OSARs to make sure that sexual violence laws are implemented in rural Guatemala.

Results

In the introduction, cultural traditions and social norms were explored. After the analysis of field notes, questionnaires, and interviews, common themes were found on how cultural traditions and social norms influence early-life pregnancy. These themes include: rural residency, lack of sex/sexuality education and family planning programs, and sexual violence. I will draw from my workshop observations, the key informant interviews, as well as the questionnaires to discuss each of these themes.

Poverty and Rural Residency

For the most part rural Guatemala consists of mountainous landscapes, lakes, rivers, streams, jungles, and volcanoes. Santa Catarina Palopó, for example, located on the slope of a volcanic crater, has only one road that lies by the lake, which people could access by car; the rest of the town is accessible mainly by foot, and most paths are steep (Bennett, 2014). Santa Catarina, with a 5,100-foot altitude and a temperate climate, contains three small rivers that flow throughout the community, which originate high up in the mountains (Bennett, 2014). Access to drinking water is limited, with only 2-3 hours of availability in the mornings; however, even at such times, water is often unreliable (Bennett, 2014). Rural community members struggle to find transportation to the medical center, according to Menchú, who argues that these factors influence the need for *comadronas* in rural Guatemala. However, with a high maternal mortality and morbidity rate, rural communities should have more health centers (Goldman & Gleib, 2003). In Santa Catarina, according to Menchú, it is difficult

for women who live on the other side of the medical center to cross Lake Atitlán and seek medical help; they often rely on someone to borrow a boat to cross over, and ADEMKAN has been helping women find someone who owns a boat in emergency times, according to Menchú.

Menchú perceives midwifery in rural Guatemala as an "art." *Comadronas* in the country are "wise beings, born with a *don* (a gift); that of bringing life into the world," according to Menchú, who argues that ADEMKAN has nothing they can teach *comadronas*. Instead, ADEMKAN gets together with *comadronas* to talk about the obstacles that women face in their communities, from lack of hospitals/medical centers, where women can give birth, to child/adolescent pregnancy and early-life marriage in Santa Catarina. Thus, ADEMKAN communicates with OSAR and the IUMUSAC about addressing these issues.

Dr. Montenegro argues that *comadronas* are "*actores de alto valor social*" (actors of a high social value) in rural Guatemala. They help bring life into this world. Some rural communities consider *comadronas* wise and call them *abuelas* (grandmothers) because of their knowledge. *Comadronas* attend most births in rural Guatemala (Goldman & Gleib, 2003).

Maya indigenous Guatemalans who live in extreme poverty in rural areas of the nation share one room –usually the whole house is the one room– with many family members, including siblings, parents, uncles, and grandparents living together. Poverty is a life

condition that also influences early-life pregnancy, according to Dr. Montenegro. Sexual activity among adolescents in relationships occurs in isolated areas in the community, according to Menchú, who says that many adolescents in Santa Catarina have sex by the lake.

When the workshop started the boys and girls seemed nervous: some bit their nails and others laughed when Menchú used the word "sexual" when talking about sexual rights in the country. Also, the males seemed to be telling jokes and laughing loudly. Miriam Maldonado and Dinora Gil told the adolescents that sex and sexuality issues were not a laughing matter, and that it was important to pay attention, so that they could be informed and teach others sex and sexuality issues in the community. As the questionnaires from the workshop showed, seven out of nine boys in the workshop said they were currently in a relationship; none of the seven girls in the workshop said they were in a relationship currently. Four boys knew what a first sexual experience meant; five boys did not know what it meant. Four girls in the workshop knew what a first sexual experience meant; three did not know what it meant. For the adolescents, learning about sexual issues was something new (something that is lacking in rural Guatemala).

Perpetuating cultural traditions create a circle of "poverty, gender inequality, and illiteracy," according to Dr. Montenegro. Child and adolescents girls who finish junior high are less at risk of becoming pregnant, according to Dr. Montenegro, who explains that "young coupling," which consists of adolescents (15-19 years of age), also lead to adolescent pregnancy, which occurs mostly due to the lack of education, lack of sex

education, and lack of contraceptive availability in rural Guatemala. Thus, when young couples experience their sexuality, they also experience early-life pregnancy for the most part, argues Dr. Montenegro.

Church and Religious Influences in Rural Guatemala

In the workshop, Dinora Gil addressed the influence of the church in Guatemala, especially for rural communities in the country. Gil introduced the word *laico* (secular) during the workshop. As she explained what *laico* meant, all the boys and girls paid close attention: facing the researcher as she spoke. Some of them slowly began to play with their materials: folders, notepads, and pencils. Gil talked about church and state: "the church has judged people throughout times." While Gil spoke, two boys began to talk and two girls took their sandals off. Gil explained, "Colonialism has influenced spirituality... also people are practicing Maya spirituality less." Gil asked the boys and girls about their own spiritual background: "Did you all choose your religion?" and "Are you familiar with the Inquisition?" Most adolescents shook their heads. Gil explained to the boys and girls that the Inquisition was a period when the Catholic church policed and punished people for acts that were not "Christian." The girls and boys laughed throughout Gil's explanation of a secular state. Gil addressed gender equality: "today men and women share equal rights... we have our rights and women also have rights that we need to value." Gil explained that the power belongs to the government and the country (its people), not the church. As Gil explained religious and state concepts, the boys and girls seemed to pay attention completely; they stopped laughing and were looking at Gil

quietly. Gil continued, "It is now time to play a video of the secular state for better understanding." The video would explain how church influences sex discourse in Guatemala, especially how sex should only be for procreation.

The video explained the "moral" and the "secular." It raised issues centered on religious perspectives toward sex and sexuality (sex for procreation and condom use as sinning). People should integrate a secular perspective when talking about sex, according to the video. As the video played, some of the adolescents wrote on their notepads, while others watched the projector, paying close attention. Gil welcomed questions about the terminology, especially because the adolescents' first language was not Spanish. Gil asked the girls and boys questions about the video. One boy and one girl answered, explaining what they had learned about church and state in the country. When the video introduced condom use, most boys and just a couple of girls laughed.

Divorce is stigmatized in Santa Catarina, according to Menchú. Rural communities shame divorced women and sometimes these women become the town's prostitutes. Divorce is rare in rural Guatemala, according to Menchú. The Catholic church has scared many people by equating sex to punishment in hell, according to Gil. The church polices sex and sexuality, which affects family planning programs. Adolescents do not have easy access to contraceptives because agencies that provide these resources believe adolescents are too young to receive these aides, according to Dr. Montenegro, who believes that these agencies operate under the assumption that if given the contraceptives, adolescents will engage in sexual activity.

OSAR has kept its distance from the different churches in the nation, especially the Catholic and Evangelical churches, according to Dr. Montenegro. However, OSAR has struggled with the Catholic Church in Guatemala the most. Dr. Montenegro argues that the Church is "sensitive" to the high rates of sexual violence in the country and the high rates of adolescent pregnancy. However, the Church does not believe that passing a comprehensive sex education curriculum and providing contraceptives to families are the best solutions. Instead, the Church believes that sex education will promote promiscuity. Furthermore, the Catholic Church firmly believes in procreation, according to Dr. Montenegro. Catholics have rallied against family planning in Guatemala, protesting condom use and equating it to sinning.

The Church is very influential in Santa Catarina, according to Menchú. The questionnaires that the adolescents answered in the workshop showed that all of them attend a church: ten adolescents attend a Catholic church; four attend an evangelical church; and two did not specify their institution or practice but said that they were religious. According to Menchú, there are eight churches in Santa Catarina. The church is a big part of the adolescent's lives, who specified that going to church was part of their weekly routine. Bennett (2014) says that Sunday Mass is a popular tradition for residents of Santa Catarina.

Sex Education and Family Planning in Rural Guatemala

When the Family Planning law passed in Guatemala, giving people the right to decide the number of children they wanted within their families, and also making access to contraceptives easier in urban settings of the country, the archbishop of the Catholic Church at the moment, Rodolfo Quezada, took a picture of himself holding a box of condoms and a bullet and sent it to the press for printing, saying that both objects were the same thing –both kill. This incident alone was a major setback for sexual and reproductive health improvement, especially for rural Guatemala, according to Dr. Montenegro, who agrees with the church and believes that reproduction is necessary for the community's well-being and success, but there should be a limit and there should be options for women who feel they have had too many children. Thus, if one uses a condom, one goes against God's plans and therefore harms the community's future (Metz, 2001).

Rural communities, such as Santa Catarina Palopó, do not have much sexual and reproductive health support. According to Menchú, there is only one medical center in Santa Catarina, a community of approximately 5,000 people (Bennett, 2014). Menchú argues that the medical center in the community lacks knowledge, expertise, and medicine.

In the workshop, Maldonado explained to the adolescents that contraceptives were valuable for public health reasons and also to avoid getting pregnant at an early age.

Gil emphasized the importance of making contraceptives available everywhere in the country, especially in rural communities like Santa Catarina. Gil explained to the adolescents that the Catholic Church considers condoms and other contraceptives obscene and a sin, but they are natural and important: "you could put on the condoms yourselves or you [girls] could help the boys put on the condom," Maldonado suggested, as she passed around some condoms for the adolescents to see. Gil and Maldonado reminded the girls and boys that the workshop was a "hands-on workshop;" thus, they had to participate.

Professor Maldonado invited a boy to step up front to open a condom and pretend one of his fingers was a penis, so that she (Maldonado) could show how to put the condom on. One of the younger boys wanted to participate. He came to the center, in front of everyone else and extended his hand. Professor Maldonado opened the condom and gave it to the boy. She told him to point his finger "up," so that he could wrap the condom around it and pretend it was his penis. The boy grabbed the condom and slowly wrapped it around his index finger, following Professor Maldonado's directions. He showed everyone his finger, with the condom wrapped around it. Professor Maldonado highlighted the importance of wrapping the condom around the penis carefully, so that the condom "does not break or slip off." All of the adolescents laughed when Maldonado explained that the penis has to be erect ("hard") for the condom to fit in; the boys, especially, laughed for a longer time and louder. Maldonado explained: "after sexual intercourse with the condom, semen comes out and gets trapped inside the condom." She

added that the semen causes a woman to get pregnant and also that fluids such as semen and blood could cause STIs, including HIV, so “a condom not only protects girls from pregnancy... it also protects them from STIs and AIDS.” As Maldonado explained the condom’s function, the boys looked at the condoms and opened them. The girls looked at the condoms after the boys opened them. None of the girls opened the male condoms. Then, Maldonado told the boy participant to take off the condom from his finger carefully. Maldonado told him to make a knot around it and to throw it away. When Maldonado talked about condoms, the adolescents laughed. They seemed excited and nervous. Only one of the boys wanted to participate during the demonstration, even though Maldonado invited others to participate.

After the condom-use presentation, the researchers asked the adolescents if they had ever seen a "female condom." No one said anything; everyone shook their head. Maldonado explained later that “not many people have seen the female condom in Guatemala.” Maldonado opened up a female condom; the adolescents sat quietly, paying full attention when she did this, but then they laughed loudly after seeing what the condom looked like. Maldonado told the boys and girls that her mouth would be a vagina and that she would put on the female condom partially inside of her mouth and partially outside of it and would tighten it, as if her lips were her labia (a part of the vagina that is in the exterior, she explained). She opened the female condom and carefully tied it around and inside her mouth. Some boys laughed, and then all of the adolescents laughed. She then took it off and explained that “one condom, either male or female,

would be enough for protection of pregnancies and STIs.” Gil passed around the female condoms for the adolescents to see and grab. Adolescents could take condoms home, if they wanted. As the female condoms were passed around, the girls gathered around, grabbing them, opening them, and looking at them intrigued: touching the condoms, feeling the textures, and talking amongst themselves smiling and giggling. The boys seemed more excited to interact with the male condom than with the female condoms; even though some of them opened a few, they laughed as they touched the female condoms.

Gil and Maldonado emphasized the importance of sex positivity. They reminded the adolescents that sex was natural and not "naughty." They addressed the importance of agency, noting the importance of respectability: "we all have to respect our bodies and ourselves." Maldonado explained that a condom could help a person enjoy their sexuality in a healthy way. Gil then explained vasectomy. She asked the adolescents to raise their hands if they knew what the word meant. No one knew; although, they all seemed interested in learning. Gil explained the procedure: a scientific operation that helps males become sterile, which means "they will not make babies anymore." After explaining the procedure, Gil asked the adolescents if they had any questions; some seemed perplexed. Gil explained that science has helped with sexual developments: "it is our right to know about these scientific methods." Maldonado added, "Vasectomy is a permanent method for contraception, which could help with the mental health, security, and protection of families that do not desire to have any or even more children."

Maldonado and Gil played videos for the adolescents, which were based on real-life situations dealing with adolescent sexuality and pregnancy. The University of San Carlos had approved these videos for showing. The first video was a short documentary (approximately 10 minutes) based on a girl who got pregnant when transitioning into adolescence. Afraid of giving birth and with a lack of family support, she talks about her life being negative and how her choices were wrong: engaging in unprotected sex with her then-boyfriend who abandoned her. She shows her face and sometimes her stomach, making her pregnancy obvious. She had to quit school because she was shamed by her peers and by teachers for being pregnant, which also led to her depression. While the video played, most of the adolescents, especially the girls, paid close attention. Some of the boys talked amongst themselves.

The second video (approximately 10 minutes) portrayed two high school students, a couple who were home alone and who felt the urge of engaging in sexual activity. The boy asks the girl to prove her love to him by having sex. She tells him that even though he is the hottest boy at school, she wants to wait. The boy insists. She says "no" because she is afraid of getting pregnant. She tells him that she has seen how parents and peers in the community and at school treat and shame pregnant girls. All of the adolescents paid close attention to this video in particular. The second skit portrayed an older adolescent girl who was 17 years old and who is pursued by a guy in the community –another adolescent about the same age. He tells her that he is home alone and suggests they go have sex. She asks "what if I end up pregnant?" The boys and girls laughed, still paying

close attention. The boys and girls seemed to be relating to the scenarios, because the films took place in rural Guatemala. Also, most of the boys and girls were in their adolescent years, just like the people in the videos. After the skits ended, Gil and Maldonado asked the adolescents if they had liked the videos. The adolescents said they had liked them a lot. It seemed as though they found parallels in the videos/skits: same age group as the adolescents experiencing young sexuality/coming of age.

ADEMKAN, in existence for 12 years, provides a space for the adolescents in the community to talk about anything from sex to sexual violence. ADEMKAN has books on sex and sexuality as well as contraceptives for sale. It is often difficult to find contraceptives such as condoms, Depo-Provera, and the morning-after pill in rural Guatemala, according to Menchú. Usually big, more mainstream, stores sell contraceptives, but these stores are rare to find in rural communities. Another issue with contraceptives is affordability. To help, ADEMKAN sells contraceptives more cheaply than in stores (almost half the regular price for most contraceptives, and male condoms are the cheapest contraceptives at only 50 Guatemalan cents, about 10 US cents). Menchú and other women from Santa Catarina, who have joined the organization throughout the years, have seen the many sexual issues and social injustices that occur in the community. One of the most prevalent issues in Santa Catarina is early-life pregnancy, according to Menchú.

Parents in Santa Catarina know that ADEMKAN provides contraceptives to families and family health talks to adolescents in the community. ADEMKAN is aware

of the high incident of child and adolescent pregnancies as well as the rising STIs rates, especially HIV. Thus, ADEMKAN makes it a priority to provide sex educative services and contraceptives to families and young people who do not have access to them.

Menchú argues that making contraceptives available to the adolescents is pivotal in rural Guatemala, especially for adolescents who are in relationships, beginning to explore their sexuality.

Menchú and the women of ADEMKAN, as well as the few men who have joined throughout the years, have been active in early-life pregnancy and STI prevention. Building awareness of sex/sexuality issues in rural Guatemala is difficult, because “these topics are considered taboo,” according to Menchú. However, Menchú also believes that talking to the community about preventive methods and contraceptives has worked better in the last few years. However, there is still a lot of resistance in the communities because they depend on children for labor. Metz (2001) argues that Maya women in rural Guatemala make a distinction between having many children and having too many; they value many children, but not *too many*. Thus, it is important to make contraceptives available to rural communities, so that Maya women can have a choice in deciding the number of children they have. ADEMKAN primarily helps Santa Catarina’s youth, and with distribution and promotion of contraceptives, people in the community are more aware of how sex works and what their sexual rights are. Furthermore, with ADEMKAN’s help, women in the community who experience sexual violence or physical and psychological abuse can seek justice, support, and guidance. Young women

in the community are taught to realize their agency and autonomy as females, and their sexual and reproductive rights, as well as human rights and their rights as women of the country.

The adolescents in the workshop answered the questions about sex education by emphasizing the importance of knowledge. For the question "what is sex education?" both boys and girls in the workshop said that sex education workshops "are opportunities to learn about sex," and how to avoid some of its consequences: boys focused on STIs and girls focused on pregnancy mostly. For boys, learning about sex education was important because of prevention (4 boys said learning about sex was good to prevent bad "things"); whereas, for girls, learning about sex was important for protection (three girls said that learning about sex was good so that they would have the tools to protect themselves). One girl considered sex education important so that "[we] can protect our lives and help others whose life has not been protected or haven't had the talk about sexual relationships." For one of the boys in the workshop, learning about prevention was the most important aspect of having sex education; he said that sex education is good "to avoid consequences and to prevent and be prepared."

Gil believes that men should also assume their responsibility, understand their sexuality, and be activists. She argues that with more criminal sentences, and with more awareness and more sexual education programs with a comprehensive curriculum at schools, more prevention could emerge. Furthermore, with more activism, awareness,

social justice, and political change, and also with the state involved, Gil argues that communities could eventually prevent sexual violence.

Dr. Montenegro has advocated for a comprehensive sex education program. However, Guatemala's Ministry of Education is hesitant to teach sex at schools. The Ministry has had different opinions expressed internally about the sex education curriculum. For some, parents need to teach their children about sex at home. However, parents are hesitant to talk about sex at home because they consider it taboo, according to Dr. Montenegro, who argues that teaching sex education at home and at schools could be beneficial to the adolescents by providing them with tools and knowledge that could improve their health.

Sexual Violence in Rural Guatemala

Yo creo que el embarazo en adolescentes aquí en Santa Catarina todavía se sigue viendo como algo natural/normal... aún así las edades sean de sean de 10 a 14 años, y la situación... creo que ahorita tenemos 5 niñas embarazadas en Santa Catarina de 12 a 16 años... –Silvia Menchú

I think that pregnancy among adolescents here in Santa Catarina is perceived as something natural/normal... more among [girls] ages 10 to 14 years old, and the situation... I think that now there are 5 pregnant girls in Santa Catarina ages 12 to 16 years old... –Silvia Menchú

Menchú believes the community of Santa Catarina perceives child and adolescent pregnancy as a normal tradition. She has encountered girls from 10-14 years of age who have become pregnant in the community. By July 2014, five girls, ages 12 to 16, got

pregnant in Santa Catarina, according to Menchú. She argues that girls and adolescent women are stigmatized for getting pregnant, yet rural indigenous Maya communities do not see early-life pregnancy as a social issue: "the younger the girl, the more vulnerable she is to sexual violence... child pregnancy in rural Guatemala occurs primarily through sexual violence, which occurs through rape, incest, and child marriage, with higher prevalence among younger girls (10-14 years of age)," according to Menchú, who believes that early-life pregnancy is a human rights violation:

"La sociedad ya las mira como adultas y se olvida que siguen siendo niñas"

-Silvia Menchú

"Now society begins to see them as adults and forgets that they are still children"

-Silvia Menchú

Menchú believes that early-life pregnancy ends a girl's childhood. Rural communities perceive pregnant girls as adults. Culturally, little girls and adolescent women who are sexually abused are forced to marry their assailants in rural Guatemala, according to Menchú, who explains that after people in the community shame the girl for her sexual initiation, she is forced to marry and live with her assailant to end her shame and isolation, as well as to commit to raising her child/children, according to Menchú. Even if sexually abused girls and adolescents try to escape these traditions, they neither have the resources nor education to begin a life on their own:

[La niña] es juzgada... [hay que] ver como la casan... se apartan de ella... y también la responsabilizan...

-Silvia Menchú

[The girl] is judged... [must] find a way to marry her... isolate her... and make her responsible...

-Silvia Menchú

The last video (approximately four minutes long) that Maldonado and Gil showed the adolescents explored sexual violence. Maldonado explained the importance of understanding the seriousness of sexual violence. The video mostly explored incidents of rape in the country, especially through incest: fathers, uncles, and grandfathers having sex with girls 14 years old or younger, who become pregnant as a result. The girls and boys paid close attention most of the time.

Gil addressed sexual violence issues, especially early-life marriage in rural communities of Guatemala and how, at times, some girls are traded for land or for an animal to marry older men: "we have communities in rural Guatemala that marry girls from even 10 or 11 years of age to men who are older, sometimes even as old as 50 or 60 years of age... it's a cultural practice that even involves trading, so parents trade the girl for a cow or land sometimes." Gil explained that early-life marriage leads to early-life pregnancy, and, if the girl is 14 years of age or younger, the man is committing a sexual violence crime. Gil highlighted the importance of knowing sexual violence issues in Guatemala, especially in rural areas of the country as well as understanding human/sexual/women's rights frameworks in Guatemala, so that one can protect oneself from abuse: "because we are not objects; we are humans," stated Gil. She addressed the injustices that pregnant women go through, especially at the workplace: "the Ministry, for example, does not hire pregnant women." For Gil the information rural communities

receive about sex should be based on scientific knowledge, not only on cultural beliefs.

The workshop was a safe place to talk about sex, Gil and Maldonado made sure that the adolescents understood some of the central sexual issues that Guatemala is going through as well as some sexual/women's rights and human rights framework basics.

When it came to the question "what does early-life pregnancy mean?" in the workshop questionnaire, girls/adolescents said that early life pregnancy was bad, that it could lead to death, and it was a big responsibility that could ruin plans and dreams. Most girls internalized their feelings towards early-life pregnancy by answering the question with "I." For example, one respondent said: "I don't want to be pregnant at this early age." The boys/adolescents answered the question more externally. One boy said: "the mother could die." Another boy said that "the mother could not support the kid at that early age... the mother could suffer... she is a little girl."

According to Menchú, cultural traditions and social norms have shaped the sexuality of Maya women living in rural Guatemala. Through sexual violence, a girl can become pregnant, and even if they have been raped, people in the communities hold them responsible. Some rural communities are changing gradually, however, especially when it comes to the perception of incest:

Creo que ha habido bastante avance, porque ya tenemos desde hace 3 años a un abuelo que violó a sus dos nietas y la sentencia fue de 30 años... pero esto les provocó como un año y medio de trabajo... en el juzgado... en el juicio. Es o es una labor que Nosotras [las de la organización] hemos hecho...

–*Silvia Menchú*

[I] believe that there has been a lot of change, because there was a grandfather who raped his two granddaughters 3 years ago, and he was convicted for this for 30 years... but this took a year and a half of work... in the court... in the trial. That is the labor that we [from the organization] have done...

–*Silvia Menchú*

OSAR recently helped Lucia, a 13-year-old girl, who lives in Zacapa, a rural state in Guatemala. Lucia began to have contractions one day, so her mother takes her to the hospital, where an investigation starts. It turned out that Lucia's father, a 40-year-old man, had been sexually abusing Lucia. Dr. Montenegro emphasizes the importance of the life conditions, however. She argues that Lucia, who has eight siblings, who lives in extreme poverty, and whose father is the sole financial provider, faces a predicament that she cannot escape. When the father is imprisoned, Lucia's mother blames her for the incident, saying that all her children are starving. The mother tells Lucia to leave the house. She now lives in an orphanage with her baby. Looking at the social conditions, one can see Lucia's mother as unfair, but cases like this one are too complex. If there were state's programs that could help single mothers, maybe Lucia's predicament would have a different ending. Laws that protect girls against sexual violence, according to Gil, are not recognized or enforced in rural communities in Guatemala.

Another recent case that OSAR helped with happened in Sololá. A 15-year-old girl was raped. Some of the women in the community took the girl to the hospital after the rape incident. Dr. Montenegro explains that according Guatemala's violence protocol,

the girl or her parents should file a complaint against the assailant, and he should go to jail. In this case, Dr. Montenegro explains, some people in the community went to the girl's house the day after the incident, when the assailant was captured. The community advised the girl's parents that they should withdraw the complaint, take the 20-year-old rapist out of jail, and then marry the girl to this assailant. Dr. Montenegro explains that marrying child and adolescent girls to their assailants in rural communities is common. It has been difficult to get into rural communities to explain how perpetuating the traditions and norms has become problematic for society.

Guatemala's penal code had a clause that involved "*el perdón por casamiento*" (forgiveness through marriage), which was removed ten years ago. The clause stated that a rapist could marry his victim and be forgiven from going to jail, according to Dr. Montenegro. Rural communities still operate under the assumption that marriage is beneficial for a girl who has been sexually abused, without considering the girl's predicament: living with her rapist for the rest of her life. Montenegro wonders how activists could bring the legal framework into rural communities: "the law exists, but how could women rights activists convince rural communities that having sexual intercourse with a girl who is 14 years of age or younger is a crime in the country?" Montenegro believes that challenging cultural traditions in rural Guatemala is probably the biggest difficulty that OSAR has encountered since it opened, but she believes that these traditions should not interfere with the country's law. Forcing a girl to marry her assailant or trading her for land, a cow, or poultry should be a tradition that must end, because the

country considers it a human rights violation as well as sexual violence, according to Dr. Montenegro.

Lawyers that specialize in sexual violence cases teach rural organizations about the political aspects of sexual violations and show them how to proceed when women's rights are violated, especially through sexual violence. Gil argues that young Maya girls are the most vulnerable group to experience sexual violence. Any sexual relationship with a girl, 14 years old or younger, is a crime in Guatemala, even if the girl is having consensual sex with a boyfriend of the same age, according to Gil. With the perpetuation of social norms and cultural traditions in rural Guatemala, it is rather complex for women's rights activists to educate the public about social issues, especially when it comes to early-life pregnancy. Many Guatemalans are finally realizing that early-life pregnancy is a social problem, but the problem has existed for a long time, according to Gil.

Isolating cultural traditions and social norms to educate people about human rights violations could take many years, but in the meantime rural Guatemala needs more organizations, more medical centers, sexuality education programs, and more schools to speed the process. "It is the responsibility of the state to provide resources to help women with their reproductive and sexual health," argues Gil.

Social norms *dictate* women's life purpose: giving birth and raising children. Thus, even at an early age, it is normal for girls to get married and become mothers.

Some family systems trade their daughters for resources to alleviate a monetary burden, according to Gil. Thus, by getting rid of a child, the family becomes more economically stable, said Gil, who argues that these traditions break the country's laws. Thus, intervention and implementation of the human rights laws is pivotal in rural Guatemala.

The workshop questionnaires showed that some boys felt that having any sex with a girl (consensual/rape/incest) is a crime. A boy specified that getting a girl pregnant was a crime and "men who commit these crimes should be imprisoned because they are abusers/rapists. They violate the girl's rights and these women are the ones that are most affected after the abuse." For girls, the problem was more internal. One girl in the workshop considered adolescent pregnancy a big issue: "I have to take care of myself, so that I don't end up pregnant." The questionnaires also showed adolescents' desire to get together to talk about sex/sexuality issues in Santa Catarina. One girl suggested that the girls and boys of Santa Catarina come together to talk about their sexuality, so that people don't "regret the things they do." A boy added that talking about sex education with the peers is beneficial and healthy: "each girl and boy must take care of their sexuality and also protect themselves from STIs and pregnancies."

Discussion

Employing different methods (observations from the workshop, questionnaires, and interviews) provided a rich amount of data to decipher how cultural traditions and social norms influence child and adolescent pregnancy. Under the influence of these factors: rural poverty, religious beliefs, lack of sexuality education/family planning programs, and sexual violence against women through rape, incest, and child marriage early-life pregnancy persists in rural Guatemala. While adolescent pregnancy among young women between 14 and 19 years of age is more prevalent in absolute terms, child pregnancy among girls younger than 14 years of age constitutes almost 20% of all early-life pregnancies in rural Guatemala (*Análisis*, 2013). When it comes to child pregnancy, it is important to highlight that its primary catalyst is sexual violence, whereas adolescent pregnancy occurs mostly through lack of resources: sex education and family planning (*Análisis*, 2013).

Compounding these issues is the ethnic inequality between Maya and *Ladino* populations. Early-life pregnancy is a social problem, and its complexity is hard to unravel. Culture, inequality, ethnicity, living conditions, language, gender, and class intertwine for the young Maya girl and adolescent of Guatemala, who are part of the most vulnerable and marginalized sub-populations of the country (Wehr & Tum, 2013). Thus, when looking at early-life pregnancy among Maya young women, one must take into consideration the many intersections of the Maya girl's life: she is a girl in a patriarchal country; she is poor; she is indigenous; she speaks a Mayan language; her reproduction

ties to her culture, for the well-being of the mostly agricultural community; thus, she must get married at an early age, preferably, once she is fertile and can reproduce. In rural Guatemala, 40% of Maya indigenous women marry before age 18 (Wehr & Tum, 2013).

Urban areas, such as Guatemala City, have become the main locations for hospitals, clinics, and family planning organizations, such as APROFAM, leaving rural, poorer and remote areas of the country forgotten. Not only does the rural landscape not easily allow the establishment of medical centers (due to lack of water, electricity and other resources), but when these centers exist in rural communities, they are run by *Ladino* practitioners, who often discriminate against indigenous people and do not speak the local language.

The rural setting accounts for the prevalence of midwifery as a traditional health service. *Comadronas*, whom Maya women trust and rely upon, attend 80% of the births in rural Guatemala (Marsh & Houston, 2006). But with a high maternal mortality and morbidity rate in the country, *comadronas* are often seen as a problem by Western standards (Marsh & Houston, 2006). Current federal policy wants to make *comadronas* part of the health care system by educating them with less traditional methods that could help save pregnant women's lives as well as children's lives. Currently, two schools have opened for young *comadronas* in rural Guatemala, according to Silvia Menchú. These schools will keep the traditional methods of delivery that have been part of rural Maya communities for ages, such "calling the earth," waiting for the moon, having the family

over to the house during childbirth, having a party to welcome the child, and having the family bring presents (i.e. corn or firewood) to make the birth successful, according to Menchú. The new generation of *comadronas* will be able to speak the Mayan language as well as Spanish, which could ease the situation and could help Maya communities transition better into the less traditional “contraceptive method” world.

Part of the issue of access to contraceptives is found within the cultural and social discourse in rural communities. Rural Guatemala lacks mainstream stores, such as Walmart, which sells condoms in Guatemala City, having instead smaller stores that lack contraceptives or have contraceptives but choose not to sell them to girls or women because of their age, gender, and ethnicity (Wehr & Tum, 2013). Also, when Maya women try to obtain contraceptives, they are perceived as “sexual transgressors,” going against the social norm of *marianismo*, the belief that women should be virginal and submissive. It is considered important in Maya communities for women to reproduce, so that children could provide families a supply of labor. Girls born in patriarchal societies such as Guatemala are often seen as inferior; according to Dinora Gil, this leads to trading of women, forcing them to marry older men, so that families that are poor could not only get rid of a child, but also help the community survive; thus, the girl will eventually get pregnant and have children that will help with labor. Having several children seems contradictory, but as Metz (2001) highlights, the Maya woman prefers many over *too many* children. The Maya woman, however, does not control the number of children she bears; and thus because of her gender, ethnicity, and socio-economic

status, she is born to merely reproduce. Religion complicates the situation even further. Maya people believe that God is the planner of families and predetermines the number of births, place to live, and occupations for rural communities; through this perspective, a person must accept that God is the undeniable force that foresees destiny (Metz, 2001). Thus, religion reinforces culturally-driven reproduction, supporting the perspective that family planning programs are unnecessary and sinful.

The recent history of Guatemala also affects the current situation for Maya women. Guatemala is recovering from a 36-year civil war that began in 1960 and resulted in genocide and the death of 200,000 people, mostly Maya (Wehr & Tum, 2013). Even though Guatemala has had a long history of sexual violence against women, the war solidified its “normalcy,” with almost 90% of the rapes during the civil war happening to Maya women (Wehr & Tum, 2013). This treatment reflected how, Maya women are not only perceived as “inferior” to Maya men, but also to *Ladinos*.

The lower social status plays out in other ways, too. Maya women lack schooling, lack access to sexual and reproductive health information, and lack economic opportunities to improve their lives. Dr. Montenegro tries to assess the interplay of this treatment with attempts at behavior change: “How are *Ladinos* [the historic oppressors] going to go into a Maya community to tell them that their traditions are wrong and that they must end forcing girls into early marriage or forcing them to marry their rapists?”

Another challenge arises from the patriarchal nature of Guatemalan society. Catharine MacKinnon provides a basic frame that explores women’s subjectivity in a

patriarchal society. She argues that a feminist theory of sexuality challenges the meaning of social power that men hold over women. Maya women of Guatemala thus live within the boundaries of their own “reality,” coping with sexual abuse in a men’s world through denial. Their sexuality has become invisible; they are seen as objects, poor, and vulnerable to sexual assaults (MacKinnon, 1989).

In MacKinnon’s view, women in patriarchal societies do not have autonomy to communicate their sexuality because of the oppressive nature of their predicament. However, when talking about sexual violence within indigenous communities in the Americas, it is important to consider Andrea Smith’s perspectives on sexual violence and how some people, especially indigenous people are inherently “rapable” (Smith, 2005). How could Maya women in rural Guatemala learn to communicate their sexuality, if they ignore that they are being violated, especially in a society that facilitates their rape? How could they learn about their agency as women, if they live in a world where women agency does not exist? With a history of sexual violence against Maya women in rural Guatemala that has been normalized, it is rather difficult to even ask these questions. Smith (2005) connects racism to gender violence and then to abuse and sexual violence. Her framework thus explores how native people of the Americas, men and women, are “raped” socially and culturally by oppressors, in this case *Ladinos*; and then how women that are indigenous are furthered raped physically because of their gender condition: because they are women. In Guatemala, the *Ladino* makes the decisions of the country; the indigenous is under the *Ladino*’s control through a history of oppression and

colonialism; and under the indigenous man, there is the indigenous woman, living at the extreme margins of any form of control or autonomy. Andrea Smith further explains that sexual violence is a mechanism that ties to colonialism, that gender violence is not being addressed within the nation state, and that indigenous women thus suffer more deaths than other types of women because of domestic and sexual violence (Smith, 2005). It is important, then, to realize that when it comes to indigenous women, their predicament is intertwined with national oppression, gender oppression, racial oppression, social oppression and poverty (Smith, 2005). Therefore, when it comes to sexual health discourse in rural Guatemala, it makes sense to say that Maya indigenous women have not had access to the “tools” they need to challenge their communities and to come together as women to educate their communities about sex, sexual rights, gender and sexual violence, and domestic violence, and thus pursue a life of dignity. And even if that access was there, with the many years of historical oppression and the normalization of violence against women, Maya women would most likely distance themselves from the “tools.” Culturally speaking, the Maya girl does not make her own decisions in life. When a decision needs to happen, it is parents, the community, and the country who make the decision for her (Wehr & Tum, 2013). Through *machismo*, the girl must submit to the norms that reject the contraceptives that risk the outcomes of reproduction. Thus, if a woman asks a man to wear a condom for sexual intercourse, *she* is literally *killing* life, and this cannot happen; it is not allowed to happen in her community, where she was brought up as an indigenous, powerless girl.

Reproductive and sexual health work in rural Guatemala should, therefore, begin by addressing ethnic/race factors that influence power inequality in the country; then, the work should address gender inequality. The *Ladino* population should begin addressing the ethnic differences between them and the Maya, so that a trust could be built, especially by *Ladino* allies. Then, perhaps, *Ladino* and Maya leaders and activists working together could begin to address sexual health and reproductive health issues in rural communities. *Ladino* and Maya activists should thus begin to fill in the gaps of the missing sex education by developing and providing more sex education workshops that could help primarily young Maya adolescents in rural Guatemala get access to sex education, sexual health services, access to contraceptives and information about sexual/human/women's rights. They should do so without ignoring the historical context of the relationship between the two ethnic groups, and by providing the most attention to the most vulnerable population in the country: the Maya girl.

However, when it comes to preventing sexual violence, sex education workshops will not be enough. How could you teach a boy not to commit sexual violence? The Guatemalan government, along with all of the rural NGOs, should build more awareness around sexual violence and how crimes against women are not, or should not, be a normal part of life, and then make it clear that Maya young girls and adolescents are the most vulnerable to sexual violence. To do this, it will be necessary to look at all levels of the issue. When it comes to macro-levels, one can think about the nation's ethnic inequality between *Ladinos* and Maya, as well as the gender inequality between men and

women. The Guatemalan government must therefore address these issues by getting *Ladinos* and Maya together to create programs that are culturally and gender sensitive, as well as appropriate for the younger population. The government could designate Maya and *Ladino* leaders, men and women, and educate them about human, sexual, and women rights in Guatemala, and how these rights are being violated through cultural and social norms in rural Guatemala. When it comes to the middle level, the government should start by building more schools for children and adolescents. These schools should provide sex education, but also they should provide education that could resonate with the community; an education that can create community leaders that could be aware of and teach sexual, human, and women's rights, and how violations of these rights are crimes. Schooling could also be tied to agriculture. When it comes to education in a rural community, both boys *and* girls could learn about the agricultural products they help cultivate; they could also apply this knowledge when they work the land. Boys could also learn to be sensitive to women's reproductive needs, and then learn that reproduction should be based on *some* children but not *a lot*. When it comes to the micro level, it is important that sexual aggressors sit through programs that could teach them about the wrongfulness of rape and incest, or the physical harm a child pregnancy could cause to a child bride. Aggressors should have a chance to sit through a program that could provide them with information about women's rights, the justice system, and inform them that communities are now resisting sexual violence, and that it will be the aggressors who will be shamed for their crimes against girls –not the girls for getting pregnant.

Workshops, Recommendations, and Beyond

NGOs have begun to provide some sex education workshops in rural Guatemala. These workshops address current sexual issues in Guatemala, and at the same time, the workshops facilitate access to contraceptives and health information that rural Maya youth have previously lacked. Furthermore, the workshops also educate Maya youth, especially girls and adolescent women, about their rights.

The workshop I observed covered religious perspectives that were problematic; condom use (male and female); sexual violence against women; child marriage; sexual health; and sexual/human/women's rights. In the workshop, the boys and girls seemed nervous throughout the day. To them, the material was new, and it might have been exciting and refreshing for them. Boys were more eager to participate and answer questions; they were also more likely to laugh and smile. Girls seemed timid and less engaged in the workshop. Facilitators at many points had to ask them repeatedly to talk and sometimes to talk louder. It could be that women in the community of Santa Catarina are socialized differently than men from an early age. In general, whenever the adolescents laughed, I thought that nervousness was the driving factor. For example, the boys and girls laughed during the condom-use presentation (female and male). For them, condoms were rare, according to Menchú; that "foreign aspect" of condoms might have influenced their behavior: excited, nervous, and happy—especially the boys. They paid close attention to every moment of the condom presentation. Jessica Fields has explored "moodiness, embarrassment... but not laughter" through her work in sex education in

middle schools in the United States. She argues that because adolescents are going through hormonal changes and puberty, sitting through a sex talk is exciting, uncertain, and embarrassing at the same time, which often leads to laughter (Fields, 2008). Fields' analysis considers how the introduction of any tool that has "sexual context," such as a tampon during sex education talks with adolescents, elicits "embarrassment" by girls and "laughter" by boys. Furthermore, when it comes to showing the adolescent images of female sexual organs and reproductive organs, as well as the drawing of an erect penis, the youths often laugh (Fields, 2008).

The real-life skit videos that the facilitators of the IUMUSAC workshop showed the youth took place in rural Guatemala, so the adolescents related; this empathy is important to keep in mind when developing and improving these workshops. It is also pivotal to keep in mind that the workshops should also teach the adolescents about these "sexual context" tools, such as the tampon, which according to Dinora Gil is nowhere to be found in rural Guatemala because communities believe that it takes the girls' virginity because of its "phallic" shape. When it comes to less traditional contraceptives such as Depo-provera, female and male condoms, and contraceptive pills, it is important for future workshops to teach about these methods alongside traditional methods that are centered on spirituality and that help *comadronas* bringing a child into the world. Furthermore, it is important to make the adolescents understand that these methods, traditional or less traditional, will be accessible to them through community organizations and through workshops; it is then their choice if they want to use them.

Workshops like the IUMUSAC workshop based on secular sex education are one of the many resources that fill in the gaps in sex education, which are needed to reduce the rates of child and adolescent pregnancy in Guatemala. The workshop could have had more hand-on activities that could engage the youth, especially girls, into communicating more about their sexuality. The IUMUSAC workshop was in Spanish, and even though the adolescents spoke the language, they could have benefited more if the workshop was facilitated in Kaqchikel, the local Mayan language. With a Spanish workshop, Kaqchikel Maya adolescents might feel that sex and even contraceptive use is still foreign or “alien,” which defeats the purpose of the workshop. Of course, having sex education workshops in their current form is a good start, but NGOs that create these workshops need to make them more culturally sensitive by speaking the Mayan languages of the different rural communities to teach their peers about sex. The youths that take the workshops will not learn everything in one workshop, but at least they will start to understand the basics of sexual health and a basic human rights. Furthermore, the workshops should include both genders, so that men also learn about women’s sexual problems and women sexual rights and become more sensitive to gender issues in Guatemala.

The workshops should take into account the Maya medical practices, however. It is important for Maya youth to learn what medicines could help women have a healthier birth, or learn that some traditional methods of birth could be better than Western methods. The workshops should not try to say “here are some condoms, so you should

use them to not have babies.” Instead, the workshops should take into consideration how rural Maya communities operate and say “here are condoms; they help prevent pregnancies; they might help more than some traditional methods; know that they are going to be available at the local store; use them if you are not ready to have and support your children.”

For now, sex education workshops in rural Guatemala do not go in-depth with the sex education material. This is why a comprehensive, school-based sex education curriculum could help reduce the early-life pregnancy rate even more. In 2008 the government issued a declaration that Guatemala would provide sex education by 2015 in all schools in the country (Wehr & Tum, 2013). If this happens soon, the sex education curriculum should take into consideration the different cultures of the country and create curricula that benefit the different communities in Guatemala.

Furthermore, sex education should also include the community and the parents, not by disapproving of the cultural traditions, but by talking objectively of the different consequences of sexual activity, such as high maternal mortality and morbidity rates, early-life pregnancies when the girl is not physically ready to bear children, and the circle of poverty perpetuated by having *too many* children. Rural communities will still be part of each girl’s life, but girls will be able to communicate better about their sexual needs and the sexual issues they face in their communities without being judged or seen as transgressors. With education, girls will learn to make their own decisions. Parents will learn to respect their daughters more and maybe not encourage or force them to marry at

an early age, as well as communicate with them about sexual violence, so that they can understand that violence against women should not be seen as normal and should not be tolerated. One way that this could happen is by bringing together community Maya leaders, women leaders, *comadronas*, urban and rural NGOs, public health officials, policy makers, researchers, and *Defensoras de la Mujer* and put them in conversation, so that a new, fresh approach could emerge where everyone could benefit, and where everyone would seek for a life full of dignity.

The country also needs to enforce its federal laws, especially those around sexual violence of women. The enforcement should come from a combination of agencies. Police agencies, judiciary agencies, and social agencies should come together in rural Guatemala and work by implementing public policy that could “shadow” the country’s laws. These agencies need to go through training to become sensitive to the needs of women in rural Guatemala. Police agencies need to recognize that violation of women is not normal, and that Maya women are the most likely targets for rape in Guatemala; judicial agencies in rural Guatemala need to be trained to advocate for the rights of women that experience sexual violence and be more sensitive to these cases; and social agencies in rural Guatemala need to promote women’s rights in the communities. With a central focus for advocacy of women’s rights in rural Guatemala, and by working together, all of these agencies could, eventually, become an ally to the Maya women of Guatemala, so that communities could understand that violence against women is a violation of human rights that will not be permitted and will be punished. With these

changes, and with more campaigns against sexual violence in the whole country, so that more people know about the current situation, maybe the rates of early-life pregnancy among Maya women could decrease. Furthermore, NGOs could also create workshops for boys on masculinity, patriarchy, and the power of male privilege. These workshops could provide examples of the gender inequality in the country, teach them about the laws against violence against women as well as sexual violence, and how, if they commit these crimes, they will be shamed and shunned by their communities.

Recommendations:

With the goal of decreasing the rates of child and adolescent pregnancies in rural Guatemala, I suggest the following:

- Girls and adolescent women (ages 8-19) should receive a comprehensive sex education.
- Boys and adolescent men (ages 8-19) should receive a comprehensive sex education.
- Boys should not only receive sexuality education, but they should receive education on patriarchy, masculinity, and power, and laws surrounding sexual violence and violence against women at an early age.
- Sexuality education in rural Guatemala should be culturally sensitive and should be taught in the language of the community.
- Sex education in rural Guatemala should consist of teaching the following:
 - Women's rights

- Human rights
 - Sexual rights
 - Self-empowerment
 - Gender inequality
 - Autonomy
 - Contraceptives information and instruction on use
 - Reproductive health
 - Sexual violence in communities
- Sex education in rural Guatemala should provide access to contraceptives and family planning, especially for young Maya women.
 - Sex education in rural Guatemala should be taught through a secular perspective.
 - Sex education in rural Guatemala should allow for a safe space for young people to explore their needs, to ask questions, and to learn.
 - Sex education workshops should be facilitated primarily by Maya women leaders in the language of the community.
 - Sex education in rural Guatemala should be inclusive of both genders.
 - Health centers in rural Guatemala should be run by Maya health practitioners or by *Ladinos* who speak the Maya language of the community.
 - *Comadronas* in rural Guatemala should be allowed to keep their traditional practices, but should also be trained in more Westernized methods that could help reduce the maternal/child mortality and morbidity rates.

- Police, community leaders, *Defensoras de la Mujer*, NGOs, *comadronas*, and health practitioners should join women's organizations in the different Maya communities to talk about the sexual issues in rural Guatemala, to come up with ways to inform the community about these issues, and how to inform the country as well, so that the government could become more involved and so that sexual-violence crimes could decrease.
- The government needs to be more involved in the enforcement of the laws in rural Guatemala, keeping in mind that enforcement has to be culturally sensitive. Sexual aggressors who commit sexual-violence crimes in rural Guatemala should be educated and prosecuted the same way a Ladino man would be; furthermore, they should be shamed by their communities.
- Urban OSAR should monitor all the rural OSARs more closely to follow up on new issues, should keep track of the maternal and child mortality rates, and should see if the laws are being enforced and respected.

Notes from the Field

It's July 23rd of 2014, and I am sitting at a community center for a Diplomado (Award ceremony) in Chimaltenango, Guatemala (another rural state of the country). I am sitting next to two Defensoras de la Mujer (Women Protectors and Activists) from the IUMUSAC. There is a lot of coffee from Chimaltenango at the tables, and as I drink the amazing coffee, I write. The Diplomado is for Kaqchikel Maya women who took a course on leadership through a rural division of La Universidad de San Carlos in Chimaltenango. Today fifteen women are getting their diploma for taking the one-year course. All of the women are wearing the traditional Maya dress, traje, and the traditional blouse, huipil. They are about to become official Defensoras de la Mujer. The event begins with a Maya tradition of "calling the earth," which involves setting up candles of different colors. The blue candle means the sky; the red one means fire; the yellow one means the fall of the air and the water. There is also yellow corn, black corn, and red corn. The black color means night. There are rose petals and green leaves from a pine tree all around the decoration. The green signifies nature. The director of POP NO'J, which is a Maya non-profit organization that helps women victims of sexual violence in Chimaltenango, begins the ceremony by calling all the elements and asking nature for "the blessing" of the event. The event is mostly in Spanish. The director speaks and says, "we need men to help us in our fight for social justice, seeking equality for both genders... in Guatemala nothing seems to change." The women sitting next to me tell me who the Diplomadas (awardees) are. Most of them have children, and most children are

babies. Most of the Diplomadas seem really young, maybe around 18 years old or so. The director of POP NO'J keeps on talking about the situation, "Women are abused every day and have no place to go... this is why the same indigenous women decided to become the support that other women were seeking... this is why now we have these women who are now Defensoras de la Mujer." I look around and notice that I am one of only five men. The director of POP NO'J keeps on explaining how the women sat through a year course on leadership, which included theory, psychological practice, and therapeutic help (through exercise and dancing). She says that she hopes more men join in the near future. The women seem to admire everything the director says. The new awardees, Defensoras de la Mujer Maya, seem very prepared. Some hold their babies as the director speaks. Some had to travel all the way from Alta Verapaz (rural state in the highlands) to come for this important event in their lives. None of the men in their families attended. Most of the women had to ask permission to their husbands to even attend the Diplomado ceremony. Some children were crying while the women held them as they listened to the director speak. Older children were walking around and others were sitting by their mothers. Some of the women in the room experienced sexual violence in the past, according to the director of POP NO'J, and that is why they decided to become Defensoras de la Mujer.

The director then introduced the people from the IUMUSAC, saying that they were going to sign their diplomas today at the end of the event. She says:

It is important to have our hard work recognized because all of us women have been victims one way or another, in public, or in private... we are victims, objects... we have to change this... now we have to be Defensoras de la Mujer... we are always negotiating our lives... asking permission to our boyfriends or husbands to leave the house... always negotiating... there are many difficulties on our road for social justice, and our husbands and boyfriends might be one of those obstacles, but we are survivors of violence, but no more... we should not negotiate being a Defensora.

The next speaker went up stage.

She seemed a bit overwhelmed as she walked to the center of stage. She talks about social justice as the new path ahead, and then she explains how all of her cohort who are getting a diploma with her today had met all of the requirements and had passed all the training to become Defensoras de la Mujer. She passes out name tags to her cohort. The women all come to stage one by one to get their name tags.

Then they sat down again.

The director of POP NO'J begins to speak about Chimaltenango: "In Chimaltenango many of our children... girls and also boys... are being sexually abused, and most of the abusers are family members... this is why we need Defensoras that could help communities in need, by guiding and providing support... by helping find justice... by

helping see people that this is not right..." The director of POP NO'J then invites a guest speaker, an active Defensora de la Mujer, to come to stage and talk about her experience:

I am 17 years old, and I have had the opportunity to work with women victims in Quiché, Antigua, and now Chimaltenango. I mostly help women that experience domestic violence with their spouses. These husbands do not let the women do anything (not even wash their clothes, go sell their products at the market, not even take care of their own kids). I am blessed for speaking Kaqchikel. This helps me help. Every day I go to the district attorney's office and wait and wait until women can put their complaints against the men who abuse them. These women have to go through many obstacles ('what will the community say? where do I go? what will happen?'). That is why Maya or non-Maya, we have to come together and create a space of solidarity. The worst enemy we have to combat is silence, but we are not alone. If we are abused, domestically, sexually, or in any other way, we have to open up our mouths... we have to go and put a complaint against our boyfriend or husband, or whoever is abusing us. We have to go through a process, but with a Defensora by our side, this process becomes a guiding experience... we are here to help.

The director of POP NO'J had everyone get up from their seats at the community center. Half of us had to form a circle and the other half had to go around the circle and shake hands in solidarity.

When the activity ended, the director of POP NO'J had the representatives from the IUMUSAC come to stage to sign the diplomas, and then she called each of the women to stage to receive their diploma.

The women were now ready to start their new journey.

A journey as Defensoras de la Mujer...

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Appendix A
Pictures from the workshop



Santa Catarina adolescents work on their art activity during the workshop



Santa Catarina girls present their art-work to the researchers



Santa Catarina adolescents get their sex education packages



Santa Catarina adolescents learn about sexuality in the workshop



Santa Catarina girls listen as researchers say their closing remarks

Appendix B

Maya Defensoras de la Mujer

