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Reproductive Health in Rural Guatemala: Finding a medium between state and

NGO Policies

By: Zayra Rivera

Reproductive Health in Rural Guatemala: Finding a medium between state and  
NGO Policies

In Partial Fulfillment of the Requirements for the Degree

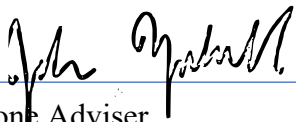
MASTER OF ARTS  
in  
INTERNATIONAL STUDIES

By: Zayra Rivera  
April 25, 2022

UNIVERSITY OF SAN FRANCISCO

Under the guidance and approval of the committee, and approval by all members, this thesis project has been accepted in partial fulfillment of the requirements for the degree.

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## **Abstract**

The purpose of this study is to understand and evaluate the manner in which the NGO sector surpasses state led efforts related to improving knowledge about reproductive health within rural areas in Guatemala. This research focuses on using methodologies from four Adolescent Youth Health Programs within the region of Lake Atitlan as well as state run institutions such as schools and health centers.

More specifically, this case study seeks to analyze the current gaps sexual and reproductive health programming in rural indigenous towns in the Sololá department of Guatemala. It compares four private NGO institutions with two public organizations, specifically the ministry of health and ministry of education, through qualitative interviews. Emergent themes taken from a total of 18 interviews include the importance of comprehensive program structure, community involvement, interinstitutional cooperation, capacity building, and adequate funding models. This research argues that giving greater importance to sexual and reproductive health programming is a meaningful start to shifting violence in indigenous communities, especially towards women.

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Lastly, I would like to dedicate this research to the Jovenes of Guatemala in the hope that they receive the access they deserve to lead healthy lives for the sake of their happiness.

## **Introduction**

Guatemala's complicated history with the armed conflict echoes to this day in distinct areas of society. The civil war lasted from 1960 to 1996 and left its stamp deep within the country's political, economic, and cultural history. One of the most continuous struggles is violence against women and indigenous populations within the country. Though this violence is a complex issue that must be analyzed through different angles, creating more accessible reproductive and sexual health education is a meaningful area of growth to begin with. From learning about rights, to understanding bodily functions, access to this information is important because it allows for greater agency and opportunities for people to take control of their personhood—especially women.

This work is especially relevant now based on the landmark verdict of a sexual violence case during the armed conflict that was delivered in January 2022. The case led to the sentencing of “five former members of the paramilitary civil self-defense patrols for the sexual violence committed against indigenous Maya Achi women in the early 1980s during the armed conflict” (UN Special Representative, 2022). During this case, the judge praised the women who had stepped forward:

“I wish to honor the determination and resilience of survivors who, for over a decade, had to overcome numerous obstacles, including stigma and discrimination, to finally see those responsible brought to account in a court of law. Their courage and determination are truly an inspiration, and show us that, despite many challenges, accountability efforts for sexual violence can succeed, are transformative, and must be pursued” (UN Special Representative, 2022).

There is still work to be done and violence will not disappear overnight but providing integral reproductive and sexual health knowledge nationwide is a measurable starting point. Though it has been resilience and determination that have led the Achi women to seek justice, if it can be

done more immediately, or prevented as a whole, greater justice for women who have suffered from sexual violence can be achieved.

This study seeks to analyze the current situation in the western highlands of Guatemala surrounding sexual and reproductive health care services. Due to current governmental programs designed for urban city environments, these methods fail to address the needs of rural communities. Because of this, foreign nongovernmental organizations have sprung up with the intention of filling the gaps left by the Guatemalan ministry of health and the ministry of education. Though they provide more detailed opportunities, the NGO sector also has its areas in which the ministry of education and ministry of health become necessary tools to reach target populations. The most beneficial way of reaching indigenous communities would be in collaborative efforts between both the public local and federal governmental sector, and the private NGO sector.

### ***Setting***

Through observing Guatemala as a whole, the UN Women organization reports that “the country has 24 linguistic groups and 4 cultural groups: Maya, Garifuna, Xinca and Mestizo/Ladino. According to the last three population census (1981-2002), the indigenous population is 43% of the total population. Guatemala has a strong history of discrimination of indigenous populations in general and women in particular” (Guatemala, UN Women). This history of discrimination and violence disproportionately affects indigenous women and has roots associated with the most recent civil war that occurred during this period (Guatemala, UN Women).



Guatemala continues to be subject to the aftereffects of the recent civil war that lasted over three decades. During this time,

“The Guatemalan Commission for Historical Clarification (CHC) found that sexual violence was prevalent during the three decades of the conflict. The CHC recognizes that the figures on sexual violence are underestimated in relation to other human rights violations, and reports that 2.38% of the 42,275 registered human rights violations correspond to sexual violence” (Guatemala, UN Women).

Furthermore, these reported cases only account for cases that were registered. When it comes to sexual violence, many women still do not know about their rights or how to go about reporting—numerous barriers also exist to inhibit women from doing so as well. Resources to seek help also become slimmer the further away people are from urban cities. This puts indigenous populations at greater risk.

Because of this history and other interrelated factors such as machismo, violence in Guatemala disproportionately affects women at a higher rate than men—even more so within indigenous communities. Considering Latin America as a whole, Guatemala ranks high due to systemic factors and the abovementioned historical circumstances.

### ***Current Situation***

Based on these high rates of violence against women, the Guatemalan government has recognized that change needs to happen statewide to improve the country’s current standing related to sexual and domestic violence. A main goal at the level of the Ministry of Health and the Ministry of Education has been to increase programming on sexual and reproductive health in various capacities. One being providing more education at the school level, and the other being providing more education and resources at the municipal level through local clinics that are found in each municipality. Integral sexual and reproductive health has the potential to

change the current state of violence within the country because it offers both men and women access to knowledge about their rights and resources to protect their bodies. These protections and rights give women agency to access services that will allow them to denounce crimes against their person as well. Speaking in generational learning, both boys and girls who learn about sexual health and reproductive health understand how to respect their bodies and those around them through learning about healthy relationships. This serves as a preventative measure for domestic violence in generations to come.

Specific permanent forums, such as the Observatorio de Salud Reproductiva de Guatemala (OSAR), have been created at the governmental level to monitor reproductive health programming. Their purpose and stated mission are the following: “we are a space for intersectoral integration, in alliance with the Republic of Guatemala, that promotes actions following the analysis of strategic information surrounding the reproductive health situation in the country” (Observatorio en Salud Reproductiva). Through OSAR, distinct governmental programs have been formed to provide access to information and resources surrounding sexual and reproductive health. These include programs such as *VIDA*, that serve to target adolescent births in concentrated locations, or bigger Ministry of Health and Education programs such as *Prevenir con Educacion*, that implement sexual health education within local clinics.

Furthermore, the *Prevenir con Educacion* program served as a link between the ministry of Health and the ministry of education to implement reproductive health teachings nationwide. The goals of this program include: promotion of sexual health through intersectional programming, emphasizing teaching integral sexual health which includes biological, social, emotional, cultural, and gender-based aspects of sexuality, program evaluation, family integration, and improvement of media information surrounding topics related to sexual health.

(Cabrera, 2011) This also meant the inclusion of sexual and reproductive health topics within the Curriculo Nacional Base (CNB) which serves as a mandatory guide for teachers to base their content from. The CNB is implemented at every national school in the country where teachers are expected to deliver these contents. However, access to education and health care is notably unequal in urban settings in comparison to rural villages in the country.

According to a United Nations Women's report on the country, "access to formal means of financial resources, health services and education are still limited" (Guatemala, UN Women). While the country has been recuperating from the armed conflict over the years, different levels of programming at the state level have disproportionately reached different sectors within the country. In referring to divisions, indigenous rural communities are the last to receive quality funds to programming at the federal level and locally, clinics are usually understaffed or not equipped to deliver to the needs of communities. This is due to exclusion and racism that is still prevalent in the country. Furthermore, within rural indigenous communities, the role of women is also suppressed behind male dominated societies that do not focus on the protection of women. Because of this need, different means of transmitting sexual and reproductive health have sprung up on different areas of Guatemala, specifically targeting women's health and rights to offer greater support than what they are currently receiving from the state.

This research focuses on five rural indigenous towns located in western highlands of Guatemala, specifically on the shores of Lake Atitlan in the department of Sololá. Over the past few decades, the number of NGOs in the area has greatly increased and many of them offer reproductive health programming in different capacities. This study focuses on four organizations in the towns of San Pablo La Laguna, San Juan La Laguna, Santa Cruz La Laguna, Panajachel, and Sololá. These organizations range from grassroots to larger scale international

NGOs. Their programming serves as a contrast to the governmental resources found within these same towns due to a variety of factors—access to funding being a predominant factor.

This study analyzes five themes specifically related to the following: program structure, community involvement, interinstitutional cooperation, capacity building, and funding models. The findings section includes qualitative interviews from five members of distinct public sector entities and their account of reproductive health programming in their town along with the analysis from the twelve qualitative interviews that were taken from four different NGOs operating in the lake Atitlan region. In analyzing the five themes in the public and private sector, this study seeks to shed light on gaps between both areas of programming and find improved ways of serving indigenous youth and women and ensure meaningful access to sexual and reproductive health throughout the country.

## **Literature Review**

### **State/Government run programs:**

In examining existing healthcare systems in Guatemala that provide reproductive health services, the nation accounts for a universal healthcare system that encompasses hospitals and local clinics that are meant to provide reproductive health services free of charge. Aside from formal institutions, there are standardized curriculums in place that are meant to be implemented in schools nationwide. Though the state is meant to hold these systems in place for the accessibility of all Guatemalan citizens, issues such as power imbalances and marginalization of communities prevents the state from obtaining its goals.

Internationally and nationally, there have been efforts to bridge the gap between state run programs and traditional local knowledge:

In February 2014, an International Congress on Promoting Adolescent Sexual and Reproductive Health (ASRH) took place in Cuenca, Ecuador. This Congress was the culmination of a four-year, multi-country intervention research study titled the “Community Embedded Reproductive Health Care for Adolescents in Latin America” (CERCA) project. CERCA was funded by the European Commission’s 7th Framework Program. The Study endeavored to develop and test a package of ASRH interventions that could be delivered in collaboration with existing public health systems and in conjunction with community actors. (Pozo et al, 2015, 3)

Programs such as these serve to universalize a method of implementing functional reproductive health initiatives to more vulnerable populations. Though practical in theory, diverse nations in Latin America cannot benefit from such programs without sufficient community involvement or close inspection of currently run institutions that provide reproductive health knowledge such as hospitals and schools.

### *Hospitals in the Guatemalan Context*

Guatemala currently provides universal healthcare to all its citizens. Through this system, people have the power to “receive quality health services that meet their needs without being exposed to financial hardship” (Samuel et al., 2020). As a country, Guatemala accounts for National Hospitals located at the departmental level, and Centros de Atencion Permanente (CAP) located at the municipal level, in which Guatemalans can access free healthcare. These state run institutions are supposed to guarantee service to any Guatemalan who may seek treatment. However, these centers’ quality and care are not trusted by local indigenous communities due to power imbalances and historical marginalization of indigenous populations. Furthermore, “given how deeply rooted social and gender discrimination can be in health care, some authors have argued that it is not considered just another quality-of-care issue or a lack of professional ethics, but rather, a complex sociological problem requiring structural transformation.” (Castro et al, 2015, 97).

Though Guatemala is recognized for its recent armed conflict that targeted indigenous populations exclusively, their “populations, along with their language and culture, have been marginalized and persecuted since the Spanish conquest in the 16<sup>th</sup> century” (Wehr, Tum, 2013). These cycles of oppression have led to the mistrust of governmental services on behalf of rural indigenous communities. More so, “stark contemporary inequalities in health and income in Guatemala stem from a history of European colonization, decades of military dictatorships, the exclusion of poor and Indigenous populations from development, and a 30-year internal war” (Samuel et al., 2020). Along with this mistrust there exist gaps in the structure of hospital care that deepen the rift between the community and state-run programs. Because of this mistrust, governmental authorities sought to implement the MSPAS to create more unity with state run institutions and local practices. “The MSPAS created the ‘Unit of Indigenous Populations’

Health Care and Interculturality' (Unidad de Atención de la Salud de los Pueblos Indígenas e Interculturalidad en Guatemala) to operationalize the change of service delivery in the Guatemalan health facilities" (Dijk et al, 2013, s367)." Though this collaboration was formed with the intent to bring about unity between communities and the government, further funding was not provided to tackle issues of discrimination, the first of these being language barriers.

Language along with cultural relevancy is important in Mayan communities. While hospitals and health centers are located nationwide, "the Ministry of Health is still predominantly staffed by 'Ladinos' an ethnicity in Guatemala that denotes a mixture of indigenous with the Spanish who colonized the area" (Berry, 2008). They serve within communities and provide a contrast because they do not share the same cultural or linguistic values as indigenous Mayans in the area. Though the country should be working to make greater reparations to account for the historical marginalization of indigenous peoples, the legacy of colonialism has left deeply engrained divides amongst peoples in Guatemala. "According to qualitative research, indigenous people in Guatemala face discrimination at health care facilities that are staffed by predominantly ladino personnel" (Ishida et al.,2012) Furthermore, according to Ishida et al, "these results indicate that a language barrier and poverty were the two factors most strongly associated with indigenous women being less likely to use these services" (Ishida et al.,2012). This is due in part of fear of being able to communicate well and receive unwanted treatment.

Along with linguistic barriers, there is a divide with traditional indigenous care and biomedical practice. When looking at a specific department in Guatemala, "homebirth with a midwife is the ideal for most residents in Sololá, and indeed the continued preference of women and their families for midwives over biomedical providers for pregnancy care is prevalent throughout indigenous Guatemala" (Berry, 2008). In these instances, midwives are important

figures within communities and hold the trust of their patients. While the hospital staff hold accreditation through their schooling on a state level, for indigenous communities it is not enough to trust these qualifications. More so, studies surrounding midwife integration and the MSPAS was met with “a disconnect between what the policy aims to achieve and the experiences of the comadronas (midwives) and the women attending the health facilities. Several facilities were still initiating the adoption of culturally appropriate services, and the lack of sustainable funding had impeded an optimal application of the model in many sites” (Dijk et al, 2013, s377). This demonstrates how the government sought to create an opportunity for inclusion yet failed to adequately provide guidance or resources to effectively follow through with these integration practices.

Furthermore, indigenous Guatemalans are more likely to avoid government led services due to costs. While it is assumed that services are free of charge when run through state run institutions, the same cannot be said about treatments and medicines—yet Guatemalans are often charged fees for seeking services, “patients are charged a fee for services or medications officially covered through the publicly provided health system...even when the sums being charged are relatively small, for the rural poor, these illegal, out of pocket expenses create significant economic burden that public health is designed to remove” (Samuel et al., 2020). These unforeseen costs do more to deepen mistrust with governmental institutions because it highlights a corrupt system that is further intending to take advantage of local populations. Consequently, due to lack of knowledge in the medical area, families find themselves under the power of the doctors’ suggestions. A study found that “doctors frequently ask families to buy drugs that cost the equivalent of several days wages” (Berry, 2008). Since doctors themselves are



not members of the communities in which they work, there is also the issue of them not understanding what these costs mean to patients who are desperate for care.

While hospitals and health clinics are meant to provide direct reproductive health services and consultations for all Guatemalan citizens, historic mistrust and power imbalance create a divide which deepens inequality for indigenous and rural populations. Though the state may be working with the best of intentions, “health coverage guaranteed by the state may exist on paper in a way that it does not in reality. While many government services can exhibit a gap between promise and reality, the experiences of citizen-led accountability initiatives reviewed in this paper suggest that the health systems serving rural indigenous peoples and other socially excluded peoples face unusually serious and systemic problems” (Samuel et al., 2020). When asked about this divide, doctors mentioned that there needed to be an overall increase in literacy to improve relations amongst indigenous populations and the governmental health sector (Berry, 2008). This manner of thinking target indigenous populations specifically rather than seeking to integrate more culturally specific practices at the state level. Greater awareness on both ends is necessary to tackle hierarchical structures that have held these beliefs for so long. A study showing similar trends of miscommunication related to midwives in Nepal brought to the forefront the following trends in Guatemala:

Cosmimksy (2001) and Hinojosa (2004) described how comadronas have been trained in biomedical knowledge and practices, in order to ‘reach’ indigenous populations. This training has been unidirectional and hierarchical, privileging the biomedical system, without room for what the comadronas themselves think. (Van Dijk et al, 2013, s378)

These attitudes serve to emphasize lack of cooperation between ethnic groups in Guatemala. Though state run hospitals and health centers provide reproductive health services, there is a need to address underlying tensions such as lack of inclusivity and language barriers to

create far-reaching programming that is effective as well as sustainable. Authors have emphasized the importance decentralizing public programming to include community led efforts to bring about sustainable change. Consequently:

In this context, the process of implementing decentralization represents an important space so that public policies respond more to the cultural and social context. Moreover, decentralization should favor the local participation of the women. It is necessary to delve further into the mechanisms of the decentralization in health and to evaluate how this process can help to strengthen the rights of women. (Camacho et al, 2006, 362)

Though efforts have been made at the macro level of government and international mandates, the micro is what has proven to be most effective when seeking to implement reproductive health policies. Without sufficient funding or planning, though, these efforts prove to have negative consequences and deepen the rift between indigenous communities and the state.

### *Standardization of Curriculum in Schools*

Another tool for state run provisions for reproductive health is the standardization of curriculum within the school system. Due to its need for more reproductive health programs, “in 2008 the Guatemalan government signed a declaration with 30 other Latin American and Caribbean countries to include a sexual education component in the curriculum of all schools in the country by 2015” (Wehr, Tum, 2013). While the Guatemalan National Curriculum (CNB) sought to integrate reproductive health formally, “overall, culturally specific materials are lacking” (Keogh et al., 2018). Though programs such as the one outlined by the government seek under the best intentions to create access and knowledge surrounding reproductive health in Guatemala, the diversity within the state invalidates these programs. Furthermore, while diversity is a factor, since capacity building is not integrated into the implementation of this curriculum, teachers face deficiencies in instructing students’ crucial topics about their health.

While it may be helpful in theory, “centralization can cause unnecessary bureaucracy, as budget allocation decisions are sometimes delayed, guidelines do not always filter down to the local level, and accountability for implementation is elusive” (Keogh et al., 2018). Though the writers of the National Curriculum sought to implement the importance of reproductive health, their aim falls short if they fail to recognize the need for capacity building of teachers to be effective in their mission.

Guatemala is culturally rich with a complicated past. Its leaders and government must be more aware of that when seeking to promote social programs or standardized curriculum for everyone to be able to access. As the state is currently, it only serves to deepen cultural divides between the Ladino and Indigenous populations within the country. To create greater equity around reproductive health knowledge and programs, there must be integration of local peoples in state run health services as well as an emphasis on capacity building and integration of culturally specific curriculums.

### NGO Run Programs

When dealing with programs that support reproductive health, the NGO sector fills gaps in policy that the state fails to implement. Though there are still issues with the NGO sector—specifically dealing with collaboration, humanitarianism, and structure—it presents an alternative to the mistrust with state led programs through their history and emphasis on community within the country.

### *NGO Significance in the Global South*

The emergence of NGOs is not a case just for Guatemala—let alone lake Atitlan. The emergence of NGOs and the roles they play are important to explore prior to understanding how they fit into the Guatemalan context. Nongovernmental organizations also exist in a realm that awards them liberties when it comes to implementing campaigns and projects due to the way in which “the great divide between public sector and the private sector activities is being bridged by NGOs with feet on both sides” (Obiyan, 2005). Though there are differences with regards to types of NGOs, whether they be mission driven or related to completing a specific task, they exist outside of the state and are constantly being subjected to the comparison of state structures that work in similar themes while residing in the state. In addition to defining NGOs broadly, it is necessary to also examine positionality in relation to the global north and the global south along with the concrete uses of NGO presence in both areas.

Tracing back to the origins of NGOs, scholars have a variety of theories as to how established NGOs came to be. For example, there is the theory that NGOs are:

“‘Associations formed from within civil society bringing together individuals who share some common purpose.’ Hulme (2001, p. 130) characterizes them (as well as civil society) as ‘peopled organizations [that] are both not part of the state structures, are not primarily motivated by commercial considerations or profit maximization, are largely self-governing, and rely on voluntary contributions (of finance, labour or materials) to a significant degree’” (Kajimbwa, 2006)

Other prominent reasons NGOs come to be stem from lack of governmental structure. Some go further to state that “‘government failure’...and the disenchantment with the state by a critical segment of the international community seem to have propelled the ‘third sector’—NGO sector—to the forefront of development debate” (Obiyan, 2005). Furthermore, “The existence of NGOs stems from both internal and external factors. Internally, the gradual retreat of the government in public service delivery has left a vacuum that NGOs try to fill. The retreat is due

to governments' inability to provide high-quality public services to citizens” (Kajimbwa, 2006). This gap is further analyzed in the following study about the lake region of Lake Atitlan to demonstrate how specific organizations fill these gaps. Wherever NGOs exist, there is a parallel to the governmental structure they operate within.

Nongovernmental organizations range in size and scope. Aside from this, their territoriality is also considered when defining organizations. This can be seen with the divide between the international and the local “in broad terms, foreign based NGOs are NGOs having their origins outside the country of operation. In contrast, local based NGOs are NGOs with origin in their country of operation” (Obiyan, 2005). The global positionality comes from taking this a step further and dividing organizations based on their north or south positioning and are classified the following ways:

1. “NGOs based in a Northern country and having its operations in that country.
2. A Northern NGO whose operations are geared toward Southern country/countries. Such operations may be carried out directly or through a branch NGO or an affiliate NGO in that Southern country.
3. NGOs in a Southern country with operations in that country.
4. A Southern NGO whose operations are geared toward a Northern country/countries.
5. And NGOs in a Southern country with operations in another Southern country/countries” (Obiyan, 2005).

Furthermore, northern and southern based NGOs inform one another based on their access to resources. Here, “On a more fundamental level, many Northern NGOs may collaborate with Southern NGOs to rationalize the Northern NGOs' existence as organizations, while Southern NGOs may invite Northern NGOs to collaborate to educate the Northern NGOs about conditions and problems in the Global South” (Pallas, Urpelainen, 2013). While it may seem that northern NGOs might have an advantage, they cannot carry out their interests or missions without being adequately informed by southern NGOs. This is because “academic research credits *mission*, or

the central principles that guide an NGO's activities, with a central role in driving campaign formation and function” (Pallas, Urpelainen, 2013). To be properly mission driven NGOs that operate in the global north to support the global south must have proper communication and missions to carry out their work.

The uses of NGOs also vary greatly depending on the missions of organizations. In most cases, “the NGO are, therefore, seen as the instrument for providing welfare services to poor people in the developing countries” (Obiyan, 2005). In addition, “NGOs have been credited with many advantages in relation to the state. These merits include the claim that they are close to the poor, encourage popular participation, flexibility and innovation, sustainability, advantage from small size, cost-effectiveness, impact and effectiveness and commitment of staff” (Obiyan, 2005). All these factors contribute to the greater success of NGOs in comparison to state led initiatives. This is because “the government cannot deliver high-quality public services to its citizens, leaving a space for NGOs to step in—and, ideally, to help people organize and self-develop, and to make the best use of the community's human, financial, and natural resources. Externally, NGOs exist because donors channel funds to them” (Kajimbwa, 2006). In broader terms, NGOs seek to provide services at a more detailed level than the governments these structures find themselves in by filling gaps by the state.

### *History of the NGOization of Guatemala*

The NGOization of Guatemala had a lot to do with the increase of neoliberal reform within the country, natural disasters, and the implementation of the Peace Accords following the Armed Conflict in 1996. These can be traced to two events in the 1960's and 70's (Rohloff, Shom 2011). Looking towards aid, in Guatemala “the Kennedy administration’s Alliance for

Progress, a major Latin American initiative which targeted aid to support community cooperatives and modernization projects” (Rohloff, Shom 2011) served to expand the creation for international organizations. Local needs were also addressed by early NGO’s that remained apolitical through funds funneled through USAID. Though the United States was a big actor during this time, distinct NGOs also “turned to European funders, which channeled their support towards NGOs that worked to promote social organization and consciousness raising” (Beck, 2014). The growth of external actors within the state during this time also created conflicting interests for the state. As rising tensions began with the internal conflict during this time, “both NGOs and the state began to recognize their potential power: many NGOs set themselves against the state, and the state, in turn, began to see NGOs as a threat” (Beck, 2014). This complicated history between NGOs and the State illustrate the way contemporary collaboration between both sectors might be difficult to achieve when looking at the implementation of reproductive health programs.

In later decades, it is notable to add that the 1976 earthquake provided opportunities for the growth of the NGO sector within the country (Rohloff, Shom 2011). The earthquake was relevant to the history of NGOs within Guatemala because “foreign governments channeled aid through NGOs instead of the Guatemalan government, which was perceived as corrupt and inefficient” (Beck, 2014). This mistrust that was highlighted in the previous section with state led programs has led to the proliferation of projects that seem to be rooted in more direct resource distribution. NGO programs also seem to offer more transparency with regards to their allocation of resources—this is a contrast to state run hospitals, for example, which have utilized exclusion of ethnic groups which has furthered the divide and willingness to seek out services on behalf of citizens.

The most recent prominent influence for the influx of NGOs in Guatemala is the signing of the Peace Accords in 1996. This is relevant to my thesis because the Accords signed after the Armed Conflict to promote Peace centered around sustainable goals for the country that covered a variety of sectors. The most notable here is the proposed healthcare reform. To achieve this goal, “the Guatemalan government implemented a national health sector reform that was largely financed by the Inter-American Development Bank. Required by the IDB to Include NGOS, the new Comprehensive Health Care System that was approved by the Guatemalan Congress in 1998...allowed the Health Ministry to contract NGOs in the administration of healthcare to expand areas the state preciously failed to reach” (Beck, 2014). Based on the history of mistrust and corruption, the Peace Accords seem to be seeking to repair relations and recognize that NGOs count on a greater degree of community participation than their own run programs. However, as with much of Guatemalan planning—implementation is where programs seem to fall short. For this reason, the NGO sector offers a differing perspective when creating community relevant programs.

### *Community Relevant Programs*

While mistrust in government agencies is a barrier to implementing reproductive health programs, the NGO sector can implement effective programs by having more emphasis though community relevant models of functioning. These include initiatives focused on grassroots organizing as well as capacity building at a local scale to ensure effective organization.

A main critique about state-led programming was the disproportionate number of Ladinos working in hospitals and health centers. More localized NGOs can create programs that include community members and culturally relevant tools. Within case studies surrounding



NGO's that seek to provide resources and services surrounding reproductive health, it is stated that "the ultimate role of most NGO development programs is to increase the capacity of community to address its own basic needs by implementing various services related to education, health care, microfinance, etc." (Srivastava, Austin, 2012). This capacity building has been taking form through community leaders who impart knowledge through the multiplicity of their learned experience. Distinct models also illustrate how "young mentors and leaders from the community who speak the same languages as the participants facilitate the program" (Richardson et al., 2019) within reproductive health programs aimed at working with young women. Further readings also demonstrate the importance of how "services must be offered in Mayan languages, not just as an afterthought, but actively used during planning strategies and throughout implementation with the community" (Wehr, Tum, 2013). This not only allows for better understanding of topics, but it creates a sense of trust and agency for participants to feel comfortable recognizing someone in their community emphasizing the importance of the topics covered. The more NGOs seek to integrate community members and capacity building into their framework, the greater the awareness surrounding the immediacy of reproductive rights is increased. When community members become involved in recognizing and combating health concerns on their own, it creates a more centralized view of the problem, rather than an external issue highlighted by the state. Furthermore, in a state as culturally diverse as Guatemala, specialization and specification is key and should be tailored to individual communities for greater mobilization (Sebert et al., 2016).

Another benefit to NGO structured work is accountability. Due to external funding and emphases on different grants, NGO's have a more structured style of implementation of direct services they provide as well as goals and indicators to reach. Through these methodologies, the

goals of creating comprehensive reproductive health programs with lasting impact have a greater possibility of being effective at the rural level. Because of this, NGO's represent a global opportunity to bring about change. This must be done in an intentional manner to avoid beforementioned gaps to repeat themselves in the private sector:

Global health initiatives and programs represent excellent opportunities for addressing these blanket issues. As is the case with many international development programs, however, global health initiatives are at risk of being short sighted, ethnocentric, and paradigm centric. It would be wise and highly beneficial if our global health programs could break disciplinary boundaries and invite actors with different perspectives to a dialog that does not emphasize biology over culture (or the other way around) or academic over community expertise. (Valeggia, 2016, 474)

Without community integration at the forefront, programming runs the risk of becoming stagnant or a deeper disconnect between the local and the foreign.

#### *Gaps in NGO Framework in Guatemala*

Though the NGO sector shows a different face with regards to meeting needs of communities, there are areas in which NGOs also have gaps in their frameworks. The most prominent of these areas is the lack of collaboration amongst other institutions, unreasonable expectations on behalf of NGOs and the reinforcement of the humanitarian gaze.

With shifts in the government and the signing of the Peace Accords, Guatemala as a nation has accounted for the growth of over 10,000 NGOs (Rohloff, Shom 2011). While these organizations would ideally be working to combine efforts to reach a majority of those served, the issue of collaboration between institutions has been a problem not only with NGOs amongst themselves, but also at the state level. A reason for this disconnect has to do with lack of communication amongst institutions. Using Sololá as a case study, "interviews with community leaders and health promoters confirm that the individual organizations have little interaction, and

physicians working in the international NGOs confirm that they gave little knowledge of the activity of other organizations” (Rohloff, Shom 2011). Without interacting with one another, organizations have little knowledge of what is being imparted by other institutions. This creates the phenomenon of “projectification’ which involves patchworks of overlapping and redundant organizations with short half-lives and shifting missions” (Moore et al. 2017). Rather than duplicating efforts within communities, the multiplicity of actors in a region could be beneficial if combined efforts sought to implement programs together. If organizations were to collaborate amongst each other, it could provide the opportunity for the sharing of resources to better implement reproductive health programs with lasting impacts due to shared methodologies. This would be different than state level standardization practices because it would involve community specific methodologies that had been proven effective though different context. Resources in indigenous languages would reach a greater audience and serve to promote reproductive health in multiple communities.

Since most NGOs are funded externally, this creates expectations for community members which they are unaccustomed to. While most services in this sector are free, there are expectations for community members who access services that are culturally different. Furthermore, “using ethnographic data from Guatemala, which has among the highest concentrations of NGOs in the world, we show that NGOs once devoted to ‘alternative’ development now increasingly require beneficiaries to conform to neoliberal ideals of co-responsibility and compliant participation” (Moore et al. 2017). This creates an unequal power structure within communities and if poorly managed it can create dependency where the subjectification of community members through their acquisition of NGO services. While marginalization at the state level demonstrates unequal balance due to lack of diversity and

monetary exchange for services, NGOs are not exempt from unequal power distribution if they are requiring “gifts to be received in grateful postures” (Moore et al. 2017) by those whom they wish to empower. Though there is the narrative surrounding the empowerment of peoples through the work of most NGOs, this rhetoric contains gaps especially if that empowerment or services are at the cost of dignity and prostration of those served.

When examining funding within the NGO sectors, some situations are not as clear cut as others. Though most non-governmental organizations strive to be just that—nongovernmental, some seek funding and status from the governments they serve. This can lead to controversial consequences if the ideologies and curriculums of an NGO do not align with the current administration’s goals. A study demonstrated that:

Lacking foreign aid and private national donors for often-controversial programs, the NGOs have begun to depend on local and national government contracts, or on bilateral and multilateral contracts that must be approved by governments, for a significant portion of their funding. In several cases in the region, opposing the government's official position on sexual and reproductive rights issues has made an NGO persona non grata with some government agencies. As a result, the NGO is then unofficially excluded from winning government contracts or consulting jobs, no matter how unrelated to the NGO's stand on sexual and reproductive rights. (Shepard, 2000,131)

Seeking opportunities may lead organizations to make tough decisions on the decisions they offer. In conservative countries such as Guatemala, it may mean that reproductive and sexual health programming is the first to be adjusted or eliminated due to governmental preferences.

Another unintended consequence by NGOs is the targeting of vulnerable communities and subjecting them to the humanitarian gaze. Due to NGOs being funded by a variety of distinct manners, the “touristification of NGOs finds its roots in increasingly competitive funding environments, which has encouraged some NGOs to incorporate tourism into their funding and/or operations strategies” (Space and Culture, 2020). Furthermore, the implementation of tourism oftentimes highlights the poverty of certain sites to generate more revenue through

tourist donations (Space and Culture, 2020). This reinforcement of inferiority oftentimes leads to voluntourist endeavors centered around external populations who are often underqualified to be leading distinct health programs in Guatemala. Especially in the health sector, “in the case of providing medical services, this effectively turns poor Guatemalans into human ‘Guinea Pigs’” (Space and Culture, 2020). With NGOs operating under their own funding and resource allocation, this allows for unsolicited Western influence which is judged to the discretion of the NGO in question. When revenue is promised to indigenous areas, the imbalance of power and boundaries is called into question for the sake of notions of upward mobility through capital accumulation. The integration of tourism within the NGO sector “represents an effort by civil society to improve local economic conditions; however, its benefits are not equally spread among community members” (Dickins, 2007). This reinforcement of the humanitarian gaze illustrates how the NGO sector must account for its reinforcement of disparities in the areas in which it works.

While the state is grounded in a complicated history with its implementation of programs and lack of trust by indigenous communities within Guatemala; the NGO sector works to provide more community-oriented programs guided by the Peace Accords. Though its alternative histories assume a different pathway for development, the NGO sector must work to foster greater unified collaboration amongst regional actors and an emphasis on empowerment of communities through capacity building rather than tourism to run effective programs.

### Influence of Religion

Religion has also played a role in the way the state implements programs at a national level. Furthermore, “In Latin America, the majority of citizens identify as Roman Catholic, and the

Church is the main force against full recognition of sexual and reproductive rights. (Shepard, 2000,113). As an institution, both the Catholic church and the Evangelical church have exercised influence within local and national governments in Guatemala. In examining how religion affects reproductive health programs, it is important to consider its historical significance within the country and its current influence on community members.

### *Recent History of Religion in Guatemala*

A notable entrance of religion within the country occurred in the 1960s. This small-scale community organizing within indigenous populations centered around “Catholic Action, a secularizing movement within the Catholic Church led by foreign-born priests invited to Guatemala by President Castillo Armas” (Rohloff, Shom 2011). During this time, the West was exercising influence in Latin America through religion to create a path away from communism (Rohloff, Shom 2011). This explicit relation between the president of Guatemala siding with a specific religion was not uncommon for following leaders.

As the Armed Conflict commenced in the nation under the presidency of Rios Montt, many “Guatemalan NGOs worked underground and decreased the intensity of their work in the face of persecution and the disappearances of NGO workers” (Beck, 2014). The landscape of NGOs changed drastically during the years of the Armed Conflict due to the suspicion from the government towards outsiders. This shift also was expressed directly away from the Catholic church in the 70’s because “President Rios Montt, a fundamentalist Evangelical, allowed some evangelical groups into military operation zones, partly to counter the influence of the catholic church” (Beck, 2014). This dynamic between the Catholic and Evangelical church is still seen in-country as mega organizations such as World Vision continue to influence the state.

### *Contemporary Influence*

Evangelical organizations are well known in Guatemala and oftentimes share many visions of community uplifting that secular organizations do. Sources claim that “much of the Evangelical church has little or no interest in promoting any particular social vision” (Hoksbergen, Madrid, 1997). However, having the power and backing from national leaders creates imbalances of power and allows for the furthering of self-interests. Due to ties with colonial legacies, Mayan Indigenous populations have faced discrimination through their ritual practices and those who have not converted to Christian religions face criticisms from the church (Dickins, 2007). In relation to programs dealing with reproductive health specifically, religious organizations pose a barrier due to their conservative nature on more taboo subjects such as sexuality and family planning. On the governmental level, for Guatemala specifically “religious groups can stall comprehensive sexuality education curriculum development or implementation processes, especially when such groups wield power close to or within the government” (Keogh et al., 2018). While religious NGOs have the power to implement their own curriculums, religious influence is especially problematic for standardization practices at the state level. Problems such as “conservative governments being less supportive of comprehensive sexuality education than previous government and considerably slowing implementation” (Keogh et al., 2018) creates confusion for the Ministry of Education as well as those meant to implement programming. Furthermore, it hinders governments responsibility to its adolescent population who needs these resources and knowledge.

Socially, religion also holds an important role within Guatemalan communities. Through research conducted on the shore of Lake Atitlan, “nearly all participants described

religion as a barrier, since women have been informed through the churches and community that using contraception goes against the word of God” (Bhate, 2021). Though the influence at the state level has demonstrated structural imposition of religion, the strongest effects are seen through communities’ interpretation of God and perceived disapproval of contraceptive methods. Some including the idea that “Catholics consider that the use of contraception is a capital sin and view children as God-sent blessings” (Valeggia, 2016, 472). While the state has carried the greatest religious influence, mindsets will not be changed unless addressed at a local level.

As a country with a complicated history with both natural and man-made disasters, religion presents another layer of depth when examining why certain organizations have been more impactful in rural areas more than others. Due to its local and national influence, religion presents itself as an obstacle for the implementation of reproductive health education nationwide.

### **Methods Statement**

To determine the need for a revision of reproductive health programs in Guatemala, this mixed methods case study seeks to illuminate how gaps in both the NGO and state sector must be addressed to provide effective programming. This case study will focus on the impact of four nongovernmental organizations located around Lake Atitlan in the western highlands of Guatemala. These four include: the Organization for the Development of the Indigenous Maya (ODIM), MAIA Impact School, Amigos de Santa Cruz, and Days for Girls Guatemala. Impact will be measured through interviews from their health personnel and those in charge of each organization’s respective reproductive health program. In addition to these organizations, this study includes interviews from members of state-run institutions such as the Health Clinics as well as teachers from National Schools.



This research will be utilizing the abovementioned NGOs as case studies due to their emphasis on community involvement for the implementation of their Adolescent Youth reproductive health program. ODIM specifically operates as an NGO that provides a free clinic as well as health programs to the communities of San Juan La Laguna and San Pablo La Laguna which are predominantly indigenous Maya Tz'utujil. They utilize the health promoter model by training and building the capacity of local staff to provide culturally relevant programs that can be delivered in both Spanish and Tz'utujil to participants. ODIM also uses the Curriculo Nacional Basico (CNB), a state level standardized curriculum created by the Ministry of Education, for the creation of their own materials and sessions related to reproductive health. Furthermore, they possess partnerships with local NGOs to have collaborative efforts and provide effective programming to their participants. Amigos de Solola, and MAIA create and train their staff in a similar manner and have direct involvement with the national school system. The outlier in this case would be the Days for Girls Organization, which is an internationally funded non-profit whose Latin American branch of operations is based in Guatemala. These specific NGOs were chosen based highly on the degree to which they are either formed from at the grassroots level, or their integration of community members through operations. Though other NGOs in the area also implement reproductive and sexual health programming, these four were utilized specifically based on previous interactions with the organizations and the quality of programming observed. This is not to say that other organizations in the area do not hold these characteristics, however, transparency and willingness to be a part of this study was most notable with these four institutions.

Data from the NGO's has been collected in the form of qualitative interviews in which health personnel as well as staff who develop and implement the curriculum from their

respective organizations shared their experience ranging from personal to professional on sexual health topics. The interviews conducted currently total 13 interviews from distinct staff within the four organizations. The semi structured interviews include topics such as cultural practices utilized when giving sessions, creation of the materials for the programs, their experience with training, and collaboration with other actors along the lake. All the participants gave their written and oral consent to be recorded and transcribed in this study. However, to protect anonymity within this study, no names other than those of the organizations disclosed will be utilized for the sake of privacy

To present an alternative viewpoint to this study, current state-run institutions are also included—specifically Guatemalan Centros de Atencion Permanente (CAP) and Escuelas Nacionales de Basico. This study also uses the perspectives of four members of public institutions within the region of lake Atitlan. Through these interviews from personnel at the local health posts, this research will be able to analyze a broader scope of state deficiencies and be able to address what changes need to be made to produce better state efficiency for reproductive health services in the health sector of the country. By interviewing teachers at the state-run educational institutions about their use of reproductive health curriculum, this research has the potential to shed light on how teachers can be better equipped to provide integral reproductive health courses to students. By analyzing state led institutions, this study will build a base of what the current deficiencies are and whether ODIM presents an ideal model for the execution of effective reproductive health programming.

Limitations include specificity of scope of research, ability to secure interviews, and positionality of the researcher. While examining a single region of Guatemala, this research runs the risk of extracting narrow findings. However, due to the diversity of Guatemala and the issues

with regards to cultural sensitivity this study can also shed light on the importance of culturally specific programming that can be applied to other indigenous regions of the country. The limitation to secure interviews with staff in public and private entities due to current COVID conditions presented this study with limited ability to secure a greater amount of information.

Positionality of the researcher may also be a limitation to this study due to my presence as an outsider and its meaning. While I am confident that in my level of integration within the communities I seek to serve, my relationships with members of the towns may interfere with getting accurate interviews. In addition, the translation of the information received must also be considered for the sake of transparency. Though unforeseen circumstances may arise in the future, this study presents the opportunity to stimulate growth both for the NGO sector and the state level to be able to provide more robust reproductive health programming to youth in Guatemala.

## **Findings**

### **Current reproductive health system in Guatemala:**

In 2018, the congress for reproductive health programming in Guatemala identified that there is a need to address reproductive health deficiencies in the country. Due to this, the Ministry of Health implemented the Observatory of Reproductive Health (OSAR) program with the goals of reducing infant and maternal mortality in the country. This program was deepened per state, or department, within the country. In observing Sololá specifically, several measures were adopted per municipal health post (CAP). Along with the Ministry of Education, the Guatemalan government sought to make changes to the current state of reproductive health within the country.

The Curriculum Nacional Base (CNB) has been in effect since 2004 and is seen as a method to standardize education throughout the country. Due to issues with the government and the complicated history with the war, at the time, the ministry of education sought to improve education by providing these standardized options for teachers to utilize in their programming. Though these standards and resources were available for government sector workers, the reality within rural towns is highly distinct.

The following findings are based on testimonials from semi structured qualitative interviews with regards to the experiences reproductive health professionals in Guatemala have had with this topic. They include two groups: one pertaining to public sector staff and the second group related to private sector NGOs working in the same area. The public sector staff includes an interview from a psychologist from San Pablo La Laguna's health center, a supervisor from the regional superintendent's office, two national schoolteachers from San Pablo, and a national schoolteacher/former nonprofit schoolteacher from San Juan La Laguna. Along with these

members from the public sector, 13 private sector people were interviewed from four distinct institutions.

This study essentially focuses on the interviews of six different institutions: 2 governmental and 4 NGO for a total of 18 people. Along with the personnel representing the schools and the municipal CAP clinics, the following NGOs are included in this study: Organization for the Development of the Indigenous Maya (ODIM), Amigos de Santa Cruz, MAIA impact school, and Days for Girls Guatemala.

### ***Organization for the Development of the Indigenous Maya (ODIM)***

The Organization for the Development of the Indigenous Maya (ODIM), functions on the western front of Lake Atitlan. ODIM is a grassroots nonprofit organization that has clinics in two rural towns: San Pablo La Laguna, and San Juan La Laguna. They provide clinical and dental support to local Guatemalans at a reduced price to locals and community programming. ODIM was founded in 2005 and attends to over 9,500 patients every year (Community Health & Education, 2022). Their newest community program is the Adolescent Health program.

The seven interviews gathered from ODIM staff are compiled from their Adolescent Health Program along with members of their executive team. This program functions with eight-week cycles and consists of youth groups of 20 members from their designated communities. They meet twice weekly for sessions that run for about an hour. These sessions are led by two health promoters, one male and one female, from the same towns who are bilingual in Tzu'tujil and Spanish for delivering sessions.

### ***Amigos de Santa Cruz***

Amigos de Santa Cruz is also a nonprofit organization that functions within the specific town of Santa Cruz La Laguna and its surrounding towns. Founded in 2001, it focuses on providing educational support to the 9,000 members of the Santa Cruz community ranging from preschool to adult vocational courses (Our Impact, 2021). The Amigos team also runs social businesses such as artisanal stores and a café for their members to gain experience within the workforce. The four interviews from Amigos de Santa Cruz come directly from members of their Youth and Sex education programs as well as members from their executive team.

Rather than the organization providing direct programming and having student groups, Amigos de Santa Cruz works through a Convenio de Paz, or contract, with the Ministry of Education. Through this contract with the Ministry of Education, this NGO is allowed to work directly with teachers and reinforce their contents and understanding of sexual and reproductive health. Because of this agreement, Amigos de Santa Cruz reaches over 600 students to educate them on sexual and reproductive health topics (Our Impact, 2021). Aside from this direct contact with teachers, they also work with health promoters from surrounding towns to directly multiply knowledge of sexual and reproductive health. Their team consists of three staff members who also have their own projects within these themes, some include youth groups within towns. Aside from this, their main emphasis is working on capacity building within school environments.

### ***MAIA Impact School***

This study also examines the structure of MAIA impact school which functions through a more traditional middle school style structure rather than a health program. Their mission is to work specifically with young girls and provide a quality education outside of the state structure within Guatemala. The MAIA facilities are located in in Sololá, the capital of the Sololá

department. It underwent changes from its previous model and opened as an impact secondary school in 2017. “Currently, 239 girls are enrolled at the MAIA impact school in grades 7 through 11” (MAIA Impact, 2022). In addition to this, there are 244 women who graduated from their previous mentorship program. Their current team is “87 percent female and 80 percent indigenous” (MAIA Impact, 2022). They are proud to be a women run, and women led organization that has impacted over 2,500 people (MAIA Impact, 2022).

MAIA manages reproductive health through a similar promoter system, where girls learn specifically from an older mentor. They receive 1.5 hours of mentorship a week (MAIA). Since the girls go through the school system beginning in the equivalent of the sixth grade, their understanding of reproductive health begins gradually and is formatted to last throughout their education at the MAIA impact school. This study includes one interview from MAIAs operational team.

### ***Days for girls***

Days for girls is the biggest organization in size that this study includes. They have offices in 144 countries geared towards providing women with access to reusable feminine hygiene products. Though the international organization began in Kenya in 2008, their offices in Guatemala were founded in 2017 (Our Mission, 2022).

Guatemala currently works as the regional Latin American hub. The main office works in Panajachel, which is located on the northern front of Lake Atitlan and there are also three other offices through the country. Days for Girls does not focus on teaching integral reproductive health, but they focus on providing reusable feminine hygiene products and have shared feminine hygiene trainings to more than 5,000 girls across the country (Directorio Guatemala, 2022). In

addition to providing scholarships and donations for organizations, Days for Girls products are also for sale to the public. Their main point of contact with communities is going to offer products to different products and provide sessions about menstruation and general feminine hygiene health. This study includes one interview from the Days for Girls Guatemala executive team.

### **Themes**

Within the qualitative interviews conducted at each organization, five major through lines or themes emerged from the personnel both at the governmental sector and the NGO sector. The first was related to the similar areas within program structure at each organization. Though the organizations range from grassroot to international as well as governmental to NGO, they had similarities in program structure that were relevant to their program implementation. The second notable finding was related to community involvement. Each organization placed different emphases on community involvement, and it is important to note when thinking about how communities receive instruction about reproductive health. The third similarity was related to interinstitutional cooperation and the degree to which each organization cooperated with other private or other public entities in the same geographical region. The fourth through line was related to capacity building of staff and its importance around investing in their workers and how that impacts overall program. The final emergent theme across the interviews was related to funding and how each organization received and distributed funds and how it affected their positionality in the community.

The governmental sector previously mentioned lacks strength in these five themes which the NGO sector possess. Quality programming around reproductive and sexual health is greatly



influenced by having these five characteristics positively present in an organization. Though the NGO entities surveyed had varying degrees of each factor, they were all present in a notable way which made a difference in reaching their target audience. The analysis below will explain the relevance of each theme along with testimonials from NGO and public sector staff about their importance and effectiveness.

### **Program Structure**

Program structure was the category with greatest variation presented in this study. For the governmental institutions, there was little flexibility in changing how sexual and reproductive health programming is intended to be delivered, especially at the rural level. Similar challenges affected the local national schools as well as the local health clinic, or CAP, in San Pablo, La Laguna and San Juan, La Laguna. In this category, NGOs had greater freedom to design their programs around their missions or goals as an organization. Through this theme, it is important to consider how three types of program structures, schools, health, and NGO, affect the impact of sexual and reproductive health programming at the rural level.

### *Health Promoters*

A key component that was essential to every institution, both public and private, was the use of health promoters. Health promoters are leaders within communities who relay knowledge about health practices to greater audiences. They are oftentimes members of the communities in which they work.

At the level of the private sector, health promoters serve as liaisons between organizations and the greater community which these organizations serve. They directly transmit

sexual and reproductive health knowledge to communities and serve as a resource for those seeking access to information. Though not all health promoters are always members of the communities in which they work, sharing linguistic and cultural understanding in the areas they do programming makes transmitting information more useful. Of the NGOs surveyed in this study, all four of the institutions utilized health promoters as an important part of their reproductive health program. Of the population surveyed, all expressed the need for female health promoters due to their identity and levels of comfort on behalf of female participants and youth. Having women teaching women proved to be more comfortable for participants and it allowed for more participation during sessions.

Another important aspect was language. Based on Guatemala's rich diversity, organizations that work with indigenous populations ensure that their personnel are bilingual and if possible, come from the same towns in which they work in. ODIM specifically recruits health promoters from the same communities the clinics are located. This is helpful because the promoters can use their credibility in town to advocate for greater acceptance of sexual and reproductive health teachings by the communities. They also have the advantage of speaking the same native language as the rest of the community.

Health promoters also exist at the public institutional level. Within CAPs, many of the personnel that work on reproductive health themes are also known as health promoters. These promoters, however, are not solely dedicated to reproductive health and oftentimes work with communities on a variety of topics ranging from nutrition to substance abuse. In the schools, though they are not necessarily health promoters, teachers also work to promote knowledge based on health. They do not work specifically in health fields but their stance as leaders in communities who relay knowledge to others can be seen as a similar promotion of health.

The health promotor model serves to positively transmit teachings on sexual and reproductive health knowledge and is a key programming factor to be considered for positive impact within communities.

### ***Educational Structure***

The schools in the area that this study is focusing on is all concentrated in the office of the departmental superintendent. This office oversees the schools of three central towns and their surrounding populations. With regards to their current structure and functioning, one of the superintendents explained how:

“We used to be three people working but now we are two. We must be in various places and its hard being able to get everywhere we need to be. I would say that the NGO sector has been helpful because they make our lives a bit easier. It’s a job that everyone needs to do. We need to all work as a team to be able to ensure that young girls are not getting pregnant. That young girls don’t leave their studies. It’s a group effort that doesn’t have to be impossible.” (Superintendent Office, San Pablo La Laguna Sololá, July 2021)

Though schools are doing their best with the resources that are provided to them, the realities of such resources oftentimes have different effects in the rural sector. To have impactful programming, there is a need to have more than just the three personnel who oversee this superintendent’s office. Especially because this office works in the municipalities of San Pablo, La Laguna, San Marcos, La Laguna, and Santa Cruz La Laguna, along with the surrounding villages in their jurisdiction. In San Pablo alone, there are over seven schools ranging from the

western equivalent of elementary to high school that this office oversees. As abovementioned by the office of the superintendent, gaps in reproductive health programming get taken on by NGOs who have more time and structure to spare. Since there is lack of personnel to focus on even one town closely, programming for sexual and reproductive health also gets left to health science teachers. Their basis of structure is grounded in the implementation of the Curriculo Nacional Base, or the CNB.

### *Curriculo Nacional Base*

The Curriculo Nacional Base is a newer resource to the country that was implemented in 2006. Its goal is to offer teachers a structured resource to implementing their classes as an online or print manual. The CNB consists of a breakdown of contents to be taught by grade level for each subject. These units are accompanied by indicators of success which teachers must meet to proceed to the next level. These contents are also accompanied by a guide for teachers to design their own lesson plans as they see fit. The first step in this three-part guide is to do a community diagnostic which teachers must perform themselves to determine the current knowledge of their students. The next step is to determine success measures and establish desired outcomes for the topic in question. Following this, teachers are expected to choose strategies to meet those outcomes and organize their content accordingly. Finally, educators must choose how they will evaluate their success and their students understanding at the end of each unit (Seccion 2, CNB).

The content on reproductive health specifically is found in the natural sciences subject matter of the CNB. Due to the broadness of natural sciences to begin with, the topics that are relevant to integral sexual health and education are rooted in anatomy and healthy relationships.

The CNB lacks depth specifically related to this subject, furthermore, there is no accountability for teachers to follow through with the listed units.

All the interviewees in this category were between 25-45 years of age. Aside from one who identified their hometown as Guatemala City, all of them identified rural Guatemala as their hometown and work location. Though the CNB seemed to be a useful tool, and was better than not having a resource, lack of knowledge on how to use it creates gaps for teachers. The statement highlighting that teacher don't read it begs the question as to why the ministry of education has not sought to adapt it if teachers are not using it.

Related to its implementation, all five interviewees in the governmental sector expressed that the CNB could use more work with regards to adaptation. As mentioned in the three-step guide above, accountability and research as to how to best apply the content matter of subject's rests on teachers themselves. One member noted that the CNB was effective in the sense that it gave him a framework to adapt his own content and felt that it was his responsibility to make the content relevant to his community.

“For me it is effective, we (the teachers) contextualize it with regard to the content from the CNB...we ourselves need to contextualize because it is not specified within the actual CNB.”

(INEB Middle School Teacher 1, San Pablo La Laguna Sololá, July 2021)

Furthermore, another seasoned teacher who has had over 16 years for experience recalled times prior to the CNB and its current relevance:

“I think it has its advantages and disadvantages. I can’t say that it is all bad because I was working before the CNB existed. I’ve been teaching middle school for about 16 years. There didn’t used to be a CNB. Teachers had to come up with their own content to teach students. But when the CNB came out there was a menu of choices, so that was helpful. The issue is that it’s disorganized.” (INEB Middle School Teacher 2, San Pablo La Laguna Sololá, July 2021)

Suggestions for improving the CNB stemmed from the fact that many teachers themselves admitted to not reading the content. If there is a lack of agency on behalf of a teacher, or if there is no additional support for teachers to understand contents, then subjects run the risk of getting skipped. In addition, with taboo topics such as sexual and reproductive health, teachers are not held accountable by the educational sector—but they do run the risk of getting complaints from parents within the communities. Related to the CNB, it is useful in the sense that it is better than having no framework to begin with. Teachers’ suggestions ranged from disapproval of the content in and of itself to changes in adapting the content. With regards to the section of sexual and reproductive health in the CNB, interviewees from the governmental sector said the following:

“The sexual and reproductive health topics are lacking in the CNB. They give you a specific lesson and a specific topic so that you can teach these subjects. For example, today you must teach this theme and you have two hours and fifteen minutes to do so. So, there is practically no freedom to say, ‘I want to take a week on this topic because it is important.’ We as teachers always complain about the time because it’s practically impossible. The CNB gets its formatting

from other countries, but these formats do not work the same way here Guatemala.” (INEB Middle School Teacher, San Juan La Laguna Sololá, July 2021)

“With regards to the CNB, it turns out that most of us do not read it. We know that it is there, but what we see is only what we care to see. Teachers are required to use the CNB, you must use it. There is even a little booklet related to the themes so that teachers can relay the lesson to students. But what we don’t know is if the teachers use these materials or not. There are no consequences if they don’t. Principals are supposed to check teachers planification’s, but we don’t know if they follow through.” (Superintendent Office, San Pablo La Laguna Sololá, July 2021)

In using the CNB as a tool, it does not appear to be effective in its delivery due to constraints on its adaptability by local teachers. In addition to unrealistic expectations from the creators of the CNB, the time constraints for teaching topics are another barrier for teachers. In Guatemala, classes periods are generally 35 minutes each. With such little time, teachers must prioritize subjects. If they are uncomfortable teaching sexual or reproductive health, then it falls further down the list or gets neglected entirely. With respect to following through, as mentioned above, the superintendent’s office states that there is no attention paid as to whether teachers are following through. The CNB practice is effective in theory, but if attention is paid only to scheduling and not to indicators of success, impact cannot be measured and there is lack of accountability towards the education of students from teachers.

A teacher expressed that the CNB was formatted based on other countries. In comparison to the United States, they share similar models of standardization seen in the public school system. The United States bases this off each state whereas Guatemala seeks to do it country-

wide. Though there is a significant size difference between the countries, adapting department specific CNBs could be a more useful tool for the government to implement. More than this, due to the rich diversity of Guatemala as a country, the CNB could benefit from more targeted approach. It already includes maternal language indicators but going a step further and integrating cultural information related to sexual and reproductive health could make the topic more comfortable for teachers to approach in more conservative spaces.

When asked about changing the way programming is currently carried out, the teachers signaled that giving more training to parents and creating tangible resources to accompany the CNB would be the most useful course of action.

“We’ve talked as teachers about teaching parents at minimum the basics. A strategy could be that we ourselves can visit parents and guardians and explain these topics to them” (INEB Middle School Teacher, San Juan La Laguna Sololá, July 2021)

“I think we need to speak directly to parents because so many of them don’t even know what the CNB is...parents just think we are teaching these topics and that they are bad words. But it’s not like that.” (INEB Middle School Teacher 1, San Pablo La Laguna Sololá, July 2021)

“For one thing we need more training. Another necessary aspect would be material resources. When there are pictures its easier for them to understand.” (INEB Middle School Teacher 2, San Pablo La Laguna Sololá, July 2021)



Though there are numerable changes necessary to improve the current state of reproductive health programming at the rural area, simple changes like more access to materials and teacher trainings would prove to be useful moving forward. In addition to this, The CNB should not be a resource solely dedicated to teachers. The population could benefit from having tangible resources, such as manuals, readily available for parents on behalf of the ministry of education.

### ***Ministry of Health Structure***

Though this study seeks to demonstrate a greater range of information, a limitation includes being able to access a greater number of interviews from ministry of health personnel. The Ministry of Health along with the Ministry of Education are two of the greater institutions that are seeking to change the currently grim picture of sexual and reproductive health within Guatemala. Though there are different statewide programs and campaigns that have been run, such as “Ponte las Pilas” among others, the reality in rural towns with regards to structuring reproductive health is vastly different from the goals that are to be reached to stimulate change.

Each municipality in Guatemala has its own CAP clinic where people within the town can access free consultations and health services. The staff within CAPs include doctors who are placed in towns by the ministry of health department, along with local staff. The CAP psychologists oversee implementing programs related to sexual and reproductive health programming with people in their municipality along with health promoters that assist them in varying topics. The CAP surveyed in this study serves a municipality of 9,000 people. They are funded by the state and receive their sexual health content from state run programs that have the same contents country wide.

A CAP psychologist on the western front of lake Atitlan stated the following in relation to the structure of the programs:

“According to our scheduling, there should be a monthly workshop in the towns surrounding different reproductive health theme. But we haven’t been able to consistently match those monthly workshop goals because of the different activities we are assigned to. And, because they oftentimes interfere with school activities. So, what we normally do is stick to the teachers plans. We have done a few health fairs related to these topics as well. We have a team of around fifteen who are assigned to these topics as well, but since these are not the only topics on our plates, we sometimes must prioritize other plans. So that’s why we don’t have the results we wish we had.” (CAP Social Worker, San Pablo La Laguna Sololá, July 2021).

This quote demonstrates that there is an established structure that is supposed to be met with monthly workshops and continuity. However, lack of staff affects the ability to carry out these plans. Like the educational sector, these contents and plans get scheduled, but little importance is given as to whether they are carried out. Both the CNB and the CAP systems have goals that they are supposed to meet, but factors such as lack of accountability and insufficient personnel serve as barriers for youth to learn about reproductive health in the way the government intends.

From these interviews it was evident that governmental programs have the potential to reach their goals. However, the barriers in place are affecting the usefulness of these programs from the beginning. The first of these stems from the personal experience knowing reproductive health topics in their formation. Based on their own personal learning and barriers due to lack of

information or religion, four out of five of these interviewees did not have personal learnings on reproductive health. From there, they gained formation to become teachers or CAP workers. Upon receiving these roles, many did not receive capacity building or manners to engage with content provided to them from the CNB.

Because of the abovementioned points, the current situation, or the goals of the *Tratados de Paz*, or Peace Accords, have not been met at the rural level. Change must occur at the grassroots level to create sustainable change and that begins with those in charge of multiplying knowledge to youth and communities.

### ***NGO Structure***

In contrast to the governmental institutions, the NGO sector in the lake offers a more tailored approach to sexual and reproductive health programming. The structure of each of the four NGO's utilized in this study varied greatly in their acquisition of content and curriculum building but shared their use of *promotoras de salud* or health promoters.

None of the organizations examined in this study create their own content for their curriculums. Rather, they compile information from what they deem to be reliable sources. ODIM Guatemala created its manuals based on help from Peace Corps volunteers who had worked with them. Amigos de Santa Cruz utilized information from the CNB and the Ministry of Health. Meanwhile, MAIA attained their content from ALAS Guatemala, another notable NGO who they consider to be “the Gurus of reproductive health,” as described by their representative, within the country. Lastly, Days for Girls Guatemala attains its content from the organizations massive network and employs the same information in each country they find themselves in. No organization has a curriculum committee of their own, but they distribute the information to their

communities from what they believe to be a reliable source. Furthermore, each organization employs a health promoter model that transmits this information.

The *promotores de salud* model works because it creates community leaders who then pass along the information they learn to a wider audience. They are effective because they are trusted within the communities since the model is based on utilizing community members as health promoters in the first place. Organizations such as ODIM work with health promoters assigned directly to groups of students to teach them per cycle. This would mean that promoters here cycle students 3 times a year. Amigos de Santa Cruz, on the other hand, trains both health promoters and teachers to divulge information:

“Our goal is to be a resource to teachers, not be doing the work ourselves. Before, we used to give workshops ourselves. But we can’t be everywhere giving classes to different age groups. Santa Cruz is very big. So, we decided to have this contract with the ministry of education to work with the teachers in this way. Outside of the schools, we also have health promoters who teach these themes to people outside of the educational system” (Amigos de Santa Cruz Staff 2, Santa Cruz La Laguna, July 2021)

The MAIA model has a more prolonged relationship between participants and promoters because they span a greater amount of time with their students throughout the years they are in school.

When asked about their model, their representative mentioned the following:

“We have twelve mentors now. There are 25 girls who they work with. We cover only Sololá which means we have 42 communities in the rural areas of the district who the mentors serve” (MAIA Impact School Staff, Sololá Sololá, July 2021).

Organizations such as Days for Girls are in a different situation because they do not come directly from the community. Because of this, they run a greater risk of not being received well due to lack of trust. Since this is a risk, they must be more careful in identify who they contact when entering a community. This is also the reason why they have had to diversify what they offer for programming. Their model is based on the following:

“We fund the national menstruation network because we realized the two hours of the workshop for the kits is not enough time to talk about menstrual health. The network is a free space where we gather virtually monthly and empower girls on topics such as sexual health, nutrition, health, politics, etc. We currently have 300 girls in the network. And they have the freedom to use the information within these workshops in their own workspaces and personal lives.” (Days for Girls Program Team, Panajachel Sololá, July 2021).

The process of creating a curriculum then delivering that content to a community is a delicate one that must be structured intentionally. Health promoters play an important role in delivering that information based on ties related to trust. Because of this, programming becomes more effective and well received when health promoters come from the same communities which they serve. This created comfort including but not limited to shared language, knowledge of cultural norms, and etiquette, which often gets overlooked in the state setting.

State structures also have a health promotor model; however, they are spread thinner than the NGO sector. Teachers at the educational level could also be considered health promotors due to their role in distributing health knowledge to students. In the CAP system, health promotors are overseen by the local psychologists, but as mentioned previously, sexual, and reproductive health gets overshadowed by more urgent needs of the community. Furthermore, while teachers and CAP workers are given structured content to deliver, NGOs create their own content and have greater agency to determine how to structure the programs implementation. The NGO sector also has greater resources to be able to focus specifically on designated programs, while teachers and CAP workers must deliver a greater variety of content than just sexual and reproductive health programming. Through ownership of the material along with its programming and accountability, the NGO sector has more to be successful at delivering sexual and reproductive health knowledge than the governmental sector.

### **Community Involvement**

The second emergent theme in this study was the degree to which NGOs involved the communities they work in. At the local level, the CAP and school structures are institutions that provide sexual and reproductive health programming. Their content, however, often gets shunned or interrupted by parents or community members who are uncomfortable with their youth learning about these subjects. One way the NGO sector has set itself apart is the unique methods of community involvement that they employ to overcome this obstacle—the most prominent methods being consent, involvement, and language.

Schools justify their teachings based on the CNB, so when parents speak out about against content, they have the CNB to justify themselves. Furthermore, the main topic parents

and guardians speak out about is reproductive health's relationship to religion. Religion was proven as a barrier to reproductive health teachings both in the personal lives of staff members as well as professionally in their roles. With respect to the influence of religion in their own school years, 9 of the 13 NGO sector staff explicitly stated that they had not learned about reproductive health due to either religious influence in their homes or having attended a religious institution for school.

In relation to work, each of the organizations had at least one staff member explicitly mention the word "taboo" related to teaching reproductive health within communities. These included difficulties with parents as well as entering community spaces.

"There were problems at first. Parents complained that we were putting ideas in the kids' heads. But they weren't ideas, its necessary information because, unfortunately, it's not part of our culture to talk about these things freely. It's still a huge tabu for a lot of families." (Amigos de Santa Cruz Staff 2, Santa Cruz La Laguna, July 2021)

"It's been difficult contextualizing the topic of reproductive health because we run into religious barriers and it creates a lack of opportunity for our indigenous communities" (Days for Girls Program Team, Panajachel Sololá, July 2021)

Parental awareness and consent have been key factors to changing these mindsets within communities. Consent, by the parents is not something that is required or practiced in the public sector. In this study, both ODIM and MAIA employed consent from families when working with students. ODIM's method involves having family reunions prior to the start of a cycle where

parents are informed of all the content that will be taught. Additionally, if family cannot attend the reunion, house visits are conducted to ensure that parents are aware of the subject matter.

When asked about their consent model at ODIM, a staff member said the following:

“When we recruit, we have a consent form. We want to be absolutely certain that we have parental authorization for the kids to be a part of our program and that they know the topics we are going to be talking about. We do get a few parents that don’t give their consent, but that’s a small minority. We want them to know so that they can also be present if their kids have questions. If we can have some sort of influence on both parents and kids, these teachings will go further.” (ODIM Staff 7, San Juan La Laguna, July 2021)

The MAIA model takes this approach a step further and makes it mandatory for parents to attend their own workshops as well.

“We have a support program. These reunions with parents are sort of like a school also for them where we relay them information using the same mentors in a collaborative way. These reunions are mandatory for the couples to attend” (MAIA Impact School Staff, Sololá Sololá, July 2021)

Since MAIA has a longer range of time with students and their families, this model works great for them because then it also furthers knowledge of sexual and reproductive health to the communities that their students are a part of.

State run structures provide content in Spanish, but CAP personnel and teachers often don’t have a say as to where they will be assigned. This means that they place people in areas



where they do not speak the language or are unaware of cultural practices of the area. With language as a barrier, reproductive health lessons could potentially fail to miss their audience. In the NGO sector, each of the institutions surveyed referred to the importance of language. Their responses were the following:

“The workshops I have with mothers are usually in Kakchiquel. I have seven groups and I normally give them in Kakchiquel. With the other groups, we ask them. We offer content in Spanish and Kakchiquel and try to make sure that health promoters are from the same community.” (Amigos de Santa Cruz Staff 2, Santa Cruz La Laguna, July 2021).

In the same vein as Amigos de Santa Cruz, ODIM health promoters are bilingual as well as the promoters from the MAIA impact school.

Community involvement is a broad subject that encompasses a variety of methods. For the institutions within this study, consent, parental involvement, and language diversity positively affected how communities received information around reproductive health programming.

### **Interinstitutional Cooperation**

Over the past few decades, different organizations within Guatemala that have reproductive and sexual health related content have been emerging. Following the internal civil war, several international entities also began working within the country to provide resources to marginalized communities. In the case of Lake Atitlan, there are currently many public and private entities that work in the same concentrated space. Because of this, interinstitutional

cooperation has been something NGOs have had to factor in. Within this study, when asked about cooperation, each of the four institutions mentioned that they worked with other entities to either create content or collaborate with for different purposes.

With respect to content each organization, except for Days for Girls, obtains their curriculum from other entities. This form of collaboration is important because it ensures the themes are coming from reliable and often well-respected sources. These larger entities provide resources to aide grassroots organizations in their growth process.

In relation to collaboration, both ODIM and Days for Girls expressed that they collaborated with other institutions. ODIM mentioned collaboration with both public and private entities around with regards to health fairs or private sessions. Since Days for Girls is an exterior international organization, it relies on collaboration to be able to function properly within the country. Amigos de Santa Cruz and MAIA, however, mentioned that interinstitutional collaboration worked differently for them:

“We focus here on Santa Cruz; I know that there are other organizations that work this content, but we don’t have any sort of alliance with them” (Amigos de Santa Cruz Staff 1, Santa Cruz La Laguna, July 2021).

“Our ties with the Ministry of Education are important and it’s their responsibility. We work with the public schools, but it is geared towards using the CNB, since the content is already present there” (Amigos de Santa Cruz Staff 3, Santa Cruz La Laguna, July 2021).

“At this time, we don’t work with other organizations. We are focused on our own formation. In our network, we have ALAS who are the experts. They work with sexual and reproductive health topics already with teenagers, youth, parents, kids, so they are the gurus here in Guatemala. We have a contract established with them. It lasts for two years, and it is most useful for our mentors” (MAIA Impact School Staff, Sololá Sololá, July 2021).

MAIA and Amigos de Santa Cruz have established formalized contracts with bigger organizations. MAIA’s contract is with a larger private entity whereas Amigos de Santa Cruz has a formal contract with the Ministry of Education to be able to work with teachers in schools. Both grassroots organizations seem to be focused on their own regions and growth now and are using these contracts to be able to do so. With respect to these organizations, though they are focused on working strictly with their own populations, collaboration is seen with respect to curriculum building since they obtain their materials from outside sources. Meanwhile, ODIM and Days for Girls are utilizing collaboration to reach more outward and promote their services.

As these and other organizations expand, it will become more necessary to find ways to collaborate to positively implement reproductive health programming. If there is an absence of collaboration, these organizations run the risk of reproducing the same information to the same population time and time again without taking advantage of the resources and ideas other organizations have to offer. Rather than layering similar programming, if NGOs were to cooperate and provide continuity to these subjects and rely more on each other, there could be less duplication of efforts related to sexual and reproductive health.

On the governmental side, the Ministry of Health and the Ministry of Education are expected to collaborate with one another to promote sexual and reproductive health. Aside from

working with the schools, the health centers mentioned responsibility from local government offices to collaborate in implementing these themes. More so, the quality of said efforts is questionable when thinking about whether it reached its objective audience.

“There is not that much collaboration with teachers from other schools. In this case, it should be the responsibility of the health centers to promote these themes. Or the Municipal Youth office. That office should be promoting these teachings so that they can reach more people at the local level” (INEB Middle School Teacher 2, San Pablo La Laguna Sololá, July 2021)

“We have help from certain institutions, the Municipal Youth office just had a workshop with the students about child marriages which is something we see here often. With regards to the Ministry of education, I have very little to say. They talk about violence a lot and prevention of that, but their support for other things is not so great.” (Superintendent Office, San Pablo La Laguna Sololá, July 2021)

“In my point of view, I’ve only seen two or three governmental workshops, but it seemed more like a chore for those presenting the topic. It was like ‘you go, you sign confirming that there was a meeting’ and that’s about it. It doesn’t matter whether the information was useful. If it weren’t for other organizations taking more care in delivering these topics, we wouldn’t have anything useful” (INEB Middle School Teacher, San Juan La Laguna Sololá, July 2021)

Though collaboration with established institutions has not been as constant, all the interviewees in this sector mentioned collaboration with NGOs as something that had been happening or beneficial to the communities:

“ODIM, I saw, had many collaborations with the schools and other institutions” (INEB Middle School Teacher, San Juan La Laguna Sololá, July 2021)

“There are also NGO’s that work with us directly. This is where different efforts come together to share knowledge to the objective population. We try to collaborate often because NGOs have so many more resources than we do.” (CAP Social Worker, San Pablo La Laguna Sololá, July 2021)

“The greatest support we have is from NGOs. There is so much collaboration from different NGOs for us. Peace Corps, Amigos de Santa Cruz” (Superintendent Office, San Pablo La Laguna Sololá, July 2021)

Recurring themes in this area of cooperation are also related to accountability. Teachers seem to place more blame on the ministry of health and the ministry of education on lack of resources or initiative to implement programming around sexual and reproductive health. Here, the NGO sector is seen in a positive light because they take a greater initiative to approach schools and offices to provide programming for them. If teachers were to take greater initiative to give attention to the content provided to them in the CNB, this content would not be so overlooked.

Interinstitutional cooperation related to sexual and reproductive health programming has two faces. The first being collaboration with content. Here, institutions use the CNB and content from exterior organizations to create their own programs. The second face of interinstitutional cooperation is direct collaboration with other institutions. While some NGOs prefer to work strictly with their own populations, others rely on either the government or other NGOs to find populations to work with. For reproductive health programming to be successful, there must be collaboration to some degree to combine efforts for the benefit of the country.

### **Capacity Building**

An essential factor to teaching reproductive and sexual health to others is one's own personal understanding of the subject matter. In the public sector, interviewees were asked about their own personal experience learning about sexual health when they were in school. Most replied that their learning was little to none, except for one teacher who had done his schooling in Guatemala City. Furthermore, they were asked about their training to deliver these topics and were met with the following:

“I had no training from the educational system, what I know now is because of my experience with ODIM” (INEB Middle School Teacher, San Juan La Laguna Sololá, July 2021)

“Sometimes the health center gives classes, but it's not really geared towards reproductive health, and they're not given often” (INEB Middle School Teacher 1, San Pablo La Laguna Sololá, July 2021)

“I’ve received maybe one or two. But I have had training. Yet, it was in the university where I learned more about life science, which is what I specialize in.” (INEB Middle School Teacher 2, San Pablo La Laguna Sololá, July 2021)

To be comfortable teaching sexual and reproductive health, teachers and health center staff must first become experts on the topic. These quotes demonstrate that teachers who have received any sort of content on this subject matter have only done so through their own means. In addition, those who did have more understanding or previous experience did so because of their opportunity to either pursue higher education or had the chance to do so in an urban setting such as Guatemala City. Though the ministry of health and ministry of education have structures in place and educational content that is distributed, capacity building does not reach rural areas such as San Pablo and San Juan La Laguna. Providing access to workshops implemented by the ministry of education would be a beneficial project that would allow teachers to feel more comfortable giving lessons about sexual and reproductive health with their students.

The interviews from the school personnel and health staff expressed that there was a specific lack of training on topics of reproductive and sexual health. They also stated that if they wanted to learn more about topics surrounding sexual and reproductive health topics, they would have to be the ones to seek out opportunities. There is no formalized training on these topics, and if there currently is, it’s not advertised to everyone equally. The NGO sector, however, provides distinct opportunities for the growth of their employees. Staff from ODIM, Amigos de Santa Cruz, and MAIA had the following to say about capacity building:

“There is a lot of collaboration, and we receive a lot of support when we ask for it. We have had volunteer doctors give us training, the Peace Corps was a notable presence, as well as working in Panajachel because there are more resources over there.” (ODIM Staff 1, San Juan La Laguna, July 2021)

“I received training from other organizations in Sololá or the University. I wouldn't say I know everything because themes vary in their difficulty, but I could say I do know about 90%” (Amigos de Santa Cruz Staff 1, Santa Cruz La Laguna, July 2021)

“They work these contents and are trained in these contents. They go through the process themselves first. There is a series of workshops that go from learning about sexual and reproductive health content to them learning how to be facilitators with the youth. From learning to create a workshop to talking and answering questions with the girls one on one. There is professional development for them on these specific topics and they receive additional support if they remain unclear on anything.” (MAIA Impact School Staff, Sololá Sololá, July 2021)

Capacity building is essential for health personnel and staff who work to promote reproductive and sexual health rights. If staff are more empowered on these subjects, they will be able to transmit their importance to the populations they work with. While it is important to note that NGO personnel is specifically tasked with teaching these materials, not all personnel enter their roles with prior knowledge about sexual and reproductive health specifically. A staff member from Amigos de Santa Cruz mentioned the following:



“I didn’t learn about these topics as a youth because it was considered a sin. Then I needed a job and learned about this role. It wasn’t until I began working in this role that I learned to love it and now I love the work that I do” (Amigos de Santa Cruz Staff 2, Santa Cruz La Laguna, July 2021)

This testimony demonstrates how a job opportunity led to the recognition of their rights and has now transformed their life in a positive way. Furthermore, staff become more aware that there is more work to do surrounding sexual and reproductive health. It’s not simply a chapter in the CNB that educators need to implement for the sake of meeting expectations. It becomes important work that directly affects everyone—especially the communities they reside in. Members in the public sector are given resources and content, but it is not enough to simply have material. A level of understanding must be reached for the content to be effective. To make the most of materials offered by the state, governmental institutions could benefit from the specific training models employed by the governmental sector to provide a more holistic approach to sexual and reproductive health content.

### **Funding**

In the funding category, those at the head of the CAP and the Superintendent were spread over a large segment of the population. Limited amount of personnel affects the ability to deliver sexual and reproductive health content. In addition, without proper funding considered, the continuity of a program is affected long term. Teachers and staff also mentioned lack of resources as inhibiting to their ability to deliver teachings about reproductive health.

“We also need support from the bigger institutions with regards to materials and things like that, so we can actually effectively transmit this support.” (CAP Social Worker, San Pablo La Laguna Sololá, July 2021)

“We need greater capacity building with respect to the teachers. That way we can work in an orderly way so that this can have continuity.” (Superintendent Office, San Pablo La Laguna Sololá, July 2021)

With greater resources and support from their leaders, the local teams have a better chance of ensuring that teachers have greater understanding of why reproductive and sexual health is important. Furthermore, funding not only affects payment of teachers, but also the number of materials that can be utilized for trainings or deliverable contents. At the rural level, funding from the government is meant to cover costs associated with the entirety of institutions such as the CAPs and the national school districts. If more specific funds were dedicated to reproductive and sexual health programming, there would be less competition amongst other programs put on by these same institutions.

In relation to the NGO sector, each organization surveyed had distinct funding models, but none received funding from any federal entity. The major differences were formalized funding models, as well as a vendor model that was surveyed. Aside from fundraising, lack of funds is also an aspect that was identified through the qualitative interviews in the private sector.

ODIM, Amigos de Santa Cruz, and MAIA Impact school gained their funds from donors and grants. While ODIM and Amigos de Santa Cruz mentioned their donations came from external entities, only MAIA shared that they had an office specifically focused on fundraising

for the school located in Antigua Guatemala, about 3 hours away from the main hub. This concentrated form of fundraising seems to be the most beneficial because it removes pressure from the main MAIA work site and the external team gains the opportunity to focus their efforts.

The biggest difference between the grassroots NGOs and Days for Girls is their funding model. Aside from receiving funds from their internationally established network, they sell reusable feminine hygiene products. Though their representative explicitly stated that they make little to no profit off the sale, it still creates a client vendor dynamic between the organization and the communities they seek to work with. This then turns communities in to markets and runs the risk of becoming a sale focused entity, rather than one focused on promoting feminine hygiene. Their current model works only because they market themselves to communities as a resource and utilize community leaders to do so. Their representative stated the following:

“We don’t mobilize within the community as much; we leave that to established leaders. Because when they call, people answer. People come to learn more about our organization because they have the trust of their leaders. We used to work with schools as well, but since the pandemic hit, schools have been closed” (Days for Girls Program Team, Panajachel Sololá, July 2021).

Their organization is currently functioning thanks to their ability to identify leaders as an in to sell products. They utilize menstrual health as an in, then end with a sale. Though they offer scholarships and donations to groups that need it, Days for Girls work does not seem to currently have a sustainable model within Guatemala in the way other grassroots organizations do. This is largely due to this funding model, where there does not seem to be a continuation of contact following the final sale of products.

Aside from their funding models, another aspect of NGO work that affects their sustainability is their relationship with donors. Work in this sector is dependent on grants and donations and it is an aspect that these entities must always look to diversify. Fluctuations in funding also directly affect programming. A current example would be the way in which this COVID-19 pandemic hit and interrupted the flow of funding because donors redirected where their resources were going. In addition, health promoters are also aware of the instability of funding and identified it as one of the biggest changes that would make a difference to programming.

“Pay would make a difference, we health promoters usually have other jobs or ways to earn money because you cannot get by with what the organization pays in this program. I don’t think you would be able to sustain a family on your own in this role. With more funding, we would be able to work more hours and possibly be able to work with more groups.” (ODIM Staff 4, San Pablo La Laguna, July 2021)

It is widely recognized that people in the NGO sector tend to wear multiple hats and that funding is a challenge—especially at the grassroots level. In an ideal setting, resources to fund this important work would be readily available. With more resources, materials, promotor pay, and participant recruitment would be more widespread. In contrast to the governmental sector, the NGO sector can specifically dedicate funds to sexual and reproductive health programming. These specific budgets allow NGOs to have more impact than governmental entities. Though the programming is more concentrated, the NGO sector must always be seeking to maximize funds to stay afloat and is restrained in the degree of programming possible based on funds available.

Funding is seen as the aspect that can make the greatest difference at the rural level in relation to sexual and reproductive health programming, both at the public and private level.

## **Conclusion**

Programming at the national and international level in Guatemala has many different and interrelated facets. Though this study examined a very concentrated area of the country, the hope is that the themes found here can be applied to different entities seeking to further their implementation of reproductive health programming. This includes within Guatemala itself, or countries with similar settings. Two of the most notable findings at the public and private sector level are the importance of interinstitutional cooperation and the health promoter model.

Interinstitutional cooperation in this study refers to cooperation between public and private organizations, or the collaboration between governmental organizations such as the Ministry of Health and the Ministry of Education along with NGOs in the area. Cooperation was noted across all 13 interviews. Though some varied, all agreed that combined efforts are necessary for sustainable change within the country. This collaboration was key for public sector organizations because they stated that their program could benefit from the material resources and funds NGOs possess. Furthermore, the private sector often relies on the public sector for recruitment of students within schools, or establishment of status through signed contracts or agreements with the government.

Since both entities worked distinct forms of reproductive health programming, it was previously assumed that their interactions were limited to their own organization's focus. It was found in this study, however, that NGOs seek to collaborate with governmental institutions more often than they try to collaborate with other NGOs working with similar topics. In the same vein, schools and CAPs will often seek to collaborate with NGOs more than other governmental institutions in the area.

In relation to the health promotor model, four of the combined public and private entities interviewed mentioned using health promoters regularly to spread information about reproductive health programming. Whether it be directly teaching workshops like the ODIM version, or having monthly meetings like the CAP, MAIA, or Amigos de Santa Cruz organizations, the need for local capacity building was deemed important by those who were interviewed. They mentioned being seen as a resource in the community and were contacted even outside of work hours to answer questions related to reproductive health:

“I go to church, I have a basketball team, I participate a lot in my community. Through this visibility, people also feel comfortable approaching me about questions regarding their health.”  
(ODIM Staff 1, San Juan La Laguna, July 2021)

“I pass along my materials from ODIM to my family, whenever I have cousins or family who have questions, they come to me for advice.” ((ODIM Staff 4, San Pablo La Laguna, July 2021)

This leadership that is stimulated by the health promotor model is important and extends these teachings beyond the traditional classroom settings. In addition, health promoters continue to be resources within their communities and them being part of the community contributes to their approachability. Health promoters serve as resources regardless of where they receive their training. Whether it be public or private entity, they have the most direct impact in working with community members in establishing sexual and reproductive health knowledge.

Together with interinstitutional collaboration, the health promotor model serves as a sustainable way to provide specific and tailored knowledge and resources to marginalized communities about reproductive health.

### *Moving Forward*

The ideal model for both private and public entities to work together would be a combination of several traits in each organization. What the public sector has shown is that there is the recognition for the implementation of reproductive health programming to combat violence and teenage pregnancy, but the delivery of such programs does not reach every area of Guatemala equally. Standardization is not a project that works well in a country that is as richly diverse as Guatemala. Because of this marginalized communities that are far from city centers do not get the same access to resources.

“The CNB is quite poor. It lacks information and it should be made based on the needs of our people, not what is seen in other countries...” (Days for Girls Program Team, Panajachel Sololá, July 2021).

“EIS should be a class in and of itself. The top of the political structure is messed up so it’s hard to start from the bottom.” (ODIM Staff 2, San Pablo La Laguna, July 2021)

Ideally, an efficient reproductive health program would have a positive presence of the five themes discusses in the NGO findings section, along with the authority that the public sector has to offer. As mentioned in the interview above, structural change needs to take place to



replace the current fallacious system to better meet the needs of rural and indigenous Guatemalans.

### *Best Practices*

The NGO sector provides a contrast to the current gaps in governmental institution programming. This is only because NGOS can provide more localized specific content in the areas which they serve. If these models were taken and adapted by the public sector nationwide, there would be a greater degree of impact within the country. An ideal model for sexual and reproductive health utilizing the areas in this study would include clearly structured programs, community involvement, interinstitutional collaboration with other entities, capacity building of personnel, and access to adequate funding.

Based on content delivery, ODIM, MAIA, and Amigos de Santa Cruz had the most developed curriculums that covered sexual health in its biological, social, and psychological dimensions. This is because they had structured curriculums compiled from various verified sources and further adapted their content to meet the needs of their communities. The most notable of these adaptations included language translations based on the local dialect. In addition to content, these programs had designated time and participant cycles defined in their goals for sexual and reproductive health classes. In terms of monitoring and evaluation of the program's effectiveness, ODIM had the most consistent model because of their use of pre and post testing with their participants. All the programs in this study have not been running for longer than five years, so a limitation to this study would be seeing the effects of programming long term.

For access to participants and community involvement, Amigos de Santa Cruz has the strongest access to the community through their accord with the Ministry of Education. Because

of this, they have access to teachers in an official way and don't get as much pushback like the other organizations do. This helped with barriers such as religion, which previously impeded teachers and health promoters from freely discussing reproductive health topics. In relation to parental involvement, MAIA had the most developed programming due to their consistent monthly meetings with parents, where they were instructed on the same themes as their students. Furthermore, MAIA made it mandatory to have both parents present in the workshops, this was important for combating issues such as machismo and breaking down gendered norms.

Interinstitutional cooperation is important because it allows for greater sustainability with topics. It is not useful to have organizations cover the same content repeatedly. With greater cooperation, populations who have multiple organizations working the same themes have the chance to structure greater learning by adapting programs to include each other. Furthermore, the sharing of resources across organizations also allows for more holistic learning and shared results. In terms of capacity building, cooperation is also helpful in the way that smaller organizations rely on larger organizations to train them. Furthermore, health promoters and those seeking to transmit knowledge on sexual and reproductive health must have the capacity to do so. It is important that they also feel comfortable at the professional level, and be open to being resources for their communities outside of their formal role.

The organizations varied in funding and access to resources. Though clinics such as ODIM offered contraceptive methods, Days for Girls had the most developed model for resource distribution. This was due largely to their product sales. If the public sector were to take these five themes, along with the health promotor model and interinstitutional cooperation, reproductive health programming could truly make a difference in the country.

There are victories occurring within the country, as noted with the recent sentencing related to the sexual violence during the armed conflict. Though it is ambitious to say that integral reproductive and sexual health programs have the power to change the violence found in Guatemala, this study seeks to offer comprehensive programming as a start. Furthermore, it seeks to highlight that there is important work already occurring within the country—the only fault is that there are gaps with implementation. These gaps are systemically larger in more marginalized, indigenous communities because of lack of coordination or lack of attention on behalf of governments. The NGO sector offers a contrast that serves as a tool to measure how much governmental programs have the potential to grow. This growth can be furthered through the hands of health promoters, with interinstitutional cooperation through both public and private sectors as a goal nationwide.

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