

Globalization and Family Planning in Guatemala

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Abstract

Guatemalan women, and sometimes men, desire to use contraceptives despite the unavoidable cultural and lifestyles changes taking place, because most of them want to achieve the many benefits family planning offers, even if it requires cultural adjustment. Although considered one of the more progressive countries in terms of family planning in the 1970s, more recent reports indicate only 38% of the Guatemalan population uses any form of contraception, the lowest rate of use in Latin America behind Haiti. In response to this low rate of use, many international organizations strive to improve knowledge about and access to contraceptives and other family planning methods. International influences, particularly those of modern or westernized cultures, play a major role in the provision and education about family planning in Guatemala. With such prevalent international influence, one might wonder if this pressure to increase contraceptive use and family planning may challenge Guatemalan cultures and compromise their way of life. Estimates suggest 40-60% of the Guatemalan population is of indigenous decent; a culture that differentiates greatly from modern culture. Increased contraceptive use or other methods of family planning appear as a logical solution to the high birth rate that results in children that may not have access to adequate nutrition and resources. Nevertheless, the use of contraceptives does not exist as a simple medical solution. The cultural impact of introducing and promoting this modern method of family planning suggests a negative aspect to what is seen as an overwhelmingly positive movement to decrease birthrate, empower women, and improve overall health statistics within the country. However, despite the unavoidable cultural and lifestyles changes taking place, these changes are not necessarily negative because the desire to use contraceptives comes from the Guatemalan women (and sometimes men). Many Guatemalan women want to achieve the many benefits family planning offers, even if it requires cultural adjustment.

Through field work in Guatemala City and analysis of existing literature, I investigate the role that westernized countries have in the prevalence of contraceptives and family planning in Guatemala and the cultural barriers that impede their use. I explore the interaction of these two seemingly conflicting forces in an increasingly globalized world, and the potential cultural implications of this interaction.

I. Introduction

In the 1950s, data surrounding population growth instilled fear in many people who believed a continually increasing population could threaten the sustainability of civilization. To combat this, many countries worked together to promote the importance of decreased birth rates by means of family planning. Eventually, the ideology surrounding modern methods of family planning became associated not only with population control, but also as a means of increased development and women's rights. Most modern cultures readily adopt this ideology- the idea that men and women have the right to control the number and spacing of their children is not heavily contended. However, this is not the case in many countries where traditional cultures, particularly indigenous cultures, hold beliefs that contradict the view that one can control birth timing in order to benefit oneself.

In Guatemala, the promotion of family planning began to gain momentum in the 1970s. Nevertheless, thirty years later, the rate of use of contraceptives in Guatemala is only 38%, the second lowest in Latin America behind Haiti (Santiso-Galvez and Bertrand 57). This lack of use is not evenly distributed between Guatemala's ethnic populations. Somewhere between 40-60% of the population identifies themselves as indigenous (Santiso-Galvez and Bertrand 59);¹ however, the contribution to the lack of family planning methods does not reflect this proportion. There has been much greater increase in use of contraceptives in the Ladino population than in the indigenous and rural populations (Santiso-Galvez & Bertrand 59)². The indigenous and rural populations maintain more traditional cultural beliefs than their urban ladino counterparts. Many researchers have investigated the cultural barriers these populations, as well as the Guatemalan

¹ An exact count of the indigenous population in Guatemala is difficult to obtain because it is based on their self-identification as indigenous, which can change.

² The term "Ladino" refers to all Guatemalans that do not identify as Indigenous, but rather with the mestizo population.

country as a whole, face. In their research, they identify cultural barriers in order to overcome them and to inculcate the modern ideology surrounding family planning into Guatemalan cultures, particularly the indigenous and rural communities. The extensive research already completed, and the creation of international organizations, influence Guatemalan cultures, particularly the traditional cultures of indigenous and rural populations.

International influences play a major role in the provision and education about family planning in Guatemala. With such prevalent international influence, one might wonder how this pressure to increase contraceptive use and family planning challenges Guatemalan cultures, (particularly traditional indigenous and rural cultures) and compromises their way of life. These ideas present a negative aspect to what is seen as an overwhelmingly positive movement to decrease birthrate, empower women, improve overall health statistics within the country, and promote development. However, despite the unavoidable cultural and lifestyle changes taking place, these changes are not necessarily negative because many Guatemalans readily adapt the international ideology surrounding modern method of family planning and the desire to use contraceptives often comes from the Guatemalan men and women. Many Guatemalan inhabitants want to achieve the many benefits family planning offers, even if it requires cultural adjustment.

The following paper discusses the origins of the international promotion of modern ideology surrounding family planning. It then traces the development of many international organizations funded by developed countries in order to establish a network of the clear influence modern culture currently has in the context of family planning in developing countries such as Guatemala. These large overhead organizations indirectly and directly support organizations working with the Guatemalan people. Their work creates contact between the

modern cultural ideas surrounding the control of the number and spacing of children and the traditional ideas that oppose this view. A discussion of the existing cultural barriers portrays the continuing aversion traditional Guatemalan cultures have to the adoption of the modern ideology. Considerable research has identified these barriers, and personal fieldwork confirms that many of the barriers still exist today.

Finally, this thesis discusses how many Guatemalans have readily adopted the ideology put forth by the international organizations despite cultural contradictions. Through an investigation of how several of the organizations have gained the support and participation of Guatemalan people, as well as the existence of Guatemalan-based organizations, the paper proposes that the international organizations imposition of their modern culture onto Guatemalans is not necessarily a negative, imperialistic effort; rather, the organizations present information that Guatemalans willingly adopt into their cultures. The adoption into modernity and the extinction of traditional cultural beliefs extends across a wide expanse of studies; however, in the context of family planning it appears many people are willing and eager to learn more and gain access to modern methods of family planning in order to gain the benefits proposed by modern culture.

II. Methodology

I spent six weeks in Guatemala in August and September of 2009. During this time, I volunteered in the Hospital General San Juan de Dios in Guatemala City for four weeks, and spent two weeks traveling to rural clinics and interviewing non-profit organization associates. The four weeks of volunteering were conducted in association with the non-profit organization Cross Cultural Solutions. I volunteered the first two weeks in the family planning clinic and the

second two in labor and delivery. The daily volunteering in each department allowed for extensive observation of patients and exposure to many of the issues interviewees mentioned.

The data collection consisted of daily notes taken based on personal observations in the hospital and clinics, as well as unstructured interviews conducted with physicians, medical students, and non-profit organization personnel. The interviews focused on topics surrounding the perceived barriers to patients' knowledge and acceptance of family planning methods, as well as their interpretation of what role international influence plays on family planning in Guatemala and how some aspects of Guatemalan culture may be adjusting as a result of this. The observational notes and interviews were re-transcribed upon return to the United States and evaluated for trends in responses. These trends reaffirm much of the existing research on cultural barriers, confirming that many of the cultural barriers still are an active force in preventing the acceptance of modern family planning methods.

Finally, an in-depth literature review on the subject complemented the data I collected through my fieldwork. Through extensive review of articles, as well as research on existing organizations through review of their websites, I gained a substantial amount of information to place the data gained through my interviews and observations into context.

III. The Need for Increased Family Planning in Guatemala

With a rapidly growing population and staggering low health indicators, particularly related to reproductive health, increased knowledge of and access to family planning in Guatemala has become a topic of great concern not only in the country itself, but internationally. Globally, family planning is seen as a way to save women and children's lives, offer women more choices, and slow population growth. A slower population growth can improve

environmental protection by conserving resources, and also aids in development. Lower fertility levels are associated with greater ability to achieve sustainable development

(<http://info.k4health.org/pr/j49edsum.shtml>). Guatemalan statistics surrounding these issues demonstrate the need for increased family planning knowledge and use. There is an abundance of evidence pointing to the advantages of modern family planning practices. These benefits are used as evidence to support the suspension of conflicting traditional cultural beliefs in the name of health and development benefits.

As of 2004, Guatemala had the second lowest reported contraceptive use in Latin America (Santiso-Galvez and Bertrand 57). This lack of usage can help explain the high fertility rate of 4.1 recorded in 2008 (http://www.unicef.org/infobycountry/guatemala_statistics.html), and the second highest fertility rate reported in 2009 in Latin America (<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2054rank.html?countryName=United%20States&countryCode=us®ionCode=na&rank=154#us>). Projecting from these fertility rates, the average annual population growth rate is 2.5%, which will double Guatemala's population in the next thirty years (http://www.unicef.org/infobycountry/guatemala_statistics.html).

With so many people, the already limited resources will be stretched even further, negatively affecting the economy's ability to grow and prosper. Already, Guatemala's GDP per capita was reported to be about one-half that of the average for Latin America and the Caribbean in 2009 (<https://www.cia.gov/library/publications/the-world-factbook/geos/gt.html>). Further, more than half of the population lives in poverty and nearly 16% in extreme poverty (Health Systems Profile 6). An increasing population will exacerbate the impoverishment of the nation. In 2007, 40% of the population was under fifteen years old. Having such a large percentage of

the population children puts great stress on the productive portion of the population. If the fertility rate decreased soon, eventually the majority of the population would be in its productive years (Health systems profile 6). Then, they could contribute to the Guatemalan economy without the stress of a population consisting of a huge percentage of children.

The struggling economy, paired with a booming population, makes it difficult to maintain the environmental necessities to support life. According to ENCOVI data from 2000, only 69% of households had access to running water and 47% to adequate sewage removal. With a rapidly increasing population, it makes it more difficult to develop an infrastructure to provide clean water to the entire population without damaging the environment. Additionally, the majority of the country's air quality is poor in populated areas due to pollution from industrial fumes, exhaust from motor vehicles, and chemicals used for fumigation (Health systems report 25). Slowed population increase can reduce the use of the resources that contribute to air pollution.

In addition to promoting greater economic development and preserving the environment, family planning can improve women and children's health. For women, avoiding abortion by using a family planning method to prevent pregnancy reduces the health risks associated with abortions. In Guatemala, abortion is illegal. Nevertheless, between July 2003 and December 2004, 13,928 incomplete abortions were treated in the 22 public hospitals. A governmental study reported abortion as the third most important cause of maternal deaths (Singh, Prada, & Kestler 136). Modern family planning methods provide a safer option for women than eliminating their pregnancy through abortion.

Furthermore, by avoiding unwanted pregnancies women inevitably avoid the risk that is associated with any pregnancy. This risk is exacerbated in Guatemala, where the maternal mortality ratio is 130 out of 100,000

(http://www.unicef.org/infobycountry/guatemala_statistics.html). Additionally, one study conducted in Guatemala reported that only about 30% of the women surveyed by the Ministry of Public Health had any type of medical assistance during delivery (Pebley, Goldman, & Rodríguez 233). Considering that about 40% of pregnant women have some complication of childbirth, this lack of medical assistance makes giving birth a more risky occasion (<http://info.k4health.org/pr/j49/j49chap3.shtml>). Every year, more than half a million women die due to complications from pregnancy, and 99% of these women are in developing countries (Raguz 43). Problems ranging from hemorrhage, sepsis, eclampsia, or obstructed labor can often be effectively treated with emergency obstetric care. Ideally, this risk would be eliminated by better obstetric care; however, family planning provides a method to reduce women's health risks by eliminating her exposure to the risks associated with pregnancy if she does not desire children.

Additionally, family planning provides a method to limit pregnancy to the healthiest ages. Women between the ages of 15 and 19 are twice as likely to die from childbearing as women in their 20s (<http://info.k4health.org/pr/j49/j49chap3.shtml>). In Guatemala, 114 out of every 1,000 Guatemalan women aged 15-19 gives birth each year (Guttmacher institute 1). Younger women can suffer from obstructed labor if they have not reached their full height or pelvic size. They are also at a greater risk for eclampsia. On the other end of the spectrum, women ages 40 through 44 have five times the risk of dying than women in their 20s (<http://info.k4health.org/pr/j49/j49chap3.shtml>). In Guatemala there are 38 births out of every 1,000 women per year in the age range of 40-44 (Monteith, Stupp, & McCracken 22).

Finally, family planning allows women to avoid having a greater number of births, which can compromise their health. After a woman's third or fourth birth her risk of maternal

complications increases substantially (<http://info.k4health.org/pr/j49/j49chap3.shtml>). A woman giving birth for the fourth time has a risk of death 1.5 to 3 times higher than during her second or third birth. In Guatemala, the average number of children a woman has is 4.1 (http://www.unicef.org/infobycountry/guatemala_statistics.html#63). By providing the option to reduce the number of children a woman has, one is simultaneously providing the opportunity for the woman to improve her own health.

Family planning also improves the health of children. First, by allowing men and women to control when they have children they can increase birth spacing. Children conceived greater than two years apart from their preceding sibling are more likely to survive (<http://info.k4health.org/pr/j49/j49chap4.shtml#3>). By spacing births, the mother ensures she has completely recovered from the previous birth and is able to fully support another fetus. In Guatemala, 67% of births reported were less than thirty-six months apart from the previous birth (Monteith, Stupp, & McCracken 29). Additionally, limiting women's childbearing to the years between the ages of 20 and 40 improves the health outcome of children. Finally, women are more likely to breastfeed if their children are spaced further apart. Breastfeeding provides a number of health benefits for babies, including reducing illness and infection (<http://info.k4health.org/pr/j49/j49chap4.shtml#3>).

These statistics provide a compelling argument for many people to adopt the modern ideology surrounding family planning. They present controlling the number and spacing of children as an overwhelmingly positive solution to many health development detriments. These arguments have been fully developed by the international organizations that promote modern family planning in countries such as Guatemala in order to ensure their adaption by the citizens of the developing countries.

IV. The Growing Network of International NGOs

Still today, the exponential increase in the world's population harbors global concern as it flourishes from 1 billion in 1800 to 2.5 billion in 1950, and finally 5.5 billion in 1990 (Bongaarts 771). The United Nations and the World Bank predict that the population will gain an additional 6 billion inhabitants in a mere century, with almost all growth taking place in developing countries (Bongaarts 771). This concern took root in the 1950s, when many scientists put forth that there cannot be sufficient resources for such a stark increase in population. In response to this concern numerous organizations formed to promote family planning throughout the developing world.

This need continues to exist in the developing world rather than developed countries because of the stark contrast in the rate of family planning methods used. Unlike in Guatemala, in the United States, 98% of all women who ever had intercourse reported using at least one contraceptive method and 62% of women reported currently using a contraceptive (Mosher, Martinez & Chandra 1). Additionally, the negative health effects associated with pregnancy are much lower in developed countries such as the United States. This makes unwanted pregnancy less dangerous for women in developed countries. For instance, the mortality rate in the United States was only 12.1 deaths per 100,000 live births in 2003, compared to the 130 deaths per 100,000 live births in Guatemala (Hoyert 1). The organizations currently in place want to bring developing countries, such as Guatemala, to similar statistics as those in the United States.

The increase in family planning resources has lowered the number of children per woman from 6.1 in the 1960s to 3.8 in the 1990s, while increasing the rate of couple contraceptive use from less than 10% to 50% in developing countries (Bongaarts 772). As mentioned previously,

Guatemala has lagged behind other developing countries in its use of contraceptives and decrease in number of children (Santiso-Galvez & Bertrand 57). Research reports conclude that the large indigenous population, and the cultural barriers that this population faces against the use of contraceptives, significantly contributes to this lack of family planning (Ward & Bertrand 59, Sandiso Galvez & Bertrand 58). To combat these cultural barriers and increase family planning among indigenous peoples, complex international networks of governmental and non-governmental organizations have formed that fund and provide direct support to indigenous Guatemalans. Additionally, many of these organizations work with the Guatemalan population as a whole, promoting family planning in urban, as well as rural areas. Through an intricate network linking people from industrialized countries to international aid organizations, from the international aid organizations to in-country NGOs and governmental health programs and, finally, from these programs to the Guatemalan population, globalized efforts to halt population growth in Guatemala directly affects the Guatemalan cultures.

The network of reproductive healthcare aid in place to promote family planning to the peoples of Guatemala fits into the network model Manuel Castells puts forth in *The Rise of the Network Society*. Castells explains that “social changes are as dramatic as technological and economic processes of transformation” (2). He states that one example of drastic social change as a result of a globalized world is that “patriarchalism has come under attack” (2). The reproductive healthcare aid in Guatemala challenges not only patriarchalism, but also other aspects of culture such as traditional Mayan and religious beliefs. Although not in the traditional economic sense, the international aid given to Guatemala forms an intricate cultural network that initiates social change in Guatemala. This network allows governments and people to donate money and other resources to international organizations in order to promote the cultural

ideology they value surrounding modern family planning. These organizations then distribute these goods and the ideas associated with them through governmental and non-governmental organizations to eventually reach Guatemalans. Each organization participates in the network for varying reasons, ranging from greater influence in Guatemala, to controlling population growth, to promoting increased gender equality, to a simple desire to help others or philanthropic and charitable work. Whatever the purpose, the organizations allow for a huge influx of modern ideas about reproductive health and family planning into even the smallest indigenous villages of Guatemala, inevitably globalizing these inhabitants.

During the 1950s, the initial concern surrounding the world's population growth emerged (Bogaarts 771). Demographers and development planners projected a large population increase and its potentially adverse effects on the world. In response, the United Nations created the Population Division in 1951, taking the concern to an international level. In order to unite the international efforts to curb population growth by promoting family planning, the International Planned Parenthood Federation formed in 1952. In addition, the Population Council formed to provide scientific support for the international family planning movement, particularly the evidence set forth previously (Bogaarts 771).

Many governments and religious groups strongly opposed this flux in international promotion of family planning. Nevertheless, this opposition did not decrease international efforts since food shortages in the 1960s instilled an even greater fear of continued population growth. Instead of halting efforts, the United Nations created UNFPA, the United Nations Fund for Population Activities (Bogaarts 771). UNFPA believes that the reproductive choices men and women make, “multiplied across communities and countries, alter population structures and trends” (<http://www.unfpa.org/about/index.htm>). It functions in 150 different countries

throughout the world, tying together the promotion of gender equality and human rights with increased reproductive health care. It highlights the connection between increased population and all aspects of human, social, and economic development. Through its promotion of reproductive healthcare, it aims to create a tangible decrease in the world's population, which in turn can allow for greater global development. UNFPA is funded by almost all of the 127 member nations of the United Nations, including the US support of approximately \$34 million that was restored in January of 2009 (<http://www.unfpa.org/about/faqs.htm#funds>).

This organization functions as a catalyst for global concern surrounding population growth and continues to play a central role in the promotion of increased reproductive healthcare. As a member of the United Nations, it has unparalleled access to funding from developed nations, as well as private donations. It also has a resonant voice throughout the world, spreading ideas surrounding the importance of women's empowerment and the availability and knowledge of family planning methods. Through the creation of the Population Division of the United Nations, and further, the creation of UNFPA, the United Nations began to globalize concerns surrounding population growth, and with that, a focus on reproductive health care. Currently, UNFPA focuses its efforts under the umbrella of three main issues: population and development strategies, women's empowerment, and reproductive health and rights. It identifies the link between all of these issues as the ability to make decisions about the "number, spacing, and timing of children" (<http://www.unfpa.org/issues/index.html>). UNFPA identifies these ideas as essential for a country's development. By doing this, it compels countries such as Guatemala, whose traditional cultures do not readily accept the cultural implications surrounding the control of the number of children, to culturally adapt or risk stunting their development. UNFPA furthers its drive for cultural adjustment through its funding in various countries,

creating an intricate network of global support for population control and increased reproductive healthcare.

One specific example of the network created through UNFPA is its “Sexual and Reproductive Health Care Delivery Project in Guatemala.” The United Nations works in collaboration with the Canadian government and Guatemalan agencies to increase the availability and use of contraceptives and other family planning methods in Guatemala. The project linked the United Nations and Canada to the Guatemalan government, which distributes funds to MSPAS, the Ministry of Public Health and Social Assistance, and IGSS, the Instituto Guatemalteco de Seguridad Social (Guatemalan Institute of Social Security). The governmental agencies were given approximately 5,904,000 condoms, 1,348,000 injectable contraceptives, and 193,600 oral doses of contraceptives

<http://www.canadainternational.gc.ca/guatemala/developpement-development/unfpafnuap.aspx?lang=eng>). With these physical provisions, as well as monetary support, MSPAS and IGSS operate clinics throughout rural Guatemala, providing support that is initially funded by international sources, directly to Guatemalan women. This network of aid links the funds from first world countries to the peoples of Guatemala. The availability of modern contraceptives through these organizations improves the access to and knowledge of family planning for Guatemalans. By increasing these things, UNFPA and the other international organizations involved, are promoting the UNFPA modern cultural ideals.

In addition to its direct support of reproductive efforts in Guatemala, the United Nations created a global concern surrounding population growth that spurred the creation of other agencies to function to increase the prevalence of family planning and reproductive health care. Predating the development of UNFPA, in 1952, the IPPF, or International Planned Parenthood

Federation, formed. The IPPF prides itself as a “global service provider and a leading advocate of sexual and reproductive health and rights for all” (<http://www.ippf.org/en>). The IPPF was founded in response to the Third Conference on Family Planning in Bombay, India, held in 1952. Now it functions in 176 countries across the world. It receives its funding primarily “by governments through their overseas development aid budgets” (<http://www.ippf.org/en>). However, it also receives funding through the European Commission, United Nations agencies, as well as foundations and private sources. This extensive funding from first world countries is then distributed through IPPF to its various projects and to its many member associations. These member associations are generally located in the country in which they work, and are able to provide direct support to clinics and NGOs that provide reproductive health care. The financial linkages again demonstrate the influence that developed countries play in the promotion of reproductive health care rights throughout the world.

IPPF believes that “sexual and reproductive rights should be internationally recognized as human rights and therefore guaranteed for everyone” and the organizations further promotes “equality between men and women, aiming to eliminate gender biases” (<http://www.ippf.org/en/About/>). The same cultural ideals present in UNFPA exist in IPPF, furthering the spread of these modern ideals throughout the world. Directly on its site it identifies that it faces challenges from conservative political and religious forces, but nevertheless proceeds in its effort to make its beliefs internationally adopted. These conservative cultural barriers exist in Guatemala; nevertheless, the International Planned Parenthood Federation works to tackle these barriers and adjust Guatemalan culture in order to create an atmosphere that shares its beliefs surrounding reproductive health care rights. IPPF plays a significant role in the

promotion of reproductive healthcare in Guatemala through its support of APROFAM, or Asociacion Pro-Bienstar de la Familia de Guatemala.

APROFAM is a non-profit institution that was founded in 1964. It is a full member of IPPF, but also receives funding from other organizations such as UNFPA, USAID, Pathfinder Foundation, WHO, and the Population Council. APROFAM's association with not only IPPF, but also UNFPA and the other international aid organizations listed, demonstrates the beginnings of the complex network that is in place linking the funds and materials from modern industrialized nations to the clinics located in developing countries such as Guatemala that provide the reproductive healthcare services to its inhabitants (<http://www.aprofam.org.gt/>).

These organizations are able to collect funds from various governments that donate for reasons ranging from gaining power in a specific area or appearing globally concerned about issues such as population growth. These funds can easily be donated to a trusted, legitimate organization such as IPPF, which can then investigate individual member associations and distribute the funding and support necessary to run clinics and other community outreach programs.

APROFAM is one such member association that receives support specifically for the Guatemalan population. The fact that the APROFAM website exists in both Spanish and English demonstrates the pervasiveness of the international supporters in the organization's functioning.

APROFAM distributes its funding to the thirty-one clinics that function under it and to the four mobile medical units that provide rural support. In doing this, the organization spreads its beliefs surrounding reproductive health care throughout Guatemala and allows inhabitants to access the tools necessary to practice modern family planning.

Additionally, the donations fund the administrative support that directs over 3,400 volunteers and sixty-four educators that promote family planning throughout the country. These

clinics, and their volunteers and educators are able to directly impact the Guatemalan communities in which they function. They are able to communicate the perceived benefits of family planning and the importance of reproductive healthcare, and then provide the physical care associated with the modern idea of controlling number and timing of births. As mentioned before, the source of funding influences the message associated with reproductive healthcare. These governments and individual donors are giving money in an effort to curb population growth and promote modern messages that men and women have the right to control the number of children they have. Although clinics may try to approach the issue in a culturally sensitive manner, their ultimate goal is to reduce the number of children the Guatemalan people are having by giving men and women control over their family planning. As a result, it spreads the modern idea of controlling the number of children one has to these people whose cultural beliefs strongly oppose this concept.

Being funded primarily by international organizations built upon the ideals set forth by modern society surrounding reproductive health, APROFAM shares these beliefs and promotes them within Guatemalan society. One of its institutional objectives is to ensure the basic right of every member of the Guatemalan population to make decisions pertaining to his or her reproductive health. Another objective concerns improving the condition of women, specifically in their access to and knowledge of reproductive health care entities such as family planning. The organization believes that achieving this objectives surrounding reproductive health can better the quality of life for all people in their country

(http://www.aprofam.org.gt/mision_vision_y_objetivos.html).

APROFAM's connection with "Western" ideas surrounding family planning, the United States and likewise, is furthered through its partnership with WINGS. WINGS is a non-

governmental organization based out of the United States that functions solely in Guatemala to provide reproductive healthcare to rural, mainly indigenous women. A retired U.S. Foreign Service officer, Sue Patterson, began WINGS in 1999 in response to her perceived lack of reproductive healthcare for women in rural Guatemala. WINGS functions in a partnership with APROFAM, and has non-profit status in both the United States and Guatemala (<http://wingsguate.org/en/aboutus>). WINGS demonstrates a prototype of how prevalent core countries' support is in the efforts of increased reproductive healthcare in Guatemala. The majority of WINGS funding come from its sister organization, NEST, which exists solely to raise funds from private donors in the United States. On the website for WINGS, which is in English, there is a specific tab on the homepage advertising "Donate Now" to site visitors (<https://wingsguate.org/civicrm/contribute/transact?reset=1&id=1>). Anyone visiting the site in the United States (or any developed country) can easily use their credit card to contribute to the organization, and thus to the network that provides reproductive healthcare to indigenous Guatemalans.

Additionally, WINGS allows volunteers, primarily from the United States, to travel to Guatemala to staff their clinics. These volunteers bring their cultural values placed around reproductive healthcare in the United States directly to the rural villages of Guatemala. They are not only providing care that was made possible through the intricate network of funding that comes primarily from modernized countries, but also inevitably promote their own culture's ideas while providing care and education about family planning to the rural Guatemalans.

WINGS manages research projects conducted primarily by academics from the United States in order to gain a better grasp on what problems exist in their efforts to promote family planning and how the organization can best address the problems. Students in Masters of Public

Health programs travel to Guatemala to evaluate different programs the clinics run (<http://wingsguate.org/en/getinvolved/volunteeropportunities>). Research projects range from a barrier analysis conducted by Ashley Gamble, a student from University of California San Diego to a more in-depth fertility project conducted by Brad Dearden, an associate professor at the University of Maine at Farmington and a group of his students (<http://wingsguate.org/en/whatwedo/research>). These evaluations unavoidably share a United States' perspective on modern family planning with the communities in which they work. Even through the act of interviewing Guatemalan women, the researchers share their views on family planning. For instance, when the study from University of Maine at Farmington asks the Guatemalan men and women if they are aware of any birth control methods, it is inevitably exposing them to the idea of modern family planning. Additionally, despite trying to understand the culture in which the modern family planning methods will be functioning and adapt their promotional materials based on this, the researchers inherently are advocating ideas from the United States about modern family planning and contraceptive use. In the United States, contraceptives are readily available, demonstrated by the statistic cited previously that 98% of sexually active women reported having used a contraceptive method (Moshner 1). Even Plan B, the pill taken the morning after unprotected sex, is now available over-the-counter in most United States' pharmacies for people over eighteen (Simkin & Futch 1). The highly prevalent use and availability of contraceptives in the United States demonstrates a general cultural acceptance of modern methods of family planning. Volunteers and researchers from the United States such as those at WINGS bring these cultural values to the countries in which they work.

WINGS creates a direct link between the United States cultural ideas surrounding reproductive healthcare and the beliefs of the rural Guatemalan people. WINGS' vision is a

Guatemala that is “free from cultural or religious constraints to use family planning methods” and in which one “can openly and comfortably discuss reproductive issues with their parents and/or partners” (<http://wingsguate.org/en/aboutus/overview>). However, these ideas are strongly rooted in United States’ and modern society in general’s cultural beliefs surrounding reproductive healthcare. Essentially, the vision of WINGS is to assimilate rural Guatemalans to the modern ideas surrounding family planning. They use native Guatemalan educators and trainers to go out into the communities and provide information and promote services, yet the majority of the leadership and administration staff is from the United States. Furthermore, the entire executive board of directors consists of professionals from different areas in the United States. WNGS provides the quintessential example of how non-governmental organizations based in a developed country and functioning in Guatemala spread the cultural ideas surrounding modern family planning and direct funds and resources to aid in the adoption of these ideas. It is in this sense that the elaborate network funneling reproductive healthcare services, as well as ideas from developed nations into Guatemala, and specifically rural Guatemala, demonstrates the hegemonic project of globalization, such as neo-liberalism in economics and modernity in culture.

The international focus on increased reproductive healthcare, and more specifically family planning, is in place to decrease population growth, and promote gender equality and human rights. However, western countries also believe that “slowing population growth is advantageous to socioeconomic development” (Santiso-Galvez & Bertrand 59). In the *Age of Access* Rifkin provides an extensive list of statistics demonstrating the poverty that exists in the world today. “Nearly one billion other human beings are living in poverty and several billion more are barely making ends meet. And the projections for the immediate future are even more

grim” (231). These statistics describing the immense poverty go hand-in-hand with the concerns surrounding population growth. Traditionally, men and women had large families to aid in subsistence living. Children provided the labor necessary for a family to survive. In modern societies, parents have fewer children and invest a considerable amount in ensuring their children’s success.

In this sense, the efforts to curb population growth double as an effort to integrate citizens of developing countries such as Guatemalans into modern society. Through a promotion of family planning, countries are essentially reducing the number of children men and women have. In doing this, they are encouraging families to abandon traditional survival methods, such as subsistence farming, and enter into the global economy.

Traditionally the rural people of Guatemala lived on increasingly smaller plots of land handed down from generation to generation (Santiso-Galvez & Bernard 59). These men and women must divide up their already small plots of land among the many children they have to support their subsistence farming (Ward & Bertrand 61). With more people and less land, it is inevitable that soon there will not be enough resources to support even subsistence agriculture.

Additionally, the many children each family has work on their farms from a very young age and therefore lack a formal education. In one study, ninety-five percent of indigenous men and women in a community reported they had no formal education beyond grade school (Ward & Bertrand 60). “Low levels of education and residence in rural areas have made it difficult for the Mayan groups to integrate into the mainstream Guatemalan society” (Bertrand & Seiber 112). With fewer children, parents would hypothetically be able to work wage labor and support their family in ways other than rural subsistence farming. This would not only relieve the stress

of the diminishing land availability, but also could potentially allow children to pursue education beyond grade school and become an active part of modern society.

The global network of reproductive healthcare aid has exposed the indigenous men and women to modern society's cultural beliefs surrounding family planning. The linkages between modern industrialized nations, to international organizations, to local NGOs, to indigenous inhabitants have brought new ideas, as well as novel reproductive technology, into rural Guatemala. Population growth, as it became of international concern, spurred the network of global support for family planning throughout the world. It raised awareness throughout the world, motivating governments, NGOs, and even individuals to contribute to the cause. As a result, condoms are able to be donated from the Canadian government and change the life of an indigenous man or woman in Guatemala. Even more intriguing, any individual in an industrialized nation can make an impact on the lives of men and women through a simple online donation while casually surfing the web. Through globalization, Guatemalans are now fully exposed to the modern ideas of controlling the number of children one has, an idea that was previously unheard of in their culture.

The lineage of organizations working to promote family planning demonstrates one specific path of the spread of modern culture in the form of ideas surrounding reproductive health care from large international organizations to specific organizations functioning directly with Guatemalan inhabitants. Beyond this demonstration there exists a plethora of organizations that function to aid the process of spreading reproductive health care knowledge and access to developing countries such as Guatemala. These organizations do not merely strive to directly provide the knowledge or access, but instead collaborate with existing organizations and supplement them with other tools such as better organization or leadership. In this sense they are

influencing Guatemalan culture not only by promoting the increase in reproductive health care availability, but also introducing new ideas in things such as financial management.

V. NGO Networks Program and GOJoven

The NGO Networks project was done by the John Snow Research and Training Institute (JSI), which works to “improve the health of individuals and communities throughout the world” by “collaborating with local partners to assist countries to develop their skills and identify solutions that meet their public health needs” (<http://www.jsi.com/JSIInternet/>). JSI is based in Boston, but has 81 international offices. In Guatemala, JSI conducted a project entitled the NGO Networking Project, in which the organization “promoted the increased use of reproductive and child health services by the Mayan population in seven altiplano departments by strengthening and supporting NGO networks” (<http://www.jsi.com/JSIInternet/Projects/ListProjects.cfm?Select=Country&ID=146>). It tried to create a network between existing NGOs as well as promote the creation of new NGOs to allow all of these NGOs to provide better reproductive health care and have access to more resources.

The project was conducted in affiliation with two other organizations: ProjectHOPE and Manoff Group, Inc. ProjectHOPE is a non-profit based in the US that provides humanitarian health relief internationally. Manoff Group, Inc is an organization based out of Washington, D.C. that focuses on qualitative research, communications, and training, as well as material development for programs (<http://www.manoffgroup.com/>). The project received funding from USAID and Americares, a non-profit organization based out of Connecticut.

The interaction of the organizations again demonstrates the extensive network functioning to increase family planning access and knowledge in Guatemala. It also shows how

ideas outside of those linked with family planning promotion are spread through the country via the work of aid organizations. The training of Manoff Group, Inc, and experience shared from ProjectHOPE promotes their organizational models within Guatemala. When these organizations interact to promote the NGO networks project in Guatemala, they communicate their ideas on how employees within the network can function in what they promote as a more effective manner. They also instruct on better ways for the organizations to evaluate their programming. In doing this, they are potentially influencing more than just family planning practices, but also the perception of effective organization and action of NGOs in Guatemala. Even if the majority of NGOs involved are internationally based, the Guatemalan employees involved in the NGOs would be exposed to the organizational influences through their employment.

GOJoven provides a similar example. It is a youth leadership program to promote sexual and reproductive health in Guatemalan adolescents. It trained young people to go out into their communities to provide information and promote better reproductive health care (<http://www.gojoven.org/>). This program worked in conjunction with International Health Programs (IHP), which is based in California. IHP trains, consults, and conducts research for existing organizations. Essentially, this IHP provides training for staff so that organizations can function better. It offers 10 day long training seminars on topics ranging from Developing Adolescent Sexual & Reproductive Health Programs to Monitoring and Evaluation of Sexual and Reproductive Health Care Programs and Projects (<http://www.ihp.org/training/>). The organization also provides direct consultation to organizations on a variety of topics such as Reproductive Health Leadership. GOJoven promotes youth leadership in sexual and reproductive health by offering training programs specifically for youth in countries such as Guatemala. This training not only promotes the modern ideology surrounding family planning to its participants,

but also teaches skills in human resource development, proposal development and fundraising, and negotiation and conflict resolution. It gives its participants skills to run organizations in a manner similar to those in the United States.

The Summit Foundation, based in Washington D.C., provides financial support to the program. It primarily provides monetary support to organizations that work in one of three central priorities: Conservation of the Mesoamerican Reef, Leadership for Adolescent Reproductive Health, and Sustainable Cities (<http://www.summitfdn.org/foundation/index.html>). In terms of adolescent reproductive health, The Summit Foundation acknowledges that half of the world's population is under 25 years old. With such a large youth population about to enter its reproductive years, the organization cites the need to ensure this youth has adequate resources to prevent unwanted pregnancy, unsafe abortion, STIs, etc. In concordance with this aim, it granted \$2,050,000 over three years to the Public Health Institute to promote GOJoven in 2008. By providing such substantial funding, the organization ensures that GOJoven will promote ideals similar to those of The Summit Foundation. The Summit Foundation wants to ensure young people in developing countries have control over their fertility as a means to not only improve their quality of life, but also sustain the natural environment. The idea of promoting family planning in order to create more sustainable communities relates to the neo-liberal ideas discussed above promoting decreased number of children in order to better assimilate into modern society.

VI. International Standards

The spread of reproductive healthcare to the peoples of Guatemala demonstrates a complicated network characteristic of globalization. Governments of core countries donate

funding and resources to organizations such as the United Nations or the World Health Organization for a variety of reasons. One reason could be linked with the international focus put on population growth. In order to help make population growth and reproductive healthcare of international concern there have been international conferences to raise awareness. These conferences raise awareness, but also set an international standard in terms of modern reproductive health care ideology and goals to promote these ideals. . By doing this these conferences not only work to promote the modern cultural ideals surrounding family planning in developing countries, but work to inculcate these ideals within their populations and set up a system of belief that is globally acceptable. They then encourage all countries that do not currently have a system set up to support the achievement of these goals to initiate action. They also encourage all countries with greater resources to help these countries in achieving the goals by providing support, particularly financially. Essentially, the conferences set global standards as to what constitutes as undeniable human rights. For instance, they promote the right for women to choose family planning methods. They also establish a global consensus that greater population control through availability of family planning will help development. The conferences go further than establishing global norms of thinking, but also create global goals and encourage countries to take action to achieve these goals. They serve as a catalyst for the continuance of the NGO networks discussed above and the creation of more NGOs and governmental organizations that can spread these ideals throughout Guatemala.

The most notable of these is the International Conference on Population and Development in Cairo, Egypt, September 1994. There, 20,000 delegates from governments, UN agencies, NGOs and the media met to discuss numerous issues surrounding Population and Development including birth control and family planning. The conference set forth an extensive

list of goals to encourage greater family planning and availability of birth control throughout the world. It specifically called NGOs to play an active role in “mobilizing community and family support” for family planning and contraceptive use, as well as cooperating with governments (<http://www.iisd.ca/Cairo/program/p07007.html>). It suggested that the international community should work to establish global, regional, and sub-regional facilities to allow easier access to contraceptives. In essence, the conference wanted to further develop the international network of aid that already exists. In addition, it proposed that the international community should transfer technology to developing countries to allow those countries to produce higher quality contraceptives and, in turn, strengthen self-reliance on contraceptives. Finally, the conference called for an increase in the stability and commitment of international finance assistance for developing countries efforts to boost reproductive healthcare and family planning (<http://www.iisd.ca/Cairo/program/p07007.html>).

This conference joined delegates from all over the world to develop a global strategy to combat population growth, and demonstrates how population control through family planning has become a global issue. Through the conference, the delegates from throughout the world set common goals concerning reproductive rights and reproductive health, as well as gender equality, equity, and empowerment of women (<http://www.unfpa.org/icpd/summary.cfm>). In doing this, the International Conference on Population and Development established global standards that challenged countries whose cultures do not recognize reproductive rights or women’s equality. The conference puts forth the objective to “achieve equality and equity between men and women and enable women to realize their full potential; to involve women fully in policy and decision-making processes and in all aspects of economic, political and cultural life as active decision-makers” (<http://www.unfpa.org/icpd/summary.cfm#chapter4>). As

demonstrated later through fieldwork in Guatemala, many Guatemalan men do not recognize women's right to participate in decision making processes, particularly related to reproductive health. They do not recognize the equality between genders, reflected through their unwillingness to allow their wives to play an active role in the decision making process.

Additionally, the conference promotes making “quality services” for family planning “affordable, acceptable and accessible to all who need and want them” (<http://www.unfpa.org/icpd/summary.cfm#chapter7>). It calls on governments to “remove all major remaining barriers to the use of family planning” in order to allow anyone who voluntarily wants to practice family planning will be able to do so (<http://www.unfpa.org/icpd/summary.cfm#chapter7>). Guatemalan society is firmly connected to the Catholic Church, which rejects modern methods of family planning. The newly enacted Family Planning Law, described in detail later, demonstrates the church's strong ties to the government and its ability to impede the spread of modern family planning knowledge and availability. The conference promotes the importance of the availability of reproductive health care for those who choose to access it throughout the world, despite any cultural impediments. By setting these global standards, the ICPD imposes modern cultural ideas such as gender equality and ability to control reproduction with modern family planning methods onto countries throughout the world.

Additionally, the conference furthered the financial network of international donations that inevitably spreads the modern cultural beliefs from these donors to the countries in which they donate. It promoted an increase in the flow of funds and technology from modern industrialized countries to the developing countries so that they are able to adequately supply reproductive healthcare to their own citizens. The ICPD called for \$6.8 billion from donor

countries in 2010 to support the goals of the Programme of Action set forth in 1994 at the conference in Cairo (<http://www.unfpa.org/icpd/summary.cfm#chapter14>). According to the UNFPA/UNAIDS/NIDI Resource Flows Project database, Guatemala received over \$20 million in population assistance to finance the Programme of Action in 2002. The money donated to population activities comes from twenty two countries and the European Union.

(http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/financing_icpd_2004.pdf). The money donated by these countries will promote activities that serve the global standing on population concerns and goals surrounding gender equality and reproductive rights. The conference advanced population growth as an international concern in an effort to ensure every nation does its part to oppose the threat.

VII. Traditional cultural beliefs and family planning

GENDER INEQUALITY

Men dominate Guatemalan society, particularly in rural and indigenous communities. They control most family decisions, and this holds true for decisions surrounding family planning (Terbourgh et al. 144). In a study that evaluated men's authority in household decisions in rural communities, the results indicated that men often have complete control over most household choices. Men were "most likely to have the sole authority in the management or keeping of household money" (Carter 640). This would make it extremely difficult for women seek out reproductive health care to obtain modern methods of family planning. One interviewee stated that one barrier to contraceptive access is financial because "women don't control the money" (Personal Interview, 9/3/2009). Although the public hospitals now provide free health consultations and access to contraceptives, many women fear that in these larger public forums

other people from their community might see them entering the family planning clinic and report this back to their husbands. Attending a smaller, private clinic is impossible since the women do not have access to their household money (Personal Interview, 8/21/2009).

Additionally, despite the free health care provided at public hospitals, the hospital requires a negative pregnancy test before women are able to begin the use of modern birth control methods. The hospital provides this testing for free, but it requires an additional trip to the hospital, which for many women is a financial impossibility. Also, the wait for this testing can be extremely long since there are limited laboratory resources in the public hospitals. Women could get the negative test result from a private laboratory more quickly, but again the financial burden prevents most women from doing this (Personal Interview 8/21/2009). Beyond their control of household finances, many men have complete command directly over their family's health care. In terms of health and medicine, around thirty percent of women reported that husbands had the sole authority in choosing which provider the woman will see and what type of medicine they will buy (Carter 641). Without the ability to make decisions pertaining to their own health, women therefore cannot choose to practice family planning without the permission and support of their husbands.

Another study takes another look at the source of the lack of women's rights in Guatemala. Traditionally, elite women are the sole determinant of maintaining a family's racial purity (Smith 735). Men's infidelity that may or may not result in offspring does not produce a child within the immediate family. If a woman from a higher social strata sexually compromises herself with a man of a lower social status, the resulting pregnancy will compromise her family's racial purity and therefore socioeconomic status; oftentimes resulting in her dismissal from her family and her class. Elite women are forced to fit into the roles of "virgins, legitimate wives,

and prostitutes” (Smith 735). They are expected to remain virgins until they are legitimately married, in which case sex is acceptable and expected. If they partake in sex before this time they are considered prostitutes and lose their favorable socioeconomic status. Men, on the other hand, are not held to these standards and their infidelities are often overlooked.

These beliefs are reflected in statistics surrounding differences in sexual activity of men and women in Guatemala. In a study conducted in Guatemala City, 22% of young women reported having had premarital sex, while 64% of males did (Herold et al 143). The much greater prevalence in premarital sex for males suggests its greater acceptability for men, inferring their greater sexual freedom. With such a considerably lower amount of women having premarital sex than men, it is not surprising that forty two percent of men have their first intercourse with a prostitute (Herold et al 143). After this sexual experience with a prostitute men are still able to enter a respectable union with a woman and maintain their socioeconomic status and purity of race. Furthermore, the time gap between women’s first intercourse is much smaller than that of men. Guatemalan women’s average reported first intercourse age was 18.4 and average first union at 19.8. Men’s average reported first intercourse was at age 16.0 and their first union was at age 22.5. Again, these statistics show that women are less likely to have sex outside of marriage than men, demonstrating the inequality in acceptability of sexual practices between men and women (Monteith et al. 26).

Within the Guatemalan Mayan community, virginity is not highly prized, and previous marriages will not prevent remarriage (Smith 739). Nevertheless, the Mayan women are still seen to be the “reproducers of the Maya community” (Smith 738). They maintain the Mayan language and dress. Additionally, they are expected to marry only local men and bear as many children as possible to propagate the community (Smith 738). Although given more sexual

freedom than their ladino counterparts, Maya women seem to be “stamped as community property” in the sense that they are not permitted to marry outside of their Maya community without facing rejection from the community (Smith 740). Thus this slight sexual freedom exists only within the boundary of their community. In this sense, the Maya women still suffer fewer rights than men. They must maintain their role in society as the propagators of the Mayan race in order to maintain their community’s support, which gives them their freedom.

Being subjugated to the demands of men, few women are able to make the free decision to practice family planning. If the Guatemalan women are expected to be abstinent outside of marriage, and within marriage exist to further their family’s “pure” line, there is no need to use contraceptives. Therefore, many men refuse to allow the women in their lives to practice modern methods of family planning. Oftentimes men forbid their spouses from using contraceptives because they believe that it provides a means for women to cover up their infidelity (Ward and Bertrand 61). This belief can be traced back to the sexual inequality that exists for women. For elite women, they are responsible to maintain the racial purity of the family. It would be disastrous for the woman to be impregnated by a man other than her husband, particularly if this male were from a lower social stratum. Modern family planning provides a method for women to potentially evade the consequences of extra marital sex. The same could be said for the Mayan population, in the sense that contraceptives may prevent Mayan women from suffering potential consequences from affairs outside of her Maya community. Men view this as a real threat.

For example, in three clinics in the Ch’orti indigenous population, employees reported that many men refuse to allow their wives to use the birth control pill because they suspect that while on it their women will be more prone to infidelity (Metz 266). In the fieldwork in Guatemala, all of the interviewees identified men’s refusal to allow spouses to use birth control

as a barrier to contraceptive use. One interviewee explained how during her rotation to the rural area surrounding Lake Atitlan, men would often express their dislike of birth control and come to her in anger for suggesting to their wives that they begin using a form of contraceptives. They did not only cite that they feared the use of contraceptives would prevent any pregnancies that would reveal infidelity, but also claimed that their wives were more sexually needy when using birth control. If their wives were using contraceptives they would not be able to fill their wives sexual needs, which would also result in infidelity. These men had total control over whether or not their wives used any method of family planning (Personal Interview 8/18/2009).

With almost complete control over the decision, women are often left powerless. One interviewee stated about Guatemalan women, “They’re exhausted and can’t take care of the kids they already have, both economically and emotionally, in every sense of the word. They don’t want anymore kids, but are having more kids because they are afraid to talk to their husbands about it, or their husbands say they want more kids” (Personal Interview 9/3/2009) The women, as homemakers, are constantly at home with their children. They are the ones responsible for taking them to the health clinics because they are sick from lack of food and resources; nevertheless, they do not have the power to decide not to have more children. This decision lies with the husband, who often is not very receptive to the idea of limiting the number of children their wife has.

LACK OF FORMAL EDUCATION

Many men and women in Guatemala lack a formal education and there are an abundance of statistics pointing to the association between educational achievement and timing and number of children. Household data survey collection indicates that only 58% of males and 53% of

women enroll in secondary school between 2003-2008

(http://www.unicef.org/infobycountry/guatemala_statistics.html#67). This data may be inflated due to the fact that many indigenous and rural families may not respond to national surveys. Other data indicates that rural and indigenous are less likely to complete schooling. In 2002, 47.5% of urban women in Guatemala reported having seven or more years of schooling while only 17.2% of women in rural areas did (Trends and Challenges 14). Furthermore, the literacy rate (defined as those over age 15 who can read and write) is only 69.1% according to the 2002 census (<https://www.cia.gov/library/publications/the-world-factbook/geos/gt.html>). This is compared to an 85 percent literacy rate in all of Latin America (Hallman et al. 3). In Guatemala, men have a considerably higher literacy rate of 75.4%, while women's literacy rate is only 63.3%. The lack of education for women is readily apparent. According to the "Reproductive, Maternal, and Child Health in Central America: Trends and Challenges Facing Women and Children" publication, only about 30 percent of women in Guatemala have any secondary education and 25.5 percent of women have had no formal education at all (13). Thirty nine percent of women aged 20-24 reported completing at least seven years of school; however, this percentage differs greatly across the rural and indigenous populations. Only 11% of indigenous women report completing primary school and only 24% of women in rural areas as a whole (Guttmacher Institute 4). Through observation at the hospital, a large number of women were not able to sign their name to verify their acceptance of medical treatment, but rather had to use their thumbprint as a means of approval.

Much of the lack of education for women further demonstrates the gender inequality present in Guatemala. Many parents, particularly in rural areas, believe that their female children do not need to obtain a formal education because their primary objective will be to reproduce and

care for their family. Many females, particularly Maya women, reported household duties on a survey indicating why they were not enrolled in school (Hallman, Peracca, et al 10). The only “career path” available for many women is to marry and have children (Monteith et al. 2). To pursue this path, women traditionally marry earlier than males. The average age at first union for Guatemalan females is 19.3, while for males it is 23.0 years (Monteith et al. 26). When women marry they are much less likely to be enrolled in school. Only 4% of married Ladina females and 2% of married Mayan females between the ages of 15 and 19 reported being enrolled in primary or secondary school, compared to 52% of non married Ladina females and 30% of non married Mayan females (Hallman et al. 33). These cultural values of early marriage for women and then placing importance on women as homemakers rather than educational achievement decreases women’s educational attainment, which then negatively affects their use of family planning. One study reported that Mayan women with a secondary education were 5.8 times more likely to use some type of family planning (Bertrand and Seiber 116).

Lack of formal education often results in women receiving misinformation from friends or family rather than proper facts concerning reproductive health and family planning methods. One interviewee described the belief many patients held surrounding the IUD, or intrauterine device, method of contraception. The IUD is “a small T-shaped device inserted into the uterus to prevent pregnancy” (<http://www.plannedparenthood.org/health-topics/birth-control/iud-4245.htm>). In Guatemala, public hospitals provide the copper IUD that once inserted into the uterus, is generally effective for up to 12 years. Many Guatemalan women expressed concerns that the IUD would somehow escape their uterus, and float throughout their body, causing dangerous negative health affects. The interviewee admitted that rarely women do need to have the IUD surgically removed due to complications; however, these stories are manipulated to

instill unrealistic fears within many women who lack better information. With a proper understanding of female anatomy, this concern would likely not exist (Personal Interview 8/21/2009). It is difficult to distribute information about modern family planning when people lack the basic knowledge about anatomy and female hormones.

Another interviewee explained how her non-profit organization tries to combat these misconceptions by clarifying misconceptions about modern methods of family planning. She states, “They need to first learn about their bodies, and then gain information about reproductive health. We have to start initially with very basic information about their sexual organs, then from there go into a hormonal method” (Personal Interview 9/3/2009). The women lack any formal education about their own bodies and therefore cannot fully understand how contraceptives function and determine which risks spread by word of mouth could be valid and which could not.

Additionally, the lack of education for Mayan women often has a greater effect on their exclusion from information concerning family planning. The indigenous peoples of Guatemala speak over twenty languages in their communities (Terbough et al. 145). One third of indigenous peoples only speak their traditional Mayan language, and this is even more common with women. This creates a problem since the majority of information about family planning through Guatemalan media does not exist in indigenous languages, and if it does it has poor translations (Terbough et al. 144). Also many employees at clinics do not speak indigenous languages (Terbough et al. 144). Mayan women who do speak Spanish are two times more likely to use some type of family planning than those who only speak their indigenous language (Bertrand and Seiber 116). This correlation demonstrates the connection between education, language abilities, and use of modern family planning methods. If the Guatemalan cultural beliefs and institution of

education adjusted to promote further schooling of women, particularly indigenous women, one can suspect that their knowledge and use of modern family planning method would also increase.

RELIGIOUS BELIEFS

Religion plays a significant role in the cultural make up of Guatemalan society. Fifty to sixty percent of the population is Catholic, while 40% practices some form of Evangelicalism (<http://www.state.gov/g/drl/rls/irf/2006/71462.htm>). Both of these religious institutions oppose the use of modern methods of family planning, although Catholicism does so much more strongly. Their influence in Guatemalan society greatly reduces the acceptability and pervasiveness of modern family planning methods. All interviewees at least mentioned religion as a barrier for men and women seeking out contraceptives. Interestingly, most interviewees merely mentioned this barrier with little expansion, focusing more on gender inequality and lack of knowledge about family planning methods. Nevertheless, the prevalence of religion maintains an undeniable barrier for the acceptance and prevalence of contraceptives.

This effect is particularly prominent for the indigenous and rural populations who receive the majority of their reproductive health information and resources from Catholic based aid (Ward and Bertrand 61). Many studies demonstrate the prevalence of Catholicism and Evangelicalism in indigenous communities. The Quiche population reports 41% Catholics and 21% Evangelical (Terbough et al. 146). Ninety four percent of the Maya-Quiche participating in a study reported their religion as Catholicism (Ward and Bertrand 60). The Ch'ort' population reports 60% as Catholic (Metz 264). The indigenous populations have adopted Catholic beliefs surrounding family planning. They promote the phrase "lo que dios manda" (Whatever God sends) (Metz 264). God predetermines the number of children that each indigenous woman has.

To try to adjust this number or spacing of children is a sin that would be interrupting God's plan. People from the K'iche and Ch'orti populations compared this predetermined number of children with rosary beads that exist in the woman's uterus (Metz 264). The pervasiveness of Catholicism throughout the indigenous communities creates a considerable barrier to the increase in knowledge and access to modern methods of family planning. These religious beliefs combine with traditional indigenous convictions to create an even greater syncretic obstacle. Furthermore, the indigenous Mayan peoples strive to live in harmony with nature. In health care, this means they use much natural medicine for illnesses and also employ the help of sacred and traditional healers. Procreation is a law of nature that the men and women must obey (Santiso-Galvez and Bertrand 60).

VIII. EVIDENCE OF A CHANGING CULTURE

THE LAW OF FAMILY PLANNING

In November of 2005 the Guatemalan congress passed the "Ley de Acceso Universal y Equitativo de Servicios de Planificación familiar" (The law of universal access and equitable family planning service) (<http://ww2.aegis.org/files/cdc/dupdate/2009/du091215.html> - 2144).

The decree recognizes "el derecho de las personas a decidir libremente el número y espaciamiento de sus hijos" (the right of people to freely decide the number and spacing of their children) (ISDM 3). It highlights the importance for people to enjoy a full sexual life, not inhibited by an inability to control the number and spacing of children. The law reflects an adoption of the internationally determined standpoint on family planning in the Guatemalan government. It parallels the ideals set forth in the International Conference on Population and Development in Cairo discussed above. Access and knowledge of family planning methods to

control the number and spacing of one's children is a right put forth by modern culture. The integration of this right into Guatemala's constitution reflects a shift in traditional cultural values and the adoption of modern cultural ideals. With the implementation of the law, the constitution would promote increased access to modern methods of family planning, sex education in schools, as well as promotion of information to the general public about different family planning options. Despite the congressional approval of the law, traditional institutions such as the Catholic Church strongly opposed this cultural shift and hindered the complete passage of the law (<http://ww2.aegis.org/files/cdc/dupdate/2009/du091215.html#2144>).

Initially, the president, with pressure from the Catholic Church, vetoed the law; however, the congress overrode his veto (<http://ww2.aegis.org/files/cdc/dupdate/2009/du091215.html#2144>). The church further impeded its implementation by filing a complaint that named the law unconstitutional claiming it obstructed the freedom of religious practice. The Catholic Church, as discussed earlier, plays a large role in the limitations of access and knowledge of modern methods of family planning. Traditional religious beliefs still maintain a strong hold on Guatemalan culture. The Law of Family Planning did not officially pass until May of 2009 and was not enacted until November of 2009. Proponents of the Catholic Church continued to delay the implementation of the law for four years (<http://ww2.aegis.org/files/cdc/dupdate/2009/du091215.html#2144>). Nevertheless, in the end the law did pass and is now in effect. Its passing signifies that the Catholic Church does not hold complete power over the Guatemalan people. Despite its disapproval, the law has taken effect. Unfortunately at the time of the interviews, the law had not been passed.

To fund the new programs associated with the law, part of the taxes earned from alcohol taxes will be placed towards the enactment of the Law of Family Planning

<http://www.thefreelibrary.com/GUATEMALA:+INDIGENOUS+WOMEN+DENIED+SEXUAL+AND+REPRODUCTIVE+RIGHTS-a0211241138>). Before the passing of the law, in the larger public hospitals contraceptive options were provided for free to patients since the Reproductive Health Program began in 2001. However, the Pan American Health Organization, which is a regional branch of the World Health Organization, bought these contraceptives (Personal Interview 8/4/2009). Although the contraceptives are distributed in the public hospitals, they still were provided and promoted by an international organization, thus the modern cultural influences discussed previously. With the passing of this law, the citizens of Guatemala are taking control of increased knowledge of and access to modern methods of family planning for their people. They are committing their own funds, suggesting an adoption of the acceptance of modern methods of family planning in their culture. The law even states that it hopes to reduce dependence on international aid for reproductive health care services.

The passing of the law by congress infers a majority acceptance and promotion of the law, indicating the greater part of the Guatemalan population shares in the changing cultural attitude surrounding reproductive health. Furthermore, by increasing access and education about family planning methods, the country will be promoting its own further cultural shift. If the part of the population that has come to support family planning now consists mainly of more urban peoples that may play a more active role in government, as this law takes effect it will increase contraceptive access in rural areas as well as promote educational materials in media and schools. Article six of the law addresses geographic access stating that the Ministry of Education and other organizations will work to increase information, communication, and access in more isolated places (ISDM 7). Article ten promotes the development of a curriculum that will inform young Guatemalans about reproductive health: the dangers associated with unintended

pregnancies and the methods to prevent them (ISDM 10). Therefore this law not only demonstrates the adoption of modern cultural ideals surrounding modern methods of family planning, but also suggests that this adoption will spread throughout the population even further as the law takes effect.

GUATEMALAN INITIATIVES IN NGOs AND REPRODUCTIVE RIGHTS ACTIVISM

Although the majority of the organizations working to spread access and knowledge of modern family planning are based internationally, increasingly, these organizations have adopted further involvement from local Guatemalans and other Guatemalan based organizations have emerged. The internationally based organizations incorporate Guatemalan men and women into their programs. The organizations do not simply force modern cultural assimilation, but provide a service they feel will improve the quality of life for many Guatemalan people. As Guatemalans take an active role in these internationally based organizations, they demonstrate their receptiveness to the aid and their desire to further help other men and women in their country through the spread of modern family planning methods.

Recently, the WINGS organization switched to a completely Guatemalan based field staff. All of the women that go out in to the communities as educators are native Guatemalans. By doing this, the organization gains more credibility within the communities because many Guatemalan men and women are more responsive to information coming from people of their own community (Personal Interview, 9/3/2009). Additionally, the fact that native Guatemalans are willing to become a part of the organization and extend its work to more Guatemalans demonstrates a cultural shift taking place. Assuming not all of these men and women held the modern cultural ideology before WINGS' conception, their joining of the organization exhibits

the shift in cultural values surrounding family planning. WINGS educators travel into nearby communities to provide information about reproductive health and family planning. In doing this, they are combating the educational cultural barrier that prevents greater use of modern methods of family planning. In the time since WINGS began, women are becoming more educated about the family planning options available. “In the areas in which WINGS works you see change. Women know a lot more. Now when you give a talk women have some sense of family planning and know someone who is using it” (Personal Interview 9/3/2009). They are becoming more aware of the idea of family planning as a way to combat their poverty and take control of their lives.

With education about these possibilities, women can seek out family planning, sometimes even without their husbands’ approval. One indigenous woman reported to her physician that she uses depo-provera without her husband’s knowledge. He does not support the use of contraceptives because he believes all children come from God and you should not prevent that. However, she reports that with six children already, if she had more she would not be able to give them shoes. She uses depo- provera so that she can ensure she can provide for the family she already has (Personal Interview 8/13/2010). Whether or not she is consciously aware of the power she derives from her use of contraceptives, her reasoning for using them, and her continual use despite her husband’s disapproval based on religious grounds, shows a stark contrast to common Guatemalan cultural beliefs.

“Many of the women use depo-provera without their husband’s knowledge. It is the most common form of birth control I provide,” one interviewed physician reported (Personal Interview 8/13/2009). Many women share the same views as the indigenous woman discussed previously. They want to provide for their children and therefore want to limit their quantity.

Some women even undergo tubal ligations without their husbands consent in order to ensure no further children (Personal Interview 8/13/2009). Their desire to use contraceptives as a means to better provide for their children indicates the adoption of modern cultural beliefs. They are actively limiting the number of children they have in order to invest more in each child that they choose to have. As mentioned above, when these women are able to circumvent their husbands' approval they are taking a step towards gender equality. Despite the fact that they are not permitted by their husbands to practice family planning, by taking independent action they recognize their own right to make the decision and take control of their growing family. This recognition could potentially expand to a demanding of more rights within society, particularly surrounding their reproductive rights.

Recently WINGS undertook an alternative approach to tackle the gender inequality barrier. In a barrier analysis conducted in 2005 they identified males' refusal to allow their wives to use family planning methods as an inhibitor. To address this issue that initiated a men's program with four components: conducting workshops, launching a communication campaign, installing peer educators, and training Ministry of Health service providers. The workshops consist of ten to twelve Guatemalan men meeting to discuss issues ranging from reproductive health and anatomy, to gender roles and partner decision-making. The communication campaign and peer educators are other methods to spread similar information to a broader audience. Additionally, the training for Ministry of Health service providers attempts to increase male friendly services at hospitals and clinics, since many reproductive health efforts are focused solely on females. By working to inform men about modern family planning methods, WINGS hopes to increase receptiveness so that men will allow their wives to use contraceptives. In this sense, WINGS works within the cultural system of gender inequality already in place. However,

the component of the project that focuses on examining gender roles and differences, and communication and decision-making within relationships, strives to redefine gender relations in Guatemala to tackle the cultural barrier of gender inequality to modern family planning usage.

Although this program was just recently started, there are already a number of peer educators- Guatemalan men that are willing to promote the message of reproductive health care benefits from family planning and re examining gender roles. Additionally, many men are “graduating” from the workshops that also redefine the current cultural norms. The Guatemalans participating in and working with this initiative are not simply receiving the information and products brought by an international NGO, but actively taking part and adopting the ideology surrounding family planning as their own (Personal Interview 9/3/2009).

Another example of Guatemalan adoption of modern family planning ideology exists in the GOJoven organization, mentioned previously. The organization promotes leadership within Guatemalan communities to pilot various reproductive health outreach programs. The leaders that are trained adhere to the international viewpoint that controlling unwanted pregnancies is a reproductive health care right. They then take this message into their communities, serving as “catalysts for social change” (<http://www.gojoven.org/english/summit-fellows/guatemala/>). The program empowers young Guatemalans to take these modern cultural ideals and spread them throughout their community. Although the conception of this program comes from international sources, the ideals have been transferred to Guatemalan youths and are now diffusing further throughout the population.

Guatemalan men and women do not only take action within international organizations, but also have formed their own groups, which demonstrate shifts from traditional cultural beliefs. Tierra Viva of Guatemala provides one such example. Organized by four Guatemalan women in

1998, the organization recently focused its work (in 2004) to promote sexual and reproductive rights for women and a non-sexist, non-racist culture in Guatemala. Tierra Viva spreads similar information seen in the international organizations- it cites health benefits to fewer children and greater birth spacing, promotes family planning as a reproductive right for men and women, and challenges Guatemalan society to grant greater equality to females, particularly in regards to reproductive rights. This organization identifies the connection between reproductive health care rights, such as modern family planning, and women's empowerment, and works to spread this ideology throughout their culture (<http://www.tierra-viva.org/>).

Pictures of a demonstration held by the organization in March of 2009 captures women, from both indigenous and ladino backgrounds, marching with condom shaped signs with messages such as “Mi cuerpo para la alegría, el placer, y el paz” (My body for happiness, pleasure, and peace). The demonstration was part of the “Día de Acción Mundial a Favor de la Salud de las Mujeres” (Day of World Action for Women's Health) (<http://www.tierra-viva.org/>). By organizing a Guatemalan demonstration for greater reproductive rights, particularly in family planning, in conjunction with an international effort to promote women's health, Tierra Viva demonstrates the willing adoption of international family planning ideology. The ideals set forth by the United Nations Population Council, or the International Conference on Population and Development are not imposed on the Guatemalan population, but rather it seems many citizens readily adopt them.

IX. Conclusions

From the initial population concerns rooted in the 1950s to the current promotion of family planning as a means to combat poverty and promote development and women's rights,

international organizations have worked to spread a common family planning ideology throughout the world. It seems the idea that one can control the number and spacing of children fits neatly into modern culture in developed societies, but in many traditional cultures these ideals contradict strongly held beliefs. In Guatemala, the large indigenous and rural population maintains a traditional culture that creates a host of barriers for the adoption of modern family planning methods. Further, the general Guatemalan culture in which Catholicism and gender inequality exist cultivates a continuing obstacle. Despite cultural barriers, international governmental and non-governmental organizations (mainly from developed countries) strive to spread information about their perceived benefits of modern family planning and increase accessibility of contraceptives. With this diffusion of modern culture's ideology surrounding the ability to control the number and spacing of births, inevitably the traditional Guatemalan culture is challenged. However, the active participation of Guatemalans in international organizations and the creation of Guatemalan-based organizations suggest that many Guatemalan men and women are not opposed to this shift in cultural beliefs.

Tracking the diffusion of beliefs surrounding modern family planning methods provides a particular example of how modern culture infiltrates traditional cultures. Reducing the number of children each Guatemalan has, particularly indigenous and rural inhabitants, threatens many traditional cultural beliefs and the agricultural way of life of these people. However, it seems that many men and women are not only accepting of a means to aid in their development (in terms of reducing number of children to help have greater economic means for themselves and their children), but want to help spread these ideas throughout their communities. Additional research could investigate this assertion further. By interviewing or collecting statistical evidence via survey from average indigenous men and women in a variety of Guatemalan communities,

investigators could better access the current attitudes surrounding family planning. It would be interesting to gain the perspective of typical Guatemalan men and women, particularly from rural areas, as to if and how they see their culture changing as a result of the increased prevalence of family planning.

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