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Guatemala, Malnutrition

## **Guatemala: Countering Traditional Family Planning Strategies to Improve Malnutrition**

*Genesis 9:1: And God blessed Noah and his sons, and said to them, "Be fruitful and multiply, and fill the earth. - The Bible*

Traditional beliefs and the husband's role in deciding family planning strategies have significantly impacted high birth rates in Guatemala's indigenous areas. Guatemalans are keeping with the tradition of church teachings on natural family planning techniques and avoiding artificial birth control methods. Men are deemed the ones in control over the family planning decisions and lack education about choices and impacts of limiting births. This has resulted in too many mouths to feed and chronic malnutrition in the country's rural, indigenous areas. In the case of Guatemala, the indigenous people suffer primarily from growth stunting and micronutrient deficiencies – an inadequate diet based mainly on squash, beans, and maize ("Leroy et al."). Due to a diverse landscape and lack of infrastructure, it has been challenging to reach rural areas needing micronutrient foods, health, education, and medical assistance. Education and incentives for family planning and diverse nutrition in rural areas can alleviate Guatemala's malnutrition challenge and help the country prosper.

Guatemala, known as the "land of many trees," is the home to the great Mayan civilization, one of the worlds' biggest exporters of coffee, bananas, and the birthplace of chocolate. Guatemala has the biggest economy in Central America and is one of the strongest in Latin America, with an average GDP growth rate of 3.0 percent in the past five years. About 70 percent of Guatemala's total land is dedicated to a wide range of agriculture and forestry activities afforded by a diverse climate. Ironically, Guatemala has the sixth-highest rate of chronic malnutrition in the world at 47 percent and reaching around 70 percent in the indigenous areas of Guatemala, according to the 2014–15 Demographic and Health Survey ("Country Fact Sheet").

Guatemala is a beautiful and varied landscape filled with hills, plateaus, river valleys, and many volcanoes that take the form of mountains. Guatemala is located near the equator, thus creating a tropical climate. It sits along the Ring of Fire, a belt of volcanoes and earthquake epicenters bordering the Pacific Ocean ("The World Factbook"). Guatemala is similar in size to Tennessee and is on the periphery of Central America ("Guatemala - Location, Size"), containing 17.82 million people, and 48% of the population lives in rural areas. ("Guatemala Population"). The official language spoken by 60% of the Guatemalan people is Spanish, and the remaining speak indigenous languages, including 21 Mayan variations. Guatemala is a republic currently headed by the President, Alejandro Giammattei. Guatemala has elected officials in 4-year terms representing the people's voice ("Guatemala Government").

Approximately 41% of land in Guatemala is used for agricultural purposes. This division is responsible for 13.5% of GDP and 31% of the labor population. The main exports include sugar, clothes, coffee, fruits, and vegetables. Guatemala has an uneven distribution of wealth based on the consumption rates of the wealthiest population. While over 50% of the country lives below the poverty line, the wealthiest 20% account for 51% of the consumption. Poverty in rural areas is around 79%, where indigenous people make up most of the population. Approximately half of the children under age five are chronically malnourished, and Guatemala has one of the highest malnutrition rates on the globe ("The World Factbook").

### **Traditional Family Planning and its Effects on Malnutrition**

A lack of education about family planning and its benefits as well as traditional beliefs about a husband's role in deciding family planning strategies have had a significant impact on high birth rates in the indigenous areas.

Most Guatemalans have adhered to natural family planning techniques and resisted artificial methods of birth control. Further, men are deemed the ones in control over the family planning information and decisions. This has contributed to Guatemala's highest fertility rates and the youngest population in Latin America, with almost 50% under age 19. Most of the country is reliant on a small percentage of the working population. The average birth rate is three children per woman, and this number is much higher in indigenous areas where many women have upwards of 10 children ("The World Factbook"). The dependency ratio in Guatemala is 72.4%, with children under 15 at 65.6% and elders over 65 at 6.8%. The disproportionate number of people dependent on the working population is caused primarily by high birth rates in indigenous areas. Since there is an unbalanced dependency, there is more pressure on working people to support the rest of the population. ("Guatemala Population"). This has caused a strain on the country because it must rely on a disproportionately young workforce. This has resulted in many mouths to feed and chronic malnutrition in the rural, indigenous areas. The traditional approach for family planning in indigenous families is to allow nature to take its course and leave it up to God's will. They consider themselves devoted to the traditional belief system where men control family planning and birth control decisions. Unfortunately, men are not well educated on the choices and the far-reaching impacts of using no contraception.

About 95% of Guatemalan people have Roman Catholic or Protestant beliefs that dissuade people from using artificial contraception methods. ("Guatemala Government"). Janeen Simon, the Women's International Network for Guatemalan Solutions executive director, said Guatemala is a "masochistic society" where men are raised to believe they have rights over females (Evelyn Roquel). Fewer than 39% of sexually active, unmarried women aged 15–19 and only 33% of married women use contraception. About 63% of married women aged 15–19 report needing to ask their husbands for permission to use contraception ("Sexual and Reproductive").

At one time, the families of Guatemala wanted many children to help work the land. However, big families meant more people to feed and care for over time. As farms have become smaller plots, there became less food to harvest, needing fewer people to work the land. Health officials suggest better family planning is one approach to improving the trajectory of Guatemala's desperate health needs and lessening the number of births. Awareness and education around family planning tools are inadequate. Data shows knowledge is essential to enabling women in family planning decisions and reducing poverty ("Health for Life").

### **Proposed Solutions to Improve Malnutrition and its Benefits**

Given the current situation where men are in control of family planning, educating men about contraception is essential to Guatemala's long-term approach to the root cause of malnutrition through controlling the birth rates. If successful, it will help reduce birth rates, enabling a better distribution of resources, fewer mouths to feed, and better overall health of the indigenous population. To educate indigenous men about leveraging birth control options, it is imperative that healthcare representatives come to communities and speak in the native language or have translators when educating on these matters and explaining the financial benefits.

Progressive Christian leaders must engage in these communities and share their teachings on the appropriate use of natural family planning methods and emphasize why it is okay and beneficial to use some forms of contraception within the context of Christian beliefs. Contraception options need to be accessible, free, and have a financial incentive that strongly encourages families to leverage the benefit. For example, offering a financial incentive for getting a contraceptive implant lasting 3-5 years may be appealing to low-income families that otherwise could not afford contraception and who could not support more mouths to feed. While there are many obstacles to implementing viable solutions, there are some incentives that may help it be successful. Providing a monthly mobile clinic to indigenous areas that provide health care, contraception education, and free food delivery will draw people to attend because it is convenient and useful. It is a good opportunity for Guatemalan citizens that live in the city to step up to volunteer at a mobile clinic. By getting involved and becoming more aware of the issues in rural areas, citizens can vote for officials that will also make indigenous people's needs a priority. Radios are prized in the indigenous areas (Cultural Survival). These could be given out free during the monthly mobile clinic visits *if* the people come to the clinic and attend an education session on contraception by someone who can speak the indigenous language. All of these ideas require funding. Some of the organizations that could help with funding these projects outside of the government are Planned Parenthood Global, the Gates Foundation and the Red Cross. These organizations are already providing education and contraceptives to people in other areas of the world. It takes time to see the results, but the value of preventing unwanted pregnancies far outweighs the upfront costs and lessens the burden on families and the country.

## **Challenges in Adoption of Solution and Methods to Overcome Them**

It is not uncommon for women to have as many as ten children in rural areas of Guatemala. Based on surveys, many indigenous women would like better access to birth control options. Only 10% of women had access to birth control out of the 64% not wanting to have children in the next two years ("Health for Life"). Although many women would like to use birth control, there are many social, religious, and logistical obstacles to teaching women about birth control. This comes into play as men make the family planning decisions, and getting to remote indigenous areas is arduous due to a lack of proper infrastructure (Evelyn Roquel).

In Guatemala, public healthcare is understaffed and does not have the needed infrastructure and materials such as supplies, vaccines, or medications. Most funding from the government goes to the big cities rather than the indigenous areas. Elected officials are elected primarily by people in more populated areas and they are focused on those needs rather than those of the rural areas. There are only .36 physicians for every 1000 people ("The World Factbook"). Despite having publicly paid health care in the country, medical care seldom gets to the remote and rural areas ("Health and Nutrition"). Since 80% of the medical staff live in Guatemala City and speak Spanish rather than an indigenous language, it is inconvenient for those needing help or contraceptive education to understand the medical staff and follow instructions on their health care properly. As a result, many rural communities choose to go to local healers who understand their strict beliefs rather than travel to a local hospital. Going to the city can introduce language barriers and additional costs for treatments (Tatiana Petrovick).

Although some women in indigenous areas believe family planning is not appropriate, most want to use it because they are tired, and their bodies are giving out. The majority of those opposed to birth control deem it unacceptable for religious reasons. The Catholic churches have promoted natural family planning for birth control rather than artificial means like pills, IUD, and tubal ligation. There are many stories among the indigenous people that these birth control methods have dangerous side effects. "We will follow God's will. We believe this is natural law. Moreover, we have heard too many stories about birth control, like injections and pills that cause cancer," said Guatemalan Evelyn Roquel.

Most indigenous women wanting to use birth control often do not get the choice. Unfortunately, in the world they live in, the men determine the outcome. By not knowing about birth control, many health misconceptions have appeared surrounding it. Many believe it causes sterility, cancer, and other complications ("Health for Life"). These misconceptions lead to the continuation of problems such as malnutrition and unwanted pregnancies. Evidence has shown that family planning messaging targeted to men is most effective via mass media and should be focused on the monetary and health benefits of limiting births. The focus on the financial benefits was found to be more convincing for men than any other incentives (Shattuck et al.)

## **Conclusion**

Chronic malnutrition in Guatemala is compounded by high birth rates in indigenous, rural populations. A lack of knowledge of family planning, available options, its benefits, and traditional beliefs about a man's role in deciding family planning strategies have significantly impacted high birth rates. It is shown through data that when fertility rates go down in countries, the families and children's overall health and welfare along with the community goes up. Educating men about contraceptives' financial and health benefits will enable the population to have better nutrition because the family will have fewer mouths to feed. To get the appropriate message to the indigenous population, medical educators & progressive Christian leaders need to come to the rural communities and be armed with translators who can speak the local language in addition to using mass media approaches like radios. Approximately half of Guatemala's population suffers from chronic malnutrition today, and this solution is a long-term strategy that will alter the course of malnutrition in Guatemala. At the beginning of this research paper, I selected Guatemala because I did not know much about the nation. However, I was intrigued with the population migrating to America in search of a better life. As I dove into the culture and issues, I started to understand the issues and why people would want to flee poverty in search of a better future.

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