

Use of Family Planning in the Ch'orti area of Guatemala

Background

Despite international efforts to promote family planning (FP) in Guatemala, according to the Demographic and Health Survey (DHS) 1998/99 uptake of contraception remains as low as 13% among the Mayas and 50% among the *ladinos*. The overall contraceptive prevalence rate (CPR) of 38% is low compared to the rest of Latin America (65%).

Recent evidence shows that the low contraceptive use among Mayas can be attributed to socio-cultural barriers and poor access to services. Since Guatemala has 23 different Maya tribes who use their own language and traditional dress, it is difficult to consider all indigenous Mayas as one category, especially when exploring socio-cultural barriers. Most previous studies have focussed on the northern highlands and the western part of Guatemala and have classified ethnic groups, as in the DHS, according to cultural characteristics such as language and dress. Consequently, the DHS 1998/99 classified 70% of the population as *ladino*. Little research exists in the eastern part of Guatemala and the available studies focus mainly on the *ladino* population.

Research Aim

This study aimed to investigate the differences in FP use among ethnic groups in the Ch'orti area, represented by the town of Jocotán and its surrounding indigenous villages (*aldeas*). The study was based in the north-eastern region of Guatemala, an area dominated by the *ladino* culture. We adopted a different methodology and used self-identification to classify ethnic groups.



Data and Method

Data for this research come from two household surveys, one carried out in 2001 in the town of Jocotán and an earlier survey carried out in 1994 in two nearby *aldeas*. A sample of 173 ever-married mothers were interviewed in September 2001. In the two *aldeas*, half of the mothers between 20 and 35 years of age were interviewed in 1994. The study also included four in-depth interviews conducted with each type of FP service provider in Jocotán to provide background information on available contraceptive methods and service provision. The data were analysed using descriptive statistics and multivariate analysis (logistic regression).

Results

The *ladino* population in Jocotán represented only a small proportion of the population: 23% of the mothers considered themselves *ladino*, 15% of 'mixed' ethnicity and 62% indigenous. Large ethnic differences in FP use were observed on a small geographical scale. CPR's within the town of Jocotán at the time of the survey were:

- 67% among *ladino* mothers
- 48% among mothers of 'mixed' ethnicity
- 31% among self-identified indigenous mothers

In the *aldeas*, 2% of mothers were using FP at the time of the survey. These findings are consistent with the data of Bertrand (2001) who reported

CPR's between 1 and 6% among certain linguistic Maya groups in the west of the country. Using self-identification as a criterion to classify ethnic groups reflects a more detailed and different pattern of contraceptive behaviour than indicated in the DHS (1998/99). The CPR among *ladino* women in Jocotán was similar to the rest of Latin America. Furthermore, in the multivariate analysis of the Jocotán data, ethnic group remained significant after controlling for educational level, marital status, socio-economic status, district, age and parity.

Discussion and conclusion

Owing to the remoteness of most of the indigenous villages around Jocotán, access in terms of distance to services could partly explain the discrepancies between the two *aldeas* and the town of Jocotán. The promotion of FP in the *aldeas* has recently been stopped due to funding constraints.

The low use of FP in the *aldeas* is also highly affected by socio-cultural barriers. Most women from Pacrén speak Ch'orti and the advice on FP given at the governmental health centre (GHC) staffed by Spanish-speaking *ladinos* is likely to be misunderstood by the Ch'orti women. The Ch'orti have been discriminated and marginalised and are seen as inferior in dress, language and knowledge by most *ladinos*. This makes the Ch'orti women reluctant to consult the GHC which is one of the two main modern health care providers in Jocotán for the people from the *aldeas*.

Lack of general knowledge and misconceptions about FP lead to poor method use in the *aldeas*. Women and men of both ethnic groups think of FP as 'bad for one's health' and that it may cause cancer. Ch'orti women and men still see modern contraceptives as a plan to eliminate the indigenous population and using FP is seen as resisting God's will and interfering with one's destiny which is a great 'sin'. The FP providers report that Ch'orti mothers often respond 'there is enough earth to bury them [the dead children]' when asked about their intention to use birth spacing methods to avoid child mortality.

According to FP providers, the available FP methods have side effects that are unacceptable to the illiterate indigenous population. The injectable method Depo-Provera was reported to cause menstrual disturbances. The pill is unpopular because the indigenous Ch'orti men, who play an important role in the FP decision making processes, believe it allows their wives to have extra-marital affairs. Sterilisation continues to be the most frequently used FP method among both ethnic groups; however, it does not allow birth-spacing which is the more accepted way of planning a family for indigenous women.

The differences observed within the town Jocotán cannot be ascribed to differences in physical access to services as this town is very small. Socio-economic factors, however important, are unable to explain the differences in use of FP among the different ethnic group. Service providers say that socio-cultural barriers to uptake of modern reproductive health care services remain important, particularly among the indigenous people who have recently migrated from the surrounding villages. The discrepancies in use of the services point towards a situation of continuing segregation within the Guatemalan society, where not only socio-economic differences but also factors such as diffusion of FP information and attitudes continue to play an important role in determining reproductive behaviour.

Implications for policy

Recognition in reproductive health policy of the existence of these very distinct subcultures is needed in Guatemala in order to be successful in achieving the goal of providing quality oriented reproductive health services to all ethnic groups and communities.

Further research

Further research should explore why indigenous women in Jocotán remain low users of FP and do not access the available services despite their proximity. In the *aldeas*, operations research is needed to establish whether FP provision can be extended as a component added to existing maternal and child health services.

For details about this report contact: Rosemary Lawrence, Opportunities and Choices Programme, Department of Social Statistics, University of Southampton, Southampton, SO17 1BJ, UK. Tel: +44 (0)23 8059 5763, Fax: +44 (0)23 8059 3846, E-mail: rl@socsci.soton.ac.uk