



Sexual and Reproductive Health Of Young Women in Guatemala

- There are approximately 866,000 women aged 15–19 living in Guatemala in 2014; they account for 11% of the total female population.

- About 40% of these adolescent women are of indigenous descent. The majority of indigenous people in Guatemala live in poverty, and they are disproportionately affected by poor health outcomes.

- Most girls attend primary school (86%), but only 39% attend secondary school.

- Exposure to media is fairly high: About three-quarters of women aged 15–19 have at least weekly access to radio, television and newspapers. Media exposure is higher among young urban women than among those in rural areas.

SEXUAL ACTIVITY

- Almost three in 10 women aged 15–19 report having had sex.

- More than one-third of women aged 18–24 have had sex before age 18. This

proportion is significantly higher among the poorest women (46%) and those living in rural areas (43%).

- Twenty-two percent of women aged 15–19, and 60% of women aged 20–24, have been married.

ACCESS TO REPRODUCTIVE HEALTH CARE

- Fewer than two-fifths of sexually active (had sex in past three months), never-married women aged 15–19 use a contraceptive method (39%), as do only one-third of married women that age (33%).

- Among married Guatemalan women aged 15–19, 63% report needing to ask their husband for permission to practice contraception.

- Fifty-five percent of sexually active, never-married women aged 15–19, and 26% of married women that age, have an unmet need for contraception, meaning they wish to avoid having a pregnancy in the next two years but are not practicing contraception.

- Unmet need is equally high among married urban and rural residents (25–26%), but is higher among those in the poorest wealth quintile (31%) and the richest wealth quintile (35%).

- Sixty percent of mothers younger than 20 report that their most recent birth occurred at a health facility; 75% report having made one or more prenatal care visits.

SEXUAL HEALTH KNOWLEDGE

- On average, women aged 15–19 have heard of five modern contraceptive methods.

- While most Guatemalan women know that using condoms and having one uninfected partner are ways to reduce the risk of HIV infection, only one in five women aged 15–24 (22%) have a comprehensive knowledge of HIV/AIDS, defined as correctly identifying the two prevention methods mentioned above, knowing that a healthy-looking person can be HIV positive and rejecting two common local misconceptions about HIV transmission.

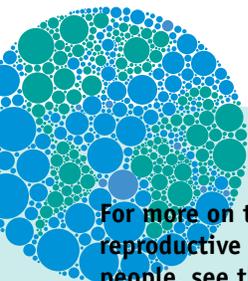
- The proportion of women aged 15–24 with comprehensive knowledge of HIV/AIDS is higher in urban areas than in rural areas (32% vs. 14%). Among the poorest women, the proportion with comprehensive knowledge is only 5%.

POLICY ENVIRONMENT

- In 2010, the Guatemalan Ministries of Health and Education signed the “Preventing through Education” declaration, which commits them to increasing comprehensive sexuality education in schools and improving young people’s access to appropriate sexual and reproductive health services.

- Legal minors are required to have parental consent to access HIV testing.

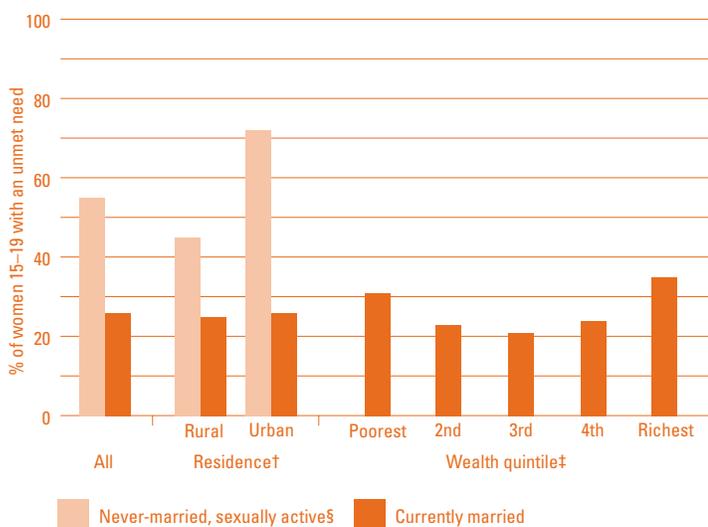
- Abortion in Guatemala is severely restricted and is legal only in cases where the mother’s life is in danger. Despite legal restrictions, abortion is common and often unsafe: As of 2003, the annual



For more on the sexual and reproductive health of young people, see the full report: *Demystifying Data: A Guide to Using Evidence to Improve Young People’s Sexual Health and Rights.*

Unmet Need for Contraception

Married and unmarried women alike have considerable unmet need for contraception.*



*Women with unmet need are those who are able to become pregnant, but would prefer to avoid a pregnancy in the next two years and are not using any contraceptive method. †For never-married women, the data are based on relatively small sample sizes, so the values should be interpreted with caution. ‡Given that the sample sizes for never-married, sexually active 15-19-year-old women by quintile are so small, no data are shown. §Sexually active, refers to having had sex in the past three months. Women who are ever married are considered sexually active.

abortion rate was 24 per 1,000 women aged 15–49, and about 22,000 women were treated for abortion complications.

- Restricted legal access to abortion often leads to unsafe abortion practices. Unsafe abortion contributes to Guatemala's maternal mortality ratio, which is the highest in Central America.

POLICY AND PROGRAMMATIC IMPLICATIONS

- A large proportion of young Guatemalan women, no matter their marital status, are sexually active and therefore have a need for sexual and reproductive health information and services, including access to a range of contraceptive methods. Given the stigma around nonmarital sexual activity, particularly for young women, it is essential that confidential services be easily accessible for all young people.

- Adolescent women in rural areas have a particularly hard time obtaining services. This disparity is likely due to geographical, economic, cultural and infrastructural factors, including high levels of poverty and a shortage of sexual and reproductive health providers in rural settings. There is a great need to invest in programs that reach rural and indigenous young women with sexual and reproductive health services.

- Unmet need for contraception is high among unmarried and married young women. Action is needed to address underlying factors, including the lack of affordable and accessible health services, stigma surrounding sexual activity among unmarried women, lack of agency among young women, misconceptions about method side effects and provider-related barriers.

- Lack of privacy is a key barrier for young people seeking sexual and reproductive health services in the public sector (e.g., adolescents are often served in the same room as other clients). Providing a private, youth-friendly environment may improve young people's willingness to seek out services.

- Given low secondary school attendance among young women (particularly poor and rural women) and the absence of sexuality education in many schools, it is likely that young women in Guatemala have a great need for sexual and reproductive health information, including about HIV prevention. It is critical to determine the most effective forums and channels—in and out of school—for reaching a greater number of young women with comprehensive and accurate information.

- Large proportions of young women report access to television, newspapers, magazines and radio, and these mediums—along with the Internet—may prove effective for reaching this population with sexual and reproductive health information.

The majority of the data cited here are from: Anderson R et al., *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights*, New York: Guttmacher Institute, 2013, and from special tabulations of data from Guatemala's 2008–2009 *Encuesta Nacional de Salud Materno Infantil*. For this document with additional references, please see: <http://www.guttmacher.org/pubs/FB-DD-Guatemala.html>

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4 Newhams Row
London SE1 3UZ
United Kingdom
Tel: +44 (0)20 7939 8200
info@ippf.org

www.ippf.org



125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111
info@guttmacher.org

www.guttmacher.org