PAN AMERICAN HEALTH ORGANIZATION

EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SPECIAL SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT

TWELFTH MEETING
Washington, D.C., 6-8 April 1992

Item 6 of the Tentative Agenda

SMSD12/5 (Eng.)
February 1992
ORIGINAL: Spanish

TECHNICAL COOPERATION ON WOMEN, HEALTH, AND DEVELOPMENT IN GUATEMALA

CONTENTS

COMPREHENSIVE HEALTH OF WOMEN

I. GENERAL CONTEXT

Guatemala is a country in Central America with an area of 131,800 square kilometers, an approximate population of 9.2 million inhabitants, and an annual growth rate of 2.8%. As a consequence of this growth, the population of the country is very young, with 46% under 15 years of age. Women represent 51.01% of the population, of which slightly less than half are of reproductive age.

The society has a large indigenous component, mostly of Mayan ancestry, estimated to be well over half the total population, although the 1986-1987 the National Sociodemographic Survey placed that figure at only 37%. It appears safe to say that the indigenous population represents between 40% and 60% of the total population, depending on the source of information, the criteria, and the interests concerned.

Culturally, the Guatemalan population comprises 23 ethnic groups, the majority of Mayan origin, followed in importance by the Ladino or non-indigenous groups, and the Garífuna or Carib groups. As a result, the people in the country speak about 28 languages and more than 300 dialects.

Approximately 32% of the total indigenous population communicates within its respective population group using an indigenous language; of that group, 29% communicate in Quiché, 25% in Kakchiquel, 14% in Kekchí, 4% in Mam, and the remaining 24% represent communities that speak such languages as Pocomí, Pocomam, Tztuhil, Chortí, Canjobal, Aguateco, and Mayan, among others, while Spanish is the official language.

Territorially, the population is heavily concentrated in the northwest central western plateau and in a broad north central belt, in addition to small areas located in the east, the warmer sections of the north, and the lower Petén.

Some of the country's departments have high percentages of monolingual indigenous populations. For example:

a)	Northern region	Alta Verapaz	(95%)
b)	Southwestern region	Sololá	(85%)
		Totonicapán	(85%)
		San Marcos	(80%)

c)	Northwestern region	Quiché	(80%)
		Huehuetenango	(85%)

The Guatemalan population is unevenly distributed. This situation is largely attributable to internal migration and different levels of socioeconomic development, resulting in part from the irregular topography, which has meant, in turn, that job opportunities and consumption are concentrated in only a few of the departments.

The north and northwestern regions, and part of the southwest, have a lower degree of development than the rest of the country. These regions contain almost half the Guatemalan population, with a large concentration of rural indigenous population who live in what may be termed extreme poverty.

The other area in which the population is concentrated is the capital, which includes approximately 176 settlements and colonies on its outskirts with almost 700,000 inhabitants living in extremely precarious conditions.

The urban and rural distribution of the population is 38% and 62%, respectively, consisting of 19,000 population centers with fewer than 5,000 inhabitants. This geographical distribution is primarily the result of the temporary internal migratory processes that bring workers to the centers of economic production.

In regard to distribution of the population by socioeconomic stratum, it should be pointed out that the crisis of the 1980s brought with it a regression in economic conditions that left more than 83.4% of the families in a state of poverty, and 64.5% of these in extreme poverty. Only 16% of the families may be considered to be living above the poverty line. This has had a direct negative impact on the health, education, and employment indexes of families and on the development of society in general.

The regions with the largest concentrations of indigenous populations, where only a minimum of basic services are provided and where there is only a limited socioeconomic infrastructure, have felt the economic crisis the most.

Guatemala is divided politically into 22 departments, which are further divided into municipalities. The departments are grouped into eight regions. The political-administrative structure has three separate levels: national, departmental, and municipal. Based on the regional groupings, it is possible to differentiate areas with unequal levels of socioeconomic development:

THE REGIONS OF DEVELOPMENT

REGIONS		DEPARTMENTS
I.	Metropolitan	Guatemala
II.	North	Baja Verapaz Alta Verapaz
III.	Northeast	El Progreso Izabal Zacapa Chiquimula
IV.	Southeast	Santa Rosa Jalapa Jutiapa
V.	Central	Sacatepequez Chimaltenango Escuintla
VI.	Southwest	Sololá Totonicapán Quezaltenango Suchitepequez Retalhuleu San Marcos
VII.	Northwest	Huehuetenango Quiché
VIII.	Petén	Petén

The political system is republican, democratic, and representative. Sovereignty is vested in the people, who delegate authority to their representatives in the legislative, executive, and judicial branches, none of which is allowed to be subordinate to another.

All inhabitants acquire civic and political rights and responsibilities at the age of 18.

Although constitutional rights are guaranteed in principle to all citizens, the reality of the matter is quite different and has generated fratricidal struggles, which are fostered by divisiveness stemming from all forms of social discrimination.

As a consequence of the armed conflicts that the country experienced over a 30-year period, Guatemala has been one of the three Central American countries most affected by population displacement in the last decade.

In Guatemala, as well as the rest of Central America, the transition from military to popularly elected civilian governments has opened up possibilities for different forms of popular organization and participation. This is reflected in the actions that the Government promotes, as well as in the decentralization and deconcentration of government actions to the operational levels in order to facilitate decision-making and management at the local level.

Although the Constitution of the Republic guarantees freedom of worship, approximately 86.7% of the population practice the Catholic religion and 13.3% are members of various other Christian or non-Christian denominations.

A. CHARACTERISTICS OF WOMEN AND FAMILIES IN GUATEMALA

FAMILY

Guatemalan society is distinguished by its diversity in terms of ethnic groups and cultures, size of communities, job opportunities, and urban and rural environment. The family institution has been, and continues to be, a diverse mechanism for sociocultural adaptation to various situations.

The Constitution of the Republic acknowledges the family as the primary and fundamental source of spiritual and moral values of society.

One cannot speak of a "typical" Guatemalan family: there are marked differences between urban and rural families, and within urban areas, among the recently migrated indigenous families.

Nevertheless, two predominant family types are readily distinguished:

i. The nuclear family, consisting of the father, mother, and unmarried children, which may also include a series of extended relationships.

ii. The extended family, characterized by close relatives (grandfathers, uncles, grandchildren, etc.) living under the same roof, which is found more often in rural areas and urban shantytowns.

The breakdown is as follows:

Single-person households	(1 person)	3%
Nuclear families	(2 to 6 persons)	67%
Extended families	(7 or more persons)	30%

Extended families are usually formed because of economic conditions, custom, or tradition.

Of the total population registered in the national census as living in households, approximately half (49.7%) are economically active, and these tend to belong to households with an average of five or six members.

It is important to have a profile of the Guatemalan family, because this is what determines the structure of the society as a whole.

1) The rural family

In rural areas, especially among the indigenous population, there is a predominance of extended families that constitute a domestic production unit in which all members participate.

The roles of its members are based on a division of labor between the sexes. Marriages take place at an early age, girls often marrying as young as 14.

2) The marginal urban family

The marginal periurban areas are largely products of rural-to-urban migration. The difficult situations that the families encounter oblige them to settle in areas that are without basic services.

These are not nuclear families, since in many cases (17% to 25%) the father is absent and the woman is left to perform the role of single mother and head of the household.

WOMEN

Education

In a country such as Guatemala, to invest time, money, and energy in the formal education of a girl is not considered important, since it is thought that her social destiny is to marry early and that she does not play an important role in generating family income.

The illiteracy rate for Guatemala is 52%, and of this national average, 58% are women. The urban population accounts for 26%, and the rural female population for 62%. These differences are accentuated when ethnic groups are taken into consideration, since illiteracy among indigenous women is 75% and in some communities is as high as 90%.

With regard to the participation of women in formal education, it is estimated that barely 42% of the female population attend primary school, 9% reach secondary school, and only 1% get as far as the university.

The foregoing information leads us to conclude that the characteristic shared by most women in Guatemala is that they become mothers and wives and/or work in the areas of health, education, and culture--in other words, in socially significant activities. Since they have not had the opportunity to get an education, they reproduce conditions of ignorance in their homes, limiting the possibilities of development for themselves as well as for their families.

Employment

Within the socioeconomic structure of Guatemala, women also figure as workers. Of women who work outside the home, more than 50% work more than 40 hours a week, and the great majority also perform domestic work. To this it would be necessary to add that women who work outside the home earn less money because of society's gender-based discriminatory division of labor.

According to data from the National Census of 1989, the population of working age (10 years and older) stood at 5.9 million, or 67% of the total population. The incorporation of Guatemalan women into the workforce has increased in recent years: according to the National Census of 1981, women's participation in the economically active population was 11.9%, whereas by 1989 this proportion had reached 24.5%.

There is no official information on the incorporation of women in the urban workforce, but a FLACSO employment survey conducted in mid-1989 showed that of all persons employed in Guatemala City, 37% were women and 63% were men.

In the informal sector, women outnumber men. However, there is no reliable information on the participation of rural women in the workforce. The data show that only 11.7% of rural women participate in agricultural and livestock activities, but this underreporting is undoubtedly due to traditional criteria for measuring the work of women.

Social and Political Participation of Women

During the colonial period, and in subsequent historical periods as well, Guatemalan women have continued to assume the role of "an anonymous but active rear guard."

If we consider that 51% of the Guatemalan population are women and 49% are men, it is surprising to see that even in the 1990s, nearly at the end of the century, the participation of the women in the country's socioeconomic process continues to be very low, as evidenced by the following figures:

	MEN	WOMEN
Labor Unions	91%	9%
Cooperatives	80%	20%
Voters	60%	40%
County Councils	93%	7%
Municipal Governments	100%	0%

In Guatemalan society, the problem of the economic and social dependency of women and the myth related to their inferiority and to the supposed superiority of men is closely linked to the historical and cultural heritage and to the socioeconomic structure of the country.

The violence that Guatemala has suffered has had serious repercussions for women and children, especially in rural areas, and mainly for the indigenous population.

The deaths, disappearances, and persecutions of males as a result of the political conflicts have left many women widowed or at least have obliged them to temporarily assume the role of head of household. These difficult circumstances do not permit them to achieve an acceptable standard of living for themselves and their children.

It is indeed difficult to achieve ideal conditions for women's quality of life in a society where not even men enjoy them. The need for basic subsistence takes priority over quality of life.

It is important to acknowledge that despite these conditions there are nevertheless a few women who, by dint of great effort and defiance of the social structure, have managed to make substantial changes in their situation and their personal development, but their numbers are not significant enough to be able to say that the situation of women has improved substantially or that discrimination does not exist at those levels.

It should be noted that in 1991 a woman achieved the highest position in the legislative branch (Congress of the Republic), the Congressional Commission on Women was formed, and in January of that year two women were appointed to the cabinet, one in the Ministry of Finance, where no woman had served before, and the other in the Ministry of Education. In addition, a woman was appointed Vice Minister of Labor, directly overseeing the National Office on Women, and a woman was recently appointed Vice Minister of Health.

II. SITUATION OF WOMEN: HEALTH AND DEGREE OF SOCIAL ORGANIZATION

A. HEALTH

The country's public health services are insufficient to meet the demand for medical care and the other health needs of the population. The problem is most acute in the rural area, and it affects women in particular.

The overall coverage provided by the Ministry of Health is 27%, and this is geared basically to providing services in the area of maternal and child care, health promotion, and the development of health infrastructure.

The health services provided by the Guatemalan Social Security Institute are limited to programs for insured workers covering accidents, common diseases, disability, widowhood, and survival. The accident program is the only one that extends in the entire country.

The maternal and child health program is only for families in the capital, not the departments. The benefits include care for children under 5 and prenatal monitoring and delivery and puerperial care.

An analysis of women's health in Guatemala needs to take into account the circumstances and determining factors. Starting in childhood, girls from 1 to 4 years of age have a higher death rate, basically because of malnutrition. Recent studies carried out in the outskirts of the capital demonstrate that more importance is given to treating a sick boy than a girl. In the treatment of diarrheal diseases, 10% more medicine is given to boys than to girls.

The condition of extreme poverty creates a selective process in which preference is given to boys over girls in the provision of quality care.

The biological role of women in the reproductive process is determined by anatomical and physiological conditions that impose increased nutritional requirements during pregnancy and lactation, as well as in specific health care related to their reproductive function.

A process which in itself is natural may be altered when these needs are not met, resulting in damage to physical, mental, or social health.

In the rural and marginal urban population, pregnancy, delivery, and lactation take place in circumstances of risk for the woman and her children.

Mothers are usually found to be undernourished, overworked, and poorly cared for, and hence during these periods the probability of death or disability is great. It should be added that a sizable proportion of indigenous women have their first pregnancy at around 15 years of age.

Approximately 75% of the deliveries are at home, and not all the birth attendants are trained.

The lack of adequate care during pregnancy and delivery (65% of the pregnant women in 1989 did not have any prenatal care) leave the survivors with a series of sequelae which contribute to their suffering and lower their quality of life, often leading to complete social isolation of the victim.

The high fertility rate (5.6 children per woman) adds to the situation, since excessive and shortly spaced pregnancies (less than two years apart) are dangerous for both the mother and the child. They also affect the health of other members of the family, especially small children.

Gynecological and obstetric infections are one of the prime causes of mortality among women. Infections of the genital tract due to improper hygiene and infections

from complications of delivery or abortion may result in pelvic inflammation, which can lead in turn to ectopic pregnancies due to obstruction of the Fallopian tubes.

Regulations and agreements protecting female sexual workers against risks of infection due to venereal diseases are nonexistent, even though there is a national clinic that has made efforts in this area.

Malignant tumors--including breast cancer, stomach cancer, leukemia, lung cancer, and, most frequent of all, cancer of the uterine cervix--rank second as the cause of maternal death among women aged 25 to 65. Statistics from the World Health Organization confirm that Guatemala has the highest rate of maternal mortality in Latin America--namely 12 per 20,000 live births.

It is not known in this country to what degree women are the victims of systematic violence and what the repercussions are for their physical and mental health. From an exploratory study of this problem it became apparent that the incidence is underreported. Only 16 cases were registered in the health services during the course of a six-month period, yet when a record form was introduced to ascertain the number of persons who were attended by the services, the figure rose to 70 cases in a single month.

Finally, it should be emphasized that in a country such as Guatemala, where men and women live in conditions of misery and marginalization, there should be coordinated efforts to improve the conditions of women as well as the living conditions of the general population in a climate of equality in which health is a human right to be enjoyed by everyone.

B. DEGREE OF SOCIAL ORGANIZATION

Throughout the 1980s, the Guatemalan population was afflicted by the most extreme manifestations of economic, political, and military crisis.

This situation of crisis served as a major obstacle to the development of any form of popular organization, particularly any organization of women. It also affected the needs and priorities that prompted women to mobilize.

A number of women's organizations have in fact been formed with a view to procuring welfare and assistance. The strongly rooted conservative cultural patterns that exist among Ladino women and ethnic groups are responsible for the existence of these organizations. As a consequence of repression due to the internal political situation, widowed women or women with missing family members have banned together to seek their livelihood and join in the struggle for human rights.

Although it must certainly be said that the women's movement is still in its early stages, toward the end of the 1980s a movement of women's organizations began to evolve around the task of recognizing and analyzing the situation of gender-based inequality of the sexes.

Through the work of the Project COMPREHENSIVE HEALTH OF WOMEN IN GUATEMALA, these organizations have been identified, and this effort has led to the determination of common lines of action at the institutional and community levels.

Thus a setting has been created in which, through these women's groups, health needs can be manifested and new proposals generated for provision of the corresponding care.

At the same time, consideration has been given to the benefits women might derive from actions taken by the organizations, the identification of practical needs to be met in the near term, and, in addition, strategic needs to be met in the medium term.

These organizations have very limited visibility at the national level, which indicates that there is not much of a popular movement to support changes in the structures that are oppressive for women.

Nationwide, organization is generally poor, a reflection of the fact that the democratic processes are still in their incipient phase.

III. THE NATIONAL COUNTERPART

The Ministry of Public Health and Social Welfare was designated to serve as the national counterpart for execution of the Project. It is organized in the following manner:

1. Political level: Minister, Vice Ministers, and ministerial agencies.

2. Technical normative level: General Bureau of Health Services, made up of units, divisions, departments, and sections. All technical areas are at the national level.

3. Technical administrative level: Health area directors with departmental jurisdiction.

The Program on Women, Health, and Development, located at the technical normative level, consists of two individuals of average technical background, assigned to work exclusively on the Project. In addition, there is a physician who works with the group on a part-time basis.

4. Operational level: municipal health centers and health posts.

5. Community level: midwives, promoters, and volunteers.

The scope of the work to be carried out by the Project, which goes beyond the area of health, means that joint activities have been carried out with:

1) The National Office on Women, which administratively comes under the Ministry of Labor and Social Welfare. It has a director, a deputy director, and a board of representatives of governmental and nongovernmental sectors. It carries out actions aimed at improving the condition of women, even though its organizational structure makes it difficult to have an impact on the definition or control of government actions directed toward women.

2) The Commission on Women's Studies of the University of San Carlos de Guatemala, supported by CSUCA, has the objective of facilitating and strengthening research on women's issues. Its relative lack of political support has served to limit opportunities for research on women at the University and under the Project.

3) The Coordinator of Women's Associations in Guatemala, with whom the women's organizations working on gender-based issues are linked, coordinates technical cooperation to strengthen these groups.

4) The Commission on Women of the National Congress, created in 1991, is responsible for facilitating changes at the legislative level.

IV. BACKGROUND AND GUIDELINES FOR THE SUB-REGION

A. BACKGROUND

Although January 1990 marked the official initiation of the Project "Comprehensive Health of Women in Guatemala," it is important to point out that the country had already taken actions that set the stage for startup of the Program.

In 1981 the National Office on Women was established as a government agency and began to participate in a series of meetings at various levels in order to identify the country's needs with respect to women.

It was felt that the country should participate in international meetings on the subject of women, health, and development in the rest of Central America in order to accelerate implementation of the strategies and areas of action outlined in the Five-Year Plan and to incorporate projects on WHD in health programs already in place.

In 1986, at the recommendation of PAHO, the Ministry of Health named a National Focal Point, which, in collaboration with the National Office on Women, began to carry out activities on the subject of women and health in three different departments of the Ministry.

It should be pointed out that the change in national administration in 1986 gave added impetus to programs for women. The National Development Plan prepared under President Cerezo provided for policies and programs on behalf of women in the areas of health, education, population, employment, and community participation.

In March 1987, the first plans of work were formulated containing specific activities on WHD in the areas of health, employment, and education.

Since no previous efforts had been carried out on behalf of women, after some experience was gained, adjustments began to be made in 1988, once the women's coordinator was trained, in order to clarify the focus of efforts. By this time the women's organizations had begun to emerge with the purpose of affirming rights that had been denied because of gender, replacing an earlier agenda that had focused on class struggle and the need for public assistance.

In June 1989 the country's proposal was developed with the participation of the National Focal Group and advisory services provided by PAHO.

Thus, in January 1990 a Plan of Action was launched for the Project "Comprehensive Health of Women in Guatemala."

Although the Project was initiated in January, it was not until April that the first disbursement was received, which meant that the initial activities, including contracting of the PAHO Focal Point, were covered by the PAHO/WHO Representation.

B. GUIDELINES FOR THE SUB-REGION

The Pan American Health Organization/World Health Organization, as the international technical agency that advises countries on the development of policies and strategies in the area of health, prepared the health component of the basic project "WOMEN IN HEALTH AND DEVELOPMENT" as a first stage that would make it possible to have a basic infrastructure and provide opportunities for:

1) A better understanding and better approach to the situation of women.

2) Technical cooperation between countries.

3) The incorporation and articulation of intersectoral activities.

Within the Regional Program on Women, Health, and Development (WHD), there is another program, the Sub-Regional Project COMPREHENSIVE HEALTH OF WOMEN for Central America, Panama, and Belize, which from the outset was organized into five components to be developed by the countries:

1) Coordination, management, and technical assistance.

2) Development of policies, legislation, and programs to support the incorporation of women into the economic, social, and political process.

3) Generation, development, and democratization of knowledge.

4) Strengthening of health services through the development of participatory strategies and new forms of participation.

5) Mobilization of women's groups and organization of women at different levels and social strata or sectors of the population.

These components have been proposed to the countries of the region in order to strengthen or initiate the search for formal political support of the social sectors within the government of each country; to review and update the legislative framework, particularly as it pertains to the health of women; to develop knowledge about women's health issues; to form a sub-regional information network on women with access at the regional and global levels; to modify the traditional approach to women's health care; and to strengthen the organization of women's groups so as to provide greater support for health.

As determined by the countries at a meeting held in Managua in September 1988, it is necessary to form an intersectoral National Commission of Women. The representatives of the different ministries need to put together a team, established through the formal channels in their sectors, in order to have strong political backing for the activities programmed and carried out by the National Commission on Women, which comprises the sectors of health, education, labor, planning, and development.

The National Commission on Women, based on the proposal for the comprehensive health of women developed by the health sector technical group, was given the task of developing a proposal to support the mobilization of women at different levels.

The aim of the proposal was to promote and disseminate information on the health problems of women so that they could be analyzed and solutions found. In addition, information was to be gathered on establishments where women could obtain service for the demand generated by this intervention.

According to the plan adopted, the National Commission on Women and the General Bureau of Health Services were made jointly responsible for the execution, monitoring, and evaluation of activities.

In keeping with sub-regional guidelines, the following strategies were envisaged for execution of the Project:

i. Broad participation of health sector personnel and the community in the analysis of the problem and the development of solutions.

ii. Broad mobilization of women's groups for health promotion.

iii. Formation of a health sector interprogram technical group to define the Comprehensive Health Program.

iv. Emphasis on human resources development, with androgogic methodologies in the management of community health services and information and computer systems.

v. Broad dissemination of information on the subject of women at different levels and in the mass media.

Subsequently, components were identified corresponding to the five cooperation strategies of the Pan American Health Organization:

1) Resource mobilization.

2) Information dissemination.

3) Ongoing training.

4) Support for the formulation of policies, plans, and programs.

5) Research promotion.

6) Direct technical advisory services.

V. EXECUTION OF THE NATIONAL PROJECT

In 1990, the Focal Point for the Program on Women, Health, and Development, whose position had been part-time, was contracted by PAHO/WHO on a full-time basis.

On the basis of an analysis carried out during the first months of the Project, the country defined two broad lines of action:

1) Activities to be developed within the health sector: those that emphasize training for Ministry of Public Health personnel and incorporation of the gender perspective.

2) Activities to be developed outside the health sector: those aimed at introducing changes in legislation and governmental policies with respect to women and those that foster working relationships with women's organizations.

Within the health sector, activities were carried out with personnel at the policy-making and operational levels in the Ministry of Public Health. The person responsible for these activities was from the Focal Group in the Ministry.

Activities outside the health sector had the participation of the National Office on Women, the Coordinator of Women's Associations, the Commission on Women's Studies at the University of San Carlos de Guatemala, and the National Commission on Women.

As a result of contacts established with the National Commission on Women and other professionals, it became apparent that there was a basic lack of knowledge about the gender perspective. This situation hampered efforts to identify cases of discrimination against women and to define women's responsibilities in the workplace.

Accordingly, it was decided that before any changes could be made to eliminate inequality and promote the development of women, it was necessary to provide theoretical and methodological background on the types of discrimination to which the sexes are subjected so that it would then be possible to identify such situations in the social context, and, within this framework, to see other health problems that affect women but which have not yet been considered as such.

In keeping with the national policy to facilitate decentralization and deconcentration of activities, the Ministry of Health called for an increase in planning at the operational level. Thus the activities developed in the Ministry were aimed at:

1) Incorporation of the Project as part of the regular program needs of the health areas.

2) Provision of training in gender awareness for institutional and community personnel.

3) Development of an administrative infrastructure for the Project within the health system.

The objective of the foregoing was to ensure the participation of women in the proposal and definition of their own health problems and in the search for alternatives to resolve them, and to ensure their participation in institutionalization of the activities carried out under the Project.

Although, pursuant to the Sub-Regional strategies, the national commission was in fact established, because of prevailing conditions in the country and its unique economic, social, political, administrative, and cultural characteristics, it was not feasible to consolidate its task: the effort was ovelapped with the work of the National Office on Women, and it was not being carried out by women's groups in the local communities but rather was concentrated instead in a small group of women in the capital.

The foregoing experience led to the formation of departmental Focal Groups to carry out activities under the Project and, in addition, to contribute to the organization of grassroots women's groups, taking into account the limited participation of women at this level.

This mobilization of personnel from the health and other sectors at the local level envisaged the organization of Focal Groups and departmental forums in place of the National Commission on Women that had been conceived at beginning of the Project.

Thus the Project got under way in a context in which personnel in the health and other sectors had gaps in their knowledge about gender-based determinants. This limited the ability of decision-makers to identify and eliminate discriminatory barriers against women that affect their living conditions and their health, and consequently the management of these issues as targets for public and health policies. Because of this lack of background, there were few conceptual and methodological tools for incorporating the gender perspective into policies on health and into the design of models and interventions by the sector and by civilian organizations.

Based on the needs detected in 1990, a course was developed on the subject of sex/gender and health, directed toward personnel of the health areas and women's organizations. Under this initiative the Project was able to reach the interior of the country with its workshops on sex/gender and health.

The training processes developed in the areas were flexible. They were geared to generating different types of activities with men and women and Ladino versus indigenous groups while at the same time developing a framework of experiences that would serve as a basis for the systematization of these processes.

The Regional Program on Women, Health, and Development supported the systematization of training experiences in the countries of the area by assisting in the preparation of training modules oo sex/gender to guide the countries in the development of their own modules based on local realities.

As a result of the foregoing experiences, the Focal Group gained a substantially deeper understanding of the Project and became more focused on the work it had to do.

This was seen in the mobilization of resources which took place at the beginning of 1991 and which helped to present the Focal Group as technical support personnel whose role goes beyond governmental and nongovernmental programs in the area of women. Accordingly, three experiments were initiated with PRODERE, COGAAT, and INCAP, which will undoubtedly contribute even more to a definition of the Focal Group's role.

During 1991 the Project's activities continued along the lines of work established in 1990, and steps were taken to conduct research on women and health and to see that the gender perspective was incorporated in plans, programs, and projects leading to the design and implementation of new models of health care for women.

In the area of research, very little progress was made during 1990 because of the shortage of trained personnel. In 1991 the problem was lack of available financial resources, but it became clear that there is an urgent need to call attention to the real situation of women.

Although not much was done in terms of research, it should be mentioned that studies were begun on "Family Violence toward Women" with the cooperation of UNICEF/UNIFEM.

In the area of legislation, assistance was given to the National Office on Women in its analysis of the legal status of Guatemalan women and also in the promotion of policies for the development of women.

Follow-up on proposed laws and policies affecting women was carried out jointly with the National Office on Women, the Commission on Women in the Congress, and the Program's representation in the National Office on Women.

Many tasks were carried out aimed at promoting changes in laws and policies affecting women, with emphasis on the professional and political sectors. The fact that a national election was being held made it possible to open up discussion of the subject at that level.

VI. TRAINING

Activities under the Project were largely focused on training in sex/gender and health. In the course of these activities, three phases were identified, each characterized by different methodologies and purposes.

The first stage was directed toward multidisciplinary institutional personnel of both sexes in the health areas and toward the technical and policy-making units in the General Bureau of Health Services. The purpose was to incorporate the Project into local programming and into the activities of these units by generating knowledge about the issue and sensitizing personnel to the problems of women.

The methodology consisted of reporting on the Program on Women, Health, and Development and analyzing the status of women in health, employment, and education in order to arrive at a theoretical explanation of one of the factors that bear on this situation, namely sex/gender.

This activity involved the appointment of area representatives for the Program with a view to establishing administrative lines of work.

In the discussion that was generated, the participants questioned what they were trying to achieve in terms of the scope of the Project, the health responsibilities entailed in working toward its goals, and resistance to change versus the reasons why it is needed in a society like Guatemala's.

During the course of these experiences, the participants cited their difficulties in dealing with the subject and the shortcomings in the preparation of the facilitators (the National Focal Group and PAHO). To counteract this problem, a procedure was adopted which made it possible to increasingly enhance the presentation and the discussions so as to avoid confrontations and contradictions.

This activity was carried out in 15 health areas; in 12 of them representatives had been designated to work with the Program, and in six of them activities were planned for promoting the development of women. This effort was directed toward promoters at the community level and toward the development of research on topics related to women.

This stage included a three-day workshop on incorporating the gender perspective in training manuals for health promoters.

The second stage flowed from the needs identified in the first, with focus on theoretical training in sex/gender and health.

Plans were made to hold three training courses in the different health areas, directed toward:

1. Personnel at the level of area managers (nurses or social workers),

2. Personnel from health centers and health posts (nursing auxiliaries)

3. Personnel from the community (promoters, midwives, volunteers).

Every course was expected to use a methodology appropriate for the level of the personnel attending it; however, because of lack of funds, in the end it was only possible to provide training for personnel at the level of area managers.

During August 1990, the course "Gender and Health" was given for Central American educators over a period of 120 consecutive hours. It used a participatory methodology, in which the theoretical concepts were reinforced through group dynamics.

The two last days were used to give participants guidelines on how to replicate the course at the level of their services, with the goal of communicating the subject matter

and identifying personnel for subsequent training, and to help plan activities to be carried out in the last four-month period of the year.

In all, 55 women were trained, including 19 representatives from the health areas. This experience generated significant changes among the participants and in the expectation of what could be done at the operational level.

The third stage flowed, in turn, from the planning carried out at the level of the health areas. It consisted in holding workshops on sex/gender and health for women engaged in community and interinstitutional service with a view to sensitizing them and to forming a departmental focal group that would replace the national commission that had been originally planned.

Workshops were held at the local level under the responsibility of the central Focal Group and PAHO with a view of teaching the best way to carry them out.

As a result of these experiences, a systematized training methodology was developed consisting of thematic areas to be developed sequentially.

These are based on using women's experiences as the point of departure and building a shared knowledge base. Thus, it begins with a set of problems drawn from personal working experiences and continues with the theoretical explanation of those experiences while at the same time analyzing other issues that affect health of women, such as rape.

The first phase generates questions and concerns, which gradually diminish with the development of the next two phases, in which discrimination against women is identified as a social problem manifested in institutions that affect both women and men and they are provided with the tools for identifying actions that can be carried out in the short term in the area of health. This systematization was supported by the regional and subregional levels of the Program on Women, Health, and Development.

Training activities were also carried out in other areas to which the Focal Group was obliged to give its time.

VII. INTERNATIONAL COOPERATION

There is an urgent need to improve the situation of women in health and development. This need was recognized by the United Nations General Assembly when it proclaimed 1976-1985 the United Nations Decade for Women.

This initiative in turn moved the Directing Council of PAHO to adopt the Regional Five-Year Plan of Action on Women in Health and Development in 1981.

The principal objective of the Regional Five-year Plan of Action is to help the Pan American Health Organization and its Member Governments to satisfactorily integrate the women of the Americas into new ongoing activities in health and development.

The assistance channeled toward the country to date, based on PAHO's 1983 call support the Initiative "Health: A Bridge for Peace" and the Plan for Priority Health Needs, has been fundamental and necessary.

Certainly without the financial cooperation between Guatemala, PAHO, and the Governments of Sweden and Norway, it would not have been possible to carry out the Project, but at the same time it should be pointed out that the technical contribution offered in connection with each of the activities has been of vital importance not only for their execution but also for the in-service training of personnel.

Also, the country received the firm support of the Pan American Health Organization at the beginning of the Project when the allocated funds had not yet arrived. Both financial and technical support were obtained from the Office for execution of the Project.

Another very important aspect has been the interagency participation that the Project has been able to count on for the various activities. This, in addition to contributing directly to the objective of "Comprehensive Health of Women," has demonstrated once again that the experiences of each different agency in its specialized area of action are more fully exploited when there is a united effort toward a common goal.

During implementation of the Project, collaboration was provided by the following entities, among others:

1. UNICEF - UNIFEM - PAHO: Draft laws relating to the legal status of women in Guatemala.

2. UNICEF: Female children and women in the urban shantytowns of Guatemala City.

3. UNICEF/UNIFEM - PAHO/WHO - FLACSO - UNDP: Policy for the development and promotion of women in Guatemala.

4. CSUCA - PAHO/WHO: Course on "Gender and Health."

5. COGAAT (German cooperation) - INCAP - PRODERE: Training with emphasis on strengthening the work of institutions and NGOs with women.

6. PRODERE: Financial support for research on "The Cosmovision of Indigenous Women in Health Practices."

7. ASDI: Financial support for formulation of the project "The Health and Development of Indigenous Women in Guatemala."

As we mentioned above, these are some of the cooperation agencies that have supported and enriched the Project COMPREHENSIVE HEALTH OF WOMEN IN GUATEMALA. This collaboration commits the Governments to guaranteeing the success of the Project.

VIII. RESULTS ACHIEVED

During execution of the Project COMPREHENSIVE HEALTH OF WOMEN initiated by the Pan American Health Organization, significant achievements were made at the national level, especially in the Ministry of Health, and at the different levels. Broadly, the results come under two main headings:

1) Those that correspond to the responsibility of the Focal Group and the Ministry of Public Health;

2) Those in which the Project is co-partner with other governmental organizations. In this category it is difficult to determine the relative contribution of the Project to the final results.

As a result of work coordinated with the National Office on Women to support policies, plans, and standards, an opportunity was provided to think about the problems of women from the perspective of gender.

The Project marked the beginning of an examination and review of national laws, undertaken in coordination with the National Office on Women, UNICEF, and UNIFEM. The report on this undertaking, complete with proposed changes, was submitted to women's groups in four different forums for purposes of consultation. Participants noted that the laws contained discrimination, gaps, and disparities that were standing in the way of women's health and development.

This process focused primarily on women, but men were also involved. The subject has been discussed in seminars, congresses, workshops, and other forums, and the technical support of the Focal Group has been enlisted to carry out many activities.

The Project focused basically on providing training on sex/gender. It was also successful in encouraging other sectors to consider the importance of prioritizing such training, since it was felt to be of fundamental importance in creating social awareness about the situation of women and at the same time in motivating women at high levels of government to work toward identifying and eliminating discrimination against women.

Women and legislation was the subject of a subregional meeting held in 1991. For strategic reasons, the President of the Congress of the Republic and the President of the Commission on Women, themselves both women, were involved in the presentation of the report from Guatemala. Also participating were the Attorney for the Rights of Women, currently the Assistant Attorney for Human Rights, and the Vice Minister of Labor.

This participation, in addition to disseminating knowledge about the situation and fostering involvement in the analysis and proposals for changing the laws, made for greater awareness about the legal status of women in the subregion and about the initiatives that have been undertaken in response to the situation. And indeed, this sensitization led to the formulation of draft laws on women domestic employees and to the development of a legal framework on violence.

It should be pointed out that some of the activities that the project has facilitated at the sectoral level have in turn become project initiatives. An example is the Meeting of Central American Legislators that was held in the country, which was promoted by the President of the Congress after her participation in the seminar mentioned. In the area of labor, some women have obtained training to work in areas traditionally considered to be for men only. However, many biases still exist in this regard and there continues to be a demand for training in the traditionally female areas.

In 1990 the National Office on Women, with the support of UNICEF and UNIFEM, studied a sampling of school textbooks with a view to identifying traditional roles and sexual stereotypes.

After the study was completed, the results were shared in sessions with authorities from the Ministry and groups responsible for preparing the textbooks. In 1990 the Ministry, based on its awareness of the problem, signed a ministerial agreement creating a commission responsible for reviewing the textbooks to ensure that they no longer perpetuate sexual roles and stereotypes that could have a negative impact on the health

and development of women. The methodology used for the review of the texts was also adopted by the Ministry of Health in its review of materials on health education.

The Focal Group participated in the formulation of national policies for the promotion and development of women, and, with resources from the Project, it helped to disseminate the document and convene a series of forums organized by the National Office on Women for consultation with women's groups and candidates for the presidency and vice presidency of the Republic.

Although a large number of workshops and meetings were held with different sectors in order to complete all the activities on its agenda, the Project COMPREHENSIVE HEALTH OF WOMEN IN GUATEMALA concentrated its efforts on integrating the Project into the activities of the Ministry of Health and giving training on the subject of gender, a topic on which there is little knowledge and which is considered to be of the utmost importance for the future of the Project.

Among the results obtained in the health sector, the one that stands out is the development of a human resources infrastructure for the Project at the level of the national health areas. This has made it possible to carry out activities at the operational level and ensure participation in research.

The formation of focal groups in some of the departments of the Republic has made it possible to work with women's groups and secure their active participation in efforts to improve the status of women, such as the promotion of programs within the health services for women who are victims of assault.

In view of the country's ethnic characteristics, attention was called to the need for a project on the health and development of indigenous women, to be carried out at a later time.

Other studies looked at the health code, the training manual for health promoters, the information system, and standards for maternal and child care, with a view to incorporating the gender perspective into such programs, but few results are available as yet.

The training process has generated empirical knowledge about ways in which discrimination affects the health of women at the community and institutional levels. Examples are the higher fees charged in the communities to attend the birth of a male child versus a female child, as well as the obstacles that prevent a women from being able to make decisions about her own health care (such as lack of access to family planning) and that of her children, who may be in need of urgent hospitalization or

consultation. It has been determined that woman in institutions are often treated as "hysterical," for which they routinely are given an injection of water.

The sensitization that has been created through courses to train women on the subject of gender, together with the systematization thereof, has served to dissipate the mistrust that exists on the subject of gender and has provided a conduit through which to channel training toward concrete and immediate tasks.

One of the Program's purposes has been to build on the first steps taken by the representatives at Amatitlán and Sacatepéquez and document the fact that violence toward women is a public health problem. Research was begun on family violence, and this activity served to generate training for health personnel as well as to prompt women's organizations in Sacatepéquez to launch programs to provide care for women who are victims of assault.

Given the unique socioeconomic, cultural, and political characteristics of Guatemala, the promotion of training activities has been the Project's greatest achievement, since they have led to a break from some of the secular traditions that have allowed gender discrimination to exist and have hindered the healthy development of women.

IX. DIFFICULTIES ENCOUNTERED

Analysis of the major obstacles encountered during execution of the Project COMPREHENSIVE HEALTH OF WOMEN IN GUATEMALA needs to take into account the specific conditions of this country, including its economy and culture and the sociopoliticial development of its people.

It has become clear that a project that carries out nothing but health actions among a population living in extreme poverty will achieve only limited results.

Because there is little joint mobilization of women's groups at the organizational level, there is little support for bringing about changes in such areas as legislation and policy.

Few studies have been undertaken in Guatemala on the indigenous population, and even fewer on health and women. As a result, the services do not take the ethnic variable into account in addressing health problems. The Project encountered the same situation in dealing with the subject of gender in the indigenous population, given the lack of knowledge about their way of thinking.

At the beginning of the Project, when it was still unclear where support should be focused, cooperation was requested for the training of promoters, preparation of materials, etc., and questions began to be asked about its basic task, since there were already units in the Ministry responsible for the various needs that financing was being requested for.

As a result, numerous meetings were held to define the real objective being pursued by the Project. At that point it was decided that training should be the principal line of effort in order to ensure that programs included the gender perspective.

During the development of the various activities it became evident that the objectives proposed by the Project were too ambitious, given the reality in the countries of the subregion, including Guatemala.

The health services in the region are not sufficiently homogeneous to attempt to develop the same objectives in each of the countries. This fact has impeded effective coordination of the activities and has left each country to adapt the Project to its own needs.

The lack of clarity regarding the institutional framework of the Project at first kept it from being smoothly integrated into the program activities of the Ministry of Health.

The Project, while offering its services on a national scale, lacked the corresponding human resources and logistic and financial support, which led to a situation in which the Project could not respond to all the demands being generated in the health areas.

The scarcity of experienced trainers in the area of gender, coupled with inability to retain the few persons who were in fact so trained, are other obstacles that the Project has encountered.

When the Project set out to provide training on the subject of gender, this created expectations and an enormous demand both within and outside the health services which it was not humanly possible to meet. The personnel who had been successfully trained demanded a level of support from the Project which, because of cutbacks in financing, could not be given. Similar problems with personnel and financing have also made it difficult to monitor the training process.

Also, within the training processes, difficulties were encountered that should not be attributed to the Project but rather to the subject matter itself. To speak on the subject of women generates mistrust, since it is mistakenly associated with foreign concepts such as the breakdown of the family, sexual liberation, and other notions that are not

acceptable in the Guatemalan sociocultural context. This is especially true in light of the fact that more than half the population is indigenous.

In the public services, women are found in greater proportions at the operational level and men at the governing level, a situation that reflects a hierarchical and patriarchal structure which has interfered with the development of program activities.

One woman with gender awareness alone in the midst of all the others can do very little about the Ministry's myriad administrative and technical problems, but the expectation shifts when there is a trained focal group in place to provide support and when there are larger numbers of trained women in the services and community.

Since no approach has been developed for the training of men, so far they have only been minimally sensitized to the problem of discrimination against women.

X. PROPOSED ALTERNATIVES

The alternatives proposed for Guatemala fall within the framework of the second phase of the Sub-Regional Project. Priority has been given to the strengthening of local situations, which will allow greater precision in evaluating the changes resulting from the Project's activities.

The so-called first phase of the Project explored the appropriateness of activities proposed for the country during the course of its implementation. These have been analyzed and evaluated in order to determine their validity for the second phase.

Training continues to be fundamental for sensitization and for identifying cases of discrimination, and it will be the basis for bringing about permanent changes in the health system.

Training for women both in institutions and in communities is essential in order to guarantee their participation in departmental and national forums on women and health and to consolidate the thinking of women in rural areas.

There is still much to be done to turn the gender perspective into a reality, and the work has barely begun. The experience to date indicates that in order to bring about change, it is first necessary for women to change. The fundamental objective of the training for women's groups is to sensitize and support them so that the process is accepted gradually and painlessly and conflict is minimized. This will make it possible to create a climate in which women are guaranteed participation in the definition of their problems and the choice of alternatives for solving them.

The training that has been carried out thus far needs to be evaluated in a way that will measure the changes in attitude that have been generated in the health personnel and the implications that these changes have for the provision of service, primarily to women. Furthermore, it is necessary to systematically document the cases of discrimination against women in the health programs that have been identified by institutional and community personnel. This is the first phase in a process of change that will require political support in order for it to be fully achieved.

In general, the project continues to be a priority in the country not only for the health sector but also for the sectors that support it, which are increasingly promoting the issue of women's development.

The activities during the second phase of the Project will be geared to the following objectives:

OVERALL OBJECTIVE

To support the countries in the formation of organizational, scientific, and technical bases in order to recognize, react to, and act upon the issues that affect the health of women.

SPECIFIC OBJECTIVES

To support initiatives developed locally for individual, family, and collective health actions directed toward groups at risk, and to define priority geographical areas through the use of participatory strategies for the promotion and development of women.

To decide on a methodology for correcting the difficulties encountered in the training processes carried out during the first phase.

It will be necessary to more fully develop the concept of gender in the health dimension in order to implement the changes that are required.

XI. ANNEX I

ACTIVITIES CARRIED OUT

COMPONENT I: Coordination, Management, and Technical Assistance

1.1.1 Organization and legalization of the Focal Group.

1.1.2 Coordination of sub-regional activities.

1.2.1 Promotion of the Program on Women, Health, and Development within the following sectors: health, labor, education, national and international organizations, other formal sectors of government, and women's organizations.

1.2.2 Establishment of mechanisms of coordination.

1.3.1 Planning, execution, mobilization, and evaluation of the National Program on Women, Health, and Development.

COMPONENT II: Development of Policies, Legislation, and Programs to Support the Incorporation of Women in Economic Processes

2.1.1 Reporting and promotion of the Program with authorities.

2.2.1 Support for the group of legal professionals that will be working on legislation affecting women in Guatemala.

2.3.1 Meetings to analyze the health situation of women and their role within the health sector.

2.4.1 Sub-regional workshop on legislation in each of the countries.

COMPONENT III: Generation and Democratization of Knowledge

3.1.1 Conduct of a prospective study on the situation and problems of women.

3.2.1 Design of a national information network.

3.3.1 Study of national centers and their operational requirements.

3.3.2 Support for national research and information centers.

3.3.3 Conduct of research on women.

3.3.4 Reproduction of research materials.

COMPONENT IV: Strengthening of the Health Services through New Approaches to the Provision of Health Care for Women

4.1.1 Formation of an interinstitutional technical group to support and provide advisory services for the Project "Comprehensive Health of Women."

4.2.1 Review and adaptation of existing standards relating to health care for women.

4.3.1 Inventory of resources, equipment, and supplies.

4.4.1 Provision of resources and support materials for selected local health systems.

4.5.1 Meetings for discussion and analysis of women's health problems with institutional personnel in order to identify needs for training.

4.6.1 Identification and communication of health-related problems and their solutions to organized groups.

4.6.2 Provision of information to such groups about the impact that these issues have on their well-being through participatory methodologies and local research (research action).

4.6.3 Discussion of the problems related to women participating in the organization and evaluation of the health services, with the use of participatory methodology.

4.7.1 Establishment of a system for monitoring and evaluation of the comprehensive health program at the local level, with the participation of volunteer groups, a health team, and women's organizations in the community.

COMPONENT V: Mobilization of Women's Groups and Organizations

5.1.1 Support for the formation or consolidation of a national commission that will include representatives of governmental and nongovernmental sectors and women's organizations representing different strata and levels.

5.1.2 Coordination, orientation, and mobilization of resources and social forces for the integration of women into society.

5.2.1 Dissemination of information about the work of the National Commission through local meetings.

5.3.1 Acquisition of information about priority projects and needs.

5.3.2 Establishment of a national forum.

5.4.1 Support for the establishment of a sub-regional forum on the comprehensive development of women, with the participation of national commissions, policy-makers, and officials from the health, education, and labor sectors. The purpose would be to formulate and evaluate policies and strategies at the sub-regional level for the integration of women into the development process.

5.5.1 Dissemination of information about the problems of women in Guatemala through the mass media.

5.5.1.2 Creation of annual incentives for those members of the national press who do research and disseminate information on the problems of women in the areas of health, education, and employment.

XII. BIBLIOGRAPHY

OPS/OMS. Proyecto Sub-Regional "La Mujer en la Salud y el Desarrollo."

OPS/OMS. Sub-proyecto "Salud Integral de la Mujer en Centroamérica, Panamá y Belice." June 1989.

Guatemala, Ministerio de Salud Pública y Asistencia Social, Dirección General de Servicios de Salud, and OPS/OMS. Plan de Acción Nacional, Salud Integral de la Mujer en Guatemala, October 1989.

OPS/OMS. Proyecto "Salud Integral de la Mujer en Guatemala," Informe Cuatrimestral, January-April 1991.

OPS/OMS. Proyecto "Salud Integral de la Mujer en Guatemala," Informe Semestral, January-June 1991.

OPS/OMS. Proyecto "Salud Integral de la Mujer en Guatemala," Informe Cuatrimestral, September-December 1991.

OPS/OMS. Proyecto "Salud Integral de la Mujer en Guatemala," Informe Anual. 1991.

OPS/OMS. Sub-proyecto "Salud Integral de la Mujer en Centroamérica, Panamá y Belice." September 1992.

OPS/OMS. Proyecto "Salud Integral de la Mujer en Guatemala," Plan Anual de Actividades 1992. October 1991.

UNICEF. Análisis de la Situación en Guatemala. June 1991.

Blandón de Cerezo, Raquel. La Mujer y la Familia en Guatemala. October 1990.

Guatemala, Instituto Nacional de Estadísticas (INE). Análisis Global de los Principales Aspectos Socio-Demográficos de Guatemala. July 1990.

Guatemala, Instituto Nacional de Estadísticas (INE). Encuesta Nacional Sociodemográfica. 1989.

OPS/OMS. La Mujer en la Salud y el Desarrollo. 1983.

UNICEF, UNIFEM, OPS. Propuestas de Ley en relación a la Condición Jurídica de la

OPS/OMS. Criterios para Orientar la Cooperación Técnica sobre Mujer Salud y Desarrollo 1991-1994.

OPS/OMS. Primer Encuentro Sub-Regional, Mujer, Salud y Legislación. 1991.

Guatemala, Instituto Nacional de Administración Pública, Consejo Nacional de Planificación, Fundación Friedrich Ebert. Foro: Política Social. 1991.

OPS/OMS. Curso "Género y Salud." 1990.

UNICEF, UNIFEM, OPS/OMS, FLACSO, UNDP. Política Nacional para el Desarrollo y Promoción de la Mujer en Guatemala. 1990.

UNICEF. La niña y la Mujer en los asentamientos precarios urbanos de la ciudad de Guatemala. 1991.

United Nations. World's Women: The Trends and Statistics, 1970-1990.

Castañeda de Alvarez, Silvia. La Salud de la Mujer en Guatemala. 1991.

Guatemala, Congreso de la República. Cartilla Cívica. 1991.

Mujeres Centroamericanas, Tomo I y II.

OPS/OMS, IDB. Informe sobre el Sector Salud de Guatemala. 1990.