

WOMEN'S RIGHT TO DECIDE IN GUATEMALA STARTS WITH ACCESS **TO CONTRACEPTION AND AUTONOMY**

Access to contraception in Guatemala is not just a health issue, it is also a struggle for control over women's bodies, decisions and rights marked by machismo.



DENIED AUTONOMY IN A PATRIARCHAL COUNTRY

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alking about contraception in Guatemala means talking about the restrictions on women's decisions about their lives and their bodies.

Although legally all women have the right to decide about their reproductive health, in practice women face obstacles, including the expressions of structural machismo, such as the lack of autonomy that many women have when facing their partners or family members when it comes to deciding on the use of contraceptive methods. They also face the prejudices of health personnel who judge or discourage the use of contraception, the imposition of traditional roles that deny women control over their reproduction, and

even the lack of attention from the health system.

According to data from the Multidisciplinary Group's Sexual and Reproductive Rights Watch, between 2019 and 2024 the number of contraceptive methods provided by the Ministry of Public Health and Social Assistance to women over the age of 15 has decreased. In 2019, 1,577,362

In five years, the provision of contraceptive methods fell by more than 30%. This is due to social barriers such as patriarchal control and gender-based violence, which limit women's free and safe access to these methods.

methods were distributed. In 2020 the figure fell to 1,504,594. In 2021, it fell to 1,273,151. In 2022 it was 1,191,162. In 2023 it fell even further, to 926,080. And in 2024 only 1,017,713 were

distributed. This represents a decrease of more than 30% in five years.

This reality has direct consequences on women's lives, especially for those who live in rural areas, are young, indigenous, victims of violence or lack their own income. Inequalities in access are exacerbated when the health system does not guarantee constant availability or offer adequate care or clear and

scientifically accurate information. Many women who seek health services face limited options that are fraught with the stigma that still surrounds reproductive rights. As a result, some are forced to resort to unsafe methods or unwanted pregnancies, which can lead to school dropout, health complications, or greater

economic and emotional dependence on their partners or families.

According to Mirador, between January and April 2025, the data reports the



The Mirador press conference. Photographs of women leaders in training. Community leaders from municipalities in the department of Guatemala and the city gathered to analyse, debate and challenge conservative discourses, with the aim of strengthening the defence of sexual and reproductive rights.

following methods to which access was provided: injectables remain the most widely used (297,734), followed by the pill (26,951), natural methods (21,969), subdermal implants (11,445), barrier methods (10,982), surgical procedures

In many cases, women cannot freely decide whether to use contraception for fear of reprisals or control.


(2,173) and IUDs (1,560). The injectable method is the most widely used, not only because of its effectiveness, but also because it leaves no visible evidence. Many women choose it as a way to protect themselves in contexts where their partners exercise control. In these relationships the use of contraceptive methods can lead to aggression, as men use psychological and physical violence to limit women's autonomy. This situation reflects how the violence experienced by women restricts the exercise of their sexual and reproductive rights. These data show how the decision about how many children to have, or even whether to have them, is not a free choice for many women. In most cases, it is the man who makes that decision.

The decline in the provision of contraceptive methods is considered a phenomenon with multiple causes. Firstly, it is recognised that Guatemala has been marked by a historical neglect of health services, which has a direct impact on the availability of and access to family planning methods. Likewise, the patriarchal system prevailing in the country influences the fact that women's reproductive health is not prioritised by the state. In this context, public policy processes need to include a periodic evaluation of annual planning in order to ensure the distribution, delivery and adequate counselling of these methods. In addition, there are also myths and lack of information that is accessible, timely and unbiased. The limited or often non-existent spaces for discussing comprehensive sexuality education are often met with opposition from conservative sectors.


You can't talk about contraception without talking about power. Who decides about a woman's body? That's why it's also important to mention the different forms of violence that prevent women from deciding when and how they want

to become mothers. The imposition of motherhood, control over their bodies, misinformation and neglect by institutions are all forms of violence that need to be made visible and denounced.

Therefore, it is not enough to provide access to contraceptive methods; it is also important to ensure that they are accessible to all, without discrimination, stigma or conditions. This requires investment in comprehensive sex education, gender-sensitive training for health personnel and public policies that recognise women's autonomy.

Free and safe access to these methods is essential for the exercise of the right to decide about one's own body and life. However, the machismo and the patriarchal system continue to be the main forms of oppression faced by women in their daily lives. Many women in the country are judged by their families, the community and health personnel when requesting contraceptive methods, which reinforces the sexist stereotypes that deny them the right to decide about their sexuality. 

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