

A QUALITATIVE ANALYSIS OF FAMILY PLANNING DECISION MAKING AND GENDER DYNAMICS IN RURAL GUATEMALA

Katharine Wilcox BA^{1,2}, Kirsten Austad MD MPH^{1,3}, Pooja Shah MD¹, Hannah Shryer BA¹, Anita Chary MD PhD^{1,4}

¹Wuqu' Kawoq | Maya Health Alliance, ²Weill Cornell Medicine, ³Boston Medical Center, ⁴Harvard Affiliated Emergency Medicine Residency

INTRODUCTION

- Worldwide nearly half of pregnancies are unplanned.^{1,2}
- Facilitating women's access to and use of modern family planning (FP) in low- and middle-income countries (LMICs) is integral to improving maternal-child health.
- Unmet family planning need is high in Guatemala.³



Figure 1. Map of Guatemala in Central America

METHODS

- 24 semi-structured interviews with women using a mix of family planning methods (implants, oral contraceptive pills, progesterone injectables)
- Interviews averaged 30 minutes in length and explored current FP users' experiences of contraception decision making with their partners
- Interview topics included cultural norms around reproduction and factors involved in decision making
- Inductive coding for dominant themes using NVivo



Figure 2. A current family planning user and her toddler outside the Wuqu' Kawoq clinic

RESULTS

Demographics	
Age: mean, years (range)	29.8 (21, 42)
Indigenous Maya, % (n)	91.7% (22)
Long Acting Reversible Contraception Users, % (n)	50% (12)
Short Acting Hormonal Contraception Users, % (n)	50% (12)

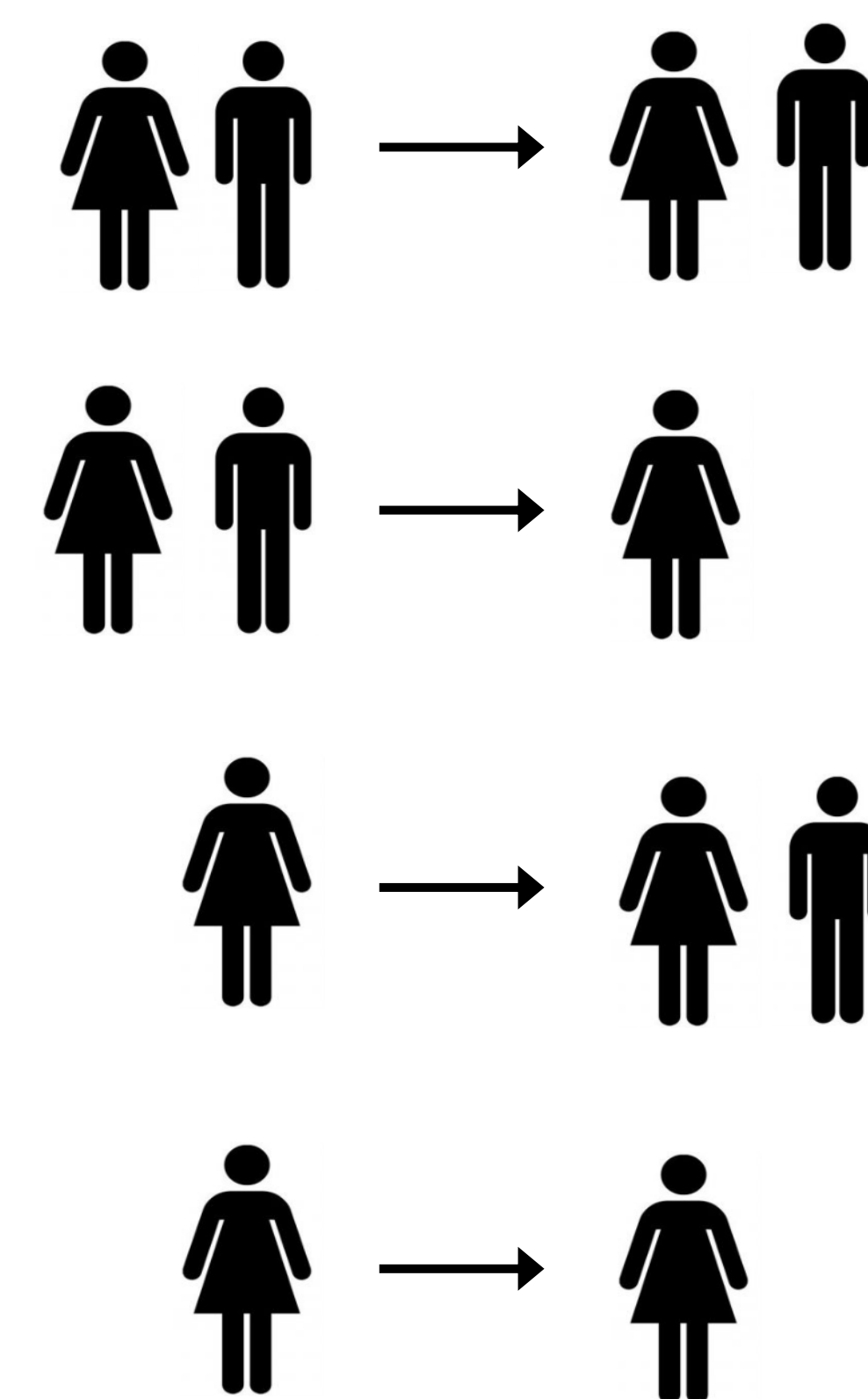


Figure 3. Models of FP decision making mentioned

- (A) Man and woman discuss FP, come to joint decision
 (B) Man and woman discuss FP, woman makes decision herself
 (C) Woman makes FP decision, discusses with man after the fact
 (D) Woman makes FP decision alone, uses contraception in secrecy

Representative Quotes About Decision-Making

"The woman is the one that suffers"

- "In many cases, it is the woman who has to make the decision because **she is the one that suffers**. It is her body, her hard work to raise the children."
- "If the husband and wife aren't in agreement, I would have to make the decision because I am the mother. I have to do all the chores at home. **It is the woman that suffers** when the husband doesn't bring home enough money."
- "**The woman is the one that suffers**. My husband is barely even home. So I am not going to follow his decision."

ADVOCACY IMPACT

- Most women felt that, ideally, couples should work together to make family planning decisions with equal weight; however, several used contraception despite male partner opposition
- Disproportionate burden that women bear of ensuring their children's well-being was often cited as rationale for autonomous family planning choice
- Future advocacy efforts should focus on teaching partner negotiation skills and shared-decision making counseling to encourage spousal support of contraceptive decisions



Figure 4. A WK nurse counsels one of her patients on family planning options

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