

Literature Review - SERniña

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Executive Summary

The following literature review dives into four issues of importance to the lives of Guatemalan women and the work done by SERniña: gender-based and domestic violence, teenage and adolescent pregnancy, vocational training for women, and sexual and reproductive health and education. The first section discusses the deleterious impacts on mental well-being, social connection, and economic outcomes incurred by Guatemalan women who experience gender-based and domestic violence as well as factors contributing to the violence and exacerbating its consequences like La Violencia, flawed institutional reforms, and the COVID-19 pandemic. The second section explores the context in which teenage pregnancy exists in Guatemala, discussing poverty, cultural norms, sexual violence, educational inequities, and disparities in healthcare access as factors contributing to the commonality of teenage pregnancies while highlighting some promising interventions. The third section examines the role of women in Guatemalan agriculture and engages with the qualities that make vocational training programs for women successful, including cultural contextualization, participant reflection, and an awareness of gender-based costs to participation. The fourth and final section provides an overview of the contemporaneous realities of sexual and reproductive health in Guatemala before providing a brief analysis of recent Guatemalan policy in the realm of sexual and reproductive education.

Introduction

Young Guatemalans, and especially women, face a bevy of significant structural impediments to their economic, physical, and communal well-being. In the face of such hardship, community-based non-profit action is imperative to support these young people in leading positive and productive lives. The following literature review examines four key issues in the lives of young Guatemalan women—gender-based and domestic violence, teenage pregnancy, accessing useful vocational support, and sexual and reproductive health—in order to arrive at a more complete understanding of the complex processes that influence the day-to-day existences of the people with which SERniña and related organizations work. In so doing, the literature review is a testament to the vital importance of the empowerment programming provided by SERniña in creating a Guatemala that is safer and more equitable for people of all genders.

I. Gender-Based And Domestic Violence

Gender-based and domestic violence present enduring challenges for women and youth in Guatemala, leaving profound material and psychological impacts. Survivors often face severe mental health issues, with common psychiatric disorders being depression and PTSD. The systemic underfunding of support services, coupled with cultural stigmas, further entrenches these hardships, denying many survivors the resources necessary for recovery. Over time, while legal and institutional reforms have emerged to address these issues, the gap between policy and practice underscores the urgent need for comprehensive, culturally sensitive solutions to break the cycles of gender-based and domestic violence.

Impact Experienced by Women

As highlighted by researchers Magda Rogg and Carla Pezzia, gender-based violence in Guatemala disproportionately affects women, particularly in the context of domestic and intimate partner violence. While their survey data indicates that men and women experience physical violence at comparable rates (14.6% of respondents), the nature and perpetrators of violence differ starkly by gender. Among women who reported physical harm, 78.3% were harmed by an intimate partner or parent, underscoring the predominance of domestic violence in their experiences. In contrast, only 16% of men who reported harm identified a family member as the perpetrator. This disparity highlights the pervasive role of household and relational dynamics in perpetuating violence against women, reflecting deep-rooted patriarchal norms that continue to endanger the safety and well-being of women.

i. Impact on Mental Health

The primary impact of gender-based and domestic violence is seen through its impact on mental health. According to Rogg and Pezzia, experiencing physical violence was a uniquely strong predictor of psychiatric disorders (most commonly depression and PTSD). Out of the 46 Guatemalans in Santiago Atitlán included in a community-based survey, 62% of those who had experienced domestic violence screened positive for PTSD. In addition, it was concluded that women and Indigenous Maya had a higher likelihood of experiencing negative post-violence mental health outcomes. The most common theme of a post-violence mental health response was nervousness or uneasiness, followed by anguish, sadness, and desperation.

ii. Social Repercussions

The experience of violence also had social repercussions for women, often expressed in increased distance from and mistrust of friends and family. A potential cause of this behavior is a lack of access to support services and other resources. Based on the survey conducted by Rogg

and Pezzia, although many women respondents sought resources for support after experiencing violence, they frequently found limited success. This is corroborated by a paper by researchers Zoë Wands and Tolib Mirzoev who highlight the lack of awareness of women's rights as a factor increasing acceptance of intimate partner violence (IPV) both by victims and within the broader community. By viewing IPV as the norm, its discussion as a problem within society is stigmatized, creating a mechanism whereby women are less likely to seek support.

iii. Economic Consequences and Costs

In addition to the mental health impacts and social repercussions of gender-based and domestic violence, there are also economic consequences to violence coupled with financial burdens that impede access to support for victims. In interviews conducted by Rogg and Pezzia, women noted that they often received limited responses from the police even after reporting their sexual assault. In some cases, the authorities completely refused to give any form of support, leaving the women feeling unseen and neglected. Furthermore, although these women considered going to a psychologist to seek further support, many found the services too expensive; damage caused to their mental wellness was thereby exacerbated without external help. It is therefore evident that financial burden is a large impediment to these women accessing the resources they need. Moreover, survivors often face economic hardships due to lost income, medical expenses, and relocation costs after fleeing abusive situations. This is especially severe in rural areas where economic opportunities are already scarce. The evident lack of economic resources is, as argued by Rogg and Pezzia, a vital issue for Guatemala; in 2002, 40% of Guatemala's population lacked state mental health services, with only 44 psychiatrists and 61 psychologists serving the rest. Although a national mental health policy implemented between 2007 and 2015 increased the number of psychologists, the overall mental health workforce

remains low (with just 47.78 workers per 100,000 people), highlighting the need for expanded public mental health services.

Changes in Impact Over Time

i. Legacy of La Violencia, the Guatemalan Civil War (1960-1996)

The pervasiveness of gender-based violence (GBV) and femicide is one of the most prominent issues in Guatemala since its transition from La Violencia, the 36-year civil war that lasted from 1960 to 1996. The conflict—officially classified as a genocide by the United Nations—irrevocably damaged the Guatemalan family structure, community, and nation. Social scientist Denise Obinna notes that over 1,000 Indigenous women were made victims of mass rape and sexual slavery by the military during La Violencia, reflecting the systemic targeting of Indigenous communities. Today, Indigenous groups—including the Maya, K'iche, Garífuna, and Xinca—face severe poverty, with nearly 80% living below the poverty line. This is despite the fact that these groups comprise 60% of Guatemala's population. These disparities highlight the enduring impact of historical violence and marginalization.

In addition, the residual effects of civil wars in the region are evident throughout the Northern Triangle of Central America (NTCA). When youth in Guatemala struggle to find work, many join gangs like the Maras for survival, perpetuating cycles of violence rooted in the civil war. These gangs replicate gendered and sexualized violence from the conflict, using torture and GBV to exert control with impunity. This violence, deeply embedded in structural, symbolic, and physical systems, perpetuates sexual exploitation, repression, and femicide, particularly targeting women and their children.

The legacy of the Civil War on Indigenous women is also seen in a study conducted by sociologists Laura Iesue, Felicia Casanova, and Alex Piquero. During the war, rather than

protecting citizens, police were often involved in carrying out human rights abuses towards Guatemala's indigenous community. Consequently, individuals sometimes choose to handle domestic violence outcomes without the assistance of law enforcement officers due to their historically-grounded mistrust of the police force.

ii. Legal and Institutional Changes

A paper by political scientist Erin Beck examines the impact and the limitations of the 2008 Law against Femicide and Other Forms of Violence against Women (VAWG Law). This law establishes femicide as a distinct crime with stricter penalties and creates specialized courts with victim-centered approaches. However, Beck argues that systemic and institutional barriers undermine their effectiveness. Cases often stall at key points in the judicial process, and judges critique the limitations imposed by broader institutional and societal contexts. Namely, the failure to reform non-specialized entities like police, justices of the peace, and prisons is highlighted. This results in a patchwork system where only a small fraction of GBV cases are reported, investigated, and prosecuted.

Another study by anthropologist Paula Godoy-Paiz further corroborates the limitation of the VAWG Law. It states that VAWG courts provide advantages for the minority of women whose cases reach them, such as specialized legal attention and victim-centered approaches. However, the broader impact of these courts is limited since they tend to focus on strictly legal interpretations of gender-based violence, often overlooking the deeper social, political, economic, and historical factors that perpetuate violence against women in Guatemala. This narrow focus reduces their capacity to address the systemic roots of gender-based violence, ultimately undercutting their effectiveness for both individual victims and societal transformation.

iii. Impact of COVID-19 Lockdown

Additional research focuses on the impact of the COVID-19 pandemic as it relates to an observed increase in Guatemalan GBV. GBV in Guatemala worsened during the pandemic, with cases of violence spiking in direct correlation with the onset of the national lockdown in late March 2020. One study, led by health researcher Luissa Vahedi, utilized a semistructured key informant interview (KII) guide to explore changes in the experiences of violence against women and girls during the pandemic. Questions focused on shifts in violence patterns, service provision adaptations, virtual service delivery, system coordination, challenges faced by providers, and the mental health of service providers. Findings revealed two major impacts, which were the exacerbation of pre-existing adversities and the emergence of new challenges. Primarily, the pandemic deepened survivors' existing vulnerabilities, reducing access to reporting mechanisms, justice, and essential support services. The burden on GBV prevention and response systems grew as these systems had to secure survivors' basic social determinants of health. Additionally, the pandemic introduced novel challenges, such as difficulties in navigating systems and diminished capacity to handle reports and mobilize effective prevention and response mechanisms among service providers. These findings underscore the compounded impact of COVID-19 on GBV survivors and the systemic challenges faced by providers in adapting to a crisis context.

II. Teenage Pregnancy

Guatemala faces one of Latin America's highest rates of teenage pregnancy, with the issue particularly affecting indigenous and rural populations. This section of the literature review examines recent research on the causes, contexts, and consequences of adolescent pregnancy in

Guatemala, collating findings on intervention strategies and their effectiveness in addressing this complex public health challenge.

Socioeconomic and Cultural Context

Research consistently identifies poverty as a fundamental driver of teen pregnancy in Guatemala, particularly affecting indigenous communities where 75% of the population lives on less than \$4 USD per day. This economic hardship creates a cycle of limited opportunities, often leading families to arrange early marriages for financial reasons and restricting access to education, especially for indigenous girls. A detailed study of Kaqchikel women aged 15-20 revealed four distinct pathways to adolescent childbearing: planned family formation, unplanned family formation, unexpected single motherhood, and forced single motherhood. The first pathway involves consensual progression with shared decision-making between partners, though it often results in unrealized educational and career potential. The second pathway occurs when pregnancy triggers marriage, typically leading to mixed but ultimately supportive family reactions. Unexpected single motherhood frequently involves older men who were deceptive about their age or status, while forced single motherhood involves sexual violence or coercion, leaving women with no choice in their mothering status. Cultural and religious factors significantly influence reproductive health decisions. Only 5% of women consistently use contraception, largely due to cultural norms and Catholic Church influence. This low rate persists despite federal mandates for reproductive health education, highlighting the gap between policy and practice in addressing teen pregnancy.

Healthcare Access and Disparities

A comprehensive study of 8,048 births at San Juan De Dios Hospital revealed striking disparities in healthcare access and outcomes for indigenous adolescents. Indigenous adolescent

mothers demonstrated significantly lower rates of educational attainment and previous contraceptive use compared to their non-indigenous counterparts. They were also more likely to experience unplanned pregnancies and undergo non-recommended obstetric practices. Perhaps most concerning, over one-third of indigenous women received no antenatal care whatsoever. These findings highlight the intersection of ethnic, age-based, and economic barriers to healthcare access. Institutional barriers, such as requiring male accompaniment at health centers, further limit access to contraception and reproductive healthcare services.

Sexual Violence and Coercion

Sexual violence emerges as a significant factor in Guatemala's teen pregnancy rates. Research indicates that 30% of reported teen pregnancies among 10-14 year olds resulted from paternal rape. This troubling statistic reflects Guatemala's broader history of sexual violence, particularly during its civil war period, with lasting intergenerational impacts. In Maya communities, traditional practices such as trading young girls for land or livestock persist, along with customs forcing victims to marry their assailants. These practices, combined with limited legal enforcement and support services, create additional vulnerabilities for young women and girls.

Educational Barriers and Opportunities

Despite federal initiatives, sexual education implementation remains severely limited. The Comprehensive Sexuality Education program, launched in 2010, achieved only 7% implementation nationwide. Research indicates that school-based implementation is crucial, especially given that only 20.4% of parents received sexual education themselves, creating an intergenerational knowledge gap. Studies show a clear correlation between educated parents and lower birth rates, along with more progressive attitudes toward gender roles. However, economic

pressures often force girls to leave school early, particularly in indigenous communities where education access is already limited.

Intervention Strategies and Effectiveness

Research highlights several promising intervention approaches. Community-based programs that incorporate cultural sensitivity and local leadership show the most success, particularly when they address both immediate health needs and underlying social factors. The work of organizations like APROFAM demonstrates the importance of combining reproductive health education with accessible healthcare services. Studies recommend beginning sexual education at age 12, with gender-specific and culturally sensitive approaches. Successful programs typically involve partnerships between multiple stakeholders, including police, community leaders, health practitioners, women's organizations, and traditional midwives.

Recommendations for Future Action

The literature suggests several key priorities for addressing teen pregnancy in Guatemala including:

1. Expanding access to culturally appropriate sexual education, particularly in indigenous communities
2. Strengthening healthcare infrastructure in rural areas to improve access to reproductive health services
3. Addressing underlying economic factors through educational support and poverty reduction programs
4. Developing comprehensive approaches to preventing and responding to sexual violence
5. Engaging community leaders and traditional healthcare providers in intervention efforts

Takeaways

Teen pregnancy in Guatemala represents a complex challenge requiring multi-faceted intervention strategies. While recent years have seen some progress through government initiatives and NGO programs, significant barriers remain, particularly for indigenous and rural populations. Success in reducing teenage pregnancy rates will require addressing both immediate healthcare needs and underlying social, economic, and cultural factors. Research should focus on evaluating the effectiveness of current interventions and identifying scalable solutions that respect cultural values while promoting reproductive health and education.

III. Vocational Training

Agriculture

While women make up 40% of the global agricultural workforce, they account for just 20% of the agricultural workforce in Latin America and a slim 10% of the workforce in Guatemala. A research team led by economist Manuel Hernandez finds this lack of agricultural participation to be a result of structural and perceptual impediments. With regards to rearing livestock, the team writes, women in Latin America face “barriers” that “include limited access to technology and information, lack of training, long workdays, and literacy problems.” In Guatemala specifically, they continue, research in the Huehuetenango and Chiquimula departments reveal that Guatemalan women perceive “crop-related activities” to be “a male-led job associated with traditional masculine traits.” Nevertheless, study participants in the Huehuetenango province “still express[ed] some interest...to receive trainings and workshops” on such activities. Crucially, these trainings on empowerment and agriculture can increase professional aspirations among women, incentivize the commercialization of their agriculture products, and heighten female participation in local economies. In breaking down internalized stigma around the gendered division of labor in agriculture and livestock rearing, the researchers

find that programs that “follow participatory and hands-on learning methodologies to develop technical livestock knowledge among women and have gender-responsive extension services and trainings” are particularly effective. A slew of related workshops offerings are also highlighted for their efficacy in the literature, including programs organized around small-scale production like home gardens and byproduct commercialization, trainings on financial literacy, community engagement projects, and agency capacitation.

Traits of Efficacious Programs

On-the-job training (OJT) coupled with the implementation of stipends has been particularly efficacious in vocational training for women. In a randomized control trial conducted on impoverished rural households in northern Bangladesh, the combination of OJT, stipends, and vocational training was more impactful in breaking rural poverty barriers and creating upward mobility than vocational training programs alone. Program participation was highest when stipends were included, and participants in the stipend group earned nearly 30% more than their counterparts in the control group. Participants engaged in OJT or receiving stipends also experienced decreases in their poverty rate, sent more money abroad in remittances, and experienced positive impacts on wages and the rate of employment. Though over 30% of women included in the study were barred from participation due to family resistance and a significantly smaller percentage of women elected to participate in OJT compared to their male counterparts, evidence still suggests that the linkage of training programs with financial support can improve economic outcomes for women.

Returning to Guatemala, analysis of a technical education and women’s empowerment program for young Q’eqchi women reveals two key factors that contribute to the success of a vocational training program: cultural contextualization and participant reflection on newly

gained personal competencies. In the Women in Agroecology Leadership for Conservation (WALC) program, participants engage in agroecology training to learn methods that enhance crop yields (like contour planting in vegetable gardens and on-site production of organic fertilizer), fruit tree planting, the revitalization of traditional Q'eqchi crops, and conventional agroforestry techniques such as candle-making and jam production. Employing a peer tutorial system where previous program participants lead lessons, WALC ensures lessons are culturally contextualized in the local language and thought process. By contextualizing agroecology lessons and their importance to improved familial food security and income, participants can articulate the value of their productive competencies to themselves, their families, and their neighbors. The authors find these two elements further the effectiveness of vocational training by increasing participants' awareness of their competencies, decision-making abilities, opportunities beyond those socially ascribed to them, and belief in their capacities to drive change.

An awareness of the significant constraints imposed on women who seek vocational training is also crucial to successful program implementation. Evaluating an entrepreneurship and vocational training program for youth aged 15-24 implemented by the Technical Education and Vocational Education and Training Authority in Malawi, Cho and co-authors use experimental data and statistical modeling to assess the program's effectiveness and gendered differences in training outcomes. Implemented across all 28 districts of Malawi, the program provided apprenticeship training from master craftspersons (MCs) in technical fields to vulnerable youth. Trainees were placed primarily in urban areas (despite living in rural areas), and were responsible for finding accommodations near the workshops. However, they received a small stipend of about 4300 MWK (about US\$28) to cover meals and accommodation. Utilizing participant responses from surveys conducted at different stages of the program, the authors

found that female trainees' constrained decision-making—shaped by familial responsibilities, lower educational attainment, and economic pressure placed by the program's accommodation costs—led to lower attendance and higher dropout rates. The authors find that this accumulates to worse treatment effects for girls than boys and lower reported satisfaction levels after training. This study highlights the importance of considering women's unpaid housework in vocational training programs, as without addressing these gendered constraints, programs risk exacerbating disparities in participation and vocational training outcomes.

This consideration is particularly critical to vocational training programs for Guatemalan women as the total value of unpaid work constituted between 25.7 and 34.2 percent of Guatemala's GDP in 2000, with women and girls generating about 70 percent of this value. Drawing upon data from the 2000 *Encuesta Nacional sobre Condiciones de Vida* (ENCOVI) household survey, economist Sarah Gammage finds that the time burdens associated with unpaid household labor are more significant for poorer, rural subsistence households and that women aged 16-25 are much more likely to experience both time and income poverty than men. She argues that conditional cash transfer programs such as *Mi Familia Progres*a limit their effectiveness by requiring additional time inputs from recipient households to fulfill program requirements, which include tasks disproportionately completed by women. Thus, the recognition and address of unpaid housework is critical to ensuring the full participation of women in vocational training programs, allowing women to benefit from competency improvement opportunities.

IV. Sexual and Reproductive Health

Disparities in sexual and reproductive health outcomes continue to plague Guatemalans of all backgrounds. Structural inequities that disadvantage rural, indigenous, under-educated, and

impoverished women—coupled with a complex legislative and policy environment that undermines the school as a setting for comprehensive sexual education—results in a nation that struggles with teenage pregnancy, maternal wellness, and reproductive health. An overview of relevant summary statistics and a brief analysis of recent Guatemalan legislation that touches on topics of sexual health and reproductive education elucidates the pressing need for expanded access to sexual education among youth in this developing Central American nation.

Summary Statistics

A 2017 study conducted by the Guatemalan Ministry of Public Health and Social Assistance uncovered a number of concerning themes with regards to family planning. Just 60.6% of women who participated in the study reported using some method of birth control, with only 55.3% of women in rural areas making use of a form of contraception. Further, nearly 20% of women who did engage in birth control utilized a so-called “traditional method” including rhythm, withdrawal, or a folklore-based approach; these methods do not necessarily provide protection from sexually transmitted infections and are less effective than modern alternatives in preventing pregnancy. Among men, usage of birth control methods is less common; nationally, 48% of men reported using some means of birth control (though 79% of sexually active men without a romantic partner reported using a contraceptive), with about 17% of these men using a traditional method. Unsurprisingly, women with less education were less likely to use birth control; just 38% of women without any education used modern contraceptives compared to 58% of women with secondary education.

As previously discussed, adolescent pregnancy also remains an area of significant concern in Guatemala. In 2022, 67,688 births were registered from women under 20 years of age; among these, 2,187 were carried out by girls aged 10 to 14. Among participants of the

Ministry of Public Health study, the median age at which Guatemalan women aged 15 to 49 first gave birth is just above 20; over 20% of women surveyed had given birth before the age of 18. Less educated women and women living in rural areas tended to give birth younger; 45% of women in the study who had not received an education experienced pregnancy between the ages of 15 and 19, as had 28% of women in the bottom quintile of wealth and 24% of women living in rural areas. Indigenous women were also seen to be slightly more likely to have experienced a teen pregnancy. These high adolescent birth rates could be driven, in part, by low rates of contraceptive use among Guatemalan young people; just 40% of sexually active Guatemalans aged 15 to 19 use contraceptives, and only 31% use a modern contraceptive method.

Positively, however, maternal and reproductive health outcomes are improving in Guatemala over time. For example, the percentage of women employing some means of birth control has increased through the years; while 60.6% of Guatemalan women currently use contraceptives, just 43.3% of Guatemalan women were found to use birth control in 2002 and only 31.5% of Guatemalan women reported doing the same in 1995. Further, the infant mortality rate has dropped to 17.27 deaths per 1000 births (representing a 55% decrease since 2001). The maternal mortality ratio has also dropped by 37.1% since 2000 to approximately 95.5 deaths per 100,000 live births. The adolescent birth rate has likewise fallen over time, decreasing by 39.9% from 2000 to 2024. The fact remains, however, that Guatemala has significant room for improvement on key indicators of sexual and reproductive well-being for its populace.

Sexual Education and The Policy Environment

While Guatemala has taken important legislative steps to enshrine comprehensive sexual education in its national curricula (and thereby address the fraught reproductive health environment outlined above), recent policy measures have hampered access to this education and

made non-profit efforts in the space markedly more challenging. In 2001, Guatemala's Law of Social Development gave the Ministry of Education and the Ministry of Public Health and Social Assistance the responsibility to (among other duties) include human sexuality and reproductive health in their educational policies within the national education system. Later legislation would affirm the importance of reproductive education in the school setting, including a 2005 law that mandated a national curriculum that covered rights and responsibilities around sexual wellness, sexuality, and pregnancy as well as a 2010 policy that specifically mandated the incorporation of integrated sexual education in formal primary education. Most recently, the "Prevent with Education" initiative (co-sponsored by the Ministry of Education and the Ministry of Public Health and Social Assistance and spanning from 2021 through 2025) also seeks to help Guatemalan young people make informed decisions about their sexuality and sexual health through the promotion of comprehensive and culturally-aware sexual education in the national education system.

Despite this wealth of legislation, recent government initiatives have worked against the promotion of sexual education in the school setting. In 2022, the Guatemalan Congress passed the Law for the Protection of Life and the Family which would have, among other stipulations, criminalized all abortion and abortion provision, prohibited instruction about diversity of gender and sexuality in schools, and banned same-sex marriage. The law was vetoed by the country's progressive president, but the fact that this legislation successfully moved through Congress speaks to a conservative political environment oriented against comprehensive sexual education. What did pass into law, however, was a 2021 government agreement that affirmed the notion that sexual education is the responsibility of the family and should as such take place in the familial setting (as opposed to within the education system). These measures opposed to thorough

reproductive education in schools come despite the fact that most Guatemalan teachers and students support such an education; in fact, 90% of students who have received instruction in sexual health have claimed that the instruction has played a valuable role in their personal lives. Disappointingly, and perhaps in part as a consequence of the somewhat hostile legislative context in which Guatemalan sexual education exists, only 7% of Guatemalan students have received a sexual education that covers every theme included in a comprehensive sexual education as defined by the United Nations Population Fund.

The Observatory of Reproductive Health—a Guatemalan reproductive health policy monitoring body incorporated by the Guatemalan Congress—noted in their 2024 Analysis of the Situation of the Population that strengthening this education in sexual health and family planning is an area that requires immediate attention and additional monetary support to promote access to sexual health and reproductive care (especially among youth and indigenous women). Beyond the theme of sexual education, the Observatory recommended strengthening STI prevention services, improving cultural competencies among sexual health providers, accelerating existing policy programs and creating entirely new ones to curb maternal and infant deaths as well as adolescent pregnancies, and analyzing the continued prevalence of marriages between minors. But given the significant gaps in sexual education and reproductive health service provision offered by the Guatemalan government, it is no wonder that non-profit organizations have attempted to address these pressing issues. However, these organizations also face significant barriers to providing their much-needed services, among them a Guatemalan political landscape that creates legal barriers to care provision (especially among adolescents) and increases stigma, a lack of inter-organization collaboration, and taboo around topics of sexual wellness (especially in rural areas).

Conclusion

In sum, young Guatemalan women are confronted by a number of daunting systemic challenges in their daily lives. They face high rates of gender-based and domestic violence with significant mental, economic, and social consequences coupled with a legal system that often offers them no fair recourse; frustratingly frequent instances of teenage pregnancy exacerbated by economic and culturally-grounded inequities; gendered attitudes towards formal economic activities that discourage vocational participation; and a legislative environment that limits sexual and reproductive education in schools despite concerning outcomes in reproductive health. And yet, several promising policy pathways to curb adolescent pregnancy, improve vocational training, enhance sexual education for young people, and prevent gender-based violence remain. In such a trying climate, the work undertaken by organizations like SERniña to empower young Guatemalan women and shift attitudes around issues of gender among men and women of all ages through education is more important than ever.

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