

# GENDER ASSESSMENT SUMMARY

## GUATEMALA

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### 1) General Information

The workshop was held in Guatemala City on April 14, 2016 with the participation of 22 representatives from Government (National HIV/Aids Program), Civil Society, and international cooperation agencies (CDC, UNFPA and others). A preliminary review of diverse bibliographical sources carried out by Peace Corps and Intrahealth-Capacity permitted to have information about the five domains in the Gender Analysis Matrix: 1) General Information; 2) Use of Reliable Data; 3) Legal and Policy Framework; 4) Identifying Gender Norms; 5) Commitment of Community and Public Life; 6) Access and Control over Resources; and, 7) Power Relations (patterns) and Decision Making. During the workshop, experts reviewed, validated, and complemented the information, and provided additional insights and data. Subsequently, a process of consolidation, edition and translation followed to produce a comprehensive document, to be used in HIV work in the country.

The following summary compiles the more important issues for each domain, following the minimum standards for each guide.

### 2) Reliable information :

- The health information system disaggregates variables by age, sex, residence, and occupation.
- The information regarding sexual orientation/gender identity is registered for persons who consult for HTC or other HIV related services, in a specific form (SIGSA-AIDS 1.2).
- There are different data collection instruments used by specific HIV clinics, hospitals, and VICITS facilities, but they ultimately link to the national system.
- The Global Fund sub-implementers are also reporting into the national system.
  - Gaps: a) There is concern about the quality of the information which needs improvement: incomplete forms and inadequate use of terminology points out to the need for further training and standardization of service providers; b) the lack of friendlier services impedes persons to self-identify as members of LGBT groups which lead to sub register; c) Information on coverage, adherence and retention rates among KP, particularly on the Trans group, is incomplete due to failures of the system to improve coverage and because of stigmatization; d) KP among indigenous groups are not identified by the current system.

### 3) Legal and Policy Framework

- The state of Guatemala has subscribed to a multiplicity of laws and conventions to protect women's integrity and sanction GBV, including the "Trilogy of Laws" which addresses domestic violence, femicide, sexual violence & exploitation, and human trafficking. It is not inclusive or explicit of the LGBT group.
- An innovative criminal policy is underway, which will expressly address the LGBT group in the Gender component.
- A draft of the Law for Gender Identity, an initiative led by OTRANS, and supported by other organizations and institutions, is being analyzed currently and expected to be approved in the near future.
- The Labor Ministry has issued internal regulations which protect members of the LGBT group from discrimination in accessing job opportunities, harassment and job terminations based on their gender identity.
- There are a significant number of government secretariats & offices, donors and civil society organizations that lead and advocate for equitable and better conditions for KP and women.
  - Gaps: a) The country needs to broaden the scope of Gender in the political and legal framework; otherwise, LGBT community is not expressly included so the framework is not binding to the social, judicial and economic protection that the state confers to citizens. b) LGBT representatives were consulted when specific plans and strategies were drafted, but are not part of implementation decisions; for example, the investment in condoms is very low and distribution privileges family planning. c) The Civil Code does not recognize unions between persons of the same sex.

### 4) Gender Norms

- Guatemala is one of the most unequal countries in the Western hemisphere in terms of wealth distribution, control over resources and gender equality. There is a profound patriarchal pattern and rampant “machismo.” The WHO reports that 60% of women have experienced domestic violence, double the global average of 35%.
- The society is homophobic, which creates a highly vulnerable contexts for KP: a) *political*: legal frameworks are not sensitive yet to the needs of KP, although advances are underway as described above; b) *social*: violence and discrimination of LGBT and women faces indifference and impunity; c) *epidemiologic*: the vulnerability of KP and women lead to high risk sexual practices resulting in the highest HIV prevalence among MSM and Transgender women.
- Discrimination toward Transgender women is severe, and originates at the families themselves, to work environment and community life.
  - Gaps: Gender norms influences access to health services that are tailored to care for women’s reproductive needs, but are not well prepared to address the needs of adolescents, men and members of the LGBT group. S&D to this group aggravates the situation. There has been extensive work in this aspect to change attitudes among HCW, but KP continue to express important barriers: a) judgmental staff; b) lack of confidentiality; c) inconvenient schedules; d) insufficient supplies; e) lack of training among health staff to address specific needs of KP.

#### 5) Commitment of Community and Public Life

- Women have unequal access to jobs and social activities. Men earn more than women and more than persons from the LGBT community. They also benefit from unrestricted freedom to participate in social events and peers activities like belonging to a sports team or community group. KP face more difficulties to obtain a job with the exception of those who traditionally are considered acceptable for gay men, for example, hair stylists or jobs related to the clothing/fashion industry.
- Community life in Guatemala tends to revolve around religious activities, gatherings and events where gay men and transgender women are excluded.
- Transgender persons face the harshest situation in the labor arena, so they opt for sex work under unequal conditions which lead to high rates of infection, the highest in the Central American region.
- Discrimination in educational centers is prevalent, too, with harassment and bullying from other students and even from teachers. Educational authorities, overwhelmed with the challenges of a strained system, do not care about the situation of KP in schools and institutes, being a low priority or not a priority at all.
- There are strong community organizations in the country which advocate for the rights and betterment of conditions for LGBT, but impact is still incipient. There is recognition of advances, mainly in the acceptance of gay men, but discrimination against Transgender women is generalized.
- Media is homophobic and perpetuates negative stereotypes, particularly in the way women are portrayed. There are no current campaigns to create awareness of the rights of LGBT, and when the newspapers touch upon the subject, it is usually in a sensationalist way.
  - Gaps: As mentioned above, S&D toward KP influences access and participation in health services. The lack of understanding and intolerance of families create a situation of poverty and desolation for KP, who are forced to migrate to urban centers where they can blend, and hope to find more and better opportunities for income generating activities and social life.

#### 6) Access and Control of Resources

- The state of Guatemala guarantees equality of rights to property ownership [and patrimony], but in the practice there is wide gap, with men owning two thirds of land. Members of the KP can suffer disinheritance and are expelled from their homes, with the consequence that they lose support of family and communities’ resources.
- In a country where access to higher education is difficult for the majority of the population who live in poverty and rurality, it is even more difficult to sexual minorities. Members of sexual minorities abandon school early when faced with harassment and bullying, aggravated by the loss of family support. The lack of formal education is another barrier to gaining access and control of resources, and ultimately triggers high risk behavior, use of alcohol and drugs, and low self-esteem, all of which increase the likelihood of becoming infected and dying of AIDS.
  - Gaps: a) The essential needs of the LGBT population are not a part of the national agenda. Even when politicians talk about women and youth as being a central piece of development, they do not drive the investment. Guatemala is one of the countries with the lowest investment in youth education and health in general. b) Institutions that have the mandate to address women, youth and KP needs do not have enough resources or

authority to achieve impact. c) An important number of HIV interventions are financed by international cooperation agencies, which is a challenge for continuity and sustainability.

#### 7) Power Relations and Decision Making

- Studies reveal that men dominate power in relationships (86% of women in a study said that they have to ask permission to their male partner to be able to participate in certain activities such as health consultations, family planning, attending a meeting, or buying something that is not food for the household).
- There are legal barriers for access of minors to reproductive health services, including use of a family planning method or obtaining a condom (except if they buy it in a commercial drugstore).
- Shame of having a family member who has AIDS drives families to make decisions on the individual, precluding access to care. In indigenous communities this is more common, with families deciding to hide and isolate a member who is sick with AIDS. In such cases, the person dies in inhumane conditions.
- Women are gradually assuming more independence for certain decisions, especially those related to family planning and child care.
- Female sex workers have improved their capacity to negotiate condom use with their clients, and the rates of infection show a downward trend among this group.
  - Gaps: a) Some of the advances that are taking place are slower among indigenous women, who are submissive and dependent on their male partners. b) Organizations of KP are gaining strength and breakthroughs in policy making and awareness, but changes happen slowly and are dependent on political will. c) Unequal power relationships within heterosexual couples are known to also occur in same sex couples, with negative consequences for HIV transmission.

#### ACTIONS:

1. Create enabling environment to improve KP access to services by offering friendlier schedules, better trained and sensitized HCW, decentralization of HTC and ARV treatment, peer navigators who can provide psychosocial support and track adherence and lost to treatment, increasing access to condoms, mobile clinics and other innovative options which will be effective in increasing coverage of KP.
2. Improving quality of information by re-training users of the system, starting with understanding the value of each variable, and how reliable data can actually influence the outcome of the epidemic.
3. Continue to advocate for reducing Stigma and Discrimination and Gender inequalities through the work of civil society and government institutions created for this purpose. Since lack of resources afflict these organizations, the role of international cooperation can play a critical to achieve success.
4. Improve coordination between the MOH-Global Fund-PEPFAR to distribute activities, targets and geographical coverage for a comprehensive program that integrates gender and leads to achieving the 90-90-90 goal.