

# Reducing maternal mortality among repatriated Guatemalan refugees



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# overview



A significant impact on behaviour can be achieved by improving awareness of, and access to, SRH services.

## Introduction

Guatemala has one of the highest maternal mortality rates in Latin America at 270 per 100,000 live births (2002). Indigenous returned refugees, repatriated since peace accords were signed in 1998, comprise some of the poorest and most marginalised communities in the country.

In order to raise awareness of, and improve access to, sexual and reproductive health (SRH) services among these returned refugee communities, a mobile team from Marie Stopes: Mexico worked across the border in Guatemala from June 2001 to October 2003. During this time the team worked with 22 returned refugee communities in the state of Huehuetenango, Guatemala, training over 28 health promoters and 45 traditional midwives, and providing almost 2,800 SRH services.

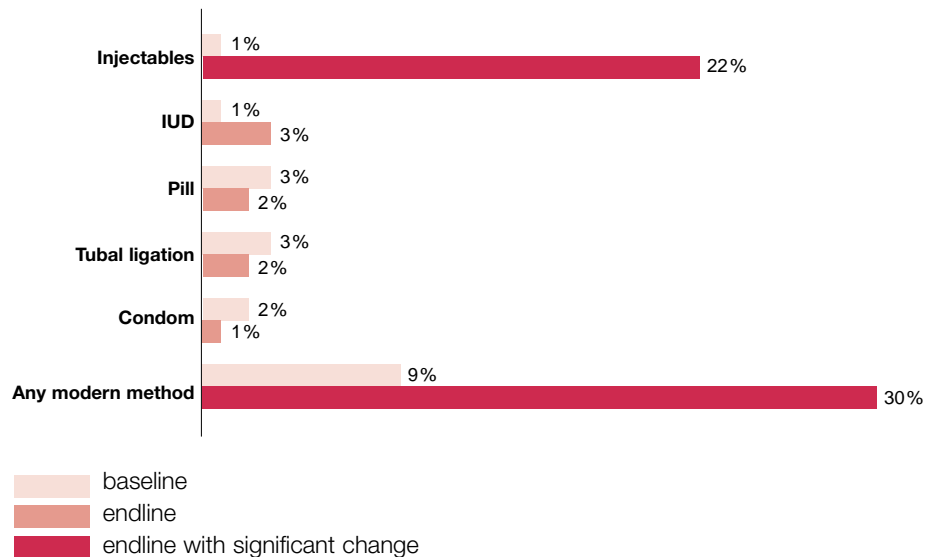
## Research methodology

To measure the impact of the project, baseline (June 2001) and endline (June 2003) knowledge, attitude and practice surveys were conducted among twelve communities. Some 388 baseline and 400 endline interviews were conducted with representative samples of men and women aged 14 to 49.

The majority (71%) of the sample population had been refugees in Mexico, with an average of 12 years as a refugee. Almost 100% were married or in a relationship. Illiteracy was high for men (39%) and also for women (63%).

## Results

### Percentage of women currently using a modern family planning method



***Both the government and non government organisations (NGOs) in Guatemala need to address women's empowerment, literacy and income in order to help decrease maternal mortality.***

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Many of the changes in statistics from baseline to endline were found to be statistically significant:

- knowledge of problems during childbirth increased from 53% to 67%
- antenatal and childbirth care by midwives increased from 71% to 89%
- knowledge of all modern family planning methods, for example injectables, increased from 41% to 89%
- intention to use family planning methods increased from 36% to 68%
- use of modern family planning methods increased from 9% to 30%.

Only half of the women interviewed could speak Spanish, while the literacy rate of women was 37%. Illiterate women or those without knowledge of Spanish, were less likely to know about, or use, family planning methods. However, these women knew more about pregnancy complications than literate, Spanish speaking women.

## Conclusion

The research shows that this project had a significant impact on behaviour by improving awareness of, and access to, SRH services. This behavioural change can be directly attributed to the work of the mobile teams, since no other services were accessible to these communities.

A gap remains between those who express a demand for family planning methods and those who actually use them. However, increased understanding of complications in pregnancy and childbirth and increased use of family planning methods alone cannot reduce the maternal mortality rate. Transport to hospital in times of emergency remains a key issue as it remains difficult and costly to secure. Both the government and non government organisations (NGOs) in Guatemala need to address women's empowerment, literacy and income in order to help decrease maternal mortality.

For further information about this research or a copy of the full report, contact [research@mariestopes.org.uk](mailto:research@mariestopes.org.uk)