

Development of a women's empowerment index for rural indigenous communities in Guatemala

Taylor Carty¹, Evelyn Escobar Gramajo²
Vanderbilt University¹, University of California Los Angeles²

INTRODUCTION

Curamericas Global's *Casa Materna* clinics, located in the rural highlands of Guatemala, work to promote maternal health and institutional birth through a community-based care model. Women in this region face several social and cultural barriers to community participation and leadership, including a history of *machismo*, traditional gender roles, and religious influences. Poverty and isolation in rural areas often limit women's reproductive autonomy. Limited contraceptive use and large family sizes reinforce the convention of the female caretaker. Female subjugation and lack of autonomy in this area takes a huge toll on indigenous women, manifesting through domestic violence and high maternal and neonatal mortality rates that earned this region the nickname "the Triangle of Death." The overall objectives for this study are to measure and compare empowerment among indigenous women across 4 domains: social independence, household decision-making, community participation and leadership, and normative beliefs.

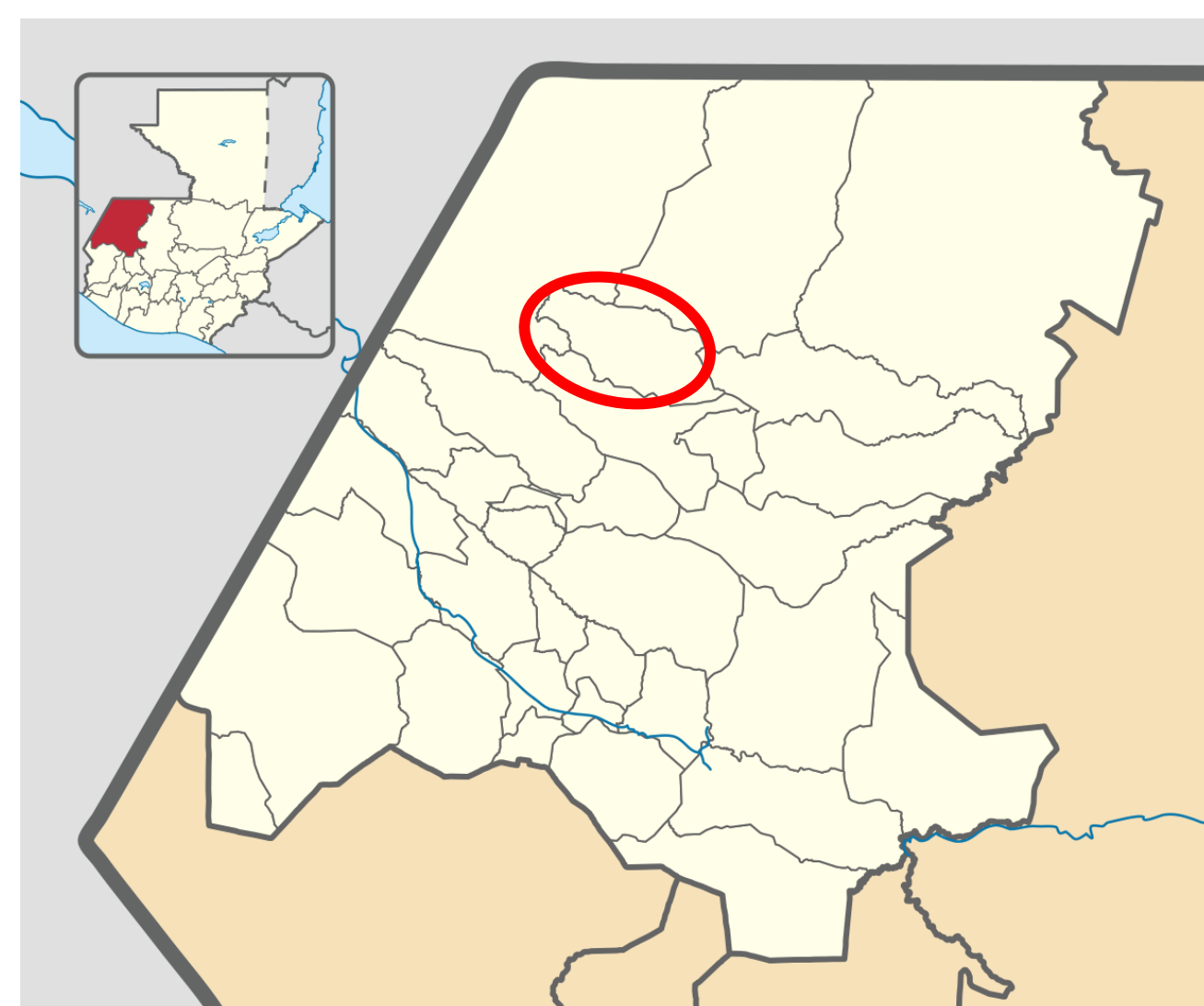


Figure 1: Location of study site

OBJECTIVES

The goal of the project is to provide outreach and services that empower women and expand their rights in the community, leading to improved health outcomes and lower rates of maternal and neonatal mortality.

The survey index measures 32 indicators to capture baseline levels of empowerment in the following four domains:

1. Social independence
2. Household decision-making
3. Community leadership and participation
4. Normative beliefs

Research Questions

1. Do *Casa Materna* activities result in greater empowerment of women in their personal lives? (*¿Promueven las actividades de la Casa Materna el empoderamiento de las mujeres en su vida personal?*)
2. Do *Casa Materna* activities promote women's leadership and decision-making in the community? (*¿Promueven las actividades de la Casa Materna que las mujeres se involucren en roles de liderazgo en la comunidad?*)

METHODS

Study Population

Women between the ages of 16 and 65 living within the Curamericas Guatemala catchment area in the department of Huehuetenango.

Translation & Validity

- Iterative checking process to ensure validity across different translators
- Survey developed and written in Spanish, but will be delivered in Chuj, Q'anjob'al, or Acateco based on the preferred language of the participant
- Meeting session to discuss problematic terms and make necessary modifications before the survey is deployed

Data Collection

- Stratified random sampling from a registry of households organized by sector
 - 10 households per sector, 30 per *Casa Materna*
 - 120 women sampled overall in 2022
- Staff visits to the selected household to administer the survey
 - Survey administered verbally in the local language and recorded using KoboToolBox
 - Presence of other adults in the household may affect response accuracy, and this will be appropriately recorded
- Written consent form prior to survey completion
 - Reassurance that participation is voluntary, confidential, and can be revoked at any time
 - Any signs of distress on behalf of the respondent will result in immediate termination of the survey

RESULTS

- Composite score calculated based on quantitative responses and modeled as a percentage
- Calculated as the number of "empowered responses" out of the total number of questions the woman was eligible to answer in each domain
 - Social independence (8 items)
 - Household decision-making (7 items)
 - Community participation and leadership (3 items)
 - Normative beliefs (3 items)
- Data will be exported from KoboToolBox into the appropriate analysis software
- Quantitative data analysis
 - Change over time
 - Significant differences between *Casas Maternas*
 - Domains that performed poorly in comparison to others- may identify programming targets

ACKNOWLEDGEMENTS

This practicum was completed with support from the Vanderbilt MPH Program and the Vanderbilt Institute for Global Health.

Special thanks to Program Manager Barbara Muffoletto and the Curamericas Guatemala staff, including Dr. Mario Valdez, Juany Valdez, and Alma Esperanza Dominguez Lopez

Also thank you to Vanderbilt MPH faculty Brad Hawkins, Marie Martin, and Elizabeth Rose with their support throughout the practicum and project development process



Figure 2: *Casa Materna* building located in Pett, Santa Eulalia

LESSONS LEARNED

- Conducting research and programming in low-resource settings
- Balancing usefulness with feasibility to inform indicator selection and quantity
 - Staff time and travel burden
 - Participant burden and relationship preservation
- Intercultural power dynamics
 - Maintaining respect for social, cultural, and religious beliefs around gender while working within them to support female autonomy and expression
- Prioritizing safety and privacy
 - Risk of adverse events due to the sensitivity of the topic
 - Lack of control over the environment due to the mode of data collection calls for special consideration
 - Exclusion of an attitudes toward domestic violence domain



Figure 3: Staff household visit to a pregnant woman in Pett

REFERENCES

1. Ewerling, F., Raj, A., Victora, C. G., Hellwig, F., Coll, C. V., & Barros, A. J. (2020). SWPER Global: A survey-based women's empowerment index expanded from Africa to all low- and middle-income countries. *Journal of global health, 10*(2), 020343. <https://doi.org/10.7189/jogh.10.020434>
2. Stollak, I., Antonio Díaz J., Valdez M. (2015). Community-Based Impact-Oriented Child Survival in Huehuetenango, Guatemala, Appendix 8: Operational Research on Women's Empowerment. <https://www.curamericas.org/wp-content/uploads/2016/01/Appendix-8-Operational-Research-on-Womens-Empowerment.pdf>