

Knowledge Brief

Health, Nutrition and Population Global Practice

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN NICARAGUA: AN ANALYSIS USING A SEXUAL AND REPRODUCTIVE HEALTH FRAMEWORK AND HUMAN RIGHTS

Amparo Gordillo-Tobar, Geraldine Beneitez, Juana Ortega, William Waters and Emig Bravo

November 2014



KEY MESSAGES:

- Adolescents perceive *gender inequality* in terms of decision-making and access to family planning methods.
- Most adolescents have little knowledge about the laws and their rights.
- The Constitution recognizes and upholds the dignity of the person and establishes unconditional equality of all Nicaraguans, however laws and policies are not being enforced.
- Although the SRH curriculum has been developed properly, teacher training, resources and classroom planning are impractical.

Introduction

In an effort to integrate operational and analytical work on adolescents and youth sexual and reproductive health (SRH) and Human Rights in Nicaragua, the World Bank, in coordination with the Nicaraguan Ministry of Health, the Pan American Health Organization (PAHO), and the United Nations Population Fund (UNFPA) conducted the study titled: “*Sexual and Reproductive Health Among Youth in Latin America: Adding a Human Rights Perspective.*” The study was conducted within the umbrella of the ongoing Family Community Health World Bank project.

To gain a better understanding of the SRH and Human Rights in the country, the study, funded by the Nordic Development Trust Fund (NTF), reviewed the national legal framework and the school curricula; consulted focus groups for adolescents from representative samples in

four geographic regions; and integrated the results of the study into a national multi-sectoral strategy on adolescents sexual and reproductive health and rights (SRHR). The strategy will inform the Bank’s operational plans and agreements for the next five years.

Results of the Study

LEGAL FRAMEWORK

The Nicaraguan Constitution recognizes and upholds the dignity of each person and establishes unconditional equality of all Nicaraguans in the enjoyment of their political and social rights and the fulfillment of their duties and responsibilities. It affirms absolute equality between men and women and recognizes the Convention on the Rights of the Child. There are specific laws that protect the rights of men, women and children. However, these laws and policies are not enforced. Some examples (J. Ortega, 2012)

Background in Adolescent Health in Nicaragua

Nicaragua is the poorest country in Central America with a gross national income (GNI) per capita of US\$1,650 in 2012. More than half (51 percent) of adolescents 15-19 years of age in Nicaragua live in poverty, over a third of which live in extreme poverty (35 percent). For adolescents 12-14 years of age, the results are much worse. Although the adolescent fertility rate has decreased from 124.7 births (per 1,000 women 15-19 years of age) in 2000 to 105.6 births (per 1,000 women 15-19 years of age) in 2010, it is still high, especially when compared to total pregnancies in all relevant age groups. According to the Ministry of Health, adolescents represent 31 percent of total births registered in 2010 and 27 percent in 2011; out of 100 adolescent girls who are pregnant or already mothers, 65 are uneducated and 34 live in the poorest quintile.

Suicide among adolescents, 10-19 years of age, represents 12 percent of the total suicide mortality in Nicaragua (Policia Nacional de Nicaragua (PNN), 2011). In 2011, 5.8 percent of cases of violence involved adolescents, while 32.6 percent of women who were raped or abused were less than 13 years of age (PNN, 2011). In fact, over 90 percent of gender-based violence occurs among adolescents and youth. In 2011, 84 percent of reported cases of violence were victims of sexual violence, of which 19 percent were adolescents less than 18 years of age.

Source: Estrategia Nacional de Salud Sexual y Reproductiva (MINSa, 2008), Reporte anual de estadísticas (Policia Nacional de Nicaragua., 2011) and ENSDIA, Estrategia de Salud y Desarrollo Integral para Adolescentes, (MINSa, 2014)

- To ensure equality and non-discrimination between *women and men*, the Gender Policy was established in 2007. The government also passed the Equal Rights and Opportunities law; the 789 Law was passed in 2012 as an amendment to the Municipalities Act to establish gender equality in elections for mayors and vice mayors.
- To protect *women and children* against sexual violence, Nicaragua passed a comprehensive law in 2012 against gender-based violence while reforming the penal code. Furthermore, women and children receive support from the Nicaraguan Institute of Women and the National Commission on Violence Against Women, Children, and Adolescents.
- To protect *children and adolescents*, Nicaragua guarantees children's rights through its Code on Childhood and Adolescence as well as through the National Council on Comprehensive Care and Protection for Children and Adolescents

(CONAPINA). The Council is responsible for formulating, coordinating, and implementing national care and comprehensive protection policies for children and adolescents. The State also guarantees children and adolescents a standard of adequate living and protection, so that they can grow up in an environment that ensures healthy growth and development.

- To address *privacy and family rights*, Nicaragua recognizes that both parents are equally responsible for, and have obligations to their children as established in the Parental Responsibility Act.
- To ensure *sexual education*, Nicaragua has passed several national laws that clearly state the population's right to comprehensive sexual education and the state's obligation to provide such education. The government, however, has not complied with this law due to political and religious reasons.

Although Nicaragua has various laws that protect the rights of men, women, children, and adolescents, it does not necessarily mean that these laws and policies are being enforced. In effect, the study found the following:

- The country has laws related to sexual and reproductive health; however most of them do not specify or target adolescents.
- The Code on Childhood and Adolescence lacks institutional, human, technical, and financial resources necessary to achieve its full implementation;
- The implementation of the normative framework is almost non-existent due to lack of an institutional structure to support its implementation and strong cultural factors.
- Nicaragua has subscribed to most of the international instruments related to human rights, which are reflected in the National Constitution. However there is only partial compliance with those instruments.
- There is a lengthy judicial, medical and administrative process to respond to the victims of family violence.
- Progress has been made with laws supporting the rights of those living with HIV, however, bottlenecks in the implementation of these laws still exist.

ADOLESCENT PERSPECTIVES

Focus groups were conducted in four regions of Nicaragua (Beneitez et al, 2012b) at schools and maternal homes. A total of 188 adolescents (116 females

and 72 males) between 10 and 19 years of age were interviewed on the following subjects: i) the perception of themselves and as members of society; ii) relationships and sexual identity; iii) family perceptions; iv) knowledge about sex, sexuality, and reproduction; and v) knowledge, perceptions, and recommendations for the Nicaraguan MOH.

When asked about *gender inequality*, adolescents reported that it existed, especially in terms of decision-making and access to family planning methods. Adolescents reported that women had less power than men. They also stated that although women understood and experienced inequality, they were sometimes not willing to take measures to prevent it from happening.

For men anything and everything comes easily. Men go to a pharmacy and can easily buy condoms. If a woman asks for contraception, people start talking about you. (W1)

Sometimes it is easier for a man to obtain contraception, although it depends on the situation (M2)

Adolescents at *maternal waiting homes* identified dramatic changes to their lives since becoming pregnant, noting that they had dropped out of school and experienced a shift in their social status.

The interviewers identified *gender differences* between female and male participants, contextualized as gender roles in Nicaraguan society. Although many of these young people were aware of equity and the shift towards equity, there was still a complex interaction between males and females and this shift was perceived as slow, contradictory, and/or confusing to many. For example, when discussing the responsibility for sexual relations, many adolescents noted that young women were more vulnerable to unplanned pregnancies

In terms of *SRH knowledge*, most adolescents had an adequate level of knowledge about contraception, STIs, and the complexities of relationships as they entered young adulthood. There were gaps in knowledge on certain issues, and they had difficulty applying this knowledge to their daily lives. Further, the research indicated that adolescents from maternal waiting homes had a lower level of knowledge and understanding of these matters (as illustrated in the blue text below).

Me? I care about using protection, and I decide with whom I have a relationship. Who doesn't? (M 2)

I cared for a month, and then stopped taking it. When I stopped, I wasn't pregnant but then suddenly was. (MH 1)

When you have sex it's necessary to use contraception in order to protect us from diseases or pregnancy. (W1)

As for *access to SRH information*, participants identified educational talks as the most effective method, which took place in schools and health centers.

In addition, the interviews identified two important points: in all of the groups interviewed, most adolescents had *little knowledge with regards to the laws and their rights*; and the *conditions of the maternal waiting homes were poor* in terms of physical space and an unproductive use of time for adolescents.

SCHOOL CURRICULA

In an effort to reach and educate new generation and prevent early pregnancy, the Ministry of Education (MOE) has designed a new educational curriculum with crosscutting themes with the goal of implementing educational policies that enable comprehensive childhood and adolescent education. The themes focus on Human Rights, Gender, Sexuality and Reproductive Education (including HIV), Health Education, Environmental Education, Education for Peace and Reconciliation, and Family Education using information communication technologies (ICT) (ENSDIA, 2013). The MOE also has developed a variety of teaching tools such as a *Sexuality Education: Basic Reference Guide for Teachers* (2010); *HIV Education (Anthology for secondary teachers: Coexistence and Civics 7th - 9th grade)*, in collaboration with UNICEF; a *Reference Guide on HIV and sexually transmitted infections, an anthology for secondary school teachers: Citizenship and Coexistence 10th - 11th grade*; and the *Pro-Values program* in collaboration with international and national agencies.

The curricula review focused on SRH education, targeting two subjects: Science (*Ciencias Naturales*) and Civics (*Convivencia y Civismo*) from grade 5 to grade 11. Some of the findings revealed that the MOE aims to develop a curriculum that covers the necessary SRH skills for children and adolescents; how SRH is distributed in both subjects from grades 5 to 9, and only in Civics in grades 10 and 11; and how some SRH concepts were found in civics and science in lower grades (Beneitez, 2012a).

Although the SRH curriculum has been developed properly, teacher training, resources and classroom planning were found to be impractical.

Recommendations by sector

Education

- Review the needs and challenges that teacher's face when teaching these themes;
- Develop and design friendly materials to guide teachers and to better approach students;
- Develop training courses for teachers to improve their skills on teaching the subject.

Health

- Lead inter-sectoral work towards prevention of adolescent pregnancy and family violence
- Increase the number of female obstetricians and gynecologists in indigenous areas (due to cultural background);
- Ensure that adolescent SRH care is provided in indigenous areas and is culturally sensitive through training and guidelines;
- Promote access to contraception among adolescents through health care settings;
- Improve Maternal Waiting Homes by training midwives and nurses, and educating the women through literacy and job skills courses.

Legal

- Update the special justice administration system (law 789) to bring justice to victims of intra-family violence;
- Provide comprehensive training to judicial officers on intra-family violence and gender-based violence;
- Develop mechanisms for the operationalization and effective enforcement of laws, especially in the promotion, protection, and defense of human rights.

Cross-sectoral work for key stakeholders:

- Close cooperation between municipalities, community, local health units (SILAIS) and schools in the area in order to ensure inclusion of all adolescents, including those who have dropped out or have never gone to school;
- Legal instruments that articulate the necessary inter-institutional coordination;
- Develop reporting processes and public discussions on adolescent SRH rights, in order to ensure that they are addressed with ease and opportunity in all social and working spaces;
- Expand mechanisms used in the National Police

records, the Institute of Legal Medicine and the Ministry of Health, to include data on adolescent pregnancy;

- Coordinate efforts with non-governmental organizations that develop and implement SRH programs and activities, emphasizing adolescents at risk; ensure joint coordination with local and national public health units to achieve sustained healthy living practices among adolescents.

REFERENCES

Amparo Gordillo-Tobar, Geraldine Beneitez, Juana Ortega, William Waters, and Emig Bravo. 2013. Adolescent Sexual and Reproductive Health in Nicaragua: An Analysis using a Sexual and Reproductive Health Framework and Human Rights Based Approach.

Geraldine Benéitez, (2012a). Revisión de los currículos educativos nicaragüenses de Ciencias Naturales y Convivencia y Civismo en materia de Salud Sexual y Reproductiva.

Geraldine Benéitez, William Waters and Amparo Elena Gordillo-Tobar, (2012b), Estudio cualitativo de Salud Sexual y Reproductiva: Resultados de grupos focales en adolescentes nicaragüenses.

Juana Ortega. (2012). Pre-Estudio de Salud Sexual y Reproductiva en el contexto de Derechos Humanos, y énfasis en Adolescentes en Nicaragua

Policía Nacional de Nicaragua, (2011) Reporte anual de estadísticas.

MINSA, (2013) Estrategia de Salud y Desarrollo Integral para Adolescentes 2015-2017 (ENSDIA).

World Bank Group (2012). Adolescent sexual and reproductive health and rights Study (Focal Groups) Nicaragua. 2012.

This HNP Knowledge Brief highlights the key findings from a Study "Adolescent Sexual and Reproductive health in Nicaragua" Health, Nutrition and Population (Forthcoming), by Amparo Gordillo, Geraldine Beneitez, Rafael Cortez and Juana Ortega. This work was funded by the Nordic Trust Fund and the World Bank-Netherlands Trust Fund managed by the World Bank.

The Health, Nutrition and Population Knowledge Briefs of the World Bank are a quick reference on the essentials of specific HNP-related topics summarizing new findings and information. These may highlight an issue and key interventions proven to be effective in improving health, or disseminate new findings and lessons learned from the regions. For more information on this topic, go to: www.worldbank.org/health.