Title: Realities and Visions - Sexual education and Sexual relations in Nicaragua 2002

Created by: Marie Siding
Supervisor: Anna-Lisa Linden
Realities and Visions – Sexual relations and Sexual education in Nicaragua
Report from a Minor Field Study in León, Nicaragua, April-June 2002

By: Marie Siding
Supervisor: Anna-Lisa Lindén
Abstract

By: Marie Siding  
Title: Realities and Visions – Sexual education and Sexual relations in Nicaragua. Report from a Minor Field Study in León, Nicaragua, April-June 2002  
Supervisor: Anna-Lisa Lindén

Lund University  
Department of Sociology  
SOC 464  61-80 p  
2003-01-03

In Nicaragua, one girl out of four at the age of 17 has experienced her first pregnancy. With such a high frequency, adolescent pregnancy is a social issue, and contradictory messages are given to teenagers by influencing elements such as the family, the culture, the Catholic Church, school and Centro de Salud, the health centres. The aim of this study was to provide a situation analysis of how adolescent mothers perceive sexual education given to them in order to it make more efficient. The key questions were:

1. What kind of sexual education have adolescent women received up until they became mothers?
2. How do the adolescent women perceive the given sexual education and what causes could be found in their evaluation?
3. How could a better sexual education be given, to be able to fulfil the adolescent women’s wishes for a complete sexual education?

The study was made with a qualitative research method and performing interviews with adolescent mothers as the primary way of collecting data. Grounded theory served to interpret and analyse the material, and theoretically, various angles of approach were used in the investigation, for example feminist theory, attitude and behaviour theory, and communication theory. The material showed that the women are raised with myths and rumours about sexuality but had enough contraceptive knowledge to be able to protect them from getting pregnant. However, they faced social barriers against using them due to the contradictory messages. Centro de Salud proves potential of becoming a valuable source of a complete sexual education, not only regarding contraceptive use but also as a source that is also dealing with the social aspects of sexuality.

Keywords: Nicaragua, adolescence, sexuality, pregnancy, contraception
Resumen

En Nicaragua una muchacha de cada cuatro, a la edad de 17 años ha experimentado su primer embarazo. La alta frecuencia de embarazos adolescentes constituye un problema social, recibiendo los jóvenes informaciones contradictorias de importantes instituciones, como son la familia, la cultura, la iglesia católica, la escuela y los Centros de Salud. El propósito de este estudio es realizar un análisis situacional en torno a la comprensión por parte de madres adolescentes de la educación sexual recibida, con el fin de obtener una mayor eficacia. Las preguntas principales fueron:

1. Que tipo de educación sexual recibieron las mujeres adolescentes hasta que se convertieron en madres?
2. Como entienden las mujeres adolescentes la educación sexual y que causas se podía encontrar en su evaluación?
3. Como se podía mejorar la enseñanza, para satisfacer los deseos de las mujeres adolescentes de una educación sexual eficaz?

El estudio fue realizado con un método de investigación cualitativo, siendo las entrevistas a madres adolescentes, como el método principal de recogida de información. Grounded theory sirvió para interpretar y analizar el material. Distintos enfoques teóricos se utilizaron en el proceso de investigación, por ejemplo teoría feminista, de comportamientos y actitudes y comunicacionales. El material mostró la presencia de mitos y rumores en la formación sexual de las mujeres, pero al mismo tiempo mostró también un suficiente conocimiento anticonceptivo para protegerse de embarazos. Sin embargo, se enfrentaron con problemas sociales cuando querían utilizar sus conocimientos debido a informaciones contradictorias. Los Centros de Salud pueden convertirse en importantes instituciones para la información de educación sexual. No solo en educación anticonceptiva sino también como un lugar que además trabaje con los aspectos sociales de la sexualidad.

Palabras clave: Nicaragua, adolescencia, sexualidad, embarazo, anticonceptivo
Nicaragua is Central America’s largest country with a population of 5.1 million people. The capital, Managua, is populated by more than one million people and other larger cities are Masaya, Granada and Estelí and Léon where this study is made, with 153,000 inhabitants. 69% of the population are mestizos, a mixture between white and Indian descent, 17% are white and the rest is mainly black and Indian.

According to the United Nations Development Programme, UNDP, about half of the Nicaraguan population lives in poverty and one fifth in extreme poverty. Almost half of the population is considered unemployed, and working in the informal sector, selling beverage, polishing shoes and even selling their own bodies is common (Swedish Institute of International Affairs 2002).
Acknowledgements

A Minor Field Study, sponsored by The Swedish International Development Cooperation Agency, Sida, has a purpose of giving Swedish students at University level knowledge about developing countries with which Sweden has a developing collaboration, by giving them an opportunity to spend two months abroad and perform an investigation. This MFS was mediated by representatives from the department of Sociology at Lund University and conducted in León, Nicaragua between April and June 2002.

Ditte Mårtensson, Bertil Egerö and Malin Åkerström were exceptionally helpful by responding to my application and giving me valuable advice for my project.

In León, I owe a debt of gratitude to my supervisor Dr. Andrés Herrera, whose help, advice and encouraging suggestions during my stay were invaluable to me. I would also like to thank the staff at Centro de Salud for letting me take part of their work with adolescents. I am very thankful to all the young women in León who opened their hearts for me and told me all about their intimacies. Dr. Elmer Zelaya was very helpful to me too, especially with literature suggestions.

I would like to express my gratitude to the family Assarsson/Gutiérrez, in Sweden and in Nicaragua. Without their help with contacts and information, this study would never have been accomplished. In León, they opened their home to me and gave me much more than just room and board for two months. Especially thanks to Ulises Gutiérrez for proudly showing me parts of his country and for developing our friendship.

Last, but not least, I would like to thank Professor Anna-Lisa Lindén, my supervisor in Lund, with all my heart. Her encouraging support and suggestions while writing have been a great help to me.

Helsingborg, Sweden in December 2002
Marie Siding
Contents

1. Introduction ............................................................................................................................................... 1
   1.1 Outline of the paper ................................................................................................................................. 1
   1.2 Background ........................................................................................................................................... 1
   1.3 Aim ......................................................................................................................................................... 3

2. Method ...................................................................................................................................................... 4
   2.1 Performing interviews .............................................................................................................................. 4
   2.2 Validity ................................................................................................................................................ 6
   2.3 Interpreting and analysing the material with Grounded theory ............................................................ 7

3. Becoming pregnant – making a choice you don’t have in Nicaragua.............................................. 9
   3.1 Having sexual relations ........................................................................................................................... 9
   3.2 Getting pregnant .................................................................................................................................. 10
   3.3 Abortion – a sinful and dangerous solution .......................................................................................... 11
   3.4 With a possibility to restrict births ........................................................................................................ 12

4. Struggling with contradictory messages – knowledge and attitudes........................................... 13
   4.1 Knowledge of contraceptive methods ................................................................................................... 13
   4.2 Sources of knowledge and attitudes of contraceptive methods .......................................................... 14
       Family .................................................................................................................................................... 14
       School .................................................................................................................................................. 15
       Centro de Salud .................................................................................................................................. 16
       Church .................................................................................................................................................. 18
       NGO’s ................................................................................................................................................ 18
   4.3 Contradictory messages – a cultural discussion ............................................................................... 19

5. How could Centro de Salud become better as a provider of sexual education? ........................................... 21
6. References

Appendix 1 – Interview guide
Appendix 2 – Description of respondents
Appendix 3 – Table concerning sexual education

List of Photos and Figures

Photo of Yesenia and her two children\(^1\) ............................................ Front page
Map of Nicaragua\(^2\)
4.2 Sexual information from various sources\(^3\) ..........................Appendix 3

**Abbreviations used in the essay**

AIDS – Acquired Immune Deficiency Syndrome
IUD – Intrauterine device
NGO – Non-Governmental Organization
MDE – Ministry of Education (Ministerio de Educacion)
MINSA – Ministry of Health (Ministerio de Salud)
Sida – Swedish International Development Cooperation Agency
STD – Sexually Transmitted Diseases
y.m. – year missing

\(^1\) Personal photo from León, Nicaragua
\(^2\) Adaption from Swedish Institute of International Affairs (2002, 2)
\(^3\) Table from Montenegro (2000, 6)
1. Introduction

An ideal adolescence should characterize a period in life with an interdependence with the family, future prospects, a spare time filled with friends and social activities and a possibility to enjoy the first relationships with a girlfriend or boyfriend. An adolescent pregnancy often ruins these conceptions and is not merely an individual issue, but also a social one when it occurs frequently in a country. Nicaragua is such a country, where one girl out of four at the age of 17 has experienced her first pregnancy (Zelaya, 1999, 21).

1.1 Outline of the essay

This essay begins by considering the significance of adolescence and the case of adolescent pregnancies. First of all, I will provide a background in order to understand in what context the adolescents in Nicaragua are situated, before presenting the aim of this investigation. In chapter two, I present a methodological discussion, concerning the ways in which the study is made and how the material is interpreted and analysed. The empirical sections of the essay begin in chapter three with a discussion about sexual relations, the issue of becoming pregnant and the choice of abortion, which although not legal in Nicaragua, is still common. In chapter four I present what knowledge my respondents have about contraception and follow by defining and discussing the most important sources for knowledge and attitudes about sexual education. Finding Centro de Salud as a potential giver of a complete sexual education according to the adolescents’ needs and wishes, I have chosen to discuss its significance and advantages in the fifth and final chapter.

1.2 Background

Situated in Central America, Nicaragua has a history of severe natural disasters such as earthquakes, volcanic eruptions and hurricanes. Due to its geographic vulnerability, its political history and its great national debt, Nicaragua is considered one of the poorest countries in Latin America (Regeringskansliet, 1999, 122).

In 1979 the revolutionary Sandinista party gained power by a final revolt from dictator Anastasio Somoza, whose family had governed Nicaragua since 1936. During the eleven years of rule the Sandinistas managed to increase women’s reproductive rights in some cases.
Sexual education and contraceptives were only minimally promoted due to such obstacles as the powerful Catholic Church and the widespread machismo, factors that will be discussed later. Treatment for high-risk women with many children and health problems rather than prevention for younger women characterized the family planning of the 80’s. In the general election in 1990 a conservative coalition took control over the country and Violeta Chomorro was elected president and since then a right wing policy has governed the country. The pro-Catholic government declared that sexual education would not be a part of the formal education, claiming the parents’ responsibility to teach their children. The flow of NGO’s (Non Governmental Organization) focusing on women’s situation that arose during the revolutionary years saw an opportunity to continue in adverse wind with thousands of energetic women struggling for their reproductive health (Wessel, 1991).

These NGO’s struggle with women trapped in poverty, lack of education and a society of machismo. The concept machismo encompasses a socio-cultural model of patriarchal masculinity, passed on from generation to generation, which contains ideas and attitudes of superiority of women. For adolescents, boys learn that many relationships and even children with different mothers is not only accepted but appreciated by the society, while girls are advised to stay virgins until marriage, an equation impossible to make both ends meet (Welsh, y.m., 15-18). Getting pregnant as a teenager, legally left only with the option of becoming a mother often causes much suffering. As a tragic result of the sexual behaviour in today’s Nicaragua, illness due to incomplete abortion is one of the three most common causes for hospitalisation, and many women die from the complications (Flores Balmaceda, y.m.,25).

In Nicaragua school attendance is said to be obligatory, but one in five children do not attend school at all. The first six years of education, primary school, are free of charge, but there is a fee for the following five years, secondary school (The Swedish Institute of International Affairs, 2002, 5). The Ministry of Education (MDE) supervises the schools and the public schools dependant upon large economic support from MDE. Other types of schools, such as autonomous and private schools are more depended on school fees (Haesert, 1994, 4). The average Nicaraguan child attends school for four years and only one per cent of the students continue to University studies. Often the condition of the public schools is poor, the teachers are not always educated and a lack of school material is common. The schools are obliged by law to be independent in religion, but nevertheless Catholic family values are visible in the teaching (The Swedish Institute of International Affairs, 2002, 5). These values include that only God should decide when a child should be born and that the only legal
contraceptive method is female rhythm. MDE has given national guidelines concerning instructions for teaching in sexual education. Sexual education is given in two topics: biology and social sciences. However, discussions related to human reproduction are strictly limited to biological and moral aspects (Zelaya, 1996, 34). Therefore, many adolescents in Nicaragua claim that they never have been given sexual education in school, since many of their concerns and questions still are unanswered.

1.3 Aim
With this essay I aim to provide a situation analysis of how adolescent women perceive sexual education given to them by various sources until they become mothers in order to find ways to improve it. I have performed interviews with 14 girls to elucidate in what way sexual education could be given to prevent the many adolescent pregnancies in Nicaragua, especially by Centro de Salud, with whom I had a close collaboration, but also by the growing NGO sector.

Thus, the key questions for my investigation have been:

- What kind of sexual education have adolescent women received until they became mothers?
- How do the adolescent women perceive the given sexual education and what causes could be found in their evaluation?
- How could a better sexual education be given, to be able to fulfil the adolescent women’s wishes for a complete sexual education?

Centro de Salud are state-owned health centres controlled by Ministry of Health located in each neighbourhood, where one can go for treatment of minor illnesses, check-ups during pregnancy and controls of the small children. I chose to perform my study in León which is the second largest city in Nicaragua, with about 150,000 inhabitants. There I had the genuine support of my supervisor Dr. Andrés Herrera and of Dr. Elmer Zelaya, whose wide contact network was of significant help to me. I came readily in contact with two Centros de Salud, one rather big and one much smaller, where I easily had contact with adolescents, who were pregnant or already mothers. Since the schools are restricted from giving proper sexual education, I believe that Centro de Salud has great potential for becoming the main origin of sexual education in Nicaragua. They are available to many people and as my investigation shows, many of the interviewed women would prefer receiving sexual education from trained health staff.
2. Method

In order to understand how adolescent mothers tend to experience sexual education given to them from different sources, I needed to acquire more information about their knowledge, believes, thoughts and ideas. I wanted to come close to the field of investigation, to understand and interpret a life situation with several angles of approach. Therefore I chose a qualitative study by performing interviews as the principal way of collecting data. Statistical data combined in earlier investigations, is used in addition to the interviews. I also searched for useful literature within libraries, organizations and the personal collections of Andrés Herrera and Elmer Zelaya and found many titles in Spanish on issues concerning Latin America that are hard to find in Sweden. By living in a big family with close neighbours I also became aware of the social structures in the society and despite a lack of performing observations in the strict sense of the word, I saw social patterns valuable to my study every day.

2.1 Performing interviews

Despite a base of Spanish obtained in Sweden and Spain, I soon learned that Spanish spoken in Nicaragua was sometimes rather difficult to understand. Still I considered that the contact between my respondents and I would be far better without involvement of a third party, and found a satisfied way of performing my interviews without an interpreter. I taped the interviews and had them transcribed by a skilled transcriber. After analysing them, I returned to the women for some further questions and deeper explanations and again had these answers taped and transcribed. I evaluated this way of working as the best that I could do given the situation.

Naturalistic research requires an empirical approach where the research subject and her everyday experiences come in focus. The stories conveyed in the interviews are seen as important produced knowledge when analysing in order to make the subjects’ voices heard, but it is also essential to be distant from the investigated, in order to be able to make a comprehensive picture for further interpretations and investigations (Dahlgren, 1996, 80-82). I lived in a neighbourhood where adolescent pregnancies are common and in a family with the same tradition, and did my best to understand their world in order to capture their stories. Nevertheless I have still not experienced motherhood and cannot truly understand the
situation: of poverty, of machismo and of the Latin American culture in its totality. Grounded theory is closely linked to the naturalistic perspective and is used as an analytical tool for the investigation. The theory is explained later in the method chapter.

I was in contact with Centro de Salud to get access to the home addresses of the adolescents. The girls had all been to the clinics for check-ups during their pregnancies and were easily found in the records. Thus, I used a form of sampling called convenience sampling where the researcher asks for help finding respondents from people likely to know such persons (Weiss, 1994, 25). I had three criteria: that they were no more than 19 years old, that they had been sexually active (and were pregnant or were already mothers) and that they wanted to participate in my investigation. None of them refused when I asked them to participate in an interview, but while interviewing, I noticed that some felt uncomfortable talking about these sometimes-intimate issues with me and had a hard time expressing themselves. Thus, I only made a second visit to the girls that showed an interest in my questions and me, from whom I knew I could receive much information. The talk-active women seemed happy that someone older would listen to their experiences. In some cases the first interviews were performed at the clinic and the second one in their homes, in other cases both interviews were made in their homes. When both interviews were made in their homes I found it most convenient to locate the young women, explain the purpose of the interview and make an appointment with them after a day or so. The spatial sense is often discussed as a significant factor for interview results. Annika Lantz points out how hard it is to give advice concerning the location when performing interviews, but the researcher should consider the meaning of different spatial interview situations (Lantz, 1993, 111). I chose to perform the interviews in the homes of the respondents for various reasons. I wanted them to feel secure in the environment and I didn’t want to cause any interruptions in household or caretaking tasks for them. Having appointments in the centre of León with pregnant women or mothers of infants and small children would not be an easy task for any of us.

I needed to have some considerations in mind when I framed the interview guide. I started thinking of themes with valuable, suggested questions already before going to Nicaragua and had a somewhat complete interview guide as I arrived, but soon I noticed that many of the respondents didn’t answer my questions as exhaustively as I had hoped and I needed to change some vocabulary, address more probing questions etc. Robert S. Weiss is familiar with the phenomena that in investigations the first couple of interviews are best seen as pilot

---

4 The interview guide is attached in appendix 1.
ones (Weiss, 1994, 52). Steinar Kvale (1996, 129-130) explains the importance of both thematically (questions related to the topic of the investigation) and dynamically (questions easy to understand and asked to promote a positive interaction) when performing an interview. To get a good contact with the respondents I wanted to make clear who I was and in what purpose I made the investigation, so they could feel free to speak. I wanted them to tell me much about their beliefs and experiences and promoted this by asking many dynamic questions.

Apart from the first couple of pilot interviews that were not transcribed I conducted one or two interviews with 14 young women. They were all between 14 and 19 years old. From the material standard I observed during my visits I judged their economical level to be about the same. All of them had also been able to go to secondary school, which is not free of charge, until they became pregnant, even if three of them had chosen not to continue their education due to lack of interest. I would not say that they were well situated but recent statistics show that 11% of the Nicaraguan children between 7 and 14 years old do not attend school due to lack of economic resources (Vílchez, 1999, 16) even if primary school is free of charge. These young women all had the opportunity to continue their education for at least a few more years. They lived in very different family formations: some with their family with or without the boyfriend, some with the boyfriend’s family while two lived only together with the boyfriend.\(^5\)

### 2.2 Validity

To conduct a scientific investigation with high validity is every researcher’s dream. However, biases and weaknesses can influence the result. In my investigation, I consider the language barrier as the most probable weakness. I performed interviews in Spanish, which is my third language, and sometimes the respondents could have misunderstood my questions, and the transcriber could have had difficulties hearing what was said on the tape. All the interviews were written out in Spanish, and while sorting for analysis I used the material as it was in Spanish. Only when I wanted to quote my respondents, did I translate their words into English.

The respondents’ unwillingness to answer my questions correctly could have caused a bias. Even with the girls who were happy to tell me about their sexual experiences, I was aware that the subject is intimate.

---

\(^5\) See appendix 2 for a description of the respondents concerning age, number of children, living condition, educational level and usage of contraceptives.
2.3 Interpreting and analysing the material with Grounded theory

Grounded theory is a qualitative research method, developed by Glaser and Strauss, in which the researcher works inductively with an area of investigation and builds theory out of a phenomenon with use of produced data and technical literature. Interplay between the different parts of a research process is desirable, as researchers often tend to go back and forth during the investigation process and learn as much as possible out of it. The coding process contains different levels of coding: open coding, axial coding and finally selective coding, all important parts of a successful research result. The intensive coding is used to be able to search for categories and survey many different dimensions in these categories and by having an open mind in the beginning of the coding, the probability of finding many qualitative conditions grows. During the open coding the produced material is closely examined and broken down to be compared and put into many discovered sub-categories. In the stage of axial coding, major categories take form developed in terms of causal conditions, phenomenon, context, intervening conditions, action/interaction strategies and consequences. In the final step of selective coding the categories are integrated to form a grounded theory. The difference between axial coding and selective coding is the higher level of abstraction on the latter, interpreting both empirically and theoretically (Strauss, 1990).

My investigation is produced to understand the obstacles for women’s reproductive health in Nicaragua in order to be able to make positive changes with respect of sexual education. Theoretically, religion is a fundamental element in the Latin American culture and the Catholic beliefs are the strongest. The Virgin Mary syndrome is widespread, which glorifies women committed to the role of mothers, maintaining the home with household tasks and caring for husband, children and the elderly. The women stay purified by remaining in the protected confines of the four walls of the home (Tiano, 2001, 265). The Virgin Mary syndrome is closely linked to the machismo, explained in the introduction chapter as a form of male dominance and female subordination. The machismo ideology builds on the idea that men are physically, intellectually and sexually superior to women (Welsh, y.m., 15). Many of the women in my investigation have experienced the contradiction of obeying men and fearing a pregnancy. Analyses are also made with use of social psychology theory, with its branch of cognitive theory. One way to define cognitive theory is: “The knowledge, beliefs, thoughts and ideas that people have about themselves and their environment. It may also refer to mental processes through which knowledge is acquired, including perception, memory and thinking.” (Hogg, 1998, 119) Cognitive dissonance occurs when attitude and behaviour do not accord each other. To
avoid that condition, people have explanations and excuses for the way they act (Angelöw, 1990, 174-175). Since sexual education consists of a message, from giver to receiver, it is also essential to account for communication theory. Messages are received in various ways depending on how we apprehend others and ourselves in our environment. Communication can be blocked by inadequate perception of the receiver and therefore there can be an impediment in reaching people. There can also be psychological obstacles, regarding attitudes and conviction or semantic obstacles, which refers to the use of language in the message (Dimbleby, 1994, 66-69).
3. Becoming pregnant – making a choice you don’t have in Nicaragua

3.1 Having sexual relations

According to a recent study made in León, the latency period for women, on average, between the first sexual intercourse and the end of the first pregnancy was 21.5 months (Zelaya, 1999, 22). Since many of the girls don’t use any contraceptive methods when they decide to have sexual relationships with their boyfriends, they expose themselves to a great risk of becoming pregnant in next to no time. In my study they were, however, aware of the fact that sexual intercourse could result in pregnancy, but had more or less bright explanations of why they didn’t use any contraception. Alejandra was only one of the girls who said: “I didn’t think of becoming pregnant so fast, I thought it would last longer until it happened.” Paula explained: “I never thought of becoming pregnant, so I didn’t use anything for protection. I was surprised when I found out that I was pregnant.”

Kristin Luker investigated contraceptive use in California, USA and found that the subjective probabilities of becoming pregnant correlated with the risk-taking of using unreliable contraceptive methods, as to say, the higher subjective probability of becoming pregnant, the better use of contraception (Luker, 1978, 87). For Nicaraguan boys, who are socially taught to show superiority over women and to brag about sexual relations, trying to convince the girls to have sex with them is an acceptable habit. Being a real man includes the evidence of showing virility and getting a girl pregnant is often not considered a big deal, for him. Paula expressed perspicaciously: “If you go to a party, people do things [have sexual intercourse] and for the most part, he does it to please himself. She needs to take responsibility, because one cannot expect that he will. They never do.” For the girls on the contrary, being curious about having a sexual life but also too shy to explain the fear of becoming pregnant for the boyfriend and the fear that he would leave her if she does not agree to la prueba de amor seemed to be a major issue for many. Isabel explained: “He wanted to make love to me and I accepted. He’s my first boyfriend and I wanted him to like me so I had sex with him. This is what happened [pointed at her stomach], and now he lives in Costa Rica, his mom sent him there to relatives.”

The difference in viewing the fear of becoming pregnant perhaps might be one of the explanations why so many of the girls didn’t think they would get pregnant. The boys calming words that nothing will happen, could have a relaxing effect on the girls. Often, it seems, the couple doesn’t talk about the probability that their sexual relationship could result in a

---

6 La prueba de amor (the evidence of love in English) is often asked for by the boyfriend. If the girl doesn’t submit herself to him by having sexual intercourse, he often threatens to leave her.
pregnancy. The pattern could have many reasons. Adolescents are not used to talking about sexuality with the opposite sex; the girl is shy and the boy doesn’t care if she ends up pregnant. The girl views her probability of getting pregnant as low and doesn’t hurry to get contraception. Or she believes the boy when he says that they will get married if she ends up pregnant, and hoping for such an assumed change in life could make the girl less protective.

3.2 Getting pregnant

The first pregnancy means a drastic change in one’s life, no matter how old one is. As the girls became aware of their pregnancy many thoughts ran through their minds. Gabriela said about her first pregnancy, at age 16: “I was terrified when I found out that I was pregnant. But my boyfriend was happy to have his first child, so I calmed down and felt happy as well. He said that we would get married, and well, we still haven’t but at least we are still living together.” They rarely mentioned medical risks with their pregnancies, but often felt a preoccupation with various social risks such as what the parents would say and how they handle the situation, with what the boyfriend would do, with the necessity of quitting school etc. Still, they often also expressed joy at becoming a mother, many of them for the first time. The median age for women by the end of the first pregnancy is 19.6 years in León (Zelaya, 1999, 21). Meeting Barbara, age 19, who claimed that the pregnancy was more or less planned and welcomed didn’t provoke any suspicious thoughts from my side. She said: “I felt happy about being pregnant, we had tried for a couple of months. I could have waited for a couple of months more, to finish school first, but everybody will help out and I hope to be able to continue after a while.” When performing the interview with Juanita, age 16, who said: “I felt like any mother; happy, moved [...]”, made me start thinking about the profound meaning of becoming mother in Nicaragua. Coming from fragmented homes, without much affection makes young women look for love and care from somewhere else, from a boyfriend and being able to give love to a little baby could be reason enough to give up school and feel joy for the mother role.

The preoccupations with the social risks exposed to the pregnant adolescents were often justified. So true, the fathers of the babies often did leave the girls behind and disclaimed their responsibility. Others are still a part of the young mothers lives, but considering that many still are pregnant, the probability of disclaiming the child after birth rises. The parents often did become upset as their daughters seem to go the same way as they once had gone, with pregnancies in early age and not being able to continue their education. Doris not only experienced angry parents; they even forced her to leave the house. “They were really angry that I already have had sex, they say I’m too young. They have always tried to save money for me to go a good school
here in León, but I spoiled it by getting pregnant. My dad decided to kick me out to stay with the boy who made me pregnant.” Sadly, many of the girls didn’t seem to have any future plans and thus the pregnancy didn’t interrupt their dreams, but rather the dreams of the parents that their children would be able to find a profession that they themselves had not been able to find due to pregnancy in early stage of life. Alejandra said: “[…] it’s a thing that happens to everybody here and you just have to accept it.” Maria quoted about pregnancies in Nicaragua: “I have noticed that it’s uncommon to see women, 20 to 25 years old, being pregnant. It’s only young people who get pregnant. It’s like nobody knows how to follow the [contraceptive] instructions.” However, most parents of the adolescents showed a great responsibility towards their daughters and tried to help out in their helpless situation and the girls relied on their own family’s willingness to help with financing for the survival of their child.

3.3 Abortion – a sinful and dangerous solution

Abortion is legal without restrictions in about 10% of the countries in the world and among them in Latin America are Cuba and Puerto Rico (Apuntes de sexualidad humana, 1997, 75). In Nicaragua, abortion is against the law. Still, many women see no other solution to their pregnancy than having an abortion, in one way or the other. With a total population of more than five million people, more than 14 700 women seek medical treatment every year due to incomplete abortion (Flores Balmaceda, 25), and in 1990 the hospital in Masaya reported more cases of self-induced abortions than births (Wessel, 1991, 541). The researcher Mariano Requena noted that the abortion rate increased in Latin America as more secure contraceptive methods were introduced to the market. The intolerance of unwanted pregnancies increases when people are able to control the fertility (Luker, 1985, 112).

My respondents had never had an abortion and as the subject came up for discussion they often expressed Catholic values as the obstacle. Maria said: “It’s wrong because God gave you the gift of being able to have children and it’s not the child’s fault. They have they right to live. So having an abortion is like killing me too, it’s from my own blood.” If you have sexual relationships, you also have to take the consequences and enjoy the children brought to you, was a common answer from my respondents. In school, teachers are instructed in the teachers’ curriculum how to deal with abortion discussions. Life begins with the moment of conception, and performing an abortion is not only an unforgivable sin, but also very dangerous (Haesert, 1994, 13). Some said that they hesitated to have an abortion because of the danger, and perhaps would have had fewer problems in having one if it was a safe and legal method. During the revolutionary
years during the 80’s middle-class women demanded legalization, but not even the Sandinista party allowed such a drastic change (Wessel, 1991, 542).

3.4 With a possibility to restrict births

Thus, these young women have all chosen to continue with their lives as adolescent mothers. As Alejandra said: “I was glad to be in school because I had friends there and everything. Now I’m not, since I became trapped in this situation. I need to become responsible and look forward, never backwards. Theoretically, they have now the opportunity to control the number of children. In Latin America, women have a tradition of producing many children, as they are seen rather as an economic resource than a burden. In Mexico, the popular saying ‘Cada niño trae su torta bajo su brazo’, translated as ‘Every child brings their own sandwich under their arm’ is a confirmation of this attitude. However, the fertility has decreased during the last decade due to better education for women on one hand and rising living cost on the other (Chant, 1999, 230-231). Many of my respondents also expressed this pattern of women’s desires to have small families. Carmen said: “I would only like to have one or two more children, to have six or seven is too much for me.” Cecilia, mother to a daughter, said: “I just want to have one more child, when this little darling is four or five years old. I hope it will be a boy, I want to have one of each.”

As I believe that sexual education, given through a trustful neutral source and in a thoughtful manner, could decrease the number of adolescent pregnancies I wanted to identify the most significant sources which are giving the adolescents opinions regarding sexual education and to discover which institutions Centro de Salud could be supported by.
4. Struggling with contradictory messages – knowledge and attitudes

4.1 Knowledge of contraceptive methods

Kristin Luker presents two theories on why unwanted pregnancies occur. Either women lack contraceptive expertise to prevent such pregnancies or they have the contraceptive skills but meet psychological confrontation for using them (Luker, 1978, 18). I would say that such a distinction is too simple to make. From my empirical material, it seems that most of the women did not use the most effective contraceptive method known to them to avoid a pregnancy because they lacked knowledge. Doris said: “There are different kinds, like birth control pills and injections, and condoms, which are the best. But it’s not the same if you use it [the condom] when you make love, it doesn’t feel good, I have heard. Not for the girl either.” Instead there were other reasons for not using reliable contraception. Also they felt ambivalence about their pregnancies, finding both costs and benefits from becoming mother. Rebeca explained two of these: “They are really cute [the babies] and they can help you out when they are older. But I’m always worried that my boyfriend will leave me, that he will find someone new.”

Among fertile women in León at age 15-16 years, sexually active and wishing to avoid a pregnancy, only 43% used some kind of contraception (Zelaya, 1996, 14). As I have stated before, all my respondents knew how to prevent a pregnancy and were able to name various methods of contraception. Isabel answered to my question of which methods of contraception she knew: “There are the pill and injection, and then the loop if you have had children already.” Birth control pills and injections are mentioned to be the most familiar contraceptive method. The girls benefit from being able to control the method and if used correctly, the failure percentage is low. However, they were often afraid that the parents would find the pills, since they are not supposed to have sex at all. Barbara used to take birth control pills and explained: “They [the staff at Centro de Salud] said that I had to take them the same time every day, for example after breakfast, and I had to go back to my room and find the pills without anybody noticing. It was hard sometimes, since we live close together in my family.” Furthermore, it was common to place blame on the difficulties of keeping track of when to take them. Having injections also encounters obstacles, according to the adolescents. They need to visit Centro de Salud, which can be embarrassing to some. The respondents also often mentioned the loop or intrauterine device (IUD) as a method of contraception. It is more used by older women with several children of medical problems and should not be seen as a contraceptive method for adolescents. Condoms are rarely mentioned as a contraceptive method; instead as a way of limiting the risks for
sexually transmitted diseases (STD). Sofia said: “To avoid AIDS you have to use condoms and to avoid pregnancy there are pills, injections and the IUD. Gabriela answered to my question of how to prevent STD’s: “To use condom and to know what kind of people you sleep with.” Erika said: “You know who’s contagious and who’s not, you can tell, and I don’t go out with these kinds of boys”. Still, she wanted to have the experience of having sex and use a condom, and once asked to boyfriend to use one but he became humiliated since he felt like she blamed him for carrying diseases. The cultural aspects could be seen as a great obstacle to condom use, and the prevalence of condom use in the age group 15-24 years is as low as 6% (Zelaya, 1999, 21) About the use of the condom, Doris said: “Sometimes I feel that the condom is only for prostitutes to use on the streets. […] There should be another way of preventing diseases, because people don’t want to use condoms”. Natural methods of contraception such as female rhythm and withdrawal as a contraceptive method are hard to rely on and not mentioned by the girls, but breastfeeding as a contraceptive method, was frequently mentioned, up to six months after delivery.

Sofia Montenegro (2000) has published an investigation about sexuality in Nicaragua in financial collaboration with Sida, the Swedish International Development Agency, and focused on the total Nicaraguan fertile population. Therefore, I find Elmer Zelaya’s investigations among adolescents in León more useful and have only been able to use Montenegro’s findings to a minor extent.

4.2 Sources of knowledge and attitudes of contraceptive methods

Family – In the neighbourhoods, where my respondents were found, they have a tradition of having many children, and contraceptive use is uncommon. Many parents advise their children not to have sexual relations rather than giving advice concerning contraceptives. The girls are often afraid that the parents will find out that they are having sex and therefore it seems hard for them to talk to their parents about it. Carmen remembers how her parents reacted when her sister became pregnant. “They didn’t understand where and when we did it. It’s impossible to have sex at home, it’s so small you know. But there is always place if you want to make love with your boyfriend. It was easier for me when I told my parents, since Iris was the first one to become pregnant. They were really angry with her.” Some even mentioned that the parents had beaten them when they went to them with questions concerning sexual matters and even worse when they had found birth control pills or condoms among the girls’ belongings.

Advice about contraceptive methods from family members is closely connected to lack of knowledge and misunderstandings, and often the adolescents rely on the words of family and friends and rumours on the streets. During the interviews the women often referred to others,
saying “people say…” or “I have heard…”. Gabriela said: “An aunt has used the loop, but got pregnant anyway. They say it’s a safe method, but she had a baby anyway.” Assumed side effects, true or false, are often mentioned, such as that the birth control pills and injections would cause sickness or weight gain and that one can still get pregnant while using them so why bother using. This statement doesn’t surprise me at all, since many don’t use them properly and therefore become pregnant even if they are using them. Thus, misunderstanding rather than lack of knowledge is a great problem, as many think they know something and behave accordingly, when they instead might have been searching for information if they didn’t have any at all.

For family members, acting like role models for adolescents is hard, with their socio-economic situation. The influence of the family is even greater for poor people, where interaction with other significant sources is fewer. When the parents themselves had children at early age, a pattern is common. When the communication between parents and children is insufficient, the adolescents often feel that they have nobody to turn to for advice and help.

School – Education is not only a way of knowledge producing, but also an efficient way of delaying childbearing, as to say, the higher level of education, the later first pregnancy. Having the opportunity to go to school makes many students feel important and gives them higher self-esteem and future prospects (Zelaya, 1999, 28-32).

According to a Minor Field Study made in León by Helena Haesert (1994, 10-12) focusing on sexual education in secondary school, sexual education is taught in two subjects: biology and social sciences, called moral y civica in Spanish. Ministry of Education has constructed a teachers curriculum in both subjects, but MDE officials in León admit that sexual education is often only given in biology, since it seems to delicate to teach the social aspects of sexual education. The given education focuses on the negative aspects of premarital sexual relations, such as the risks of pregnancies and diseases, and advises the adolescents to stay away from sexual involvement until they get married. Haesert also noticed that important parts of sexual education, such as teenage pregnancies, family planning and abortion, do not occur until the last grades of secondary school, an age when most adolescents have already initiated their sexual relations.

Since sexual education often is limited to the biological aspects some claim that they have never been taught anything about sexual education in school while others said that it exist to some extent. Cecilia was one of the women who couldn’t recall sexual education in school. “I had heard that the teachers were supposed to talk about relations, but they never did. Not when I was there.” Barbara said that she had had some sexual education in school. “However, they didn’t say anything
that I didn’t know about already, the information is too superficial.” The more conservative schools advise the students not to have sexual relationships when they are not ready to have children - end of discussion. Other schools rely on the teacher’s ability to teach the students, but often it doesn’t work since the students make fun of the teachers. Alejandra recalled sessions of sexual education: “The teachers don’t like to talk about it, because when they try to do it, the students deride them, so they don’t say much”. A better way, as some schools do, is to let medical students come to the schools to talk about these issues. Still, many of the girls miss the psychological part of sexual education, as the teachers and medical students restrict discussions to biological issues only. They talk about contraceptive methods and STD’s and especially AIDS, which is a growing problem, due to lack of condom use in Latin America.

When the girls understood that they were pregnant, they knew that they were no longer welcome in day classes. They had two options: transferring to evening school or quitting school. Gabriela said: “I didn’t want anyone to find out, so I just left school when I knew I was pregnant. At that time you still couldn’t tell that I was pregnant, so I just left.” Paula said: “I wanted to continue school, because I like it there, but on the other hand I wanted to have this child. Anyway, I was transferred to evening class, so I could go on.” According to Andrés Herrera, my supervisor en León, the educational level is unfortunately not high at the evening schools in comparison to the day schools. Further, being surrounded by other pregnant women doesn’t contribute to a prospective emotion for them.

**Centro de Salud** - According to the investigation made by Montenegro (2000, 63-64) with 1199 persons where 302 were in the age group 15-20, various sources of sexual education are named and stated according to what level of education the respondents have reached. Centro de Salud is giving comparatively high amount of sexual education to people without formal education. This, however could be largely women with children who might have been given information when they where already pregnant or mothers, as are my respondents.

Nonetheless some schools have started collaboration with Centro de Salud where medical doctors talk to the adolescents about preventing pregnancies. They often show a video to groups of adolescents, with information about various contraceptive methods and how secure they are. Condom use was claimed to be the safest method for adolescents, since is not only prevent pregnancies, but is the only way to prevent STD’s. Unfortunately, said one of the

---

7 See appendix 3 for full view of the table.
8 I was able to watch this kind of video together with a group of students, 13-14 years old. The use of informative videos was also expressed by some of my respondents as collaboration between school and Centro de Salud.
doctors, the video is not shown to enough adolescents, since the most conservative schools
don’t want collaboration with the health centres. Adolescents learn from the medical doctors
that they are welcome to Centro de Salud during their spare time if they have questions about
sexuality, if they want to make tests for STD’s or pregnancies or if they are in the need of
contraception, all of which are free of charge. Nevertheless, they are put in the tough position
of subordination by asking for contraception in a country that condemns premarital sexual
relations. Maria explained: “My boyfriend didn’t want to go, so I had to. But I felt bad too. I’d rather go to
the pharmacy to buy them, because you don’t have to say much, just buy them. But we didn’t have money to
spend on condoms, so I went anyway.” Isabel said: “They are doctors and we, the patients are to be blamed
for. We don’t do what they tell us to [to use contraception].” Cecilia mentioned another way of feeling
subordinated in a situation with Centro de Salud: “I went to get birth control pills and saw a doctor. I
was really nervous and she told me that I needed to follow the arrows and take the pills in order. There are
different colours and I had to keep track. I just wanted to leave as fast as possible, so I just nodded to everything,
but didn’t understand how to take them.”

There are a number of communication barriers that can obstruct interpersonal
communication such as inadequate perception due to attitudes and estimation or semantic
barriers, as the language is not understandable (Dimbleby, 1994, 66-68). In the case above,
the doctor didn’t apprehend that Cecilia didn’t understand how to take the contraception and
kept explaining. The unusual situation made it difficult for Cecilia to explain to the doctor that
she didn’t understand, that she needed to speak slower and tell her more in detail how to take
her birth control pills. For Cecilia it was the first time she went to see a doctor to ask for
contraception. The doctor on her part had probably explained this same thing hundreds of
times. Cecilia had a number of questions in mind that she wanted to have asked, but didn’t
dare. “I wanted to know how dangerous it is to take the pills, but she seemed to be in a hurry and I didn’t want
to seem suspicious, or she would think that I wouldn’t use them.” Cecilia’s perception of what was said
restrained her from listening to the details about how to take them, as she had other questions
in mind.

A common feature from the interviews was the positive words about Centro de Salud and the
concern they showed towards the pregnant women. Marcedes was only one of many who
expressed: “If I only had known that they are so nice over there, I would have gone much earlier. Then I
wouldn’t have been pregnant today, probably.” The respondents expressed a wish to control the
number of children and have started to use some kind of contraception, such as birth control
pills, injections or IUD, or said that they will, after the baby is born. Centro de Salud
promotes the consciousness of the women and tries to convince the girls to use a method on
which they can rely. Marcedes continued to say: “I want to use something, when the baby is born. I want to decide when to have the next child, sometime when I’m more adult.”

Church – About 80% of the Nicaraguan population are Catholics, while the rest have other affiliations, for the most part Protestant (The Swedish Institute of International Affairs, 2002, 4). Traditionally, the link between the authorities of the Church and state, party and military elites has been close in Latin America, largely due to its economic wealth. Even for the non-practicing population, the Catholic culture is visible anywhere in the society and a majority enjoy the religious festivals (Fleet, 2001, 326-327).

According to the respondents who attend church regularly, most priests talk from the bible at the services and avoid meeting the social circumstances more than to a minor extent, for example claiming that premarital sexual relationships are a sin. Doris said: “He [the priest] tell us to continue with our studies, to find support in God, to listen to our parents, because they have more experience than we have.” Nevertheless, in a few churches, some priests reflect upon the Nicaraguan society. Juanita said: “The priest talks about things from the bible. And he often says that the man, when he gets married should only have one women, he shouldn’t have affairs.” Gabriela said: “The priest says that a family shouldn’t divorce if they have children. He also says that husbands should not abuse their wifes, but he doesn’t say anything about sexual relations.” The inequalities of gender within the Catholic Church and maintenance of the machista culture were also described so well by Barbara when I asked about what the priests talk about. She mentioned the tasks of men to women as showing “love, respect, understanding and affection.” The women need to know “how to serve the husband”. Gabriela mentioned a way of serving the husband: “I don’t want to have many children, not more than two, but my boyfriend wants more than that. So we’ll see what happens.”

It seems that most Catholic family values are expressed in school, since the adolescents don’t transfer the words of the priest into their own world. Often they could not tell me what was said during services since they didn’t seem to understand it.

None of the respondents showed a resistance towards the use of contraception due to religious obstacles, but great unwillingness to have an abortion due to the religious consequences, of feeling bad and of shame.

NGO’s - Montenegro’s (2000, 63-64) investigation also shows that NGO’s have a strong influence in teaching sexual education. In León there is a number of them, focusing not only on sexual education, but also on women’s ability to empower their situations in the Nicaraguan society. They often produce printed material but due to lack of economic
resources they only reach a small number of the population. Most of them focus on reaching the most exposed women in the society, those in the rural areas far away from health service and those involved in prostitution. Others, for example *Puntos de Encuentro*, work in financial collaboration with Sida, the Swedish International Development Agency, to decrease male violence against women within the matrimony (Montoya, 1998). Only Paula mentioned a NGO as an origin of knowledge and support. “*Asociación Mary Barreda* help women who come from abusive families and women who are soon crossing the limit to prostitution. It’s a good project, they make you understand your rights as a woman.” Since Paula is the only one to mention a NGO I have chosen not to focus further on their role as educators in this chapter.

### 4.3 Contradictory messages - a cultural discussion

Different sources valuable to the adolescents express different attitudes about sexuality and contraceptive use. When the institutions bring up sexuality, they speak out *their truth* and for many adolescents it is not easy to sift through the different statements. Therefore many adolescents show a poor correspondence between knowledge and behaviour. They are showing cognitive dissonance, which assume that people normally try to make attitude and behaviour accord with each other. When two opinions counteract, cognitive dissonance arises and people try to reduce the discomfort (Angelöw, 1990, 174-175). In Nicaragua, I see two different ways of dealing with cognitive dissonance. As stated above, many of the women initiated their sexual life with the thought of a possible pregnancy as “it won’t happen to me” for various reasons, even if sooner or later it happens to everybody who doesn’t protect herself. Charles Murray, an American social policy expert who has taken part in the debate concerning teenage pregnancies in United States and in Britain, claims that many teenage pregnancies are actually planned. As teenage mothers they gain access to council housing and welfare (Finlay, 1996, 82). In Nicaragua, such social safety nets do not exist. Many girls raised in the machista culture wish to become pregnant at an early age, as they wish for a better situation, or just a change in their lives. The Virgin Mary syndrome, illustrious in Latin America that exalts the mother, but on the other hand sees them only as passive, submissive women (Tiano, 2001, 265). The adolescent women are short of prospects for the future, and perceive the mother role as something valuable, since it gives them higher status. This view would be the other way of dealing with cognitive dissonance, by finding benefits from behaviour of premarital sexuality condemned by the society. Gabriela said: “I wanted to have a child with my boyfriend, but not already. We talked about marriage, and I think it’s easier to convince José to marry me, if I have children with him.” Due to the scarce economic situation in Nicaragua, many
people live together without getting married and still call each other husband and wife. To hear a 14-year-old girl talk about her marido, her husband is not uncommon. Therefore, if Gabriela’s boyfriend is talking about marriage, it could be like a dream come true, worth risking her education for.

With the sudden change at the general election in 1990 from left to right, Violeta Chomorro as publisher for the newspaper La Prensa, depicted every effort from the Sandinistas to improve the legal and social positions of women and children as “an attack on the institution of the family” (Lancaster, 1992, 293). Chamorro, herself a woman, wanted to “restore the true dignity of womanhood and motherhood” (Ibid, 293). The billboard messages changed from “Prevent AIDS, use a condom” during the Sandinasta rule to “Prevent using condoms, be faithful to your partner” from the new government (Wessel, 1991, 453-454). Still today, a right wing government governs Nicaragua and they still have announcements on billboards and on TV. Isabel told me about such a program: “Sometimes they show announcements on TV, where they say “yes to life, no to abortion”. To me it seems like they condemn contraceptive use completely, but Isabel doesn’t view it that way, as she earlier had said: “Abortion is not good, but to use contraceptive is acceptable.” Again, communication obstacles due to semantic barriers are common, but in this case it was a positive way of misunderstanding.

To ask for liberating the gender stereotypes in Nicaragua, is like asking for rain in the Sahara desert. While performing the interviews, I noticed, sometimes more easily than other, what strong impact the machismo has on the adolescents’ lives. When Gabriela and Erika told me about their pregnancies, both their boyfriends were disappointed that they delivered girls to the world, when the boyfriends rather would have seen their girlfriends giving birth to boys. Gabriela said: “Well he was happy, it’s just that he wanted a boy, and it was a little girl.” Doris, at age 14 had already started to worry about marital duties and had asked her mother if it was hard to be submissive to men. According to Doris, the mother had answered: “sometimes it is, and sometimes it’s not. So I felt, maybe it’s better to stay home with my mother than getting married, but then I had to leave anyway [since she was thrown out of the house]. Isabel also mentioned the machismo: “I want to have more information about sexuality, to know more in order to not be deceived again. You see, here the men deceive the women, like we are little girls, like a piece of candy they have. I have seen, in other countries, for example in the USA, people go out with people their own age. Here it’s not so, here older men go out with girls no more than 14 years old and play around with them and hurt them.”
5. How could Centro de Salud become better as a provider of sexual education?

Most people in the urban areas in Nicaragua have access to Centro de Salud and use it as an easier way of receiving medical assistance for slight complaints than in hospitals, and for receiving information from medical experts. As one notices when entering a Centro de Salud in León, most of its clients are pregnant women or mothers with small children and on the walls hang information regarding pregnancies, caretaking of infants and appeals for the people to use condoms.

As we have seen, there is collaboration between some schools and Centro de Salud and both boys and girls are treated equally when showing the video. However, with most of the posters on the walls directed to women, the boys might feel that they don’t belong there, like it’s a women’s sphere. Maria’s boyfriend had the experience of visiting Centro de Salud for free condoms, but “[…] he felt so bad, like everybody was starring at him and here everybody knows everybody, you know. Then it was embarrassing for him, since the doctor is a woman. So he left and went to the pharmacy instead, even if he had to pay for them there.” Still, inviting students at early age to Centro de Salud seems like a good way of initiating them to the ways in which the health centres can assist the adolescents throughout the years. They meet the staff and with more economic resources, the staff could be able to have individual dialogues with the students. I have only made interviews with women and can theoretically only discuss their concerns and interests, but I do want both boys and girls to be involved in this kind of sexual education. Centro de Salud need to direct boys and girls very differently, since society has formed very different views of the matter of sexuality, childbearing and child raising for men and women. By having such dialogues the staff could be focusing on the particular questions and preoccupations of the teenagers, which can be hard to express when they are together with their classmates. The lack of individual dialogues could be seen through these statements. Alejandra said: “I would like a place where they really explain things, more profoundly than normal.” Barbara said: “The family talks, but they don’t know things like they do here at Centro de Salud.”

How could this vision with educated staff having individual dialogues with the adolescents come true? The Ministry of Health (MINSA) has opened its eyes to face the reality of adolescent sexuality in Nicaragua and therefore views the problem with another approach
than does the Ministry of Education through schools (Haesert, 1994, 17). In 1997 MINSA produced a paper on how to work during the period 1997-2002 and what health concerns to stress. Adolescents are given priority in the fields of drug addiction and pregnancies. To prevent adolescent pregnancies, MINSA wishes to implement a better sexual education cooperation with state owned institutions and organizations from the civil state interested in these matters (Política Nacional de Salud 1997-2002, 65-70). If NGO’s could work closely with Centro de Salud, the above vision of individual dialogues with adolescents could be realized. The burden for medical doctors working at Centro de Salud is huge and to teach teenagers about sexuality and ways of preventing pregnancies doesn’t have to be done by a medical doctor. Instead it can be done by somebody who is well informed of the preoccupations and concerns that the adolescents tend to have, who will be able to give them the support that they need and that they lack from home and from school. Centro de Salud is a natural institution to visit when suspecting being pregnant, but how can the health centres catch the adolescents before they become pregnant? In the USA, which has one of the highest rates of teenage pregnancies in the developing world, investigations to decrease the number of pregnancies are common. One successful study made in California, tried close collaboration between schools, students and parents. The researchers understood that pregnancy risk-taking was due to more factors than lack of proper knowledge, such as personalization of information, clear personal norms and social skills to avoid risk-taking sexual behaviour⁹ (Barth, 1992, 54-56). Since the religious influences are too strong in Nicaragua for such a research to gain access to school, I believe that Centro de Salud could adapt many things from the study and be the core of the collaboration, which showed impressive results in the USA, especially among the Hispanic students which is a group of adolescents with a relatively high frequency of adolescent pregnancies (Ibid, 79). From my point of view, if Centro de Salud could be a place to get more than only contraceptives, a place for both boys and girls to talk about premarital relations without a condemned tone, and about myths and truths about sexuality and contraception it could work. In the study made in USA, the focus lay on four dilemmas:

1. the person’s understanding of what must be done to avoid a pregnancy
2. his or her belief that he or she will be able to use the method

⁹ 46 classes from 13 high schools with students in the age group 13-15 years participated in the study that had both intermediate goals (increase knowledge, increase decision skills and increase parent-child communication) and long-term goals (delay first intercourse and reduce adolescent pregnancies) (Card, 1992, 15).
3. his or her belief that the method will be successful in preventing pregnancies
4. his or her anticipated benefit from accomplishing the behaviour (Ibid, 55)

Reflecting upon these dilemmas and the cultural situation described in the essay, one understands that sexual education must be directed differently towards girls and boys. While the girls need to learn how to increase their self-esteem, the boys must change their perception of superiority to the opposite sex. Sadly, many fundamental institutions in the Nicaraguan society are hard to struggle against, which are not such a problem in the USA. As we have seen, political will and religious pressure are influencing elements, and with romanticism and lack of empowerment, adolescent women tend to resist changes. The women stand in a conflict situation between family traditions, the machista culture and the religion which all send out contradictory messages for the women. Not being well educated, it’s hard for them to sift among the messages and they don’t really know whom to turn to for advice. Knowing that Centro de Salud is a neutral platform that they can rely on, both as a preventive measure and for those who have become pregnant at low age, it is a valuable source of sexual education and is needed to improve the quality of life for the youth in Nicaragua.
6. References


Montenegro, Sofia, 2000, La cultura sexual en Nicaragua, Centro de Investigaciones de la Comunicación, Managua.


Swedish Institute of International Affairs/Utrikespolitiska institutet, 2002, Nicaragua, Länder i fickformat nr 704.


Welsh, Patrick, year missing, Men Aren’t from Mars. Unlearning machismo in Nicaragua, Changing Minds – Changing lives.


Zelaya, Blandón, Elmer, 1999, Adolescent pregnancies in Nicaragua. The importance of education, Umeå University, Sweden.

Zelaya, Blandón, Elmer, 1996, Teenage sexuality and reproduction in Nicaragua. Gender and social differences, Umeå University, Sweden.
Appendix 1 - Interview guide

I started the interviews by telling the adolescents about myself and my investigation. At the end of the interview I handed out a “technical sheet” where I wanted information such as name, age, direction, educational level, religious belonging, number of pregnancies, children and abortions. This was to make the filing easier since I made second visits and cheaper for me since I paid the transcriber per minute of the taped interviews.

**Own sexuality**
Can you describe how you felt when you understood that you were pregnant? What did your boyfriend say, your family and friends?
Please tell me what it meant to you to become pregnant, to become a mother?
Why did you decide to have a sexual relationship with your boyfriend? How did it initiate?
How is your relation today with the father of your baby?

**Sexual education**
What does sexual education mean to you?
Did you consider that having a sexual relationship could result in a pregnancy? *If yes:* How did you think about it?
Did you talk to your boyfriend before sexual intercourse about contraceptives? *If yes:* Who initiated the talk? How did it feel talking about it? What did it lead to?
Did you know how to avoid getting pregnant?
Which methods are you familiar with?
Have you ever used any of them? What do you think about using them? Are there any negative effects with these methods?
Where have you received information about contraceptives?
What kind of information did you receive, in what way? What do you think of it?
Have you received information at Centro de Salud?
What kind of information, in what way? What do you think of it?
What kind of STD’s are you familiar with? Have you had any? How do you prevent them?
Have you searched for information? Where, when, why?
**School**
How is the sexual education formed in school?
What would you like the teachers to teach you? Have you or your classmates asked the teachers to educate you? If yes: What do they respond?
What did the teachers say when you told them that you were pregnant? How did you feel telling them?

**Church**
What does the priest talk about in church?
How does the church look upon the roles of women and men?
How does the church look upon reproduction? The use of contraceptives?
What do you think of abortion?

**Overall attitude questions**
How do you perceive being a woman in Nicaragua is different from being a man?
What does the word *machismo* mean to you?
Why do you think young people in Nicaragua don’t use contraceptives in higher extend?
Who has the responsibility to educate young Nicaraguans in sexual education?
What should a satisfied sexual education contain?
Appendix 2 – Description of respondents

In order for the reader to better understand the context in which the respondents live, I have enclosed a short description of them, without exposing their identities. Thus, their names are assumed. In the cases the fathers of the children are not mentioned, they have disclaimed their responsibility.


**Barbara**, 19 years old. Pregnant with her first child. Lives together with her boyfriend and his family consisting of parents, siblings and a number of children. Seemed to have the best material standard of all respondents and expressed a wish to continue to university level when her child had become older. Become pregnant when still in last year of secondary school. Catholic belonging, but does not attend church regularly. Has used birth control pills and injections, but stopped since they made her feel sick.

**Carmen**, 15 years old. Mother to a one-year-old boy. Lives together with her parents, four siblings and boyfriend. One 17 year-old sister also has a child. Quit second year of secondary school, but has been able to continue evening school. Catholic belonging, attends church every Sunday. Has never used contraceptives.

**Cecilia**, 18 years. Mother to a one-month-old daughter. Lives together with her boyfriend. Quit fourth year of secondary school due to pregnancy. Catholic belonging, but never attends church. Has used birth control pills, but stopped since they made her feel sick and forgot to take them. Planned pregnancy.

**Doris**, 14 years old. Pregnant with her first child. Lives together with her boyfriend and his grandmother, was kicked out of her own family due to her pregnancy. First year of secondary school, transferred to evening school due to pregnancy. Catholic belonging, but does not attend church regularly. Has never used contraceptives.
Erika, 16 years old. Mother to a four-months-old daughter. Lives together with her boyfriend, his mother and four of his siblings. Quitted second year of secondary school due to lack of interest. Evangelical belonging, attends church regularly. Has never used contraceptives.

Gabriela, 18 years. Pregnant with her second child, had the first one at the age of 16. Lives together with the father of both children and her mother-in-law. Quitted second year of secondary school due to first pregnancy, has been home taking care of her son since then. Catholic belonging, attends church regularly. Has never used contraceptives. The first child was unplanned but the second one was planned.


Marcedes, 17 years old. Pregnant with her first child. Lives together with her parents. Third year of secondary school, but were transferred to evening school due to pregnancy. Evangelical belonging, attends church every Sunday. Has never used contraceptives.

Maria, 17 years old. Mother to a three months old girl. Lives together with her boyfriend. Quitted second grade of secondary school due to pregnancy. Catholic belonging, but does not attend church regularly. Used condoms for about four months, decided to try to get pregnant.

Paula, 16 years old. Pregnant with her first child. Lives in a big family of parents, aunts and uncles, sibling and a number of children. Second year of secondary school, but were transferred to evening school due to pregnancy. Said she changed religious belonging, from Evangelical to Catholic belonging. Has never used contraceptives. Planned pregnancy.
Rebeca, 15 years old. Pregnant with her first child. Lives together with her mother, five siblings and a number of children. Boyfriend lived in other neighbourhood. Bad material standard in the house, but had succeeded in continuing school until getting pregnant. Catholic belonging, attends church regularly. Has never used contraceptives.

Appendix 3 - Table concerning sexual education

Information according to educational level

As stated earlier, there is a connection between educational level and occurrence of first pregnancy, as to say, the lower level of education, the earlier first pregnancy. Montenegro’s investigation shows that Centro de Salud is an important source of sexual education for people with lower levels of formal education (Montenegro, 2000, 63-64). From the presentation of the investigation it was, unfortunately, impossible to state the difference between the educational programs and NGO’s, but there is no doubt that their work is important as providers of sexual education and is already today a wide spread network in Nicaragua.

Table taken from Montenegro (2000, 64)