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Addressing Adolescent Pregnancy and Maternal Mortality in Nicaragua

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Extraordinarily high rates of adolescent pregnancy and intrafamilial sexual violence in Nicaragua, coupled with limited educational and occupational opportunities for girls from the most impoverished families, pose challenges for the future of child and family health in the country.

Last month I traveled with a CSIS colleague to Nicaragua, a small Central American nation with a population of around 6.15 million. The purpose of our trip was to examine Nicaragua's immunization programs in the context of support from Gavi, the Vaccine Alliance. Through clinics and community health programs managed by the Ministry of Health (MINSA), Nicaragua offers a range of routine vaccines to the public at no cost. Thanks to Gavi support since 2005, MINSA has been able to offer some of the newer and more expensive vaccines, such as the rotavirus and pneumococcal vaccines, free of charge, as well. Nicaragua reports high levels of immunization coverage (above 95 percent), and we were particularly interested in learning about Nicaragua's plans for sustaining these high rates as it transitions away from Gavi support now that the country's annual gross national income (GNI) per capita has passed the Gavi eligibility threshold of \$1,580, and a step-by-step process by which the government will gradually assume full financial responsibility for purchasing the new vaccines is underway.² A separate report will feature our key observations and recommendations for how the U.S. government, which has provided more than US\$730 million to Gavi but which has phased out most bilateral assistance for health programs in Nicaragua, may wish to advocate for strengthening the Gavi transition process through engagement at the global, regional, and national levels. But as we sought to situate what we learned about immunization programs within the broader context of maternal and child health in Nicaragua, we were struck by the number of adolescent girls who become pregnant at a very young age and considered what implications this may have for the health outlook of Nicaragua's newest families.

Nicaragua is a young country, demographically speaking, with around 40 percent of the population under the age of 20.³ According to a 2012 report issued by CODENI (Colectivo Pro Derechos de la Niñez), a federation of nongovernmental organizations working to protect the rights of children and adolescents, roughly one-quarter of all births each year are to girls between the age of 15 and 19.⁴ And half of all women in Nicaragua have delivered a baby before reaching the age of 20, making Nicaragua the country

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² Gavi, the Vaccine Alliance, "Nicaragua," <http://www.gavi.org/country/nicaragua/>.

³ "Nicaragua 2015," <https://populationpyramid.net/nicaragua/2015/>.

⁴ CODENI, *Alerta: Situación de los embarazos en las adolescentes*, July 6, 2012, <http://www.codeni.org.ni/dev/contenido/alertas/alerta6/>.

with the highest percentage of births to adolescents outside of sub-Saharan Africa.⁵ Although Nicaragua's annual GNI per capita of US\$1,870 makes it a lower-middle-income country under World Bank criteria, there is considerable income inequality, and nearly 30 percent of the population lives in poverty.⁶ Many of the country's youngest mothers live in rural areas and are among the poorest of the poor, with limited or no education.

Eighty-six percent of sexually active women under the age of 19 reported to CODENI that they did not wish to have a child within the next two years, yet providers with whom we spoke reported that unmarried adolescents encounter difficulties securing access to contraception without parental consent.⁷ A compounding challenge is that many of the young mothers become pregnant because someone in their home has raped them. Nearly 50 percent of children and adolescents report having experienced sexual abuse, and 7 of 10 formal reports of sexual abuse are by girls younger than 17 years old, with the household the most commonly reported site of the violations.⁸ Between 2009 and 2012 MINSA reported that 6,404 girls between the ages of 10 and 14 had become pregnant due to sexual violence.⁹ Since 2008 abortion has been illegal in Nicaragua under all circumstances, including in cases of rape and to protect the health of the mother, and pregnant girls who seek abortions, as well as the health care providers who perform them, can face lengthy prison sentences.¹⁰ In a country where maternal mortality rates are already high, adolescents are at great risk of dying while giving birth: In 2010, according to the Pan American Health Organization, 20 percent of all maternal deaths in Nicaragua were among adolescents.¹¹

Addressing the challenges of adolescent pregnancy and maternal mortality has proven difficult in Nicaragua. National policies and codes to protect the rights of children and adolescents have been in place since the mid- to late 1990s, bringing Nicaragua into compliance with its obligations under the UN Convention on the Rights of the Child, which it ratified in 1990.¹² Yet when it comes to addressing intrafamilial sexual abuse, the advocates with whom we spoke noted that even when there are good laws in place, officials can be reluctant to intervene in family affairs.¹³ Some analysts described research showing that law enforcement officials, who are often men and themselves heads of households, fail to respond effectively to girls' reports that they have been raped by a family member, leaving these young women vulnerable to repeated episodes of abuse and unwanted pregnancy. A study of men who admitted to having had sexual relations with girls under the age of 15 showed that those with the greatest education

⁵ Katherine C. Lion, Ndola Prata, and Chris Stewart, "Adolescent Childbearing in Nicaragua: A Quantitative Assessment of Associated Factors," *International Perspectives on Sexual and Reproductive Health*, vol. 35, no. 2, June 2009, <https://www.guttmacher.org/pubs/journals/3509109.html>.

⁶ The World Bank, "Nicaragua," <http://data.worldbank.org/country/nicaragua>.

⁷ CODENI, *Alerta: Situación de los embarazos en las adolescentes*; author interviews with health providers, Managua, Nicaragua, January 20–22, 2016.

⁸ CODENI, "Estadísticas sobre niñez y adolescencia: Violencia sexual," <http://www.codeni.org.ni/dev/proteccion-especial/violencia-intrafamiliar/violencia-sexual/>.

⁹ Ibid.

¹⁰ Amnesty International, *The Total Abortion Ban in Nicaragua: Women's Lives and Health Endangered, Medical Professionals Criminalized* (London: Amnesty International Publications, 2009), http://www.amnestyusa.org/sites/default/files/pdfs/nicaragua_abortion_ban_report_english.pdf.

¹¹ Pan American Health Organization, *Nicaragua: Health in the Americas, 2012*, 4, http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=140&Itemid=

¹² Law Library of Congress, "Nicaragua: Children's Rights: International and National Laws and Practices," <http://www.loc.gov/law/help/child-rights/pdfs/childrensrights-nicaragua.pdf>.

¹³ Author interviews with health providers and advocacy groups, Managua, Nicaragua, January 20–22, 2016.

or income levels were least concerned about the possibility of being arrested, suggesting that when it comes to rape charges, influencing authorities to look the other way is not uncommon.¹⁴

Nicaragua has taken important steps to reduce maternal mortality, although the rate is still high. In 2015 a United Nations interagency group estimated Nicaragua to have a maternal mortality rate of 150 per 100,000 live births, down from a high of 212 deaths per 100,000 in 1995, when studies showed that within the Latin America and Caribbean region Nicaragua had the fewest women giving birth with a skilled attendant present.¹⁵

Over the past 15 years the government has worked with nongovernmental organizations to strengthen a system of *casas maternas*, where expectant mothers living in remote areas can spend the last few days of their pregnancies and first few weeks after giving birth close to health care services.¹⁶ Situated in areas where the risk of dying in childbirth is especially high, the *casas* are meant to be available to all pregnant women regardless of civil status or income level. Women who stay in the *casas* can access a basic level of food and lodging, medical attention, and health education, services that can be essential for pregnant girls who have little education or access to resources.

But there are obstacles to young women's utilization of the *casas*, including that they may lack the means to get to them, much less pay for the services of a skilled attendant at the time of delivery. The current administration of President Daniel Ortega (2007–present) has publicly committed to expanding women's access to the *casas maternas*, but in recent years budget support for constructing new *casas* has been erratic, with fewer funds spent than allocated and some years in which there was no construction budget at all.¹⁷ Acknowledging that the number of women delivering babies without a skilled attendant is still high, this past January MINSA announced plans to train 700 additional midwives for deployment to the existing *casas maternas* and other remote communities.¹⁸

Recent work in Nicaragua has shown that positively engaging men in women's experience of pregnancy and birth planning is also important. In Nicaragua, as elsewhere in Central America, men make many of the household decisions around access to health care and can determine when partners or daughters may seek antenatal, as well as labor and delivery, services. Through a 2009–2012 USAID-funded project carried out in the remote Matagalpa area by Catholic Relief Services, behavior change agents counseled men whose wives were pregnant to sensitize them regarding their participation in the women's visits to a

¹⁴ Celina Obando Laguna et al., *Así piensan y actúan los abusadores y explotadores sexuales: una visión masculina de la violencia sexual*, http://www.codeni.org.ni/guegue/files/cdoc/1222123435_libroviolencia.pdf.

¹⁵ WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division, Maternal Mortality Estimation Inter-Agency Group, "Maternal Mortality in 1990–2015: Nicaragua," http://www.who.int/gho/maternal_health/countries/nic.pdf.

¹⁶ Rafael Cortez, Adriana García Prado, Han Kok, and Carmen Largaespada, *Las casas maternas en Nicaragua* (World Bank: Washington, DC, 2008), http://siteresources.worldbank.org/INTLACREGTOPGENDERINSPA/Resources/Cuaderno4casas_maternas.pdf.

¹⁷ Joaquín Bárcenas, *Reformas presupuestarias: un balance después de la crisis. Qué sucedió con las casas maternas, los subsidios a las viviendas de interés social, y el bono productivo alimentario?* (Instituto de Estudios Estratégicos y Políticas Públicas: Managua, 2015), http://www.iepp.org/wp-content/uploads/downloads/2015/07/20150721_Reformas_Presupuestarias_Un_Balance_despues_de_la_crisis.pdf.

¹⁸ "Nicaragua capacitará a 500 bachilleres en salud y 700 parteras," Fox News Latino, January 6, 2016, <http://latino.foxnews.com/latino/espanol/2016/01/06/nicaragua-capacitara-500-bachilleres-en-salud-y-700-parteras/>.

health care provider and to appreciate the importance of seeking timely care for labor and delivery.¹⁹ Evaluations of the project revealed that the men who received counseling were more likely to support their wives in obtaining antenatal care, as well as labor and delivery services, and to help with the care of newborns, as well. While this project's results may offer hope for future efforts to reform gender dynamics within stable partnerships, focusing exclusively on married couples may not enhance the access of unmarried pregnant adolescents to health care and support.

A third factor complicating the health outlook for adolescent mothers and their children is that there is relatively limited civil society engagement on health and health education in Nicaragua. In the 1980s, during the period of social revolution, the Sandinista regime placed special emphasis on popular education, and on health education in particular, creating a cadre of community health workers known as the *Brigadistas Populares en Salud*. These volunteers supported the Ministry of Health by working in rural and peripheral urban areas to bring information about health and health services to the population.²⁰ Over the course of considerable political changes since the 1990s, the *brigadista* model of community outreach has remained, but the current role of the *brigadistas*, according to many with whom we spoke, has shifted. They do less to facilitate public engagement on health topics and focus more on going door-to-door to gather information about family health conditions to share with MINSA. While there is a specialized cadre of *brigadistas* who have played an important role in identifying households with unvaccinated children and bringing vaccines to them, the process of bringing health services to the home may also discourage mothers from taking their children to community clinics, where they might benefit from access to other health services. For pregnant adolescents or young mothers who are already isolated because of education, resources, or family gender dynamics, remaining segregated from the health system may further limit their understanding of how to care for themselves or their newborns. Given that Nicaragua has now reported that several pregnant women have been diagnosed with the mosquito-transmitted Zika virus, which appears linked to fetal microcephaly, it is more important than ever to ensure that all mothers have timely access to health care and information.²¹

Since 2011 the United States has scaled back its bilateral development assistance on health, including maternal and child health, in Nicaragua, with most resources now going to a regional program on HIV/AIDS.²² Between 2011 and 2014, USAID's total annual health commitments reduced from US\$6.3 million to US\$2.3 million; in 2014, just US\$900,000 was allocated to maternal and child health programs, and they are currently being phased out.²³ Yet if the United States wishes to protect its global-level investments in Gavi and ensure that immunization programs in transitioning countries are sustainable, then integrating the most vulnerable mothers and children into the health system remains important. Recently the Obama administration has requested that Congress appropriate nearly US\$1.9 billion in emergency funds to support domestic and international efforts to prepare for and respond to the Zika virus outbreak sweeping the Americas; the request includes a proposed allocation of US\$335 million to

¹⁹ USAID and Catholic Relief Services (CRS), Operations Research Brief, "An Innovative Approach to Involving Men in Maternal and Newborn Health Care: Program Experiences in the Department of Matagalpa, Nicaragua," March 2014, <https://www.usaid.gov/sites/default/files/documents/1864/CRSORBrief.pdf>.

²⁰ See Cymene Howe, "Gender, Sexuality, and Revolution: Making Histories and Cultural Politics in Nicaragua, 1979–2001," in William E. French and Katherine Elaine Bliss, eds., *Gender, Sexuality and Power in Post-Independence Latin America* (Lanham, MD: Rowman and Littlefield, 2007).

²¹ "Honduras, Nicaragua report first cases of Zika in pregnant women," Reuters, February 4, 2016, <http://www.reuters.com/article/us-health-zika-nicaragua-idUSKCN0VD201>.

²² USAID, "Nicaragua: Health," <https://www.usaid.gov/nicaragua/health>.

²³ USAID, "Dollars to Results: Nicaragua," <https://results.usaid.gov/nicaragua#fy2014>.*

USAID and to assist countries in Central and South America, as well as the Caribbean, in educating the public about Zika and to ensure pregnant women are able to access the services they need.²⁴ Should some of these emergency activities reach Nicaragua, they could help stimulate the integration of the country's youngest mothers into public health services.

But longer-term solutions are needed. To date, USAID maintains relatively robust bilateral assistance programs on civil society and governance in Nicaragua, strengthening citizen engagement in political processes and training citizens' groups in issues related to effective management and accountability. If the United States is committed to ending bilateral support to Nicaragua on maternal and child health, then finding innovative and sustainable ways to engage Nicaragua's youngest mothers in civic activities and public discussion about family health and their own well-being should continue to be a funding priority.

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²⁴ The White House, Office of the Press Secretary, "Fact Sheet: Preparing for and Responding to the Zika Virus at Home and Abroad," February 8, 2016, <https://www.whitehouse.gov/the-press-office/2016/02/08/fact-sheet-preparing-and-responding-zika-virus-home-and-abroad>. The request also proposes \$US41 million for the U.S. Department of State to support the World Health Organization (WHO) and PAHO in helping affected countries respond to and control the Zika virus and to UNICEF to respond to the outbreak in Brazil.