Discussing Sexuality among Nicaraguan Female Adolescents:

An Anthropological Study

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Abstract

This study summarizes the findings of an ethnographic investigation which took place in Masaya, a municipality of Nicaragua. Interviews were conducted with pregnant adolescents and non-pregnant adolescents, between the ages of 14 to 17 during a period of six weeks in June 2010. The literature review mentions indicators of the adolescent’s sexual activity. Adolescent pregnancy represents an important social and health problem in this particular area of the country. More than half of unmarried young people (aged 13-19) are reported to be sexually active. Sexual activity begins early and despite accessibility of information about sexuality issues, contraceptive use among young people is uncommon. Consequently there are still high rates of unwanted pregnancy, and thus they are more vulnerable to sexually transmitted infection (STIs).

The aim of this research was to examine constructions of sexuality life of a heterogeneous group of female adolescents, in order to reveal the patterns that inform them. The research shows not only how adolescent beliefs of sexuality are culturally constructed (by religion, machismo, gender, economic conditions, family background etc), but it also shows how this study of female adolescents sexuality (what they say, what they expect from a relationship, where they learn about sexuality issues and so on), can contribute to understanding the factors that influence the decision-making process of the participants of becoming a mother at an early age or not.

The results of this research, showed similar orientations regarding the factors influencing the participant’s sexual behaviors, they pointed out the follows as principal reasons:

The Cultural belief such as: religious, machismo (double moral standard), gender inequality construction, affected negatively the experimentation of the sexuality of the girls. Romantic love often demands a significant reordering of values and priorities, and creates a situation in which the participants were exposed to many sexuality risks. Furthermore biomedical approaches limit a full understanding of the contraceptives used. The negative attitudes of the nurses and medical staff provoked shame and fear to be seen at the clinic.
Teenagers from similar socio-economic backgrounds with respect to education, location, and family were selected. The girls were informants having the pre-natal treatment at the Women Center of Masaya. The non pregnant girls were students attending school in the same city. Various methodologies were used during the data collection process: life stories, in-depth interviews, observations, focus group discussions (FGD), open questionnaires, tables and research instruments (see later in the appendix).

Throughout I applied the approach of agency-structure to the girl’s narratives which allowed me to understand how the internalization of the norms of Nicaraguan society influences people from their childhood throughout adolescence. This approach helped to determine the relationship between social structures and the girl’s agency and how they shape and inform different patterns of their sexuality, thus determined whether social structures are being reproduced or transformed according to the girls’ points of view by exploring the sexual behavior, experiences and meaning for younger generation.

By carrying out this qualitative study from an anthropological perspective, I hope to provide insights about how these girls understand and experiment their sexuality, in order to generate reflections of young people that may contribute to decrease the high rate of teen pregnancy in this particular community. The findings of this study may help to develop more efficient strategies and intervention programs addressing adolescents as an active agent in charge of their destinies and who have opportunities to negotiate and choose their sexual and reproductive health care by themselves. “If active participation of girl can be achieved, they become important agents for change.”
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Chapter One

1.1 Introduction and Background

According to WHO Strategic Plan 2003-2007, Nicaragua is the second poorest country in the Western Hemisphere, with 48% of the population living below the national poverty line. The Pan American Health Organization designated Nicaragua a priority country, which implies intensified technical cooperation to bridge existent health gaps. The Nicaraguan Health Survey pointed out that the country has one of the highest maternal death rates (one-third) and inequities in access to health services due to geography and socioeconomic status. Furthermore, the study emphasizes how social and political backgrounds represent a stronger disadvantage, which most likely contributes to the country’s high adolescent fertility rate. With a history of civil war, Nicaraguan family life has long been characterized by losses and deaths of family members and widespread patterns of male abandonment. At the time of the revolution (1979-1989) thirty-four percent of Nicaraguan families were headed by women. For many of those women education was inaccessible due to poverty, domestic tasks and numerous pregnancies.

In Nicaragua, young adults (age 15-24) currently make up one-fifth of the country’s total population. Another two-fifths of the population is younger than 15 and the numbers are continuously increasing. Although teen pregnancy is understood to be a difficult experience, obstructing the well-balanced physical and mental development of young people and increased risks at birth, Nicaragua's adolescent fertility rate is the highest in the world outside of Africa, and is higher than the rate for Sub-Saharan Africa as a whole (127 births per 1,000). Approximately half of all young women in Nicaragua give birth before they reach the age of 20 and nearly a quarter of all births in the country are given by adolescent women. (MINSA, 2004). The girl’s pregnant treatments is merely to biomedical sciences, which is rarely addressed in depth and has little to do or even excludes the immediate social problems of the women that may contribute to the high rates of teenage pregnancy in Nicaragua. One of the reasons might well be that although the Nicaraguan
Ministry of Health acknowledges that adolescent pregnancy is major priority, its current efforts to reduce the rate of adolescent pregnancy tend to be small in scale and poorly supported by the government.

Furthermore, the authors of a study, “Early childbearing in Nicaragua: a continuing challenge” (Blandon, et al. 2006), point out that abortion is illegal in the country. However, this legislation is not concerned with the pregnant girl’s health and of their babies, which in fact implies a violation of the women’s reproductive rights in Nicaragua in a number of ways and the root causes are to be found on various levels. The State often deliberately violates the human rights of their citizens or has institutions that are too weak to be able to guarantee them. The tendency is to normalize and legitimize unequal structures of authority. One fundamental problem might be the fact that many poor and oppressed women are unaware of these rights. Nor do they have the opportunity or possibility to claim their rights.

Previous studies (Berglund, Liljestrand, Marin and Zelaya 1997:1) highlight that sexual activity among young people is increasing and takes place without the use or consideration of contraception. The majority of young people have little access to information regarding sexuality. They often have no stable homes and suffer from malnutrition, violence and abuse. Boys and girls are at major risk for STIs and girls are in the risk of unwanted pregnancy. Moreover, adolescents who have babies have less opportunity to get stable jobs. This consequently affects their own and their children’s quality of life since it increases the poverty and dependency of the woman on her partner. In addition, pregnancy in adolescence is a serious public health problem. Adolescent mothers and their infants are at risk because of socio-economic disadvantages, associated with low levels of formal education, lack of access to health care, inadequate parenting skills, and repeated pregnancies. However, currently, most intervention programs in Nicaragua are based on traditional campaigns that promote abstinence and encourage delayed sexual contact until marriage and having intercourse with just one partner.
Traditionally, in Nicaraguan social context, local beliefs, and the influence of religious leaders seem to be crucial factors that perpetuate the culturally normative ideas about good and bad behavior. These norms have a strong impact on the sexual behavior of young people which is often associated with stereotypical constructions of gender and motherhood, which is seen as a fulfilling of the female role in life. Furthermore, it seems to be a double standard regarding sexuality, encouraging male premarital behavior but disapproving of it for women. This may have profound adverse effects for female adolescents who live between opposing forces from their boyfriends and from society. Although women may feel pressure to have sex to maintain their relationship, they feel ashamed to seek for help regarding contraceptive methods.

In contrast, other study conducted by Petchesky, *Reproductive Freedom: Beyond “A woman’s right to choose”* (1980), asserts that in recent decades women's movements are introducing a broader view of rights, both at a general level such as those specifically related to sexuality and reproduction. This fact has claimed the self-determination and pleasure in sexuality, early forms of control of the own body, i.e., it has required, for example, the right of access to an abortion or to safe birth control. All of this in a context of consolidation of the individual right of women to the health, well-being and a self-determined sex life, dissolving boundaries between sexuality, human rights and development.

Nowadays those secular feminist movements, in Nicaragua are emerging and supported by various social spaces, which are changing the conception and mentality about sexuality, pushing into a new social order of construction of gender, based on a sexuality liberated of prejudices, not being divided between eroticism and reproduction. As a many studies (Darabi, L. 2003, Blandon, et al. 2006), have shown that many adolescents, who are sexually active are perfectly capable of identifying activities of high-risk in sexual behaviour, and have information about contraceptives methods.

Since this study has been conducted among girls who have had access to the information about sexuality, the aim of this research was to find out if those adolescents were capable of changing cultural beliefs that for so long have been solidified in the Nicaraguan context.
1.2 Research objective

- The objective of this research is to investigate experiences, beliefs and changes that inform the sexuality constructions of a heterogeneous group of female adolescents, with the same socio-economic background.

My aim is to establish patterns of sexual behavior in a group of female adolescents in Masaya, Nicaragua, in order to understand why some adolescent girls become pregnant and others don’t.

Specific objectives

- To understand the socio-cultural context and beliefs, that affects adolescent sexuality, throughout individual life story.

- To determine when and how those adolescents learn about sexuality and contraception, and why they consider and decide for or against their use.

- To explore perceptions of adolescents regarding: relationships, motherhood, self perceptions of the risk of unwanted pregnancy, abortion and STIs.
Chapter Two

2.1 Literature Review

Petchesky (1980:666) points out that: “reproduction affects women, in a way that it transcends class divisions and penetrates all strands of life: work, politics, community, sexuality, creativity and dreams…Pregnancy hits hard, motherhood hits harder”.

Motherhood – It is the cradle of human race, it is as old as the human race. There is no evidence that it is becoming less difficult (Hudson and Ineichen 1991:56). The younger the mother the more difficulties she will face and thus struggle to cope with the process of raising her children. This applies especially to adolescents who are not fully mature and without a clear vision of their future. In order to understand how the meaning of motherhood is formed through social interactions and how it shapes both individual and social patterns of sexuality (Parker 2001; Farmer 1996), motherhood according to these authors must be analyzed in different contexts that lead to an understanding of how meanings are negotiated in particular social interactions.

In a research conducted by Holls and Larsen, *Motherhood in sub-Saharan Africa* (2008), examines the personal and social importance of motherhood as indispensable stage for a woman be considered as a complete person. Children are needed for economic, cultural and spiritual reasons. Culturally shared meaning about motherhood, infertility and its consequences are clearly observed in the community as well as among the infertile women. The literature distinguishes between primary and secondary infertility. Primary infertility indicates childlessness while secondary infertility refers to the inability to give birth after the first birth. Women without children, in sub-Saharan African are blamed for infertility and as a result they often suffer from stigma, unhappiness, and economic deprivations. Nowadays the social, cultural and public health problem of infertility is recognized in Africa.

In Europe, the UK has the highest rates of teen conception according to a qualitative study performed by *The family practice organization*, (Jewell, Tacchi & Donovan, 2000) In England early motherhood is generally acceptable. The authors point to the importance of
considering emotional relationships linked to the desire to become mother, which is crucial to understand why they opt for not using contraceptive method. Furthermore, governmental support for young mothers could be seen as a strong motivation for becoming a (young) mother.

On the contrary, the Netherlands have a low level of teenage pregnancies. According to Bukuluki (1999) the high quality of the Dutch health care system, information and sexual education in schools, and the support of the social cultural context are the major factors that contribute to the low rates of teenage pregnancy in the Netherlands. Even though the UK and the Netherlands have similar socioeconomic, educational and demographic backgrounds, the data suggests that British teenage girls are more likely to become pregnant than their Dutch counterparts. This is not only due to easy access to contraceptives, but to the nature of everyday conversation regarding sexuality issues in the Netherlands. The comparison of these studies point out how attitudes of normality and sexual information available at schools and in the family is crucial to develop healthy and responsible teenage sexual behavior which might contribute to the low rates of reproductive health among teenagers in the Netherlands.

In the majority of Latin American countries it is taken for granted that “all women need to be a mother; motherhood is seen as inevitable destiny for women” (Hudson and Ineichen 1991:15). Often women are associated with motherhood because of their obvious caring instinct which may be expressed in the pleasure of looking after a child. When girls and boys have internalized such a sentimental model, then it causes them to view motherhood not as parenthood and fatherhood, but only as motherhood. In general, there is a great expectation toward women of caring and coping in motherhood. However, the majority of girls who were interviewed in a previous study (Berglund et al., 1997) felt their expectation, based on romantic idealism of motherhood was unrealistic and far away from what they eventually experienced. Personal experiences were quite different from the sentimental and stereotypical model in a very dramatic way, with physical and emotional consequences. Most of those girls described their experiences of motherhood as a sense of isolation, poverty and depression. Early pregnancy and motherhood mean that the girls fail
to achieve their full potential and their children have great disadvantages to start with (Oakley, 1979).

This literature review was meant to demonstrate the importance of cultural influence in young people’s perception of motherhood. In the Nicaraguan context, among the important factors discussed in various books and articles, some factors appear to be the most prominent, i.e. poverty, education, gender inequality and cultural constructions such as machismo, religion and sexuality. In the subsequent paragraphs I will briefly discuss each of these factors.

**Poverty**

A qualitative study on adolescent pregnancies in Nicaragua (Berglund, Liljestrand, Marin and Zelaya 1997:1) has pointed out that exposure to the risk of becoming pregnant appears voluntary at first glance along with the desire to please girl’s adolescent partner or to reach economic independence. However, interviews revealed how economic deprivation, materialistic dependency, and the necessity for affection influence this decision. Those teen pregnancies were mainly influenced by social position and gender, in which early pregnancy is the principal gate of poverty and the major reason for many problems for young mothers such as feeling unprepared, guilty, negative, resentful and unable to cope with their situation. These feelings are likely to affect their children negatively. According to Berglund et al. (1997) teenage motherhood remains an issue for the poorest classes.

The United Nations Population report (UNFPA, 1999) “What else could I do but have a baby?” on Nicaraguan society claims that teen pregnancies seems to remain influenced by the social position and poor information and education about sexuality. Teens from poorer class usually live without much guidance from parents or educators and they have the tendency to reproduce their family background into their immediate future. Their primary objective of life is first to survive within a world in which they see fewer opportunities for women than for men. Furthermore, the idealization of maternity, loneliness, and deficiencies of affection are important factors associated with that decision. The necessity of acquiring recognition and social legitimacy seems to be solved via early pregnancy and
the assumption of a maternity role. The UNFPA report concludes that a high percentage of
teen pregnancies in Nicaragua are wished and planned. It also suggests that early pregnancy
correlates with place of residence, level of education, and wealth.

*Education*

In the municipal area of Masaya there are ten public primary schools, three public
secondary schools, and six private schools. There are five private centers that are of
religious nature or which are governed by religious orders (*Salesianas, Divine Love
Oblatas, Baptists*).

The Nicaraguan Women economic growth report (FIDEG, 2006) shows that both the
private and the public school system have a religious bias due to the enormous influence of
the Catholic Church on the development of educational programs. The absences of a
comprehensive sex education at schools with a religious profile were noted by the majority
of the interviewed. The participants who had attended some kind of sexual education
program at school had learned about protection against sexually transmitted diseases
(especially HIV/AIDS) and the differences between women’s and men’s biological
functions but remained uninformed about pregnancy.

Everybody acknowledged the influence that peers exercise on their sexuality through
means of pressure, jokes, tips, and fights. This is a logical consequence to the fact that
young people represent a main source of information and communication about sexuality.
Adolescents did mention other sources of sexual information such as school, conversations
with friends about experiences with sexuality issues, documentaries, TV programs, and
magazines.

*Gender inequality*

In his book *Short introductions to gender* Connell (2009: 95) argued that “Gender is a
matter of personal experience. It is present in the way we grow up, the way we conduct
family life and sexual relationships, the way we present ourselves in everyday situations,
and the way we see ourselves. The *gender culture* offers a set of guidelines, both explicit
and implicit, and tells the individual how to perceive, think, feel and act as either a male or female member of that society”. According to Chodorow (in Connell 2009: 106) the current circumstances of a gender-based division of labour in society assign the task of caring for babies and infants to women and the economic responsibilities and family support exclusively to men. There is no doubt that this perspective has also determined gender as a cultural construction of sexual relations. However, addressing such magnitude and nature of gender differences may not be a simple task for someone who is born and brought up in such an environment and has remained there for several generations.

**Cultural beliefs:**

*Machismo*

A study on the sexual behavior of young women in Nicaragua (Guttmacher, 2003) demonstrated that the majority of Nicaraguan families are structured by a culture of machismo and unresolved gender conflicts, which have proved to be the most effective medium of a silent conflict. Machismo is a powerful construction of masculinity which responds to stereotypical constructions of society reinforcing the negative double standard that affects the sexual and social life of young people. Machismo institutionalizes men’s power and permeates culture, religion and traditions. This results in the concept’s serious impact on women’s identity affecting in particular their possibilities for development, access to jobs and health care, medicines and women’s control over their bodies and sexuality. The existing concept of machismo is a social construction which reinforces the assumption that men have been taught to prove their virility by having numerous children, without any expectation that they will support those children or the children's mother. The research also marks the tendency toward informal unions instead of marriage, as well as an increasing rate of this union’s dissolution and divorce which may contribute to the high adolescent fertility rate in the sense that young girls try to keep their union by having a child. These double standards define sexual norms for men and women and have been justified and internalized by the general community/public.
Religion

Religion is an important institution that has regulated the experience of sexuality in Nicaragua. Traditionally, religion has had an impact on the body of women based on their perception of concepts such as virginity, fidelity, chastity, and wedlock. Each of these concepts implies a reproductive purpose, pro-birthrate and the non-use of contraceptives, with the exception of the natural methods (the rhythm method). Catholic moral belief on sexuality is an important aspect of the patriarchal system and generic construction which sees sexuality, body, and marriage as a means for procreation. Any act that deviates from this purpose is forbidden and is therefore a sin if practiced. Marriage is an institution that allows the union of men and women in total delivery for procreation. Even sexual relationships within marriage are not approved if they fail to meet this purpose. Chastity is valued as the highest of virtues since marriage and sexual relations have been created by God only for procreation.

Biblical interpretations often distort readings from the Bible. People usually do not read but rather listen to performances by priests who often serve to reinforce the beliefs of the patriarchal system. This connection provides a social order of gender, reinforced by the catholic moral sexuality in the patriarchal system.

Sexuality

WHO (2005) defines sexuality as a:

“Central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors”.

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Recently, there has been a significant concern raised by parents, health professionals, and educators to help and prevent adolescent’s behaviours that put at risk their expression of sexuality.

In a study of Manju, R, et al.( 2003:178), based on the psychosocial context of young adult sexual behavior in Nicaragua, the authors suggest that even though Nicaraguan parents have always been concerned about adolescent sexual behavior, sexual intercourse, and its consequences, it is unclear and ambiguous what the communication between parents and young people looks like. The majority of the parents may not talk directly to their children about issues of sexuality. Instead they tend to impose restriction or control on the social interaction of their children. The study also points out that friends were identified as the more frequently consulted sources for information on sexuality issues than parents, teachers or health care providers. Therefore, reliance on peers for information may have serious consequences as it allows negative attitudes and misperception concerning various issues of contraception It is not only a matter of whether or not adolescents have easy access to contraceptives but it also depends on the nature of everyday conversations among adults and teenagers regarding their sexuality.

2.2 Theoretical perspectives and concepts (Agency-structure)

The Mindful body is an important theoretical concept (it was part of the literature review and it was explained in the following paragraph). However in this study was only focused and applied the Structure-Agency approach, which helped to address the data collected and the research question of research.

The Mindful body

According to Scheper-Hughes and Lock (1998:348), the Mindful body can be analyzed in terms of three different categories: body self, social body, and body politic. Through those specific conceptualizations of the bodies, one could learn about how a particular society constructs meanings, views and takes decisions regarding health and illness, which could vary from one culture to another. The individual body is understood in the sense of the lived experience of the body itself and the ways in which the body experiences health and
illness. Consequently, an individual may be represented as a microcosm of society in which a person thinks about attitudes, meanings, culture and relationships.

The social body could also offer an orientation about the way in which a society constructs, influences, and organizes norms for people. It is through the link between the self and society, between social expectations, individual choice and decision making that we can learn most about the dialectical relationship of structure and agency according to Bourdieu (Reeuwijk 2009:7).

*Agency and structure*

According to Giddens (1984), agency is the capacity of individuals to make choices for a certain action to reach their goal. In this sense agency could be either facilitated or constrained by structure, including: social institutions, power relations, economic inequality, access to information, access to services, dominant discourses and gender relations.

There is a tense relationship between agency and structure, especially in the way women express agency against societal rules. Laurence and Kirmayer (2006:23) point out that there is a dynamic interaction between individuals who have been victimized and their surrounding society. Often women do not reach agency in terms of sexual reproductive decision-making over their bodies because of structural constraints of the society. Consequently they end up with health complications embodied in social and moral repercussions.

Pollack (1980: 667) pointed out “as long women’s bodies remain the medium for pregnancies, the connection between women’s reproductive freedom and control over their bodies, represents not only a moral and political claim but also, on some level, a material necessity”. Pollack’s overview suggests the importance of women as active agents in charge of their destinies and with opportunities to negotiate and to choose by themselves.
From structure-agency framework and literature I have come to understand the experiences, beliefs and changes in adolescent sexuality. The reasons and motivations that affect their reproductive potential and their agency to be or not to be mothers, similarly, I wondered whether the new secular concepts regarding sexuality are already opening toward different sexual behaviors and point of views among youth?. What are the barriers that influence adolescents’ access to sexual and reproductive health care seeking? What are their perceptions and knowledge regarding contraception methods, STIs and unwanted pregnancy?

As a consequence I am asking the following sub-questions in my study:

2.3 Research question

- To what extent does a group of pregnant and non-pregnant teenage girls with the same socio-economic background living in the same cultural context and having equal access to sexuality issues, show different orientations toward motherhood and sexuality?
Chapter Three: Methodology

3.1 Study location

The study took place in Masaya, an urban district in Nicaragua. Nationally it is known as the capital of folklore on account of all its contributions to the formation of a national identity. The research was conducted during a six-week period in May and June 2010. The ethnographic research was made in a social women’s organization, at school, and in the homes of the participants. Masaya Women's Center has been working for 22 years in collaboration with Meeting Points, supporting women and adolescents with limited economic resources. The social clinic in Masaya provides integrated reproductive health services including family planning services and counseling, antenatal and postnatal care and maternal and child health care, with the aim of improving their quality of life.

According to FIDEG (2006) the Masaya Department is located in the central region of the Nicaraguan Pacific. With a surface area of 610.78 km² it is the smallest Department in Nicaragua. 55.84% of the population is less than 25 years old.

The capital of the Department of Masaya is the municipality of Masaya, 29 km from the city of Managua. The principal occupations are trade and the production of crafts (furniture, shoes, leather). Because of its proximity to the capital city of Managua many people travel to work there as government employees or in the private commercial sector.

3.2 Study type

Choosing qualitative methods will facilitate the analysis and will reflect the participant emic’s points, with the aim to gain insight in the teenager’s experiences surrounding their sexuality. The goal is to generate a systematic collection of data to answer my research questions. As Geertz (1973:6) points out, by emphasizing people’s needs, perspectives, cultural context meanings and a better understanding of people’s behavior can be provided. In particular, regarding the complexities of the sexual and reproductive health field in which my research will be conducted.
3.3 Sampling

The study population was heterogeneous. In order to obtain significant patterns, the interviewees were divided into two groups: one group of four adolescents that were pregnant and two who had previously been pregnant, and another group of four female adolescents that had never been pregnant. Snowball sampling was applied to find the respondents. Four of adolescents of the P group helped to locate the other four of adolescents that share similar characteristics, i.e. age, education, demographic, socio-economic background and status. During the discussion groups the participants did not know each other, with the exception of two girls who were relatives. All the participants were volunteers; they didn’t have to be paid. We only offered lunch and coffee breaks between sessions.

3.4 Data collection techniques

Through compiling and analyzing teens’ ideas, experiences, and actions I gained insight into how the adolescent sexuality is constructed and experienced in the Nicaraguan context in order to determine knowledge and attitudes regarding sexual reproduction and the cultural and moral implications behind the decision-making process.

During the fieldwork exercise the research instruments and questionnaires were designed and applied according to the informant’s circumstances. Each FGD and all interviews were recorded (if the informant allowed it) and transcribed word by word, in order to transcribe their testimonies as accurately as possible. Those ethnographic methods were tested over six-weeks during which data analysis was supplemented by doing observation and using the Structure-Agency theoretical approach during the data analytical collection. A variety of methods and techniques might help to reduce bias in the research.

The triangulation of the data collected, allow mapping and explaining different processes in each girl’s life story that make sense to their particular situation.
In-depth interview

Due to the sensitive nature of the topics of the research the interviews took place in a private/intimate environment. Informal interactions, based on trust rapport, made the girls feel safe to reveal their views and stories listening and encouraging them to continue with the narrative.

There was also time and space to clarify vague answers in their own terms, taking the principle of Hardon et al. (2001) into account, i.e. “A good in-depth interview relies on doing sensitive use of local cultural norms”. Indeed, the in-depth interviews represent a crucial step in which people make sense of their world by communicating feelings, beliefs and perspectives (Green and Thorogood, 2004:80). The key analytical issues, during the interviews were structured according to health and health seeking behaviour, sexual relationships, reproduction, motherhood, and access to sexual and reproductive health services.

This method gave the opportunity to examine the adolescent’s life carefully and to interpret the role of people around her. During this process feelings and emotions, body’s expressions and silences were as important as the participants’ narrative accounts. Case studies were included in order to provide concrete data and to complement the interviews.

The interviews were semi-structured and lasted an average of 1 to 2 hours per participants. The participants’ narratives served to illustrate their concerns and perceptions, exploring whether the girls validate or rebel against the social norms and values, which allowed analyzed the gap that exists between what they say and what then they do, particularly in terms of their practices. The results of the main findings extracted from the in-depth interviews with the young study participants will be described later. (See appendix).

Focus Group Discussion

The Focus Group Discussion (FGDs) facilitated participant dialogue regarding the research questions and objectives. The activities provided space for reflection and feedback. They
proved to be a good way of testing the information obtained in the interviews by observing the collective interaction regarding the sexual constructions of meaning among the girls.

All kinds of opinions and views were welcomed. This activity took approximately two hours with a break that included food and coffee to share with the participants. At the beginning some of the participants were too embarrassed to talk to each other about their personal experience with sexuality. Therefore, it was necessary to employ a third person narrative in order to create dynamics activities for generating a space of discussion and reflexion among the participants. The FGDs were characterized by the aperture of the adolescents, those discussion were fluid, open and humorous in response to the covered topics.

Contrast sampling was used to select the adolescent for the FGDs. The focus group discussions were separated into two categories, the NP and P, in order to reach a homogenous section in the first stage with the aim to stimulate better interactions and trust between the participants with similar conditions. At the end of the fieldwork heterogeneous FGDs were organized with all participants. An assistant helped me during these activities. He also served the role of a peer researcher or key informant. In that sense he was very useful because he is already part of the adolescent’s social network and the community (see appendix).

Observation.

Hardon (2001: 207-208) points out that observation is a technique that involves systematically selecting, watching, and recording behaviour and characteristics of living beings, objects, or phenomena. Observing human behaviour gives the opportunity to provide additional information on adolescent’s conduct in addition to interviews or questionnaires. Observation can illustrate how the adolescent pregnancy phenomenon is associated with cultural, social or institutional factors. Observation could serve to provide meaning, check, and make sense of all the information gathered during data collection and making a rich ethnographic description of sensitive sexual issues. In that sense observation may be a primary resource of information, especially in small groups of people.
3.5 Data analysis

According to the book *Applied Health Research Manual* (2001:351) the use of computer software nowadays is a crucial step which increases the credibility and acceptance of qualitative research by facilitating the process of data collection, analysis, and interpretation. The presentation of the data will be done throughout by means of tables and graphs with the aim of ordering, coding, sorting and verifying the findings of the data previously collected in focus group discussions and through interviews. The information was recorded in Spanish and then translated into English. The interpretation of the data was done by triangulating different findings of the relationship among them in order to validate the accuracy and reliance of the information. In addition, the feedbacks from informants served as additional help to validate the data as a part of the reflexive approach (see appendix).

3.6 Ethical consideration

In the ethical formal process I considered the sets of principles established by the World Medical Association which state the duty of a researcher to protect the life, health, privacy and dignity of the human subject, as Beauchamp and Childress stated in 1983, thus respecting the rights of the individual in the terms of equal distributions of the goods and ensure confidentiality. (Green and Thorogood, 2004: 53-57).

I have obtained access to the participants through the women’s center. The AMMA university letter, in which the importance of the fieldwork was explained, facilitated the access to the social organization. I tried to assume an insider and neutral position because I was already familiarized with context of the field. I introduced myself as a university student interested in a sexual behavior research which was received partly as an advantage and partly as a disadvantage. People in conservative cultures usually feel uncomfortable talking about sexuality-related topics because it is intimately associated with sex. Nevertheless, young people were very interested and eager to talk about it.

For reasons of confidentiality, pseudonyms for the participants have been used for their quotes. The data on their age and their level of education was left unchanged.
3.7 Limitations of the research

The study automatically posted the following challenges: As a researcher it cannot be said that the interpretation of the data collected during the fieldwork is neutral or value-free. Every transcription and translation forced me to stop and remember carefully. It was an exercise in truth: confront mine and my informants’ perceptions, and try to write the testimonies and reflections the most honestly as possible. It required patient, courage and a lot of editions.

Given the particular circumstances (few weeks that were available for this research), I should also mention that sexuality is not always a true reflection of rational facts from the participants to manage human experiences, feelings and perspectives which are crucial aspects that operate on a sub-conscious level and are therefore difficult to articulate. Thus, in those narratives, fiction and truth might be included. It was part of the challenge ordering and making sense of their reality.
Chapter four

4.1 Findings and interpretations.

The research took place in Masaya which is one of the most densely populated cities in Nicaragua, even though the city is located in the smallest department in the country. The girls who participated in the study were characterized by living in overcrowded multi-family homes. Most of these homes are occupied by several families. There are virtually no recreational facilities for youth or for the rest of the community except for dancing clubs. In the city there are no theaters or cinemas. The last cinema closed twenty-four years ago. It was a meeting point for lovers. Currently there are seven clubs which are a meeting point for young people. Three of these are located in the outskirts of the city and many young people take the opportunity after dancing to go to dark areas near the centers for sexual encounters.

Health facilities

The city’s Ministry of Health is divided between the south and the north, each equipped with a health center. These are six small centers, even thought people could access to treat and services in those centers, those centers are often short of drugs and young people are unable to afford prescriptions. The city has a public hospital and three private clinics whose prices are cost prohibitive for the majority of the population.

Composition of the family

According to the Ministry of Health the birth rate broken down by mother’s age (from January 1, 2010 to May 31, 2010) were as follows: up until May 2010 there were 17 births by girls between the ages of ten and fourteen; 292 births by girls from fifteen through nineteen; 377 births by women between the ages of twenty to twenty-four; 283 births by women ages twenty to twenty-nine hundred; 35 births between the ages of thirty to thirty-four years old; 59 births by women between thirty-five and thirty-nine years old; 13 births
by women ages forty to forty-four years old; and only two births by women between the ages of forty and forty-five. A total of 1,128 births.

From 1 January 2009 to December 31, 2009, the reporting of births is:

10-14 years: 29
15-19 years: 788
20-24 years: 1,021
25-29 years: 732
30-34 years: 377
35-39 years: 195
40-44 years: 33
45-49 years: 4
Total: 3,179 births

An interesting fact is that mostly women are the ones who go to seek services in health centers. According to the Ministry of Health (MINSA) 225,983 visits were made by women and only 65,307 were made by men between January and May 2010. These figures are based on a tally of consultations made during that period at different public health care centers.

4.2 Perception of the adolescents toward Sexuality.

*Sexuality, pregnancy and motherhood: Correlate*

In this part I analyzed the information provided through the discussion groups and the interviews carried out during the research process. The aim of the discussion groups was for the participants to share reflections, contradictions, perceptions and explanations that they have about sexuality.

Statements by the participants show different ways of interpreting sexuality. Their reflections on their sexuality include: sex with penetration (genital contact); the association of sexuality as a bridge to independence and protection; maturity status; and the need to link sexuality with love and affection in a stable relationship.
Most of the young participants who reached adolescence experienced their physical and emotional changes without clear information about how to develop a healthy, responsible, and positive attitude towards sexuality that is free of guilt. All messages about their sexuality were perceived as taboos, prohibitions, sins, confusion and silences.

A girl made the following statement about her growth:

“My mother never talked to me about sexuality, she just use to told me to avoid becoming pregnant and pointed out girls and friends, who had an active sexual life, in the neighborhood as a bad example.

(…) She said that she knew when a woman had sex by the way they walked and the shape of their bodies. But when I had relationships she did not notice it (…) there are walls, obstacles in communication between my mother and I”.

They are taught to be careful and not to be judged by society for being easy girls and to avoid unwanted pregnancy, but they are not told how. During the investigation process I found a combination of feelings regarding motherhood ranging from the desire of becoming mothers to opening the “Wish box”, where they kept reminders of all the things they hoped for in life, provoking regrets, doubt and insecurities. The attitude of the participant needs to be considered in terms of whether they got pregnant by accident or unconsciously desired to become pregnant.

The world according to motherhood.

A conversation during FGDs, Bibi, 17 years old, introduced

“Seriously you could lose yourself during motherhood. It happens… I have seen my sisters, cousins and girlfriends…I know what I am talking about… They all think the same, dress the same and sacrifice themselves to the same cause…babies!! Nobody told them that this is going to happen…somebody should warn them… One day you are gonna wake up and you are not gonna recognize yourself”.

Anielka, 16 years old replied

“You don’t have to lose yourself to have a kid… you know, just because somebody is a mother, doesn’t mean that you should just give up on everything… I know a lot of cool moms who still have great carriers and stuff”
Bibi, asked who?

-not answer *(laughs)*

Cintia told

“Ouch, yes.. That’s ugly! *(nervous laughter)*-Because I am a mother, I am not the dancer girl anymore, the one who came out with her girlfriends, the one who went to and fro. Now I am a mother. It meant that I would not be able to hang out, that I would have to stay at home, that I would have to learn to save, and save money for my baby”

Paola, 14 years old, added

“Well, in that case, a girl must be careful If she going to has sex with a boy… you have to use a condom or something like that…*(without being specific)*, or take something…, I don’t even think about it!...it just not my time for that kind of thing… What am I going to tell my mom?. My mom always says: do not screw up”.

I have observed that when Paola said: “she knows”, she refers only having seen a poster of a Sexuality campaign, but nothing in depth. Since Paola couldn’t bring herself to admit that she wasn’t capable to know what do exactly to avoid a potential pregnancy. I couldn’t help by wonder: will be this girl the next pregnant? Would this FGD has turns into a preview of motherhood for them, of a life they don’t know or they don’t know if they are ready for?

Despite all the responsibilities and radical changes that motherhood brings in the eyes of the girls, it seems to appear as an automatic event in their life which occurs by itself as a natural and mandatory stage of their existence, whether planned or unplanned. In that sense Scarlett said:

“When I got pregnant, I doubted if I would love my baby, but when I saw the creature I felt strange things in my heart. It was a new reason to continue living. All the love that I had reserved for my family is being given to my daughter. Now I don't regret that I am a mother of a child, because it is a creature that I will be caring for all its life, from the time it is born until it dies”.

Like Scarlett most informants spoke, about have been experimented maternal feelings from the moment they realized they were pregnant, and that they will love their children very much because they did not do anything wrong or were guilty of their father’s mistakes.
However, I wondered if the view of Scarlett arose out the dominant paradigms and cultural notions regarding to motherhood in Nicaragua. Therefore to understanding particular perceptions, I introduced these findings from the in deep-interviews.

**Looking for their insides**

Cintia is seventeen years old and has a 2 years old child. As an outgoing, confident girl, she used to be part of a dance group. At the time she became pregnant, she was working as a volunteer for the women’s center at a local radio station, on a program about sexual and reproductive health, where she participated in a number of workshops. This is where she gets all her skills and training.

**Free speech comes with cost of its own.**

“I am a speaker in the field of sexual and reproductive health and I’ve been working on the radio as a volunteer, for three years. When I got pregnant I already was a radio announcer and that is why I wanted to get rid of the child because I thought: “Oh my God, I am giving advice and I got pregnant, what is this!” *(laughter)*. I can give you advice, illustrious tips and I said to myself, “Gosh!, why not implemented them myself? Who knows? I know about everything!.. but when it comes about you…I do not know why I am like this”.

While she appeared to be struggling with how to manage her dilemma, she seemed to ridicule her situation, which I recognized to a sort of defense mechanism that is common in Nicaraguan culture and usually helps people through difficult times. Despite Cintia’s best efforts to fit in her new motherhood role, a part of her youth has clearly still survived. I thus wondered what was still buried deep inside her. By the time we had the second in depth-interview; she seemed to realize her motherhood stage and stopped denying her shortcomings.

“Let me talk about what I am afraid of. I am trying to be a good mother…but it’s just not going very well. In the moment when I knew I was pregnant my life begins flash before my eyes…I was wondering, am I maternal?...I don’t like babies!… I just felt so angry!...a baby I can handle but my own, and what about expenses, that’s too much ….motherhood turns out not to be so easy. I know that right now all my responsibilities are driving me crazy, but seeing my friends, made me remember how much fun I used to have. I never thought I wanted to have children. In fact I don’t feel like a mother…I didn't want t to”
Behavior and Sexual Practice.

Running with scissors.

Experiencing their menstrual period for the first time is seen by some girls as the end of the stage of childhood and then they get involved in a number of restrictions concerning how to socialize with boys. It is important to point out that both “adolescence” and “childhood” are regarded as a “stages of life”, which are culturally constructed and are assumed differently by each person in each story. That’s why it is important to be able to recognize each girl’s perception to see the matching and dissimilar views about sexual practice and behavior.

Aleska

“No body ever talked to me about sexuality. Many people are confused, even I used to be confused. I used to talk about it and the idea in my head was sex, or couples having intimate relationships.

(…) there was a time that I didn't like any boy, nobody caught my eye, I got to wondering whether or not I was a lesbian, I was thinking about that. I said: is that what I am? But I also did not have any interest in any girl. In time a boy appeared who caught my attention and I realized that I was not a lesbian.”

Most informants agreed that talking openly about sexuality issues is just something people don’t do, in any stage of life. Therefore they have to look for other sources (like conversations with peers with experiences, TV, magazines). In many cases their own experiences were the main source of learning.

One of the girl’s points:

“My parents never talked to us about that because it is a topic that embarrasses us. All they say to me is “to be careful, to watch out…at school we hardly talked about these themes… the same happened when I got into university, even though I studied first year of medicine at university, there was prevalent misinformation or very little information”.

Caitlin 16 years old.

“I learned about those issues when I started to hang out with some girls who were eighteen and seventeen years old. I was thirteen then. They were girls who had their
men, who had an active sexual life, who swapped men, who used to go out to dance and then go to bed with a different man.”

This girl cited the necessity to have honest and open conversations with family’s members.

“I am entering adulthood and I know adults have more experiences about sexuality and they always know what is best for us, but when I tried to talk with my grandmother, she avoided the issue, I explained to her that we had to speak about this subject. (…) If I did not have my mom Veva (a hippy aunt she calls mom), I didn't know anything about the topic of sexuality”.

The contradiction that a girl experiences with access to sexual information and her own practice is reflected in the following statement:

“My mother gave lectures about sexuality in an organization. She used to tell me that: there is a stage in life where I have to protect myself (…) there were condoms, pills to take..I was the one who made the mistake.”

Norms regarding female sexuality were more restrictive, because of the risk of pregnancy, their families or school did not provide information about sexuality issues or no education, nor did they show them how to prevent pregnancy. The influence of the family and its members to strengthen the prejudices and taboos and an atmosphere of fear towards sexuality were specified by the interviewed.

Most adolescent were concerned about the negative consequences of their early pregnancy. However the majority of the girls considered intimidation, fear and misinformation the cause of some of their current sexual problems. They are not given exact and accurate information about what should be done to avoid unwanted pregnancy.

Body and pleasure

Affection-pleasure correlation

Basic needs in Malinowski’s theory are biological needs which are conditioned by cultural patters. Nicaraguan culture determines how, when and with whom adolescents must interact sexually as well as who is permitted or prohibited to partake in erotic practices. Those norms regulate sexuality in formal institutional areas such as patriarchal systems and
Catholic moral. The point of the following set of interviews was to find out whether desires and needs of the body play a role in their lives and if so, how.

Carla, 16 years old, affirmed:

“I am Catholic and having sex without being married is a sin. I've confessed thousands of times and said: “Oh, Father, how can I say this -I had sex with my boyfriend” and then, he talks to me and all (that, that, that)...that my time will come, but then... I eventually go back to and do it again. (...) I do not know if I achieved an orgasm yet. I consider it sinful. I was told in the Church that all those things are labeled as practicing fornication”

The following girl shared how her sexual practice was rather poor in terms of eroticism, false expectations, confusion and disappointment.

“Everyone told me that pleasure is the most beautiful, the most wonderful. But masturbation does not appeal to me. I mean that I do not feel like I want to. (...) my mom told me that one has to always do it only where God says: vaginally, nothing anal. I never did anal, nor was I curious, nor did I want to do it, and perhaps with that psychological idea that only there and nowhere else. I spent over a year not having intercourse. I mean, I thought about it… but now he is gone… I can’t do anything”.

Intercourse and erotic behavior are considered sinful unless there is a moral or religious reason justifying it, the main options are: being marriage, reproduction, and love in a stable relationship.

“In my previous relationships with the father of my daughter, I did not have an orgasm, because it was only once and when the child was born and it happened just once, it was insane and it was so quick!. In my current relationship, we are waiting until after we get married, and that will be in August. Therefore we haven’t had intercourse, but games… we are not made out of stone. He is quite religious. He said no, I told him that the Lord created men and women for that. I don't see any problem, I tell him: you have to understand me, I am a woman, we sleep together, and we have to make love. He says: okay. So we are talking about this issue, we are like in counseling. We are talking, and if I convince him, great! (laughter)”.

One of the interviewed commented:

“I don’t enjoy my sexuality, well my sex,... often it is best to be a man. I feel that they have more opportunities and do not suffer as we do. Self-pleasuring is not a sin, but it is normal for men…my friends talk about it and I feel bad about that topic. I do
not know. It is not because of religion, because in religion we all make mistakes, but I have never had the madness of trying”.

Just only Bibi differs with the rest

“I think that God has created us as sexual beings, it a part of life. Why pleasure would it be a sin if life is not just about procreation? I do not think it is a sin. Sex is a moment, a pleasure of life like eating, breathing. This is something natural. Having sex is something free; it should be done with awareness and responsibility, with spontaneous will, without requirements”.

Most of the participants (with one exception), said that they do not have or feel the need to pleasure themselves, as if they do not have the right. The reason behind this position may be, due to some cultural beliefs that sex means danger, bad experiences, and gossip, especially outside marriage, for some participants the consequences of premarital intercourse were almost always a bad reputation and low self-esteem.

*Contraception. Body and health.*

*Different codes, their own interpretation.*

During a FGD we tried to dive into beliefs, myths, information and previous disinformation about the role that cultural barriers play against contraception, sexuality, and effective relations. Those conversations opened honest discussions of the situations faced by the participants on a daily basis regarding their sexual health. By assessing the beliefs of each teenager we could determine the contraceptive use, continuity, and effectiveness. It was also an opportunity to inquire about their ability to decide and about their desire to keep or not keep sexual relations as well as what types.

They were given space to raise questions, insecurities or problems they encountered during the use of contraceptive methods. The attitudes of the adolescents about the use of contraception, the reasons why they had been chosen, or why they had abandoned the methods, their perceptions of the risks and their comprehension or lack of comprehension, were expressed.
For some girls, it is fact not desired motherhood in an early age. However, few of them assume consequential responsibilities of the contraceptives. It is a well-known fact that responsibility becomes adjudicated to the boys, who make the decisions.

In that sense one of the interviewed said:

“The first time we didn’t use nothing because it happened so fast (…) I have heard of pills, injections, but I was told that were bad, that they’re only for married people or people who already have children get the injections…I do not know what does what. It went like this…he deal with that he carries the condom”.

The following two testimonies showed the girl’s vulnerability for sex harassment, (increasing unwanted pregnancy and STDs.), which were not reported and rarely brought to light.

“Once I drank a lot and nearly lost control, and it was horrible. He also drank. When he takes me by my arm hard and pulls me, pushing me, I say let go. I didn’t want to have relations that day, but we did it anyway”.

Aleska

“I never drink soda, but that night I was given one and it seems that there was some drug in it, because I do not know, I lost the notion of time, yes, I remember that I was with him, but I do not remember if it was of my own volition”.

There were some occasions in which if a girl is all in love, stops using contraceptives. It may be that consciously or unconsciously tries to tie her boyfriend with her pregnancy or maybe she couldn’t handle the contraceptive methods.

Scarlett shared

“I fell in love with him stupidly; it is horrible, (…) for fifteen days I stopped to take the pills and in that time I got pregnant. Neither of us used protection”.

Cintia, the girl who works in the sexuality issues, told me about her experiences when she got pregnant. Despite she managed and had all kinds of access due her work, she didn’t associate her first intercourse and sexual games with a potential pregnancy. She discussed later her discomfort and surprise when she found out the reason of her pregnancy stage.
“The gynecologist thinks that the first time of the intercourse, I delayed him too much, and it wasn’t until the last attempt that he entered. And one of his sperm took advantage and stuck to me and attached. The truth is that I didn't think that I could get pregnant because there was no ejaculation, only the breaking of my hymen. I never thought that pre-seminal fluid could have some sperm.

(…) When the child was born I wanted to have an operation to have no more children, but since I was a minor it was not possible”.

This interviewee consider the need to talk more openly about their body, health and contraception issues like fear of contracting a sexually transmitted infection: in that regard a young girl said

“It is necessary to talk about sexual diseases since there have been many cases and fear or shame to be pointed of slut by people is what makes us keep quiet. I don’t have an active sexual life yet, but I am getting informed about all the planning, I know how to handle pills; I take the packaging and read it. I know what contraceptive side effects are, I know how to use a condom, how to put it on.

“No all my friend handles the information because for them sexually, protection is taboo. I have a girlfriend who went through this and I investigated it for her, since she is of these girls who do not trust her mother. I have looked for information in pharmacies and at health centers. …although the attendance at those health center, it’s bad, because you want to know things and they evade questions”.

Paola’s experience with the health center

“I have a friend who got pregnant. She is a year younger than me, fourteen. She is the daughter of a woman from Los Pueblos that came to my home to wash clothes and, you know, they don’t know any health center here in Masaya. I feel so sorry for her. I tell her to go to the health center since there are free tests there…

But honestly I feel ashamed to go to the health center…the last time I went to a clinic the girl who was doing pregnancy tests said:

-“You are Sonia’s daughter,( because my mother is known everywhere), you'll take a test?”

-No! I came to bring the results of a urine test to see if I had a kidney infection. (I lied)

When we finally talked with a woman doctor then she said to her:

-How absurd!, Now you have spread your legs to lay with so-and-so and now you have to give birth to your child. That is why I dislike small girls because they cry. Then she asked me said to me: “Don't be as stupid as her. Get a three-month shot”.
And we both felt offended...and I said nothing, I dislike health centers because they grab you, shout at you, and tell you whatever they want”.

Paola’s experience is an example of how the kind of attendance of the health center, may act as a barrier that prevents them from seeking help and orientation regarding contraceptive and other reproductive health services. This opinion was supported by 7 of the girls.

**Abortion**

**Abortion: fatal sin or right to decide on the body itself**

Abortion is a primary right of women. It is inalienable and recognized in the legislations of most countries in the world. Therapeutic abortion services for women, whose pregnancies put their lives or health in risk or whose pregnancies are a result of rape or incest had been available in Nicaragua for over 100 years.

According to the Amnesty International report *Governments urged to condemn Nicaragua abortion ban (2010)*, for political reasons, based on ecclesiastic interests, Nicaraguan presidential candidates proposed an absolute ban on abortion in the lead up to the November 2006 elections. Members of the Nicaraguan Congress, who revoked the right of women to have a therapeutic abortion did not include relevant expert’s opinions on obstetric emergencies and did not correspond with relevant international Sexual and Reproductive Health and Rights (SRHS).

At the end of October 2006, the Nicaraguan National Assembly voted to criminalize all forms of abortion. The new laws mean that both doctors and pregnant women, who carry out or obtain an abortion, may be sued and given lengthy prison terms.

Bibi, 17 years old perceived

“I know that abortions are prohibited, totally forbidden in the country… but in pharmacies there are products to do so, but under prescription, you take a pill which removes the sperm from the egg and your period comes down normally. It has secondary effects. It can cause psychological trauma or may induce a radical change in your body… An abortion for me is something natural, when it is done responsibly.
For example, in my case I'm still going to school and a child is not in my plans. And if I don't want to have a child that would be the best choice”.

As I mentioned at the beginning, in the limitation of the study, talking about sexuality is not always a true reflection of rational facts. It really takes time to built rapport of confidence that allows the informants to feel free to share their insides.

Cintia’s case was a particular example

“I never considered an abortion, because I thought that if his “cosita” (little penis) hurt me during the intercourse, how much would the tools the doctors use in the operation will hurt me when I have an abortion. No way!

However, she expounded a different response in another interview.

“I did some things… because I didn't want a child; I was not prepared to be a mother. I took natural things. Mejoral with coconut, and fasted, I drank the coconut “cogollito” and I was eating cane. A midwife told me that with these two and with the “cogollito” I could induce an abortion. I also exercised more and danced Palo de Mayo. I went up and down in order to increase the chance… all kinds of dance while I was pregnant and it did not fall”.

Bringing to the conversation Cintia’s true feeling about motherhood, opened up a space for her to grief openly, to share her feelings and experiences, to understand that the maternal feeling may come out or not and there is nothing wrong about that. I suppose Cintia’s case was not very different from other girl’s lives, and that doesn’t mean these experiences must be labeled as awful sins or crimes that they can’t confess. This reflection made me aware of how much all the informants may have in common. By sharing these kinds of stories would instigate disposition of other’s personal reflection. I believe that it is not exposing the truth what makes one vulnerable but the secrets one keeps.

However, most of the girls expressed their opinions against the abortion; all based in those Catholic principles. During the in-depth interviews the girls analyzed the correlation between abortion and punishment.

“Women who opt for an abortion should think about it. If you are going to have sex why would you have a late abortion? If you do something you have to stick to it, and they should have it. Ever since I was a little girl I was told that to have an abortion is to kill a child… However, when a friend was pregnant and her grandmother didn't
want her to have it and told her that it was just water,… but I don’t think it was…I
would not kill a baby, especially if it is mine”.

According to Paola’s testimony, another dimension of the concept of abortion was its
association with life or punishment in the religious sense:

“My cousin aborted a child, and then she dreamt about the child, heard a crying child.
She went to church; she confessed and they told her that she committed a sin because
it was a human being. She was three months pregnant. Things went badly for her. The
father left her, and went with another woman. He sold the house; she is living with
her sister now. I do not think that it is a punishment but things will go badly in life”

Participant observation was particularly important in Caitlin’s case. When we meet I
noticed she seemed emotionally confused, with low self-esteem, without ambitions in life
or guidance on how to handle situations with regard to her sex life. She showed addictive
emotional tendencies, which were manifested in the uncontrolled use of her cell phone,
(texting several messages to her lover per minute) and by her restless and nervous behavior.

Caitlin had an abortion at the age of thirteen and since then, she hasn’t had any
psychological counseling. She hardly talked about it to anyone. She just turned16 years old
and is the youngest of five siblings. She has a tutor because she doesn’t attend school due
to her dyslexia. Her academic level is equivalent to fourth grade. She helped her mother
sell things in the market of Managua. Her mother is evangelical and attends the church weekly. Her father drinks alcohol and consumes drugs.

“I started going out with a thirty-five year old man who was married, I was thirteen
then. It was then that I got pregnant. I did not want my mother to know about it. The
ones who knew first were my girlfriends. I began to take some pills to end the
pregnancy. My sister was after me, always asking me whether I was pregnant, and I
finally told her the truth. My sister forced me to tell her who the father of the baby
was; otherwise she would tell my father. Finally I said the father was the thirty-five
year old man.

Afterwards my sister came with me to see the man, to let him know that I was
pregnant. He said that he couldn’t assume any responsibility since he was already
married and besides, he hadn’t been the first or last man to lay with me. He said I was
a slut who had been with several men. My sister told him that no matter how many
men I was with he had to assume responsibility that he was thirty-five years old and I
was a minor. We were about to go to the police station, but my mother got scared because my father would learn about all this and he is so violent. He is a drunkard and a drug addict. My father used to give me a monthly allowance, and my mother thought he would stop giving it to me. She also thought about the gossips since she always enjoyed pointing out other people’s faults. That’s why my mother said that the best choice was for me to have an abortion. My mother thought about my sister who had an abortion, but she had it when she was of age. She didn’t want to be responsible for my abortion because abortion is prohibited in Nicaragua and because I was a minor and if anything bad happened to me she was going to go to prison, because abortion is illegal in Nicaragua, and my father would hit her.

But she took me to the doctor. I was told that I had been three months pregnant, but I believe my pregnancy was about four months along. The doctor prescribed some shots which I had to inject in my veins every day, so that my womb would open up because after two months into pregnancy the womb closes up so that nothing can get in or out. So, the shots were supposed to open up the womb and induce an abortion afterwards.

The day I had my abortion my mother left for Masaya. I was bleeding and it hurt and I yelled, I pushed, kneeled on my bed, and it came out. I thought I was just going to have blood clots, but I cried because the baby was this big (making signs with her hands, around 20 centimeters), it came out with the placenta.

It was formed,

And it was moving and it was warm, very warm!. It is like a bean seed, but long, like the ones on TV and with its head rolled up. I could not see whether it was a girl or a boy, but it was formed. My sister came and helped me and covered it with a blanket. Then she told me that I had to bury it in order to learn about the consequences. I never thought that one day I was going to go through this.”

According to the United Nations system, the right to abort is a vital expression for women to access their sexual and reproductive health and rights (SRHR), in order to achieve autonomy and empowerment on the decisions that affect their lives. From a gender perspective, sexual rights are grounded on the need for women to re-appropriate their bodies as subject in charge for the exercise of their sexuality and reproduction.

Those ideological perspectives were portrayed when among many mothers as soon as they learned about their daughters’ pregnancies, they turned blind with respect to the moral-religious structures of the church and encouraged their daughters to have an abortion. These testimonies seemed to bear a contradiction between the dominant moral paradigms and the
statement of sexual reproduction rights. As a result it seemed that when it came to personal cases, (affecting the own daughter’s future) they were forced to change the moral paradigm that has become internalized among conservative families. On the other hand girls were more resistant to changes provided by the recognition (SRHR), they seemed to be attached to conservative moral and religious beliefs, that reaffirms gender and motherhood, which were expressed when they rejected the abortion as an option.

In that regard a young girl shared her experience

“My mom thought about an abortion as an option for me, when she talked to the father of my child and saw his arrogance. She told me things like: I was a minor and that I had to obey what she said. Having an abortion is the easiest way, nobody will ever know and my life will remain the same.

I went with that pressure, but the truth is that when she told me about this possibility, I could not do it because it would be a sin. God placed it for some reason. I think that although it is only like a little egg, it is a life that I cannot remove. And also we women have this great gift: giving birth, to bring life into the world. I never hesitated, I had this idea that I could be a mother and not fear what people say or not know what to do”.

Scarlett’s testimony seemed bear a contradiction between the structures and personal expectations, she gave me the impression of always fearless when protecting her child, but not always was fearless in protecting her rights. Given the particular circumstances of the country about the abortion, it seemed important to investigate my respondent’s perceptions behind the words.

In the country therapeutic abortion is considered by the Catholic Church an infanticide and is penalized by the law. In addition, cultural beliefs of the society make women to have an expectation of becoming mothers whether they desire or not. It seemed the current legislations in the country have not looked around, and they are not aware that today, in the 21st century, women still in risk of unwanted pregnancies and STDs, forced to have children they don’t want or they can’t care for, they are beaten, raped and assassinated with impunity. Thus in the context of conflict, poverty or religious fundamentalism, women and children are the first and most numerous victims.
These are all examples of the innumerable and effective ways in how the social structure has been confronting women’s rights. I realized that the position of those girls in the Nicaraguan context might have been placed in a non-win situation.

*The interplay between: Marriage, Romanticism Versus Personal Goals.*

“The thin line between love, duty and pain…I have a crush that turned out into a crash”.

In this part we aimed at understanding the link between marriages, romanticism vs. personal goals, by considered the girls experiences and perceptions that orient emotional and physical impulses and the way those feelings have caused a change of personal goals and sexual behavior among my respondents.

In that sense the Nicaraguan social system and in particular how it constructs kinship (marriage), gender inequality and cultural beliefs (machismo, religion, motherhood) informs the patterns of references and creates an impact in the young people’s personal orientations.

The internalization of the gender role was a crucial example of how the girls informed their expectations and motivations, and how those structures and social norms determine and influence the decision-making processes of the girls. In that sense based in the Nicaraguan context machismo was presented as a double moral with regard to marriage about what is considered the appropriate behavior of men and women. A man demands a woman to be a virgin, while the man does not require the same. However, different positions were conferred to virginity among the interviewed

Anielka, 17 year old, the most Catholic of the interviews, shared

“I was a virgin, by the time I got married, that is a privilege the “one up there” sends to each of us. We come virgin to this world and when you lay with a man there is blood”. My family told to me that if I knew a man, I had to stay always with him; I shouldn’t go from one man to the next”.

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In that sense another girl said

“I have friends who have had sex. Sometimes it feels like my jaw drops when they begin to talk and that they have already been with one, two, three, four boys…and I am surprised! That sounds so terrible! And I have not; my first will be also my last”.

For others the importance was relative: It seemed that nowadays, the importance about virginity is not the same as for the generation of their mothers. For them to have sex before marriage was a scandal. Although virginity was not so important for all the girls, it was not easy to break this conception, which does not mean that they have not experienced feelings of guilt, sin or discomfort in a given moment. However, these feelings were exceeded quickly.

In that sense Aleska said:

“That was my goal: I am going to be a virgin when I marry. But it is a lie, I even arrived with my daughter (laughter). …The truth is that I got pregnant on the same day I was with the father of my daughter, the day I lost my virginity. Since then I have not had relationships. It was the first time and it remains the last time to this day because I have not been with Marvin”.

Paola, 14 years old, told me that

“If you lost virginity it is because you wanted to, it is your problem, and you know how to be careful. I can give you a tip on how to prevent pregnancy and things. But if you lost virginity it is your problem, you do not have to go telling anyone”.

Have you suffered from machismo?

“Yes, I have. Sometimes I would like to be a man because they can do whatever they want. For example, I would like to attend a party on Saturday, and my mother does not give me permission. My brothers can leave and return at whatever time they want and I cannot. Sometimes they tell me I am too young and they are afraid for me

Furthermore my boyfriend doesn't like me wearing a miniskirt, but I wear them because no one has any say, he is only my boyfriend. He doesn't like me to wear too much make up or things like that. He likes me to tell him where I am, likes to check my facebook page and things like that. Even at school, there is a difference between messages that are given to boys and that they give to us. Professors explain to boys
how to get a condom and all those things. During these talks women only listen and we have to manage, but for them, there it is different class with counseling.

Nowadays boys are commonly forced to get married if the girl got pregnant, the couple used to live together, but months later they get divorced. According to several narratives of my informants, it seems they do not bear the responsibility and pressure the role of fatherhood entails. If the boy is an immature person then what would happen for his mind are all the things they are to lose, that their life will be spoiled because they cannot escape to parties with friends. Because they don’t have economic stability or of the lack economic and formal jobs is another reason to “skip” their obligation to address the needs of the baby and the girl.

Cintia, 17 years old respondent explained to me:

“...My parents wanted me to get married, when I got pregnant and I said that I wouldn’t do that. Each of us continued to live at our homes and that didn't work well, because when I was five months pregnant, he decided to break up with me. Girls believe that if we like a person, a child will catch him and tie him to us. Men can leave a woman pregnant and leave as he wants. I did not look for him anymore...I do not see him as competent and I don't want to beg... he is an immature person. Or maybe he supports me and two or three months later he will not be able to do so anymore”.

However, having children without a steady partner in the view of some people in society is seen as a negative situation for women. The price to be paid for being a single mother appears in many everyday life situations. Even though the girls are aware of this, some of them opt for liberating the boys from the responsibility of fatherhood. This paradigm was reproduced in most of the young mother’s interviews. 

“I did not let him claim paternity. When the baby was two months old I went alone to the Mayor's Office. I was a minor then, but since I have a few friends there, they enrolled him, with just my last name. It is better if I work to raise him.” I didn't think about calling him to ask for any help or to give him his surname”.

Among the single mothers interviewees there were skeptical attitudes regarding the possibility to re-start a new relationship. They explained to me that they wouldn’t say that they don’t picture themselves with someone in the future. This time they would have to be careful, in the sense of protecting themselves, i.e. using condoms, birth control pills or
shots, because they do not want the same thing to happen to them again, and that they would like to have as a partner someone who is worthy.

In that sense one of the interviewed said:

“I would like to have a new boyfriend (laughter inward, timid). But now guys think: “Ah, you have a child...“voy de viaje.(the road is clear), I have no problems”. Previously there was a kind of stop signal; I was a "señorita" (a virgin). And they want to go straight to having intercourse. We will not go out to walk manito sudada (taking each other’s sweating hands). My mom told me several times when I got pregnant: “Now you have to take care of your reputation or you will end up bringing a lot of men home only for that. I think I am more worried about what people will say, this is why I say that I limit myself.

(…) sometimes I think that one day Carlos will return. I am angry because he told me all kinds of things and has dated me for two years... well, I say that I still love him, but who knows what I want”

Commonly, sexuality programs are directed to advice women about safe sex when their physical life is in risk, but when it comes to a relationship there are few programs focusing on guide lines about how to protect themselves against emotionally harm.

Goals. “I wish I could go to school”.

Several key informants had the intention not to engage in early pregnancy due to their wish to go school and complete their education, to get a good job and reach independence. My respondents were, in many cases, well aware about what it mean to becoming a mothers, that although it was not a hindrance, but it prevented them from doing things or carrying out their life plans. Moreover, some of them were displayed in the layout to put aside their studies or other plans temporarily to devote themselves to the conformation of their own family.

In that regard two girls shared.

“I have a goal and I want to fight. I do picture myself with my career working being more independent. These are my goals, but the boss is the one up there in heaven or maybe I will have more children and my heart will soften. But not now, because I should continue studying and especially after the bad experience I had with him. I will not have any more children if I do not have a husband”.

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And Carla perceived

“A child doesn’t wreck lives, but my time, because of my studies…If I leave pregnant, I see myself with my boyfriend, perhaps already married, but working because I would not want to be like some woman that: I am pregnant, you have to support me, and all that.. I would like to get marriage and everything involved in it even maternity. In my case I wish to have a child when I have a stable relationship”

Womanhood seen to be linked to the identity of motherhood, but does not necessarily mean immediate pregnancy for the participants. Marriage was often understood as institution of the family formation, many girls still considering marriage and procreation as a crucial step in their plans of self-realization, picturing them married or with a stable relationship in their future plans. Perhaps one of the key points which gave this universal desire for marriage, reproduction and motherhood, was the social censorship that has as main subjects of criticism to women to other life projects stipulated beyond of these three dimensions. A sort of social status was seems to give these dimensions assumed that these probe maturity, understood as a position of responsibility, reliability, affectivity and with full capacity of manage a family.
Chapter five

5.1 Conclusion

The aim of this study was to explore the socio-cultural factors that contribute to the high rates of teen pregnancy in Masaya, a municipality of Nicaragua. My aim was to increase the understanding about motives behind female sexual behaviors, their circumstances, and particular reasons that influence or affect their decision making process.

Like my overall question asked in the research was: To what extent does a group of pregnant and non-pregnant teenage girls with the same socio-economic background living in the same cultural context and having equal access to sexuality issues, show different orientations toward motherhood and sexuality?

My main objective was to investigate experiences, beliefs and changes that inform the sexuality patterns and constructions in a group of female adolescents in Masaya, Nicaragua, with the same socio-economic background, in order to understand sexual behavior and why some adolescent girls become pregnant and others don’t.

Throughout the childhood and adolescent, the interviewees learn meanings that associate to each circumstance and gradually they internalize those meanings as a norms and values, which are constructed according to their family, friends, partners and social expectations. In that regard my first specific objective during the research was investigated those cultural beliefs and social context that affected their sexuality. Some of them were portrayed as follow.

Girls seem to grow up separated from their bodies and their sexuality. The girls cited several cultural beliefs associated to the phenomena of motherhood, which negatively affect their sexuality. One of those dominant paradigms and notions were portrayed in the patriarchal system, where men have been taught to seek sexual pleasure at the expense of
any risk or undesirable consequences, which lead to an increase in promiscuous and irresponsible behaviors in terms of protection. Gender socialization makes men to have expectations of being loved and cared for, but not in terms of mutual love.

When a man does not meet women’s expectations there was usually a sense of betrayal, fear of abandonment, anger and resentment. Love appears to be a justification for conduct, dominance and machismo toward their girls. For some of them love implies pain. In fact, it seems to be common that being in a relationship implies pain.

The second objective was analyzed the various resources, where the adolescents learn and inform about sexuality, focused in their appreciations of the risks and benefits of the contraceptive methods.

It is important to emphasize the limited understanding that many interviewees have about sexuality, which in most cases was linked to the sexual relations with penetration. At first glance it appeared in fact as if the majority of the participants didn’t seem particularly concerned with the topic. However, the participants expounded further during the fieldwork on the dominant paradigms and belief system that created adverse and negative effects in adolescents with regard their health seeking behavior.

In theory, the continuous and correct uses of contraceptive methods are conditioned by knowledge, level of comprehension, psychological maturation, and economic accessibility. But in practice, i.e. according with the results of this research, the emotional part plays a crucial role in the continuity of contraceptive use. Among many interviewees sexual decisions with regard to the use of contraceptives were determined by the way they live their emotionality and their quest to please their partner. It was repeatedly pointed out how a relationship could have the strong power to change participants’ orientations and personal goals.

When teenagers start a sexually active life they are aware of the use of contraceptive methods. However, they do not associate their first intercourse, (based in sexual games and experimentation) with their reproductive capacity, i.e. with the possibility of a pregnancy.
Most of the girl’s intercourses were sporadic, spontaneous and without sufficient clarity or position to negotiate the use of contraceptives. Several key informants suggested not having problems or facing moral obstacles in the use of contraception or to protect themselves from pregnancy (condom is the most frequently used type of contraceptive, but they also take pills).

Based on the opinions that the participants have, regarding sexual and reproductive health services, the following reasons emerged as a major barrier to young people’s access to health care: The biomedical approaches limit a full understanding of the contraceptives used. The medical personal of health centers tends to discriminate young people, because it is assumed that they are not mature enough for facing the responsibilities that comes with an active sexual life. Moreover, even if they could access those services they were often unable to afford prescriptions. Thus, the negative attitudes of the nurses and medical staff provoked shame and fear to be seen at the clinic.

Not one of them had ever received any kind of psychological counseling, while they were in fact interested in physiological treatment, but also getting access to regular medical check-ups and gynecological exams.

And the third objective collected was the perception that the participants had regarding relationships, motherhood, unwanted pregnancy, abortion and STIs. By the time that the research was done, all the participants had already reached their puberty (defined by the appearance of their menstruation). Although all of them were physically capable of reproducing, they did not feel prepared to be mothers. Fear about pregnancy was always present because they were not ready to take responsibility for a family. The girls are aware that they face major problems with their family for having an unplanned pregnancy (being expelled from their homes, and school, etc). However, becoming a mother was projected as something innate for the participants.

Several informants suggested affection as an important factor when establishing a sexual relationship. A sort of discomfort is perceived when some men only want to have sex without emotional implications.
Although these teenagers initiated sexual activity at a young age, it did not necessarily lead to subsequent extensive sexual experimentation, nor have they expressed that they were able to enjoy their sexuality. In terms of eroticism I have observed that there is a poor practice and teenage girls are unable to separate between plain sexual relations and motherhood.

Dealing with abortion and its consequences (with few exceptions) proved to be difficult among the interviewees. However, two girls had practiced abortions with “natural” and pharmacological methods. But these interventions were done in secret, without much clarity or safety due to the taboos and contradictions between what the churches teaches and the personal reasons that guide and inform them.

_Theoretical approach (Agency-Structure) conclusion._

The interplay between agency-structure shaping sexual meanings and behavior of adolescents was a helpful analytical key in the research because it allowed an understanding of how the participants manage their sexuality and health seeking behaviour, regarding sexual reproduction issues. I intended to highlight the importance of the participants as social agents in order to examine how their agency, especially in terms of decision-making, might be useful for responsible sexual health behavior among young people.

The principal reason cited by the participant for avoiding early motherhood was their personal goal to obtain a college education, which would lead them to a better future. In that regard they, this group of adolescents was conscious of the importance of their agency in terms of decision and take action in order to reducing the risks of unwanted pregnancy by increasing their skills of negotiation and manage relationships and contraceptives methods.

The concept of structure was useful for understanding the internalization of motherhood, gender constructions, and cultural beliefs which conflicted and re-oriented girl’s expectations with regard to the sexual behaviour for the girls. Personal agency was commonly informed by the social normative rules which idealized correct social behaviour
of the participants, especially with regard to the meaning of motherhood as an important symbol in the current culture’s perception, which conflicted and affected the girl’s personal agency regarding their sexuality. I theorize those influences using agency-structure, allowing analysis of individual patterns of sexual behavior among the participants. Furthermore, it gave the opportunity to explore cultural beliefs, which are often taken as unchangeable and totally natural from an emic perspective in terms of how young people experiment self-perception of risk pregnancy and STIs in the Nicaragua context.

In conclusion the participants sexual behavior are not a passive copy of adult, it differs between generations. The meanings that the girls attach to their sexuality may shift along with their own development and contexts. However cultural beliefs and sexual taboos frame perceptions and sexual behavior of the participants, leaving few opportunities for social-cultural changes. Unless those structural factors that conditions adolescents choices to improve their sexual behavior are not addressed, adolescent’s opportunity to change their sexual behavior will be limited, even if they have enough access to information and contraceptives methods.

5.2 Recommendations.

Facilitate spaces for reflection and formation, regarding sexuality issues according youth people needs.

Preventive sexual health interventions should target young people before they become sexually active, making easier and available health care attendance instead of creating adverse effects in adolescents.

Catholic moral institutions, which legitimize the hegemonic order of gender, should begin to include the secular speeches of the new generations of human rights and feminist theology by setting another approach that emerges with principles of equality and fairness in relations between all people, regardless of their sexuality.
List of Abbreviations

DHS        Nicaraguan Health Survey.
FGD        Focus Group Discussion
PAHO       The Pan American Health Organization
MINSA      Ministry of Health of Nicaragua
SRHS       Sexual and Reproductive Health and Rights
STD        Sexually Transmitted Diseases
STI        Sexually Transmitted Infection
UNFPA      United Nations Population
WHO        World Health Organization
NP         Non- pregnant girl
P          Pregnant girl
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UNFPA

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WHO

WHO

World Bank
ANNEX

Research Instruments.

"Guide to the socialization of our life stories"

Focus Group Discussion with a Nicaraguan female adolescent.

Objective: socializing experientially some variables of interest for research in progress:

Discussing Sexuality among Nicaraguan Female Adolescents: An Anthropological Study

General criterion

1. We begin with a small recall of the prior interviews without going into details. The group recalls whatever they want to remember about interviews.

2. It is about sharing with a group, in an atmosphere of trust; they each want to share on the topics that are surfacing.

3. The objective of both the conversations and group sharing will be to learn about views different from or similar to ours. For this reason, we assume that each of us has a unique life history, based on experience, and on reflections of this experience.

4. Starting with our life stories means that each theme or focus group discussion will generate an analysis of our life, from the past to the present.

5. Sometimes, remembering allows one to think from a different point of view, other times it allows a better understanding of who we are, why we are the way we are, and why we act in a certain way, but more importantly it can give meaning to your life story, to help you appreciate the unique quality of your personal process, while at the same time, allowing us to understand about "other" experiences stories that are shared.

6. We will frequently go between our childhood and the present, not just to share our knowledge and to learn, but also to share our feelings.
These are the variables to explore

<table>
<thead>
<tr>
<th>Contents</th>
<th>Discussion questions</th>
<th>Group outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family context</td>
<td>When we were little girls what were we told by our fathers, brothers, sisters, etc. on sexuality and pregnancy? And what do they say now? With whom in our family we have confidence to discuss these issues? Why?</td>
<td>A brief look at our family and its influence on us is outlined.</td>
</tr>
<tr>
<td>Sexuality</td>
<td>During our childhood, what did we hear, see, feel or know about sexuality?</td>
<td>Reproductive roles of sexuality, myths and taboos are discovered</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>When we were little girls how did we perceive the issue of pregnancy? Is there any difference in how we perceive it now as adolescents?</td>
<td></td>
</tr>
<tr>
<td>Ours and other peoples bodies</td>
<td>What do we believe was our relationship with our bodies during childhood? Were there rules or ways to relate to our body? What were they? What about</td>
<td>Polled visions of our own body and of other peoples bodies</td>
</tr>
</tbody>
</table>
Discussing Sexuality among Nicaraguan Female adolescents: An Anthropological Study

GUIDE FOR THE USE OF "RECONSTRUCTION OF LIFE STORIES " DATA PROCESSING TABLE

I. Technique guidelines for the convenient use of the table:

a) Classify the identification data for each case studied (code, history, name, age).

b) The variables are in the grey header row and are included with the analysis criteria noted in the left-hand side column.

c) The filling in of the cells must be made with a clear and declarative language with the aim of developing what we consider a major finding or relevant analysis.

d) The table cells will be filled in with certain textual quotations from each life cases from the interview transcripts.
e) It is essential to build this table as a flexible instrument that can be modified or completed during its filling out.

f) It is always helpful to write down in a book all the data and inputs that, despite being relevant, the table does not record.

g) When we do not identify any data or analysis inputs, the corresponding cell is empty while we continue on without identifying them.

h) The exercise of filling in the data will consist of a steady and fluid back and forth.

i) When we believe that we cannot separate the data in variables, it is a good sign, it means that we have causal connections that deserve to be noted. The use of language that balances the tone with the descriptive tone will always help to specify those connections.

II. Guidelines for qualitative and critical use of the table:

a) Before starting to use the table, we have to clearly detail all of the qualitative approaches that we are interested in incorporating into our processes, i.e., those prospects that deserve to be transversalized (gender, ethnicity, age, etc.). Each piece of data must be analyzed from these intersecting.

b) It is important to point out that both "adolescence" and the concept of "childhood" as "stages of life" are cultural constructions that are assumed differently by each person in each story. You should be recognize as much as possible the detection of these perceptions: to see the matches between stories, but also to look at dissimilar views.

c) Do not forget that we are "reconstructing life stories". The table must reflect this in filling out the psychological and temporal sequence of the story.

d) To exercise differentiating between feelings, thinking and knowledge, is it necessary to explore their integration in and the separations between in each life history.

e) Once the table has been filled out it is fundamental to re-question it using the research objectives and approaches.
III. General guidelines for the comparative process between life stories:

a) It is recommended to continually read across each section (variable vs. criterion) going from one table to the next. The reflections will encourage this reading sequence, which will give body to our research.

b) An analysis of the causal connections and/or findings can be made from intersections in the stories.

c) We must base our data analysis process on questions like: Why in this story do things happen in this way or were lived in this way and why others were not? What explains some matches? Do there continue to be differences between the matches? What are they?

d) To keep the data on family environment and socio-cultural context of each life story in mind when conducting the analysis.

e) If necessary, the tables can be modified at this stage.

f) To build simple illustrative graphics for each life process and make comparisons from these visual sets (causal diagrams, timelines, biograms, etc.).

g) It is convenient to built, alongside this process, the structure and the initial drafting of our final report (research paper).
Questionnaire

Behaviors and/or sexual practices

At what age did you start having sex?

What do you know about sex and sexuality?

Would you like to talk about how your first relationship was?

What feelings did you experience?

Did you experience any guilt?

Are you enjoying your sexuality?

What do you want to learn about sexuality?

Do you talk about these things with your friends? What message you have been given?

And with whom you speak of these things?

What gap exists between the information they get handed and what they actually do?

Do you think that it is a taboo talk about this topic? Can talk you to your family members about this?

What did your mother mean when she says take care of yourself?

Which one is the biggest concern of the girls when having sex, getting pregnant or a sexually transmitted disease, which weighs on you the most?

Pregnancy and motherhood

What does mean to be a mother at this age?

At some point, when you were with the girl's father, did you want to be a mother?

What do you think of teen pregnancy? Do you think about that as a problem?
Have you ever been pregnant? And if you had been, what would have done?

Did you always wanted to be a mother? Have you never hesitated?

In the future, do you have the option to be a mother or not?

When will be your time for having intercourse?

What do you think about the options women have to become mothers or not, to make decisions about their bodies?

If you became pregnant accidentally--something unplanned--would you not have it?

What is your ideal age to get pregnant?

Why do you think girls become pregnant despite information?

**Marriage**

What do you think about marriage?

Would you get married? Is marriage important?

If the relationship does not work for any reason, would you get a divorce?

Do you think that the sole purpose of marriage is to reproduce?

**Body and pleasure**

Have you achieved orgasm? Do you know how to describe it?

Have you ever have sex or sexual games? Do you achieve satisfaction through these sexual games?

What do you think of self-complacency, is a sin?

Do you think masturbation is it just only for men and not for women?

Do you enjoy your sexuality?
Do you know your body now?

**Body and health**

Do you know about sexually transmitted diseases?

What kind of sexually transmitted diseases have you heard of?

Have you thought about getting some kind of gynecologist check-up?

During having intercourse have you ever thought about sexually transmitted?

Where do you learned about all of STDs?

How is the attendance of the health services? Good or bad, why?

When a girl has sex, what is she concerned about the most: getting pregnant or sexually transmitted diseases?

When you are going to have sex do you drink alcohol?

**Contraception/ abortion**

How were you informed about contraceptive methods?

What kind of protection have you been considering?

Are you using some form of contraception?

Do you know about other forms?

Do you know how to handle pills?

Before getting pregnant, what did you know about how preventing a pregnancy? Did you talk to anyone? Did you have any access to that kind of information?

What do you think of women who opt for an abortion? What is a bad thing?

Do you have any options to get an abortion?
What kind of products used for provoke an abortion? What is the effect?

When did you realize you were pregnant did you ever think about abortion? Was ever an option?

Is an abortion a sin for you, why? Who says it is a human being?

What do you think about girls who choose to have an abortion? Do you consider it sinful? Do you believe there will be punishment for something like that?

There are feminist principles that speak of sexual and reproductive rights, right to be careful, to protect themselves. Have you heard of sexual and reproductive rights?

When you decide to have sex, will you not go the pharmacy to buy contraceptives because of what people will say?

**Other variables and/or comments**

Is there much *machismo* in your house?

What do you think about virginity?

What does machismo mean?

Do you think that there is a difference between messages that are given to boys and that they give to you?

Why do you think that parents don't want women to go out? What do you think about that?

Why do you think that men are free to do so and are well regarded? What do you understand about the term *machismo*?

Does the father of the child support you financially?

What messages do you receive from religious institutions?

Why do you think it is a sin?
After pregnancy did you give up to your studies? And what about your plans? Did you ever regret to be mother so early?

How do you picture your life in five years?
**TABLE OF DATA PROCESSING FOR THE RECONSTRUCTION OF LIFE STORIES**

<table>
<thead>
<tr>
<th>Life history Code:</th>
<th>Pseudonym identification of the informant:</th>
<th>Age:</th>
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<tr>
<th></th>
<th>Behaviors and/or Sexual practices</th>
<th>Pregnancy and motherhood</th>
<th>Marriage/ Single mother</th>
<th>Body and pleasure</th>
<th>Body and health</th>
<th>Contraception/ abortion</th>
<th>Other variables and/or comments</th>
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</thead>
<tbody>
<tr>
<td>CHIDHOOD (&quot;BEFORE&quot;)</td>
<td>Individual Perceptions</td>
<td></td>
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