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Forced Motherhood? An Ethnographic Study on State Gender Expectations in Nicaragua

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**Forced Motherhood? An Ethnographic Study
on State Gender Expectations in Nicaragua**

BY

Mikaela M. Mendoza-Cardenal

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Anthropology
in the College of Sciences
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Thesis Chair: Dr. Beatriz Reyes-Foster

ABSTRACT

The dominant Sandinista party discourse of Nicaragua designates the family as the country's base social institution, but the prevailing machismo threatens the family's structure. Men - fathers - leave, either literally as migrant laborers or in the abandonment of their family responsibilities. In order to counteract the men's socially sanctioned absence, the state deploys a hegemonic expectation of motherhood in the passage of its complete abortion ban, one of the strictest in the world. All forms of abortion, including saving the life of the mother, are banned in Nicaragua and both doctors and women are heavily penalized if an abortion is performed. The denial of this vital health service becomes much more threatening in the context of Nicaragua's increased maternal mortality and the highest adolescent fertility rate in Latin America. However, this thesis focuses on abortion within the social context of idealized maternity; here, abortion is not simply the removal of a fetus but a rejection of motherhood, a dangerous option to normalize when women are seen as those primarily responsible for the family's well-being. This study draws on seven weeks of fieldwork in early 2016 in Managua, Nicaragua and interviews with sixteen women to advance the argument that the abortion ban is a form of reproductive governance implemented to maintain a hegemony of maternal expectations in order to preserve the family.

Keywords: governmentality, reproductive governance, reproductive justice, Central America, teen pregnancy, symbolic violence

THIS THESIS IS DEDICATED TO MY GRANDMOTHER
ISAURA MENDOZA-CARDENAL
FOR TEACHING ME FROM A YOUNG AGE TO ALWAYS ASK QUESTIONS
AND ONLY EXPECTING SUCCESS

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RESPONDENT PROFILES

*The following profiles describe the respondents
whose interviews are the analytical basis for this project.*

- CATERINA: A 31-year-old mother of two. Her grandparents and mother raised her in Managua. Her mother neglected her and her siblings for her husband, and so she is an extremely devoted mother. She is married and works as an event planner and caterer with her cousin. She has a bachelor's in law, although she has never practiced. She smiled easily and constantly checked on her children through the interview.
- ELBA: A 55-year-old single mother of one. Her mother and aunt raised her in a stable economic situation after her parents' divorce; six of the seven children have university degrees and work as professionals. She joined the Sandinista party during the revolution and, after receiving a sociology degree, lead a women's rights non-governmental organization (NGO) that facilitated abortion access. After deciding to focus on raising her son and rediscovering her Catholic faith, she no longer supports abortions for social reasons.
- MAGALY: A 36-year-old married woman with no children. She was raised by both parents, a lawyer and a businessman. She had a tranquil childhood in Managua with her younger brother; her parents did not conform to the corporal punishment ubiquitous in Nicaraguan parenting. She is a lawyer and works with her mother. She is unable to have children, but her dearest wish is to have a family; she does not want to adopt. She considers herself a feminist, and supports therapeutic abortion but opposes all other forms, including late-term abortions.
- ANA: A 21-year-old fifth-year medical student with no children. She grew up in a stable, strict two-parent household with little economic difficulties. She requested to do her interview in English. She is soft-spoken and analytical, often discussing issues in a systems perspective. She is agnostic, and unsure about having children. She supports therapeutic abortion but is opposed to abortion for social reasons.
- OSDANIA: A 51-year-old grandmother of one, mother of two. She is divorced; her ex-husband was physically abusive and an alcoholic and her family helped her leave him. She leads a Catholic church group teaching how to evangelize and works as an independent accountant with her university degree. She is opposed to all forms of abortion.

- **MASSIEL:** A 53-year-old mother of two, grandmother of two. She was raised in a rural department and was physically abused until she left home at 18 in order to finish high school. She laughed and smiled through her interview, but quickly choked up when recounting her mother's punishments. The father of her second child did not support her getting her degree, and so she was still in charge of basic tasks such as making dinner while working and studying. She works as a laboratory technician and has a bachelor's in biology. She has become more active in the Catholic Church and no longer supports abortion in any case.
- **IMARA:** A 29-year-old mother of one. When her parents divorced at age six, they abandoned her to a convent and left to leave with a sister when she was 13. She had her first child at 26 years old and her husband supports the home financially. She completed high school. She does not identify as any particular religion, although she does believe in the Christian god.
- **LIZBETH:** A 24-year-old fourth-year medical student with no children. Her parents divorced because of her father's infidelity and so her mother raised her and her sister. She grew up in a rural department before moving to Managua for university. She is Catholic, but supports therapeutic abortion and for social reasons.
- **SANDY:** A 21-year-old fifth-year medical student with no children. She was raised Evangelist in a stable, two-parent household in Managua. She is outgoing and strong in her boundaries in relationships. She supports therapeutic abortion and for social reasons, although she still views the latter as murder.
- **RAFAELA:** A 64-year-old woman with no children and the director of a Catholic-based NGO focused on expanding abortion access. She was an active member of the party during the revolution, even spending a total of six months imprisoned for her participation; today, she stands independently of the party.
- **IRIS:** A 63-year-old mother and grandmother. Her father and mother raised her and seven siblings in Managua. She volunteers as a youth group leader in her Catholic church. Her husband is a womanizer; he does not hide his affair and only comes home so Iris can do his laundry.
- **MARYEN:** A 27-year-old mother of two. Her mother raised her and her five siblings, and she moved out at fifteen years old. She completed school until the sixth grade, and blames her own lack of motivation for not going further. She had her first child at

19 years old and currently works as a cleaning lady. She lives in one room of a two-room house with her children and partner. She opposes abortion in all cases.

- FLAVIA: A 52-year-old grandmother and a mother of four. She was raised in poverty and reached the sixth grade. She has experienced domestic abuse since childhood and through adulthood. She is Christian and a Sandinista, but her partner forbids her from attending church or party meetings. Her previous partner refused to let her study, so she had to go to school behind his back to receive her sixth grade diploma. Her oldest brother raped her from the time she was nine years old until her early twenties. She experiences depression, and though a psychiatrist recommended antidepressants, her partner opposes her taking them. She supports abortion to save the mother's life and in the case of rape.
- SOFIA: A 20-year-old fifth-year medical student with no children. She is from a rural department. Her parents divorced over her father's infidelity when she was nine, and her mother and aunt raised her. Both of her parents are medical doctors. She is very confident, although a bit standoffish with women and feels more comfortable with male friends; she points to the competitiveness between women as the cause. She supports therapeutic abortion and is unsure about in the case of rape; she opposes abortion for social reasons.
- MELISSA: A 38-year-old unmarried woman with no children. She is an only child and never knew her father; her mother raised her and the two lived with her extended family. She was very soft-spoken and timid. She has had an ovary removed and has not been able to get pregnant, although all she wants is a family. She describes her current partner as abusive, but would still be willing to have his child just to be a mother. She supports therapeutic abortion, but opposes all other forms.
- GLENDA: An older unmarried woman with no children. Glenda is my grandmother's colleague and friend, and helped set up the interviews with Elba, Osdania, and Massiel.

INTRODUCTION

Opposing conceptions of the body have characterized changes to the Nicaraguan health care system since the popular Sandinista revolution in 1979. The Sandinistas merged concepts of the individual body and the social body, designating health care a public responsibility and consequently creating an internationally lauded community health system, while the opposition's neoliberal, individualistic interpretation was reflected in cuts to public services when they took office in the 1990s. But whereas general health care services have been alternatively expanded and restricted according to ideological shifts, limited access to reproductive health care – specifically abortion services – has been consistent through changes in leadership. State representations of the Nicaraguan woman have defined her role as mother and compliant citizen within the bounds of marianismo, and this conflation of private and public gender expectations has served to limit women's reproductive health care to services that prioritize social institutions (such as the family) over the individual. Most recently, the complete abortion ban passed in 2006 under the Sandinista-controlled government illustrates state expectations of women's subservience to imposed expectations of motherhood, stripping the female body of any extrafamilial importance.

Past research on reproductive health in Nicaragua has focused on social and legal challenges by feminist and antifeminist movements and subsequent state responses, but has neglected to explore how the average Nicaraguan woman accepts or rejects the maternal identity. My research intends to contribute an ethnographic analysis of how the static image of women as mothers continues to be used in limiting

health care, and what women's perceptions are of these policies. This study will also explore how gendered health policies affect women's perceptions of the state as a supportive institution, and analyze these policies as an example of reproductive governance intended to limit the roles women can assume in Nicaragua. A chapter on teen pregnancy has been included, as the increasing fertility rate in the context of free birth control can be understood as a manifestation of women's unconscious consent to the hegemony of motherhood in Nicaragua.

CHAPTER ONE: HISTORICAL BACKGROUND

Nicaragua is a relatively large, effloresced country in Central America whose horizon seems to always be punctured by one of its nineteen volcanoes. The country's recent history is similar to most of Latin America – revolution against a dictatorial government, American military involvement, and experimental socialism. Today it is the second-poorest nation in the Western hemisphere with the highest adolescent fertility rate in Latin America (Forbes 2015; Lion, Prata, and Stewart 2009). The following sections provide context in order to understand the motivations and outcomes of the revolution, the relationship between women's rights and the FSLN, the state of reproductive justice, and to explain the theoretical perspectives guiding this study.

The Sandinista Party

Students formed the Sandinista National Liberation Front (Frente Sandinista Liberacion Nacional, FSLN, or Sandinistas) in 1961 at the National Autonomous University of Nicaragua. From its trivial beginnings as a student group, the organization grew large enough by the early 1970s to initiate counter-military attacks and went on to lead the revolution. A nationalist and popular movement, the Sandinistas encouraged the expansion of social service programs, particularly in education and health care (Garfield and Taboada 1984:1138-1142; Garfield 1984:69-70). The new government prioritized the development of a preventive, participatory-based model of health care; even access to therapeutic abortion was supported by expanding its legal interpretation (Heumann 2014:291).

It is a common belief that the Sandinista movement of the 1980s was feminist. Women did play a vital role in the mobilization of the Sandinista revolutionaries in the late 1970s, constituting 30% of combat forces (Heumann 2014; Kampwirth 2006; Kampwirth 2008; Molyneux 1985). After the Sandinistas won the revolution, the state employed many women who held positions of leadership within the party and formed auxiliary organizations, such as labor unions (Babb 1999:35; Heumann 2014:290-291; Kampwirth 2008:126; Molyneux 1985:227). Women were encouraged to organize around shared demands and to create co-ops (Babb 1999:34; Jubb 2014:292). The new government opened day care centers, addressed sexual harassment and contraception access, and established common law marriage and no-fault divorce (Jubb 2014:292; Kampwirth 2006:82). Superficially, the Sandinistas supported women's interests, but held a fundamental resistance to true gender equality.

That the FSLN was a party that actively supported women's interests was a misconception – most of the aforementioned advancements were the result of extreme lobbying by women's secretariats and women's groups (Kampwirth 2008:126). Popular rhetoric following the regime change characterized feminists as lesbians, separatists, and antagonistic to the revolution (Heumann 2014:297). The wide gender disparities in the party kept women from effectively critiquing gender inequalities, and women Sandinistas were forced to choose between a militant and a feminist identity (Heumann 2014; Kampwirth 2006:76). It was in making this choice that feminists were active in their own silencing, maintaining a public relationship legitimizing Sandinismo as a movement supportive of women (Heumann 2014). Although there were women in

leadership positions within the party, the supposedly progressive FSLN endorsed traditional gender roles and a traditional family structure. Women's roles in the revolution were a politicization of their expected motherhood roles as they organized committees to provide medical care to the wounded and food for refugees (Molyneux 1985:228). Women's interests were set aside following the revolution, and demands for protections including domestic violence legislation, paternal obligations to children, and abortion rights were labeled as "separatist" and self-serving (Heumann 2014:297).

As mentioned above, the presidential victories of conservative parties from 1990 to 2001 heralded a more obvious execution of socially conservative policies and an ideological shift to social conservatism and neoliberalism that would delimit state social services for the next 16 years. Babb (1999) navigates through the National Opposition Union (UNO) party government's implementation of neoliberal reforms and describes how a combination of decreased government spending, a greater reliance on exports, and a growing social conservatism adversely affected women's health and opportunity for upward mobility. The layoffs in government employees especially affected women, who were then socially pressured to not seek out new employment but rather stay in the home; this was not feasible for the majority of households that relied on the woman's income to survive. In an effort to provide for their family, many women entered the informal sector and become vendors or sex workers. Weakened social services translated to greater family costs for health care and private education; the ideal of the traditional family endorsed by a conservative state was inutile in the survival of average Nicaraguans (Babb 1999:34-37).

The reelection of FSLN President Daniel Ortega in 2006, 2011, and 2016 (formerly elected in 1984) furthered social conservatism through an antifeminist discourse and an intense promotion of the traditional family structure and marianismo¹ (Heumann 2014; Kampwirth 2008). This was particularly evident in the FSLN's support of the ban on therapeutic abortion in 2006, although Kampwirth (2008:127) argues that the party's stance was not a "shift to the right, it was a shift to cynicism" as supporting the ban would have cemented the endorsement of the Catholic Church in the upcoming presidential election. However, women's advocates like Ana Maria Pizarro, director of a women's clinic in Managua, argue that the Sandinistas of the 2000s are not the Sandinistas of the revolution (Kampwirth 2008:128). Presently, the FSLN has maintained an interest in controlling women's sexual and social behaviors through the imposition of religious (particularly Catholic) views on premarital sex and extramarital pregnancies, and these views have formed the basis for policies that generate structural violence (Farmer 2003:Loc 723; Kampwirth 2006; Lion, Prata, and Stewart 2009).

Reproductive Health

The general opposition to abortion demonstrates the social conservatism of Nicaragua's leadership throughout the 1990s and early 2000s (Heumann 2007:217-231). However, these "pro-life" discourses were not restricted to traditionally conservative parties – by the 2006 election, the FSLN, who had often represented itself as empowering to women, developed an anti-abortion stance that lead to a total

¹ Marianismo is the idealization of motherhood in Latin America informed by the veneration of the Virgin Mary.

abortion ban preceding their presidential victory that year. Supporters of the ban included prominent doctors (although not health providers as a group), the Catholic Church, the Evangelical Alliance, and almost all political parties (Heumann 2007:220-222). This widespread support exhibited a hierarchy of concern in which the expression of motherhood supersedes the will of the mother, even supplanting her right to life for the fetus' right to life.

The ban on abortion, combined with severe shortcomings in sexual education, is a form of structural violence that has contributed to the highest adolescent fertility rate in Latin America and the Caribbean. Approximately half of Nicaraguan women give birth before the age of 20, and 25% of all births occur in this population at 135 births per 1000 women (Lion, Prata, and Stewart 2009; UN CRC 2010). Additionally, unsafe abortions are the primary cause of maternal mortality, causing 16% of the country's maternal deaths. The general maternal mortality rate is 170 deaths per 100,000 live births (UN CRC 2010). Within the health care system, health care providers are concerned with how reproductive health information is disseminated and whether the system has provided enough resources to circumvent the need for abortion services.

Reyes, et al., (2013:54-59) discuss an initiative by Ipas Central America, an NGO based in Managua, to incorporate human rights topics into reproductive health education efforts of Nicaraguan doctors and nurses. Their research consisted of two pilot studies: a 40-hour health and human rights workshop for nursing students and a 24-hour training course for new doctors about to enter their mandatory social service year. The results of the second pilot study found that cultural gender inequalities were

one of the factors that affected doctors' abilities to provide family planning options effectively, along with support from colleagues and lack of resources. Doctors recognized that the unequal power dynamic in a heterosexual relationship meant that the man, a dynamic that is representative of state restrictions on women's body autonomy, often made family planning decisions. Interestingly, doctors also recognized that a similar power dynamic existed between themselves and the patients, and stated that the workshop had influenced the way they communicated with patients regarding respect for patients' decision-making autonomy. Nicaraguan doctors are required to perform one year of social service immediately following graduation from medical school, and in this year, new doctors become representatives of the state. This sample's acknowledged imperiousness in prescribing family planning evinces the domination of gender norms in negotiating access to specific types of health care.

In a qualitative study on primary health care providers' opinions on improving sexual and reproductive health care for adolescents, Jaruseviciene, et al. (2013:1-8) noted the factors that need to be addressed in order to improve this area of health care: managerial-level and health provider-level efforts; networking with schools, parents, and the community; and changes to legislative policies. The study participants were composed mainly of physicians and nurses from Nicaragua, Bolivia, and Ecuador. All agreed that managerial-level changes would most positively affect adolescent access to sexual and reproductive health services; these changes included ideological changes such as the prioritization of adolescents as a patient group and a youth-friendly approach.

A quantitative study examining factors associated with adolescent childbearing in Nicaragua did not mention abortion access as a contributing factor, but this could be due to the extreme stigma against abortions performed for social reasons and a consequent evasion of the surgery (Lion, Prata, and Stewart 2009:94-95; Kampwirth 2006:129). The study found that the age at first sex, understanding of reproductive health (e.g., ovulation cycle), level of health care autonomy, and access to contraceptives were all contributing factors to young motherhood (Lion, Prata, and Stewart 2009:94-95). The article argues that although contraceptives are widely available and inexpensive, the cultural stigmas against premarital sex and the lack of formal sex education in schools are effective obstacles to access contraceptives. The Ministry of Health does acknowledge that the high level of adolescent pregnancies is a concern, but there are no concerted efforts to resolve this issue (Lion, Prata, and Stewart 2009:91). The state rejects responsibility for preventing unwanted pregnancies, but also prevents women from resolving their situations by banning abortion in all cases, institutionalizing gender expectations in ways that violate international standards of human rights (UN CRC 2010).

Theoretical Perspectives

Foucault's theory of governmentality and Morgan and Roberts' reproductive governance will be the basis for analyzing the interaction between institutionalized gender expectations, women's responses to these expectations, and the effects of the resultant restrictive abortion law on women in Nicaragua (Morgan and Roberts

2012:241-254). I will also apply theories on concepts of the body, symbolic violence, and structural violence (Bourdieu 1997; Farmer 2003; Scheper-Hughes and Lock 1987).

For the purposes of this thesis, Foucault conceptualizes governmentality as the ways in which the administrative state reproduces governable citizens through seemingly transparent institutions, e.g. public education or state health systems. The administrative state is less pervasive than the previous state iteration (kingdoms) and thus must enforce obedience in subtle ways. In this thesis, I will focus on his statement that the family is now an instrument of the state in order to analyze how the FSLN enforces its hegemony of motherhood. The Sandinista party has adopted the family as its base social unit and the country's legislation and health policies are directed at its prosperity. The governmentality of the Sandinista state in regards to women works through the state's propaganda of family values, and its implicit form is seen in their neglect in providing comprehensive sexual education and the abortion ban.

Reproductive governance, as theorized by Morgan and Roberts, is an extension of governmentality that focuses on the specific mechanisms and institutions that facilitate the state's control over reproductive and sexual practices (2012:241). Nicaragua's abortion ban is an example of reproductive governance by a moral regime. The Ortega administration uses its overt Christianity and strong ties to the Catholic and evangelical churches to place themselves in a position of moral authority. Their parroting of inaccurate medical information as justification for the ban divides the medical community and the state on this issue and forces health personnel to choose between their medical training and their freedom, as abortion providers can face years

of imprisonment. The lack of sex education in concurrence with the abortion ban evinces either a negligence or intention on the part of the state in obstructing the rejection of motherhood.

Scheper-Hughes and Lock, in their deconstruction of three conceptions of the body, note that these conceptions are foundational to the planning of health care programs (1987:6). The three bodies described are the individual body, the social body, and the body politic. The individual body is “the lived experience of the body-self,” whose perceived role in society will determine access to care; for this project, the woman is the individual as her gendered life experiences directly impact accessibility to reproductive health services (1987:7). The social body is the shared representation of society: in Nicaragua, the family would represent the social body as the state uses the family to maintain a type of morality that shames women for rejecting motherhood. The body politic has a stake in controlling both the individual and the social body and the Sandinistas represent the body politic, who have legislated a hierarchy in which the individual woman’s body is neglected in favor of the other two. Scheper-Hughes and Lock (1987:25) argue that the body politic will “reproduce and socialize the kind of bodies they need;” the Nicaraguan state, in their endeavors to preserve the traditional family, rhetorically and legislatively uphold the dominance of maternal identities. This is done by legitimizing cultural stigmas surrounding premarital sex and extramarital births through the state’s alliance with the Catholic Church and by the state’s refusal to provide comprehensive sex education and include the life-of-the-mother exception to abortion access (Lion, Prata, and Stewart 2009; Luffy, Evans, and Rochat 2015).

There is also another aspect outside of gender norms that I believe influences the body politic's propaganda of motherhood – political and civil leaders since the 1980s to today have commented on fears of Nicaragua being underpopulated (Morgan and Roberts 2012:247). In the 1980s, President Ortega characterized abortion as “an imperialist tactic designed to facilitate genocide by reducing the number of soldiers available to defend the revolution,” and a statement made in 2002 by Nicaraguan sociologist Violeta Reyes de Padilla described international reproductive health education programs as “diabolical programs to limit population growth” (Jubb 2014:292; Kampwirth 2006:84). I have discussed earlier in this literature review that the priority of the body politic is not to empower women, and it is a possibility that the illegality of abortion could be a mechanism to build a population of laborers that will serve the state's economic interests. The country's total fertility rate (TFR) has been in decline since 1990 (UN CRC 2010). The projected TFR for 2016 is well below the necessary 2.1 children per woman that maintains the population at 1.92. There are not explicit calls for women to have more children, but the state enacts structural violence to constrict women's agency in reproductive decisions by blocking adequate sex education. The teen fertility rate is the highest in Latin America and the second-highest in the world. In the context of a declining TFR, adolescent girls are being forced to carry the burden of maintaining the population through their ignorance of reproduction.

Scheper-Hughes and Lock (1987:28) also discuss the importance of biomedicine in serving the interests of the body politic, particularly in regards to reproduction, and the Nicaraguan state's reliance on inaccurate medical information is a form of structural

violence that has served the state's antiabortion agenda. Structural violence, as defined by Paul Farmer (2003), is the effect of political, economic, and social forces that structure risk and suffering, and conspire to constrain agency. Pro-life arguments allege that pregnancy does not pose any risk to the mother, that "science and medicine have managed to overcome that problem" so that abortion is an "anachronism." These arguments are adopted by the state to legitimize the abortion ban from a medical standpoint (Kampwirth 2006:91; Kampwirth 2008:128). The state's antiabortion policy enables structural violence by overlooking information on the high-risk nature of adolescent pregnancies, by forcing women to give birth to nonviable fetuses, and by ignoring the fact that unsafe abortions are the primary cause of maternal deaths (Kampwirth 2006:91; UN CRC 2010:1,3).

Aside from the state serving its own agenda, there is a general disapproval of abortion that best be explained as a form of symbolic violence. First defined by Pierre Bourdieu (1997), symbolic violence is the result of the adoption of the discourse of the "dominant" by the "dominated." In Nicaragua, symbolic violence takes the form of the naturalization of gender norms by women, especially seen in women's compliance with their primary life roles as mothers that subsequently influence antiabortion opinions. Kampwirth (2006:87) argues that these 'traditional family' views are informed by experiences of growing up in a society that is sexually segregated, one in which the "ideal of femininity... is of elevated motherhood" (Lancaster 1992:93). Women's accordance with gender norms have led them to naturalize inequalities; some even argue that there is a matriarchy in Nicaragua because of popular rhetoric characterizing

men as reliant on “female responsibility” (Kampwirth 2006:87-88). These views hinder women’s advancements by characterizing their maternal role as necessary to the survival of the family, creating a sentiment of importance in being a mother rather than of subservience that keep women from looking for other forms of individual growth. The religiosity of Nicaraguans also contributes to women’s opposition to abortion, as many see abortion as a violation of God’s order to reproduce; one woman interviewed by Kampwirth (2008:130) stated “when doctors take babies out... for me, it is wrong. God made man and woman to multiply.” These positions can be seen as a form of symbolic violence since in lieu of medical procedures to save lives threatened by pregnancy, many women support putting their lives “in God’s hands” (Kampwirth 2008:129).

Reproductive Justice vs. Reproductive Rights

Lynn M. Morgan’s article “Reproductive Rights or Reproductive Justice? Lessons from Argentina” explores how the women’s movement in Argentina has rejected the new framework of reproductive justice in favor of the rights framework (2015). The rights-based framework defines the rights that are inherent to safe reproductive health. Understanding access to reproductive health services that help enable individual choice (such as contraceptive and abortion access) as a right shines a spotlight on the individual woman’s experience of maternity. It has been criticized for leaning too heavily on concepts of “privacy, autonomy, and abortion,” while neglecting the social aspects of maternity impacted by race and immigrant status. A new framework was developed by SisterSong, a collective of women of color, that is an amalgam of social justice and reproductive rights, aptly titled reproductive justice. The movements away from rights

and towards justice was influenced by the way conservatives have managed to adopt the rights discourse in order to advance their pro-family values. Reproductive justice removes abortion and contraception from the spotlight in order to rally around related issues such as incarceration, racism, and adoption policies.

The rejection of the justice framework in Argentina is influenced by the country's history of revolution against an abusive dictatorship. The junta has been prosecuted by recent administrations for violating human rights, so society has a familiarity and relationship to the concept of rights. It is a relatable concept that easily translates into reproductive health, as well as enables activists to demand action from political leaders.

Nicaragua also went through a similar revolution against an abusive dictatorship, but I would argue that in light of the current administration, the women's movement could benefit from stepping away from the rights framework. Bradshaw, et al., (2009) observes that the Nicaraguan women's movement benefits from a rights-based discourse, but that they are also more hesitant to label themselves as such. Representatives of various women's NGOs instead focused on power and changing power relations. There is also a needs-based discourse that activists use when discussing rights: a woman needs to achieve economic independence in order to fulfill her reproductive rights. I opine that this needs-based discourse surrounding economic hardship is a result of the widespread poverty in Nicaragua, while a rights discourse is more narrow, focusing on the selective disenfranchisement of the rights of individuals. Bradshaw details also how the Catholic Church has coopted the rights discourse, which results in a hierarchy and negation of rights. The authority of the Church means that

individuals are left to consider rejecting religious mandate, and the religiosity of Nicaraguans means that few will take on that kind of mental and spiritual challenge.

The use of a reproductive justice framework could work in Nicaragua for the following reasons. Their revolution was a popular revolution – the Sandinistas then and now portray themselves as socialists, and Nicaraguans have a strong sense of collectivism. There is a term I learned during my fieldwork, *matamama*,² that is used as an insult for those who criticize Nicaragua in a depreciative rather than constructive way. This term evinces a perspective based in nationalism and collectivism. A rights framework focuses on the individual, while the concept of justice is far-reaching and relates to creating an environment that facilitates freedom of choice. There is also a history of Western intervention that leads to a resistance to a top-down definition of rights. Ronald Reagan's financing of the Contra War that worked to decimate the advances made by the socialist FSLN has sowed a sense of distrust by the party in foreign involvement. The opposition by the Catholic Church and their own definition of rights, which the party has shown to prefer and uphold, is evidence that the rights discourse might not be the most useful because it is too fluid and adaptable. Additionally, respondents who opposed abortion for social reasons used a discourse based in personal responsibility. The justice framework negates this individual responsibility by widening the focus from autonomy to a general environment of inaccessibility.

² Literally, mother-killer

There has also been a history of the passage and subsequent revocation of rights. The expansion of abortion access following the revolution and its criminalization in 2006 is one example. The amendments to Law 779 also worked to grant then repeal certain rights (Jubb 2014:289-303). Law 779 passed in 2012 intended to facilitate the reporting process for victims of domestic abuse, but following a constitutional challenge, provisions were added to allow for mediation. The mediation process was included to allow for the reconciliation of the family, and discouraged women from pressing charges against their abusers. Bradshaw stated that in interviews with feminist activists, their hesitancy in discussing rights did not extend to one right in particular: the right of a woman to a life free from violence (2009:59). The amendments to Law 779 are evidence that the state is not trustworthy in its protection of rights and it is willing to revoke advances made in order to push their pro-family agenda. The intersection of women, the family, and the state in Nicaragua means that a rights discourse focusing on the individual can be labeled as self-serving and indulgent. A reproductive justice framework could be a valuable tool for feminists who have been characterized as selfish, as it has a more collective, less individualistic feel that would resonate better with a socialist country.

CHAPTER TWO: METHODOLOGY

Site Choice

My field site was the Centro de Salud Francisco Morazán in Managua, Nicaragua. Traditional qualitative ethnographic methods were used, including participant observation, semi-structured interviews, and informal interviews. My research period took place from January 25 to March 11 of 2016 for a total of seven weeks. I chose this specific center because the assistant director, Laura Palacio, is a relative of mine. The Centro is located in Linda Vista, a lower-middle class barrio in the northwest area of Managua that serves middle and lower class individuals and families. It is a third-tier municipal clinic and has the following departments: surgery (with services for x-rays and maxillofacial surgeries); mental health; physical therapy; OB/GYN; cardiology; orthopedics; pediatrics; ear, nose, and throat; nutrition; a pharmacy; and odontology. The government subsidizes all services.

Interviews

Participants

Originally, I wanted to focus on women over the age of 35 in order to collect the opinions of individuals who were had reached maturity during the passage of the 2006 abortion ban. However, since I was constantly in the company of the medical students who were interning at the Centro, I chose to interview some of the female students in order to provide a more varied sample of opinions. The perspectives from young women medical students were useful in predicting shifts in attitude towards gender roles, provided an inside perspective on how abortion is approached by Nicaragua's top

medical school, and evidenced generational differences in parenting and gender expectations. Most of the participants were patients in the waiting room at the Centro; four were medical students who were assigned to the Centro; and two were activists in the feminist movement working with women's NGOs. My grandmother, who accompanied me to Nicaragua, introduced me to her friend Glenda who set up three interviews for me. I chose not to interview men to limit the scope of the study.

Pregnant women and women under the age of 18 were not interviewed. There was no compensation offered to the participants. This study posed no more than minimal risks. Foreseeable risks included recounting traumatic experiences. There were no direct benefits to participants. There was no direct cost to participants. Research participants were informed that they could withdraw at any moment during the study. By IRB approval, informed consent was not required.

Interview Format

I created one set of interview questions (Appendix B). Interviews with the two activists consisted of additional questions related to their niche experiences. The initial interviews followed the interview guides closely, while the later interviews were more informal in that my choice of questions were tailored to their answers. Each respondent was given an information sheet which I read out loud as they followed along, and I offered the opportunity to read through the questions before the interview began (Appendix A). Interviews were conducted at times that they chose and took place in either their homes, workplaces, or the Salomón de la Selva Library at the National Autonomous University of Nicaragua (UNAN). During times of emotional distress,

participants were given the option to continue or stop the interview and each participant chose to continue. The informal interviews were the conversations I had with the students and with taxi drivers. They were broad in scope, and were useful in orienting myself to the nuances of everyday life in Managua. They evinced shifting relationship expectations, frustrations with the health care system, and the intimacies of family life.

Participant Observation

I spent six weeks doing participant observation in the Centro. During this time, I befriended the medical students who were assigned there and took notes on their conversations and behavior towards the patients. Of the nine students, seven were women; similarly, the majority of the health personnel at all levels were women. Because this center had a pediatric department, I was able to observe the prevalence of young mothers firsthand. I also had the opportunity to lead two *charlas*³ to the patients in the waiting room and evaluate patients' responses to these *charlas*. I accompanied the medical students in their offsite work, which included one day of cleaning up a public school in preparation for the Ministry of Health's (MINSA) Zika campaigns and one day of collecting family health and social information from a low-income neighborhood called Acahualinca. The *licenciada*⁴ who supervised the students tried to prevent me from going on the latter outing to not distract the students from their job, but the students themselves felt that I needed to accompany them in order to see how the people in the barrio of Acahualinca live and access health care. They convinced the *licenciada* to let

³ Public educational presentations

⁴ Head nurse

me go. I also accompanied some of the students on their bus rides to the children's hospital. Outside of the Centro, I participated in the International Women's Day March on March 8th organized by the feminist groups in Managua. There, I observed the clash between the state and feminist groups firsthand as our route was blocked off by the national police in riot gear. I took both written and voice recorded notes.

Limitations & Reflections

The clinic was not the best choice for this study, specifically in regards to participant observation. I spent mornings in the clinic from 8 AM to 12 PM, and was originally told I would be leading *charlas* to the patients in the waiting room. However, there were already medical students doing the *charlas* and due to miscommunication and my own reticence in addressing my confusion, most of my time entailed talking to the medical students, approaching patients for interviews, and taking notes on the staff, patients, and services offered at Morazán. I chose this site before I had settled on my thesis topic, and in hindsight, I would have moved my site to the Hospital Bertha Calderon Roque, the national women's hospital also located in Managua.

Melissa was the only respondent to express concern about her interview after the fact. Before the interview, she chose to read over all the questions and directed us to move inside the house and we recorded the interview in her room. Three days afterward, she sent me a multitude of texts, expressing her nervousness over the use of the interview. She was concerned about where it would appear and asked that I “don’t do anything bad to [her].” I offered to delete her recording and explained to her the minor reach this study would have, and she refused to rescind her consent and

requested that I prioritize the interview's confidentiality. In my time there and in my research, I have not observed that the state is interested in silencing dissent, but she was concerned about "yellow journalism."

My personal background helped me in establishing rapport. I was born and raised in Miami to an Argentinean mother and Nicaraguan father, and I speak Spanish fluently. I was able to relate to many topics brought up by the respondents because of my home environment. Many respondents were flattered to hear that I was focusing my research on one of my home countries, which I feel helped me set up interviews. One woman at a *pulperia*⁵ was very excited that the "Argentineans were coming to Nicaragua." Both of my parents are secular, and there were occasions in which my lack of religion confused and concerned people. I tried to avoid the topic of my own beliefs in order to maintain trust. My fluency in Spanish allowed me to navigate through Managua on my own, although because of my gender and nationality, the medical students made me a list of neighborhoods that I should avoid. I kept my sexuality hidden for the most part, as I felt it was irrelevant to the type of information I was trying to obtain. At the end of my trip my host asked me if I was attracted to women, and when I answered honestly she gave me a lecture on not disappointing my future children. This happened too close to the end of the trip to gauge if our relationship had been affected.

The semi-structured interviews worked well with the respondents. Over time, I had memorized most of the questions and focused on their answers. I took minimal notes during the interview, jotting down body language or a specific name or spelling. I

⁵ Convenience store

felt that giving my entire focus to the respondent would help in establishing rapport and I often became enthralled in their stories and neglected to take notes. During analysis, I found that not having notes was not too much of a hindrance, but in the future, I would take more notes rather than relying on the recordings in order to facilitate reconstructing the interview in a narrative form. Because of the time constraints, I did not do any follow-up interviews, but that is something that I would like to do. As for the participant selection, I should have chosen to follow my original limitations in order to more confidently identify patterns related to a shared sociopolitical experience. This haphazard participant selection, combined with the semi-structured format, harmed my study as some important questions were not asked of every respondent and there were more personal factors to account for during data analysis.

CHAPTER THREE: DEFINING WOMANHOOD

The Sandinista state is delimiting the acceptable interpretations of womanhood in their abortion ban, essentially corralling women into accepting the 'inevitability' of motherhood. This section takes a comprehensive look into the ways that the party has reinforced marianismo since the revolution. I also analyze the responses to the following question, "Describe the ideal woman," as both a form of symbolic violence and a form of rebellion to the state's ideal. Explaining the various conceptions of womanhood gives evidence to the waning success of Sandinista efforts at the citizen reproduction of marianismo as women give equal priority to motherhood and education.

The Ideal Woman

Sandinista Imposition of Marianismo

The Sandinistas were supposed to herald a cultural change as well as an organizational one; their nationalist rhetoric was informed by socialist discourses that prioritized the group over the individual. Nicaragua under the Somoza dictatorship was defined by limited social services that worked as a form of structural violence and the low literacy and high mortality rates were an effect of the dictatorship's support of private interests. By limiting access to both health care and schooling, the Somoza-controlled state debilitated the majority of their population without concern. In contrast, the Sandinistas were focused on creating a mixed economy grounded in the existence of state-subsidized cooperative-owned farms and developing varied community cooperatives to create local *fuentes de trabajo*⁶. They succeeded in reorganizing the

⁶ Employment opportunities

previously cure-based private health care system into a state-funded, community-based service and aggressively lowered the infant and maternal mortality rates. (Donahue 1989; Garfield 1984)

The party's success lay in its community mobilization, evident in the well-organized and successful literacy, coffee, and immunization campaigns that were all manned by volunteers. Many of the older respondents I spoke to detailed their participation in the struggle in different capacities, from participating in the campaigns to active party positions. Women who were attracted to the Sandinistas' socialist promises joined the struggle in anticipation of a more gender-equal society, but the Sandinistas' delegation of responsibilities in the rebuilding of Nicaragua consisted of domestic and maternal responsibilities (Heumann 2014:290-291). Party leadership organized women into units of support for the fighters, usually placing them in gendered roles, such as health care support, teachers in the literacy campaigns, or recruiters to convince mothers to allow their sons to join the fight. Rafaela joined the Sandinista fight in 1975 before the revolution, and expressed her frustration at these implicit forms of maternity:

“[N]o era más que una expresión solapada de la imposición de la maternidad a las mujeres, ósea el cuidado hacia los demás. ¿Para qué recogían botellas? Para los demás. ¿Para qué organizabas a las mujeres para que fueran a proteger, a consolar a las otras mujeres que perdían sus hijos en la guerra? Era una visión que era una extensión de ese cuidado que tenemos las mujeres en esta sociedad pues.

It was nothing more than an underhanded expression of the imposition of motherhood on women, that is, caring for others. Why did they collect bottles? For others. Why did they organize women to protect and console the mothers that lost their sons in the war? It was a vision that was an extension of that caring role that women have in society.”

Women were a driving force during the revolution, but women's issues were not a priority as the Sandinistas worked on developing the new Nicaraguan state. The party pointed to the primacy of the revolution in order to justify their conservative gender views, but Heumann argues that Sandinista politics were "actively anti-feminist" (Heumann 2014:291). Women's rights were labeled counterrevolutionary and divisive forced their issues to be addressed, however, through various legislative mandates, such as the passage of no-fault divorce and laws banning the sexualization of women in advertisements (Babb 1999:39). However, a meaningful cultural shift did not accompany these changes, not even within the party. Women were rarely allowed into the upper party positions, and the women who were in the higher ranks reported sexual harassment and assaults that went uninvestigated by party officials (Heumann 2014:301-303).

A similar case exists in Poland, where the Solidarity trade union, which went on to become the controlling party after the fall of socialism, has restricted rhetoric concerning women's rights (Mishtal 2015:76). Solidarity viewed the women's struggle as secondary to the establishment of the new postsocialist state. Women had no political efficacy in demanding recognition because of the extreme "us vs. them" perspective that fueled opposition to the socialist state. Similarly, Nicaraguan women fighting in the revolution had to choose between the fight for women's rights or the fight for liberation; women's rights were seen as a distraction to the larger issue of overthrowing the dictatorship. Even following the revolution, the call for attention to women's rights was labeled a dividing tactic intended to destabilize the new state. Although Poland was

moving away from socialism and Nicaragua was moving towards it, both states were undergoing a political transformation that refused to directly include women's issues as part of the rebuilding process.

The historical neglect of women as equal members of the party was a form of governmentality that functioned through the imposition of maternity on women, as evidenced by the types of tasks assigned to them. The party made clear that maternal characteristics were crucial to the rebuilding of Nicaragua and to the success of the new government, and that the rejection of these characteristics was a rejection of the popular struggle. The party used the female body as a metaphorical mother as women revolutionaries were ordered to console grieving families. By ignoring claims of sexual assault, the Sandinistas implicitly stated that the female body – even when working directly for the party – was still at the disposal of men. Refusing to allow women to reach higher levels in the party while still relying on women to win the revolution echoed the patriarchal family dynamic, in which women are expected to assure the health and stability of a family while the father retains the ultimate decision-making power.

The Sandinistas' concept of womanhood has only become more conservative, mirroring the party's entire shift away from liberalism and socialism. President Ortega's 2006 campaign embraced the theme of reconciliation and family values, values that delimited the role of women to forgiving partners and devoted mothers. The explicit Christian overtones of the campaign further enforced the patriarchal family dynamic. Although the state has made a commitment to fill 50% of their government positions

with women, individuals need to have strong ties to the Sandinista party in order to work with the state.

Elba began her relationship with the party during the revolution, participating in the literacy, coffee, and cotton campaigns.⁷ Following the revolution, she received her bachelor's in sociology and worked to advance women's rights, ultimately becoming the director of an NGO that focused on sexual education, political participation, and the rights of women and children; she facilitated abortion access in this position. She has spoken at conferences hosted by the UNFPA and even taught university classes. She currently works as a private tutor, and experiences great difficulty in being able to find a job.

"Vos podés tener muchas capacidades técnicas, pero si no estás vinculado al partido, no tenés posibilidades de trabajar."

You could have many professional skills, but if you are not connected to the party, you don't have the opportunity to work [with the state]."

Although Elba still considers herself a Sandinista because of her participation during the revolution, she does not publicly identify with the party because she prefers to remain "*dueña de mis pensamientos*."⁸ She feels that her rejection of the party has kept her from being able to find worthwhile employment with the state, along with her age. She observes that intelligence trumps appearance in the private sector, but being a woman working for the state means having to look a certain way.

⁷ The coffee and literacy campaigns consisted of volunteers harvesting crops in order to subsidize state programs and going into rural areas to teach reading and writing.

⁸ Owner of my own thoughts

A conversation I had with a taxi driver also observed that ties to the party are essential for career stability. The middle-aged man talked about his frustrations that the healthcare system was underfunded and underregulated. He felt that hospitals fire experienced nurses "*si no estan apoyando al sindicato*," for not actively supporting the Ortega administration. I personally did not overhear anything so directly accusatory during my participant observation at the Centro, but I was struck by the amount of FSLN and Ortega propaganda posters that covered the walls. I counted fifteen posters throughout the six waiting areas that prominently displayed the tropical color scheme of the rebranded party and some kind of pro-Daniel or pro-FSLN message. The nurses perceived the director of the Centro to be a very active Sandinista party member; she had the red and black party flag hanging on the door to her air-conditioned office, and there were whisperings that she had gotten the position at her relatively young age (mid-30s) because of her party ties. I did not have the opportunity to talk to her in order to verify these perceptions; additionally, other informants had described a jealous competition between women in professional careers that could contribute to gossip. The public's perception described above is a form of structural violence by the state. It restricts an individual's choice of political ideology in order to find stable employment. In the context of the country's extreme poverty, blocking access to any form of employment is a threat to the well-being of the people in the pursuit of maintaining political control.

The importance of the FSLN's ideal of women lies in the absence of an opposition party. Most respondents described the opposition as an "*oposición ficticia*."⁹ On November 6, 2016, President Ortega won his unprecedented third term with his wife Rosario Murillo as his running mate and with 85% of the vote. Though American publications vilify Ortega for guiding the country to a one-party system, many respondents said that the opposition had no interest in holding the presidency as long as their business interests remain protected. There is a new progressive party, the Sandinista Renovation Movement (MRS), that has cut ties with the FSLN and is concerned with social issues, but in 2008 they were disqualified from postulating candidates (Burbach 2009).

The party has created policies based on a platform of a return to Christian family values since their return to power in 2006 (Jubb 2014). Rosario Murillo as First Lady echoed the sentiments of the revolution that saw feminism as counterrevolutionary. She argued in 2009 that the women's struggle is inherently a part of the struggle for liberation, but that women must not form autonomous movements, instead relying on the FSLN to fight for their rights. The party wanted control over the rhetoric of women's rights because they intended to further impose marianismo on Nicaragua's women. They argued that during the "neoliberal ravaging" of the opposition's government had led to a loss of Christian family values, and Murillo directly appealed to women to prioritize the family (Jubb 2014:295). A comparable familism rhetoric has been used in other Catholic states. Joanna Mishtal describes the "myth of family demise" as a

⁹ Fictional opposition

political technique used by the entwined Catholic church and Polish state to reassert the church's moral authority (2015:38-40). The family demise was also blamed on women who were not expressing what Pope John Paul II called their "feminine genius," i.e., motherhood. Similarly, the Sandinista state has argued that as women explore and redefine their individual identities outside of the family, they have forsaken their most important role in Nicaraguan society.

Women's Perceptions and Rejections of Womanhood

Women simultaneously uphold and reject the state's ideal of marianismo. Rejection of actual motherhood is blocked by structural factors including the virtually nonexistent sexual education programs and the complete abortion ban, as well as the social stigma against women who choose not to have children. Because of these cultural factors, rejection of motherhood is contingent on its partial acceptance; that is, the respondents generally linked motherhood with the ideal woman, but there was equal weight given to educational and professional advancement. This behavior is simultaneously a form of symbolic violence and a rebellion against marianismo, as women live their lives in anticipation of motherhood and are giving greater weight to the development of the self. The encouragement of an extrafamilial identity is the validation of the multifaceted work women have already been doing in the home in a way that legitimizes the need for personal fulfillment, a need that gets pushed to the side when women have to take up a self-sacrificing identity.

Some respondents equated motherhood and professionalization because professionalization facilitated motherhood and running a household. Caterina is a

married 31-year-old mother of two, and had the opportunity through family assistance from the U.S. to complete a law degree at the Universidad Centroamericana. She has never used her degree, but believes that women should balance both a career and a more assertive position than the father in the family as matriarch.

"Deberia haber balance, pero la biblia dice que la mujer es guia y dona de la familia. La mujer tiene que manejar el matrimonio con inteligencia.

There should be balance, but the Bible says that the woman is the leader and head of the family. The woman has to direct her marriage strategically."

Caterina represents a subtler rejection of the state's womanhood – there is no room for submissiveness in her ideal and although she still accepts the unfairly heavy burden, she demands more respect and authority in exchange for her work. Her conditional acceptance of motherhood is a function of symbolic violence in that she upholds the expectation of motherhood and burdens it with additional responsibilities including professionalization and being the head of the household.

Flavia also sees being *preparada*¹⁰ as a way to improve the inevitable experience of motherhood for both the mother and the child, and therefore a desirable quality in a woman. Her daughter's partner, a welder, is extremely jealous and did not want her daughter to continue her studies to be a lawyer. In another form of symbolic violence, his mother fed his jealousy by saying that women only go to university to find husbands, and Flavia's daughter stopped studying after a year following a fight with her partner. Flavia told her,

"Que piensas hacer de tu vida? Mírate en mi espejo. Yo no soy nadie, yo no soy nada. Osea, si soy un ser humano y valgo como ser humano, pero preparada no

¹⁰ Prepared, as in university-educated and ready to be a professional

soy. Y por mi falta de preparacion yo no les pude dar una educacion a ustedes. Ustedes sienten que yo les maltrate, fisica, psicologicamente, pero fue por falta de mi educacion. Si yo hubiera sido una mujer preparada, ustedes no hubieran pasado todas las necesidades que pasaron.

What are you going to do with your life? Look at it through my eyes. I'm nobody, I'm nothing. I mean, I'm a human being and I value as a human being, but I'm not *preparada*. And because of that, I wasn't able to give you all an education. You feel I abused you, physically, psychologically, but that was because I wasn't *preparada*. If I had been educated, you wouldn't have gone through all the hardships you went through."

With the encouragement of her mother and a fellow law student, her daughter returned to school with a scholarship that covered her full tuition. Although her daughter did not have any children of her own at the time, Flavia used her perceived failings as a mother as a way to illustrate the pervasive benefits of being *preparada*. Her own struggle for education is an example of the machismo¹¹ that maintains the ideal of a submissive mother. After her school records were lost during the revolution, she was only able to renew her studies until the sixth grade because her current partner forbade her from going to school. She studied in secret with the help of her children; her daughter would sit in the back of the classroom caring for the younger children so Flavia could go to school.

Ana was the only respondent to plainly reject motherhood as an ideal at all.

"I think when you are living your life, it is so short and you have to leave something like a legacy. People believe that their legacy would be their children. [laughs] I don't think that's a legacy, I'm sorry. I think your legacy should be your work, everything you are doing, you know? ... Something that tells your name. 'I lived, my name is Ana, and I did this.' Not just have children and that's it."

¹¹ The patriarchal construct of society in Latin America; its complement is marianismo.

The other medical students described Ana as being the most dedicated student in their class. She is quiet, but strong in her opinions. When the medical students asked about my religion and began discussing my atheism, she interjected with her own professed agnosticism and criticisms of sexism in religion. Her early ambitions were to work in international relations, but chose medicine because of the stability in employment and its "humanitarian" character. During her interview, Ana described her ideal woman as an overachiever.

"If I was a husband and I think about my wife, I would be so proud. 'My wife, she is this person, she did this, she worked here, she is so wonderful. She is not only at home.' If I am a father 'Oh, my daughter did this, my daughter travels, she did this, she works in a very good place. She got married, she is doing well.' It is not like, 'Ah, she got married. She is working a little.'"

Ana grew up in a stable home: her parents, who are in an *union libre*,¹² raised her and her younger sister, who is studying marketing at university, to value education and respect their authority. Her mother sells food from home and her father is an account manager; neither of her parents are college-educated. Though she says she was raised traditionally, Ana feels independent when it comes to choosing her career and making other long-term choices. She observes that there is a contrast in this, as she has to ask for permission in regards to going out or travelling away from home but she can make the most important choices herself. And she has made arguably good choices: to enroll in medical school, to study devotedly, to learn English independently; she has never had a boyfriend; she keeps a tight social circle and doesn't like to drink or go out often;

¹² A legally protected relationship, similar to a common law marriage.

her peers respect her as one of the top students. However, she is still caught in the ideal that the state imposes and worries over her indecision about wanting children.

"Sometimes I feel it is right, sometimes I feel it is not for me. But I think about it all the time because I am gonna turn 21 and I am still young, but I know in perhaps five years, ten years, next time people are gonna tell me things, you know, 'You are getting old, you are missing the bus, missing the plane... missing the boat.'"

When asked how Nicaraguans perceive women who choose not to have children, respondents answered that Nicaraguans judge these women and characterize them as selfish. Ana feels empowered to choose her own career and to fight for her own success, but she agonizes over being judged for not achieving enough. Ana understands that for all her hard work, her identity and worth as a person, let alone a woman, in Nicaragua will be judged on the absence or presence of maternity.

The Shift to Smaller Families

Surprisingly, in light of state expectations and structural factors encouraging motherhood, Nicaragua is experiencing a declining total fertility rate (TFR). Nicaragua's TFR fell below the replacement level of 2.1 children per woman in 2012, and the estimated 2016 TFR is 1.92 children (IndexMundi 2016). Because of the abortion ban and the high mortality rate associated with illegal abortions, this means that women are finding ways to separate themselves from maternal expectations prior to pregnancy. Respondents were under the impression that there was a high birth rate, which could be due to the young age of the population – over half of the country is below the age of 24 (UNCRC 2010). The availability of free contraceptives, discussed in the following

chapter, has played a part in reducing the TFR, but there is also a shift by women in the types of families they have.

At the beginning of every interview, I asked the respondent to describe her family composition. The older respondents typically had many more siblings or half-siblings, and also had fewer children themselves. Iris is 63 years old, and grew up with seven siblings; she only has three children herself. Elba is 55 years old, has six siblings, and only one son. Massiel is 53 years old, has four siblings (though her mother delivered 10 children), and only has two children. Osdania is 51 years old, has six siblings and three daughters. Respondents who were poorer also came from larger families and conversely, the more economically stable respondents were from smaller families. The younger respondents consistently had few siblings. Ana (21 years old), Sandy (21 years old), and Lizbeth (24 years old) all have one sister. Sofia, who is 20 years old, has two brothers. Their responses evince a generational difference – women who became mothers following the revolution ideologically parted ways from their large families and began having fewer children. These smaller families could be due to the expansion of birth control facilitated by the Sandinistas, as well as the restriction of social services focused on supporting the family that occurred during the neoliberal 1990s government.

Women do value motherhood, but not as an all-consuming role the way the state would prefer. The young medical students in particular were hesitant about having multiple children. Many of them, including the men, feel that the reason why most specialists are men is because women would not have the time to continue studying because they have the biological pressure of having children by a certain age. Ana

observed that there exists a strict timeline for women that revolves around having children.

“[A] specialty, as I said, most of the ones that study are men, because it requires a little bit more time and that is what the woman doesn’t have, time, because women have to, I feel, like a schedule. Study, got [sic] married, got pregnant; talking about in your 30s ... men doesn’t have that. Men can do whatever they want for a purer time.

This also exemplifies the hegemonic division of labor by assuming that a woman would not be able to continue studying once she becomes a mother, that she would be too busy raising children, yet men are able to be fathers and continue their education. Sofia is in her fifth year of medical school and, like Ana, has questioned whether she wants children at all.

“[N]o niego que he pensado muchas veces en no tener hijos, talvez solo tener uno. Pienso que es bastante difícil. No es como la gente pinta, salir embarazada y tener hijos y ya eso es todo, sino un niño requiere ... muchas cosas.

I won’t deny that I’ve thought many times about not having children, maybe just having one. I think it’s very difficult. It’s not the way people paint it, getting pregnant and having kids and that’s that. A child requires ... many things.

Sofia told me that she does not know of any women in her generation who choose not to have children, and that many of her peers in Nikinomo, her rural home department, are already mothers. In a form of symbolic violence, women who choose not to have children are seen as either selfish or not thinking about the future. Sofia, Caterina, and Melissa discussed the importance of having children as one reaches old age. Melissa is an only child to a single mother and she stated that women who choose not to have children don’t “look to tomorrow.” She is the one who takes care of her mother, and this has kept her from moving to a different country like many Nicaraguans

to find a job. Children are expected to take care of their parents as they age, and the inclement economy make these multigenerational households a necessity. Lizbeth felt that women should always choose to have children if they have the means to take care of them, and should refrain from having children if they are financially unstable, but she also respects a woman's right to say no to being a mother. Imara pointed to many structural factors for reasons to not have children, such as financial instability, young age, or lack of family support, but seemed confused when I suggested simply not wanting to be a mother.

Flavia, a 52-year-old mother of four and grandmother, expressed envy at the idea of choosing not to have children.

"Pues, yo pienso que es muy buena opción. Si a mí hubiese estado no a ver, ósea, haber podido decir no tener ni un hijo, yo hubiese ninguno por mí. No me arrepiento, pero hubiese... si por mi decisión, no hubiera tenido a ninguno."

Well, I think it's a very good option. If I had had the choice, that is, if I could have decided not to have even one child, I wouldn't have had any myself. I don't regret it, but if ... If it was my choice, I wouldn't have had any."

Flavia's honesty is a culmination of all the difficulties brought about by motherhood – continuous poverty, intimate partner violence, and obstacles to education. Her response exemplifies the perception of constraint that some women have in regards to their potential motherhood. She echoes the state's message that motherhood is not so much a choice as an obligation, but she stands against the state in her acknowledgment of motherhood as a negative experience. This quote is representative of the dynamic between the state's idealization of motherhood and women's experiences of adversity in being mothers. This desire to reject motherhood for practical reasons is also reflected in

Poland's declining TFR (Mishtal 2015:160-183). During state socialism, Polish women were able to rely on state welfare services that facilitated their entrance into the professional sphere. Similarly, the years immediately following the Nicaraguan revolution brought about an expansion in childcare services, job training, and literacy campaigns. Both states experienced a shrinking of these facilitative state services following the election of the opposition. Women in Poland are unmotivated to reproduce or have larger families in order to protect their professional and economic aspirations. And as Flavia reflects, her experience as a mother of five children has led to her compliance in abusive relationships and her continued poverty. As Mishtal argues, the Church is interested in enforcing a patriarchal family structure and morally acceptable reproductive practices that uphold this structure, and this is echoed in Nicaragua in the state's focus on family reconciliation and Christian family values (2015:182).

Rather than outright rejecting motherhood, women are instead having smaller families. Ana and Sofia plan to have no children or maybe one; Sandy, a 21-year-old student, only wants two children. Maryen, whose case is discussed in the following chapter, takes contraceptives to keep from having more children; she is already a mother of two girls. In fact, most women begin using contraceptives after they have their first child (Parker 2012). Ana, Sofia, and Sandy are all medical students and their desire to have a small family is influenced by their anticipation of a demanding career. Alternatively, Maryen is extremely poor and she could not afford the cost of raising another child.

Even though women are rebelling against state expectations by trying to balance a career and a family, the idealization of motherhood is still the norm. Two of my respondents, Melissa and Magaly, are medically unable to have children but dearly want to be mothers. Melissa is unmarried, although she has an on-again, off-again boyfriend whom she firmly described as verbally abusive. She is 38 years old now and she desperately wants to have a child. Unfortunately, she has had an ovary removed and has tried to get pregnant over and over to no avail. She says her gynecologist cannot tell her why she is unable to get pregnant. When I asked her if she was trying to get pregnant with the abusive boyfriend, she said that she was, even though he does not want to have children. At this point, she would not mind being a single mother as long as she could have a child. Melissa is an unemployed stylist and lives with her mother, aunt, uncle, and grandmother; her boyfriend is verbally abusive and openly cheats on her, even calling her when he is with the other woman; and she recently found out that she has cysts in her legs that keep her from continuing to dance with the Ballet Company of Nicaragua, her passion. She spoke in a soft, resigned voice during the entire interview, and when discussing motherhood, she continually referenced the affection and love between a mother and child. For Melissa, being a mother would provide her with the motivation and love that she is missing in her life. However, she will not consider adoption.

Magaly is 36 years old and has had a miscarriage; she has not been able to carry a successful pregnancy. She is married to a man she staunchly described as “*not* the ideal man” and works as a lawyer with her mother, who is also a lawyer. She hoped

to have children after marriage in order to ensure that her husband was not marrying her out of obligation (Sofia also expressed a similar sentiment). Although she did not discuss her lack of children as wistfully as Melissa, in her description of the ideal woman Magaly described a “successful woman with a family.”

Conclusion

Women rebel against marianismo in small ways, although motherhood is accepted to be an expectation. The prioritization of being *preparada* and becoming a professional is one way in which women are rejecting the unilateral mother identity. Women are also planning on having less children, and beginning to use contraceptives following the birth of their first child. Although my respondents were generally more tolerant of women who choose not to have children, they observed that society at large is not so forgiving. The governmentality in the Sandinistas' prioritization of the family over the individual functions to maintain marianismo. By tying family values to Christian values, the party uses the moral authority of the Christianity to maintain this hegemony: a woman's willingness to be a mother is a reflection of her faith and patriotism. The criminalization of abortion is an act of reproductive governance that imposes marianismo, both structurally and morally. The following chapter explores how the increasing teen fertility rate in a context of declining total fertility is a result of the state's structural violence in the lack of adequate sexual and reproductive health education.

CHAPTER FOUR: ADOLESCENT PREGNANCY

Nicaragua has the highest adolescent fertility rate in all of Latin America at 119 births annually per 1000 women ages 15 to 19; by the time they turn 20, over half of all women in Nicaragua will have given birth at least once (Campbell and Jenkins 2014; Lion et al. 2009). This rate has increased by 2 births from 117 in 2007 (Angel-Urdinola et al. 2008). One out of every four births in Nicaragua occurs to a teen girl (meaning 35,000 births annually between 16 and 19 years old), and of those, half are unintended (Rojas et al. 2016:1). Adolescent pregnancy is particularly dangerous in Nicaragua because of the extremely difficult economic conditions, the machismo culture that enables single-mother households, the chronic unemployment, and the health consequences of having a child too early in a system that bans therapeutic abortion. The rural young women who are having children before the age of 20 are especially at risk due to lack of access to adequate health services such as prenatal care. Their age becomes a health determinant as 40% of all rural maternal deaths occur to these young women (Campbell and Jenkins 2014). Although having a high teen pregnancy rate is tied to a multitude of other issues that impact almost every aspect of society, the Nicaraguan state actually stopped collecting data in regards to sexual education and health in 2012.

Despite its prevalence, adolescent pregnancy carries a harsh stigma in Nicaragua. Sometimes the parents will oblige the young couple to marry, but often the father walks away from the relationship. Ana, a 21-year-old medical student, grew up in

a lower-middle class neighborhood in Managua and saw this same situation with alarming regularity.

“If the girl gets pregnant, she would raise it with her parents. That is typical. I have seen thousands of girls doing that. And the man just goes there and recognize that it was a thing that happened. They would just be there for like on year, two years, then they split and they become a single mother. ... I have a neighbor that lives that. ... And the man left her with two childs [sic] and she is living with the mother and stepfather and have very economic issues.”

The high fertility rate immediately impacts the educational, professional, and social path of the mother's life, and in a country where it is already difficult to get ahead, a child can mean the complete derailment of her plans. This section is included because the increasing fertility rate can be analyzed as a result of the marianismo upheld by the state and disseminated by individual women. The ideological cooperation between women and the state exemplifies the intersection of symbolic and structural violence. The state refuses to provide science-based sexual education, resulting in a youth with little practical understanding of reproduction, and society shames the girls who do seek out contraception for engaging in ‘inappropriate’ behavior. In the following sections, I will discuss the state subsidization of contraceptives and how this liberal policy plays out on the ground and the absence of sex education and how this context impacts the abortion ban.

Access to Contraception

Socialization of Healthcare

Healthcare under the Somoza regime was a strictly curative system controlled by private physicians' groups. The healthcare framework was splintered into four

independently-functioning government agencies, along with a number of provincial health ministries. Very few trained staff, limited funding, and inadequate government support were reasons cited by U.S. Agency for International Development for system-wide inefficiency. Healthcare was an extremely low priority for the Somoza government and only a nod towards its revitalization was given as an effort to appease U.S. interests. Large-scale funding was provided for the synthesis of its 23 agencies but not a single proposal was realized. In fact, Nicaragua had “favorable amounts of funding, beds, and physicians compared to other Central American countries” but had the highest infant mortality rate and lowest life expectancy in the region (Garfield 1984).

Immediately following the revolution and establishment of the Sandinista government, the Unified National Health System (SNUS) was formed. This agency would operate under the Ministry of Health (MINSA) and its efforts were directed at including the appropriate individuals and groups in policy-making. With help from foreign workers, Nicaragua began to move to a diffused health care system distinguished by the widespread and initially successful public health campaigns that expanded the amount and potency of health posts, and required more stringent social service requirements for doctors in exchange for “unrestricted medical practice.” This aggregate of strategies was commended at the time as an approach that the WHO called “a model for other Third World countries” (Garfield 1984). Nicaragua’s health care system still follows that socialized model, even after experiencing a gutting of social services during the conservative leadership in the 1990s. The MINSA provides completely free health

care to the portion of the population not covered by the Social Security Institute's government employee insurance (Angel-Urdinola et al. 2008).

State Subsidization of Contraceptives

In following this socialized approach to medicine, all contraceptives – pills, shots, IUD inserts, and condoms – are provided by the MINSA to local health clinics nationally. There are many international organizations that have stepped in to address the high teen fertility rate. Much of that assistance has come in the form of financial donations with the intent of diminishing as the Nicaraguan government increased their share until the state fully subsidized contraceptive access. Unfortunately, the perpetual poverty that characterizes Nicaragua has resulted in their continued reliance on both bilateral and multilateral donations. Regional assistance has come from Cuba and Venezuela in the form of medical training and oil subsidies respectively, and international and nationally-based groups such as the World Bank, the United Nations Children's Fund, and ProFamilia (Nicaragua's International Planned Parenthood Federation branch) have contributed both financial assistance and social services. (Campbell and Jenkins 2014)

Many of the respondents knew that subsidized birth control was available, and indicated that this was common knowledge. Ha et al. (2016:389) found that 90.7% of Nicaraguan women knew where to obtain birth control. Women can go to local health clinics and there they receive a card that reads *Planificacion Familiar*¹³; these cards say the date of the next monthly injection, be it monthly or every three months, or they detail

¹³ Family planning

the type of contraceptive pills the patient is taking so they can refill their prescription at their pharmacy (Lizbeth, Personal interview).

Maryen, a 27-year-old mother of two girls, said that there are occasionally shortages of injections and so they are given condoms instead.

“En el centro talvez no tienen inyecciones y nos dan condones, que 30, así mensual. ... Yo tomo la inyección de tres meses... y si pierdo, me dan condones hasta [el próximo mes]. Me regalan las de mes, de tres meses, o los condones. ... Me la regalan.

In the center, maybe they don't have injections so they give us condoms, 30, monthly. ... I get the three-month injection... and if I miss it, they give me condoms [until the next month]. They give me the monthly [shots], the three-month, or condoms. ... They give them to me.”

Maryen had her first child at the age of 19. Her house was situated at the top of a dusty hill, a half-building with incomplete walls. There were only two rooms for two families, and the floor was the hard-packed dirt ubiquitous in Nicaragua. Her eight-year-old daughter smiled shyly at first, then blabbered on during the interview with her cousin. Maryen would hush her sharply when she interrupted me, but then throw her a little smile. Her partner was asleep in the bed next to us, but she did not make any extra effort to be quiet. She had difficulty understanding many of the questions, which could be because of her only completing school until sixth grade. She disclosed to me that she never wanted children and her young motherhood was made more difficult because the father was already in a relationship with children; he only provides financial assistance when she sends her daughter to ask. She is currently with a loving partner who begs her to marry him; another child would introduce more financial hardship.

“[C]riar es bonito, aunque es duro. Es duro, porque usted sabe que otras veces no hay para la leche, no hay para comida. Es duro, es duro, duro, duro, duro.”

Raising a child is wonderful, even though it's hard. It's hard, because as you know sometimes there's no [money] for milk, no [money] for food. It's hard, it's hard, hard, hard, hard.”

It is impossible to say how Maryen's life would have turned out had she not gotten pregnant with her first daughter so young, but she has already written off any personal advancements (e.g., renewing her education) in favor of ensuring her daughters' success. She wants her daughters to be “great, to be what I never was. I want them to do it.” For someone in an economic and social position like Maryen, living in a one-bedroom house and not having enough money for food at times, continued access to contraceptives helps her work towards stability. Although her current partner appears to be devoted to her, she makes anticipatory excuses for his potential infidelity, saying that she “would like a faithful husband, but you know that a man doesn't have to be faithful his whole life.” She goes on to say how she would forgive and *aguantar*, but being on birth control helps to minimize the amount of reasons she would have for staying in a potentially unhappy relationship. In this way, she retains some agency while still conforming to marianismo by setting aside any plans for self-improvement and focusing on her children's success.

Nicaragua depends on international funding in order to provide free contraceptives, and respondents described intermittent shortages. However, a study of teens' access to contraceptives found that only 7.8% reported irregular contraception availability at local health posts or clinics (Parker et al. 2016). Condoms, however, are almost always consistently available because of men's reluctance in using them.

Lizbeth told me how there are condoms distributed at the university by MINSA, but she could not say if students used them or not. Ana said that she thinks the UNAN used to give them out, but not anymore.

Perceptions of Birth Control Use

As mentioned in the introduction, the Nicaraguan state stopped publishing certain health data relating to women in 2012, including contraceptive use. In my interview with Rafaela, the director of a Catholic-based pro-life NGO, she explained how published data is unreliable according to their parallel studies.

“Look, the problem is that we have a government that won’t publish data on any issues relating to women. MINSA, I think in 2012, because remember that this government has to answer internationally. If you look at the different sources, this government always comes out looking good, you understand? Why do they look good? Because of the false data that they send. For example, a report came out by the CEPAL that said Nicaragua had 36 femicides in 2014. We had 72 reported. ... Going back to the topic at hand, I couldn’t tell you what the use is like this year, this day, in relation to contraceptives. Personally, I don’t think there’s any great worry over using contraceptives.”

The state’s negligence in data collection in regards to an internationally funded program is, at the least, confusing. As Rafaela described, Nicaragua has a vested interest in maintaining international funding, and Ana pointed to MINSA’s priority in monitoring the health of pregnant women in order to improve global health rankings. It seems counterproductive to stop data collection on the use of contraceptives, but it also evinces the state’s prioritization of the social body over the individual. The effectiveness of contraception is not as important as minimizing maternal mortality because the state has only mock sympathy for the plight of the pregnant woman, but true concern over the pregnant mother.

Outside organizations have conducted studies on contraceptive use, and a quantitative study on adolescent access to contraceptives conducted by Parker et al. (2016) in two semirural areas of Nicaragua found that the female respondents were more likely than males to report *not* using contraceptives at a large difference, 46.5% compared to 21.4% of males. A study of teens in 18 poor neighborhoods in Managua found a much lower percentage of contraceptive use among males than the aforementioned study, at 43% reporting the use of a modern contraceptive at the time of the survey (Decat, et al. 2015). According to Parker's study, girls reported that their reasoning for not using contraceptives was virtually split between being afraid their parents would find out they were having sex (47.1%) and that pregnancy was "God's decision." The idea that a pregnancy was mandated by God is reflected in the rhetoric surrounding children – the word *bendición* or *blessing* was continuously used by my respondents when referring to children. When asked about the impact that unplanned pregnancies had on Nicaragua, Osdania, a 51-year-old mother and grandmother, said, "Socially speaking, well, that many more Christians, right?" The fear of their parents discovering they are sexually active ties into the lack of sex education in the home, which I will discuss in a later section. "Siempre Me Critican," a study by Luffy et al. (2015), found that the biggest barrier for older women in accessing birth control is the criticism they face from the community, and the respondents mentioned how this criticism is an obstacle for younger girls in particular.

Ana, who has been working in clinics for over a year, observed that she has never seen a teen girl go and ask for birth control, and points to the shame they might

be experiencing. Sofia, a 21-year-old fifth year medical student who grew up in the rural department of Masaya, also mentioned the gossip that surrounds a girl who takes birth control, and expands on the lax enforcement of patient-doctor confidentiality.

“En los pueblos, a veces es inevitable que una cosa no se sepa en todo el pueblo, pero yo creo si se respetara eso de confidencialidad no solo médico, sino también las enfermeras u otros personales de salud, fuera diferente. Pero de hecho de que te vean entrar por la puerta de ginecología, no porque el que este adentro hable, ya la gente supone mucho.

In the villages, sometimes it's inevitable that people *don't* find out about something, but I think if that confidentiality was respected, not only by the doctors but also by the nurses and other health staff, it would be different. But just by being seen walking through the door of gynecology, not necessarily because anyone inside opened their mouth, already people are making a lot of assumptions.”

The community judgment placed on girls who take birth control is also placed on girls who get pregnant. Young women who take care of themselves are no longer in the revered “respectable woman” category, but neither are the ones who do not. Influenced also by the optimistic Christian overtones surrounding the birth of a child, young girls are weighing their public image over their personal futures and risking economic and emotional stability for the sake of their families and their own reputations by not using contraceptives. However, this judgment directly leads to the obviously worse situation of teen pregnancy, which will bring even more judgment. According to the state's new campaign, 80% of teens start using contraceptives *after* their first pregnancy.

Considering both the low rates of contraceptive use among sexually active teens and women at 53.5% and 32% respectively, and the fact that most of the funding comes from international sources, the Sandinista party needs to attack the social causes that

are keeping women from accessing birth control (Parker, et al. 2016; Ha, et al. 2016; Campbell and Jenkins 2014). But these judgments work for the Sandinistas in their maintenance of the hegemony of motherhood: by enabling a paradox in which women feel shame for protecting themselves and shamed when they do not, the party can still label women as the ones responsible for taking care of themselves, once more absolving the father from responsibility.

Another reason frequently given by respondents for not using birth control is the misconceptions surrounding its use. The lack of comprehensive sex education in Nicaragua means that many women do not understand exactly how to take the pills. Women will skip days, get pregnant, then tell their friends that they got pregnant on birth control; the resulting understanding is that birth control pills are unreliable, and the lack of resources on sex education preserves that dangerous misconception. Massiel, a 53-year-old biologist and grandmother, specified some other misconceptions women have.

“Algunos no le gustan, que un método no le gusta, que ‘si la tomo me engorda, que si la tomo me enflaquece, si hago eso o el otro me va a dar cáncer,’ ¿ya me entiendes? Muchos mitos y leyendas.

Some women don’t like [contraceptives], that one method they don’t like. They say, ‘If I take it, I get fat, if I take it, I get too skinny, if I take this or that one I’ll get cancer,’ you understand? A lot of myths and legends.”

Community and family judgment, lack of information on taking contraceptives, and religious guilt all play into why young women aren’t taking advantage of the accessible birth control. Nicaragua’s high teen birth rate is confounding when taken into context of free and accessible birth control, but based on existing research and my

fieldwork, it is clear that social factors become enough of an obstacle to negate this valuable service.

Sexual and Reproductive Health Education

Campbell and Jenkins (2014) describe the Nicaraguan state as being “consistent in its willingness to address the issue of contraceptives and family planning,” but I would argue that their neglect of sexual education invalidates their contraceptive program to the point of ineffectiveness in the case of reducing teen pregnancy. Like most Latin American countries, parents will prioritize the education of their children by sending them to private schools. The public schools in Nicaragua are overcrowded and underfunded; respondents related to me that most classrooms have over 60 students per teacher, and parents take turns every week bringing in rice and beans to cook breakfast for the students. The private schools are religious almost without exception. These two situations, underfunded public schools and strictly religious private schools, coupled with the religiosity of Nicaraguans in general, create an educational environment antagonistic to providing comprehensive sexual and reproductive health education.

Additionally, the transparent reliance of the presidency on the Catholic Church means that the Church must approve public sex education curricula (at least unofficially). However, it is important to note that there are progressive laws in regards to sex education that legislate the protection of youth reproductive health, including the 1997 *Marco Etico-Jurídico de la Política* (National Population Policy; which mandates the provision of integrated sex education); the 2001 National Policy for the Integrated

Development of Youth (which provides a legislative focus on, among seven other areas, youth and health); and the 2001 Law for the Promotion of Integrated Development of Youth (Law 392; which applies to adults between 18-30 years of age and identifies the right to receive science-based sex education) (YouthNet 2003:6-9). President Arnoldo Alemán signed all three of these laws, who was part of the conservative *Partido Liberal Constitucionalista* (PLC). The current state of sex education (i.e., the lack thereof) in Nicaragua represents how far the supposedly liberal government of Ortega has departed from its initial revolutionary roots. In this section, I will describe the state of sex education in schools, churches, and by NGOs, and parents' avoidance of the topic and the impact that has.

The Bare Minimum: Sex Education in Schools

Nicaragua does not mandate that schools provide sex education, and the interdependent relationship between the Catholic Church and the Ortega administration has maintained that policy in place. Prior to Ortega's predecessor, Enrique Bolaños, the Ministry of Education's (MINED) based their sexual education curriculum from the *Manual Para la Vida*, or Manual for Life. Pro-life groups, the Catholic Church, and the evangelical churches began a campaign against that manual for "promoting abortion, homosexuality and intending to dissolve families" (Herrera 2014). The rhetoric focusing on the family unit is ubiquitous in any discussion on abortion or contraceptive access and can immediately derail those discussions from one based in scientific fact to an argument of morals and piety. These ultraconservative groups succeeded in getting President Bolaños to remove the *Manual* in 2003 (Herrera 2014). They were also

actively present in the design of the curriculum to take its place; the Catholic Church selected a group of theologians and moralists to review the document on their behalf.

President Bolaños described the new program as containing

“information that is true, scientific, precise, complete and *morally appropriate* for each level of child and adolescent development to help prepare them for life, even in difficult contexts, and that will lead to the construction of a healthy and *morally acceptable* sexual practice.” (Envio 2005; emphasis added)

The following government of Daniel Ortega continued to develop this close relationship with the Catholic Church, and the Church has succeeded in their moralistic campaign against a science-based sexual and reproductive health education. The Sandinistas’ program is therefore incomplete, making no mention of “teen pregnancy and its relation to sexual abuse, sexual diversity, and prioritizing condom-use as an effective method of prevention” (Edgerton and Sotirova 2011). On their behalf, the Church recommends the use of the rhythm method (Magaly, personal interview). The experiences of the younger respondents align with the return of President Ortega to power, and reflect the influence of Christianity in its multiple forms on their access to sex education.

Ana went to a Baptist private school that did not teach sex education at all, and shared with me that the school hid the pregnancy of a girl in her senior year until the girl began to show. Even then, the school authorities remained silent on the matter and did not give her additional support to finish her schooling. Sandy, a 21-year-old fifth year medical student, notes that there is a vast difference between the education she

received and the type of knowledge teens have today, although not because of new access to sex education.

“[Y]a los chavalos están como adelantándose bastante. Porque nosotros en esos tiempos no sabíamos nada todavía, hace como diez años. Nosotros llegamos y son como expertos. Nos explican más que les podemos explicar a ellos. Mayormente es del internet; nosotros del libro, pero ellos siempre están ahí con el internet.

[T]he kids are really getting ahead. [laughs] Because in those times, we didn't know anything, some ten years ago. We get there and they're like experts. They tell us more than we can tell them. For the most part, it's because of the internet; for us, we learned from books, but they are always online.”

The younger respondents who did receive sex education attended public schools and described it as abstinence education. Lizbeth, who comes from the rural department of Boaco, said her sex education consisted of a biological explanation of reproduction and sexual relations, but nothing concerning relationships. She attributes this to the conservative nature of Nicaraguan parents who are opposed to sex education in schools, and Glenda, a social worker in the public school system and former teacher for decades, corroborated this. Glenda described to me confrontations with parents that demand to remove their children from any existing sex education programs, and that their influence has even blocked NGOs from providing programs for the schools. In 2009, Profamilia had developed a comprehensive sexuality education network in Nicaragua in conjunction with the MINED. In describing challenges faced, parents were charged as the biggest obstacle to students learning and putting the curriculum into practice (IPPF 2011:3). Comprehensive sex education is virtually inaccessible in the educational system in Nicaragua, which leaves a vacuum that a few other groups have tried to fill.

Other Forms of Sex Education

Some of the older respondents were under the impression that comprehensive sex education was available and accessible. When asked if women had a good understanding of their reproductive system, Osdania responded that, “They give it in schools. In the health centers they do *charlas* [public talks].” During my fieldwork at the Centro de Salud Francisco Morazan, I had the opportunity to observe these *charlas*. The medical students, who confided in me that they would occasionally fake attendance sheets in order to not do the *charlas*, presented them. With the exception of one male student, the *charlas* I observed were lackluster, out of earshot for any patient not sitting within 6 feet of the students, and too technical to be effective. Based on my experience, I would not consider the *charlas* provided at the centers to be particularly effective due to the aforementioned issues, and the infrequency with which girls would hear them. Sandy said that the medical students are also required to go out and perform the *charlas* in public schools, as young as sixth grade, but that the teens were more educated than the medical students were, which she attributed to their access to the internet, rather than any formal sex education programs.

Lizbeth has received a form of sex education outside of school in her membership of the *pastora juvenil* (youth ministry) at the UNAN. The students have discussions on consent and discuss sexual relationships from a more emotional aspect; the psychology department at UNAN steps in to provide a comprehensive sex education, rather than the pastors of the ministry themselves. Imara, a 29-year-old married mother of one from the rural department of Chinandega, did not receive sexual

education at her Catholic boarding school, but in the mid-1980s, the Sandinistas had educational programs that would go out to the countryside to teach about sexual health; these programs no longer exist. Ana observed that the most trusted sources for many girls are their friends, as they can feel shamed by parents, teachers, or religious figures for wanting to learn about sex; the reliance on friends for such crucial information is dangerous when “their friends have the same age and sometimes the same misconceptions so it won’t help you much.”

The Absence of Sex Education in the Home

“Es como dicen ahora, hay muchos padres que tienen ideologías más antiguas y cuando se habla de relaciones sexuales en las escuelas, ellos dicen que se promueve tener relaciones sexuales a los jóvenes.

It’s like they say now, there are a lot of parents who have more old-fashioned ideologies and when we talk about sex in schools, they say that it promotes having sex to teens.” (Lizbeth, personal interview)

A lack of sex education in the home has been the almost universal experience of my respondents. Ana, at 21 years old and a medical student, has still not had any conversation with her parents about sex. Iris, a 63-year-old mother and grandmother, said that parents were too ashamed to talk about sex, but since home is where children spend the most time, it was crucial that parents broach that subject. Only two respondents stated specifically having received sex education from their parents, and only one of those was a science-based education. The wide variety of ages of my respondents – from 19 to 63 years old – evinces the alarming continuity of this parenting norm across generations. The reticence of mothers in addressing this topic is

most damaging to their daughters, as it creates a home environment antagonistic to building trust, a relationship factor heavily valued by Nicaraguan mothers.

However, an ethnographic study on the CERCA project in Nicaragua by Nelson et al. (2014) found that Nicaraguan mothers distinguish between having *confianza*¹⁴ and being able to discuss sex with their children. The mother of one of the teen participants stated that she had the most *confianza* with her son than other family members did, but earlier had threatened to beat him if she caught him kissing his girlfriend in public. Unknown to her, her son had already contacted the free CERCA hotline to request emergency contraception for his girlfriend (193). The difference between *confianza* and open communication lies in the dialogue between mother and child: *confianza* does not require the child to communicate back, but it does require the child to follow orders in order to maintain a positive relationship. Participants with *confianza* admitted to having to avoid topics relating to their sexual lives. The main reason given for parents' avoidance of the topic was embarrassment. In fact, the government launched a new sexual education awareness campaign this past September titled *Lo Que Debe Ser Penoso*, or "What Should Be Embarrassing," to address parents' apprehensive feelings surrounding sexual education. I hypothesize reasons for feeling embarrassed to include not having enough education on the topic; having to talk openly about past mistakes (e.g., teen pregnancy); and the discomfort with sexuality produced from the prevalence of Christianity and its conservative themes.

¹⁴ Trust

However, parents are not only embarrassed to talk about it – as mentioned above, many parents do not want the discussion to happen at all and will work to remove accessible sex education in schools. In this context, their avoidance of the topic is not a rejection of that responsibility as much as it is a rejection of the knowledge – parents are afraid that talking about sex will corrupt their children, since even conversations about birth control are seen as an endorsement of having sex. A teen participant in a study on ASRH by the United Nations Population Fund and the IPPF said “some parents don’t like to give us information about SRH [sexual reproductive health] because they think it’s vulgar.” (Braddock, Grainger, and Moreira 2003:30).

It is important to consider single-parent households when discussing parenting norms. The difficulties faced by single mothers are manifold, and the economic needs of the household tend to take precedence over being able to develop strong communication with their children. Mariela, a 49-year-old mother of three, would work two back-to-back 12-hour shifts making supplies for the operating room of a hospital in Managua, then sleep for twelve hours before beginning the next ‘day.’ These type of work schedules are not out of the norm for Nicaragua, and children are often left with relatives or friends who do not have the responsibility of having those discussions, or by themselves.

Although the state has a clear obligation to provide comprehensive sex education in schools, particularly in conjunction with their subsidized contraceptive program, parents have the concurrent responsibility to familiarize their children with the different facets of SRH. Social factors including economic hardship, lack of education, feelings of

shame, and overprotectiveness prevent parents from creating a dialogue around the topic. Since roughly 25% of the current population is born to a mother under the age of 20, these social factors are not likely to disappear independently and special programs should be designed with these young mothers in mind in order to avoid the cycle of young motherhood (UNCRC 2010).

Conclusion

The instability of Nicaraguan households and parents' own embarrassment mutes them, and the state's kowtowing to the Catholic and evangelical faiths has left children and teens with no educational resources. Girls are left to navigate a machista erotic culture without a basic scientific knowledge of reproduction. Through the abortion ban, the state closes off a figurative escape route, and in neglecting to provide sex education, the state keeps women from being able to help themselves. The feelings of desperation and futility that characterize teen pregnancy are further magnified by a machista culture that allows the father to abandon his child with no social repercussions. Teenage girls are disempowered through state mandate and state neglect, and the consequences are seen in the increasing fertility rate.

CONCLUSION

This study provides an ethnographic context with which to analyze the abortion ban from a reproductive governance perspective. Previous studies have focused on the relationship between the organized feminist movement and the state in regards to the abortion ban, or have taken a quantitative approach to analyze the health effects of the ban. In this study, I argue that the abortion ban is a mechanism of the state aimed at delimiting the acceptable roles for women. The study's qualitative character presents the intimate narratives influenced by the Sandinista state, religion, and conservative culture of Nicaragua as they shape women's support or rejection of motherhood, and by extension, the abortion ban. The in-depth interviews conducted revealed the internal conflicts faced by young women unsure about motherhood; by older women who wished they had never become mothers; and by women who oppose abortion but concurrently recognize the societal and individual harm that unplanned pregnancies have. Bringing attention to these inner dialogues situates the abortion ban in an individualized context that reveals how personal support or opposition is decided.

As a preliminary study, this project exemplifies the effects of reproductive governance on individual behavior. A larger sample size and a more regular sample selection method would have improved this study and narrowed its focus to a specific demographic of women. On the other hand, the variety in respondents provides a cross-section of the female population. In light of the increasing adolescent fertility rate, a similar, more in-depth project would help understand the cultural apprehension behind rejecting motherhood by supporting abortion access.

APPENDIX

Appendix A: IRB Approval Letter



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: UCF Institutional Review Board #1
FWA00000351, IRB00001138

To: Beatriz Mireya Reyes-Foster and Co-PI: Mikaela Mendoza-Cardenal

Date: January 22, 2016

Dear Researcher:

On 01/22/2016, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	Forced Motherhood: Women's Reactions to a Nicaraguan Hegemony of Maternal Identity
Investigator:	Beatriz Mireya Reyes-Foster
IRB Number:	SBE-15-11833
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

A handwritten signature in black ink that reads "Kanielle Chay" followed by a horizontal line.

IRB Coordinator

Appendix B: IRB Approved Interview Questions

- Foundation Questions
 - What is your profession?
 - Are you married?
 - Do you have children?
- Do you belong to any religión?
- Did you vote in the last election?
 - Do you feel your vote makes a difference?
 - Are you involved in local politics?
- Do you volunteer?
- As a woman, what are your priorities?
- How do you access healthcare?
 - Public or private?
 - How often do you go to the doctor?
- Could you tell me about your reproductive health history?
- Do you have access to contraceptives? Do you get them through your insurance or independently?
- What type of social services do you use?
- Have you received sexual and reproductive health education in school?
- Is condom and other contraceptive use promoted in the media?
- What do you think are the priorities of the Nicaraguan woman?
 - Where do you think priorities ideas come from?
- Does the state support women as a demographic?
 - Do you think laws are written with women's well-being in mind?
- What do you think should be the government's role in providing contraceptives?
- What should the government do about the high rate of teen pregnancy?
- Should the state provide social services for women with unintentional pregnancies?
- What is your opinion on abortion? On therapeutic abortion?

BIBLIOGRAPHY

- Babb, Florence E. "Managua is Nicaragua': The Making of a Neoliberal City," *City & Society* 11, no. 1 (1999): 27-48.
- Burbach, Roger. "Et Tu Daniel? The Sandinista Revolution Betrayed," *Global Alternatives*. Last modified March 2009. <http://globalalternatives.org/node/102>
- Bourdieu, Pierre. *Distinction*. Milton Park, Great Britain: Routledge Classics, 1984.
- Braddock, Meg, Corinne Grainger, and Fidel Moreira. "Addressing the Reproductive Health Needs and Rights of Young People since ICPD: The contribution of UNFPA and IPPF Nicaragua Country Evaluation Report", 2003.
- Campbell, Wendy and Amy Elizabeth Jenkins. "Adolescent Pregnancy in Nicaragua: Trends, Policies, and Practices." In *International Handbook of Adolescent Pregnancy*, edited by A. L. Cherry and M. E. Dillon, 465-483. New York: Springer Science+Business Media, 2014.
- "Changing Lives ... Voices from Nicaragua." *IPPF.org*. Last modified November 22, 2011. <http://www.ippf.org/resource/changing-livesvoices-nicaragua>
- Decat, Peter, Sara De Meyer, Lina Jaruseviciene, Miguel Orozco, Marcia Ibarra, Zoila Segura, Joel Medina, Bernardo Vega, Kristien Michielsen, Marleen Temmerman, and Olivier Degomme. "Sexual onset and contraceptive use among adolescents from poor neighborhoods in Managua, Nicaragua," *The European Journal of Contraception and Reproductive Health Care*.
- Donahue, John M. "International Organizations, Health Services, and Nation Building in Nicaragua," *Medical Anthropology Quarterly* 3, no. 3 (1989): 258-269.
- Edgerton Anna and Ina Sotirova. "Sex and the Barrio: A Clash of Faith in Latin America," *World Policy Journal* 28, no. 4 (2011): 34-41.
- Farmer, Paul. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley, California: University of California Press, 2003.
- Foucault, Michel. "Governmentality," in *The Anthropology of the State*, ed. Aradhana Sharma and Akhil Gupta, 131-143. Malden, MA: Blackwell Publishing Ltd, 2006.
- Garfield, Richard. "Revolution and the Nicaraguan Health System," *Medical Anthropology Quarterly* 15 no. 3 (1984): 69-70.

- Garfield, Richard M. and Eugenio Taboada. "Health Services Reforms in Revolutionary Nicaragua," *American Journal of Public Health* 74, no. 10 (1984):1138-1142.
- Ha, D.F., A.R. Schlenz, L. Jacobs, K.J. Lehn, R.M. Jensen, N. Rivera, S. Han, A.C. Araujo, A. Beristain-Barajas, K. Kim, L. Geronimo, M.S. Wilkes. "Assessing contraceptive use in Nicaragua: a cross-sectional survey comparing social attitudes, access, education, and modern contraceptive use in women of reproductive age in rural and urban clinics." *Annals of Global Health* 82, no. 3 (2016): 388-389.
- Herrera, Carmen. "Absence of Sexual Education." *Comunicaciones Aliadas*. Last modified March 24, 2014. <http://www.lapress.org/articles.asp?art=6992#>
- Heumann, Silke. "Abortion & Politics in Nicaragua: The Women's Movement in the Debate on the Abortion Law Reform," *Culture, Health & Sexuality* 9, no. 3 (2007):217-231.
- Heumann, Silke. "Gender, Sexuality, and Politics: Rethinking the Relationship Between Feminism and Sandinismo in Nicaragua," *Social Politics: International Studies in Gender, State and Society* 21, no. 2 (2014): 290-314.
- Higgins, Michael J. and Tanya Coen. "'Jodido, pero Contento': Urban Economics and the Popular Revolution in Nicaragua," *City and Society* 4, no. 2 (1990): 156-164.
- Jaruseviciene, Lina, Miguel Orozco, Marcia Ibarra, Freddy Cordova Ossio, Bernardo Vega, Nancy Auquilla, Joel Medina, Anna C. Gorter, Peter Decat, Sara De Meyer, Marleen Temmerman, Alexander B. Edmonds, Leonas Valius and Jeffrey V. Lazarus. "Primary Healthcare Providers' Views on Improving Sexual and Reproductive Healthcare for Adolescents in Bolivia, Ecuador, and Nicaragua," *Global Health Action* 6, no. 20444 (2013): 1-8.
- Jubb, Nadine. "Love, Family Values and Reconciliation for All, but What about Rights, Justice and Citizenship for Women? The FSLN, the Women's Movement, and Violence against Women in Nicaragua," *Bulletin of Latin American Research* 33, no. 3 (2014): 289-305.
- Kampwirth, Karen. "Resisting the Feminist Threat: Antifeminist Politics in Post-Sandinista Nicaragua," *NWSA Journal* 18, no. 2 (2006): 73-100.
- Lancaster, Roger N. *Life is Hard: Machismo, Danger, and the Intimacy of Power in Nicaragua*. Berkeley, California: University of California Press, 1992.

- Lion, Katherine C., Ndola Prata, and Chris Stewart. "Adolescent Childbearing in Nicaragua: A Quantitative Assessment of Associated Factors," *International Perspectives on Sexual and Reproductive Health* 35, no. 2 (2009): 91-96.
- Luffy, Samantha M., Dabney P. Evans, and Roger W. Rochat. "'Siempre Me Critican': Barriers to Reproductive Health in Ocotal, Nicaragua," *Revista Panamericana de Salud Publica* 37, no. 4/5 (2015): 245-250.
- Mishtal, Joanna. *The Politics of Morality: The Church, the State, and Reproductive Rights in Poland*. Athens, Ohio: Ohio University Press, 2015.
- Morgan, Lynn M. "Reproductive Rights or Reproductive Justice? Lessons from Argentina," *Health and Human Rights* 17, no. 1 (2015): 1-15.
- Morgan, Lynn M. and Elizabeth F.S. Roberts. "Reproductive governance in Latin America," *Anthropology & Medicine* 19, no. 2 (2012): 241-254.
- Molyneux, Maxine. "Mobilization without Emancipation? Women's Interests, the State, and Revolution in Nicaragua," *Feminist Studies* 11, no. 2 (1985): 227-254.
- "Nicaragua." *Forbes.com*. Last modified December 2015.
<http://www.forbes.com/places/nicaragua/>
- "Nicaragua Briefs," *Envio.com*. Last modified December 2005.
<http://www.envio.org.ni/articulo/3205>
- "Nicaragua Total Fertility Rate." *IndexMundi.com*. Last modified October 8, 2016.
http://www.indexmundi.com/nicaragua/total_fertility_rate.html
- Nelson, Erica, Alexander Edmonds, Marco Ballesteros, Diana Encalada Soto, and Octavio Rodriguez. "The unintended consequences of sex education: an ethnography of a development intervention in Latin America," *Anthropology & Medicine* 21, no. 2 (2014): 189-201.
- Parker, J.J., Cindy Veldhuis, and Sadia Haider. "Barriers to Contraceptive Use among Adolescents in Nicaragua," *Annals of Global Health* 82, no. 3 (2016): 388-389.
- Pizarro, Ana Maria. "Abortion in Nicaragua: Between Hypocrisy and Reality." *CAWN Newsletter*, Spring 2014, 10-11.
- Quesada, James. "Suffering Child: An Embodiment of War and Its Aftermath in Post-Sandinista Nicaragua," *Medical Anthropology Quarterly* 12, no. 1 (1998): 51-73.

- Reyes, H. Luz McNaughton, Karen Padilla Zuniga, Deborah L. Billings, and Marta Maria Blandon. "Incorporating Human Rights into Reproductive Health Care Provider Education Programs in Nicaragua and El Salvador," *Revista Panamericana de Salud Publica* 34, no. 1 (2013): 54-59.
- Scheper-Hughes, Nancy and Margaret M. Lock. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology," *Medical Anthropology Quarterly* 1, no. 1 (1987): 6-41.
- United Nations Center for Reproductive Rights. "Re: Supplementary Information on Nicaragua, scheduled for review by the U.N. Committee on the Rights of the Child during its 55th session (September 2010)," by Lilian Sepulveda and Monica Arango Olaya.
- YouthNet. *Assessment of Youth Reproductive Health Programs in Nicaragua*. U.S. Agency for International Development/Nicaragua, 2003. Accessed August 25, 2016. http://pdf.usaid.gov/pdf_docs/Pnacu234.pdf
- U.S. Department of State Bureau of Democracy, Human Rights, and Labor. "Country Reports on Human Rights Practices." <http://www.state.gov/j/drl/rls/hrrpt/2001/wha/8315.htm#> (accessed November 14, 2015).