

# CEDAW Shadow Report Nicaragua

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December 2006

**Committee for the Convention on the Elimination of  
All Forms of Discrimination Against Women (CEDAW)**

Esteemed Members of the Committee:

Re: Complementary information on Nicaragua  
Scheduled for review by the 37<sup>th</sup> Session of the Committee for the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) from 15 January to 2 February 2007.

The purpose of this letter is to complete the periodic report sent by the State of Nicaragua during the 37<sup>th</sup> Session of the Committee on the Elimination of All Forms of Discrimination against Women. This letter is signed by a group of long-standing nongovernmental organizations that work to promote the rights of Nicaraguan women in general and specifically for their sexual and reproductive rights.

We present to the Committee the following issues that directly affect the sexual and reproductive health of Nicaraguan women, girls, adolescents, and young adults.

**1. Sexuality education (Art. 5. Art. 10. Art. 14. Convention for the Elimination of All Forms of Discrimination against Women)**

Article 5 stipulates that the States Parties will take all the appropriate measures to modify sociocultural patterns of men and women's behaviors to seek the elimination of prejudices and practices that discriminate based on sex or other factors. The states also must work to guarantee that family education includes the understanding of maternity as social function and the importance of paternal responsibility for the education and development of their children<sup>1</sup>.

Similarly, Article 10 includes that the States "shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education."<sup>2</sup>

Article 14 includes specific, necessary actions for eliminating the discrimination against women in rural areas. States parties "shall ensure to such women the right . . . to obtain all types of training and education, formal and non-formal, including that relating to functional literacy, as well as, inter alia, the benefit of all community and extension services, in order to increase their technical proficiency."<sup>3</sup>

Such education would permit the elimination of many social, cultural and economic barriers between the sexes and between those living in rural and urban areas. Nevertheless, there is

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<sup>1</sup> Convención sobre la eliminación de todas las formas de discriminación contra la mujer. Artículo 5.

<sup>2</sup> Idem Art 10.

<sup>3</sup> Idem Art 14.

clear evidence that the advances in the education of Nicaraguan men and women have been limited.

With respect to sex education, ***the Ministry of Education, Culture, and Sports recently prepared a “Guide to Education on Conduct and Sexuality,”*** which includes important issues for the upbringing of adolescents and young adults such as the culture of peace (not violence) and respect for differences. In addition, the guide gives broad information on contraceptive methods and sexually transmitted infections. It also emphasizes the importance that educators should give to respecting intimacy when dealing with subjects that can be delicate for their students and their students’ families (such as family violence and the sexual abuse).

The guide includes necessary concepts for sexuality education, such as the importance of complete and up-to-date scientific information on the artificial and/or natural methods of pregnancy prevention. This information provides students valid criteria for selecting the most reliable method to prevent pregnancy while respecting their religious beliefs and physical condition, and without risking their health. It recognizes that “the teaching of sexuality should not be restrictive or imposing, but aimed at encouraging freedom and facilitating responsible decision-making, as well as the development of self-esteem and of the student’s emotional, physical and sexual health.”<sup>4</sup>

However, ***this tool features biased information that reinforces prejudices surrounding homosexuality and lesbianism while emphasizing the advantages of abstinence and suppressing one’s sexuality. That is, the guide introduces elements that teach children, adolescents, and young adults that sexuality should be experienced on the basis of restrictions. Furthermore, it does not give the students the opportunity to have a broader vision that considers the development of human sexuality as an element that contributes to the comprehensive development of a person.***

***In addition, the guide lacks scientifically accurate information on abortion. Such information is necessary in order to be consistent in not imposing one-sided beliefs and prejudices on students, as well as to allow them the chance to understand the subject at the global, regional, and national levels.***

It is important to mention that scientific and/or technical contributions from experts and organizations with experience in the fields of sexual and reproductive health and the rights of children and adolescents were neither sought, nor even permitted, in the preparation of the guide for sexuality education.

Another one of the principal limitations of this sexuality education initiative is that it is only directed at children participating in the formal educational system, thereby excluding “825,000 boys, girls, and adolescents in the range from 3 to 18 years throughout the country<sup>5</sup>” that do not attend school. The majority of these youth are from rural areas where gaps in access elevated, especially in secondary education.

The Nicaraguan educational system has not had formal sexuality education programs, but rather

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<sup>4</sup> Ministerio de Educación, Cultura y Deporte. Guía de educación del afecto y de la sexualidad. Guía para docentes. Serie Educación para la Vida.. Managua, Nicaragua 2006

<sup>5</sup> Programa de las Naciones Unidas para el Desarrollo. El Desarrollo Humano en Nicaragua 2002: Las condiciones de la esperanza. Nicaragua, 2002. P. 73

these topics have been presented in the context of classes in natural sciences. This approach does not provide children and adolescents with a comprehensive view of such an important subject, which would provide them with the autonomy to make decisions based on scientific knowledge.

## **2. Rights to Reproductive Health (Art. 12. Art. 14. Art. 16. Convention for the Elimination of All Forms of Discrimination against Women)**

In Article 12, the States Parties commit to adopting all the appropriate measures to eliminate the discrimination against the woman in the sphere of medical care. This includes family planning and delivery of appropriate services to women with regard to pregnancy, childbirth, and the postpartum period, providing free services when necessary, and ensuring adequate nutrition during pregnancy and lactation.

Article 14 states that “the States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right. . . to have access to adequate health care facilities, including information, counselling and services in family planning; [and] To benefit directly from social security programmes”<sup>6</sup>

Article 16 promotes the elimination of discrimination on issues related to marriage and family relations, among which are the right to decide freely and responsibly the number of children to have and the interval between births, as well as to have access to information, education, and the means that make it possible for a woman to exercise these rights.

### **a. Access to Contraceptive Methods**

At the national level, important progress has been made in recent years regarding access to family planning methods in Nicaragua. According to data from the Demographic and Health Survey carried out by the National Institute of Statistics and Censuses and the Ministry of Health, “the great majority of Nicaraguan women aged 15 to 49 years know or have heard about the existence of methods that can prevent pregnancy,”<sup>7</sup> however, this knowledge is not necessarily translated into practice. Nicaragua continues to have the highest rate of adolescent pregnancy in Latin America and a high percentage of unwanted pregnancies.

It is noteworthy that “the modern methods currently best known by women actually in state of union are the pill, injection, and the condom (95 percent or more of Nicaraguan women), followed closely by the IUD and female sterilization (90 percent of women).”<sup>8</sup>

With regard to the use of contraceptive methods, of all the women in state of union, “88 percent have used at some time a method of family planning; 86 percent have used modern methods

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<sup>6</sup> Convención sobre la eliminación de todas las formas de discriminación contra la mujer. Artículo 14.

<sup>7</sup> Instituto Nacional de Estadísticas y Censos, Ministerio de Salud. Encuesta Nicaragüense de Demografía y Salud 2001. Nicaragua, 2002. Pág 7

<sup>8</sup> Ibid. Pg. 17

and 19 percent have used traditional methods,"<sup>9</sup> among them the pill (59%), injection (38%), female sterilization (25%), IUD (25%), condoms (23%) and amenorrhea by lactation (16%).

There are some factors that influence lack of access to contraceptive methods, including the limited hours that health units are open to the public, restricted range of available methods, little information on emergency contraception and the poor quality of counseling services.

It is important to point out that ***the Ministry of Health acquires contraceptive supplies through donations; however, emergency contraception (levonorgestrel) is not included as a part of its family planning programs in the health centers and hospitals. Women cannot acquire emergency contraception free-of-charge in public health facilities, unlike the rest of contraceptives, despite the fact that the promotion of family planning methods has been part of the Ministry standards since 1997.*** The effective distribution of these methods, together with scientifically-based sexuality education programs, would help reduce unwanted pregnancies and unsafe abortions.

Education on sexuality, as well as investment in education in general for women, is closely related to the current use of contraceptive methods, since according to data from the aforementioned survey "the level of use increases with the educational status of the woman in state of union, from 52 percent among the women without education up to 73 percent in the women with higher education."

It is important to mention that ***there is a considerable percentage of women who have an unmet need regarding the use of family planning methods, which limits the possibility of spacing births and reducing fertility. This percentage is highly influenced by variables such as the area of residence, low income levels, low educational status and the age of the woman (the unmet need for contraception decreases with age and is 20 percent among adolescents compared with 11 percent among women from 45 to 49 years***<sup>10</sup>).

Among the differences in area of residence, it should be emphasized that the unmet need for contraception of rural women greatly exceeds that of women in urban areas (19 and 12 percent, respectively); "this doesn't contribute to improve the perspective of the obstetric risk, although the projections show a descending tendency of the unsatisfied demand."<sup>11</sup>

It should be taken into account that "the high fertility in Nicaragua, normally linked to the most disadvantaged strata of the female population, reinforces the degree of socioeconomic vulnerability and perpetuates cycles of intergenerational poverty, disabilities, and maternal deaths."<sup>12</sup> Unwanted pregnancy is a key factor in aggravating the risk for maternal death, especially for adolescents and poor women.

## **b. Maternal Mortality**

Despite various efforts and public policies, the advances in maternal mortality data are less

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<sup>9</sup> Ibid. Pg. 17

<sup>10</sup> Ibid. Pg. 9

<sup>11</sup> UNFPA, UNICEF, OPS. Salud Materna e Infantil en Nicaragua. Avances y Desafíos 2005. Nicaragua 2005. Pág. 11

<sup>12</sup> Ibid. Pg. 10

encouraging in developing countries. Nicaragua has one of the highest rates of maternal mortality in Latin America, which, in turn, is highly related to the survival of the newborn, as well as the other children when the mother dies.

Around 144 women of reproductive age die every year in Nicaragua. When taking into account the high underreporting of cases of maternal deaths, especially among adolescents, this figure could increase by up to 50%.. “Maternal mortality represents nearly 4% of all the causes of death. Women from 20 to 34 years old, who live in rural areas, with low level of education, and low access to health services are the human and social profile of maternal deaths in the country.”<sup>13</sup>

The maternal mortality rate has declined 22% in the last ten years, however, **healthcare coverage for delivery and puerperium remains low due to limited access to health services, especially in the autonomous regions and in the north where the poorer women live.** The principal reason for these problems is deficiencies in primary healthcare facilities; difficulties in the training human resources; the limited number of health service providers, among others.<sup>14</sup>

Once again, such problems highlight important differences between areas of residence, since “there is greater use of prenatal care in urban areas than in rural ones, these last being those which receive less diagnostic support, iron supplements and vitamins.”<sup>15</sup>

### c. Therapeutic Abortion

Despite the fact that the right to therapeutic abortion to guarantee the life and health of women is protected by international agreements and treaties which have been signed and ratified by the Nicaraguan State (recognized in Article 46 of the Constitution of the Republic), **the National Assembly recently repealed article 165 of the penal code referent to therapeutic abortion, so that any and all forms of abortion are penalized in the country.**

**This law was passed without taking into account the opinions of medical societies, medical schools, or national and international human rights organizations,** but instead responded to the request of the hierarchy of the Catholic Church and some Evangelical Churches. These groups strategically used the electoral context in order to submit their proposal knowing that the political parties represented in the parliament would favor their petition, thereby violating the Nicaraguan constitution, which establishes this nation as a lay state, where laws and policies that there are based on religious interests cannot be established. (Article 14 of the Political Constitution of the Republic).

**This unfortunate decision will increase maternal mortality in Nicaragua,** since “in areas where there is no access to legal and safe abortion and where there are widespread barriers to access to other reproductive health services, including the contraceptives, unwanted pregnancies increase and unsafe abortions will be performed. Both situations generate a series

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<sup>13</sup> *Ibíd.* Pg. 5

<sup>14</sup> UNFPA, UNICEF, OPS. Salud Materna e Infantil en Nicaragua. Avances y Desafíos 2005. Nicaragua 2005. Pág. 8

<sup>15</sup> *Ibid.* Pág. 8

of clearly avoidable problems for women's physical and mental health."<sup>16</sup> The gaps will also increase, because it is an issue of social justice that mainly affects poor women.

It is very important to take into account that "international law recognizes that the access to legal and safe abortion is vitally important to women's exercise of their human rights",<sup>17</sup> **which means that it is necessary to restore women's right to life, permitting them access to abortion at least for medical causes.**

Similarly it should be considered that "women's right to health is also seriously compromised when a woman is forced against her will to continue a pregnancy of a fetus with genetic deficiencies that are incompatible with an existence outside the uterus."<sup>18</sup>

It is necessary to point out **even though therapeutic abortion was included in the Nicaraguan Penal Code, women's access to "these services has been severely limited by the lack of standards and regulations that effectively operationalize the right to legal termination of pregnancy."**<sup>19</sup> In Nicaragua, as well as in the rest of the world, the exact number of abortions is unknown because the majority of women turn to clandestine procedures.

**There are medical cases in which women require an abortion since their lives are in danger, but instead the women are condemned to death, though this could be prevented by therapeutic abortion. If they cannot access therapeutic abortion legally, women have two options: they continue with the pregnancy that puts their lives at risk or they seek a clandestine abortion, the latter usually in unhealthful and unsafe conditions that cause the death of thousands of women each year.**

**Prohibiting surgical management of emergency cases would increase the risk of death for women with previous diseases and/or those aggravated by pregnancy; maternal mortality will increase. Mortality of children will rise: girls and boys under 5 whose mothers die as a result of complicated pregnancies will have a higher risk of dying than those whose mothers are still alive. It is evident that it will not be possible to meet the international commitment to reduce maternal and child mortality by 2015.**

Once comprehensive therapeutic abortion care is prohibited, there would be a considerable increase in clandestine, unsafe abortions. The costs of hospital care would increase due to complications, with incalculable social costs resulting from the deaths of women, mainly in the poorer families in the country.

**Accordingly, therapeutic abortion does not constitute a crime, but a necessary action for saving the life and preserving the health of women, since it is a woman's right to defend her own health and well-being. Therapeutic abortion is a universally accepted principle,**

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<sup>16</sup> Human Rights Watch. International Human Rights Law and Abortion in Argentina. <http://hrw.org/spanish/informes/2005/argentina0605/7.htm>.

<sup>17</sup> Idem. <http://hrw.org/backgrounder/wrd/wrd0106/>

<sup>18</sup> Human Rights Watch. International Human Rights Law and Abortion in Argentina. <http://hrw.org/spanish/informes/2005/argentina0605/7.htm>.

<sup>19</sup> Sociedad Nicaragüense de Ginecología y Obstetricia, Ipas. El Acceso al Aborto Terapéutico en Nicaragua es un Derecho que Garantiza la Salud de la Mujer. Managua, Nicaragua 2003. Pág. 1

***and every woman should have the last word and the right to decide.***

We hope that the Committee considers the following questions at their meeting to review compliance with the commitments acquired by the Government of Nicaragua as a signatory of CEDAW. We also hope that these questions are included in the report on monitoring aimed at our government:

- 1. What efforts will the Nicaraguan State make in order to ensure sexuality education policies that provide children, adolescents and young adults with comprehensive education that allows them to make decisions based on scientific information, and in so doing reduce the high number of adolescent pregnancies and the maternal mortality among young women?***
- 2. What mechanisms does the State plan to implement so that Nicaraguan women's access to contraceptive methods becomes a practice based on autonomous decisions that permits them control of their bodies and full enjoyment of their sexual and reproductive rights?***
- 3. How does the Nicaraguan state plan to reduce the high rates of maternal mortality in the country taking into account the current prohibition of therapeutic abortion, and the limited services available for care during and after pregnancy and for post abortion care, especially for poor women and those in rural areas?***
- 4. Nicaragua is one of the few countries in Latin America that has not signed the Optional Protocol, a mechanism that makes it possible to denounce instances of noncompliance with the commitments acquired through the ratification of CEDAW and which facilitates the defense of women's rights. For this reason, it is important to consult with the Nicaraguan government as to when will Nicaragua ratify this international agreement in the struggle for the eradication of gender discrimination?***

We hope that the aforementioned information is useful for the review of the fulfillment of the Convention for the Elimination of Discrimination against Women (CEDAW) by the government of the Republic of Nicaragua.

Sincerely yours,

Asociación de Mujeres Profesionales por el Desarrollo Integral;  
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