



Graduate School of Development Studies

**PREGNANCY MANAGEMENT IN PUERTO CABEZAS**

**NICARAGUA: A MATTER OF RIGHT OR CHOICE?**

A Research Paper presented by:

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(Nicaragua)

In partial fulfilment of the requirements for obtaining the degree of  
MASTERS OF ARTS IN DEVELOPMENT STUDIES

Specialisation:

**Women Gender and Development  
(WGD)**

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November , 2008

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## **Dedication**

I would like to dedicate this Research Paper first of all to my daughter Nura, for been patient with me during the time as was busy and did not spend much time with her. Secondly, to my husband Geert Jan for his unconditioned help and support during the whole process of my Master Program. Thirdly, to my sisters and nieces for believing in me.

## **Acknowledgement**

I will start by thanking all the women and men who contributed to this research Paper. Also take the opportunity to thank my friends Zenith, Catherine, Monica, Cayathri, Ranjana, Endang, Nebil, Lisa, Irene for their support in times when stress and tension increased at the ISS.

I will also like to thank, Dr. Ray Lightburn for his editorial comments on my document. I will like to thank both Drs. Loes Keyzers and Dr. John Cameron, for their valuable help during the process of finding my way and writing the Research Paper document. It was not an easy task for them, I believe. I have learned a lot from both and it was a great experience working with them that I will cherish always. They have made the whole process less tense and exhausting, they have been clear from one beginning what should be the path to follow, however they gave me the time to figure it out (I hope) by myself and that's for me is the greatest achievement of all.

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## **Acronyms and Translations**

1. NGO's: Non governmental Organizations
2. URACCAN: Universidad de la Costa Caribe de Nicaragua  
(University of the Costal Caribbean of Nicaragua)
3. SAP's: Social Adjustment Policies
4. RAAN: Región Autónoma Atlántico Norte (North Autonomos  
Atlantic Region)
5. Ba.: Bachelor Degree
6. Ma.: Master Degree

## **Abstract**

Since 2006, in Nicaragua all forms of abortion including therapeutic abortion were banned. This ban has caused commotion and alarm around the Women NGO's and Human Rights organizations in Nicaragua.

Their main arguments were the violation of women reproductive rights and choices. We should take into consideration that right or choices can not be handed over and the circumstances needed in order to claim them. This research draws attention to the Miskito and Mayangna indigenous group, and the Creole ethnic group that live on the north Atlantic Coast of Nicaragua. The objective, is to look at the ways these women and men whose realities are different from the rest of the population of Nicaragua, manage their pregnancy and what aspect influences their decisions.

The methods used were qualitative, looking at what individuals are able to do as well as the process of decision making and the difference among and within the different indigenous and ethnic groups. This research is relevant, because it looks at how national discourses relates to local discourses. And who actually could claim right and choices regarding abortion and therapeutic abortion.

## **I. Part One Generalities**

### **1.1 Introduction**

Although Human Rights have been recognized by many countries as essential, Women's Reproductive Rights is a very contested field. In support of the battle for reproductive rights, advocates and practitioners need to look at the way laws are being dealt with and in the name of whom. It is also important as advocates to focus on the ways women from different ethnicity, age, class, understand abortion as a right and choice (Kapur 2005). This has become even more acute since the ban of therapeutic abortion in Nicaragua in 2006, which was condemned by national level women's movements.

The objective of this research is to look at the way the national discourse on reproductive rights is related to the discourse on local level. Or rather to understand how indigenous groups and ethnic minorities deal with abortion and if they, in anyway, feel (personal) affected by the current law; and to find out whether they relate or fail to be part of the right and choices national discourse. In order to achieve this objective, attention was paid to the individual (personal) perspective that may influence a woman choice as well as the decision making aspects of their reproduction that may condition their decision.

The concept of pregnancy management, combines the individual and the social aspects around pregnancy and provides a wider spectrum of the way women of different indigenous and ethnic groups manage all aspects of their pregnancy. At the same time information will be gathered about abortion and therapeutic abortion which is the focus of this research. The ban of therapeutic abortion in Nicaragua is used in this research as a symbolic act in a wider right discourse.



The study results provides important information regarding the way women of different indigenous and ethnicity manage their pregnancy and their interpretation of right and choice regarding their bodies. It is important also to state my pro-choice standpoint, because I believe that a woman should make her choices according to what she thinks is the best solution, I also support all those women organizations which fight for abortion to be accessible to every woman including adolescents. However, it is important to understand the realities of the groups one may represents before embarking in the journey for justice and women rights.

## **1.2 Problem statement**

Nicaragua has a surface area of 120,339.54 km<sup>2</sup>, and an estimated population in 2005 of 5,142,000 inhabitants, 59% of whom reside in urban areas. The average population density is 43 inhabitants per km<sup>2</sup>. The population is distributed unevenly among three geographical regions: the Pacific region with 15% of the total land area and 54% of the population, the Central region which correspond to 28% of the land area and 32% of the population; and the Atlantic region with 56% of the land area and 14% of the population (PaHO 2007).

The Autonomous regions although grater in territory, they are les populated, besides the people live in remote areas that are not easy accessible. It is the home of three Indigenous group such as the Miskitos, Mayangnas and Ramas. And two ethnic group Creole and Garifona. For these indigenous and ethnic groups, their mother tong is not Spanish.

Nicaragua, like some other Latin American countries (Chile, El Salvador, the Dominican Republic<sup>1</sup>), totally prohibits the practice of abortion. According

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<sup>1</sup> Center for Reproductive Rights (2007) 'Abortion Worldwide: Twelve Years of Reform', *Briefing Paper*

to the penal code of 1891, the practice of abortion was banned unless the practice was done to save a woman's life, and even then this decision had to be taken by at least three doctors. It also stated that women who undergo an abortion and who ever was part of the practice are liable of prosecution. Since the banning of the practice of therapeutic abortion in 2006, the debate between the pro-life and pro-choice with their respective supporters has intensified at the national level.

The grounds of their arguments are the violation of human rights and, in the case of some women NGO's, the right to choose. In the context of Nicaragua, and more specifically the Atlantic Coast, home of different ethnic groups, this law may not mean much or actually may have a bigger impact. The only way to find out is to look at the people's reality, not only from a law perspective, rather, focusing on aspects such as their sense of entitlement, decision making regarding reproduction as well at the subjective aspects that may influence them.

Therefore based on the above, this research intends to look at the ways women on the north Atlantic Coast of Nicaragua make decisions regarding their pregnancy management, how these decisions are negotiated and whether or not it differs between indigenous and ethnic group. The findings can be use to reflect on the way the main discourses at the national levels "Pro-life" and "Pro-choice" among others relate the ones at these grass root levels.

### **1.3 Justification**

This research is relevant because:

It looks at the right and choice discourse from the perspective of the different indigenous and ethnic groups living on the north Coast of Nicaragua. Looking at the different circumstances in which the different indigenous and ethnic

groups live, there is the need to explore and to understand how these women perceive right and choice as individuals in a social context.

The results will contribute to the actual debate on the rights-based approach and its applicability and limitations for minority groups. It is an objective of this research to give voice to those who are supposedly affected by this law and in this process understand what subjective aspects influence their decisions in relation to pregnancy management. It also will be used, to reflect on and to look at differences and similarities not only in terms of dominant discourse and local, but also the difference among ethnic groups.

This writer have chosen this topic because, she finds it morally and ethically difficult to understand that it is preferred that a pregnant woman undergoes a life-threatening risks (endanger a woman's life) in order to try to save the life (term very contested) of an embryo. The pregnant woman is not only a woman, she may also a mother of other children, the head of a family (bread winner), or a young girl. Of course, as a human being, she should be able to decide when she would like to become a mother.

## **1.4 Research Objective and Questions**

### **1.4.1 Research Objective**

This study intends to understand what the perceptions are of the different ethnic groups regarding pregnancy management and abortion. What has changed for these groups since the banning of therapeutic abortion and how does these perceptions relate to reproductive rights national discourse. The results of this study contributes, to the understanding of the power relation between women and men regarding reproductive rights and what factors influence the choices of the women. Similarly, these results give an idea of how

other ethnic minorities may perceive and make their choices regarding abortion on the south part of the Atlantic Coast.

#### **1.4.2 The Questions guiding this Research are**

1. What are the different perceptions among the different ethnic groups regarding pregnancy management , including abortion?
2. What are the female and male positions regarding reproductive decision making?
3. What has changed since the banning of therapeutic abortion?
4. How does the local discourse on pregnancy management relate the national discourse on right?

#### **1.5 Methodology**

The research will rely solely on qualitative methods such as focus group with male students from the different indigenous group (Miskito and Mayangna), interviews with women (Mayangna and Miskito) and women from the Creole ethnic group. Also, it includes interviews with five key informants (two Miskito and three Creole) four women and one man.

There are ethical concerns, regarding confidentiality of the information given by the interviewees. For that reason the information contained in this Research Paper should not be publish. For publication purposes, a revised version will be made available to be shared with the Universidad de las Regiones Autónomas de las Costa Caribe de Nicaragua (URACCAN) in Nicaragua.

### 1.5.1 Study Area

The writer has chosen the municipality of Puerto Cabezas (in the north Atlantic Coast), because of two main reasons:

**a.** According to a publication of the 2007 Health edition on Nicaragua, the Pan-American Health Organization stated that the areas with the highest indigenous populations have the worst health conditions in the country. 'In 2005 the maternal mortality ratio in the North Atlantic Coast of Nicaragua was 2.1 times higher than the national average.

The living conditions of these people are different from the rest of the country. The region does not even count on a well equipped hospital, with the Social Adjustments Policies (SAP's) hospital's budget allocation cut down which means that there is less medical and paramedical personnel working; medication and reposition materials are very scarce, in many cases patients have to purchase these indispensable materials. For some patients that is no problem but for a vast majority it becomes one more burden to bear.

**b.** Some of the ethnic groups on the Atlantic Coast have a different Cosmo vision and interpretation of the health and illness process. The municipality of Puerto Cabezas is home to two indigenous and one ethnic group, each one different from the other in regards to having access to resources, language, accessibility, educational background, norms, believes and values. So when it comes to abortion in relation to right and choices, this may be a contradicting aspect.

### 1.5.2 Study Approach, Research Techniques and Sources of Data

The research was carried out in two phases. Different methods of data collection and analysis were used in order to triangulate the information. First, rhetoric analysis was used, which is defined here as ‘the study of argument’ (McCloskey 1994:320). This was done to information <sup>2</sup>recollected in 2007, regarding the position of two women Non Governmental Organizations (NGO’s) in Nicaragua in relation to the ban of Therapeutic abortion.

This analysis is important, because it reflects the position and argumentation of these two women NGO’s regarding abortion and therapeutic abortion and its relation to the right and choices at national discourse (Kruk 2007:30-34). Later these arguments will be compared to the ones provided by the women interviewed in Puerto Cabezas, to look at relation between national and local discourse on reproductive rights. Secondly, a recompilation of primary data at local level was done by using methods of data collection such as interviews with key informants and women; and focus group with men.

The primary data were collected as follows:

1. Open interviews with key informants.
2. One focus group with men from the different ethnic groups, ages between 17 to 22 years.
3. Semi structured interview with women from the different ethnic groups, between the ages of 16 to 36.

The regional Universidad of URACCAN was the location used to conduct the focus groups and interviews. The university was chosen because, it is a place where indigenous and ethnic groups unite making it rich in diversity i.e.

class, values, norms, origin and age. Also women are supposed to have greater knowledge of the legal system and access to Western health care. The secondary data source consisted of journal publications, web sites of different NGO's, and news papers for additional information.

### 1.5.3 Sample

Because this research draw heavily on qualitative methods and small sample. Different methods of data collection were used in order to corroborate the information. The results are not representative of the different ethnic group as a whole rather than they represent individuals within those groups.

The selection of the participants for the focus group was done by using the <sup>3</sup>*judgement sampling*. For executing this, the registration list of the student office was used to select members according to age and ethnic origin. The group was formed by 10 members. The focus group method was used with to discover who takes the decisions regarding management of pregnancy and what subjective aspects influence those choices. The participants of the focus group were young male students from the indigenous group Mayangna and Miskito studying sociology at URACCAN.

For the semi structured interviews 15 women were interviewed , the sample included five women from the Miskito indigenous group, five from the Mayangna/Sumo indigenous group and five from the Creole ethnic group;

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<sup>2</sup> Look at annex pp 71 and 72 for original text

<sup>3</sup> *judgement sampling*: the researcher chooses the respondents, taking into account a likely source of difference (Laws, S. et al. 2003, pp367)

between 16 to 36 years old. They were selected using <sup>4</sup>*snowball sampling*. The interviewees were women who were finish their high school in the case of the Mayangna women and the Creole and Miskito were busy with their Ba.

The mechanism to select key informants was <sup>5</sup>*convenience sample*, the amount of participants interviewed were five persons. Two were from the indigenous group Miskito and three from the ethnic group Creole. There were four women and one man. Although, the key informants were selected on basis of availability, there were important aspects that were need in order to be considered as key informant. First they had to have a higher education in compare the local population. Secondly, experience working in the health, academia, government or traditional practice.

The key informants were, the rector of the university of URACCAN (Creole female), the coordinator of in the Institute of Traditional Medicine (Miskito female), member of a woman movement (Creole female), one of the oldest midwife in Puerto Cabezas (Creole female) and the member of the advisor of the department of education of the Regional Autonomous Consul and specialist in indigenous traditions and cosmovision (Miskito male).

#### **1.5.4 Conceptualization and Analytical framework**

As discussed earlier, this research intends to look at “right” and “choices” discourse from a perspective of ethnic minorities. Discourse is here defined as ‘an assemble of ideas, concepts and categories through which meaning is given

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<sup>4</sup> *snowball sampling*: the researcher starts with one or two respondents, and then asks them for guidance in order to locate people who share the same characteristics of them (idem).

<sup>5</sup> *convenience sample*: the researcher includes whoever is around at the time that the information is been gathered (idem).



to phenomena. Discourses frame certain problems, meaning distinguishing some aspects of a situation and not the others' (Gasper and Apthorpe 1996:2).

The used of the three different theories (capability, power relations and intersectionality) gave rise to the concept of pregnancy management. The theory of capability approach from Nussbaum (2000:223), has been chosen as part of the analytical framework because it looks at women rights and social justice. Like wise, it focuses on women of developing countries, the combination of these are within the scope of this research. In a simple manner, the capability approach was used to look at what women of different groups 'are able to do and become'.

According to Nussbaum (2000), the capability approach is having a full universal meaning; that could be used to look at how people, in this case women from Puerto Cabezas, solve or fail to solve problems related to management of their pregnancy. Because the capability approach is seen as very individualistic approach in the sense that it looks only on individual wellbeing (DeJong, J. 2003). And it is known among some scholars (Petchesky and Judd 1998, Greene 2000), that the most important aspect in sexual and reproductive health and rights is the power relation and the decision making between partners. This research also emphasizes on the decision making process regarding pregnancy management, and thus the social relations between those involve in the pregnancy management.

Nussbaum (2000:231-232), created a list of ten central human functional capabilities, for the purpose of this research only the following few will be applied. *Life, Bodily Integrity* regarding matters of reproduction, *Sense Imagination and Thought* related to education and work, *Emotions* regarding fear for seeking medical health, and lastly *Practical Reason* related to aspect of being able to plan their family. Because these functional capabilities goes beyond just abortion and move towards a more holistic aspect

of reproduction, this study looks at the way women manage their pregnancy and at the same time it answers inquires regarding abortion.

In order to look for differences between ethnic groups, intersectionality will be used as an analytical tool to look at the multi layered identities of these women derived from the social relations, history and structures of power between and within groups. It will not be possible to acquire in such a short period detailed information about how these power relations and negotiation mechanism take place, but it will give an idea of the complexity process through which decisions are made regarding pregnancy management, and how this may differ among ethnic groups (Symington 2004:1).

Passing from conceptualization to analysis, these were the questions that guided and help answer the research questions and objective regarding pregnancy management. These are the questions that emerge: role of religion in the life of these groups, education background, education, knowledge and accessibility to birth control methods, meanings of mother hood and father hood, perception and definition of abortion, decision making, understanding of choice regarding pregnancy and abortion, understanding abortion as a right, understanding abortion and therapeutic abortion and changes since the 2006 in terms of quality of life of women. This understanding is crucial in order to see how the local discourse on reproductive rights relate to the national one.

For purpose of this research attention will be given to four aspects of this banning: *the conceptualization of abortion*, because the focus is on ethnic minorities that may have different interpretations of it; *the law*, because

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<sup>6</sup> Intersectionality: 'is a feminist theory, a springboard for social justice. It starts from the premise that people live multiple layered identities derived from social relations, history and the operation of structures of power. People are members of more than one community at the same time, and can simultaneously experience oppression and privilege' (Symington 2004:1).

it gives an insight to the way in which contradictions and misinterpretations by the medical staff are created; *the church*, because it influences the process of decision-making when it comes to abortion; and lastly, *feminism and human rights*, because it look at the ways main feminist scholars conceptualized reproductive rights, later these will be compare to local discourse.

## 1.6 Limitations

There are some limitations when finding answers to the proposed research questions, because of the following reasons:

The Ethical (Confidentiality), besides some things were said, but could not be included because it would causes problems for the persons back in Nicaragua. The writer bias, as a nurse and a member of one the ethnic minorities groups to be studied. The writer's pro-choice inclination to practice of abortion. Finding male key informants to spare me sometime.

## 1.7 Organization of the Chapters

This paper will be organized in four parts. **Chapter one**, includes problem statement with its respective analytical frame work. **Chapter two**, will look at the national discourse around the banning of the practice of all types of abortion in Nicaragua. **Chapter three**, will be all about women and men voices regarding pregnancy management from different ethnic group perspectives. **Chapter four** will look at the way the local discourses relate to national discourses, the gaps, and common goals. *Chapter five* reflections.

## **II. Part Two *Main Discourses Regarding Pregnancy Management, Rights and Choices***

This part will start with the conceptualization of abortion in the Nicaraguan context, the possible implications of the banning of abortion in terms of health and its meaning for the Nicaraguan population, and why the magnitude of importance depends on geographical location, economic background, ethnicity and age, among others. Secondly, a description of the law-medical implications, birth control methods and aspect of decision making will be incorporated. Thirdly, the research will role of the Christian church and the contradictions between them; and finally, the different theorization of feminist scholars about Reproductive Rights and its importance to link (if it is applicable) to grass root levels will be examined.

### **2.1 *Conceptualization of abortion***

In medical terms <sup>7</sup>abortion here is understood as the premature exit of the products of conception (the fetus, fetal membranes, and placenta) from the uterus. Sometimes this exit could be caused or induced and other times spontaneous. There are several reasons why an abortion could be considered. The following are just some of the “main” reasons; there are others far more complicated than the ones listed below mentioned:

- a) The woman may not wish to be pregnant (elective abortion)
- b) The pregnancy is harmful to the woman's health (therapeutic abortion)
- c) The developing baby has a birth defect or genetic problem

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<sup>7</sup> Medicine Net “Definition of abortion” [online]  
<http://www.medterms.com/script/main/art.asp?articlekey=2091> (accessed 14 April 2008)

- d) The pregnancy is due to rape or incest
- e) The pregnant woman has mental problems or disabilities

Because abortion is about decision making by the woman (together with others is argued) over her body and sexuality, this has been and continues to be one of the biggest challenges that feminists face until now. After Beijing 1995, feminist from the north and the south worked together to replace the old population and family planning approach with a more broader concept of reproductive and sexual health and rights in a way that it links sexual and reproductive freedom to human rights (Petchesky and Judd 1998). The idea was to include abortion into these concepts and to give women the opportunity to decide over their own bodies and be responsible of their reproduction.

Abortion is a very important aspect of public health because it endangers women's life if it is not done properly, that is by qualified health professionals and under supervision. If abortion is not done properly it is called 'unsafe abortion'. According to the World Health Organization the practice of unsafe abortion<sup>9</sup> is estimated to account for 13% of all maternal deaths worldwide, but accounts for a higher proportion of maternal deaths in Latin America with 17% and southeastern Asia with 19%. It is not only mortality rates, but the morbidity rates as well (regarding post abortion complications), which increases the hospital costs due to the health

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<sup>8</sup> WHO defines unsafe abortion as "a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both. [online] [http://www.who.int/reproductive-health/publications/interagency\\_manual\\_on\\_RH\\_in\\_refugee\\_situations/ch7.pdf](http://www.who.int/reproductive-health/publications/interagency_manual_on_RH_in_refugee_situations/ch7.pdf) (accessed 28 June 2008).

<sup>9</sup> Grimes et al. (2006) 'unsafe abortion: the preventable pandemic', the Lancet SRHS [online] <http://www.who.int/reproductive-health/publications/articles/article4.pdf> (accessed 28 June 2008).

complications of the women who undergo abortions in unsafe conditions (WHO 2006).

Nicaragua's maternal mortality rates have fluctuated, reaching their highest levels in 1996, 1997 and 1999. The rate has declined in the last five years reducing to 87 per 100,000 live births in 2004. Most of the maternal deaths reported are caused by Post Partum Hemorrhage, Puerperal Sepsis, and Eclampsia. These causes were associated with high fertility rate, short birth spacing, limited coverage and quality of services providing pre-and peri-natal care. Although maternal mortality has declined country wide, rates at rural areas continue to be high, for instance in the Atlantic Regions, where a large amount of ethnic communities live. The rate in the northern region is 185 per 100,000 live births and in the south 181 per 100,000 (PaHO 2007).

Evaluation of the Health Policies implemented between 1997 and 2002, found that health indicators have improved, but the conditions of those in the poor rural areas has remained the same (PaHO 2007). The mortality rates related to abortion complications varies according to the sources: Sylva (2007) said that 90 women had died; other source mention that there have been more than 80 deaths, and the cost to perform an abortion goes from \$200 to \$500 dollars (Kruk, K. 2007).

Keeping in mind the impact that backstreet abortion has on Nicaraguan women in terms of mortality and morbidity and the fact that the health system is not capable to provide adequate services for women especially in the north Atlantic Region, it is fundamentally important to fight for the de-penalization of at least therapeutic abortion. However, in order to join the struggle it is important to realize that not all women face the same health problems, and that depending on economical background, race, age, geographical position, it can have more effect on one woman than on the other.

### **2.1.2 Birth Control**

In a variety of countries the use of contraception methods is seen primarily as woman domain; however, in the last decades men are becoming more aware of its importance and in some of the cases supporting more of their partner's decision (RamaRao et al. 2008).

In situations where there is disagreement or conflict of interest regarding the use of birth control method, the partner with greater power in the relationship tends to be the one favored. The most common reasons for men's disapproval are mistrust, infidelity, religious beliefs and lack of communication between partners. Nevertheless, men do seek information regarding birth control methods, but only when they are emotionally ready to have fewer children. Ironically concerns about side-effects of these methods, range from focusing on the side effects and physiological changes (women) to concerns over sexuality and intercourse (men) (Idem).

The fertility rate for women in Nicaragua has been falling, from 7 in 1950 to 3 in 2001. The Ministry of Health associates these decrease to the access of women to different birth control methods. The most common methods know by Nicaraguan women are the pill, the injections and the condom followed by the IUD (Intrauterine Device) and sterilization (Ministry of Health of Nicaragua 2006).

Seventy-eight percent of the women with more than three children use one type of birth control method in comparison to 30% of the women without children. The Ministry of Health also stated that the uses are related to the education of the women but also admits that there are problems with accessibility to different methods especially in Jinotega, north and south of the Atlantic Coast and Matagalpa (Idem).

In the last century, states have repeatedly invaded their citizen's private domain attempting to organize, restrict or expand their fertility and sexual practices. Their main reasons have been *population control* (size and composition) and the control of women's sexuality, especially married women and young girls. In practice these two aspects of state intervention resulted in most of the cases in complex and conflicting policies (Petchesky 1984).

## **2.2 The Law and its Medical - Health implications**

Since 1893 in Nicaragua, almost all forms of abortion were penalized and banned except therapeutic abortion. In October 2006 all forms of abortion were penalized. This last act was seen as a violation of women human rights to live and choose, as well as the right to receive health care when needed to prevent their death and serious injuries to their reproductive organs.

These laws (1893 and 2006) are contradicting each other and are ambiguous at the same time. Ambiguous, because the 1893 law did not explain what therapeutic abortion meant, nor did it state on what ground doctors should make their decisions. Contradictory because according to the Nicaraguan constitution <sup>10</sup>'all persons shall enjoy protection and recognition by the state', as well as <sup>11</sup>'all Nicaraguans have the right to health care' (Republic of Nicaragua Constitution 1987).

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<sup>10</sup> **Article 46**

All persons in Nicaragua shall enjoy protection and recognition by the state of the rights inherent to human beings, as well as unrestricted respect, promotion and protection of human rights. *Excerpts from the Republic of Nicaragua Political Constitution*, January 9, 1987 [online] <http://www.leftjustified.com/leftjust/lib/sc/ht/wtp/nicaragu.html> (accessed 22 May 2008)

<sup>11</sup> **Article 59**

Every Nicaraguan has an equal right to health care [Idem]



Supporters of women rights in Nicaragua view this ambiguity in the law as a challenge and as an opportunity. It is viewed as a challenge because a call for abortion law reforms could result in counter initiative to eliminate therapeutic abortion from the penal code altogether. By the same token, it is viewed as an opportunity because therapeutic abortion has multiple definitions in both the legal and medical literature. Progressive regulations could broaden the legal indications on health related grounds and increase women accesses to services (McNaughton et al. 2004).

It seems to be, that the call for abortion law reforms made by Gynecologist and women organizations before 2006 was no good timing due to the political situation in Nicaragua. This instability was adopted as an opportunity by the religious groups in Nicaragua, leading to commotion and resulting in a complete banning and penalization.

Since 2006, all forms of abortion were banned and penalized (including therapeutic abortion). The penalization includes going to prison and doctors and other healthcare workers losing their license to practice their profession. Once again, the law does not specify when a doctor should intervene and save a woman's life (e.g. by ectopic pregnancy) and not going to prison.

To overcome this serious problem the Ministry of Health, in December 2006 issued a guideline entitled: Normas y Protocolo para el Tratamiento de Emergencias Obstetricas (Norms and Protocols for Treatment of Obstetric Emergencies). This guideline covers obstetric emergencies such as ectopic pregnancies among others. If the guideline is implemented fully, some of the life threatening effects of the ban could be prevented, but because of fear of persecution it is not implemented. Although the practice of abortion was banned, it did not stop women from practicing abortion. An estimated 32,000 women in Nicaragua underwent an elective and illegal abortion in unsafe conditions in 2006 (Kruk 2007).

## ***2.3 Religion and Cosmo vision***

### ***2.3.1 Religion***

The politics of the family, sexuality, reproduction and “abortion” became a vehicle which right wing politicians used as mechanism to gain power during the late 1970’s and 1980’s in the USA. The crusade against legal abortion was taken up by the New Right as a way to impose conservative thinking on areas of policy making and social arenas (Petchesky 1984).

The antiabortion movement, which began in the Catholic Church and by all means has remained an essentially religious movement, has been the vehicle for the New Right to develop its mass ideology. The ideology has been reduced to a fight between good and evil. Religion supplies a language and symbolism through which the New Right lays their claim to morality and values. In this vision ‘abortion represents all the satanic evils the New Right seeks’ and the fetus represents ‘the immaculate and the innocent which must be protected and saved’ (Petchesky 1984:245).

Even though religion has played a very important role in the politics on abortion, in the past decades there has been quite some polarization in the USA, within religious groups related to the attitudes of the members regarding abortion (Evans 2002). The groups that have most internal change are the Catholics and Protestant, but Evangelicals remain quite stable. This internal division has, according to Evans, limited the movement’s effectiveness. This result could be observed by the battle gained in Peru and Mexico regarding de-penalization of the practice of abortion; however, on the other hand, El Salvador and Nicaragua did not have the same luck.

The influential power of the Catholic and Evangelical churches in Latin America has survived secularization. They reached to a more privileged

position and they are playing a very important role in the lives of “their people”. In Nicaragua, a country where over 70% of the population is Roman Catholic (Kruk 2007), the leaders of the church have used their pastoral authority and leadership to induce religious guilt by linking abortion to sin, murder and eternal suffering. The Nicaraguan women not only have to deal with the difficult choice to undergo an abortion in dangerous situations, but also with the moral values that are attached to this practice (Lokeland 2004).

These imposing moral views are not shared equally by all the Catholics priests and members. According to Dr. Ana Maria Pizarro, a group of Catholics feminist investigates abortion realities through opinion surveys and has obtained two important facts: one is that thousand Catholic women undergo abortion and secondly most of the Catholic parishes consider abortion practices morally acceptable in many cases, this contradicts what the higher leaders of the church think (Pizarro 2007). This means, that even though religious beliefs shape moral values, they do leave space for interpretation and the formation of own standpoint regarding abortion and there might be justifiable reasons to practice abortion for Catholics.

### **2.3.2 Cosmo vision**

Revealing the cosmovision of an indigenous group is a very difficult task as well as a dangerous idea. The information exists only in the memories of old people and in the minds of those who are learning from them. The cosmovision assumes the characteristics of a long past that is still present; like **Misry Yapyt** ‘*nuestra primera madre*’ (our first mother) who represents the end of the mortal times; the cosmologic conception of big spirits as the Supreme Gods such as: **Wan aisa** ‘*el que nos engendró*’ (the one who created us); **Prahaku** ‘*el trueno*’ (the thunder); **Aubia** ‘*el señor de las montañas y los árboles*’ (God of the mountains and threes); and **Liwa** ‘*ella es la dueña de los mares, lagunas y rios*’ (she is the owner of the seas, lagoons and rivers). All of them form part of our spirituality,

philosophy, and even the cultural value with its fear, admirations and wisdom of the people (Cox 1998).

Each one of these indigenous groups has their own interpretation of the health and illness process. The different way of conceptualizing this process, is by the Miskitos and Sumu/Mayangnas more complex and much more marked. These Gods mentioned above are just the main ones, but there are many more divinities that have a direct relation with Mother Nature and human health. These indigenous groups, especially the Miskito, conceive the human being as integral, they depart from admitting that there exists is a harmonious relation between the forces of nature and the body (Fagoth et al. 1998).

According to Fagoth et al. (1998), if the person follows the rules of Mother Nature, for sure the person will live a pleasant and healthy life. If the person chooses to do otherwise, the bad spirits will see to it that he/she shall pay the price. This price will be an illness, and even though if the symptoms may be obvious (according to occidental medicine), the causes of the illness are in strict relation with the way these indigenous group relate to the health and illness process.

It is important to take into account, the way these indigenous groups sees the health and illness process, these believes and interpretations will have influence on the way women and men view abortion and it also will influence their practices.

#### ***2.4 Human Rights and Feminist Theorization***

Women's organizations across the world have been fighting for the right to the access of safe and legal abortion. Nevertheless the ability to access safe abortion is limited in law and in practice. In fact, even were abortion is

permitted, there are other conditions, such as appropriate health services, medications, professional and medical personnel, accessibility, moral issues among others, that are needed in order to undergo an abortion safely (HRW 2006).

This 'right' to sexual and reproductive rights has also created a strong debate among feminists and some women leaders from the South. According to Sen and Batliwala (2000), these critiques of the right discourse are because it is too individualistic, andocentric, vague, universalistic and most all of western notion. However, they acknowledge that this debate has helped the human rights advocates to search for more efficient frameworks.

For Correa (1997), rights will always imply the capacity to make autonomous decisions, to assume responsibilities and to fulfill needs, both, in the individual and collective sense. It also will imply a rebalancing of power relations and a new horizon for justice. But, when it comes to rights of indigenous groups and ethnic minorities this assumption may not apply. Indigenous women may want to exercise their individual rights in their own way and within the context of their social group. Furthermore, the universalistic aspect of rights to your own body and self determination may not provide answers to indigenous women expectations and needs (Hoogte and Kingma 2004).

According to Petchesky (2005: 305) the human rights approach is a mechanism that helps to empower people in the process of claiming their rights. At the same time it helps to hold the different stakeholders, government, public and private institutions and international agencies accountable. According to her, it implies 'duties not charity'. She admits that Rights could be either negative or affirmative.

Nevertheless, in this era of Neo-liberal capitalist regimes, sexual and reproductive health and rights are entirely subject to the resource availability at national level and inequitable patterns of these distributions (Idem). It is important to point out, that in the case of the Atlantic Coast, these problems of resource availability, as well as distribution in relation to urban and rural areas, are major challenges for the right and choices discourse regarding pregnancy management.

To understand the role of sexual and reproductive health and rights, we must begin by examining some aspects of decision-making in which women and men make actual sexual and reproductive choices and not only base them on assumptions about gender stereotypes (Greene 2000). Also one has to understand where the individuals fit in a larger configuration of interpersonal relations, groups and communities. Agency, 'a capacity to act according to his or her own interest, whether or not this self interest is congruent with the interest of a larger social unit', will be a key component in the decision-making (Dixon-Mueller and 2000:72).

When it comes to Reproductive Health, Dixon-Mueller and Germain (2000) argued that it is important to look at some aspects of decision-making: *first, at the locus of decision making power*, in other words his or her situational advantage paying attention to the social control that influences a particular behavior. *Secondly, the structure of opportunities*, meaning the distribution of material and social resources. This aspect can also have a direct effect on individuals. *Thirdly, the content of ideas*, which is in some cultures very dominant because it refers to the abstract and philosophical world of norms, values, beliefs and practices. This last one has played an important role when it comes to the practice of abortion.

After going through the different conceptualizations and the complexity of the above explained by different feminist, it is obvious that rights and choices, especially regarding reproductive rights, are not applicable

in the same way to every culture, nor that rights can be handed over from one person to the other.

The need to move from theory to practice is the current challenge that feminists as advocates of reproductive rights face.

## ***2.5 National women organization***

It is important that advocates of women right and choices take into consideration the realities of the people they speak for. In order to fight for the depenalization of abortion and therapeutic abortion, women organizations need to agree first on some common goals. Secondly, listen to the voices of minorities groups. To avoid the use of concepts that may include some but at the same time exclude “others” who might have more needs.

### ***2.5.1 Feminists organizations in Managua***

Two NGO's were selected, because they give an idea of how divided the women organizations are. Each one is trying to achieve changes from their own group perspectives, which may or not include the vast majority.

The objective of this chapter is to look at their goals, their approach and the way these organizations define the women they are defending. Each group has their general objective to fight against the penalization of abortion, and each one of them has their own idea of what should be the path to follow according to their principles and main objectives.

The first group is the woman's movement called '*Catolicas por el Derecho a Decidir*' (*Catholics Women for the Right to Decide*). This women's group acknowledges that it is strange that they, as catholic, support therapeutic abortion. They are fully aware of their standpoint and not ashamed of it. They 'defined' their task to look at unequal justice from a Christian perspective. They use metaphors such as the way Jesus Christ showed compassion and mercy towards women.

They are appealing to emotions as well, showing that Jesus found women important, a fact stated in the Bible. They are appealing to justice and equality, for 're-interpreting the church's teaching', not looking at women from a subordinated position, but as individuals who are capable of making responsible decision on the basis of their current situations. For them they are believers but with a more humanistic standpoint.

Their main concern is the manner women are seen and treated within the Catholic Church. They claim that women's position is disadvantaged and unjust. They are trying to change history and demonstrate that one could be a Catholic and as well be in favor of abortion. They welcome lesbians, gays and non-Catholic women into the Christian faith. They fight to change the perceptions within their church and to express their solidarity with the women organizations. They are listening to their own voices to create change and not the voices of the rest of catholic women in Nicaragua.

The second group '*Mujeres en contra del Aborto Electivo: Puntos de Encuentro*' (*Women Against Elective Abortion: Joining Points*) agrees with the depenalization of therapeutic abortion, not elective abortion. They see therapeutic abortion as a human and medical necessity linked to women's health. But elective abortion and the right to choose are no health necessities, nor linked to women immediate needs. For this group women are not supposed to choose or decide what to do with their body. What is important for them is that women should not die in the process of creating a new life. It is significant to mention that they do focus on the power relations within the Nicaraguan society.



What is ironic is that in order to create a more just society, women need to have, by some means, some agency to decide for themselves when to have or not to have a child. They appeal to ethics and emotions to fundament their struggle; nevertheless, abortion is linked to women's immediate needs and, as such, the practice or non-practice of abortion is another story. The moral values that are attached to abortion seem to have very much influence on this women's organization.

The above shows that although the analysis was done only to two of the six NGO's interviewed, the discrepancy between them is big. As advocates of human rights and, more specifically, women's rights it is important on one hand to distinguish if the claims of representation and common views are the same of those they represent. On the other hand, in the struggle for justice 'long timeline is needed to achieve real change, targeting different levels and arenas and most important collaboration between organizations' (Chapman and Fisher 2000). Yet full collaboration between NGO's is difficult, but a common ground of agreement could be a starting point.

After looking at the way these two NGO's, approach the right and choices discourse, attention will shift to the way women and men at grassroots levels relate to the struggle of the two NGO's presented above.

## ***2.6 Local Voices and Practices***

Local voices are the opinions of women and men that were gathered during the fieldwork. These opinions are manifestations of what the different indigenous and ethnic group understood as pregnancy management including abortion and therapeutic abortion. These are people whose social reality, perceptions and spiritual practices may differ from the ones who live in other areas of the country.

### 2.6.1 *Description of the different ethnic groups*

The Atlantic Coast of Nicaragua is the home of a multiethnic society composed of <sup>12</sup>314,130 persons. Miskitos, Mestizos, and Creoles form the majority, but there are also small populations of Mayagnas, Garifonas and Ramas. For the purpose of this research attention will be given to two indigenous groups the Miskitos and Mayangna, and one ethnic group describe as Creoles because they are the ones living on the north Atlantic Coast.

The Miskitos are the largest of the indigenous groups on the Atlantic Coast. <sup>13</sup>63% of the total Miskito population lives in the rural areas of the north Atlantic Coast. They speak their own language (Miskito), and their culture is a mixture of Christian beliefs and indigenous practices from wider Latin American and African countries. They live mostly on the coastal areas of the Caribbean, along big rivers and lagoons. In the rural area, they live off the goods that they produce as well as fishing (Grigsby 2005)

The Creoles, also known as black people of the Caribbean, are descendants of colonial era slaves, Jamaican merchants, and West Indian laborers who came to work for the United States owned lumber and banana companies. They speak Creole English. <sup>14</sup>92% of the Creole population lives in the urban areas (Idem).

The Sumu/Mayangnas were once the most numerous population on the Atlantic Coast. They speak their own language (Mayangana). <sup>15</sup>91% of the

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<sup>12</sup> INEC (2005) 'VIII Censo de Población y IV de vivienda: Monografía Departamental' online [www.inec.gob.ni/censos](http://www.inec.gob.ni/censos) 2005/RAAN pdf (accessed 06 september 2008)

<sup>13</sup> Idem

<sup>14</sup> Idem

<sup>15</sup> Idem

Mayangnas live in rural areas surrounded by rain forest. They live from the products they grow, fishing and hunting wild animals (Idem).

### ***2.7 Framing ideas for the recollection of information***

In order to frame the ideas, attention was drawn of the main concepts and theories. The combination of these gave rise to the questions and respective answers regarding the research questions and objective. In the following chapter are the results.

### **Part III. Pregnancy Management and abortion in Puerto Cabezas**

This chapter will focus on the information that was gathered in the field, it reflects women and men voices expressing the way they manage their pregnancy and make decisions. The first part will show what the persons are thinking, what women are capable of doing, followed by the decision-making process. To avoid any retaliation regarding answers given by key informants, the real names are replaced by indigenous name such as: **Yala** (star) female, **Slilma** (star) female, **Yu mairin** (female moon) female, **Pasa Yapti** (mother of the wind) female and **Lapta Yu** (Sun) male.

#### ***3.1 Religion from key informants perspective***

For therapeutic abortion to become banned in 2006, Christian religious beliefs and practices among the Nicaraguan population, both women and men, played a very important role. For this reason it was necessary to find out if this was the reality on the north Atlantic Coast. The answers obtained during the interviews with different key informants are below.

According to **Yala**, ‘Sure, religion does play an important role’; for **Slilma**, it does too but in different ways: ‘some of the churches, such as the Catholic, Evangelic and Moravian are without doubt against anything concerning interruption of pregnancy and sexual relations before marriage. They act by disciplining or excommunicating her. The Baptist and the Anglican religion do not get into the private life of their congregation; I never heard them talking about anything related to sexuality’.

For **Yu Mairin**, ‘religion plays an important part’. When it comes to the Miskito indigenous communities, ‘everything has to do with spirituality and related to religion’. The ‘priest plays a very important role in the lives of the

people; he influences everything that happens in the community and that will be quite difficult to overcome'. Maybe 'the next generation will be able to limit his influence'.

**Pasa Yapti** states that 'religion plays a very important role in the lives of the community members'. But it influences 'each group differently; for example in the rural areas on Sundays everything they do is related to religion: going to church, listening to the priest, singing, among others'. On the Atlantic Coast 'the church has served as a mechanism of domination'. They had 'some codes of conduct such as: it is good to go to church and not get into politics, good to send the children to Sunday school, but it is not good to go war. These were the codes of conduct for what was considered good and what was evil'.

'Not going to church on Wednesday was not that bad, but not going on Sunday was really bad' continued **Pasa Yapti**. 'We were brought up with that mentality and assuming a passive attitude, if someone offended you, you just turned the other cheek'. The church taught us as well to 'have the amount of children that God send. That created in the women some values and to just accept their faith and not to complain'. Men could 'have sexual relations out of marriage, but if a woman dared to do the same, that was considered a very bad Sin'. **Lapta Yu** also agreed with her.

The above shows that the influence of religion on the people of the north Atlantic Coast is very alive. The elder the person, the stronger the values are attached (**Yala** is 84 years and the age of the other key informants range between 40 and 60 years). According to some scholars (Emerson 1996:43), religion does give us some important guidelines on how we should conduct our lives, what is 'good and what is bad, just or unjust, it shapes our reasoning, provides meanings as well as importance and shapes the properness of different social arrangements and institutions'

Emerson (1996) also agreed that religious beliefs and practices differ, depending of the way he/she positions him- or herself (more conservative or more liberal), as well as the social structure that he or she is exposed to, this leads to a different interpretation of the world. Furthermore, not all the religious denominations preach the same, nor the private domain of their congregations is the center of interest and control. Castle, as quoted in Minkenberg (2002: 224), said ‘religion does define the cultural correctness of believes and practices, but also admits that religious differences are relevant to policies regarding education and personal conduct’.

### ***3.2 Educational background and occupation***

It is important to look at the origin, economical status and educational backgrounds of these women to get insight in the perspectives and decision making around abortion and regarding the understanding of abortion and therapeutic abortion. However, this information is only about individuals and their achievements.

The interviewed Mayangna women are young, originally from the rural area; they are finishing their special high school fast track program at the university of URACCAN. The program they are in is an advance secondary program, which allows the students to finish high school in three years instead of five. They are from three of the 54 Mayangna rural communities.

The Miskito and Creole interviewees belong to the urban area. The ages varied between 16 (the youngest and pregnant) and 36 years (the eldest). One of the Miskito women, who was 19 years old, was unwanted pregnant. As mentioned before the Mayangna women had an education level of high school, whereas the 8 of Miskito and Creole women were studying at the university and two were already professionals.

As far as jobs are concerned, the Mayangna women did not have one. Their parents supported them economically, except for the pregnant one, who was supported by her mother-in-law. For the Miskito women this was different; two were working and are taking care of themselves. Two others got support from their husbands and one from her mother. Two of the Creole women said they were working; the rest were supported by their mothers, brothers or fathers.

Based on the information given above, these women have an educational level of high school (the Mayangna women) and Bachelor (Miskito and Creole women). Higher education may imply more access to information, and certain degree of knowledge and understanding regarding the social, economical and health situation at local and national level.

### ***3.3 Knowledge and accessibility regarding birth control methods***

#### ***3.3.1 Knowledge***

Regarding the use of contraceptives, the Mayangna interviewee did not have a positive opinion about contraceptives. They said about contraceptives: 'I am not going to take them', 'I want children', 'they causes cancer', 'it is bad' and 'I do not believe in them'. The conceptions of the Miskito women reveal that they accept that they are 'good to protect yourself from unwanted pregnancies'. They also expresses the fact that pregnancy can occur using contraceptives and that even though they are good 'I never used them'.

The Creole women find contraceptives 'good because they help to prevent unwanted pregnancies' but they also stress the possibility of a pregnancy even while using them. The majority of the women from the

different indigenous and ethnic groups knew where to find contraceptives and what they had to pay for them. The difference between rural (Mayagna) and urban (Miskio and Creole) is clear; nevertheless even though knowledge influences practices, in the cases of the Miskito women, it did not have any positive effect regarding their use.

From the key informants' perspective, **Yala** stressed 'that some Creole women do use birth control, but younger people are the ones that make more use of it'. **Silma** said that 'many Creole women take birth control'. According to her, this has been a process that took '35 to 40 years'. At first there 'were more Mestizo people using it, after a while, other ethnic and indigenous groups began using it'. For her, 'religion plays an important part in the use of birth control methods'. She gave an example of the women of the Adventist church who 'have to hide to take birth control'. When she was young 'you had to be married or have a child or someone had to go with you in order to get the birth control pills'. Now you can 'get them for free, we have advanced. Now women know how to use it even though some do not use it the right way'.

**Yu Mairin** agreed that things have been changing and becoming modern. The topic of 'family planning is breaking some barriers', but she stresses that 'women do need the permission of their husbands'. According to her this is because 'women have low self esteem, they do not value themselves and their bodies, they do not know how to avoid a pregnancy or to take a pill and that's a reality of what goes on in the rural areas'. **Lapta Yu** said that 'Women in the communities have ancestral knowledge about plants that are used to space pregnancies, nevertheless access to modern medications and the domination of their partners do not allow the women to use them'.

**Pasa Yapti** said 'when they just started with the clinic, they did not have requests for birth control methods because the majority of the people with whom they worked were indigenous people that did not want the pill. When they understood the importance of these methods, they began coming



to look for injectables, condoms and pills without their partners knowing about it. Little by little they began to accept contraceptive methods'. She also agreed with **Yala** that 'young people are using more birth control methods, although their parents, especially their mothers, do not support its use'. 'There is the need for sexual education to avoid unwanted pregnancies'. According to male participants from the focus group 'birth control methods cause cancer and kill people'. Also, 'birth control methods are used by people lacking the proper education'.

The information above shows that the different indigenous and ethnic groups have knowledge about birth control methods. This coincides with the report from the Ministerio de Salud de Nicaragua (Ministry of Health of Nicaragua) which stated that 98% of the women between 15 and 49 years old in Nicaragua know or at least have heard of birth control methods to prevent pregnancy (2006: 8). Accessibility in terms of different methods in the urban area and any method in the rural are the main problems women face, and this was corroborated by what was mentioned earlier by the key informants. It appears that the attitude of these Mayangna women regarding birth control methods has to do in great measure with exposure and accessibility (Ministerio de Salud de Nicaragua 2006).

The mistrust regarding contraceptive is based on facts. It is widely known that birth control methods are not 100 percent sure, but this happens mainly when they are not used correctly which was mentioned by male participant of the focus group. Another important element is mentioned by **Pasa Yapti** and **Slilma**: it is a process that starts by giving information to few people in order to gain trust. Once the trust is gained, it attracts more people. It seems that the "need" for Miskito women to ask their husband's permission, is rooted in a more complex power relationship and may have nothing to do with 'low self esteem'.

### **3.3.2 Accessibility**

Accessibility is viewed from the perspective of being able to obtain birth control, the ability to choose where to get it from and being able to use it. For **Yala**, ‘the majority of the Creole women have access to birth control’ and ‘some of them do not want anymore children’. **Slilma** states ‘in my time some partners permitted their wives to space their pregnancies’.

In the case of the women in the rural area, **Yu Mairin** said ‘they have very limited access because the Ministry of Health does not have the material nor human resources to reach out to the rural area’. Urban women ‘do have access; nevertheless, the programs that distributes birth control for free do not have much to offer’. This is the opinion of **Pasa Yapti**.

When it comes to accessibility serious problems arise. In order to get a better understanding we will look at it from the urban and rural perspective. Urban will refer to Miskito and Creole women. These women do have limited access to birth control methods; especially if these methods are for free and/or if they have the economic resources to buy them. If we are using the women who had a job at the moment of the interview as indicator for economical access, this means for 8 out of 10, birth control is not in the budget. The rural Mayangna women have (in general) no access cases to birth control methods.

## **3.4 Factors that influence motherhood and fatherhood**

### **3.4.1 Meanings of motherhood**

From the Mayangna women perspective, having children is influenced mostly by ‘wanting to finish my study (first)’ ‘(first) having a partner’, ‘to please my husband’. The Miskito women mostly mentioned ‘depending on the

economically aspect' and 'whether both parents want children'. The Creole women also look at the 'economical aspect of raising a child' and whether 'the woman is emotionally ready and has the time to take care of the child'.

The key informants answered as follows. According to **Yala**, 'it was ordained (by God) to have children and who do not want to have does not have to'. **Slilma** thinks that 'having children's is a part of people lives, it is important for women and men'. Different indigenous and ethnic groups have different ways of family planning; for instance, the Creoles have children in a specific period of their life. The Miskito 'women have children anytime they get pregnant, they do not try to avoid having children'. The family planning of the Mayangna is similar to the Miskito, but they have fewer children'. 'They do not think about the means to support the child such as having job or food. They just have sexual relations and have children'.

**Yu Mairin** thinks that if you 'look at conception from a spiritual point of view; women were born only to procreate and maintain the reproduction cycle on earth'. 'In the Miskito culture although we are in the 21 century, many women believe that they should have all the children God send them'. For **Pasa Yapti** 'it is a part of the family formation. Beginning with the church, they show you the importance of the family, the states reiterates its values, its importance and tells you to take care of it'. A family in the rural area 'is more important, because they see their child as an economic hope; the more children they have, the higher the probability for a better life'.

The above shows that the meaning of motherhood it's a very complex field where just one answer could not satisfy the question. It is important to mention that the wishes of the husband/partner do play an important role when it comes to conceiving. As was mentioned earlier, it could be a conscious or subconscious decision. All agreed that religion plays an important role and that later the state endorsed this.

There are some differences between the rural and urban area; people living in the rural area see their children as 'economical hope' towards a better future. In regards to differences between groups, the Mayagna and Miskito women interviewed did have some plan about when to have children, this contradicts with what the key informants mentioned. The Creole women's family planning also depends on the economic factor and timing.

The Creole women are the only group that mentioned the emotional aspect of becoming a mother. To the interviewee, motherhood seems as a natural process that women are supposed to undergo and the concept of not wanting a child did seem to them, especially to the women living in the rural areas, as something that is very difficult to grasp.

#### **3.4.2. *Meanings of fatherhood***

According to **Slilma** 'having children is a part of people lives'; it is 'important for men to have children but some men even feel that if they do not have children they are not a men'. **Lapta Yu** said 'that the Miskito men see children as a blessing from God'. According to the answers from the male focus group, the eldest Miskito male participant said when one 'gets a partner it is to form a family: a woman a man and their children'. A 'couple has to have children'. There are 'some couples that do not have children'. When this happens, one of the partners abandons the other'. Another young male participant put it this way 'a couple that has no fruits is not welcome'. The Mayangna young male said 'According to my religion and my ancestors, we have to have the amount of children God send us'.

There are many explanations for the importance of having children. According to Gutmann (1996: 70), in his book 'The Meanings of Macho', points out that understanding why people have children was not that easy as it

seems. Most of the people who he knew while conducting the research, did not have a 'conscious strategy to have children, or on the other hand thought of not having any at all'. It happened often; first the woman gets pregnant and then marries in an 'act to sanctify parenthood' and having children after marriage is just a matter of 'course'. This may not be the reality of all indigenous and ethnic groups in Nicaragua, but it does relate to what has been mentioned earlier by key informants.

Having children is often associated with the man proving his manhood; other times, it is a consequence of engaging in unprotected sexual relationship, becoming a parent because "it just happened". Others, especially those who live in areas where religion has very much influence in their daily lives, see procreation as a task on earth. This shows that it may seem simple, but sometimes what is hidden may be more complex.

### ***3.5 Abortion seen from a female - male perspective***

#### ***3.5.1 Key informants perception***

From a male perception 'in the Mayangna culture women do not abort, they have the child'. A Miskito male participant said the 'Mestizos (the largest group in Nicaragua) <sup>16</sup>use family planning to control the reproduction of the Miskito indigenous group, they (Mestizos) are in a dominant position and the Miskitos in a subordinated one. By controlling the reproduction of the Miskito women, they would, as a group, never outnumber the Mestizos ethnic group'. The

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<sup>16</sup> With this, the male informant reflects the antagonism and tensions that exist between the different ethnic groups in Nicaragua in relation to power and control. Nevertheless, this is the personal perception of one participant, and in the case of abortion and therapeutic abortion does not have any relation.

women said that abortion is 'bad because it kills children, even though it is very small, it is a child'.

The key informants gave another view. 'Abortion is seen as a criminal act' said **Yala**. For **Slilma**, 'it depends on the age of the woman, the economic situation and the health conditions of the woman. For example, if she is anemic and gets pregnant, there could be major complications for her, and abortion would be suitable in this situation. If she gets ill in the first trimester of her pregnancy that would leave damage to the fetus and abortion would be recommended. Because, the child will be born handicapped and would only come to the world to suffer'.

Ancestrally, for the Miskito indigenous group 'the word abortion did not exist; it is related to a more spiritual world known as Liwa'. 'If a woman got affected by a Liwa', 'she needs traditional herbs to heal her or she will lose the pregnancy'. Nowadays, **Yu Mairin** 'believes that many Miskito women speak about abortion but in the rural areas abortion has a different interpretation'. **Lapta Yu** 'agreed that abortion for the Miskito women is related to the spiritual world, but he also explained that abortion was caused by bad spirits that the woman had relationship with'.

The Mayangna women defined abortion as '*muibbin ivi yakenin*: child that you take out', or '*ivi yakenin*: take out a child', '*muibbin ivi rumbnin*: kill the child'. The Miskito women have a similar definition as the Mayangnas: '*luhpa iki sakaia*: take out the child', the interruption of the pregnancy before the fifth month voluntary or involuntary'.

The Creole women referred to abortion as 'ending the pregnancy', 'take out the child' and 'inexperienced little young girls get pregnant and because they are scared of their parents they abort'. For the men, similar answers were

given: abortion means ‘taking away the life of a child’ and ‘abortion is not acceptable’.

Perceptions regarding abortion differ between groups. Each one forms their standpoint and has their own view of what abortion implies. It goes from being a method of domination by one ethnic group (Mestizos) over the other (Miskitos), a spiritual linked matter to a sin. It is important to notice that abortion is a very contested and complex terrain; information is needed to show all aspects of abortion and therapeutic abortions and its pros and cons.

The above mentioned makes it clear that for women and men abortion is perceived as an ‘killing’ act, taking away a ‘child’s life’. This is just one side of the whole debate. There are other scientific and medical definitions and interpretations regarding abortion. If it is done in the first two months it is considered an embryo, a child to be, but not yet a child (contested). Miskito living in the rural area relate abortion to the spiritual world of Liwa god. A more detailed research would be necessary to look at how this is related and dealt with.

### ***3.6 Decision making regarding abortion***

The decision-making process is done as follows, for the Mayagna women the men play a very important role in the decision making. Two said ‘the man [decides]’, another stated ‘sometimes the woman makes the decision’ and ‘the woman decides because the husband always wants children’.

For the Miskito women the results were similar in terms of the role of the men. Two said ‘the man’, because ‘he is the one who makes the decision in the rural areas’ and because ‘you are my woman and you are going

to have the children God sends'. One interviewee mentioned 'friends make the decision' and two others mentioned the 'woman'. The Creole women contested like the Miskitos, that is, the man makes the decision but 'women do not always listen to them' and 'by unsteady partnership situations'. Another important remark was that parents influence the decision only if they are 'supporting the woman economically'.

The male's perspective is as follows: as a couple in most of the cases the 'man is the one who takes the decision and obligates the woman to have a child'. Others said 'there should be other forms of decision making', when it come to having a child 'it is important to take into consideration the willingness of the person, and economic factors to support the child. The most important issue is what the person wants, in this case the woman. 'The woman should make the decision and the man should support her'.

Another male participant said 'a lot of men want to have children and have the desire to become father, they obligate the woman to have children and the poor woman gets pregnant without wanting the child. That's is an abuse', 'it is a woman's body and she should decide when to have a child'. 'If you are a couple then you should take the decision together'. A different participant said 'the Alfa man assumes everything'. For one of the participants who claimed that he have lived in the rural area said 'in the communities people have their own traditions', the 'man is the one who decides on the basis of the economic situation of the family when to have or not to have a child'. Furthermore, that the decision 'does not have anything to do with the ethnic back ground of the man'.

For key informant **Yala**, 'it is the woman who takes the decision; sometimes she asks a friend or consults with her partner'. For **Slilma**, it should be in 'the doctor's hand', but some Creole people 'do not like to go to the doctor', they go to the 'midwife' or some 'elder person that will tell them what



to do especially if it is in the first three months of her pregnancy when it is less risky'. The 'parents' are the ones that take the decision, 'the husband, most of the time, do not know and the women report it to him as a miscarriage'.

For **Yu Mairin**, 'other people take the decision and the family members play a very important role'. The 'husband' is the first in rank, followed by the 'mother of the woman', the 'grandmother' and last the 'midwife'. Abortion does not happen so frequently in the rural areas, God want the woman to have the child so the 'first option is to give birth'. **Pasa Yapti** thinks that it is a subject that goes 'beyond the decision of one person', it should be the 'woman and her partner'.

Decision making regarding abortion is a very interesting and contested field for many feminists who are fighting for women sexual and reproductive rights. Nevertheless the involvement of men in the process until now is much contested. There are many factors that influence the decision making such as: location rural/urban, ethnic group, and religious believes, economical status. In most of the cases, a combination of factors will influence the process of decision making. And most important, at least by these interviewees men (especially in the rural area) do play and important role even if the answers do not satisfy in my point of view our expectations. As was said earlier 'it is a subject that goes beyond the decision of one person'. This results imply, that for some indigenous and ethnic women the process of decision making goes beyond individual choices and the conception of 'ones body' may not be understood in same terms as in the feminist discourse.

### ***3.7 Views on pregnancy management: matters of right or choices***

#### ***3.7.1 Understanding choice in relation to pregnancy***

For the Mayangna women, choice is seen as ‘something that is done by her and her mother’ meaning that sometime she chooses and other times her mother does it for her. The pregnant girl of 16 years said that ‘her husband chose for her’. The rest did not quite understand the ‘implication of choice’ regarding pregnancy.

The Miskito interviewees answered as follows: ‘[about] my body I decide’, ‘I take into consideration many options’ and one said ‘that most of the time one can or may take the decision, but our culture influences the decision’. For the Creoles choice means ‘to decide when to have a child or not’, another interviewee said ‘to decide when to engage in sexual intercourse, what you like, what you do not like your partner to do’.

The answers to the same question of the key informants are as follows: **Yala** thinks that ‘we should know that our body is ours and we should take care of it’. We all so should know ‘if we are fit to have more children and bring them to suffer’. For **Slilma**, choice is complicated, because most of the time ‘we do not know or think serious about our body, we all time think that someone else should take the decision for us’. This ‘used to happen more before than now’. Now women ‘are getting more conscious and decide for themselves, it took me 40 years to say that my body is mine and I could do with it what I want and when I want’. She said it was a learning process and that it will take one more generation for that the women of Puerto Cabezas could take their own decisions. The ‘outside world is influencing our culture’.

For **Yu Mairin**, women ‘do not know their bodies’, how a woman ‘will get to know her own body if she is not supposed to touch it, not even when they are having sexual relations’. Women are ‘seen as objects of the male and he sets the rules of the game’. Not ‘even the midwives are entitled to look at the women’. The good thing is the urban Miskito women are changing and ‘demands more from their partners’. The women in the rural area take a more passive position, ‘because the man provides for her’.

The understanding choice regarding pregnancy is “complicated” as how one of the key informants said. If you grew up in the rural area motherhood may seem to some the maximum achievement as it was said before, for others the maximum achievement is studying and that only is possible if the woman comes from a family that economically can afford to send her to the urban area to study.

Besides, in order to have the opportunity to choose there has to be other possibilities. Besides that, if you belong to a culture where sexuality is a taboo as was mention earlier by key informants, the space for choices and right may seem to some too liberal in some cases and high to obtain for others. Or even thinking about it, may imply sin.

### ***3.7.2 Abortion as a Choice***

When it comes to abortion as a choice the Mayangna women opinions vary: for some it is a ‘choice’ and for others it is ‘induce by friends’ or ‘sometimes they are afraid of their parents’. Two women said ‘that abortion is not a choice’. One of them argued that ‘they are Christians, but could do it if their

parents do not know'. In the case of the Miskito women, three out of five found that abortion was 'not a choice', it is better to have the child and 'give it away'; it is a 'sin to abort'. Creole women gave answers like 'it could be', **but** 'only when is caused by a rape', 'depends' **or** 'if she is with a partner or alone', another said 'it is an option'.

The above reflects that abortion as a choice may be acceptable for some and for others not. The factors that cause this opposed tendency could be explained by the moral implications of abortion relating it to guilt, sorrow, pain and sin. On the other hand, women's reasons for abortion are intimately related to lives and circumstances surrounding it (Berer 2004). So even though, if they do not see it as a choice they may face situations where abortion will be for some their last choice.

### ***3.7.3 As a Right***

When it comes to abortion as a right, four out of five Mayangna women said 'no', their arguments were 'because we have to have children the law [of God] says so'. 'They [women] do not have the right, it is bad to abort that's what the people say in my village'. The last one said 'women have rights, before only men had rights, now women also have rights but some [women and men] do not accept it'.

Two of the Miskito women, said 'yes' and their arguments were, 'because whatever people say if you want to do it, you will do it' and 'as a woman you know the risk and you should take the decision, who lives and who dies it is my right'. Another said 'no', 'it is not a right. A woman should not decide to abort' and the last one sees it as a right **but** 'not all of us should make

use of it'. From a Creole perspective, four out of five thinks that it is a woman's right to decide the amount of children she would like to have. But as well one mentions that: 'only in case of rape and if the life of the woman is in danger'.

Abortion is not seen as a right, especially by women of the indigenous group Mayangna. Everything relates to the way they conceptualize abortion. If it is a sin, how could it be a right, this is from a rural perspective where religion does influence the daily lives of the community people. On the other hand the Miskito and Creole women do understand the implications of right but 'not all women should make use of it'. The sin factor and eternal condemnations does play a more influential role than the right over ones body.

### ***3.8 Therapeutic abortion meanings and differences***

The process of banning therapeutic abortion was due to many factors like, political, religious, and legal. A very important reason could relate to the understanding and the difference between elective abortion and therapeutic abortion. For that purpose the same question was asked to the key informant, women and men in order to get more triangulated information.

According to **Yala**, it means 'ruin your body because of its effects'. For **Slilma**, 'is the abortion practiced in case a woman was raped or very ill and it is programmed by a medical doctor', **Yu Mairin** thinks 'that there has been confusion between abortion and therapeutic abortion'. For **Pasa Yapti**, 'it means the abortion that is done to save a woman's life, but many people do not understand the true meaning'. **LaptaYu** states that the indigenous women do not know much about it, because it is only practice in very isolated cases in the hospital'.

According to the different male participants from the focus group therapeutic abortion means: ‘an excuse used to keep the people poor’, ‘when the fetus causes problems to the mother’, ‘the abortion that is done between 0 to 5 months of pregnancy’, ‘should be done only when there is the need to choose between the life of the woman and the child’. The Mayangna male participant point of view: ‘the women use therapeutic abortion when the relationship with a partner is finished and the woman does not want to keep the child, so she goes to the doctor and claim that she has a problem’.

Of the Mayangna women just two gave an answer ‘it is when a woman gets pregnant without wanting the child’, ‘abort a child’ the rest did not have any idea. Three out of the five Miskito women knew what therapeutic abortion was about. The other two said ‘something bad and it is done only in minors between 8 to 9 years’ and ‘when you abort because the pregnancy will affect your studies and you are afraid of your mother’. For the Creole women one did not know, the rest associated it with the abortion that is done because of rape or because it is a pregnant child.

On the basis of the answers above and the opinion of the different interviewees, abortion and therapeutic abortion is generally understood as the same. It seems from the answers that only few do have an idea of its real meaning of it life saving implications towards women. They confused concepts; some things have relation but others do not have anything to do with medical or legal aspects regarding therapeutic abortion.

### ***3.9 What has changed in the region?***

Based on the answers from the interviews with women, nothing has changed in terms of increased numbers of deaths. Yet, some of them say that more

women will die. A Miskito interviewee said that ‘the Miskito people do not pay attention to this law; they follow other spiritual and cultural norms’. And another interviewee said something very interesting ‘not really, because you have doctors that perform abortion as well as midwives. This last remark reflects that even though it is prohibited to do abortion the practice by medical personnel have not stopped.

For the key informant **Yala** ‘many abortions are being practiced, the young people are using abortion the most’. **Yu Mairin** said that ‘abortion continues to be practiced in the rural areas’. According to **Slilma** in the rural area ‘when a woman starts with spontaneous hemorrhage the midwife will be scared to take her to the hospital, sometimes the woman will die at home because the midwife is at risk of being blamed’. **Pasa Yapti** sees it as a ‘politization of the woman body and the corruption among doctors increased and whatever you say shall be used against you’.

It seems that changes in terms that the situation is getting worse for the women in Puerto Cabezas did not happened, or they have failed to notice the changes. Rather, the practice of abortion is still being carried out by health professionals, and the ones afraid of going to the hospital are not the women themselves but the ‘person’ who has help the woman go through with the abortion. This could be because the women do not know or understand clearly the implications or maybe these “persons” are key elements to be look at.

Reflecting on the above one could only say that abortion may be a last choice that women in any given moment will have to use to manage their pregnancy. Nevertheless the true understanding and acceptance of abortion as right will be only for those women who are, if you could say, in more privileged position and aware of it implications at personal, partner, family and social spaces. This implies the need to look at the social context and women

multiple identities. But most of all the process of decision making and redefining the ground for the right and choices discourse.



## **Part IV. Discourse on Pregnancy Management**

This chapter looks at the way women at local level manage their pregnancy and how this local discourse relates to the national discourse mentioned in chapter two. Special interest will be paid to the relations, gaps or contradictions regarding local discourse in relation to national discourse on reproductive rights.

### **4.1 *Local Discourse***

Pregnancy management, in the context of right and choice is a fundamental health issue, depends on many factors and the way these are being negotiated.

The occidental way of conceptualizing abortion refers to a premature exit of the products of conception (fetus, fetal membranes and placenta) from the uterus and this exit could be caused, induced or spontaneous. For the female and male participants in this research, abortion is seen as an act of ‘killing’ or denial of the ‘child’s’ life. It seems that for these groups (based on their responds), pregnancy and the different phases of development of the fetus is simple: from the conception it is a child. According to modern medicine first it is named embryo, then it becomes a <sup>17</sup>fetus, and it is called a child after birth. When it becomes a child or person is a very contested field between Pro-choice and Pro-life.

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<sup>17</sup> Medicine net [online]  
<http://www.medterms.com/script/main/art.asp?articlekey=3424> October  
08/10/2008 13:00pm

Abortion and therapeutic abortion play a very important aspect when it comes to pregnancy management; by no means is the intention here to say that abortion is used as a birth control method. Since the banning of all forms of abortion in Nicaragua, including therapeutic abortion, the concern for the health of poor women have become of interest for many international and national human right organizations. In order to move towards equality and change for common good it was important, from an epistemological standpoint, to look at the way women and men of different indigenous and ethnic groups understand this ban and its penal implications.

Based on the results of interviews with women and focus group with men, the understanding of therapeutic abortion was diverse. This is based on answers like: ‘no se sobre eso’ (I do not know about it), ‘algo malo que se practica a niñas entre 8 a 9 años’ (something bad, and it is practiced only on minors between 8 to 9 years), and like ‘es el aborto que se practica por que la vida de la mujer peligra y el medico decide terminar el embarazo’ (it is abortion that is practiced, because a woman’s life is in danger and a doctor decides to terminate the pregnancy).

This reflects that at least some interviewees were misinformed regarding the true implication of therapeutic abortion; there were also differences between rural and urban and between ethnic groups. The Mayangna women (rural) knew less, and between the urban; the Miskito knew less than the Creole. When it comes to the penalization, it seems that there was a general understanding of the penal implications that will be imposed. Nevertheless, when they were asked where they would go, in case of a complication with their pregnancy, the majority referred the hospital as first choice.

Reflecting on the above, it may imply that although they know about the risk of going to prison, it is not enough reason to die without seeking medical help. It also could be a confirmation that there is the need for more explanation regarding differences between abortion and the real purpose of therapeutic abortion. The lack of understanding has no relation with the degree of education that the women and men interviewed have. The women interviewed had as minimal education of high school and all the rest including men were university students.

Regarding their perception about birth control methods, all the women interviewed knew the importance of these methods, but expressed mistrust regarding its affectivity. It is important to mention that even though they could be living in the urban area, they lack of economic resources (majority unemployed) to purchase the methods appropriated for their own circumstances, adding to this the fear of serious side effects mentioned like ‘cancer’ and ‘infertility’ in other cases.

When it comes to the way these women see the health implication of changes in the law since 2006 (prohibition of therapeutic abortion), their responses were: ‘nada ha cambiado’ (nothing has change), ‘en la region todo sigue igual’ (in the region everything continues the same), ‘habrán mas muertes porque las mujeres lo harán ilegalmente’ (there will be more death, because women will do it illegally). One said ‘nada ha cambiado porque hay medicos y parteras que te practican el aborto’ (nothing has changed because there are doctor’s and midwife that perform abortion).

Their answers correspond to the answers of the key informants. It seems that the whole controversy at national level has remained national and the more distant the communities are, the less the law means.

This may have many possible explanations. Although therapeutic abortion was permitted before 2006, only few were practiced. The reasoning behind this was the moral jurisprudence of the doctor's influencing their decision whether to practice or not the abortion even though there was enough medical and pathological evidence to proceed (McNaughton et al. 2004). Although there were discrepancies, it is important to admit that for women who looked for attention during obstetric emergency situations in public hospitals when this law was valid, it has played a life saving role (Kane 2008).

It is known that in countries where abortion is completely or partially permitted one of the biggest barriers women face is the prejudice attitude of medical and paramedical personnel (Bhandari et al. 2008, Gagoshashvili 2008:281, Hirve 2004:118). Nicaragua is no exception and maybe many women just stay at home and or seek help of 'amigas' (friends) or 'parteras' (midwives) or 'persona de edad avanzada' (elderly) or go to a 'clínica privada' (private clinic) to help them with their abortion, as was mentioned by the interviewees.

Another barrier that women face is Religious beliefs and practices. These aspects play an important role in the politics of abortion, according to all the key informants, especially in the Atlantic Coast, more particularly in the rural area. This aspect may be very important to mention, although religion shapes the people moral values, it does not shape in the same way the decision making process of the different ethnic groups.

Another aspect, is that women living in more remote areas and less influenced from the outside world, are more in line with a traditional right wing thinking regarding any forms of abortion ("sin", "killing", "eternal condemnation"). Women who have been exposed to other cultures have the inclination to look at abortion as a sin, but as well as a possibility. The crossing point will depends on the complexity of each woman particular circumstance.

One significant aspect to mention is that the interest of the different religious denominations may vary and the private domain doesn't play an important role for all religions as was mentioned by **Slilma**. Moreover, abortion was only looked at as a 'sin' and a cruelty done to the 'child', nobody expressed any concern about the woman. Her suffering seems to be of no importance or at least was not mentioned.

After looking at the aspects that play a role at individual level regarding pregnancy management, we will focus now on the process of decision making and how it is done according to the women of different indigenous and ethnic groups in the north Atlantic Coast. Attention was drawn to the meaning of motherhood and fatherhood. Questions were asked about the way women and men plan their family.

The most influencing aspects of having children were different for the different interviewee, in the sense that it implicit related to the life conditions of the women at the time of the interviews. For instance, the Mayangna women were fulltime studying and almost finishing their high school. For some of them this was their immediate goal. Others would have children 'para satisfacer a mi marido' (to please my husband). The Miskito and Creole related having children more to economical factors and the emotional aspect for a women wanting to be a mother. From a male perspective, fatherhood is also viewed as a way of expressing his manhood as well as viewing procreation as the only purpose of being a couple.

The key informants look at it from a broader perspective. According to **Slilma**, the process of having children is not something that is given much thought especially in the case of the Miskito and Mayangna women. This behavior has its roots in the religious believes and practices, that does shape their practices. Besides the prohibition for women to take any birth control

methods and to practice abortion. This view was confirmed by **Yu Mairin** and **Pasa Yapty**. The last one also expressed that economical factors play an important role too, especially in the rural area children are seen as an 'economical hope'. Another aspect could be the lack of accessibility to birth control methods in the rural area.

When it comes to decision making regarding abortion, the answers from the focus group were quite diverse. For some, 'la mujer debe de decidir cuando deberá tener un hijo, porque es su cuerpo' (the woman should decide when to have a child, because it is her body). Others think that 'el hombre debe de decidir' (the man should decide). One participant said 'las comunidades rurales tienen sus propias tradiciones, y el hombre es el que toma la decisión cuando la mujer puede tener o no un hijo y esta decisión es tomada en base a la situación económica de cada familia' (the rural communities have their own traditions, the man is the one who decides, on the basis of the economical situation of each family, when to have a or not to have a child).

To the question *whose opinion counts by the termination of a pregnancy*, four female interviewees mentioned themselves, six mentioned their partners and five mentioned other persons. When they were asked about who takes the decision regarding abortion, six said it was their decision and the other six said it was their partner's. It is also important to mention that one Creole woman said 'el hombre, pero la mujer no siempre le hace caso' (the man, but women not always listen to them). These results imply that the process of decision making is complex and in many cases is not individualistic; men are a key element in this process. This relates to the critique that was made about individualistic aspect of the right approach by Sen and Batliwala (2000).

These results do not imply that these women are not able to make autonomous decisions, contrary to what Sonia Correa (1997) said that right will

always imply the capacity to make autonomous decisions and assume responsibilities. It is important to look at the social context and what are the tradeoffs. Maybe their way of assuming responsibility, is going through with an unwanted pregnancy; by accepting the pregnancy and hoping that the child may contribute to improve their economical situation. Besides there is a need to look at the distribution of social resources and materials of these women, Dixon-Mueller and Germain (2000), called it '*the structure of opportunity*'.

Another aspect to take into consideration is the spiritual significance of abortion for the indigenous women. For them abortion is caused by the contact between the woman and the Liwa spirit. This relates to the '*content of ideas*' mentioned by Dixon-Mueller and Germain (2000), as an influential aspect, especially in the rural areas.

Women may find it easier to let men take the decision, because if they confront them, the price to pay will be too high. Not all women feel the need or urge to decide over their body (Kabeer 2001). It is also known that 'power and power differentials in marital and sexual relationships have a profound influence on reproductive health behavior' (Ramarao and Townsend 2008:328).

The understanding of choice regarding abortion was difficult; the women from the rural area had more difficulties understanding the meaning of choices. The key informants stress that just 'realizing that your body belongs to you and that you could make decisions regarding reproduction and sexuality, does not happen just because someone says it should be so' (**Slilma**). Although it is supposed to be a private issue, in the region 'collectivity plays an important role, everybody gets into ones life, from the priest to your friends' (**Pasa Yapti**). Sexuality is a taboo and this makes the right aspects of reproduction more difficult.

The Creole interviewee saw abortion as a choice and right only in particular situations such as ‘violación’ (rape) or ‘si no tienes compañero’ (if you do not have a partner). The majority of Mayangna and Miskito do not see abortion as a right or choice. The above mentioned has direct relation with the way these woman conceptualize abortion and visualize motherhood. For some of them right means having the child and then giving it away, for others practicing aborting only if there is no other solution. As Petchesky (2005) states, human rights approach helps to empower people in the process of claiming their rights, but she stress that right approach need to be contextualized and located according to the reality of each country.

#### **4.2 How does it relate to national women’s feminist discourse**

Relating to what has been said earlier, the gaps are many and the objective of this paragraph will be to highlight some. To start, it may seem that the law has had no impact on the lives of the women interviewed. Because of the qualitative aspect of the research the result may not be representative for the whole region, they represent voices of the people (through my interpretation) and the reality of the interviewees. Nevertheless, these results are a testimony of the way local discourse on reproductive rights may not relate to the country as a whole.

The understanding of abortion as a right or a choice, especially for indigenous women, seems alienating. The decision making process is not individualist (at least in this research), it has to do with a more complex social reality that influences the process of decision making of these women. Men are an important part of this process and should be included.



Accessibility aspects, such as access to birth control methods, language, distance and trust in occidental health facilities have in some way also contributed. A lot of women rely on traditional methods to solve their pregnancy related problems, disconnecting them from the national discourse.

Although the midwives and herbs may help them to solve some of their problems, major pregnancy problems such as ectopic pregnancy need aid from trained medical and paramedical personnel to save the woman's life. As women they all are vulnerable and subject to complications regarding pregnancy. Women and men need to know the difference between abortion and therapeutic abortion and their respective health implications.

Secondly, the two women NGO's that were mentioned in chapter two do not seem to quite relate to the decision making processes in Puerto Cabezas. The '*Católicas por el derecho a decidir*' (Catholic women for the right to choose) group main focus is that women should be able to take their own decision regarding their pregnancy. As well as, aiming to change the position of women in the church. If this is compared to the results of the interviews with women, it does not seem to relate. On one hand only the Creole women saw abortion as a choice, the Miskito and Mayangna were not inclined to this. Although, religion believes influences women choices and lives, the interviewees did not mention any disagreement with the way the church sees them.

On the other hand the main objective of the NGO '*Mujeres en contra del Aborto Electivo: Puntos de Encuentro*' (Women Against Elective Abortion: Joining Points) is to the struggle for the de-penalization of therapeutic abortion, arguing that it is a medical necessity. In a way, their way of thinking regarding disagreement on abortion as elective relates to the views of the women interviewed. Nevertheless, if they speak of women's right and medical necessity

this also may have major implications for women. As has also been mentioned earlier, if doctors are supposed to decide for women, their decision will be always compromised by the doctors' personal judgment.

In order to move beyond the negative effect of back street abortion there is a need to create a broad-base coalition at local and national level that goes from human right activist to women at the grass root level, each and every person counts. All women should have access to health services when they need them and should by no means die or go through with an unwanted pregnancy. Abortion should be made available for those who wishes to do so. In the spirit of the struggle, the right and choices discourse should be contextualized and readapted to the reality of the groups that it is intended for.

## **Part V Reflection**

This paragraph is a brief review of all that has been said and the impressions that were gathered before and during the process of writing this research paper. Because, the author feel that drawing few conclusions on women voices do not serve purpose. So reflection on what have been said, will be covered in this chapter.

Since the banning of therapeutic abortion in Nicaraguan, I have been struggling with so many questions regarding the ban and the penalization. It was difficult to understand how it was possible that such a law could be approved. I was thinking of the women who by bad luck would need a surgery to remove an ectopic pregnancy and would be sent home by the fear of the doctor to loose his license.

As a nurse this was quite impossible to grasp. I also thought that the right and choice approach as mentioned by prominent scholars in the area of reproductive rights and choices would be the best way to engage in the fight (according to me) for all women rights and choices regarding abortion. I doubted about the decision making. I have the impression, based on my experience living in the region, that ethnic minority women do differ one from the other. When it comes to the decision making those differences would be the main challenge of the national discourse.

After going to the field and literally listening to the indigenous and ethnic women, I found out that my right and choices perspective is, you could say, “only mine” and this idea is only shared by some of the Creole and Miskito women and not by the Mayangna. Choosing and deciding for oneself is something that ‘for some of us may take many years even future generations to reach’ (**Slilma**). Certainly, the right and choice approach in this particular

case, and based on the results, is just for those who are in the position to negotiate and manage their pregnancy (meaning few). If the objective of the fight for rights is to better women's conditions, it is important that all women join the battle, because empowerment can not be handed over. Besides, men are part of the decision making process when it comes to procreation and directly or indirectly influences women choices.

In order to move forward in the battle for justice and equality, dominant discourse may have to be negotiated and changed to fit the realities of each particular country and region within the country. Economical resources and disponibility to medical and paramedical are essential . There is also, the need to form networks with scholar researchers. A combination qualitative and quantitative data will be needed. However, there is the need to pay attention to the way power relations are negotiated and dealt by partners.

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## **Annexes**

### ***I. Text from the research of Karen Kruk 2007 over women NGO's in Managua:***

#### **1. 'As Catholics'**

'We expect to be harshly criticized for being Catholic and in favour of therapeutic abortion at the same time'. This was quoted by one of the members of Nicaragua's *Católicas por el Derecho a Decidir*. It is a common expectation for the Catholic, Evangelical, Anglican and Episcopalian women who composed this pro-liberal, religious women's group. The main objective of this organization is to re-interpret the Church teaching through a gender perspective while welcoming non-Catholic women as well.

The position that the Catholic Church has towards women is of central focus to this group. According to them, Catholicism is not homogenous and instead have two faces; 1) the catholic hierarchy of priest and bishops and 2) women Catholics. This distinction provides the organization with its motivation to re-interpret the bible in order to fight for women's rights and equality within the church. Also, they strive at critically analyzing the church's attitude towards gays and lesbians.

By studying how the church has historically dealt with abortion, this grassroots organization tackles the current abortion reform through their participation in campaigns, protest and public discourse. While being a Catholic and in favour of abortion at this time in Nicaragua may seem somewhat of a contradiction, *Católicas por el Derecho a Decidir* stand firmly behind their objectives of strengthening the feminist movement and questioning Catholic fundamentalism in Nicaragua.

In the current abortion debate this organization sheds light on what a seemingly contradictory stance more accurately represents. In Nicaragua, the topic of abortion is bombarded by political, health, human rights and religious

factors. It is the often overlap of these themes that breeds inconsistency. Thus, clarifying the perspective of *Católicas* exposes a rather unorthodox religious component of the women's movement but affirms that their presence in the abortion battle is of a concrete nature'.

## **2. 'As Women against Elective Abortion'**

'The fight here is about therapeutic abortion and not complete elective abortion'. The representative of *Puntos de Encuentro*, a gender development NGO, made it clear that the abortion debate in Nicaragua is of central focus to the organization because it is an integral part of women's rights. Therapeutic abortion is necessary to prevent women from dying thus inextricably linked to women's health. However, the right to choose an elective abortion is not directly linked. *Puntos* focuses on transforming power relations within Nicaragua society with a focus on gender association. It targets youth participation as a tool in promoting their education, work shops, field studies and community meetings. The women of this organization were among those camped outside the parliament building during the election debate demanding to be part of the discussion and marching against the blanket ban on therapeutic abortion. However, the opinion on abortion of some of the members of *Puntos* does not go beyond the therapeutic case. This sector of the women's movements battle against the elimination of therapeutic abortion but chooses not to go as far as the right to electively abort. This perspective adds a new cleavage to the women's movement emphasizing that the lack of absolute concordance on the abortion issue does not necessarily impede the movement from functioning as a unit. This shared opinion on the unconstitutionality of Bill 603 unites many sectors of society in Nicaragua presently and acts as the common denominator that unites the women's movement on a whole'.

## II. Questionnaires in English and Spanish

### Key informants Questions : Questionario para informates Claves

- Does Religion play an important part in the life of the Indigenous and ethnic group on the Atlantic Coast? Juega la religion un papel importante en la vida de las personas de la etnia Miskita?
- Does the women of the different indigenous group believe in birth control methods? Creen las personas de la etnia Miskita en los anticonceptivos?
- Does these women have access to birth control methods? Tienen las mujeres Miskitas acceso a los anticonceptivos?
- According to indigenous women tradition, what do the think about abortion? De acuerdo a la tradicion Miskita, que piensan sobre el aborto?
- Who should decide if the woman do or not an abortion? Quien debe de decidir si la mujer se hace o no un aborto? Ella? el Hombre? La Familia?
- What factors may influence this choice? Que factores pueden influenciar su decision?
- What are the understanding of my body I decide? Que entienden las mujeres de la etnia Miskita sobre MI cuerpo Yo decido?
- Are they traditional practices that women could used to terminate their pregnancy? Hay practiceas tradicionales que las mujeres Miskitas pueden usar para hacerse un aborto?
- Do they cause complications? Hay complicaciones?
- What do they understand about therapeutic abortion? Que entiende la gente sobre el aborto terapeutico?
- Has anything change esince the banning of therapeutic abortion? Ha cambiado algo para las mujeres desde que se penalizo el aborto terapeutico en la RAAN?
- Who did it affected? Si cambio a quien afecto?

**Questions for the women (interviews) : Questionario para las mujeres (entrevistas)**

1. Ethnic group? Grupo Indigena o Etnico?
2. Age? Edad?
3. Educational back ground? Nivel académico?
4. Are you working? Esta usted trabajando?
5. Who support you economical? Quien la mantiene a usted economica mente?
6. Any opinion about birth control methods?Cuál es su opinion sobre los metodos de planificación familiar?
7. Where could any body get them? Dónde se pueden comprar?
7. Do they got to pay for them? Hay que pagar por ellos?
8. When women want to have a child on what it depends on? Cuando una mujer quiere tener un hijo de que depende?
9. What do people do when they pregnant and do not want to have the child? Que hacen las mujeres cuando estan embarazadas y no desean tener el niño?
10. What you understand as abortion? Que entiende usted por aborto?



11. What you understand as choice? Que entiende usted por mi cuerpo yo decido?
12. For you, is abortion about choice? Para usted, es aborto una elección?
13. About right? Que entiende usted por aborto como un derecho?
14. Who takes the decision to have an abortion? Quien tom alas decision para abortar?
15. Where do people go to do an abortion? Donde van las mujeres que quieren abortar?
16. Who opinion counts and why? La opinion de quien cuenta y por que?
17. If people have a partner, do they let him know about their intention to abort? Si la mujer tiene una pareja, le hace saber piensa abortar?
18. If you have a complication with your pregnancy where do you go and why? Si tiene usted una complicación con su embarazo, a donde va y porque?
19. What do you understand about therapeutic abortion? Que entiende usted por aborto terapeutico?
20. What does the penalization for abortion means for people? Que significa la penalización del aborto para usted?
21. Has anything change for the women in the region since abortion was penalize? Algo ha cambiado para la mujeres en la region desde que penalizaron la practica del aborto?

22. In what way? De que manera?

**Questions asked to male focus group : Questionario para el grupo focal con hombres**

- Who should take the decision when to have a child? Quien debera tomar la decision de abortar?
- What is abortion? Que es aborto?
- What is therapeutic abortion? Ques es aborto terapeutico?

### III. *Results, English and Spanish version*

It was very important to place these results in the Spanish version, because later on the interviewee could corroborate the information that was given to me.

1. Does Religion play an important part in the life of the Indigenous and ethnic group on the Atlantic Coast:

According to **Yala** ‘Seguro que la religion juega un papel importante en la vida de la población de la RAAN (*Sure religion does play an important role*)’ ; Según Slilma (for **Slilma**) ‘, si juega un papel importante pero en diferente manera’ (*it does too but in different ways*): ‘algunas de las Iglesias, como por ejemplo La Iglesia Catolica, La Evangelica y la Morava sin duda estan en contra de todo lo referente a la interrupción del embarazo y las relaciones sexuales antes del matrimonio’ (*some of the churches, such as the Catholic, Evangelic and Moravian are without doubt against anything concerning interruption of pregnancy and sexual relations before marriage*). ‘una forma de represalia tomada en contra de las mujer, es excomulgandola’ (*And they act by disciplining or taking the woman out of the church meaning excommunicating her*). ‘La religion Bautista y la Anglicana, no se inmiscuyen en la vida privada de su congregación. Según ella nunca ha escuchado a en su Iglesia hablar de algo que tenga que ver con sexualidad’ (*The Baptist and the Anglican religion do not get in the private life of their congregation, I (Slilma) never heard them talking about anything related to sexuality*).

For **Yu Mairin** Para **Yu Mairin** ‘La religion, juega un papel importante, especialmente cuando se trata de las comunidades Miskitas’. ‘Todo tiene que ver con espiritualidad y su relación con la religion’. Además, ‘los pastores juegan un papel importante en la vida de las personas’. ‘El influye en todo lo que sucede en la comunidad y eso será muy difícil de cambiar’, ‘talvez, la proxima generación podrá limitar su influencia’ (*religion plays an important part*). When it comes to the Miskitos indigenous communities (*everything has to do with spirituality and related to religion*). The (*priest plays very important role in the*

*lives of the people; he influences everything that happens in the community and that will be quite difficult to overcome'). Maybe ('the next generation will be able to limit his influence').*

**Pasa Yapti** states '**Pasa Yapti** tambien esta de acuerdo que la religion juega un papel importante, pero según ella la influencia dependerá de la ubicación geográfica y el grupo etnico a que pertenece cada persona'. Por ejemplo: en el area rural, los domingos todo gira en torno a la religion, ir a misa, escuchar al pastor, cantar, visitar a los que no pudieron asistir a misa' (*religion plays a very important role in the lives of its the community members'. But it influences 'each group differently; for example; in the rural areas on Sundays everything they do is related to religion: going to church, listening to the priest, singing, among others*). 'En la Costa Atlantica, la iglesia a funcionado como un mecanismo de dominación, estableciendo códigos de comportamiento como: es bueno ir a misa y no meterse en politica, es bueno mandar los niños a la escuela dominical y es mal ir a la Guerra. Estos eran los codigos de conducta que definian lo bueno de lo malo' (*On the Atlantic Coast 'the church has served as a mechanism of domination*). They had (*some codes of conduct such as: it is good to go to church and not get into politics, good to send the children to Sunday school, but it is not good to go war. These were the codes of conduct for what was considered good and what was evil*).

'No ir a la iglesia el miercoles no es tan malo, pero el no ir los domingos era muy malo, fuimos criados con una mentalidad pasiva. Si alguien nos ofende simplemente hay que poner la otra mejilla. La iglesia nos inculco, el tener los hijos que Dios manda, eso creo en las mujeres esa actitud de aceptar los valores que se les impogan. Los hombres, pueden tener relaciones fuera del matrimonio, pero si una mujer se atreve a hacer lo mismo eso es considerado un pecado muy grave' (*Not going to church on Wednesday was not that bad, but not going on Sunday was really bad continued Pasa Yapti. We were brought up with that mentality and to assume a passive attitude, if someone offended you just turn the other cheek*). (*The church taught us as well to 'have the amount of children that God send. That created in the women some values and to just accept their faith and not to complain'. Men could 'have sexual relations out of marriage, but if a woman dared to do the same, that was considered a*

*very bad Sin*'), **Lapta Yu** 'tambien opina lo mismo' **Lapta Yu** (*also agreed with her*).

## **2. Educational background and occupation**

Las mujeres Mayangnas eran originarias del area rural y estaban durante el periodo de la entrevista estudiando en la Preparatoria de URACCAN, terminado el tercer año de su prepa. *The interviewed Mayangnas women are young, originally from the rural area, they are finishing their special high school fast track program at the university of URACCAN. The program they are in is an advance secondary program, which allows the students to finish high school in three years instead of five. They are part of three out of the 54 Mayangnas rural communities.*

Las mujeres Miskitas y Creoles entrevistadas pertenecen al area urbana. De las cuales 8 estaban sacando su licenciatura y dos tenian un empleo. *The Miskitos and Creole interviewees belong to the urban area. The ages varied between 16 (the youngest pregnant) and the oldest was 36 years old. One of the Miskito women who was 19 years old was pregnant with an unwanted pregnancy. As mentioned before the Mayangna women had just an education level of high school, whereas the 8 of Miskito and Creole women were studying at the university and two were already professionals.*

## **3. Knowledge and accessibility regarding birth control methods**

### **3.1 Knowledge**

En relación al use de anticonceptivos estas fueron las respuestas (Regarding the use of contraceptives), the Mayangna interviewee did not have a positive opinion about contraceptives : this is what they had to say 'No los voy a tomar' (*I am not going to take them*) 'quiero hijos' (*I want children*), 'los anticonceptivos causan cancer' (*they causes cancer*), 'son malos' (*it is bad*), 'no confio en ellos' (*I do not believe in them*). Por otro lado, las respuestas de las mujeres Miskitas estan muy relacionadas a las de las Mayangnas (*On the other*

hand, a closer look at the conceptions of the Miskito) women reveals that they accept that they are 'los anticonceptivos son buenos para prevenir embarazos no desados' (good to protect your self from unwanted pregnancies). They also expresses the fact that pregnancy can occur and that even though it is good 'yo nunca los use' (*I never used them*).

'para las mujeres Creoles, los anticonceptivos son buenos porque previenen embarazos no desados, pero tambien refirieron la falta de confianza hacia los mismos' (*The Creole women find them 'good because they help to prevent unwanted pregnancies but they also stress the possibility of a pregnancy even while using them*). The majority of the women from the different indigenous and ethnic groups knew where to find contraceptives and what they had to pay for them. The difference between rural (Mayagna) and urban (Miskio and Creole) is clear; nevertheless even though knowledge influences practices in the cases of the Miskito women it did not have any positive effect regarding their use.

From the key informants perspective **Yala** stressed '**Yala** dijo que alguans mujeres Creoles si usan metodos anticonceptivos, pero de que las mujers mas jovenes son las que mas lso utilizan' (*that some Creole women do use birth control but the younger people are the ones that make more use of it*). **Slilma** said '**Slilma**, esta de acuerdo con **Yala** en relation al uso de anticonceptivos por parte de las mujeres Creoles. Pero segun ella a sido un largo proceso que ha tomado entre 35 a 40 años'. 'Primero su uso comenzo con los mestizos, y luego poco a poco otras etnias fueron usandolo'. Segun ella la religion juega un papel importante en el uso de los diferentes metodos, y que alguans mujers tienen que esconderse para tomarlas, especialment la religion adventista' (*de many of Creole women take birth control*). According to her, has been a process that took '35 to 40 years). At first there (*were more Mestizo people using it, after a while, other ethnic and indigenous groups began using it*). For her, (*religion plays an important part in the use of birth control methods*). She gave an example of the women of the Adventist church who (*have to hide to take birth control*). Cuando ella era joven, uno tenia que estar casada o tener un niño para poder tener acceso a metodos de

planificación familiar, ahora, uno los puede conseguir gratis. Hemos avanzado aunque las mujeres no sepan usarlas adecuada mente'. When she was young (*you had to be married or have a child or some one had to go with you in order to get the birth control pills*). Now you can (*get them for free*), (*we have advanced now women know how to use it even though some does not use it the right way*).

**Yu Mairin** agreed that things have been changing and becoming modern. The topic of **Yu Mairin**, esta de acuerdo que han habido cambios en relación al uso de metodos anticonceptivos, pero según ell alas mujeres miskitas necesitan permisos de sus marido. Esto se debe agregó a que las mujers tienen bajo autoestima y no valoran su cuerpo. Además, no saben prevenir los embarazos o tomar una pastilla anticonceptiva y ease s la realidad en las comunidades rurales' (*family planning is breaking some barriers*) but she stresses that (*women do need the permission of their husbands*). According to her this is because the (*women have low self esteem, they do not value themselves and their bodies, they do not know how to avoid a pregnancy or to take a pill and that's a reality of what goes on in the rural areas*). **Lapta Yu**, refirió de que las mujeres en las comunidades tienen conocimientos ancestrales acerca de plantas que pueden ser utilizadas como métodos de planificación familiar, sin embargo acceso a métodos modernos y la dominación por parte de sus maridos no dejan a las mujeres que los utilicen' de **Lapta Yu** said that (*Women in the communities have ancestral knowledge about plants that are used to space pregnancies, nevertheless access to modern medications and the domination of their partners do not allow the women to use them*).

**Pasa Yapti** said ' cuando comenzaron con la clínica, no tenían pacientes porque la mayoría de las personas con quienes trabajaban eran indígenas y no querían usar la pastilla. (*when they just started with the clinic, they did not have patients because the majority of the people with whom they worked were indigenous people that did not want the pill*) Cuando entendieron la importancia de los métodos de planificación familiar, comenzaron a venire en busca de los métodos inyectables, condones y pastillas sin que sus compañeros supieran'. . (*When they understood the importance of the birth control methods, they began coming to look for*

*injectables, condoms and pills without their partners knowing about it). ‘poco a poco empezaron a aceptar los métodos de planificación’ (Little by little they began to accept the contraceptive methods). She also agreed with Yala that ‘tambien esta de acuerdo con Yala, de que los jovenes son los que mas utilizan los métodos de planificación, pero que las madres son las que no apoyan su uso’ (young people are the ones that use birth control methods the most, although their parents, especially their mothers, do not support it’s use). ‘existe la necesidad de educación sexual, para evitar embarazos no deseados’. (There is the need of sexual education to avoid unwanted pregnancies). According to male participants from the focus group ‘de acuerdo a los hombres participantes del grupo focal los métodos anticonceptivos causan cancer y que la gente que los usa no esta bien informada’ (birth control methods cause cancer and kill people’. Also, ‘birth control methods are used by people lacking the proper education).*

### **3.2 Accessibility**

Accessibility is viewed from the perspective of being able to obtain birth control, the ability to choose where to get it from and being able to use it. For **Yala**, ‘la mayoría de las mujeres Creoles tienen acceso a los métodos de planificación familiar’ (*the majority of the Creole women had access to birth control*) and ‘y algunas de ellas no quieren más hijos’ (*some of them do not want anymore children*). **Slilma** states ‘en mi tiempo, algunas parejas le permitían a sus esposas planificar’ (*In my time some partners permitted their wives to space their pregnancies*).

In the case of the women’s in the rural area, **Yu Mairin** said ‘tienen muy poco acceso porque el Ministerio de Salud, no tiene materiales humanos ni de reposición para cubrir el área rural’ (*they have very limited access because the Ministry of Health do not have the material nor human resources to reach out to the rural area*). Urban women ‘las mujeres del área urbana si tienen acceso, sin embargo los programas que distribuyen los métodos gratis no tienen mucho que ofrecer’ (*do have access, nevertheless, the programs that distribute birth control for free do not have much to offer*). This is the opinion of **Pasa Yapti**.



#### 4. *Factors that influence motherhood and fatherhood*

##### 4.1 *Meanings of motherhood*

From the Mayangna women perspective, having children is influenced mostly by ‘quiero terminar mis estudios’ (*wanting to finish my study [first]*) ‘teniendo una pareja’ (*having a partner*), ‘para complacer a mi pareja’ (*to pleasing my husband*). The Miskito women mostly mention the ‘el aspecto económico’ (*economically aspect*) and ‘en el caso que ambos padres quieran tener un hijo’ (*if whether both parents wanted children*). In the case of the Creole women, they also look at the ‘el aspecto económico de criar a un hijo’ (*economical aspect of raising a child*) as well as the ‘el estado emocional de la futura madre’ (*emotional condition of the mother to be*), that is, whether ‘si la mujer estaba preparada a ser madre y cuidar de su hijo’ (*the woman is prepared emotionally and has the time to take care of the child*).

The key informants answers were, according to **Yala** ‘fue ordenado por [Dios], y la mujer que no quiere hijos no los tiene que tener’ (*was ordain[by God] to have children and who do not want to have does not have to*). **Slilma** thinks that ‘ella cree que el tener hijos es parte de la vida de las personas, es importante para mujeres y hombres’ (*having children’s is a part of people lives, it is important for women and men*). Different indigenous and ethnic groups have different ways of family planning; for instance, the Creoles have children in a specific period of their life. The Miskitos ‘las mujeres Miskitas tiene hijos cuando salen embarazadas, no planifican’ (*women have children anytime they get pregnant, they do not try to avoid having children*). The family planning of the Mayangna ‘es similar al de los Miskitos, pero ellas tienen menos hijos’ (*is similar to the Miskito, but they have fewer children*). ‘no piensan en la forma en que van a mantener a su hijo, como tener un trabajo, comida, etc. Solo tienen relaciones sexuales y paren los hijos’ (*They do not think about the means to support the child such as having job or food they just have sexual relations and have children’ she said*).

**Yu Mairin** thinks that if you ‘si uno se fija en el proceso de concepción desde una perspectiva espiritual, las mujeres nacieron solo para procrear y mantener el ciclo reproductorio en la tierra’ (*look at conception from a spiritual point of view, women were born only to procreate and maintain the reproduction cycle on earth*). In the Miskito ‘en la cultura Miskita, aunque estemos en el siglo 21 muchas mujeres creen que deben tener los hijos que Dios manda’ (*culture although we are in the 21 century, many women believe that they should have the children God send them*). For **Pasa Yapti** ‘es una parte de la formación de la familia, comenzando con la iglesia, y el estado lo reafirma it te dice que hay que cuidarlo’ (*it is a part of the family formation. Beginning in the church they show you the importance of the family, the states reiterates its values, its importance and tells you to take care of it*). A family in the rural area ‘una familia en el area rural es mas importante, porque miran sus hijos como una esperanza economica; entre mas hijos mejores seran las posibilidades de salir de la pobreza’ (*more important, because they see their child as an economic hope; the more children they have, the higher the probability for a better life*).

#### **4.2 Meanings of fatherhood**

According to **Stilma** ‘el tener hijos, es una parte de la vida de las personas’ (*having children is a part of people lives*); it is ‘es importante para los hombres el tener hijos, el no tener hijos los hace sentir menos hombres’ (*important for men to have children but some men even feel that if they do not have children they are not a men*). **Lapta Yu** said ‘el hombre Miskito ve los hijos como una bendición de Dios’ (*that the Miskito men see children as a blessing from God*). According to the answers from the male focus group, the oldest Miskito male participant said when one ‘cuando uno consigue una pareja es para formar una familia: la mujer, el hombre y los hijos’ (*gets a partner it is to form a family: a woman a man and their children*). A ‘una pareja tiene que tener hijos’ (*couple has to have children*). They are ‘hay parejas que no tienen hijos’ (*some couples that do not have children*). When ‘cuando esto sucede la pareja la abandona’ (*this happens, one of the partners*

*abandons the other*). Another young male participant put it this way ‘una pareja que no tiene frutos no es bien venida’ (*a couple that has no fruits is not welcome*). The *Mayangna* young male said ‘de acuerdo con mi religion y mis ancestros, tenemos que tener los hijos que Dios manda’ (*according to my religion and my ancestors, we have to have the amount of children God send us*).

## **5 Abortion seen from a female - male perspective**

### **5.1 Key informants perception**

From a male perception ‘en la cultura *Mayangna*, las mujeres no abortan, tiene el hijo’ (*in the Mayangna culture women do not abort, they have the child*). A Miskito male participant said the ‘los Mestizos utilizan los métodos de planificación familiar para controlar la reproduction de los indigenas Miskitos’ (*Mestizos (a the biggest dominant group)* <sup>18</sup>*use family planning to control the reproduction of the Miskito indigenous group*), they ‘(Mestizos) los Mestizos estan en una posición dominante y los Miskitos en una subordinanda’ (*are in a dominant position and the Miskitos in subordinated one*). ‘si controlan la reproduction de las mujeres Miskitas , ellos como grupo no podran sobrepasarlos en numero’. (*By controlling the reproduction of the Miskito women, they would, as a group, never outnumber the Mestizos ethnic group*). The women said that abortion is ‘según las mujeres el aborto es malo porque mata niños, aunque esten pequeños son un niño’ (*bad because it kill children, even though it is very small, it is a child*)

Key informants gave another view. ‘el aborto es visto como un acto criminal’ (*Abortion is seen as a criminal act*) said **Yala**. For **Slilma**, ‘depende de la edad de la mujer, situación economica y las condiciones de salud de la mujer’ (*it*

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<sup>18</sup> With this, the male informant reflect the antagonist and tensions that exist between the different ethnic groups in Nicaragua in relation to power and control.

*depends on the age of the woman, the economic situation and the health conditions of the woman*). For example, ‘por ejemplo, si la mujer es anemica , y se embaraza, el embarazo le puede causar serias complicacione, en este caso un abortion seria recomendable’ (*if she is anemic and gets pregnant, there could be major complications for her, and abortion would be suitable in this situation*). ‘Si ella se enferma de algo contagiosa en el primer mes de su embarazo, y este le puede causar daño al feto, un aborto seria recomendable’ (*If she gets an illness in the first trimester of her pregnancy that would leave damage to the fetus and abortion would be recommended*). Because, ‘porque el bebé le puede salir minusvalido y solo lo traeria a sufrir’ (*the child will be born handicapped and would only come to the world to suffer*).

Ancestrally, for the Miskito indigenous group ‘ancestral mente la palabra aborto no existia, esta relacionado a un mundo mas espiritual llamado Liwa’ (*the word abortion did not exist; it is related to a more spiritual world known as Liwa*). ‘si una mujer es afectada por el Liwa’ (If a woman got affected by a Liwa), ‘ella necesitará hierbas tradicionales para curarla o perdera su embarazo’ (*she needs traditional herbs to heal her or she will loose the pregnancy*). Nowadays, **Yu Mairin** ‘cree que en la actualidad, muchas mujers Miskitas hablan de aborto pero en el area rural este tiene una difernte interpretación’ (*believes that many Miskito women speak about abortion but in the rural areas abortion has a different interpretation*). **Lapta Yu** ‘el esta de acuerdo de que aborto par alas mujeres Miskitas esta relacionado con el mundo espiritual, el aborto era causado por malos espíritus porque la mujer tenia relaciones con ellos’ (*agreed that abortion for the miskito women is related to the spiritual world, but he also explained that abortion was cause by bad spirits that the woman had relationship with*).

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Nevertheless, this is the personal perception of one participant, and in the case of abortion and therapeutic abortion does not have no relation.

The Mayagna women defined abortion as '*muibbin iwi yakenin*: child that you take out', or '*iwi yakenin*: take out a child', '*muibbin iwi rumbnin*: kill the child'. The Miskito women have similar definition to the Mayangnas such as '*luhpa iki sakaia*: take out the child', the interruption of the pregnancy before the fifth month voluntary or involuntary'.

The Creole women referred to abortion as 'terminando un embarazo' (*ending the pregnancy*), 'sacarse el niño' (*take out the child*) and 'jóvenes inexpertas se embarazan y porque estan con miedo de sus padres abortan' (*inexperienced little young girls get pregnant and because they are scared of their parents they abort*). For the men, similar answers were given: abortion means 'quitarle la vida a un niño' (*taking away the life of a child*) and 'el aborto no es aceptable' (*abortion is not acceptable*).

## **6 Decision making regarding abortion**

The decision-making process is done as follows, to the Mayagna women it seems that the men play a very important role in the decision making. Two said 'el hombre [decide]' (*the man [decides]*), another stated 'algunas veces la mujer decide' (*sometimes the woman makes the decision*) and 'la mujer toma la decision porque el hombre siempre quiere hijos' (*the woman decides because the husband always wants children*).

For the Miskito women the results were similar in terms of the role of the men. Two said the 'el hombre' (the man), because 'el es el que tom las decisiones en el area rural' (*he is the one who makes the decision in the rural areas*) and because 'como tu eres mi mujer vas a tener los hijos que Dios e manda' (*you are my woman and you are going to have the children God sends*). One interviewee mention 'los amigos toman la decision' (*friends make the decision*) and two others mentioned the 'la mujer' (*woman*). The Creole's women believed like the

Miskitos, that is, the man makes the decision but ‘las mujeres no siempre les hacen caso’ (*women do not always listen to them*) and ‘en situaciones en donde la pareja es instable’ (*by unsteady partnership situations*). Another important remark was that parents influence the decision only if they are ‘las personas que mantiene economicamente a la mujer’ (*supporting the woman economically*).

From a male’s perspective, they told the following: as a couple in most of the cases the ‘el hombre es el que toma las decisiones y obliga a la mujer a tener hijos’ (*man is the one who takes the decision and obligates the woman to have a child*) Others said ‘deben de haber otras formas de tomar la decisión’ (*there should be other forms of decision making*), when it come to having a child ‘es importante el tomar el grado de disponibilidad de la persona’ (*it is important to take into consideration the willingness of the person, and economic factors to support the child*). But the most important issue is what the person wants, in this case the woman. ‘The woman should make the decision and the man should support her’.

Another male participant said ‘muchos hombres quieren hijos, y obligan a las mujeres a tenerlos sin querer ser madres’ (*a lot of men want to have children and have the desire to become father’s, they obligate the woman to have children and the poor woman gets pregnant with out wanting the child that’s is an abuse*), ‘es el cuerpo de la mujer y ella debe de decidir cuando tener su hijo’ (*it is a woman’s body and she should decide when to have a child*). ‘si uno es una pareja, debe de tomar la decision en pareja’ (*If you are a couple then you should take decision together*). A different participant said ‘el hombre alfa assume todo’ (*the Alfa man assumes everything*). For one of the participants who claimed that he have lived in the rural area said ‘en las comunidades la gente tiene su propias tradiciones’ (*in the communities people have their own traditions*), the ‘el hombre es el que decide, de acuerdo a la situación económica de cada familia’ (*man is the one who decides on the basis of the economic situation of the family when to have a or not to have child*). Furthermore, that the decision ‘y no tiene que ver con la etnia del hombre’ (*does not have anything to do with the ethnic back ground of the man*).

For key informant **Yala** ‘es la mujer que toma la decision, aveces consulta con su amiga o pareja’ (*is the woman who takes the decision, sometimes she ask a friend or consult with her partner*). For **Slilma** it should be in ‘los doctores denben de decidir’ (*the doctors hand*), but some Creole people ‘pero algunas parejas no le gust air donde el medico’ (*do not like to go to the doctor*), they go to the ‘van donde la partera’ (*midwife*) or some ‘donde una persona mayor que le puede ayudar, especialmente en el primer trimestre del embarazo es menos riesgo’ (*older person that will tell them what to do especially if it is in the first three months of her pregnancy when it is lest risky*). The ‘los padres’ (*parents*) are the ones that takes the decision, ‘el marido, en la moyoria de los casos no se da cuenta y la mujer lo reporta como aborto espontaneo’ (*the husband in most of the time do not know and the women report it to him as a miscarriage*).

For **Yu Mairin**, ‘otra persona tom alas decisiones, y la familia juega un papel importante’ (*other people take the decision and the family members plays a very important role*). The ‘el marido’ (*husband*) is the first in rank, followed by the ‘la madre de la mujer’ (*mother of the woman*), the ‘la abuela’ (*grandmother*) and last the ‘la partera’ (*midwife*). Abortion does not happen so frequently in the rural areas, God want the woman to have the child so the ‘la primera opción es dar a luz’ (*first option is to give birth*). **Pasa Yapti** think that is an subject hat goes ‘Ella cree que la opción de abortar va mas ayá de la decision de una persona’ (*beyond the decision of one person*) it should be the ‘la mujer y su pareja’ (*woman and her partner*).

## **7 Views on pregnancy management: matters of right or choices**

### **7.1 Understanding choice in relation to pregnancy**

For the Mayangna women, choice is seen as ‘alguans veces es una decision hecha por su madre’ (*something that is done by her and her mother*) meaning that sometime she choose and other times her mother does it for her. The

pregnant girl of 16 years said that ‘su marido escoge por ella’ (*her husband chooses for her*). The rest did not quite understand the ‘no entendieron lo que significa elegir en cuanto a salir embarazada o no’ (*implication of choice*) regarding pregnancy.

The Miskito interviewees answer the following, ‘sobre [my] cuerpo yo decido’ (*[about] my body I decide*), ‘tomar en consideración muchas opciones’ (*take into consideration many options*) and one said ‘muchas veces, una puede tomar sus propias decisiones pero la cultura influye mucho’ (*that most of the time one can or may take the decision, but our culture influences the decision*). For the Creoles choice means ‘significa, decidir cuando o no tener un hijo’ (*to decide when to have a child or not*), another interviewee said ‘el decidir cuando tener relaciones sexuales, que te gusta y que es lo que no te gusta’ (*to decide when to engage in sexual intercourse, what you like, what you do not like your partner to do*).

The answers to same question by the key informants is as follow, **Yala** thinks that ‘debemos de conocer nuestro cuerpo, es nuestro y lo debemos de cuidar’ (*we should know that our body is ours and we should take care of it*). We all should know ‘si estamos en capacidad de traer mas hijos al mundo’ (*if we are fit to have more children and bring them to suffer*). For **Siilma** choice is complicated, because most of the time ‘no pensamos seria mente sobre nuestro cuerpo, siempre pensamos que alguien deberia decidir por nosotros’ (*we do not know or think serous about our body, we all time think that some one else should take the decision for us*). This ‘esto pasaba antes ahora no’ (*used to happened more before than now*).

Now women ‘ahora las mujeres son ams concientes y estan decidiendo por si mismas, a ella le tomó 40 años el poder decir que ese era su cuerpo y ella decidia sobre el’ (*are getting more conscious and decide for them selves, it took me 40 years to say that my body is mine and I could do with it what I want and when I want*). She said it was a learning process and that it will take one more generation for that the women of Puerto Cabezas could take their own decisions. The ‘el mundo de afuera esta influnciando nuestra cultura’ (*outside world is influencing our culture*).

For **Yu Mairin**, women ‘para ell alas mujers no conocen su cuerpo, y como lo vna a conocer si nisiquiera lo pueden tocar’. ‘Ni cuando tienen



relaciones sexuales' (*do not know their bodies*), how a woman 'will get to know her own body if she is not supposed to touch it, not even when they are having sexual relations). Women are 'las mujeres son vistas como objetos de los hombres y ellos ponen las reglas del juego' (*seen as objects of the male and he sets the rules of the game*). 'ni las parteras pueden ver el cuerpo de la mujer' (*Not even the midwives are entitled to look at the women*). The good thing is the urban Miskito women are changing and 'lo bueno es que las mujeres Miskitas están cambiando, demandan ahora más de su pareja que antes' (demands more from their partners). The women in the rural area take a more passive position, 'la mujer en el área rural toma una posición pasiva, porque el hombre es el que la mantiene económicamente' (*because is the man that provides for her*).

## 7.2 *Abortion as a Choice*

When it comes to abortion as a choice for the Mayangna women opinions vary, for some it is a 'choice' and for others it is 'es inducido por amigos' (induced by friends) or 'en algunos casos por miedo a sus padres' (*sometimes they are afraid of their parents*). Two women said 'dos mujeres dijeron que aborto no es una opción' (*that abortion is not a choice*). One of them argued 'una dijo que eran Cristianos, pero que lo podían hacer si sus padres no se daban cuenta' (*they are Christians, but could do it if their parents do not know*). In the case of the Miskito women, three out of five found that abortion was 'tres de cinco le pareció que aborto no es una opción' (*not a choice*), it is better to have the child and 'que era mejor tener el niño y regalarlo' (*give it away*); it is a 'es un pecado abortar' (sin to abort). Creole women gave answers like 'las mujeres Creoles piensan que es una opción' (*it could be*) **but** 'pero solo cuando es causado por una violación' (*only when is caused by a rape*), 'depende' (depends) **on** 'si tiene o no pareja' (*if she is with a partner or alone*), other said 'otras piensan que es una opción' (it is an option).

### 7.3 *As a Right*

When it comes to abortion as a right Four out of five of the Mayangna women said ‘no’, their arguments were ‘poque la ley de [Dios] asi lo dice’ (*because we have to have children the law[of God] say so*). ‘ellas no tiene el derecho, es malo abortar eso es lo que la gente dice en el pueblo’ (*They [women] do not have the right, it is bad to abort that’s what the People say in my village*). The last one said ‘las mujeres ahora tiene derechos, antes no tenian, pero alguans y algunos no lo acceptan’ (*women have right’s, before only men had rights, now women also have rights but some [women and men] do not accept it*).

Two of the Miskito women, said ‘si’ (*yes*) and their arguments were, ‘como mujer, uno debe debe de tomar sus propia decision en cuanto a quein vive o muere’ (*who lives and who dies it is my right*). Another said ‘no’, ‘no es un derecho’ (*it is not a right*). ‘una mujer no debe decidir abortar’, (*a woman should not decide to abort*), and the last one sees it as a right **but** ‘no todas debemos hace uso de el’ (*not all of us should make use of it*). From a Creole perspective, four out of five thinks that ‘de acuero a las mujers Creoles cutro de cinco dice que es un derecho de la mujer el decidir la cnatidad de hijos que tendra’ (*it is a woman’s right to decide the amount of children she would like to have*). But as well one mention that: ‘pero que esto solo deberia de ser aplicado en el caso de que la vida de la mujer este en peligro’ (*only in the cases of rape and if the life of the woman is in danger*).

### 8. *Therapeutic abortion meanings and difference*

The process of the banning therapeutic abortion was due to many factors like, political, religious, juridical among others. A very important reason could relate to the understanding and the difference between elective abortion and

therapeutic abortion. For that purpose the same question was asked to the key informant, women and men in order to get a more triangulated information.

According to **Yala**, ‘aborto terapéutico significa aruinarte tu cuerpo debido a sus efectos’ (*it means ruin your body because of its effects*). For **Slilma** ‘es el aborto que se practica en caso de que una mujer fué violada o esta muy enferma y el doctor decide practicare el aborto’ (is the abortion practiced in case a woman was raped or very ill and it is programmed by a medical doctor), ‘**Yu Mairin** cree que hubo una confusion en cuanto a conceptos y significado entre aborto y aborto terapéutico’ (*think that there has been a confusion between abortion and therapeutic abortion*). For **Pasa Yapti** ‘para ella aborto terapéutico, es el aborto que se practica para salvar la vida de una mujer, pero mucha gente no entiende su verdadero significado’ (*it means the abortion that is done to save a woman life, but many people do not understand the true meaning*). **LaptaYu** refer ‘según el, las mujeres indigenas no saben mucho sobre el aborto terapéutico, porque solo se practica en casos aislados en el hospital’ (*that the indigenous women do not know much about it, because it is only practice in very isolated cases in the hospital*).

According to different male participants from the focus group therapeutic abortion means: ‘de acuerdo a los hombres que participaron en el grupo focal, aborto terapéutico es una excusa para mantener a la gente pobre’ (*an excuse used to keep the people poor*), ‘Cuando el feto causa problemas a la madre’ (*when the fetus causes problems to the mother*), ‘el aborto que es practicado entre los cinco primeros meses de embarazo’ (*the abortion that is done between 0 to 5 months of pregnancy*), ‘debería ser practicado solo cuando la vida de la madre peligrá’ (*should be done only when there is the need to choose between the life of the woman and the child*). The Mayangna male participant point of view: ‘el informante Mayangna refirió de que las mujeres utilizan el aborto terapéutico como una excusa cuando la relación con su pareja ha terminado y no desean mantener el niño’ (*the women uses therapeutic abortion when the relationship with a partner is finish and the woman does not want to keep the child, so she goes to the doctor and claim that she has a problem*).

Of the Mayangna women just two gave an answer ‘es cuando una mujer sale embarazada sin querer lo’ (*it is when a woman get pregnant without wanting the child*), ‘abortar un niño’ (*abort a child*) the rest did not have any idea. Three out of the five Miskito women knew what therapeutic abortion was about. The other two said ‘dos digeron algo malo’ (*something bad*), and ‘y es practicado en menores entre 8 y 9 años de edad’ (*it is done only in minors between 8 to 9 years*) and ‘cuando uno aborta porque el embarazo afectará tus estudios y tienes miedo de tú madre’ (*when you abort because the pregnancy will affect your studies and you are afraid of your mother*). For the Creole women one did not know, the rest associated it with the abortion that is done because of rape or because it is a pregnant child (*según, las mujeres Creoles, una no sabia y las otras lo relacionaban al aborto que se hace en caso de violación o embarazo en niñas*).

## **9. What has changed in the region?**

Based on the answers from the interviews with women, nothing has changed in terms of increased numbers of deaths. Yet, some of them say that more

women will die. A Miskito interviewee said that ‘una miskita entrevistada refirió, de que los miskitos no le ponen atención a esa ley, ellos siguen las leyes espirituales y normas culturales’ (*the Miskito people do not pay attention to this law, they follow other spiritual and cultural norms*). And other interviewee said something very interesting ‘otras refirieron de que nada había cambiado, porque hay doctores que practican abortos al igual que parteras’ (*not really, because you have doctors that perform abortion as well as midwives*). This last remark, reflects that even though it is prohibited to do abortion the practice by medical personnel have not stop.

For the key informant **Yala** ‘muchos abortos se están practicando, especialmente por jóvenes’ (*many abortions are being practiced, the young people are using abortion the most*). **Yu Mairin** said that ‘esto sucede con más frecuencia en el área rural’ (*abortion continues to be practiced in the rural areas*). According to **Slilma** in the rural area ‘en el área rural cuando una mujer comienza con una hemorragia, la partera por temor no la llevará y en algunos casos la mujer morirá en la casa por que la partera tiene temor de la a ser culpada’ (*when a woman start with spontaneous hemorrhage the midwife will be scared to take her to the hospital, sometimes the woman will die at home because the midwife is at risk of been blamed*). **Pasa Yapti** ‘según ella politizaron el cuerpo de la mujer, esto aumento la corrupción entre los médicos, y cualquier cosa que uno diga será utilizado en tu contra’ it as a (*politization of the woman body and the corruption among doctors increased and what ever you say shall be used against you*).