

**The University of Virginia Center for Global Health
Presents the 2019 UVA Global Health Case Competition**

***Case Study in Women's Health: Supporting Solutions to Violence Against
Women in Nicaragua***



Nicaraguan women are still fighting. Photo by Oswaldo Rivas

<https://qz.com/556722/nicaragua-the-worlds-unlikely-champion-of-gender-equality/>

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Section I: Introduction

In 2012, the Nicaraguan government passed *Ley 779*, a comprehensive law addressing gender based violence. The law formally declared *femicide*, the killing of a woman on account of her gender, a crime, expanded the definition of gender-based violence to include psychological and economic damage, and included many other measures to protect women. The new law was a major success for a grassroots movement of women that had advocated to protect against gender-based violence stemming from unequal power relations between women and men. Violence against women represents a major human rights violation and contributes to poorer women's health outcomes across the board (Amnesty International, 2013). Additional protections for women were expanded. Special police units run by women called *comisariías de la mujer* were strengthened to handle domestic violence cases. However, over time many of the advances made in *Ley 779* were weakened and overturned. By 2016 all *comisariías de mujeres* were closed and protections for women continued to be undermined.

Maternal mortality rates in Nicaragua lie at 150 maternal deaths per 100,000 live births compared to just 12 in 100,000 births in developed countries (World Health Organization, 2018). Rates of violence against women have been reported to be as high as 52% (World Health Organization, 2013). The United Nations Global Database on Violence against Women reports lifetime risk of physical or sexual intimate partner violence to be 23% (UN Women, 2014). Despite Nicaragua's guarantee of universal healthcare, women's health and wellbeing is compromised by various cultural, political, and economic factors.

Nevertheless, the future is bright for women's empowerment. Legislation in 2012 mandated that 50% of political party candidates be women, a decision that led Nicaragua to be ranked 4th in the World Economic Forum's (WEF) political empowerment gender gap. The WEF states, "since 2006, Nicaragua has closed approximately 19 percent of its overall gender gap—making it one of the fastest-improving countries in the world." ("The Global Gender Gap Report 2017") Additionally, women make up 40% of all lawmakers, senior officials, and managers, a much higher rate than Japan's 9% and France's 33% (Campoy, 2015).



Women in Managua protested reforms to Ley 779 in summer 2013. Photo by Pamela Neumann.

Section II: Overview of Health Issues in Nicaragua related to Women's Health

According to the WHO, infant and maternal mortality rates remain high in Nicaragua, with the highest rates in poorest, most rural regions (“IPAS”). The maternal mortality rate of Nicaragua is amongst the highest in the Americas. Women living in rural areas with little prenatal education and access to medical care or skilled birth attendants are at the highest risk for death during labor. The World Health Organization also asserts that HIV/AIDS cases among women grow at a faster rate than among men in Nicaragua. In 1999, the ratio of males to females with HIV/AIDS was 5:1. In 2005, the ratio changed to 3:1. Further, access to HIV/AIDS testing is limited for Nicaraguan women. Further, 62% of the mothers deaths were deemed avoidable, 82% were caused by health service deficiencies. Such statistics display a shortage of HIV/AIDS testing for women, reproductive health care, and political concern for women’s safety (World Health Organization, 2013).

Domestic violence has affected a large percentage of Nicaraguan women, and because of its immediate and lasting effects, it has contributed to the need for mental health care amongst the female population. Lawmakers in Nicaragua amended the domestic violence laws, according

to a Thomas Reuters Foundation article, by recommending women “mediate with their abusers over certain types of violence, including “lesser injuries,” psychological mistreatment and gender-related crimes that carry less than a five-year prison sentence.” (Solís, Azahálea 2013). This law, in addition to the prevalence of domestic violence within the country, show that the Nicaraguan health care system does not yet fully provide women with adequate physical or mental care. However, recent strides in community health have begun to improve women’s health indicators.

In recent years, the World Bank has partnered with MINSA to strengthen the model of Family and Community Health in Nicaragua. Health reform in the 2000s led to the adoption of a Community and Family Health model focused on universal access to care with a focus on access for vulnerable populations such as indigenous populations, women, children, and the elderly. Between 2009 and 2016, 85% of public municipal health centers achieved 7 out of 10 health performance goals. Over half of the population has received preventative health care from a system of 11 Local Systems of Integrated Health Care and 66 Municipalities. From 2009 to 2016, adolescent pregnancy rates fell from 27.5% to 24.5%. The number of women receiving post-partum care within the first 10 days of giving birth increased from 32% to 73%. Additionally, the National Strategy for Sexual and Reproductive Health was created with explicit policy goals to reduce maternal and child mortality (World Bank, 2017).



Maternal health care. Photo: World Bank.

Section III: Changes in Political Leadership Historically Impact Place of Women

From the 1979 revolution to present day, Nicaraguan women have been vigorously fighting for equality. A major shift in women's rights occurred with the overthrow of the Somoza dictatorship by the "Sandinistas" Frente Sandinista de Liberación Nacional (FSLN) revolution in 1979. Numerous groups of women and supporters of gender equality united together to demand better living conditions and equal rights; such as, *La Marcha de las Enlutadas*, FSLN, and National Association of Concerned Women (AMPRONAC). After the overthrow of the Somoza dictatorship, there were several important steps taken to improve women's place in society. These steps include changes in law governing the family dynamic, the recognition of women's inherited assets, and the staffing of day care and kindergarten (Zuniga and Viquez, 2016). These changes allowed women to leave the home and hold more powerful positions within society. The increased activity from women within their communities and within formal political and economic structures shifted the image of women from a homemaker to a valued and influential member of society (Zuniga and Viquez, 2016).

In the 1980s, there was a recognition of domestic abuse towards women in Nicaragua that came about due to shifts in laws regarding gender rights. The findings showed how frequent this abuse occurred. "They demonstrated that the house and the family were not the secure and romanticized places that one had thought" (Zuniga and Viquez, 2016). In addition, in 1988, the unilateral right to divorce was recognized, meaning that women could request a divorce without establishing proof of her husband's infidelity ("The Nicaraguan Family In A Time Of Transition").

The discussion surrounding abortion also arose during the 80s. A law written in 1837 stated that abortion was allowed when the health of the mother was in danger; however, in the 80s, some women began arguing for the decriminalization of abortion. In 2006, Ortega is re-elected. In the same year, a total ban on abortion was implemented (Campoy, 2015). Nicaragua is one of the few countries in the world with a blanket ban on abortion, prohibiting the procedure in cases of rape, incest, or life-threatening pregnancy.

Nicaragua's political climate in conjunction with underlying social and cultural values inevitably frame the position of women in society, and often lead to tangible and very palpable

pieces of formal legislation. The navigation of and coordination with formal legal structures is essential for successful health programs.

Section IV: Socio-Political Conflicts

As with many Latin American countries, religion plays a significant role in Nicaraguan culture and government. Religious freedom and religious tolerance are two ideologies supported through the country's government and in the constitution. Although Nicaragua holds no official religion, the vast majority of citizens belong to the Catholic Church. Religion approximations are as followed: 51.6% Roman Catholic, 33.9% Evangelical, 1.5% belonging to other groups including Jehovah's Witnesses, Mormon, and Amish or Mennonite communities, 12.9% unspecified, and 1.2% agnostic (Nicaragua Demographics Profile 2018). Although Nicaragua upholds as a country guaranteeing religious freedom, the majority of Catholics in Nicaragua has led to greater political influence for the Roman Catholic Church. Bishops are often invited to attend important meetings and share their opinions on pressing issues. The majority of educational institutions are also run by members of the Roman Catholic Church.

Gender inequality and discrimination are important social factors contributing to the prevalence of violence towards women in Nicaragua. The social identities of men and women are influenced by two prominent concepts of *Machismo* and *Marianismo*. Machismo ideology stresses the superiority of men and values their aggression and sexual prowess. Marianismo, in contrast, refers to the embodiment of the Virgin Mary, where women are valued for purity and their ability to become mothers (Ellsberg, 2000). Candid discussion about wife abuse can be difficult as it confronts their core social identity as wives and mothers. The stigmatisation of domestic abuse leading to shame and self-blame can lead women to stay in violent relationships (Ellsberg, 2000). Legislation such as Law 799 has been put into effect to “strengthen the protection of victims and create an avenue for women to seek justice in such cases of violence against women” (Suddith & D’Amico). Yet even with policy, social norms make it difficult for women to speak out about violence.

In April, 2018, Nicaragua erupted in violence after the Superior Council of Private Enterprise (COSEP) made changes to the social security system. Changes included raising the

pension age, cutting pensions by 20% (following the recommendations of the International Monetary Fund), and eliminating reduced pensions for people who could not pay the full price (affecting seasonal workers) (Fry, 2018). In hopes of combating corruption and strengthening the rule of law, the United States government passed the Nicaraguan Investment Conditionality Act (NICA) in late 2018 (Ros-Lehtinen, 2018). The act enables the U.S to oppose loans to the Nicaraguan government from international financial institutions unless Nicaragua complies with rigorous anti-corruption standards. Experts project that the NICA act will drastically decrease international funding for valuable social and health programs (Fry, 2018).

Section V: Actions taken by Women and Civil Society Groups

Violeta Barrio de Chamorro, the first female president of Nicaragua, campaigned on a family values platform and won in 1990 (Zuniga, 2016). The reform of the Penal Code Law 150 explicitly punishes violence against women, sex crimes, corruption, prostitution, and human trafficking for the first time (Zuniga, 2016). The pressures from women's movements under Chamorro include the creation of several government agencies and positions for women's well-being; the Commissioner for Women, the strengthening of the Nicaraguan Women's Institute (INIM), and the creation of the National Council Against Violence, the National Health Council and the National Commission Against Maternal Mortality all were created in this time period (Zuniga, 2016). In 1995, the Health Ministry issued a decree declaring domestic violence to be a public health issue (Zuniga, 2016).

One key 1990s civil society group called Red de Mujeres contra la Violencia (RMCV) was instrumental in this advocacy. Their advocacy successfully led to the first domestic violence law in 1992 and the establishment of specialized women's police stations known as Comisarias de la mujer in 1997 (Neumann, 2018, CAL). Initially funded as a pilot project from the Netherlands, the Comisarias are designed to handle women's complaints of violence and provide legal and psychological support for women (Neumann, 2018, NACLA). The initial success of the program was illustrated in the over 6000 complaints of psychological-based violence, which prior to Law 779, was not legally considered abuse (Neuman, 2018, NACLA). This increase in reported

illustrated a formally unseen aspect of gender-based violence. By 2015, there were 162 Comisarias in Nicaragua (Neumann, 2018, NACLA).

Unfortunately, despite the passage of Law 779, no extra funding was allocated to fund the Comisarias or other enforcement agencies (Newman, 2018, NACLA). Sociologist Pamela Neumann describes that despite the prevalence of these agencies, they are marginalized in the police force (Neumann, 2018, NACLA). In her time in a Comisarias, she observed supply limitations that complicated the effectiveness of the Comisarias (Neumann, 2018, NACLA). In 2014, reforms to Law 779 further stifled the capabilities of the Comisarias, which was reflected in the amount of complaints filed (Neumann, 2018, NACLA). In 2015, reports of intra-family and sexual violence dropped by 29% from the year before, according to data from the Nicaraguan National Police. Women's reports of psychological violence in 2015 dropped by 42%" (Neumann, 2018, NACLA).

The importance of NGOs and Civil Society organizations in Women's healthcare and prevention of violence largely includes specific relief centers as well as a long history of advocacy. *Country Reports 2009* indicates that in 2009, Nicaragua had a total of nine women's shelters, all operated by non-government agents (US 11 Mar. 2010, Sec. 6). Anesvad, an NGO that advocates for the protection of the right to health, which has a branch in Nicaragua, reports that there is a total of 10 shelters for female victims of violence and abuse in the country, with services including victim protection, judicial aid, and medical/psychological help (Anesvad, accessed 2019). However, the ability of these NGOs to intervene is reduced due to limited cooperation with the government.

Other prominent women's organizations in Nicaragua include: Movimiento de Mujeres Maria Elena Cuadra, SI Mujer, Movimiento Feminista de Nicaragua, Movimiento Autónomo de Mujeres, as well as a number of smaller neighborhood-based collectives throughout the country. (Neumann, 2018, CAL) The Nicaragua Women's Movement specifically has filed a suit of unconstitutionality against a specific stripping of a provision of Law 779, which allows for the previously banned practice of mediation in cases of violence against women. The use of mediation through Ley 779 has provided for detrimental impact on the lives of women in Nicaragua. Mediation between a man and woman was commonly used by police to informally

settle disputes, but, according to women's organizations, this practice placed women at an increased risk of danger (Neumann 1).

Larger civil society movements regarding violence against women have gained traction in recent years due to activism all over the continent. The October 19 protests following the death of 16-year-old Lucía Pérez in 2016 labelled “Black Wednesday” took place in Argentina, Chile, Bolivia, Mexico, Uruguay, and some places in Nicaragua. These demonstrations sparked an international dialogue on violence against women in Latin America (Friedman and Tabbush, 2016). The hashtag #NiUnaMenos (translated to “not one woman less, not one more death”) spread online (Pagina12, 2019). Outside of formal political systems, women all over Nicaragua as well as international, non governmental organizations are advocating for women's rights. These grassroots movements often form the basis for wider social change with rippling impacts.

Section VI: Your Task

The Nicaraguan Ministry of Health (MINSa) is seeking your perspective on ways to address the web of issues impacting women's health outcomes. Whether your team chooses to focus on access to preventive care of those in at-risk areas, the detection and care of women diagnosed with prevalent diseases or at risk for violence, health network infrastructure, or a multi-pronged approach that combines several of these areas, your innovation, informed creativity, and justifications will be the focus of your proposal.

Keeping in mind a complex cultural and political landscape and existing structures that support women's health and empowerment, your proposal should have a five-year action plan, leveraging existing resources where possible (e.g., government institutions, health programs, NGOs) to improve women's health outcomes. While there is no specific monetary limit for your pilot program, you must provide a detailed budget and rationale for an initiative that will be implementable by the year 2020. The initiative should be a sustainable solution that is culturally, politically, and socially mindful. Each proposal must quantify its potential impact from a health outcomes, financial benefit/loss, and political value perspective. Whether you choose to focus on underlying cultural factors, improving public care, or integration of civil society organizations, your plan should answer several key questions:

- How will you gain community involvement and participation?
 - What will be the major impediments to implementing your program and what strategies would you take to overcome them?
 - What political and/or religious resistance exists, if at all?
 - How does private versus public sector health care provision differ?
 - What strategies will you use to measure the success and monitor the progress of your proposed solution?
 - How will the anticipated health outcomes justify the cost?
 - Whose budgets will support this program after the initial funding period, and how will you get their buy-in?
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We look forward to hearing your proposed solutions – good luck!

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