

Report

Nicaragua's *Casa Materna* - Support for Adolescent Single Mothers

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ニカラグアのカサ・マテルナによる若年シングルマザーへの支援

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〔Abstract〕

We conducted a 2-year project (2010-2012) in Nicaragua as JICA volunteers. *Casa Materna* (Maternity waiting home), where the project was conducted, was a meal-equipped accommodation near hospitals and primarily established to reduce maternal mortality. Pregnant women who lived far from the birthing facility came to *Casa Materna* in their last month of pregnancy to temporally live with other pregnant women. Adolescent pregnancies (under 18) were a serious problem in Nicaragua. Accordingly, pregnant teenage women who become single mothers due to unwanted pregnancy also come to *Casa Materna*. There was a cultural background that teen pregnancy was common in society, and they adapted, while gaining family support. However, gaining support for young single mothers due to sexual violence and unwanted pregnancy remained a challenge for the future.

〔Key words〕 JICA, Nicaragua, Adolescent pregnancy, *Casa Materna*

〔要 旨〕

2010年－2012年の2年間ニカラグア共和国に青年海外協力隊の助産師隊員として派遣された。活動先であったカサ・マテルナ（お産を待つ家）は、病院のそばの食事付きの滞在施設である。ニカラグアの妊産婦死亡の削減に貢献し、社会的にも認知されていた。ニカラグアは18歳未満の若年妊娠が問題となっている。カサ・マテルナの利用者の中には、望まない妊娠によって10代でシングルマザーとなる少女たちもやってくる。10代で妊娠することは社会の中でも普通のことであるという文化的背景があり、家族のサポートを受けながら適応しているという現状があった。しかし、中でも性暴力により妊娠した若年シングルマザーへの支援は今後の課題となっている。

〔キーワードズ〕 青年海外協力隊、ニカラグア、思春期妊娠、カサ・マテルナ（お産を待つ家）

I. Introduction

In 2010-2012, we conducted a project to support pregnant women for 2 years in Nicaragua as JICA volunteers. *Casa Materna*, where the project was carried out,

was a meal-equipped accommodation near hospitals, and primarily established to reduce maternal mortality. Pregnant women who lived far from the birthing facility came to *Casa Materna* in their last month of pregnancy to live with other pregnant women until labor

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began. When labor pains started, the women proceeded to the hospital to give birth and then returned to their village the next day. Adolescent pregnancy was a serious problem in Nicaragua, accordingly, pregnant teenage women also came to *Casa Materna*. Herein, we report our experience in Nicaragua from interactions with pregnant women and describe the situation of adolescent single mothers.

This is described in accordance with the JICA Volunteer Code of Ethics No. 3.1.

II. Statistical data

1. Geographic data

Nicaragua is one of the poorest countries in Central America. It borders Honduras in the North and Costa Rica in the South, and faces the Pacific Ocean and Caribbean Sea. It has a land area of 130,370 km². About half of the country is on the Caribbean side and it has two large autonomous regions. Nicaragua has a population of 6.47 million and 80% of its population lives on the Pacific side¹⁾.

The capital of Nicaragua is Managua located along the Pan-American Highway on the Pacific side. About 70% of the people are mixed races. The first language is Spanish. The main religions are Catholic and Protestant. Since 2006, abortion has been enacted as illegal under all circumstances.

1. Maternal and child health statistics in Nicaragua at the time of dispatch in 2010

Nicaragua's maternal mortality rate (MMR) decreased from 170 (per 100,000 births) in 1990 to 100 in 2010³⁾. However, this rate is still higher than the average MMR of 85 in Latin America³⁾. In a statistical report published in 2019, the MMR in 2015 was stated as 98¹²⁾. The under-5 mortality rate declined from 68 (per 1000 births) in 1990 to 27 in 2010⁴⁾.

The total fertility rate has declined from 4.6 children per woman in 1990 to 2.6 in 2010. Nevertheless, most families have at least two children and a significant portion have three or more, particularly in rural areas⁵⁾. Additionally, over the same period, the adolescent fertility rate had not declined proportionately.

2. Adolescent pregnancy

Nicaragua has the second highest rate of adolescent pregnancy in Latin America. The adolescent's birth rate



Figure 1. Map of Nicaragua²⁾

per 1000 girls aged 15-19 was 109 in 2010, which is higher than the average pregnancy rate of 79 in Latin America. In addition, an estimated 28% of women aged 20-24 reported their first birth as before the age of 18. The reasons for early motherhood were early sexual initiation and early union formation^{6,8)}. In rural Nicaragua, the age at first sex was 16.1 years, the age at first union formation was 16.3 years, and first births occur at an average of 18.1⁵⁾.

According to statistical data about adolescents⁵⁾, the percentage of women aged 15-24 years by age at first pregnancy was 11.9% before the age of 15 and 46.6% the ages of 15-17. The average percentage of pregnancy in Latin America and the Caribbean was 2% before the age of 15 and 18% before the age of 18. The first pregnancies of about 70% under the age of 15 and 65% between the ages of 15 and 17 were unplanned before marriage or union.

Of the percentage of the women aged 15 to 24, about 64% were neither studying nor working when they first became pregnant at the age of 15 to 17 and 23 % were studying. Of the women who were studying, 59% continued to study. Among the women who stopped studying, 5.3% returned to study and 35.5% did not return to study.

Table 1. Statistical data of maternal and child health (retrieved from UNICEF 2012)

| | Nicaragua | Latin America | Japan |
|--|-----------|---------------|--------|
| Maternal mortality rate (per 100,000 births) | 100 | 85 | 6 |
| Under- 5 mortality rate (per 1,000 births) | 27 | 23 | 5 |
| Skilled attendant at birth | 74 | 91 | 100 |
| Total fertility rate | 2.6 | 2.2 | 1.4 |
| Adolescents birth rate per 1,000 girls aged 15-19 | 109 | 79 | 5 |
| Age at first birth: women aged 20-24 who gave birth before the age of 18 | 28% | — | — |
| GNI per capita (US\$) | 1,080 | 7,859 | 42,150 |
| Population below international poverty line of US\$1.90 per day (%) | 16 | 6 | — |

For adolescents below the age of 18, and particularly for those younger than 15, pregnancies were not the result of a deliberate choice. Early pregnancies reflect powerlessness, poverty and pressures from partners, peers, families and communities. In many instances, these pregnancies were the result of sexual violence or coercion^{7, 9)}.

The proportions of women who had their first child before the age of 20 decreased from 53.7% in 2001 to 30.6% in 2010. However, there was little change in the proportions of women who had their first child before the age of 15 : 5.2% in 2001 and 4.7% in 2010. The percentage of women aged 15-49 years at the time of the first forced-sexual violence was 16.9% between the ages 10-14 years and 26.1% between the ages of 15 and 19 years⁵⁾.

5. Single mothers

Single mothers are common in the social context of Nicaragua. In Central America, it is common for couples to form long-term non-marital cohabitation instead of formal marriages⁶⁾. In Nicaragua, the rate of consensual union increased from 40% in 1960 to 56% in 2005. In particular, the rates of consensual union were over 80% for 20-year-old women, over 70% for 20~24-year-old women, and over 60% for 25~29-year-old women⁶⁾.

Early age at first union was associated with the father who had had many partners, but not so, among mothers. Men had a greater likelihood (relative to women) of leaving the first union despite having had a

child⁹⁾. Mothers under 15 with multipartner fertility (having children with different fathers) may be particularly at a high risk of raising children without their fathers and with low levels of economic support⁹⁾.

III. Maternity Waiting Home “*Casa Materna*”

1. What is *Casa Materna*

Casa Materna was started in 1984 within the health system framework to help reduce maternal and perinatal mortality, improve rural women's access to humanized childbirth, and ensure the right of rural women to have a safe motherhood. The missions of *Casa Materna* are as follows: 1) improve access to health services for institutional childbirth and newborn care, 2) contribute to improving equity indicators in maternal health, and 3) establish alliances with local and community actors in solidarity with women.

In 2010, there were 89 *Casa Maternas* distributed throughout Nicaragua¹¹⁾. *Casa Materna* is a free accommodation facility with meals, health service, and activities to promote self-care among pregnant women who live far from healthcare facilities during their last month of pregnancy. They are guaranteed pregnancy monitoring and various types of health education such as the process of birth, hygiene, lactation, family planning, newborn care, women's rights, gender, violence, contraception, and HIV / AIDS.

Casa Materna Jinotega where we performed our volunteer work was near a prefectural hospital with surgical capability. The targets were women with high-risk pregnancies under 18 and could also include, for example hypertensive disorder, breech presentation, mental disorder, or twins. There was 1 staff member for day shift and 1 for night shift. In the morning, doctors and nurses from the health center provided pregnancy monitoring. In the afternoon, the staff provided health education. The pregnant women prepared their own meals.

2. Characteristics of pregnancies in *Casa Materna Jinotega*.

Women's marital status if pregnant was usually a consensual union or single mother. Most pregnancies occurred among girls having less than 5 years of primary education. Among them, some pregnant teenage girls had no knowledge of sexual reproduction. About 30% of pregnancies involved those who could not read

and write when preparing the documents for admission. There were some teenage single mothers who became pregnant due to sexual violence. Next, we described stories of three adolescent mothers that we interviewed in Casa Materna Jinotega.

1) Story of Flor

Flor gave birth when she was 14 years old because her step-father raped her. She lived in *Casa Materna* for several months after giving birth. Thereafter, she went back to primary school taking evening classes. She eventually married another partner. At that time, she joined us in our work in *Casa Materna*. Nicaragua has a re-learning system and some adults went to evening schools.

2) Story of Ana

Despite being a 15-year-old girl, she was able to describe what was happening to her body during labor and expressed what she wanted in words. After the labor onset in the morning, she endured for a while in *Casa Materna* and decided the timing of hospitalization herself. At the hospital, she asked, “bring me water” and “massage my back.” It took less than two hours for her to give birth.

3) Story of Marta

Marta was 16 years old when she became pregnant. Since she had her child, she had experienced sexual abuse by her father. She looked younger than her age and had mental disorder. She did not get along with other pregnant women. On the other hand, she could get along with the staff members.

3. Activities to support pregnant teens in Casa Materna

Casa Materna introduced various activities to support women including teen pregnancy¹¹⁾. Some of these were handicraft classes. Some groups teach handicraft making to pregnant women enhancing their capacity to earn money.

Seminars on maternal health education were also conducted. We have conducted seminars on perinatal education nationwide in collaboration with other branches of *Casa Materna*. The themes were about healthy habits, nutrition, hygiene, lactation, and domestic violence among others.

Casa Materna also focuses on young peer groups for



Figure 2. Adolescent mother



Figure 3. Health education for Pregnant women in Casa Materna

adolescent reproductive health. It has cooperated with NGOs to help women and local residents. They form young peer groups to promote sex- education, enhance self-esteem, and prevent sexual violence among other topics⁹⁾.

With the cooperation of the United Nations, various challenges are being addressed to support or prevent adolescent pregnancy.

It has cooperated with UNFPA support, Project of “Comprehensive Care for Women, Children and Adolescents” (*Atención Integral a la Mujer, Niñez y Adolescencia*: AIMNA) was carried out for 5 years from 2010. The project involved enlightenment activities such as adolescent reproductive health, gender equality, sexually transmitted diseases such as HIV, family planning, and adolescent rights.

With UNFPA support⁹⁾, Nicaragua has adopted the “gender-transformative approach” to prevent sexual violence and pregnancy through an initiative called *Que*



Figure 4. Graphic material of health education: childbirth

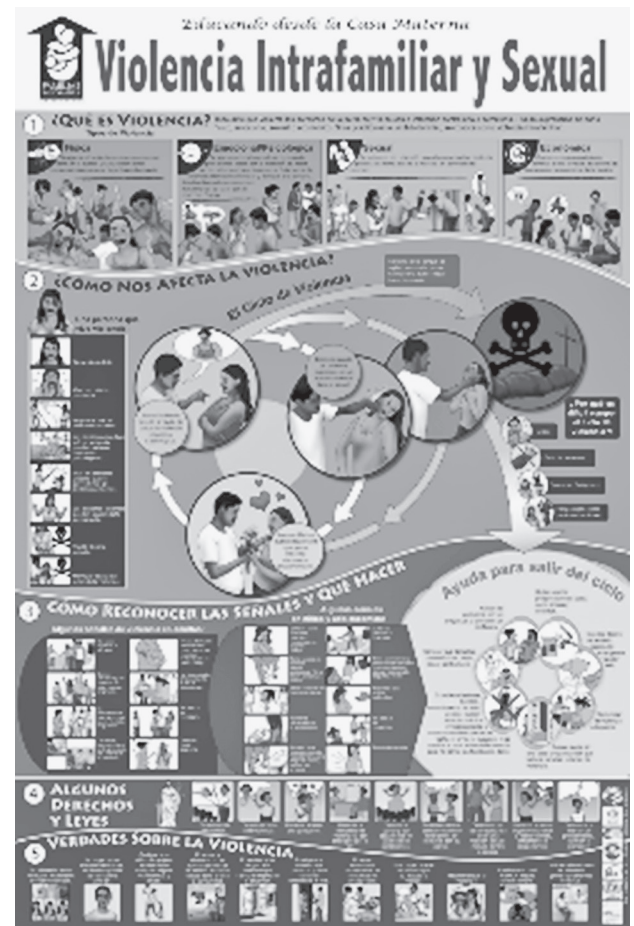


Figure 5. Graphic material of health education: sexual violence

Tuani No Ser Machista addressing how men should respect women. Gender transformative programs challenge and transform rigid gender norms and relations and generally entail moving beyond the individual level to also address the interpersonal, sociocultural, and structural and community factors that influence gender-related attitudes and behaviors.

IV. Challenges of social support for young single mothers in the Nicaragua's social context

In 2019, the adolescent fertility rate was 92 (per 1000 births) for those aged 15-19 years. In the last decade, this has fallen below 100 (per 1000 births) for those aged 15-19 years¹²⁾. However, the percentage of births by age 18 remains 28%¹²⁾.

Casa Materna is part of Nicaragua's health system. The Government of Nicaragua has determined as one of its priorities in the health sector the reduction of maternal and neonatal mortality, implementing the strategy of maternity homes in the 153 municipalities of

the country, being supported by the Pan American Health Organization (PAHO)¹³⁾. In 2018 Nicaragua has 178 *Casa Maternas* distributed in its 153 municipalities.

Casa Materna is known to the community and is commonly used by pregnant women who live far away from the hospital. In spending time together with teen pregnant women even temporarily in *Casa Materna*, we feel that they are creating solidarity that they are not alone. Additionally, *Casa Maternas* are needed by society.

In the Japanese situation, a previous study showed that single mothers had less means, informational, emotional, and evaluation support. A stronger association was observed between less support and loneliness. This suggests that less social support may be a factor that enhances the feeling of loneliness, particularly in single mothers¹⁴⁾.

We consider teen pregnancy to be a serious problem. However, rural women living in mountainous areas in Nicaragua do not consider this a serious issue. Some women mentioned that a baby is a gift from God or men. In the cultural background of Nicaragua, it can be

said that it is not a special event for teenage women to give birth and raise children and this is generally accepted in the society. They also indicated that they were not afraid of labor and birth, and these are just part of the daily life. Women in Nicaragua are generally very cheerful and mentality strong. They forgive each other, turn sad events into funny jokes, and survive with the cooperation of their families.

In Nicaragua, about 55% of women in consensual union lived with their mothers or partner's mothers⁶⁾. The high rate of living with parents, in-laws, other relatives or unrelated persons in extended and composite households in Nicaragua has resulted in social support for young single mothers. On the other hand, as a challenge, we felt that some young single mothers who were victims of sexual violence did not receive sufficient support. We hope that such support can be further strengthened.

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