

Blueprint for Action on Women & Girls and HIV and AIDS

Report Card Background: NICARAGUA, August 2008

Country Profile

Nicaragua is a country rich in culture, learning, collective action and natural resources. It has 5.5 million inhabitants, and just over half are women. On a daily basis, 80% of Nicaraguans face conditions of poverty, with less than \$2.00 U.S. to live on per day. Approximately, 50% of this group consists of women and men under the age of 19. Nicaragua has a large adolescent population and 67% of the country is under the age of 30. 42% of the adolescent population does not attend school and unemployment affects 41% of young people.

According to official statistics, around 80% of reported HIV cases fell in the 15 - 39 age group. The country's prevalence rate is 0.2; however, in 2007 it reached the alarming rate of 4.3 prevalence per 10,000 inhabitants. In more than 90% of the cases, the virus was sexually transmitted.

Nicaragua faces religious, political and economic fundamentalism, which have represented a barrier in the access to veritable, scientific, secular and appropriate information around sexuality and reproduction in recent years. Simultaneously, there is support for a patriarchal system and social and gender norms which limit the complete development of women and youth and which directly affect HIV and AIDS information and prevention.

Access to high quality sexual and reproductive health services is inadequate, as is access to information and availability of protective and contraceptive methods, such as condoms. According to PAHO, 40% of pregnant women lack comprehensive prepartum and postpartum medical care, contrasting with the fact that 49% of women under 19 have been pregnant at least once. 44% of pregnancies in women between the ages of 15 - 24 were not planned.

In view of this context, there are multiple vectors for the spread of HIV and little resistance once it has taken hold. Gender and social norms combined with a lack of both information and sexual life skills make it difficult for couples to negotiate protection. In addition, there are social stigmas which prevent women and young people from looking for information and services that subscribe to informed, safe and pleasurable sexual practices, due to fear of being excluded and/or discriminated against. Discrimination increases against people who live with the virus and wish to continue their life as a couple and live together. This type of discrimination is especially cruel towards women, and specifically young women.

In this regard, and in order to know more about the situation facing women and girls in relation to HIV in Nicaragua, the present document gathers the main findings of different aspects of the epidemic that affect women's lives. Although each aspect is not discussed in detail, the document attempts to present the current situation for HIV/AIDS in Nicaragua and possible solutions in order to guarantee the exercise of women's rights, regardless of age, race, religion, sexual identity, economic condition or affiliation.



Key Findings & Recommendations

COMPONENT #1: LEGAL, ETHICAL & HUMAN RIGHTS

Nicaragua has a favourable judicial and legal framework towards the prevention of the epidemic, support systems for people living with HIV, and allocation of specific responsibilities to the State and civil society. These include:

- A specific law which protects the rights of people living with the virus (Statute 238 and its bylaws); a National Policy which indicates strategic guidelines to set in motion with regard to HIV and AIDS; and a Strategic Plan (2006-2010) developed jointly by the Civil Society and the State.
- Ratification of/ Support for International documents related to discrimination against women, guaranteeing equality of opportunity for women and violence prevention have been signed (CEDAW, Belén do Para Convention, Beijing, UNGASS, etc.).

In spite of this favourable judicial framework, the following are necessary:

- EDUCATE → government workers about the application of Statute 238 and its bylaws, as well as National Policy, with emphasis in the health and education sectors.
- PRIORITIZE THE TOPIC OF HIV → and assign specific budgets towards HIV and AIDS prevention, care and accompaniment, which embody the contents of the Statute and National Policy and which guarantee antiretroviral treatment of affected persons.
- LEGAL REFORM → and specifying in detail the sanctions and breaches of Statute 238 in order to guarantee the rights of people living with HIV. As well as specifying biosafety conditions and risk to healthcare professionals, while adapting it to the conditions and progress made in relation to HIV and AIDS in the country.
- RATIFY INTERNATIONAL DOCUMENTS → which contribute to implement strategic actions in order to comply with women's rights.
- SOCIALIZE → the competencies, resources and CONSIDA's results (at departmental and regional levels) which enable social auditing and transparency in action.

=====
=====

COMPONENT #2: RESEARCH

The Nicaraguan State does not have a research and monitoring system or epidemiological vigilance in place which is adapted to the behaviour of the epidemic in the region and in the country. This makes it difficult to know with certainty the behaviour of the disease, the populations which are particularly affected (in geographical, practical and mobility terms) and projections in terms of the general population. Consequently, it is difficult to design epidemic prevention and containment strategies and to make the appropriate decisions to control it.



Blueprint for Action on Women & Girls and HIV and AIDS

Report Card Background: NICARAGUA, August 2008

In view of this reality, the following is necessary:

- **ASSIGNING SPECIFIC BUDGETS** → to research and monitor HIV and AIDS, with an emphasis on links between HIV and sexual violence, pregnant women and high risk sexual practices, pregnant women and vertical transmission, boys and girls with HIV, migrant populations, and (or use semi-colons) gender social norms in sexuality.
- **MAKING IT A PRIORITY TO STRENGTHEN THE EPIDEMIOLOGICAL VIGILANCE SYSTEM** → with emphasis on young populations, pregnant women and people living with the virus.
- **ADVOCATING FOR THE COORDINATION BETWEEN CIVIL SOCIETY AND STATE** → bringing universities, research centres and NGO's closer to public education and health organizations in order to implement investigation and monitoring actions.

====

COMPONENT #3: STIGMA & DISCRIMINATION

There are high levels of stigma and discrimination towards people who live with HIV, and more so towards people affected by AIDS. Discrimination and stigma tend to increase when it comes to women, partly because of prejudices about women's sexuality, in addition to blaming them for transmitting the epidemic. Public stigma and discrimination against girls are present especially at school and public health units.

Overcoming stigma and discrimination is a lengthy process and in order to make progress, we propose the following:

- **REDESIGNING NATIONAL CAMPAIGNS** → so that they are specifically geared towards reducing stigma and discrimination. They should include the questioning of gender norms, contribute towards a culture of non-violence, and should not be dependant exclusively on HIV information campaigns. Special emphasis should be given to the approach taken at schools and multiethnic communities in the Atlantic region.
- **DEVELOPING SPECIFIC PROJECTS** → which, on one hand, strengthen the work done with regard to reducing stigma and discrimination against women, and specifically towards women that live with HIV, with emphasis in creating support groups for HIV-positive women (by the State and not exclusively by NGOs). On the other hand, these projects should offer opportunities for initiatives and sustainability which would subscribe to self-generated income, and reduce dependency.
- **ADVOCATING ADHERENCE TO STATUTE 238** → and providing reception and reporting centres which deal with human rights violations of people that live with the virus. In that regard, shelters and support centres should provide support for women living with HIV who have been socially excluded should be created.



www.womensblueprint.org

Research and production made possible
with the support of Oxfam Canada



Blueprint for Action on Women & Girls and HIV and AIDS

Report Card Backgrounder: NICARAGUA, August 2008

- INCLUDING THE SUBJECT OF HIV IN SCHOOL CURRICULA → approaching it from a human rights focus and emphasizing prejudice-free sexuality. The curricula should not be exclusively informative, and should favour recognizing the rights of people regardless of their health condition.

=====:

COMPONENT #4: DIAGNOSIS & TREATMENT

The Government of the Republic of Nicaragua does not have a specific budget to deal with issues regarding the epidemic. Therefore, the availability of tests and antiretroviral treatments is dependant on temporary projects (mainly guaranteed by international cooperation) which guarantee the accessibility to tests and medications and which do not guarantee sustainability in the care of affected persons. Furthermore, and given that the poverty conditions in the country are worrisome, adherence to treatment varies depending on patient's socio-economic status.

Considering this reality, the following is necessary:

- ASSIGNING SPECIFIC FUNDS FROM THE REPUBLIC'S GENERAL BUDGET → to acquire tests that can be offered at every level of public health care, with particular emphasis on promoting the test in sexual violence and domestic violence action plans (including adults, girls and boys).
- ASSIGNING SPECIFIC FUNDS FROM THE REPUBLIC'S GENERAL BUDGET → to acquiring antiretroviral medication not only for people who are presently undergoing treatment, but also for new cases that require this treatment, with special emphasis on medication for children and pregnant women.
- MONITORING THE IMPACT OF ARVs AND THEIR SIDE EFFECTS → in order to assess and update the treatment regimen according to variations and progress of the epidemic in the country, and depending on the behaviour of the different types of viruses.
- ASSIGNING SHARED RESOURCES (STATE-PRIVATE SECTOR-CIVIL SOCIETY) → to negotiate and offer food packages which are complementary to the ARV treatment, which should account for a better adherence to treatment, given the socioeconomic difficulties of patients.

=====:

COMPONENT #5: PREVENTION & HIV EDUCATION

HIV preventative measures in Nicaragua have mostly been under the control of Civil Society organizations. The State has not yet developed a permanent prevention and education campaign around the different issues related to the epidemic. There are no suitable



www.womensblueprint.org

Research and production made possible
with the support of Oxfam Canada



Blueprint for Action on Women & Girls and HIV and AIDS

Report Card Background: NICARAGUA, August 2008

government resources for the distribution of condoms that go hand in hand with information and awareness about high risk sexual practices.

In order to move forward, the following is required:

- INTEGRATING AND ADDRESSING THE ISSUES AROUND HIV IN DEVELOPMENT PLANS → by positioning HIV in local and on-going agendas which would make it possible to measure the impact of the epidemic in community development while developing preventative measures.
- ENCOURAGING PUBLIC AND STATE INSTITUTIONS TO TAKE RESPONSIBILITY → for leadership and management of preventative measures and educating the population about sexuality related issues, sexual and reproductive rights and HIV/AIDS.
- ENCOURAGING THE PRIVATE SECTOR TO GET INVOLVED IN PREVENTION AND EDUCATION → not only in legal aspects but also in community and corporate social responsibility aspects which will lead the private sector to take national responsibility for the problem.
- DEVELOPING NATIONAL CAMPAIGNS → that gradually bring public awareness to scientific, veritable and secular information around sexuality, with emphasis on HIV and AIDS. These campaigns should recognize the different characteristics of the populations (young, men who have sex with other men, women, etc.) while at the same time considering cultural characteristics and identities (multilingual, multiethnic, rural, etc.).

=====:

COMPONENT #6: CARE & SUPPORT

Even though decentralization processes for the care of people living with HIV and free health care have been set in motion, these services are lacking in several areas of the country. In this respect, a specific service for girls and boys that recognizes their special characteristics and addresses specific conditions has not been established. In addition, there are no support groups which deal not only with medical and health issues originating from HIV, but also with stigma and discrimination arising after a positive person makes her condition public (either by choice by breach of confidentiality).

- ASSIGNING SPECIFIC BUDGETS → for the purchase of medication to deal with opportunistic illnesses of affected persons, with special emphasis on pregnant women. Medication should be provided for free.
- GUARANTEEING INFRASTRUCTURE CONDITIONS AND TRAINING → of health units and healthcare professionals who provide healthcare for people who live with HIV.
- ADVOCATING FOR THE CREATION OF A NEW COMPREHENSIVE HEALTHCARE MODEL → which alleviates the roles of the community and the family in the care,



www.womensblueprint.org

Research and production made possible
with the support of Oxfam Canada



Blueprint for Action on Women & Girls and HIV and AIDS

Report Card Background: NICARAGUA, August 2008

support and accompaniment of people affected by HIV but does not omit State responsibility in guaranteeing healthcare and treatment.

=====
=====

References

1. HIV/AIDS Epidemiological Situation in Nicaragua, Presentation, Ministry of Health, May, 2008.
2. Assuring a Healthier Tomorrow in Central America, Protecting Sexual and Reproductive Health in Today's Youth, Report, Guttmacher Institute, 2008.
3. Expectations and Reality, Nicaraguan Youth Navigating Waves of Gender, Sexuality and HIV and More, Report, Puntos de Encuentro, 2008.
4. ENDESA 2005 Report, Nicaragua.
5. Statute 238: Law for the Protection and Defense of Human Rights of People Who Live with HIV.
6. National Policy on STD, HIV and AIDS, Nicaragua. MINSA, 2007.
7. National Strategic Plan 2006-2010 (STD, HIV and AIDS), 2006.
8. www.undp.org/builttables/country



www.womensblueprint.org

Research and production made possible
with the support of Oxfam Canada

