The girls reported manifestations of violence in all of their environments, but the perceived high risk of violence in the streets tends to conceal and even justify abuse in their most immediate surroundings—homes, neighborhoods, and schools. This vulnerability to violence is reflected in increased control by their parents, restricted mobility, and coercion.

While the girls identify abusive situations that they have experienced, myths, prejudices, and beliefs tend to blur their perception of the limits that should exist between them and other people. The blame directed at and level of responsibility expected of female adolescents and women regarding violence are co-opted by girls, as they cannot interpret the abuse being committed and the social control being exercised over them. For example, 3 out of 10 girls agreed with the statement “When a woman is raped in the street it’s probably because she was asking for it.”

Along with these “fears,” the girls also have difficulty asserting themselves in relation to others, establishing limits, and seeking alternatives. Hence, many of these preadolescent girls have few tools with which to confront their fears and that they are susceptible to, or at risk of, suffering gender and generational violence, with all of the consequences that this implies for their sexual and reproductive health.
F. Identification of networks and an enabling environment

Eighty-six percent of girls interviewed said they did not know about organizations working with children, adolescents, and young people in their community. This was particularly surprising given that a number of projects have staffs working with adolescents in Ciudad Sandino. When asked with whom they had talked in the last six months about issues such as sexuality, STIs, HIV/AIDS, pregnancy, and body changes, about half the girls said that they had not talked to anyone. The second and third most common answers were their mothers and teachers respectively.

"My mum, because she’s shown me a lot of trust and affection...”
A female student from the 10- to 12-year-old group

"My teacher, because she gives us advice and sometimes my parents don’t believe me...”
A female student from the 13- to 14-year-old group

Although the girls’ mothers top the list of people they would seek out to talk about these issues, fear, blame, and mistreatment often make it impossible for the girls to talk to their mothers even when they want to. This is further complicated by the fact that the mothers are often unable to talk about such issues, not only because of a lack of knowledge, but also because of their own prejudices and life experiences. In general the girls’ identified reference points are women, however most girls did not identify female friends as reference points because they did not consider them very trustworthy.

"Girls are only your friends for a short while and then they start telling everyone what you told them in confidence... You can’t trust a girlfriend because if you fall out with her, she’ll go around telling everything you told her.”
A female student from the 13- to 14-year-old group

This is linked to what “they have been told that girl friends are like,” particularly by their mothers and other members of their family. It is also related to their limited identification with their friends in terms of their experiences as women and what this implies for their lives.

As a result, the girls have limited information and tools, as well as a very reduced circle of people in whom they can confide. One important finding was that television is the main communication medium accessed by the girls and the main source of messages on prevention.

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10 “Have you talked to anyone about ______ in the past six months?” Sexuality (nobody: 77%), STIs (nobody: 76%), HIV/AIDS (nobody: 67%), pregnancy (nobody: 58%), and changes in their bodies (nobody: 47%).
11 Who would you talk to if you wanted to know about ______? Sexuality (nobody: 72%), STIs (nobody: 69%), HIV/AIDS (nobody: 66%), pregnancy (nobody: 76%), and changes in their bodies (nobody: 80%).
12 Qualitative survey for mothers from zones 2, 4, 5, and 6 in Ciudad Sandino, October 2003, PAIH.
G. Support networks: mothers, teachers, health personnel, and the CMNA

Though girls identified mothers and teachers as their main reference points, many tend to view the girls’ curiosity about “difficult” subjects as a sign that “they’re already up to something.” Mothers and teachers may talk “naturally” or “advise” the girls about menstruation, body changes, HIV/AIDS, and sometimes pregnancy and contraceptive methods, but they find it difficult to talk about relationships and sexuality.

“If there’s one subject I don’t really like to talk about, it’s sex. I feel uncomfortable because I’m not very open about that kind of thing. I tell her some things, like if a man puts on a condom the girl won’t get pregnant, otherwise she will. There are some things that she asks me and I tend to avoid answering. Sometimes she’ll ask me ‘Mum, what do we have to do the first time we do it?’ Those are things I can’t find the right words to explain.”

A mother’s testimony from the qualitative survey for mothers. October 2003

The girls have a positive image of health personnel, but they do not consult them very often. Difficulties can arise when the girls go to health center pharmacies or if they ask for leaflets or information on these kinds of issues.

“It’s embarrassing; the teacher might think badly of it... If we go to the health center they might say “she’s pregnant” and it’s embarrassing to talk to someone you don’t know... You also see a lot of sick people in the hospital... in any case, it’s better to go to the library and look for books.”

A female student from the 10- to 12-year-old group

Fear of what people will say may be the primary reason girls are reluctant to seek information from teachers and health personnel. As a result, they prefer to read books, pamphlets, or any other written material in which they can get information. The girls’ opinions and those of their support networks reveal a lack of knowledge regarding the rights of children and adolescents—particularly rights linked to their physical and emotional integrity—and about sexual and reproductive rights. There appear to be very few arenas where girls can talk about their rights and learn to defend them.

Mothers do not tend to talk openly about sexual and reproductive rights and gender or generational violence, and they believe they are protecting their daughters by doing so. They may believe that the less they talk to their daughters about these subjects, the safer they are. It is not surprising then that measures aimed at protecting girls tend to be prohibitive steps rather than attempts to change the current approach. Nonetheless, there is interest in acquiring new knowledge that will allow mothers to develop other ways of communicating with girls. Their opinions highlight the importance of providing parents with truthful and appropriate information.
VI. Lessons Learned

Adult-adolescent power dynamics, gender determinants, and violence against girls all appear to influence girls’ self-esteem and their visions of the future. While girls have goals and feel that they are capable of achieving them, when they face adult authority their positive self-perception weakens. Gender relations, mythical and religious conceptions of sexuality and reproduction, and a traditional view of their duties and responsibilities also appear to strongly influence girls’ perceptions and their future.

Activity guidelines based on baseline results

1. **Conduct activities during weekends.** as the girls’ domestic responsibilities and school activities do not permit much free time during the week. Scheduling activities on the weekends, rather than during the week, not only takes their domestic responsibilities into consideration, but also provides the girls with recreational activities outside of their homes.

2. **Provide practical tools for the girls’ positive appraisal of themselves.** emphasizing activities that permit them to increase their self-knowledge, identify positive capacities and qualities outside of their studies, and develop critical judgment and self-assertiveness skills.

3. **Cover gender issues.** Strengthen alliances among women by demystifying what it means to be a woman, fostering their identity as women, and promoting alternative models. Emphasize that body changes during puberty are natural, and not something dirty or bad.

4. **Demystify relationships with boyfriends and romantic love and promote more equitable ways of relating to the opposite sex.** Work on the tendency to blame the girls when assessing their relationships with boyfriends. the myth that a woman has to "earn respect," and the violence present in the girls’ relationships and lives.
5. In addition to providing knowledge on STIs and the use of condoms, cover risk-related practices linked to gender conditioners—authoritarianism, violence, and mythical and religious beliefs—that influence girls’ capacity to negotiate and assert themselves. The passivity fostered among girls in relation to sexual matters contrasts with the significant role assigned to women and girls as entirely responsible for anything to do with reproduction.

6. Review risk factors with networks, without placing blame. Tools should be offered that allow girls to identify these factors and make conscious decisions in relation to their lives. Address violence inside and outside the home using a rights perspective, highlighting gender and generational aspects. Offer tools that help girls cope with situations of violence, stressing the physical maltreatment and sexual abuse of girls.

7. Work with mothers and teachers using their own personal experiences, rather than considering them merely vehicles through which to help girls. This work should emphasize prejudices and issues such as rights and sexuality and promote gender identification between mothers and daughters.

8. Provide teachers with the knowledge and tools necessary for developing new ways of covering issues related to sexuality and human reproduction. Coordinate with CMNA to raise awareness and foster support of child and adolescent rights. Maintain support and cooperation between government and nongovernmental institutions.