

REGIONAL REVIEW



GIRL MOTHERS.

Forced child pregnancy
and motherhood in
Latin America and the Caribbean.

Argentina - Bolivia - Brazil - Colombia - El Salvador -
Honduras - Mexico - Nicaragua - Panama - Paraguay -
Peru - Puerto Rico - Dominican Republic - Uruguay



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1.

Presentation

The Latin American and Caribbean Committee for the Defense of Women’s Rights (CLADEM for its initials in Spanish)¹ hereby presents the results of its study “*Girl Mothers: Regional Review, forced child pregnancy and motherhood in Latin America and the Caribbean,*” which stems from a concern about the invisibility of forced child pregnancy and motherhood and the severe impact these have on girls in the region.

The aims of the study were, on the one hand, to gather evidence that would make it possible to highlight this silenced reality in the region; and on the other, to promote debate using clear and conclusive concepts on forced child motherhood. The intention is to use these results to develop advocacy actions at the national, regional and international levels that will create changes. This study was carried out with the support of The Sigrid Rausing Trust.

In this study, forced child pregnancy and motherhood are a form of torture and an obstacle to the achievement of the Sustainable Development Goals and the 2030 Agenda. In this context, it is urgent for states to implement plans, policies, and social measures to prevent forced child pregnancy and motherhood and to establish appropriate penalties for the sexual violence that causes them.

The review, realized in 14 countries in the region, was coordinated by our colleague, Susana Chiarotti, an expert in violence against women and a member of the network’s Advisory Board. She was assisted by a team of researchers in Argentina, Bolivia, Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, the Dominican Republic, and Uruguay.

The results of this review are made available as an outline of the issue and with it, we hope to contribute to the design of advocacy strategies that can be included in the national, regional, and international public agenda – as well as to promote the enforceability of human rights for girls in the region.

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Regional Coordinator

CLADEM

Luque, Paraguay February 24, 2016

¹ Regional feminist network that works to promote and defend the human rights of women, and has consultative status with the UN, OAS, and UNESCO. See www.cladem.org.

² Research team: Milena Páramo (Argentina); Marisol España (Bolivia); Bia Galli (Brazil); Cindy Ballestas (Colombia); Yolanda Guirola (El Salvador); Norma Flores Lanza (Honduras); Julia Escalante De Haro, (Mexico); Virginia Meneses (Nicaragua); Zagrario Pérez (Panama); María Elena Verdún and Ariana Melody Brizuela (Paraguay); Betsey Valdivia (Peru); Irma Lugo Nazario (Puerto Rico); Orlidy Inoa (Dominican Republic) and Ana Lima (Uruguay).

2. INTRODUCTION

Every year, tens of thousands of girls in Latin America and the Caribbean become pregnant against their will. Many of them are forced to carry the pregnancy to term owing to restrictive legislation and to become mothers at an age when they should instead be playing.

The reality of the girls who experience forced pregnancy and motherhood has not yet been highlighted as emphatically as it merits. Until now, their situation has been represented within figures and analyses on adolescent pregnancy and motherhood, although both the causes and consequences of these two situations tend, in the majority of cases, to be different.

The adolescent phase – which most governmental and intergovernmental bodies deem to be between 10 and 19 years of age – encompasses different situations according to each age bracket. It is not the same to go through a pregnancy at 17 or 18 as it is to do so at the age of 9 or 10. Nor can motherhood at 18 be compared with motherhood at the age of 11.

The causes of pregnancies also differ within the broad age bracket covered by adolescence. By contrast with what happens in the 15 to 19 bracket, where a high proportion of pregnancies are the result of early sexual initiation, the majority of cases of child pregnancies are the product of sexual violence exercised by family members (incestuous sexual abuse), acquaintances, neighbors or strangers.

Every year, two million girls below the age of 15 give birth worldwide. If this trend continues, the figure will reach three million in 2030.³

For those whose studies have a demographic or epidemiological focus, this number is minuscule compared with the number of adolescent pregnancies. However, for those working with a focus on human rights, every girl counts and every instance of child pregnancy reflects an image of social situations that should be prevented and eradicated if we are to aspire to a society with equal rights.

The case of the girl Mainumby in Paraguay highlighted the reality of the thousands of girls who become pregnant as a result of sexual abuse – often committed by family members, neighbors or relatives – as well as the pressure the state exercises to ensure that the pregnancy is carried to term and that the child becomes a mother, despite the risks to her health and life. Likewise, it showed the lack of governmental programs specifically designed to deal with this reality. These facts obligated CLADEM to report the numerous violations of the human rights of both Mainumby and her mother to the Inter-American Commission on Human Rights, urging its judgment on and support on the issue by way of a Precautionary Measure.⁴

3 United Nations Population Fund (UNFPA). *State of World Population 2013, Motherhood in Childhood: Facing the challenge of adolescent pregnancy*. Available at <http://www.unfpa.org/publications/state-world-population-2013>.

4 IACHR, Precautionary Measures MC 178/15.

Sustainable Development Goal 5 contains the following proposition for 2030: Achieve gender equality and the empowerment of women and girls,” and its targets include: “[e]nd all forms of discrimination against all women and girls...,” “[e]liminate all forms of violence..., including... exploitation...,” “[e]liminate all harmful practices...,” and “[e]nsure universal access to sexual and reproductive health and reproductive rights...” In order to achieve compliance with this goal, urgent measures must be taken to reverse the growing trend in the number of child pregnancies and births.

What is the state’s response to these situations?

The state response to child pregnancies varies, ranging from silence and indifference, to the provision of reproductive health services without investigating the causes of the pregnancy, to an outraged handling of the “emergency” involving detention to ensure that the pregnancy is carried to term with strict control over or prohibition against visits by family and friends.

When it comes to the regulatory framework that criminalizes sexual violence against girls, sexual relations with girls are deemed rape in all the countries studied. The ages vary between 13 and 16. The majority of legislation in force categorizes incestuous sexual abuse as an aggravated instance of abuse, although it may not be named as such.

Unfortunately, not all cases are reported, and those that are will not necessarily be dealt with judicially, via a trial that leads to a sentence. A minuscule number of reports result in convictions. Impunity is extremely high.

Sometimes these girls are housed in public or private state-affiliated institutions for pregnant adolescents. Such instances arise when poverty and pregnancy intersect. Typically, these institutions offering shelter to girls are linked to adoption services or charitable associations that act as intermediaries with families or people wishing to adopt, legally or illegally.

The people handling these adoption services frequently frame them within using a “charity” framework toward girls with “chaotic” lives or who come from families suffering severe hardship and problems. A solution frequently offered to the girls is for them to have the babies and then give them up for adoption to “stable” families who will give them a good quality of life. Behind this apparent benevolence lies the *stereotype of the instrumental woman* – the concept that a woman’s principal role is to reproduce.

The detention of the girls in an institution until the moment of birth, as well as the legal prohibition against terminating the pregnancy or family pressure not to do so, obligate the girls to undergo forced motherhood. Although the pregnancy lasts nine months, motherhood lasts their whole life and transforms them fundamentally.

Under the terms of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the International Covenant on Civil and Political Rights, obligating a girl who has not yet finished growing to carry a pregnancy to term, to become a mother, and to bring up a baby should be deemed either torture or cruel, inhuman or degrading treatment, depending on the individual case.

In various countries, including El Salvador, Honduras, Nicaragua, and the Dominican Republic, it is impossible to legally terminate a pregnancy. In others, even though rape and risks to health and life are causal factors justifying the termination of the pregnancy, girls have frequently been denied access to abortion or else there is a lack of protocols to make a legal abortion accessible. Access to contraception or emergency contraception may be difficult or impossible for a girl. These are just some of the circumstances that lead to a forced pregnancy.

We face a forced child pregnancy when a girl (for the purposes of this study, under 14 years of age) becomes pregnant without having sought or wished it and termination of the pregnancy is denied, complicated, delayed or hindered.

The Statute of Rome (1998) declared forced pregnancy a war crime and a crime against humanity when it is committed in the context of armed conflict. However, girls who experience a forced pregnancy in times of peace also suffer grave consequences that mark their lives forever. That is why it is important to use the concept of forced pregnancy in armed conflict to also define these situations, owing to their considerable symbolic and clarifying impact.

Mainumby's experience and the gravity of her situation demonstrate the need to bring such cases out into the public eye; to set apart the situation of girls and analyze them separately from adolescents; to obtain data and statistics that show the scale of the problem in each country; and to verify states' level of compliance with the international obligations for which they are responsible, among other international treaties, the Convention on the Rights of the Child, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará Convention), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention Against Torture.

To this end, CLADEM decided to conduct a review of the pattern of sexual abuse and forced child pregnancy in Latin America and the Caribbean, which would make it possible to obtain and compare data of 14 countries in the region. Some of the indicators used to gather the information for this report were constructed on the basis of those produced by MESECVI to monitor regional compliance with the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women or the Belém do Pará Convention.⁵

In tandem with this, we analyzed state responses, starting with the legal framework governing instances of sexual violence, including incestuous sexual abuse. In order to learn about the level of access to justice in these cases, reports of rape and incestuous sexual abuse (incest or rape by family members, family friends, and neighbors) were investigated, as well as trials conducted following complaints of the same.

The study had a semi-qualitative focus and used both primary and secondary sources. We used official statistics on births among girls below 14 years of age and legal statistics of

5 Progress Indicators for Measuring the Implementation of the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women – “BELÉM DO PARÁ CONVENTION” – (Adopted by the Committee of Experts (CEVI) on 21 May 2013) - MESECVI/CEVI/doc.188/13 rev.1.

reports of rape and incestuous sexual abuse. With registered cases, we conducted interviews with young women who had had an early pregnancy, all the while observing the requisite ethical considerations with respect to protection of privacy and confidentiality guarantees. The recent cases were gathered from the local press. The names used are pseudonyms applied at the time the news items were published in the case of those reported in the press. In the other cases, the pseudonyms were assigned by the local researchers.

The countries studied were Argentina, Bolivia, Brazil, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, the Dominican Republic, and Uruguay. The information-gathering team was coordinated by Susana Chiarotti and consists of: Milena Páramo (Argentina); Marisol España (Bolivia); Bia Galli (Brazil); Cindy Ballestas (Colombia); Yolanda Guirola (El Salvador); Norma Flores Lanza (Honduras); Julia Escalante De Haro, (Mexico); Virginia Meneses (Nicaragua); Zagrario Pérez (Panama); María Elena Verdún and Ariana Melody Brizuela (Paraguay); Betsey Valdivia (Peru); Irma Lugo Nazario (Puerto Rico); Orlidy Inoa (the Dominican Republic), and Ana Lima (Uruguay). In addition, Milena Páramo produced the graphics and collaborated on the data in Appendix I.



Report
Data on forced child
pregnancy and motherhood

3.

State obligations on forced child pregnancies

All of the countries studied, with the sole exception of Puerto Rico,⁶ ratified the Convention on the Rights of the Child, the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and the Inter-American Convention on the Prevention, Punishment and Elimination of Violence against Women (Belém do Pará Convention). They also ratified the Inter-American Convention on Human Rights, the Protocol of San Salvador, the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment, the International Covenant on Civil and Political Rights (ICCPR), and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The majority are also in compliance with the mandate to incorporate the Rome Statute of the International Criminal Court into the domestic area. This obligates the States to establish consistent standards in its domestic regulations.

The **Convention on the Rights of the Child (CRC)** was ratified and receives special recognition in some countries. Argentina and the Dominican Republic have given it a constitutional authority. Bolivia, Colombia, El Salvador, Honduras, and Paraguay, give its text a supra-legal authority. Finally Mexico, Nicaragua, Panama, Peru, and Uruguay have given the CRC legal authority.

The ratification of the CRC creates the following obligations for States:

- Take all appropriate legislative, administrative, social, and educational measures to **protect the child against all types of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse...**⁷ Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child...
- Develop preventive health care, guidance for parents, and family planning education and services⁸

⁶ Puerto Rico has the status of a Commonwealth of the United States. At an international level, it is bound by the international treaties ratified by the United States. In the case being analyzed here, the United States has not ratified the Convention on the Rights of the Child, CEDAW or the Belém do Pará Convention. The United States has also not ratified the Inter-American Convention on Human Rights. In the Inter-American system Puerto Rico's obligations arise from signing the American Declaration of the Rights and Duties of Man. In the UN system, it has ratified, among others, the International Covenant on Civil and Political Rights.

⁷ The Convention on the Rights of the Child (CRC) Article 19, subsections 1 and 2.

⁸ CRC, Article 24, subsection 2 (f).

- Ensure that no child shall be subjected to torture or other **inhumane or degrading treatment or punishment**.⁹
- Ensure that no child is deprived of his or her liberty unlawfully or **arbitrarily**.¹⁰
- Take measures to **reduce maternal morbidity and mortality in adolescent girls, particularly caused by early pregnancy and unsafe abortion practices**, and to support adolescent parents.
- Develop and implement programs that provide **access to sexual and reproductive health services, including family planning, contraception and safe abortion services** and adequate and comprehensive obstetric care and counselling.
- Develop policies that will allow adolescent mothers to **continue their education**.¹¹

The **CEDAW Convention** also contains mandates for the State regarding this matter.

Among others:

- Changing men and women's social and cultural patterns and eliminating habitual behavior and prejudices based on inferiority or superiority stereotypes of either sex.¹²
- Taking all appropriate measures to eliminate discrimination against women in the field of health care to ensure access to health care services based on equality between men and women, including those related to family planning.¹³
- The obligation to respect rights requires States Parties to refrain from obstructing action taken by women in pursuit of their health goals¹⁴
- Create and continually improve their statistical databases and carry out a deeper analysis of all forms of discrimination against women in general and, especially, against women in certain vulnerable groups.¹⁵
- Promotion of the equal rights of girls since they are included within the larger community of women and are more vulnerable to discrimination regarding access to basic education, as well as trafficking of people, abuse, exploitation, and violence.¹⁶
- **Pay attention to the specific needs of (adolescent) girls by offering them education on**

9 CRC, article 37, subsection (a).

10 *Id.* at subsection (b).

11 CRC Committee - General Comment 4, para. 31 (2003).

12 CEDAW Art. 5, Convention of Belém do Pará, article 6.

13 CEDAW, Article 12.

14 CEDAW General Recommendation 24, para. 14. The General Recommendation's text gives as an example of a barrier "laws that criminalize medical procedures only needed by women" because they "punish women who undergo those procedures."

15 CEDAW General Recommendation 28, para. 10.

16 *Id.* at para. 21.

sexual and reproductive health and implementing programs to prevent HIV/AIDS, sexual exploitation, and early pregnancy.¹⁷

- Where discrimination against women also constitutes an abuse of other human rights, such as the right to life and physical integrity in, for example, cases of domestic violence and other forms of violence, States are obliged to initiate criminal proceedings, bring the perpetrators to trial, and impose appropriate criminal sanctions.¹⁸

The **Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women**, likewise, created obligations for participating States. Among others:

- Ensure the right for all women to have their physical, mental, and moral integrity respected; to personal liberty and security; and to a simple and prompt recourse before a competent court for protection against acts that violate her rights.¹⁹
- Adopt, by all means and without delay, policies to prevent, punish, and eradicate violence against women.²⁰
- Legalize the interruption of pregnancy caused by rape.²¹
- **Guarantee sexual and reproductive rights education in the educational system.**²²
- Ensure effective compliance with laws that punish the exercise of sexual violence against women, girls, and adolescents, as well as **access to justice and reparation for those who have been victims of such crimes.**²³
- Ensure that victims of violence are treated with dignity, taking all relevant measures to promote their physical and psychological recovery and social reintegration, in an environment favorable to their health, well-being, self-esteem, dignity, and autonomy bearing in mind their specific differences and needs.²⁴
- Guarantee the confidentiality of victims from the time the incident is first reported and throughout the entire process in a violence-related situation, ensuring a streamlined and speedy process, thereby granting credibility to the victims and protecting the privacy and dignity of the affected persons.²⁵
- Guaranteeing that abusive and humiliating behaviors are not replicated in institutional settings and that health practitioners do not re-victimize or deny access to health services to women that need them; and ensuring access to reproductive health information, which is vital for women to exercise their reproductive autonomy and rights to health and physical integrity.²⁶

17 CEDAW, General Recommendation 28, para. 21.

18 *Id.* at para. 35.

19 Convention of Belém do Pará, Article 4, subparagraphs b, c, and g.

20 Convention of Belém do Pará, Article 7.

21 Second Hemispheric Report on the Implementation of the Convention of Belém do Pará, Rec. 11 at 98 (2012).

22 Declaration on Violence against Women, Girls and Adolescents and their Sexual and Reproductive Rights, Organization of States, OEA/Ser.L/II.7.10 MESECVI/CEVI/DEC.4/14, pg. 3 (Sept. 19, 2014).

23 *Id.* at pg. 5.

24 *Id.*

25 *Id.*

26 *Id.* at 6.

- Guaranteeing the sexual and reproductive health of women and their right to life, eliminating unsafe abortion and establishing laws and policies that enable the termination of pregnancy, at the very least in the following cases: i) risk to the life or health of the woman; ii) inability of the fetus to survive; and iii) sexual violence, incest and forced insemination.²⁷
- Guarantee age-appropriate education on sexual and reproductive health and rights, including HIV/AIDS and STIs, in the school curricula at all levels.²⁸

The **American Convention on Human Rights** also contains numerous mandates for States. Among others:

- Ensure respect for the physical, mental, and moral integrity of every person.²⁹
- Ensure that every person has the right to personal liberty and security.³⁰
- Protect every person from arbitrary or abusive interference in their private life, the life of their family, their home, their correspondence, or from unlawful attacks on their honor or reputation.³¹

Among obligations created by the **Additional Protocol to the American Convention on Human Rights in the area of economic, social and cultural rights "Protocol of San Salvador,"** the following are highlighted:

- Guarantee to every person the right to health, understood as the enjoyment of the highest level of physical, mental and social well-being.³²
- Ensure the right of every person to education.³³

These obligations are reinforced when connected with those arising from the International Covenant on Civil and Political Rights (articles 3, 6, 7, 9, para. 1, 17, and 26) and the International Covenant on Economic, Social and Cultural Rights (especially articles 3 and 12).

The **Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)** contains other mandates on the State that require monitoring its agents' actions as well as the acts of non-State actors. Among others:

²⁷ *Id.* at 7.

²⁸ *Id.* at 7.

²⁹ American Convention on Human Rights, Article 5, para. 1.

³⁰ *Id.* at Article 7, para. 1.

³¹ *Id.* at Article 11, para. 2.

³² Additional Protocol to the American Convention on Human Rights "Protocol of San Salvador," Article 10, para. 1.

³³ *Id.* at article 13, paragraph 1.

- Prevent, investigate and punish any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person to intimidate or coerce them or for any reason based on any kind of discrimination, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.³⁴
- Exercise due diligence to prevent, investigate, prosecute and punish acts of torture or abuse by *private individuals or non-State actors*.³⁵

These obligations, which stem from international human rights treaties, have been analyzed and articulated in the jurisprudence of the organs responsible for monitoring and implementing them. A tour of the jurisprudence of the bodies charged with monitoring these United Nations treaties, as well as the jurisprudence of the Inter-American Commission and Court of Human Rights, shows that in the last 30 years, a complete corpus juris was created that guarantees girls' rights to not suffer violence and to have access to justice, compensation for damage, and to all sexual and reproductive health services.

34 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), Article 1.

35 CAT, General Comment No. 2: Implementation of Article 1 by State parties U.N. Doc. HRI/GEN/1/Rev.9, para. 18 (2007).

4.

Forced child pregnancy

Terms

A **forced child pregnancy** occurs when a girl (in this case study, 14 or younger) becomes pregnant without having sought or wished it, and termination of the pregnancy is denied, complicated, delayed or hindered.

A forced pregnancy may occur as a consequence of rape. It may also occur from a consensual sexual relationship, in which the girl was not aware of the consequences or, knowing them, could not avoid them. This is common amongst girls who have not had sexual education, or who had it, but had no access to pregnancy prevention methods or emergency contraception. A State is responsible in both cases; in the first case, for not having prevented sexual violence against girls and, in the second case, for not having provided girls with the necessary tools to prevent the pregnancy.

In the General Assembly Report on Maternal Mortality and Morbidity,³⁶ the United Nations High Commissioner for Human Rights proposed that, with regard to teenagers, the first thing to take into consideration is not only why teenagers show such high rates of mortality and morbidity, but also **why** they become pregnant in the first place.

Cited in the report among the most common factors of these pregnancies are: the lack of comprehensive sexuality education; the gender norms that reinforce early pregnancies including, common-law unions or child marriage; the high rates of sexual violence and/or sexual exploitation; the lack of youth-friendly health services; the lack of affordable and accessible contraception; or a combination of these factors.

There may also be a disproportionately high rate of self-induced abortions, a consequence of fear of criminal charges.

When the girl's pregnancy is revealed to her community, a series of opinions are shared regarding what to do next, and the only voice that is either missing or ignored is the girl's. Family

³⁶ Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the United Nations High Commissioner and Secretary General; Technical Guidance on the Application of a Human Rights-Based Approach to the Implementation of Policies and Programmes to Reduce Preventable Maternal Mortality and Morbidity, U.N. Doc. A/HRC/21/22 (July 2, 2012), para. 59.

members, teachers, health providers, religious authorities, and judicial officers, among others, discuss and decide whether the pregnancy should be continued or not.

The pressure that a pregnant girl is put through to ensure that she continues her pregnancy and the sometimes incessant voices that surround her quickly disappear after she gives birth. From that moment on, government officers, clergy members, and spokesmen of fundamentalist anti-women's rights groups begin to disappear. Very often, the girl can only count on the support of her closest family members. All of those who forced the girl to continue with the pregnancy no longer feel responsible. They do not consider that they forced the girl to carry to term a forced pregnancy.

The CEDAW Committee has reiterated a State's obligation to refrain from obstructing a woman's search for goods and services in pursuit of her health goals.³⁷

In General Recommendation No. 24, it states that: "The obligation to *respect rights* relating to women's health requires States parties, their agents and officials to take action to prevent and impose sanctions for violations of rights by private persons and organizations. Since gender-based violence is a critical health issue for women, States parties should ensure: (a) the enactment and effective enforcement of laws and the formulation of policies, including health care protocols and hospital procedures to address violence against women and abuse of girl children and the provision of appropriate health services."³⁸

The Committee of Experts (CEVI, for its Spanish initials) of the Follow-up Mechanism to the Belém do Pará Convention (MESECVI) said in a statement issued after a case of child pregnancy,³⁹ that it being a pregnancy that resulted of sexual violence, and in which the girl's request to terminate her pregnancy was denied, the case constituted a **forced pregnancy**. This "exposes the child to new and repeated forms of violence and violation of her human rights, which undermine her personal integrity, her status as a child, and her future possibilities."

To force a girl who has yet to reach maturity to continue a pregnancy, be a mother, and raise a baby should be considered torture or cruel, inhuman and degrading treatment, depending on the case, as under the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment⁴⁰ and the International Covenant on Civil and Political Rights (ICCPR).⁴¹

No other circumstance, other than pregnancy, forces an individual to provide his or her body's resources to sustain another human being. The legal coercion of forcing a woman to continue a pregnancy under the aforementioned conditions is a clear violation of human rights.

The ICCPR establishes the right to be free from torture or cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.⁴²

³⁷ CEDAW, General Recommendation No.24: Women and Health (Art. 12), para. 14 (1999).

³⁸ *Id.* at para. 15.

³⁹ Follow-Up Mechanism to the Belém do Pará Convention, Guaranteeing the Human Rights of Girls against Sexual Violence, Organization of American States (Dec. 2, 2015) (report on the Mainumby Case, which merited the Inter-America Commission on Human Rights to issue precautionary measures.)

⁴⁰ CAT, Article 1.

⁴¹ ICCPR Article 7.

⁴² *Id.*

The UN Human Rights Committee, in charge of enforcing the ICCPR, determined that the meaning of this article is to protect the dignity and physical integrity of the individual and clarifies that it does not only relate to acts that cause physical pain, but also to acts that cause mental suffering to the victim, and that this protection is particularly important regarding minors. The State is obligated to provide necessary protection against these types of violations.⁴³

The same Committee, in the *LMR v. Argentina* verdict, where a mother filed a claim on behalf of her daughter, a child with a mental disability who became pregnant as a result of rape and who was denied a request to end her pregnancy, determined that “the situation imposed on her daughter to continue the pregnancy, despite being protected by article 86, including by Article 2 of the Penal Code, constituted a cruel and inhuman treatment.”⁴⁴

The Convention Against Torture prohibits those actions that cause suffering or physical or mental pain, inflicted by or with knowledge of any public authority based on any kind of discrimination.⁴⁵ The Committee Against Torture (CAT) has recognized in many of their recommendations that these types of violations exist in relation to discrimination against women.⁴⁶

Forced confinement of girls in state-owned or state-associated private institutions must also be considered cruel, inhuman and degrading treatment. These abuses committed by non-state parties show that States are failing to comply with their duty of guaranteeing effective protection.

The State’s obligations in this matter have been clearly established by the Committee Against Torture, in General Comment No. 2, in which the Committee analyzes the way the Convention should be applied. It states:

“18. The Committee has made clear that where State authorities or others acting in official capacity or under color of law, know or have reasonable grounds to believe that acts of torture or ill-treatment are being committed by non-State officials or private actors and they fail to exercise due diligence to prevent, investigate, prosecute and punish such non-State officials or private actors consistently with the Convention, the State bears responsibility and its officials should be considered as authors, complicit or otherwise responsible under the Convention for consenting to or acquiescing in such impermissible acts. Since the failure of the State to exercise due diligence to intervene to stop, sanction and provide remedies to victims of torture facilitates and enables non-State actors to commit acts impermissible under the Convention with impunity, the State’s indifference or inaction provides a form of encouragement and/or de facto permission. The Committee has applied this principle to States parties’ failure to prevent and protect victims from gender-based violence, such as rape, domestic violence, female genital mutilation, and trafficking.”⁴⁷

⁴³ Human Rights Committee (HRC), General Comment No. 20, paras. 2 and 5.

⁴⁴ HRC – Verdict March 29, 2011, *LMR v. Argentina Care*, Communication No. 1608/2007., UN.Doc.CCPR/C/101/D/1608/2007, para. 9.2.

⁴⁵ CAT, article 1, no. 1.

⁴⁶ China, 09/05/2000, A/55/44, paras. 106-145 and 136; Canada, 22/11/2000, CAT/C/XXV/Concl.4., para. 5(b); Egypt, 17/05/99, A/54/44, paras. 197-216 and 209; United States of America, 15/05/2000, A/55/44, paras. 175-180 and 179(d); Czech Republic, 14/05/2001. CAT/C/XXVI/Concl.5/Rev.1, para. 8(g); Kazakhstan, 17/05/2001, CAT/C/XXVI/Con- cl.7/Rev.1., para. 8(j); Tunisia, 19/11/98, A/54/44, paras. 88-105 and 99; Brazil, 16/05/2001, A/56/44, paras. 115-120 and 119(b); United States of America, 15/05/2000, A/55/44, paras. 175-180 and 180(b).

⁴⁷ CAT- General Comment 2: Implementation of article 2 by States parties, U.N. Doc. HRI/GEN/1/Rev.9, para 18 (2008).

The Rome Statute of the International Criminal Court (ICC) considers forced pregnancy a **crime against humanity**⁴⁸ or a **war crime**,⁴⁹ depending on the context and the characteristics. For the ICC, such a crime exists when there's "...*unlawful confinement of a woman forcibly made pregnant...*" (Article 7, section 2, subsection (f)).

Defining the crime of forced pregnancy provoked heated debates in the Rome Conference from which this Statute arose. Both conservative sectors and religious fundamentalists proposed additions that cut back on the crime fearing that it may be used in local cases when countries incorporated the Statute into their domestic legislation, as is required of the ICC's Member States.⁵⁰

If we look at Mainumby's⁵¹ situation; a Paraguayan 10 year-old girl who became pregnant as a result of being raped by her stepfather, and who was confined against her will in a Paraguayan Red Cross residential house, devoid of contact with family and friends (except for an aunt that could visit her once a week for two hours) it is clear that there was "confinement"⁵² and that she was "forcibly made pregnant." The similarity between her case and the one described in the Rome Statute is striking, since all of the components of a forced pregnancy are present.

The incorporation of the concept of forced pregnancy as a crime in local legislation would help raise awareness on the decision making of politicians and society as a whole on this issue. The symbolic strength of this concept would help de-naturalize abuses against girls and help change the idea, persistent in many spaces, that girls are the property of the adults in their family.

In some situations, government representatives in health, justice or child care fields argue that the early-pregnancy girl wishes "to continue with the pregnancy" or "to be a mother" or "accepts to be taken to an institution and separated from her family."

In these cases, it is necessary to investigate the situation in its context. First, study the possible influences the child may have considered on behalf of her family or of those close to her, health personnel, advisors, law enforcement personnel, and other representatives in making her decision. Second, consider whether the girl is "capable of forming his or her own views", as the Convention on the Rights of the Child requires. Likewise, because in most cases child pregnancies are the result of sexual abuse, whether it be incestuous or carried out by a perpetrator outside the family, the procedures required in cases of sexual violence must be followed.

The International Criminal Court's Rules of Procedure are very clear in analyzing the victim's **consent** when considering evidence in all cases of sexual violence.⁵³ Pregnancies that result from sexual abuse must be seen as a consequence of sexual violence and, thus, must follow the same

⁴⁸ So that a crime is considered a crime against humanity in article 7 of the Rome Statute it is required that "it is committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack." Rome Statute, Article 7, *available at* <https://www.icc-cpi.int/NR/rdonlyres/ADD16852-AEE9-4757-ABE7-9CDC7CF02886/283503/RomeStatutEng1.pdf>.

⁴⁹ Rome Statute: Article 8, "xxii) Committing rape, sexual slavery, enforced prostitution, forced pregnancy, as defined in article 7, paragraph 2(f), enforced sterilization, or any other form of sexual violence also constituting a grave breach of the Geneva Conventions."

⁵⁰ Among the requirements added in order to make it more difficult to apply at a local level is that it is considered a crime against humanity when the forced pregnancy has: "the intention of modifying the ethnicity of a population or represents other serious violations to the international right. It is to be understood that this definition affects the rules of domestic law on pregnancy."

⁵¹ See Case Study, below.

⁵² Although said confinement was ordered by a Judge as a form of sheltering (protecting) the girl, the mother was pressured to grant consent and was later detained in front of the girl and imprisoned. The girl repeatedly said that she wanted to be home with her mother, but was ignored.

⁵³ International Criminal Court, Rules of Procedure and Evidence, Rule 70, UN Doc. PCNICC/2000/1/Add.1 (2000). (In cases of sexual

procedures.

According to the Rules of Procedure, especially Rule 70, “(a) *Consent cannot be inferred by reason to any words or conduct of a victim where force, threat of force, coercion or **taking advantage of a coercive environment undermined the victim’s ability to give voluntary and genuine consent***; (b) *Consent cannot be inferred by reason of any words or conduct of a victim where the victim is incapable of giving genuine consent*; (c) *Consent cannot be inferred by reason of the silence of, or lack of resistance by, a victim to the alleged sexual violence.*”

This advanced jurisprudence must be duplicated in our region as it is bound to guarantee that those in charge of solving these cases give more respect and better treatment and consideration to the girl’s opinion on behalf of whom they must resolve these cases.

On April 2015, an 11 year old Uruguayan girl⁵⁴ with an intellectual disability, who received psychiatric medication, became pregnant as a result of sexual abuse by a 41 year old male family friend. Since she expressed “wanting to continue the pregnancy and get married to the man” her psychiatric medication was suspended so as to avoid harming the fetus; she was admitted into a state home and on October 16, 2015, she had a cesarean birth at Pereira Rossell Hospital. The physicians understood that they had to “respect the girl’s wish.” The specialized Family Judge held that her opinion was not legally binding and ordered that the girl’s mother be her legal representative and that she, not the girl, should coordinate with the girl’s physicians.

In this case, only partial consideration was given to the girl’s opinion. It did not occur to anyone to respect her will of marrying her abuser, since – among other obstacles – it is forbidden to marry at her age so that the man went to prison for rape. Nevertheless, all of the elements present to ensure that a State sets limits regarding the legal age of marriage seem to disappear when it comes to determining if a pregnancy should be continued or not and whether a girl should be a mother – despite the girl’s lack of physical development.

This type of consent – granted by an 11 year-old girl with a mental disability, raised in a family where the parents suffer from the same disability – would be inadmissible under any legal proceeding. No judge would let a girl accept any legal obligation or enter into a contract under these conditions. Nevertheless, her consent is taken into consideration to continue something imposed by violence (pregnancy) and to become a mother. Being a mother requires entering into a contract with life itself (her own and her child’s) and comes with the responsibility for the raising and development of another human being, obligations that this girl can clearly not assume.

This case was reported by women’s and human rights organizations without their recommendations being heard.

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by reason of any words or conduct of a victim where force, threat of force, coercion or taking advantage of coercive environment undermined the victim’s ability to give voluntary and genuine consent; b) consent cannot be inferred by reason of any words or conduct of a victim where the victim is incapable of giving genuine consent; c) consent cannot be inferred by reason of the silence of, or lack of resistance by, a victim to the alleged sexual violence; and d) credibility, character or predisposition to sexual availability of a victim or witness cannot be inferred by reason of the sexual nature of the prior or subsequent conduct of a victim or witness.)

⁵⁴ See Julia Case Study, below.

The Convention on the Rights of the Child obliges the State to guarantee that the child can be heard and may freely express his/her views,⁵⁵ but it also specifies that this may only take place as long as the child is “capable of forming his or her own views.” These conditions do not exist in the case of the Uruguayan girl.

In order to deal with these cases, the responsibilities assumed by States obligates them to study if continuing the pregnancy and becoming a mother represent a risk to the girl’s health and life; taking into consideration health as a whole – as a state of physical, psychological, and social wellbeing. Lastly, the State in every case must evaluate the consequences pregnancy can have on a girl’s future, her growth, development, sense of empowerment, and her possibilities for continuing her education and training.

4.2. Data on child pregnancy

Except for El Salvador, none of the countries studied have official data on the pregnancy rate for girls younger than 14 years of age. In 2013 in El Salvador, there were 1,540 child pregnancies recorded, which translates into 1.9% of the country’s pregnancies. Of those, only two thirds (1,057) reached childbirth. (See Annex 1)

In the remaining countries, the data available on pregnancies **reflects the same data on the rate of births of similarly aged-girls**. This keeps us from being able to verify the number of pregnancies, whether girls received prenatal care or how many of the pregnancies ended in abortion.

The lack of data shows the States’ limited commitment to protecting girls, a commitment it undertook when it ratified the Convention on the Rights of the Child.

Most countries keep statistics on teen pregnancies using varying age ranges, though most study girls up to 19 years of age. These ranges might include girls from 10 to 19 years old, as is the case of Uruguay, or include girls from 12 to 19 years old or 15 to 19 years old. This keeps us from properly evaluating the youngest girls’ situation.

In Argentina, we analyzed *Estadísticas Vitales* (Vital Statistics), *Información Básica* (Basic Information) from 2010 - 2013 from the Nation’s Ministry of Health where only births were recorded. In Brazil, the responsibility of collecting this data falls on the Ministry of Health, which provides information on live births.⁵⁶ Likewise, in Colombia, the number of pregnancies made available by the *Observatorio de Familia-DNP* (state entity), coincide with the rate of births.

The same can be said of Peru, where there are no statistics on child *pregnancies* –there are only statistics on *births* classified by age provided by the *Oficina de Estadística e Informática del MINSA* (MINSA Office of Statistics and Informatics).

In Nicaragua, a joint report of the Ministry of Health (Minsa) and the Pan-American Health Organization (PAHO), records that the number of pregnancies for girls between 10 and 14 years age increased from 1,066 in 2000 to 1,577 in 2009.⁵⁷

⁵⁵ CRC, Article 12.

⁵⁶ MS/SVS/DASIS – Sistema de Informações on Live Births – SINASC.

⁵⁷ Inter-agency meeting on Current Evidence, Lessons Learned, and Best Practices on Teen Pregnancy Prevention in Latin America and the Caribbean. PAHO/WHO, in collaboration with the World Bank, UNFPA, UNICEF, and the Mesoamerican Health Initiative 2015. (Managua, 2015) An analysis revealed that for 32.80% of married girls under 15, their partners are at least nine years older; for one-fourth (24.3%) of those girls, their partners are at least 6-8 years older, which allows us to suppose these cases involve abuse, rape or even incest. The analysis also revealed that more than half (56%) of the girl mothers are in rural areas and 61% of them did not finish elementary school.

The Paraguayan government did not provide data. According to data gathered by the Ministry of Health's press agency, 277 girls and teenagers were reported as being pregnant in school in 2015.

The Statistics of Public Health of the Dominican Republic show that of the total births recorded in 2012, 29% of them were to teenage mothers, with 1.6% of those births corresponding to girls younger than 15 years old.

4.3. Abortions in girls up to 14 years old.

In this section we try to ascertain the number of abortions girls younger than 14 had in comparison to the amount of abortions recorded per year, per country.

Of those countries studied, Argentina, Colombia, Nicaragua, Panama, Paraguay, Peru, and Uruguay do not have data on pregnancy interruptions for girls younger than 14. Uruguay reports, however, that between 2013 and 2014, 17% of abortions in the country were performed on girls younger than 20. Nevertheless, there is no disaggregated data per age.

According to the Ministério da Saúde – Sistema de Informações Hospitalares do SUS (SIH/SUS) in Brazil, there were 2,932 abortions recorded in 2012; 2,807 in 2013, and 2,897 in 2014 for girls younger than 14.

In El Salvador in 2014, 136 (1.8%) of the abortions in the country were performed on girls younger than 14.⁵⁸ There may be a significant under-reporting of cases of clandestine abortions, since the difference between the number of pregnancies and births in 2014 exceeds 500 cases. This means that approximately 370 abortions were not recorded or were done outside the public health system, due to the criminalization of abortion in this country.

In Honduras, according to data from the Health Statistics Area of the Health Secretary, there were 80 abortions performed on girls younger than 14 in 2013 and 86 in 2014, and the percentage of births were 0.97% and 0.94%, respectively.⁵⁹

The figures in Mexico show that there were 335 abortions performed on girls younger than 14 in 2012 (0.27%), 370 (0.31%) in 2013, and 309 (0.26%) in 2014. This data was provided by the Department of Health Statistics (DGIS).⁶⁰

Puerto Rico⁶¹ registered 40 abortions on girls younger than 14 in 2011, 55 in 2012, 30 in 2013, and 18 in 2014. What percentage of the total number of abortions these numbers represent is unknown. The data was provided by the *Profamilia Organization*, representing information from private clinics (7 out of 8) that perform abortions on the island.⁶² Reports are requested of private clinics that provide these services.

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⁵⁸ In Paraguay, in 2013, of 33,263 pregnancies in the 10-19 age range a total of 16,066 (48%) ended in preterm births while 1,520 ended in abortions, constituting 9.5% of the total number. (MINSAL. Online Morbidity System – SIMMOW -, teenage pregnancy care 2013). In 2014, 559 abortions were recorded in the Maternity Hospital. According to the register, 26% of the abortions were performed on girls and teenagers.

⁵⁹ These are hospital cases. It is not clear if they were induced or natural abortions. Abortion is illegal in Honduras, with no exceptions.

⁶⁰ Automated Hospital Discharge Data Base (SAEH) 2012 – 2014.

⁶¹ In Puerto Rico abortion is decriminalized mirroring legislation in the United States of America.

⁶² Health Department Report – Assistant Secretariat of planning and development. Pregnancy Termination Clinics years 2010-2011/2011-2012/2012-2013-2013-2014.

The Dominican Republic has data from 2012, showing that there were 5,987 abortions performed on adolescents, constituting 27.8% of the total number of abortions. Data also shows that 1.7% of those abortions were performed on girls younger than 15.

Camila —11 years old

Bolivia

Camila suffered continuous sexual abuse by her stepfather since February 2014, when she was only 10 years old. The man took advantage of her mother's absence to abuse her.

The girl's mother stated before the head of the Fuerza Especial de Lucha contra la Violencia de Montero (Montero Special Force Against Violence), Yauli Isnayo, that "despite noticing that something was off, she never imagined it to be caused by her husband."

On August 14, 2015, Camila gave birth to twins via caesarean section in a Montero hospital, 50 km from the capital of the Santa Cruz Department. According to the treating physician, the twins weighed 5.2 and 5.4 pounds at birth. Camila told the treating physicians that the pregnancy was a result of being sexually abused by her stepfather.

A precautionary judge ordered the preliminary detention of Camila's stepfather, identified as S.E.F, in the jail of neighboring Okinawa. The man was charged with "aggravated rape."

The special victims unit of Montero attorney, Miguel Urrutia, announced that he would begin an investigation and open a legal case against Camila's mother for her alleged complicity.

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4.4. Girls up to 14 years old receiving prenatal care

If the panorama is concerning regarding the number of pregnancies and abortions in girls in this age range, it worsens when we investigate the percentage of girls receiving prenatal care. We must ask ourselves: How can we evaluate the State's responsibility to provide care in cases of early pregnancies, and especially in those pregnancies caused by sexual abuse, if no data is available?

Out of the 14 countries studied, only Brazil and El Salvador provide some data. Brazil, in 2013, reported that there were 28,236 girls receiving prenatal care. In El Salvador, of the women receiving prenatal care, 1,540 (1.9%) were girls.

There is no available data in the remaining countries, there are only estimates that consider all teenagers (i.e., not specific to girls under 14 years of age). Thus, in Nicaragua the number of adolescents who had pregnancies in the previous five years, 94.3% received prenatal care during their last pregnancy, provided mainly by family doctors/gynecologists (72.90%) and nurses (20.6%).

In Uruguay, an Epidemiological Study on pregnancies without prenatal care showed that 8.3% of the women interviewed were teenagers younger than 19 years old who did not receive prenatal care. Among the most common reason for the lack of care was: a *lack of interest* (45.8%). Notably, under the “other category,” 25% of the responses cited domestic violence.

4.5. Risks and Consequences of Infant Pregnancy

Pregnancy has both immediate and lasting consequences for girls. That is to say, besides the immediate consequences to their health, education, and situation within their community, their social relationships, opportunities for development, and income generation potential are forever altered. The course of their whole life is changed.

A global study by the United Nations Population Fund showed that “the most vulnerable girls, who face a greater risk of complications and death caused by pregnancy and childbirth, are aged 14 years or younger. **This group of very young adolescents is usually ignored by the national health, education and development institutions.** Their needs are great, and the governments, civil society and the international community must do much more to protect them and support their safe and healthy transition from infancy and adolescence to adulthood.”⁶⁴

As such, the study showed that a girl’s early pregnancy is a human rights issue. A pregnant girl who is pressured and forced to leave school, for example, is denied her right to an education. If she is not provided access to contraception or even information about pregnancy prevention, she is denied her right to health. In contrast, a girl who is able to exercise her right to an education and who remains in school is less likely to become pregnant than her peers who leave school or who are forced to drop out.

Therefore, the enjoyment of one right places her in a better position to enjoy her other rights. From a human rights perspective, a girl who becomes pregnant, regardless of the circumstances or reasons, is a girl whose rights are being undermined. The risk of death for mothers below the age of 15 years in low- and middle-income countries is double that of older mothers; and they face higher rates of obstetric fistula than their older counterparts.⁶⁵

With regard to the forced pregnancy of girls resulting from sexual violence, the MESECVI-CEVI states that “sexual violence has dire consequences as much for the girls as for society as a whole, affecting their physical and reproductive health, increasing the risk of maternal and infant morbidity and mortality, and through transmission of HIV, can lead to high risk pregnancies and problems relating to the pregnancy, such as unsafe abortions, premature birth, among other consequences. In addition, the pregnancies of girls and adolescents carry even greater medical and psychosocial risks and constitute a bigger problem with regard to the public health, justice, education and human rights.”⁶⁶

63 Revista Médica del Uruguay. Vol. 28 No. 2 July 2012. CHPR Team, led by Dr. Leonel Briozzo.

64 UNFPA: *Motherhood in Childhood - Facing the challenge of adolescent pregnancy*. The State of World Population 2013.

65 *Id.*

The risks to the physical and psychological health of a girl carrying a forced pregnancy are clear, given that in the majority of cases the pregnancy was a result of sexual violence. The consequences of the abuse, of the possibility of threats received to prevent the abuse being reported, and of the impact of living with an unwanted pregnancy must all be considered.

The physical health consequences are related to the young girl's body's inadequate development, since the girl is still growing. The placenta will draw nutrition from the mother, who is in reality just a girl. This means that the developing fetus will absorb calcium and other nutrients from a girl who still needs them for herself. As such, the girl's pregnancy will increase the pressure on her cardiovascular system.

The greatest danger, however, is the pelvic floor. Girls can begin to ovulate and menstruate at the age of nine, although the average age is approximately 12 or 13 years. The fact that a girl is capable of becoming pregnant does not mean that she is capable of safely giving birth. The pelvis does not finish growing until later in adolescence, which means that young girls may not be able to push the baby through her birth canal.⁶⁷

Girls subjected to natural childbirth can be in labor for several days. They often develop fistulas – openings between the vaginal wall and the rectum or bladder. Women with fistulas are often socially rejected. According to scientists, although current data suggests that the onset of puberty is occurring at a younger age, a girl's pelvis is not maturing more quickly. If puberty occurs early, this could put young girls at risk of experiencing dangerous pregnancies over a longer period of time.⁶⁸

According to a report from the World Health Organization (WHO), the first pregnancy at an early age is risky. Although teenage births account for 11% of all births worldwide, they also represent 23% of the global cases of morbidity. Unwanted early pregnancies are associated with higher levels of induced abortion. These abortions, if performed in unsafe conditions, can carry serious risks for the health and lives of these girls. In 2008, there were an estimated three million unsafe abortions performed on girls aged between 15 and 19 living in developing countries. 65% of women with an obstetric fistula developed it during adolescence, with unfortunate physical and social consequences throughout their lives. Another WHO report likewise warns of the dangers of early pregnancy.⁷⁰

Studies conducted by medical professionals in the United States have likewise concluded that early pregnancy have severe adverse physical and mental consequences.⁷¹

66 OAS-MESECVI-CEVI, *Guaranteeing the Human Rights of Girls in the Face of Sexual Violence* (Dec. 2, 2015). (statement on the Mainumby case, which received precautionary measures from the Inter-American Commission on Human Rights).

67 Available at <http://www.livescience.com/19584-10-year-birth.html>.

68 *Id.* "During prolonged labor, the pressure of the baby's head on the mother's pelvic bone damages soft tissue. As a result, the tissue dies and a hole forms through which feces and urine leak through the vagina."

69 WHO, *Early Marriages, Adolescent and Young Pregnancies*. U.N. Doc. A65/13 (Mar. 16, 2012).

70 WHO & UNFPA, *Pregnant Adolescents: Delivering on Global Promises of Hope*, at 14 (2006), available at whqlibdoc.who.int/publications/2006/9241593784_eng.pdf.

71 Stephanie Pappas, *Doctors Appalled by 10-Year-Old Giving Birth*, Apr. 9, 2012, available at www.livescience.com/19584-10-year-birth.html; www.ncbi.nlm.nih.gov/pubmed/24559618; R.S. Siegel & A.R. Brandon, *Adolescents, Pregnancy, and Mental Health*, 27(3) *J. Pediatric & Adolescent Gynecology* 138 (June 2014), available at www.sciencedirect.com/science/article/pii/S0976001612000853.

A multinational study conducted in Ecuador, Guatemala, Nicaragua, and Peru into the effects forced maternity has on a girl's health aged between 9 and 14 years of age found that many of the participants suffered some kind of complication during their pregnancy, most common among them anemia, nausea/vomiting or urinary or vaginal infections.⁷² In addition, there were several cases of more severe complications including, preeclampsia-eclampsia, membrane ruptures, and premature labor. In all four countries, approximately 34% of deliveries were made via caesarian section, which can carry serious post-surgery risks and belated consequences including the formation of adhesions.

Following a case of an 11 year old girl's pregnancy resulting from a rape in the Province of Entre Ríos, in Argentina, various health professionals noted the risks of early pregnancy: "If we are talking about an 11-year-old girl, we are talking about a high-risk pregnancy as far as the mother's health and premature delivery are concerned. A pregnant girl of that age may suffer from certain diseases during pregnancy, such as membrane rupture, preeclampsia and eclampsia with different levels of blood pressure, which compromise her health. Furthermore, an 11-year-old girl is not mature enough to become a mother. She has suffered serious harm as abuse, and it is necessary to take into consideration her mental health before pregnancy."⁷³ Regarding the same case, doctors at the San Salvador Hospital who were familiar with the case noted that the girl was not yet adequately developed, physically or psychologically, to have a child, and had limited development of her breasts and of her pelvic bones.⁷⁴

An analysis of the cases studied shows that health complications are present in many of them. For example, Denise, from the Dominican Republic (*see* case below), underwent a caesarian section, presenting a severe case of hypertension, pulmonary edema, impaired consciousness, and signs of infection. Lorena had a similar experience (*see* Argentina Case, below). She showed signs of hypertension and other individual symptoms including anemia and other more complex symptoms including kidney malfunction. Mainumby, in Paraguay, experienced a similar situation (*see* insert). Her low weight and limited physical development prevented her from bearing the weight of her pregnancy and, in her advanced stages, she had problems walking and even sleeping. She showed signs of malnutrition and little development of her breasts and pelvic bones.

72 Planned Parenthood Global, *Vidas Robadas. A multinational study about the effects of forced motherhood on the health of 9- to 14-year-old girls* (2015).

73 Interview by Mariana Carbajal with Alicia Figueroa, gynecologist at the Hospital Durand, Buenos Aires, and former director of Centro Latinoamericano Salud y Mujer (Celsam) (Jan. 18, 2012).

74 The case sparked a heated debate in the media. *See* <http://entrieriosahora.com/ser-mama-a-los-11/>; <http://www.lagaceta.com.ar/nota/502462/sociedad/fue-mama-nena-11-anos-habia-sido-violada-no-dejaron-abortar.html>; <http://www.lagaceta.com.ar/nota/473684/policiales/nina-11-anos-pide-le-realicen-aborto.html>; <http://www.lagaceta.com.ar/nota/474068/policiales/nina-11-anos-no-abortara-tendra-al-bebe.html>; <http://www.pagina12.com.ar/diario/elpais/1-185732-2012-01-18.html>; and <http://www.elonce.com/secciones/parana/440867-embarazo-precoz-detectaron-en-el-san-roque-58-casos-de-abuso-en-cinco-anos.htm>. Two months after this case, the Supreme Court of Justice issued a ruling clarifying in which cases a legal termination is permitted and demanded that protocols be issued for health personnel.

In relation to **mental health**, Planned Parenthood Global's multinational study concludes that a significant proportion of girls and adolescents who had given birth reported symptoms of depression, anxiety, and especially for those who had suffered sexual abuse, post-traumatic stress.⁷⁵ In Peru and Nicaragua, between 7% and 14% of the girls who participated in the study reported that they had contemplated suicide during pregnancy.

On the strength of that study, the Committee on the Rights of the Child warns of the greater risk pregnant and post-natal adolescents have of experiencing symptoms of depression and of developing suicidal thoughts when compared to adult women in the same state.⁷⁶ Perinatal depression also increases the risk of drug and alcohol abuse.⁷⁷

Teen pregnancy can also have negative **social and economic effects** on girls, their families, and communities. Many girls who become pregnant have to leave school. Girls who are raped and subsequently become pregnant are more likely to abandon their education and to live in poverty.⁷⁸

According to data from El Salvador's Ministry of Health, 59% of pregnant adolescents broke off their studies. Of this group, 18% returned to education while 41% did not.⁷⁹

A girl with little or no education has fewer skills and opportunities to find a job. This can also have economic repercussions since thousands of young women would have had higher incomes had they not had an early pregnancy.⁸⁰ A study conducted in Nicaragua on pregnancy among rural teens showed that, following these early pregnancies, more often than not teen mothers dropped out of school resulting in a lower level of education than in young girls of the same age who did not have a pregnancy.⁸¹

75 Planned Parenthood Global, *Vidas Robadas: A multinational study about the effects of forced motherhood on the health of 9- to 14-year-old girls* (2015).

76 CRC, *General Comment No. 4: Adolescent Health and Development*, U.N. Doc. CRC/GC/2003/4, para. 27 (July 2003).

77 R. Siegel & A. Brandon, *Adolescents, pregnancy, and mental health*, 27(3) *J Pediatric Adolescent Gynecology* 138-50 (2014), available at <http://www.ncbi.nlm.nih.gov/pubmed/24559618>.

78 WHO, Report by the Secretariat, *Early Marriages, Adolescent and Young Pregnancies*, A65/13, 11 (Mar. 16, 2012), available at http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_13-en.pdf?ua=1.

79 Fesal 2008. Cited by the Ministry of Health of El Salvador, MINSAL, in *Aspectos Relacionados con el Embarazo en Adolescentes* (2012).

80 WHO, Fact Sheet No. 364 on Adolescent Pregnancy (Sept. 2014), available at www.who.int/media-centre/factsheets/fs364/en/.

81 Embarazo en adolescentes rurales de Nicaragua: determinantes de riesgo y protección e indicadores para su abordaje/PATH ; Nicasalud ; USAID—1st ed. – Managua: PATH/InterCambios (2012).

When the pregnancy becomes evident, in many cases, the attention of the family, society, and state turns towards the perpetrator of the abuse. If this occurs within the family setting, a crisis will befall the family. In some cases, the girl will be blamed for making public a fact that many families prefer to keep secret. If the perpetrator leaves or is removed from the home it is possible that the girl will be accused of having broken up the family or of having left it without a provider. The whole situation is a source of great suffering for the girls, causing them a lot of upheaval, since the very foundation of their family is shaken. The very people who should have protected her, brought her up, and given her affection, were responsible for or are complicit in the abuse or they blame her for reporting her abuser. Sibling relationships can also break down, depending on the solidarity and sympathy that each sibling has with the adults.

As recommendations for the prevention and reduction of these pregnancies, the WHO proposes that political leaders, planners, and community leaders, formulate and apply laws and policies prohibiting the marriage of girls before the age of 18 years; increase access to contraceptive information and services, including emergency contraception; improve the standard of sexual education; punish the perpetrators of forced sexual relations; allow adolescents access to safe abortion services; and increase access for all pregnant women, including adolescents and girls, to specialized prenatal care.⁸²

Yanina – 14 years old

Colombia

Yanina is a 14 year old Afrodescendent girl who lives in the small town of La Pena – in the Sabanalarga jurisdiction, department of the Atlantic, on Colombia's north coast – considered the department's second city after its capital, Baranquilla.

She was in 8th (eighth) grade when she became pregnant. Shortly thereafter, her school performance began to suffer due to her insecurity of what to do and what her future held. Among other fears, she worried her parent's anger when they discovered her pregnancy.

Yanina and her daughter, born in October 2015, live with her parents in a home with many shortcomings. Her days are spent caring for her daughter and doing her daily chores. She has few places she can go visit to get away. She left school in March 2015 because she could not withstand the social judgement and her school offered her no support at the time.

Her pregnancy is the result of her initiation into sexual relations at an early age. Yanina was not informed about her option to have an abortion. When her parents discovered her pregnancy, they decided she would have the baby without regard for whether she wanted to have the baby or not. Her decision was not taken into consideration.

During her pregnancy she experienced a low hemoglobin count, frequent fatigue, and swelling. She completed her pre-natal care via the health regimen (CAJACOPI-EPS), through which her daughter now receives pediatric care.

She is pale, abnormally thin, her eyes are swollen, and she has a protruding abdomen.

Her studies were suspended. She wishes to study mechanical engineering, but she does not have the resources to do so. Moreover, she has no one to help her care for her daughter were she to continue her studies.

Source:

Interview: Alexander Arellana – Psychologic mentor at the Educational Institute.

⁸² WHO, *Early marriages, Adolescent and Young pregnancies*. U.N. Doc A65/13 (Mar. 16, 2012).

5.

Forced child motherhood

5.1. Definitions

Unlike pregnancy, which generally lasts nine months, motherhood is a life-long commitment. It changes your life forever from a physical, psychological, and social point of view, disrupts educational opportunities and access to economic resources and affects a girl's social relationships not only within her family but also within her environment.

What is a natural and joyful process when it is chosen, desired, and undertaken voluntarily becomes a burden and very often a stigma for girls who have been forced into it.

Motherhood is forced when it was neither sought nor desired. When this happens to a girl younger than 14 years old, we are faced with the case of forced child motherhood. The woman's or child's desire to terminate the pregnancy is the clearest indicator that she does not want to be a mother.

Sometimes this desire is not expressed publicly, because of lack of awareness, fear or pressure from the family, social or religious environment. Other times, even though it is publicly expressed, a termination cannot be accessed because of restrictive rules that prevent or limit a woman's reproductive autonomy or because of a government authority's intervention.

Not all pregnancies that were neither sought nor desired necessarily become forced motherhood. Many women become pregnant without having expressly planned it, but after overcoming their surprise and any doubts, decide to continue their pregnancy and become mothers. There are many cases where children are born 10 or more years after their older siblings.

This is not the case with child mothers because, in this setting, the percentage of pregnancies resulting from sexual violence, often incestuous, is very high. Girls of 10, 11, and 12 years of age become pregnant, their pregnancy is kept hidden, and is often ignored by the family. Not only do they not receive medical attention, but they also lack any emotional support at a time when both are a priority.

In cases where the pregnancy was a result of sexual violence and its termination was prohibited, once the child becomes a mother, three types of human rights violations have been committed: the first, imposing an unwanted sexual relationship on her that violates her sexual freedom; the second, obligating her to carry to term a pregnancy that she did not seek, and the third, forcing her to become a mother against her will.

5.2. Data on child motherhood

In our region, every year thousands of girls are abruptly robbed of their childhood and made to become mothers. In 2012, the number of births to girls under the age of 14 in twelve countries showed that 60,690 girls became mothers.⁸³ These numbers are constant and no significant decrease is observed.⁸⁴ (See Appendix I)

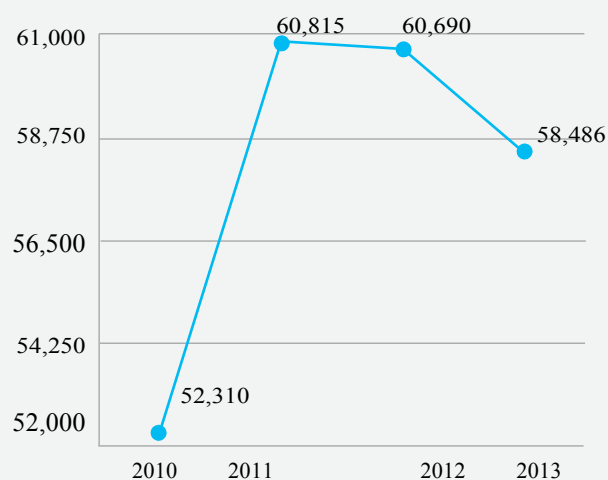
The data shows us that these numbers have not decreased in recent years to the extent expected. In fact, in some countries, they have increased. Despite international commitments to reduce adolescent pregnancy and prevent violence against women and girls, there has not been a significant reduction in either violence against girls or in the number of young girl's giving birth. This could indicate that no measures to reverse this trend have been taken or that, if they have been taken, they have not been adequate.

It is very difficult to obtain precise data on these births. Some countries include them (data on girls under 14 years of age) in the 10 to 19 age group. Others divide data into two categories: 10 to 15 and 15 to 19.

It is important to have disaggregated data on all pregnancies, abortions, and births by age, regardless of whether they were attended to in the public health system or outside of it. Only armed with this data can adequate measures be taken to address the problem.

Figure 1 shows that while there was a decrease in births in 2013 when compared to the previous two years, the number of births in 2013 far exceeds those recorded in 2010.

Figure 1: Deliveries to girls younger than 14 years in Latin America and the Caribbean, 2010 - 2013



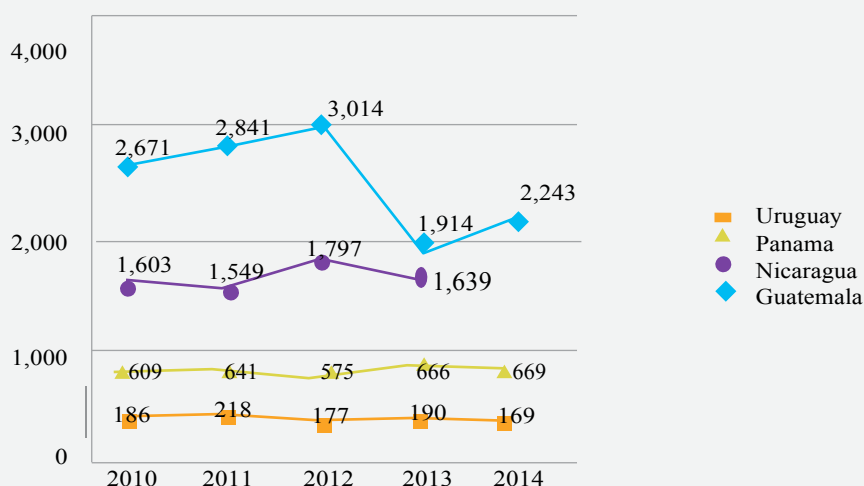
Source: Calculations based on Vital Statistics data

83 All countries studied except Bolivia and Puerto Rico.

84 Appendix I, Chart of Number and Percentage of Full-term births to girls up to 14 years of age.

The following figure (Figure 2) compares numbers between various countries. Taking 2010 as a base, only in Uruguay and Guatemala did the number of girls giving birth decreased in 2014, while in Nicaragua and Panama there was an increase.

Figure N° 2: Analysis comparing 4 LAC countries

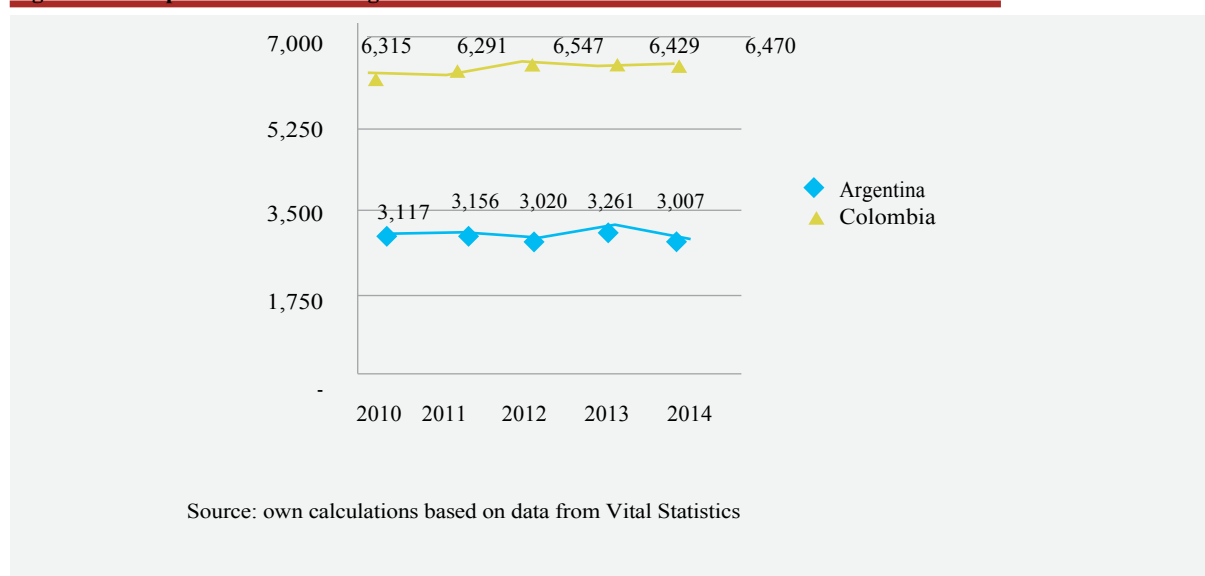


Source: Calculations based on Vital Statistics data

Figure 2 shows big differences between Nicaragua and Uruguay, two countries that have opposing legislation in relation to abortion. While in Nicaragua abortion is completely prohibited, in Uruguay abortion is not penalized if it is carried out within the first 12 weeks of pregnancy and as long as the woman follows the procedure established in the law as it was passed in 2012. While Nicaragua's population is double that of Uruguay – and it would, therefore, be reasonable for the number of girls giving birth to be twice that in Uruguay – the numbers in Nicaragua are ten times greater than the numbers in Uruguay.

If we compare Uruguay and Panama, which have a similarly-sized population, there are also big differences in numbers. It is likely that restrictions on accessing pregnancy termination services in Panama are the cause. Although grounds for accessing a legal abortion exist,⁸⁵ no corresponding protocols have been implemented making it difficult for a woman to exercise this right.

⁸⁵ The grounds for a legal termination of pregnancy in Panama are a threat to the life or health of the mother or that the pregnancy is a result of rape.

Figure 3 - Comparison between Argentina and Colombia

Similarly, if we compare the number of girls giving birth in Argentina and Colombia, which have a similar population,⁸⁶ (Figure 3), the figures from Colombia are double those from Argentina and no decrease is seen. In fact, there is an increase when comparing the rates in 2014 to those from 2010. The decrease in Argentina's numbers is minimal and cannot be considered a trend. We will have to see what happens in the next few years.

What factor or factors cause this difference in numbers is unknown, but in Colombia, the figures could be related to the violence resulting from armed conflict and its influence in other areas of life, especially in the family and social arenas. Regarding the legal framework that was considered in these comparisons, both countries have grounds for accessing a legal abortion.⁸⁷

⁸⁶ Argentina has 43,431,886 inhabitants and Colombia has 41,468,384. National Census Argentina (2010); Colombia (2005).

⁸⁷ In Colombia abortion was decriminalized via the Colombian Constitutional Court Ruling C-355 of May 10, 2006 in three specific situations: (I) When the continuation of the pregnancy constitutes danger to the life or health of the mother, certified by a doctor; (II) When there is serious deformity of the fetus that makes his or her life impossible, certified by a doctor; and, (III) When the pregnancy is the result of duly reported conduct constituting rape, sexual abuse or sexual act without consent, artificial insemination or transfer of fertilized egg without consent, or incest. In Argentina, abortion is not punishable in the following cases: 1) if it is to avoid danger to the life or health of the mother (therapeutic abortion); or 2) if it is the termination of a pregnancy resulting from rape or indecent assault. In March 2012, the Supreme Court of Justice of Argentina ruled that abortion is not punishable where a woman is raped and further indicated that it is not necessary to resort to the justice system in order to access an abortion.

Lorena - 12 years old

Argentina

In May 2015, Lorena struggled between life and death in the maternity ward of the Juan Ramón Vidal Hospital in the city of Corrientes, Argentina. She had been transferred there from a hospital in Saladas, 100 km from the provincial capital, where she had developed complications following a Caesarian section birth to a baby boy, weighing 7.9 pounds.

According to Vidal Hospital's director, Norma Pérez, "The girl is in intensive care with an uncertain prognosis and on respiratory assistance. Her condition is critical, as she is presenting with arterial hypertension, which is one of the classic complications registered in adolescent pregnancies. She also presents other disruptive symptoms such as anemia and other more complex ones, such as kidney malfunction."

She further stated that the girl had HELLP Syndrome, "which involves hemolysis, a reduction of platelets in the blood, and an increase in liver enzymes."

"These are biochemical changes that evolved over time, as she was admitted to the hospital on Monday morning, went into intensive care at 7:00 pm and was put on a ventilator at 9:30 pm following respiratory complications," said the director of the hospital.

She explained that in the same hospital, they were caring for an eleven-year-old girl, also from Corrientes, who was six-months pregnant. The doctor explained that hospital authorities reported both cases to the justice system, which investigates the minors' circumstances.

Corrientes was declared a Pro-Life Province in 2015 and, despite the fact that it is obligated to implement the Law on Comprehensive Sexual Education, the national material sent out to tackle these issues has been archived and remains unused in schools. Simultaneously, provincial authorities are unaware of their obligations under the National Supreme Court of Justices' FAL Ruling, which allows for an abortion in cases of rape and requires the application of the "Protocol for the comprehensive care of persons entitled to legal termination of pregnancy," disseminated by the National Ministry of Health in April 2015.

Sources:

<http://www.telam.com.ar/notas/201505/105742-embarazo-adolescente-corrientes.html>;

<http://www.abc.com.py/internacionales/justicia-investiga-embarazos-de-ninas-de-12-y-11-anos-en-norte-argenti-no-1368539.html>;

<http://www.radionacional.com.ar/?p=60126>.

5.3. Deaths of child mothers

Only four of the countries studied had data on maternal mortality for this age group. In Argentina, according to National Ministry of Health information,⁸⁸ three deaths were reported in 2010, one in 2011, and one in 2012.

Brazil reported 26 deaths in 2010, 16 in 2011, 23 in 2012, and 14 in 2013. In Mexico, four deaths were reported in 2010, eight in 2011, two in 2012, and six in 2014. El Salvador reported one death in 2014.⁸⁹

In order to analyze the consequences of child motherhood, there is an urgent need for the desegregation of maternal mortality data for young girls and adolescents by age. The age range between 10 and 19 years is too wide to study the countless of cases that have other implications and consequences. Childbirth for a girl of 18 years is not the same as that for a girl of 10 or 11 years of age.

Ángela —13 years old

Peru

Angela lived in the village of Nueva Alianza Masisea, in the province of Coronel Portillo, in the Ucayali region, Peruvian Amazonia, bordering eastern Brazil.

Angela went to Esperanza Health Center with a friend, where she presented with symptoms of sepsis. She was immediately referred to the health center's referral hospital, Hospital Amazónico, where she was hospitalized for three days before passing away.

According to her clinical record, the cause of death was cardiorespiratory arrest secondary to septic shock caused by a septic abortion, combined with acute renal failure. The same document indicates that Angela arrived in poor condition, was in precarious circumstances, and had little support in her social environment.

Angela had delayed seeking medical attention. She had little support in her social environment and no familiar support made evident by the fact that it was a friend who took her to the health center, left her there, and then disappeared. No family member accompanied her. The professionals in charge of her case suspected that her complications were the result of a self-induced abortion.

No information is given about the pregnancy, whether it was the result of abuse or of consensual relations. It is known, however, that there are many very isolated areas in the region where Angela lived. Moreover, because of their young age, girls' social networks are not large and they are often in rather precarious and vulnerable situations. In this case, the record shows that Angela had no social networks to call on.

Sources:

Patient's medical clinical history;

Susana C. Alvarado & Elisa J. Chávez, *Stories to Never Forget: Violence as a Factor in Adolescent Maternal Mortality – A Qualitative Study* (Peru 2012-2014), PROMSEX (2015).

⁸⁸ Vital Statistics, Basic Information, 2010-2013.

⁸⁹ El Salvador Ministry of Health, SIMMOW Maternal Mortality Database (2014).

5.4. Risks and consequences of forced child motherhood

A high percentage of girl mothers drop out of school, whether because of shame or the stigma that befalls them – especially if they were sexually abused – or because they are bullied or discriminated against. In other cases, girl mothers drop out of school owing to the new tasks involved in caring for and supporting their baby.

Those who resume their studies cannot always return to the same academic year or even the same school. Sometimes they are incorporated into home or evening modules, which are less demanding or of a lower quality; or they decide to receive job training courses that will allow them to earn an income.

This reduction in their years of study or quality of the same will affect their job opportunities. Widespread access to education throughout the region, as well as a limited number of jobs increases the requirements necessary to find employment. Today, those who have not completed their secondary education face many challenges in finding work. These circumstances drive child mothers to find low-income jobs that will keep them in a cycle of poverty.

The girls' social life also changes. Many families prevent their daughters from associating with a pregnant girl or a girl who has had a baby for fear that they might “follow her example.” In general, a pregnant girl's group of female friends decreases or disappears altogether. Their male friends cut off the relationship or continue it in another manner, as the girl mother now occupies a different social position more closely related to that of adults with responsibilities than to that of children who are still playing or starting to engage in teenage flirtations.

The consequences of child motherhood affect not only the girl but also her family. In general, the girl is unable to look after her baby herself and is dependent on her mother or other family members. If the family is poor, raising the baby becomes an additional burden for the other family members, especially the female members, both in time spent caring for the baby and in economic expenses.

Even if the pregnancy is the result of a consensual relationship, it will be difficult to count on support from the child's biological father. In some cases, the father is a teenager without resources. In others, it may be an adult. But given that sexual relations with girls under 13, 14 or 16 years of age – depending on the country – are prohibited and constitute rape, it is more likely that the fathers will be fleeing from justice or will have been detained.

In the cases studied it was observed that the majority of child mothers drop out of school. Even if they wish to continue their studies, it is difficult for them to return to them. Isolation from most of their friendships was also observed, as well as tension within their family unit. With regards to their economic resources, all the girls lack economic autonomy and depend entirely on their family. Access to employment is extremely difficult. Social support is only partial and generally does not meet all of the girl's needs or those of her baby.

Denise —11years old

Dominican Republic

Denise lives in the town of San Cristóbal, in the south of the country, and is from a very poor family. She was raped by a brother-in-law of the family and became pregnant.

She did not receive prenatal attention during her first five months of pregnancy owing to the fact that she did not tell her mother what had happened because the perpetrator threatened to kill her and her family.

In January 2013 she had a caesarean section after presenting with high blood pressure, a pulmonary edema, impaired consciousness, and signs of infection. Her condition was considered severe.

The Dominican Republic minister for Public Health and Social Assistance, Freddy Hidalgo, referred to Denise's pregnancy, the girl from San Cristóbal, as a "true drama" saying, "this is a girl who has not yet reached maturity and is at a high risk of experiencing a complication."

The government has ordered that Denise be provided all the medical and psychological help she needs in the hospital where she is being attended and also gave instructions for her to receive home assistance.

Between April and June 2013 alone, 1,811 underage pregnant girls saw a doctor in the Dominican Republic. Seventy-one of these were pregnant girls aged between 10 and 14 years of age. The other 1,740 pregnant girls were between 15 and 19 years of age and represented 96.1% of the cases of underage pregnancies.

Doctor Miguel Ángel Geraldino, director of Juan Pablo Piña Regional Hospital where Denise is being treated, said that the hospital was paying special attention to her pregnancy because of the high risks involved. He also noted that, due to the high number of teen pregnancies in the region, the hospital has created a special unit where the cases can be monitored. It is estimated that nearly 25% of the pregnancies correspond to underage girls in this region.

Sources:

<http://noticias.terra.com/america-latina/republica-dominicana/nina-de-10-anos-embarazada-conmociona-a-republicadominicana,2e452c5ad1890410VgnVCM500009ceceb0aRCRD.html>;

<http://www.univision.com/noticias/noticias-de-latinoamerica/embarazo-de-nina-de-10-anos-conmociona-a-republica-dominicana>;

<http://noticiasistmo.com/sociedad/embarazo-de-nina-de-10-anos-conmociona-a-republica-dominicana/>;

<http://www.listindiario.com/la-republica/2013/02/10/265344/medicos-luchan-por-salvar-vida-a-nina-de-11-anos-que-dio-a-luz>.



Part 2

Governmental responses to the problem
of forced child pregnancy and
motherhood

6.

Legal framework on sexual violence against girls

Whenever a girl under the age of 15 becomes pregnant, the existence of abuse should be considered... The shame and stigma associated with these offenses is another reason why these crimes are not reported.⁹⁰

6.1. The penal figures studied

While in other regions of the world the majority of child pregnancy cases occur within marriage or common law marriages, in Latin America and the Caribbean the main cause is sexual abuse.

Child marriage is prohibited in the region. With a few exceptions, in most countries the age of marriage is 18 and even though many countries allow marriage at a young age where the child has parental consent, the consent of a legal representative or legal authority, national and international initiatives are working to prohibit the use of third-party authorization and common law marriage between minors. Guatemala and Mexico⁹¹ lead by example as laws have already been issued that prohibit marriage to minors even where the parents have given their consent. However, this legislation is recent and intense work is still necessary in order to implement it fully. In the case of Mexico, 26 states in the Republic still allow minors between the ages of 14 and 16 to marry, as certain civil code exceptions still allow for it.⁹²

Given that the majority of child pregnancies are the result of sexual violence, it is necessary to review the legal framework under which it is penalized.

In this study, the laws on incestuous sexual abuse are separated from those that penalize sexual violence perpetrated by strangers.

90 Statements made by UNICEF health expert, Zulma Ortiz, to Diario Clarín (Apr. 12, 2012), available at http://www.clarin.com/sociedad/verguenza-estigma_0_680931944.html.

91 The 2014 UNICEF report *Every Child Counts* states that almost a quarter of Mexican girls reach legal age after having married, had children or after having had a partner. Consequently, a recent law fully prohibits marriage to minors.

92 Statements made by Rebeca Ramos, coordinator of Public Policy and Research of Grupo de Informacion en Reproduccion Elegida (GIRE) to Redaccion Revolucion (Feb. 14, 2016), available at [http://revolucionrespuntocero.com/anualmente-nacen-6-mil-bebes-de-madres-entre-10-y-14-anos-en-26-entidades-se-permite-matrimonio-infantil/..](http://revolucionrespuntocero.com/anualmente-nacen-6-mil-bebes-de-madres-entre-10-y-14-anos-en-26-entidades-se-permite-matrimonio-infantil/)

Similarly, *incest* is distinguished from *incestuous sexual abuse*. According to Heleieth Saffioti, whereas the former refers to an egalitarian relationship between two people who share a family tie, the second consists of a hierarchical relationship, where the will of one subject is imposed on another.⁹³ Using Saffioti's definition, this report will focus on incestuous sexual abuse.

In our work as women's and girls' human rights defenders, we noted that a large percentage of sexual abuse cases occur within the family but the reporting and impact of these cases, and the corresponding punishment, differs from those perpetrated by strangers. A child's rape by a stranger results in a complaint, immediate and scandalized condemnation by society and the family, attempts to lynch the perpetrator, and commotion in the press, among other reactions. In general, the family group protects and defends the girl. However, abuses perpetrated by family members are generally kept quiet and the perpetrators usually go unpunished.

These situations can be explained by not only the girl's fear of suffering physical violence or rejection, but also by symbolic violence, which weaves webs of domination that are stronger, longer-lasting, and more difficult to detect than physical violence.

In many cases the girls themselves are blamed: "she's precocious", "she seduced him", "she's very developed for her age," and "she sat on his knee" are some of the comments heard. Unfortunately, these comments are uttered not only by common citizens but also by prosecutors, judges, and other officials.

The normalization of child sexual abuse, including incestuous, is very widespread, especially in poor areas. The film "Down and Dirty,"⁹⁴ by Ettore Scola opens with a scene in which a girl of about 10 or 11 years old, small and thin, goes to fetch water with a bucket, in a very poor district on the outskirts of Rome. It is not a sad scene, in fact, the background music is a tarantella. In the final scene, the same girl appears again, taking the same route, but with her belly swollen from pregnancy. It is not a dramatic scene. The striking image conveys the child's acceptance of her destiny and also shows that, for her and for the members of her family, incestuous sexual abuse is naturalized.

How can we explain this normalization of abuse or the stigma girls suffer — often criticized in their communities and families — without making reference to a male-centered vision of the world and symbolic violence that situates women and children as the property of males in the family?

In the multi-country study, "Stolen Lives," some of the girls interviewed said that one of the things that hurt them the most was to hear gossip and criticism about them in their communities, which is why many of them tried to leave.⁹⁵

"The strength of the male order is seen in the fact that dispenses with justification: the androcentric vision imposes itself as neutral and has no need spell itself out in discourses aimed at legitimating it. The social order functions as an immense symbolic machine tending to ratify the masculine domination on which it is founded."⁹⁶

93 Heleieth Saffioti, *No Fio da Navalha: Violência Contra Crianças e Adolescentes no Brasil Atual*, MADEIRA, FeliciaReicher; *Quem mandou nascer mulher? Estudos sobre crianças e adolescentes pobres no Brasil*. Rio de Janeiro: Rosa dos Tempos (1997).

94 Ettore Scola, *Down and Dirty* (Brutti, sporchi e cattivi) Rome (1976).

95 Planned Parenthood Global. *Stolen Lives. A multi-country study on the health effects of forced motherhood in girls aged 9-14 years* (2015).

96 Pierre Bourdieu, Pierre, *Masculine Domination*, pg. 9, Anagrama (2000).

“Symbolic violence is instituted through the adherence that the dominated cannot fail to grant to the dominant...when to shape her thought of him...or, rather, her thought of her relationship with him, she has only cognitive instruments that she shares with him and which, being no more than the embodied form of the relation of domination, cause that relation to appear as natural; or, in other words, when the schemes she applies in order to perceive and appreciate herself, or to perceive and appreciate the dominant...are the product of the embodiment of the – thereby naturalized – classifications of which her social being is the product.”⁹⁷

This symbolic violence is also the reason why incestuous sexual abuse is not even mentioned in some laws; why it has not been exhaustively studied; why it is confused with incest, and why, in the majority of cases, it goes unpunished.

6.2. The legal protection framework

The penal codes of all the countries studied provide rules that punish rape with lengthy prison terms.

Of the 14 countries studied, only two mention incest: Colombia²⁸ and Uruguay.²⁹ The penalties are light. The Uruguayan Penal Code requires that the incestuous relationship provoke public scandal in order to be punished.

Incestuous sexual abuse is **not named as such in any penal code**.

Nevertheless, the majority of the countries consider kinship an aggravating factor in rape (or sexual abuse). This is the case in Argentina, Bolivia, Colombia, El Salvador, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, and the Dominican Republic. (See Appendix II – on incestuous sexual abuse).

In Honduras and Uruguay, **kinship** does not constitute an **aggravating** factor. In Brazil, kinship is not an aggravating factor in cases of rape (*estupro*), but it is in cases of people-trafficking, living off earnings of prostitution, and sexual exploitation.

The category of kinship includes blood relations as well as those related by affinity. Several codes include in this category persons who live with the victim without being related by blood, such as tutors, guardians, and anyone else who assumes responsibility for the care of children.

The rules protecting girls from acts of sexual violence by strangers are set out in a separate section (see Appendix III – Provisions on rape of girls by non-familial persons). The age limit for this kind of protection – which also corresponds to the age of sexual consent – ranges from 12 to 16 years.

In cases of rape, Argentina and Peru recognize as an aggravating factor that the victim is **less than 13 years of age**.

Bolivia, Brazil, Colombia, Honduras, Nicaragua, Panama, and Paraguay recognize as an aggravating factor that the victim is **less than 14 years of age**.

In El Salvador, Mexico, and Uruguay the age of protection is **15 years**. Puerto Rico extends the protection to **16 years** and the Dominican Republic extends it to **all children and adolescents**.

⁹⁷ Id. At pg. XX.

²⁸ In Colombia, Article 237 (1) of the Penal Code describes incest thus: “Whoever has carnal relations or commits any other sexual act with an ancestor or descendant, with an adopted parent or adopted child, with a brother or sister, will incur a prison term of between sixteen (16) and seventy two (72) months.”

²⁹ In Uruguayan penal code Article 276 defines incest thus: “A person commits incest who maintains sexual relations with legal ancestors and recognized birth parents, with legal descendants and recognized illegitimate children, and with legal siblings in such a way as to provoke public scandal. This offense will be punished by a sentence of six months of imprisonment or up to five years’ in a penitentiary.”

Estela - 13 years of age**Nicaragua**

The girl lives in the township of Pull, on Ometepe Island, in the municipality of Altagracia, located 150 km southeast of the capital Managua. At the start of this century, the municipality of Altagracia showed an average level of poverty; in general, the conditions of rural poverty throughout the country are considered extreme (INEC 2001).

In 2013, Estela, who was 12 years old at the time, attended primary school. She enjoyed sports and decided to join the school football team.

Professor M.O., the school's director, was also the team coach. He was 50 years old and a respected figure in both the school and the community. Taking advantage of his experience as an adult and of his powerful position as a director and coach, he began to court Estela. He told her that she was pretty, that he liked her a lot, and eventually he suggested he become her boyfriend. She was not yet ready for a sexual relationship, as she was neither mentally nor physically mature enough, but M.O. ignored this. He treated her with affection so that she would succumb to his proposals.

Estela experienced fear, uncertainty, and shame when she realized that she was pregnant at only 13 years of age and having just begun secondary school. Her dreams and plans had been interrupted by an unwanted pregnancy that would limit her opportunities to better her life. Despite her having been abused, many local people blamed her for her predicament and refused to recognize the teacher's responsibility.

She was given no choice because abortion is criminalized in Nicaragua, even where a pregnancy puts a girl's physical and emotional well-being or even life at risk. The pregnancy had a negative impact on the girl's social environment. Popular comment laid the responsibility on the girl: "She seduced the teacher."

The Ministry of Health proposed taking the girl into care, but her mother opposed this, and the girl continued with her pregnancy at home, receiving prenatal care at the hospital in Rivas. There were no complications during the pregnancy, and she gave birth by Caesarean section on the 30th of September, 2014 at the same hospital.

The girl is experiencing an unwanted motherhood with blame and sadness, in part because she was unable to finish her secondary studies. In 2015, she began to take sewing lessons but she had to give these up for financial reasons. Unable to find work, she was prompted to move to Managua, the country's capital, in order to find a job. To date she has not found one.

Sources:

Interview with Yolidina Hernandez

6.3. Hidden Violence: Unreported and undocumented

In the first exhaustive study carried out in 2006³⁰ by the United Nations on all forms of violence against children, the independent expert on violence against children, Paulo Sergio Pinheiro, defines such violence as “hidden, unreported, and under-recorded.”

Pinheiro cites fear as one of the reasons for which this violence remains hidden and explains that this is stronger in cases of sexual violence: “many children are afraid to report incidents of the violence against them. In many cases parents, who should protect their children, remain silent if the violence is perpetrated by a spouse or other family member, a more powerful member of society such as an employer, a police officer, or a community leader. Fear is closely related to the stigma frequently attached to reporting violence, particularly in places where family “honour” is placed above the safety and well-being of children. In particular, rape or other forms of sexual violence can lead to ostracism, further violence, or death.”³¹

The World Health Organization (WHO) estimates that in the year 2002 150 million girls and 73 million boys under the age of 18 had forced sexual relations or suffered other forms of sexual violence with physical contact.³² The difference between boys and girls is not simply a matter of the number of incidents; one must also consider the consequences, especially the possibility of pregnancy.

In this environment, girls are more exposed than boys to the risk of sexual violence, neglect, and forced prostitution.³³

Violence can cause greater susceptibility to lifelong social, cognitive, and emotional problems and to behaviours prejudicial to health, such as, for example, substance abuse or premature sexual activity. Among the mental health and social problems related to violence, are found anxiety and depressive disorders, hallucinations, poor work performance, memory disturbances, and aggressive behaviour. Early exposure to violence is related to later development of lung, heart, and liver disease, sexually transmitted diseases and miscarriages, as well as incidents of domestic violence and suicide attempts in later years.³⁴

The Brazilian sociologist Mari Cleise Sandalowski analysed the consequences of sexual abuse on girls in a study carried out on 52 incestuous families.³⁵ Among other things she found:

“Constant failure in school, difficulty in learning to read owing to an inability to concentrate, running away from home, and engagement in prostitution are only some of the examples. In general, with the “normalisation” of violence having experienced an aggressive environment, the adolescent will run away from home, seeking to distance herself from these experiences, often resorting to prostitution as the only means of supporting herself on the street. Often sexual abuse can lead to victims having a fixation with sex or to frigidity, or to episodes of depression in which the idea of suicide is contemplated.”

Pinheiro’s report emphasises that “an overview of studies in 21 countries (mostly developed) found that 7-36 per cent of women and 3-29 per cent of men reported sexual victimization during childhood, and the majority of these studies found girls to be abused at 1.5-3 times the rate for males. Most of the abuse occurred within the family circle. Similarly, a multi-country study by WHO, including both developed

³⁰ Sergio Pinheiro, *Report of the independent expert for the United Nations’ study of violence against children*. U.N. Doc. A/61/299 (Aug. 29, 2006) [hereinafter Pinheiro].

³¹ *Id.* at 8.

³² *Id.* at 8.

³³ *Id.* at 11.

³⁴ *Id.* at 12.

³⁵ Mari Cleise Sandalowski, *Domestic Violence against Children and Adolescents: The Case of Santa Maria, Brazil* Social Congress (2013).

and developing countries, showed that between 1-21 per cent of women reported to have been sexually abused before the age of 15, in most cases by male family members other than the father or stepfather.³⁶

CHILD MOTHERS

Data obtained by Saffioti³⁷ show that more than 60% of the abuse is carried out on children between the ages of 7 and 13, which is contrary to the widespread belief that adult sexual desire is directed towards adolescents, whose bodies are beginning to show secondary sexual characteristics. The preference for young children within the family suggests sexual abuse is an affirmation of power and not a result of uncontrollable sexual urges.

Sexual violence may also occur in the school environment, whether on the part of teachers or male students. Girls who work in domestic service often run the risk of sexual violence at the hands of the male members of the family for whom they work.

Many girls are exploited in prostitution, child pornography, and other similar activities. According to data from UNICEF,³⁸ about 1 million boys and girls are forced into these sectors every year, after having suffered coercion, kidnapping, and deceit. In addition to the sexual violence intrinsic to child prostitution, children forced into prostitution and other related spheres of activity suffer physical and psychological violence, as well as neglect. Often, complicity between the police and pimps and traffickers means that requests for help, inasmuch as they can be made, are ineffective; the children are treated as delinquents, deprived of freedom, and rarely receive redress.

³⁶ Pinheiro at 13, *supra* note 100.

³⁷ Heleieth Saffioti, *No Fio da Navalha: Violência Contra Crianças e Adolescentes no Brasil Atual*. In: MADEIRA, Felícia Reicher, *Quem mandou nascer mulher? Estudos sobre crianças e adolescentes pobres no Brasil*, p. 135-211, Rosa dos Tempos (1997).

³⁸ UNICEF, *Profiting from abuse: an investigation into the sexual exploitation of children: An investigation into the sexual exploitation of our children* (2001).

Gisela – 13 years old**Puerto Rico**

The mother and stepfather of the thirteen-year-old girl, who for years was subjected to sexual abuse, were incarcerated following the decision of a judge at the court in Carolina that the Public Prosecutor had presented sufficient evidence to justify their arrest and that of another seven men implicated in the case.

The accused are facing charges of sexual assault and mistreatment of a minor. The Public Prosecutor offered details of a pattern of abuse, in which family members and neighbours of the victim in the area of Gurabo participated, beginning in 2012 when the girl was nine years old. She continued to be subjected to abuse when the family moved to the Hacienda La Ceiba in Trujillo Alto, where the family hired the place for private activities. There, the abuse continued, this time inflicted by maintenance staff and other relatives and their associates, who also figure among the accused. As a result of repeated sexual assault, the young girl became pregnant and gave birth at the age of 11, but the father's identity is unknown.

A social worker reported the situation to the police. Gisela was removed from her home by the Department for the Family, and an investigation against the adults was launched. Among other evidence given in open court, it was shown that some of the accused gave the girl alcoholic beverages and cannabis in order to make it easier to carry out the abuse, which included numerous instances of rape.

The investigation revealed that the girl was instructed by her guardians to lie. She began to miss school in order not to raise suspicions. The social worker, having noticed that the girl had not returned to school, raised the alarm.

After the Department for the Family intervened in the case, the victim's stepfather and mother attempted suicide, ingesting rat poison in January of 2014. The couple's condition, however, was stabilized at the University of Puerto Rico Hospital in Carolina.

The accused face charges of pimping, living off immoral earnings, and aggravated people-trafficking, as well as committing lewd acts, mistreatment of minors, and sexual assault.

At the start of the interview, the girl, who testified via a closed circuit system, alluded to a pattern of abuse. She said that she discovered her pregnancy in August or September of 2014 by means of a home pregnancy test, and that her guardians tried to deceive her as to the result, initially denying that it was positive. The young girl has a baby as a result of the sexual abuse and she does not know who the father is. "I would throw up whenever I ate something. I went to the pharmacy with my stepfather and mother. They bought me the test. I urinated [on it] and it came out positive, but they told me it was negative," she said.

When the Department for the Family was alerted to the child's pregnancy, they made a visit to her home. "I was very afraid that they would take me away," she said, referring to the possibility that she might be removed from the home where she lived with her mother and stepfather, who had threatened her to keep silent.

SOURCE:

Francisco Rodríguez-Burns, Arrest order issued against nine for sexual abuse against minor, *El Nuevo Dia* (May 29, 2015), available at <http://www.elnuevodia.com/noticias/tribunales/nota/causaparaarrestocontranueveacusadosporabusosexualcontramenor-2053608/>; Francisco Rodríguez-Burns, Minor victim of presumed pattern of sexual abuse speaks about her pregnancy, *Primera Hora* (Sept. 17, 2015), available at <http://www.primerahora.com/noticias/policia-tribunales/nota/menorvictimadepresuntopatrondeabusosexualhabladesuembarazo-1109084/>.

7.

Judicial reports and lawsuits of sexual violence against girls

None of the studied countries keep national statistics of sexual abuse reports disaggregated by gender and age. Moreover, it is not possible to either measure how many of those reports are judicially investigated nor, of those that are investigated, how many end in conviction.

In this way, not only is it impossible to measure the magnitude of sexual violence against young girls or how many of the reports reported are of incestuous sexual abuse, but it is also impossible to measure the efficacy of the judicial response.

Notwithstanding the scarce and biased data collected, it is still possible to conclude that the rate of impunity is very high, with 90% of reports not ending in charges.

Only six of the countries studied (El Salvador, Honduras, Mexico, Nicaragua, Paraguay, and Peru) kept records of sexual violence against girls under the age of 14. Even so, these are biased, isolated, and do not cover every year of the study.

In Honduras, during 2014, 345 reports were registered, according to data provided by the Public Ministry's Office of Strategic Planning and Quality Management. Data is only available for 2014. There is neither disaggregated data by sex or age for these lawsuits nor records of sentences presumably arising from these lawsuits. In 2014, there were 74 lawsuits on behalf of victims of rape. In 71 of these, the victims were boys (20) and girls (51). There was a guilty verdict in 23 of them. But these records are only of crimes committed by minors against minors. There are no complete statistics that include crimes committed by adults against young girls.

The data for Mexico shows that in 2013 there were 17,197 reports of rape.¹⁰⁸ Unfortunately, there is no data on whether any of these generated a lawsuit or, if any were, whether any of them resulted in sentencing.

In 2013, in Nicaragua, the National Police registered a total of 833 reports of rape against girls under the age of 14 -- 510 of the young victims had a primary school education level and 62 were illiterate. However, other sources suggest that on average 1,500 girls aged between 9 and 14 years are sexually abused and impregnated annually, an average that has been consistent over the last 8 years.¹⁰⁹ There is no record of how the perpetrators in these cases were punished.

¹⁰⁸ Available at <http://www3.inegi.org.mx/sistemas/tabuladosbasicos/tabdirecto.aspx?s=est&c=33637>.

¹⁰⁹ Inter-agency Meeting on Present Evidence, Lessons Learned, and Good Practices in the Prevention of Adolescent Pregnancy in Latin America and the Caribbean. Pan-American Health Organization/WHO, in collaboration with the World Bank, the United Nations Population Fund, the United Nations Children's Fund and the Mesoamerican Health Initiative (2015).

Paraguay reports 276 complaints involving minors under 14 years of age in 2012; 857 in 2013; and 688 in 2014, but these figures are not disaggregated by gender.¹¹⁰ There is also no record of the number of lawsuits that resulted in a judgment. According to the Judicial Statistics Division of the Supreme Court of Justice, there were 140 reported cases of women being sexual coerced compared to 34 of men. There is no available data disaggregated by age.

In Peru there were 1,450 reports (29.32%) in 2010 and 1,819 (31.36%) in 2012.¹¹¹ There is neither data on the results of these reports nor is it mentioned in the National Police statistics or the Women's Emergency Centre's Database whether these reports of sexual violence resulted in pregnancy and, if they did, how they were dealt with.

In the other countries studied data is not disaggregated by age. In fact, some of them are also not disaggregated by gender.

Argentina does not record official national data on reports of sexual abuse against young girls nor on initiated lawsuits or judgements issued. Each province processes its own data and within an individual province there can be several databases utilizing different indicators.

According to the Secretariat of Human rights in Brazil, every hour three reports of sexual abuse against young girls and adolescents are recorded. Sexual violence is the fourth most common violation against children and adolescents reported to the Human Rights Hotline. The Dial 100 service is maintained by the Secretariat of Human rights for the President of the Republic (SHR/PR) to register and pursue reports. In the first three months of 2015, there were 4,480 reported cases of sexual violence, representing 21% of the over 20,000 lawsuits related to minor's human rights violations. On the subject of lawsuits, the president of the Brazilian Association of Judges, Prosecutors, and Public Defenders for Young People (ABMP), prosecutor Helen Crystine Correa Sanchez, warns that although "the justice system has advanced in many aspects, there is still a prevalence of impunity in the prosecution of sexual offence cases involving children and adolescents and that attention for victims continues to be precarious in many areas," adding that "few cases effectively result in sentences."¹¹²

El Salvador's Institute of Legal Medicine shows that among women, the majority of cases are observed in the 10-14 age group, with an incidence rate of 34.66%. Information obtained from the Attorney-General's Office for 2014 reflects that 2,839 cases of sexual crimes against women went to trial, which represents 54.14% of the total cases reported. Of these cases 424 (8.09%) were found guilty while 224 (4.27%) were acquitted.

In Puerto Rico, police statistics lack crime data disaggregated by age and instead groups crimes of incest, rape, sodomy, lewd acts, and statutory rape together when the victim is under the age of 16 years. According to police statistics, between January and June 2015, there were 568 crimes of sexual violence against girls under the age of 15 years. Despite having an Institute of Statistics, the data is neither standardized nor available for all the years requested. Moreover, there are diverse

¹¹⁰ Public Ministry Complaints Office.

¹¹¹ Peruvian National Police Annual Statistics, 2010 and 2012, mentioned in: "Factors related to pregnancy and maternity in girls under the age of 15 years in Latin America and the Caribbean." Latin American Federation of Obstetrics and Gynecology Societies (FLASOG), PROMSEX. Peru, January 2011. p. 9.

¹¹² Childhood – For the Protection of Infancy, The Majority of sexual violence cases against children and adolescents does not result in sentencing (Apr. 15, 2011), available at: <http://www.childhood.org.br/maioria-dos-casos-de-violencia-sexual-infantojuvenil-nao-resulta-em-con-denacao>.

databases that use differing criteria. Thus, the Department of Family Department, the Office of the Ombudsman for Women, the Department of Justice, the Department of Health, and the police all keep records differently.

Uruguay, despite having a Guide on Police Actions, does not have disaggregated figures. Instead, the Attorney General's Office presents its own statistical data on the number of judgements and hearings. The same is true of the Justice Department. The figures for the first half of 2015 showed that there were 109 reports of rape and 26 of attempted rape, without specifying ages. The 2014 Annual Statistics show the percentage of people in detention with and without sentencing, but does not state their crimes. The percentage of initiated cases is thus recorded as: Penal, 1,667 (19.6%); Family, 26,336. (30%); Specialists in Domestic Violence and measures for the protection of children whose rights have been violated or are at risk 14.6%.

This reality begets the question: what has happened to the so-called protection of children's rights? How can the best interests of young girls be guaranteed if the number of reported sexual abuse cases remains unknown and if the authorities do not know if the reported facts were investigated, sanctioned, set right or went unpunished.

Reports provide a small sample of the actual number of cases of sexual violence since the majority of cases are not reported for reasons analyzed above, which is why it is necessary to keep in mind a significant margin of unreported cases.

Juana - 11 years old

Mexico

Juana became pregnant when she was 10. When she celebrated her 11th birthday, she was 18 weeks pregnant. She lives in the community of Rovirosa, Quintana Roo.

The girl told her mother that she had stomach pains and they went to the doctor where they learned she was 14 weeks pregnant. Her mother reported the facts before the Quintana Roo Attorney General's office on March 23, 2010. Ever since, the girl has been in the custody of the State Family Development Office (DIF for its Spanish initials).

State law allows abortion up to three months gestation (90 days) in cases of rape. At her first medical examination, the girl was already three and a half months pregnant (105 days).

Her mother visited Juana every week, accompanied by a psychologist, and even though doctors considered her pregnancy to be high risk, state laws prevented them from carrying out an abortion.

Initially, the girl claimed that a man took her toward the mountain and raped her, but when the investigation deepened, she admitted she had been raped by her step-father.

Four days after her mother made the report, the identified aggressor, Isaac Santiago Martinez (aka "El Brujo") was detained and jailed in Chetumal, the capital of Quintana Roo, under charges of resisting authorities and intent to flee due to the alleged rape.

Neither the girl nor her mother were informed about their right to end the pregnancy as it was a result of rape. Her pregnancy was high risk, as she showed signs of malnutrition, in addition to the dangers related to her age.

In accordance with State law, abortion is also permitted when the pregnancy puts the woman's life at risk. However, according to the Minors and Adolescents at Risk Care Program (PAMAR, for its initials in Spanish) the State Health Secretary felt that "the minor was in excellent state of health."

The State Health Secretary, Juan Carlos Azueta Cárdenas, confirmed in his appearance before local deputies, that in 2009, 881 adolescent girls became pregnant after being raped.

He explained that 16% of pregnancies among minors are the result of rape. Nevertheless, only 150 cases were reported to the State Attorney General's Office's Special Sexual Crimes Prosecution division.

Source:

Expansion (CNN), *Una niña mexicana de 11 años violada por su padrastro da a luz* (Aug. 26, 2010), available at <http://expansion.mx/nacional/2010/08/26/una-nina-mexicana-de-11-anos-violada-por-su-padrastro-da-a-luz>.

8.

Protocols for caring for girls who are pregnant as a result of violence

None of the studied countries had a protocol, guides or public policy designed to tackle the problem of sexual violence against young girls in a specific or integrated way *that includes integral and multidisciplinary procedures to follow in cases where such violence results in childhood pregnancy.*

The different protocols are listed in Annex IV. In some of them, the issue of childhood pregnancies is mentioned in a tangential way, without constituting a multidisciplinary or integral approach that considers the performance of different State agencies, including Justice, Health, Education and Social Development, to mention some of the most important agencies. In Argentina's Guide to Legal Termination of Pregnancies, for example, a girls' legal competence to decide is analyzed and the importance of listening to her opinions, but these instructions are limited in the event of an actual termination of pregnancy.

State performance standards have been found in the following cases: in Justice and Health Ministry protocols for the treatment of women who are victims of sexual violence; in performance protocols for lawsuits involving children and adolescents; in protocols for legal termination of pregnancy; and for caring for children and adolescents who are victims of school violence, trafficking or sexual exploitation.

But these standards are isolated and many of them do not encompass a comprehensive treatment. Additionally, a lack of institutional coordination exists in many countries making a holistic approach to the problem difficult.

It is important to note that it is precisely those countries that count on very restrictive norms on the termination of pregnancy in childhood, where girls lack support programs when they become mothers. In the majority of cases, girl mothers are left to their own devices with scarce resources that do not meet their basic needs.

Cases of rape that result in a young girls' pregnancy and childhood maternity are generally considered to be *emergencies*. Health care staff does not rely on clear directives on how to act in the face of them. The same is true in the justice sector.

With the exception of Honduras, all the countries studied have some kind of protocol on violence against women. Some are directed at justice personnel while others are aimed at health and education personnel.

In the majority of countries, these protocols are aimed at the treatment of all women victims, regardless of age. In Mexico and the Dominican Republic they have protocols specifically focused on children and adolescent victims. In Uruguay, they have designed two road maps to detect

sexual abuse and mistreatment of children in the education sector, one focuses on the violence that takes place in schools and the other is provided to students in high school and university. The Ministry of Health has performance guidelines in the Emergency Services context on how to tackle cases of sexual violence: one targeting childhood and adolescence and the other adults, including pregnancy and STD prevention.

There is an urgent need to supply specific protocols that tackle violence against children and they must include procedures for tackling sexual abuse, including incestuous sexual abuse. Those protocols will have to consider an interdisciplinary approach, including all areas of intervention (justice, health, education, social development). They must also provide a process to follow that does not allow for a continued human rights violation by imposing pregnancy and motherhood in the event that a child becomes pregnant.

Yayá - 14 years old

El Salvador

Yayá lives in the Platanillo neighborhood of El Milagro, Quezaltepeque, La Libertad region of El Salvador, with her mother, two brothers, and one sister, all of whom are younger than her. Her father, an alcoholic, is separated from her mother and only occasionally sends them financial aid, so that the family survives on the scarce income the mother makes from washing and ironing services.

Her house is mixed use unit with three rooms, an asbestos sheet roof, and cement floor with water in their home and a compost toilet. These houses were constructed as part of a government and Mayoral project using manual labor from community members.

In the neighborhood, the main street is a rough dirt road with a high rate of accidents, where micro-buses travel to and from Quezaltepeque, which is more or less half an hour away.

The majority of the women in the neighborhood are housewives, while others provide washing and ironing services. The men work the land, sowing beans and maize on rented land, while others are day laborers and work on the nearby farms. The market and traders that visit come from the city.

Yayá studied until 6th grade at Estebana Sanabria de Larios School located in the Platanillo neighborhood, where she lives. She attended school in the morning and helped at home in the afternoon. At school they had already been taught about sexual and reproductive health, including about contraceptive methods.

She became friends with a 14 year old boy, who does not live with his parents. They fell in love and after two or three months of dating, they had sexual relations. They did not talk about it, it just “happened,” but it was consensual. He never talked to her about using a condom. He asked her to use birth control pills, but she did not know how to buy them because they are not sold to children.

She became pregnant, experienced the natural side-effects of nausea and vomiting, and her mother took her to a clinic to take a pregnancy test, which came back positive. Yayá cried a lot, but her boyfriend said they had to face the consequences and her mother advised that it was already done and she would have to deal with it. She threatened Yayá with physical punishment if she tried to get an abortion, offered to help with the baby, and told her to stay in the home. She took her to speak with her teacher to see about her educational situation. He advised them to continue going to school to finish the year and that she did not need to wear her uniform so she did not feel bad unless she wanted to. He also told her that, after the baby was born, she could return to school if she wanted and advised her not to become pregnant again.

However, Yayá left school “because it was already noticeable” and children she had considered her friends “criticized her and looked down on her.” She believes that their mothers encouraged them to act this way. She only had two girls, who weren't friends or her age same age, who helped her throughout her pregnancy.

She continued living at home with her siblings. Her brother, then 11 years old, did not really speak to her and the rest were too young to notice. Her father and maternal grandmother advised her to continue studying after childbirth.

Since her pregnancy, she has continued to date and have relations with her boyfriend. She had a normal pregnancy and childbirth and gave birth to a daughter.

Source:

Interview with Yolanda Guirola, Dec. 17, 2015.

9.

Organizations that care for and house pregnant girls

There are no specific spaces provided for looking after and housing pregnant children should they be unable to remain with their birth family. In general, they are cared for and accommodated by institutions dedicated to pregnant teenage girls or those that work with children in vulnerable situations, due to poverty, homelessness or other risky situations.

9.1. Governmental organizations

Among the countries studied, Argentina, Brazil, Colombia, Mexico, Nicaragua, Peru, and Uruguay have state-run centers that look after and house pregnant teenagers and children. However, these centers are not established throughout the country, are scarce, and do not meet all of the girls' needs. Furthermore, like other organizations, these centers have agreements to administer other homes with private entities that are largely dependent on the Catholic Church.

In Argentina and Panama, the state entities commissioned with supervising these centers is the National Secretariat for Children, Adolescents, and the Family.

In Bolivia, there are no recorded public organizations providing this service, only private ones that depend on donations from foreign agencies.

Brazil has the CREAS program (Specialized Social Assistance Reference Centers). In cases of sexual violence, the assistance services provide comprehensive care to victims as prescribed by federal law. However, they face institutional barriers, a lack of information provided to the general public, and limited coordination with mental health policies.

Colombia's PROFAMILIA JOVEN program offers exclusive care for teenagers and young girls aged between 13 and 21 years old through care services in sexual and reproductive health and sex education. No information was found on spaces for girls younger than 13 years of age.

El Salvador has the National System of Comprehensive Protection of Children and Adolescents, regulated by the Law on the Comprehensive Protection of Children and Adolescents, (Art. 103 et seq.). Its objective is to ensure that children and adolescents of El Salvador can fully enjoy their rights. The institutions that comprise it are the National Council on Children and Adolescents, the Salvadorian Institute for the Comprehensive Development of Children and Adolescents, and the Attorney-General's Office. There are no institutions reported to specialize on the issue dealt with in this report.

In Honduras, bodies involved in these cases are: 1) the Public Prosecutor's Office on Children and Adolescents, which is the Public Ministry's body; 2) DINAF (National Directorate for Children and Adolescents), which operates the legislative, regulatory, and tax components of child, adolescent and family protection and also runs a public, de-centralized management system, with participation from the churches,

and 3) NGOs dedicated to caring for children. This new form of management was adopted in June 2014. Before then, the Honduran Institute on Children and the Family handled the housing of at-risk children, which included pregnant girls.

In Peru, INABIF (National Comprehensive Program for Family Wellbeing), a dependent of the MIMP (Ministry on Women's Affairs and Vulnerable Groups), underpins Casas Hogares (Children's Homes). These are currently looked after by private entities by way of agreements. They also provide referrals to specialized centers of Catholic origin.

Mexico has PONAS (National Program for Social Assistance).¹¹³ In Jalisco there is a model center under agreement with the Catholic Church that provides care to pregnant girls and teenagers.¹¹⁴ According to government officials, the center in Jalisco will be a model center to be replicated in other federal states.

Nicaragua has the support of the Ministry on Health's Maternal Waiting Houses, where the Ministry guarantees pregnant women's care by nurses and doctors qualified to detect pregnancy and childbirth risks and problems. Women housed in these Waiting Houses can receive visits with some restrictions.

Uruguay has CAIF (Comprehensive Care Centers), dependent on INAU (Institute for Children and Adolescents), which comprises the MIDES (Ministry for Social Development). These centers house children from 0 to 3 years' old full-time as well as teenagers in situations that critically infringe on their rights and/or who are from socio-familial environments that merit this type of intervention. In general, pregnant girls who need lodging are housed with their teenage counterparts.

9.2. Private Organizations

All of the countries in this study have ratified the Convention on the Rights of the Child (the CRC). In fact, one frequently hears authorities committing to "protecting childhood" and to guaranteeing the CRC's principles, which include the rights to non-discrimination, adherence to the best interests of the child, the right to life, survival and development, and the right to participation.

These principles do not appear to be reflected in state actions when handling young girls' complex experiences. In high-risk and fragile cases, girls are often interned in homes and shelters that in most cases are administrated by private institutions.

Our study found private entities specializing in caring for young pregnant girls in every country. (See Annex V). However, no country has transparent, official records accessible by the general public where one can verify the number of and characteristics of these organizations, their governmental funding, and how many children they care for.

The majority of these institutions care for and house pregnant *adolescents* and *girls* are lodges or cared for using the same methodology. With a few exceptions, these institutions have connections to the Catholic Church and receive subsidies from the state.

Exceptions include international organizations made viable through funding from international donors. Among these is Save the Children, which focuses on human rights.

¹¹³ Available at http://www.dof.gob.mx/nota_detalle.php?codigo=5343103&fecha=30/04/2014.

¹¹⁴ Available at <http://www.jalisco.gob.mx/prensa/noticias/10777>.

As for Catholic Church institutions, they generally do not respect pluralism or religious equality nor do they have a philosophy that is based on solidarity and human rights. This despite the fact that they are maintained through public funding and that the majority of states claim to be secular. Their practice is guided by concepts

of charity and of helping “disoriented” girls and young people with a very strong religious agenda. The majority of these institutions do not respect girls’ reproductive autonomy and do not even seek their opinion on whether they want to continue with their pregnancy or not. Some even offer courses on how to “be a mother.”

The “protection” these institutions provide girls is accompanied by a judgmental and prejudicial look, both towards the girl’s behavior as well as her background. These institutions also have evangelical intentions of “sorting out a girl’s life” and setting her on the right path.

An example of this type of organization is the Red Solidaria¹¹⁵ (Solidarity Network), which offers help to young pregnant girls in Latin America. It counts on Women’s Help Centers (CAMs) in 16 countries in the region, including: in: Argentina, Bolivia, Colombia, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, and the Dominican Republic, among others. They are accountable to the Catholic Church; claim to work in defense of life, and, in some countries, are served by different religious orders, such as the Adorers, and Oblates or by the Caritas. This network also exists in Spain where institutions there are known as “Pro-Life” or “Pro Human Life.” The fact that they are accountable to the Catholic Church does not mean that the Church economically maintains them, as, in general, they receive subsidies from their governments.

9.3 State mechanisms for monitoring institutions working with pregnant girls

As one of the international commitments made when signing the CRC, the CEDAW Convention, and the Convention of Belém do Pará, states are obligated to monitor and police that institutions are upholding all corresponding human rights standards, especially those institutions that work with at risk children or children facing serious problems.

However, in most countries, this task remains unfulfilled. Among others, the following problems were identified in this study:

- There are no official records on the centers, organizations or homes for girls that are complete, publically available, and transparent. There is especially a lack of records on those centers that house pregnant girls that feature the number of girls housed, how they work, what standards are upheld, and whether or not they respect the guiding principles of children’s human rights.
- There are no monitoring and policing plans or policies for private organizations that work with these girls. While there are state institutions commissioned to supervise matters on childhood and adolescence, there is no evidence of a public policy for monitoring the private organizations that work in this area.

¹¹⁵ Available at: <http://redsolidarios.blogspot.com.ar/2009/09/latinoamerica-ayuda-para-adolescentes.html>.

- Similarly, there is no efficient supervision in place to prevent the use of the “woman as procreator” stereotype.¹¹⁶ Every country that makes it difficult for rape victims, even children rape victims, to access abortion, is giving preference to procreation over a woman’s reproductive autonomy. This stereotype exists in these cases and also appears in the discourse of most church-associated organizations housing pregnant girls and teenagers.
- There is no compliance framework in place to police connections between the homes or hostels that house pregnant girls and national or international adoption groups and organizations.

It is common for those who maintain the “woman as procreator” stereotype to promote the adoption of newborns by “good families” who can provide them with welfare, a quality education, and a better outlook on life.

Apart from obligating states to respect and promote rights, human rights treaties also require states to ensure that neither non-governmental bodies nor individuals violate the human rights of their population. Accordingly, countries should eradicate discriminatory stereotypes, such as that of the “woman as procreator,” which is especially pernicious when applied to girls. Likewise, states should monitor whether there is a connection between groups or institutions housing pregnant girls and agencies or entities promoting adoption.

In Honduras, where abortion is illegal in all circumstances, adoption agencies are connected to state bodies in charge of child welfare. The National Directorate for Child and Adolescent Welfare (DINAF) states its affiliation with the International Orphan and Adoption Assistance on its web page. DINAF promotes Honduran adoptions as very easy to obtain, given that the “adoption programs are very flexible.”¹¹⁷

This organization also advertises the availability of children as though they were talking about products in a supermarket. After advertising that the children have dark complexion and hair, its web page reads:

- “Boys and girls from 2-10 years old are available.
- Sibling groups are available; older sibling groups are available immediately.”¹¹⁸

9.4. Supervisory bodies

Most countries have created state institutions to care for and house pregnant children and child mothers that, with the power of Secretariats or Directors, tackle the challenge of protecting and promoting the rights of the child and adolescent population. Nevertheless, in general, there are no known plans for monitoring and evaluating them.

In Argentina, for example, the National Secretariat on Childhood, Adolescence, and Family is the authority in charge of this kind of supervision. Each province has Secretariats or Directorates on maternity and Girls, Boys, and Adolescents.

¹¹⁶ Whenever families, society or the State pressures women or girls to carry their pregnancy to full term and to be mothers, although they have no chance of meeting the requirements of raising their children - the “woman as procreator” stereotype prevails. It considers women to be valuable only as procreators or mere incubators.

¹¹⁷ Its website notes: “EAC is working in cooperation with DINAF – Dirección de Niñez, Adolescencia y Familia, to complete adoptions in Honduras. Honduras is a very flexible program. The majority of files in country have already been approved and are on the wait list waiting to be matched to a referral,” available at <http://www.eaci.com/adoption/pre-adoptive-parents-overview/our-programs/honduras-adoption/>. (last visited Jan. 27, 2016).

¹¹⁸ *Id.*

Bolivia has the National Council on Childhood and Adolescence; Governorship Commissions on Childhood and Adolescence; and Defenders of Childhood and Adolescence. Protection is the responsibility of the Municipal Commission Childhood and Adolescence, Defenders of Childhood and Adolescence, and the Public Ministry through the Public Prosecutor's office Childhood and Adolescence.

In 2000 in Brazil the National Council for the Rights of the Child and the Adolescent (Conanda) created the National Plan for Confronting Child/Juvenile Sexual Abuse, with six thematic areas and indicators.

Colombia has the Interinstitutional Committee for the Defense, Protection, and Promotion of Children's and Adolescent's Human Rights.

El Salvador has Protection Boards, which are independent and whose function is to protect the rights of children and adolescents at the local level. According to their legal mandate, at least one Board should be set up in each of the country's Departments.

Honduras has DINAF, which is attached to the Secretariat for Development and Social Inclusion (SEDIS) and which is responsible for creating local comprehensive care programs for children. Among the mandates of this body is that of providing technical advice, supervision, and management. There is also the Technical Committee for Social Protection, which is supposed to evaluate DINAF's work.

Mexico has the National System for the Comprehensive Protection of children and adolescents.¹¹⁹ The regulations governing the system were severely attacked by organizations linked to VIFAC and Family Network ("Pro-life"), as they restrict organizations charged with providing social assistance to pregnant teenage girls from processing adoptions.

In Nicaragua, the task is in the hands of the Ministry of Family, the Attorney-General for Human Rights, and the special Attorney-General for children and adolescents, who should be implementing the follow-up.

In Panama, the body in charge is the Secretariat on Childhood, Adolescence, and Family (SENNIAF) and the Ministry of Social Development. However, the follow-up only happens on a circumstantial basis and there is no monitoring or evaluation system in place, unless when the foster homes receive subsidies from the Ministry or when complaints against it are made.

Paraguay has a National System of Comprehensive Protection and Promotion of Childhood and Adolescence, which is made up by the following: National Secretariat for Childhood and Adolescence, the National Council for Childhood and Adolescence, Departmental Councils for Childhood and Adolescence, and the Municipal Councils on Childhood and Adolescence.

Peru has a National Program against Family and Sexual Violence (PCNVFS) in the MIMP,¹²⁰ which includes an Annual Plan for Monitoring and Evaluating the Interventions of the PNCVFS (PAME). The plan's framework derives from a Specific Directive on special Regulations and Guidelines for tracking, monitoring, and evaluating the actions of PNCVFS. On the other hand, the Ombudsman supports Special Care groups, including those for children and adolescents.

¹¹⁹ Available at <http://www.leyderechosinfancia.mx/ley-general/el-sistema-de-proteccion-especial/>;
<http://www.gob.mx/shcp/galerias/sistema-nacional-de-proteccion-integral-de-ninas-ninos-y-adolescentes-2-diciem-bre-2015>

¹²⁰ Available at: http://www.mimp.gob.pe/portalmimp2014/index.php?option=com_content&view=article&id=6842&Itemid=431.

Mainumby – 11 years old**Paraguay**

She was 10 years old at the time of her pregnancy and turned 11 shortly before giving birth, which happened by way of Caesarian on August 13, 2015. She lives in Luque, under the care of a modest family, in a neighborhood far from the main road, which is accessed by a trail that is impossible to cross during the rainy season.

She was in sixth grade at the Public School “Luís Gonzaga.” She finished it “remotely” intermittently, receiving classes in her home once a week for a few hours.

Mainumby was a victim of sexual assault, having been raped by her step-father (who is currently accused of the crime). The girl’s mother (Mrs. CEF), had taken her to a psychologist because she noticed that something was amiss, although the girl was unable to express what was wrong.

When she began to experience stomach pains, mother and daughter visited four different medical clinics. The first three diagnosed her with a parasitic infection and prescribed some anti-parasitic remedies. As soon as they got to the fourth place – a private clinic which Mrs. CEF turned to after asking for a loan from her work, they informed her that the girl was four months’ pregnant.

The mother requested that the pregnancy be terminated. This was refused by the State, despite the doctor’s diagnosis of a “high-risk pregnancy, due to the young age and incomplete development of the uterus” and his mentioning that abortion was a possibility. Faced with the refusal from the Hospital authorities, the doctor sent a letter to the Health Ministry demanding that the abortion be performed under special circumstances, due to the risk presented to Mainumby, who was 4’7” tall, weighed 75 pounds, and was malnourished. This produced no results.

The girl was interned in a Paraguayan Red Cross that fell under the scope of a “shelter” where she was forced to carry the pregnancy to term. The first of the State’s actions was to separate her from her mother, so as to hospitalize her without visitation rights, except that of an aunt once a week for two hours. Despite her daily demands to see her mother, they did not listen to her. She was informed that her mother was being detained under orders from the Attorney-General’s office and that she had been accused of breaching her duty of care and for being complicit in the sexual abuse.

Later, the girl recounted that she had been made a victim of violence at the hands of the staff and had been forced to carry out, among others, the center’s “cleaning duties”, despite the constant pain she suffered. Furthermore, she was very sad because of her confinement and isolation from her family and friends. She experienced distress, worry, and confusion about the lack of honest information of her mother’s actual situation, as staff concealed from her that she was being deprived of freedom. Instead they told her that she couldn’t go to visit her because she was working.

In the last trimester of the pregnancy, the doctors ordered hospital rest, due to her high-risk pregnancy.

Mainumby wants to keep studying. She remains traumatized for having given birth and she doesn't feel comfortable breast-feeding the baby. At 11 years old, she is incapable of meeting the needs of being a mother. She recently went with her family to a hospital to ask to be granted access to vaccination records and she had a panic attack. She is very afraid of going back to a hospital. She often has episodes of irritability and despair when she has to deal with breast-feeding or looking after the baby. During her institutionalization at the Red Cross Hospital, she was denied access to infant formula and was taught and encouraged to breast-feed, which contributed to her trauma. Nursing the baby is very traumatic for her.

Sources:

<http://www.oas.org/es/cidh/decisiones/pdf/2015/MC178-15-ES.pdf>;

Records of CLADEM, Amnesty International, and Equality Now.

10.

State Policies on Pregnancy, Child Motherhood, and Sexual Education

An enquiry concerning State policy was performed taking three thematic areas into account:

- Child Pregnancy: information was sought concerning: a) If access to abortion is made available when sought; b) If the child mother is housed in a home or in a specialized institution; c) If contact with family members, friends or women's organizations is facilitated or prevented; d) If attending school while pregnant is prohibited.
- Child Motherhood: items requiring analysis were: a) How to guarantee continuing education for child-mothers? and b) What sort of social programs offer child mothers support?
- The existence of comprehensive sexual education programs of: investigated: a) If such a program exists in the country and b) If so, whether it has been effectively implemented.

10.1. Social Policies

The study's results show that, in general, there are no specific programs for pregnant girls or child mothers who are under 14 years old. However, most countries have some type of program for pregnant adolescents, implemented via the healthcare, education or development fields. Some also include conditional money transfers.

Most countries legally guarantee continued education. However, the study noted the persistence of discriminatory prejudice against pregnant girls or child-mothers. In reality, nearly half of them abandon their studies. Stigma leads some public officials to isolate them, whether by moving them to a night class schedule or by organizing home study modules so that "they may not infect others."

Serious problems exist with continuing education in both urban and rural homes when faced with a girl's pregnancy and delivery due in part to the difficulties girls and their households face. This situation requires schools to follow-up and support pregnant girls and child mothers. They must develop preventive actions for child and adolescent pregnancy through sexual education programs and provide support and active assistance to girls who become pregnant.

There are no exclusive programs for pregnant women or child-mothers under 15 years old in Argentina, though they have access to welfare benefits offered by the following eight

programs: Birth Plan (Plan Nacer); Remedy Program (Programa Remediar); Community Doctors Program (Programa Medicos Comunitarios) National Plan for Nutrition Security (Plan Nacional de Seguridad Alimentaria, (PNSA)); Sexual Health and Responsible Procreation Program (Programa de Salud Sexual y Procreación Responsable); Adolescent Sexual Health Program (Programa de Salud Sexual Adolescente); Universal Allowance per Pregnancy for Social Protection (Asignación Universal por Embarazo para Protección Social); and Universal Allowance per Child for Social Protection Program (Programa Asignación Universal por Hijo para la Protección Social). Likewise, in these cases, abortion is available under the Guide for the Legal Interruption of Pregnancy (2015). It is prohibited to exclude or hamper the attendance of pregnant girls or child mothers in school. There are schools they can attend with their babies. It is uncertain, however, how many of these plans will continue following the change in administration on December 10, 2015.

To date, Bolivia has no specific state program for supporting child and adolescent pregnancies, though medical assistance is guaranteed via the SUMI insurance scheme, which is currently in effect and is universally available to the entire population. Discrimination against pregnant girls is prohibited and the continuation of education is encouraged. Abortion is legal in cases of rape.

Brazil counts on the Family Health Strategy, which includes provisions for girls' health. Brazil also counts on the Technical Guidelines on Victims of Sexual Assault, which aims to guarantee pregnant girls' access to legal abortion. Education continuation is not prohibited, although the majority of pregnant girls or child mothers abandon it. There is no data concerning home confinement.

Since 2012, Colombia has had a National Policy on Sexual and Reproductive Health first issued by the National Council for Social and Economic Policy (CONPES). CONPES 147 is a social policy bringing together a number of Ministries (education, justice, health, culture, technologies, communication, the High Counsellor on Equality for Women, and others) in which specific guidelines for preventing adolescent pregnancy and promoting life programs for boys, girls, and adolescents, and juveniles aged 6 to 9 years old are established. It coheres with Colombia's From Zero to Forever (De Cero a Siempre), Families in Action (Familias en Acción), and the protection programs from the Colombian Family Welfare Institute (ICBF) programs. Additionally, school attendance while pregnant is not prohibited. Although child mothers must remain in school on a daytime schedule, many schools transfer them to the evening schedule. The Colombian Constitutional Court judgment C355/06 decriminalized abortion when pregnancy results from sexual intercourse that is violent, abusive, duly denounced or incestuous.

In El Salvador abortion is not available in cases of rape. With regards to education, the state has the "Technical Guidelines for the Development of Educational Circles with Pregnant Adolescents." Other policies are contained in the National Strategic Plan 2011-2014, including the Reduction of Perinatal, Maternal, and Neonatal Mortality and the Policy on Sexual and Reproductive Health. The National Policy on Health 2009-2014 includes Strategy 15: Sexual and Reproductive Health, which proposes that "in coordination with the Program City Woman, priority programs will be established on Information, Sexual Education, and Assistance in Sexual and Reproductive Health targeting school age groups, pre-adolescents, adolescents, women, and men throughout their reproductive life."

No particular public policies are noted in Honduras. Abortion is prohibited in all cases. Thus, girls who become pregnant as a consequence of rape must carry their pregnancy to term.

Mexico published the General Victims' Act in 2013, which establishes that health authorities are obligated to provide legal interruption of pregnancy services (ILE) as a measure of urgent medical assistance to victims of sexual violence, without requirement. Nevertheless, there are many challenges

in ensuring its implementation in Mexico's 32 states. To date, only six states have formalized the Act's mandate.¹²¹

Pregnant girls can continue their education, although some complaints of discrimination against them have been reported to the National Human Rights Commission. For those girls who become mothers, financial grants are made available through the Basic Education of Young Mothers and Pregnant Young Girls¹²² (PROMAJOVEN) program whose aim is to contribute to reducing the educational gap through scholarships to child and young girls who find themselves in vulnerable situations, exacerbated by pregnancy and motherhood.

The Ministry of Family is Nicaragua's institution protecting minor girl who can receive visits from family members but not from women's organizations. The Office of the Special Procurator for Children and Adolescents is in charge of monitoring it. Nicaragua does not allow for access to abortion under any circumstance and abortion has been criminalized since 2006. This means that girls must always carry their pregnancy to term. According to regulation 002 of the 2008 Family Planning Guidelines and Protocols (MINSAs), emergency contraception should be provided to all women in Nicaragua. Still, only a low percentage of health units provide it to women. With regard to Nicaragua's legal system, girls can exercise their legal rights under a Comprehensive Healthcare Model (MAI).

The new Family Code, which entered into force at the beginning of 2015, provides in Article 305 that public and private institutions in which a pregnant adolescent studies or works must guarantee the continuation of her studies or job and respect those rights that protect her. Due to its recent implementation, it is unknown what policy schools and educational institutions are following and whether they are complying with Article 305.

Section 29 of Panama's Law 2002, guarantees the right to the "education and health of pregnant adolescents," so that they may not be expelled from their regular education system and may be able to access medical care. In practice, however, many schools offer pregnant girls a module system of education so that they stop attending school at the education institution. Abortion is categorized as a crime and the only exceptions are in instances of rape and health risks. Additionally, in case of pregnancy as a result of rape, a woman must follow a process that often exceeds the time legally allowed for accessing an abortion. No social programs that target this population exist.

Paraguay issued a National Plan on Sexual and Reproductive Health 2014-2018 via the Ministry of Public Health and Social Welfare. It contains a line of action that aims to provide accurate and up-to-date information, adequate and effective family planning services, and free and accessible supplies to everyone; a national strategy for pregnancy prevention in adolescents aged 10 to 14, prevention of repeat pregnancies, and the prevention of sexual violence; adequate assistance to victims and access to emergency contraception and other contraceptive methods. It also aims to prevent and assist people in situations of intra-family violence, sexual violence, and gender-based violence (GBV). Action line 5 foresees the implementation of the National Program for Prevention of and Comprehensive Assistance to Women, Children, and Adolescents Experiencing Gender-Based, Domestic, and Intra-Family Violence, 2010-2015 and its protocols, as well as of the document Intra-Family and Gender-Based

¹²¹ Available at <http://www.sdpnoticias.com/nacional/2015/08/13/6-estados-de-32-autorizaron-interrupcion-del-embarazo-para-victimas-de-violacion>.

¹²² Available at <http://www.promajoven.sep.gob.mx/es/acerca/objetivos.html>.

Violence - Handbook on the Comprehensive Assistance to Victims in the Health System. Additionally, Paraguay counts on the Ministry of Health and Social Welfare's National Plan on the Equitable Promotion of Quality of Life and Health in Adolescence 2010-2015 and Law 408 on the Protection of Students in Situation of Pregnancy and Maternity (Sept. 13, 2010). Unfortunately, these programs are not adequately implemented.

Paraguay promulgated Law 4048 on the Protection of Pregnant and Parent Female Students in 2010. Under this Law, the Ministry of Education and Culture established procedures to assist pregnant school girls, providing them assurance that they would continue their studies and receive support in prenatal care sessions. The study found no official reports of the Law's implementation. Additionally, the Ministry of Public Health and Welfare, through the Directorate on the Integral Health of Children and Adolescents, issued a booklet on adolescent health in 2003, whose aim is to provide information to adolescents about their overall health using a rights framework.

Unfortunately, neither of these programs is adequately implemented. In reality, a high percentage of pregnant girls abandon their studies. In some cases, girls resume their studies under an adult education program. Although continuing their education is not prohibited, it is hampered and in some cases where home study modules are implemented, they do not cover a comprehensive syllabus. Some private (non-religious) schools allow students to continue their education, whereas some religious schools expel pregnant girls. In some situations, especially when girls come from families with few resources, they are sent to shelter homes. There, their contact with relatives and friends, as well as their return to school, is frequently hampered. Abortion is prohibited in cases of rape.

In Peru, policies are mainly focused on the prevention of adolescent pregnancy. Under no circumstances, including pregnancy as a consequence of rape is access to abortion enabled, either for children or adolescent girls. The continuation of studies is made possible under a Ministry of Education regulation prohibiting the hindrance of school education for child and adolescent mothers. However, thousands of pregnant girls and child mothers abandon their studies. Mechanisms exist to receive complaints, though most are filed to hold the would-be fathers accountable. With regard to the girls, the State assesses their family environment, and in those cases where they lack resources the girls are moved to shelters run by the National Family Welfare Comprehensive Program (INABIF), where, depending on the situation, it will be determined whether they can or cannot see their families.

Peru also has the following programs: 1) the Yachay National Program developed at the end of 2012 to restore the rights of homeless children and adolescents, including rights related to child labor, homelessness, begging, and sexual exploitation, so that they may achieve their full development; 2) the Supreme Decree 008-2001-PROMUDEH created the National Program Against Family and Sexual Violence under the Ministry for the Promotion of Women and Human Development. Its services include the Women's Emergency Center (CEM), which handles cases of abuse and sexual violence against women and men of all ages; 3) the National Family Welfare Comprehensive Program (INABIF); and 4) the National Consultative Council for Boys, Girls, and Adolescents (CCONNA), which works on issues including teen pregnancy and childbirth.

Puerto Rico does not have specific policies on pregnant girls. Executive Order 2014-062 was signed in 2014 to establish the Multi-sectoral Committee for the Prevention and Treatment of Gender Based Violence. The Department on Family has a Program for Access, Promptness, and Continuity of Healthcare Services for Minors under Custody under the Program on Social Protection and Foster Care. The interruption of pregnancy is legal and the continuity of studies is promoted.

In the Dominican Republic, pregnancy interruption is illegal under any circumstance. Although schools are prohibited from expelling pregnant girls, girls are often transferred to night class groups so that they do not “infect” their classmates.

Uruguay has several regulations to tackle this problem, including laws on Sexual and Reproductive Health; Voluntary Interruption of Pregnancy (IVE), and General Education, as well as the Childhood and Adolescence Code. The law on General Education guarantees pregnant girls’ continuation of studies. Despite the regulatory framework, it is difficult to access abortion services under the IVE.

Julia – 11 years old

Uruguay

Julia used to live in poverty and vulnerability with her mother and six siblings in Montevideo. Due to a behavioral disorder that required medication, she received her primary school at a special school.

Her parents suffered from a mental disability. The National Institute on Children and Adolescents (INAU), through the Calle Program together with the El Farol NGO, assisted Julia and her family. They also received hospital care from the State through the Ministry of Public Health.

Julia was the victim of sexual abuse by a 41-year-old male who had a romantic relationship with a close relative (of legal age). The perpetrator is currently in prison.

In March 2015, El Farol took Julia to the Pereira Rossell Hospital Centre (CHPR), a public hospital that assists pregnant women, children, and adolescents, where it was determined that she was pregnant.

A social worker from El Farol spoke with members of the hospital's medical and social worker staff to express **the will of Julia's mother to interrupt the girl's pregnancy as well as to inform them about Julia and the family's extreme vulnerability.**

Following Julia's intellectual assessment, the psychologist interviewed her mother, G.G., a housewife of 36 years. The report stated "her mother says that the pregnancy of her daughter is madness and that she is **willing to authorize the procedure that may lead to its interruption.**"

With regards to her personal history, Julia's mother shared that "[Julia] was raised by her father and step-mother. Her father was an alcoholic and raped her when she was 11 years old. She only attended the first year of school. Consequently, she is illiterate." Julia's mother has six children and is pregnant with a seventh.

CHPR decided to bring criminal charges against the male offender and to maintain the child hospitalized.

She was receiving psychiatric medication, apparently incompatible with the pregnancy. The girl expressed her desire to continue with the pregnancy and marry the male offender. The psychologist noted the following: "The minor (raped and pregnant) is **not aware of her present condition.** Her only interest is focused on the preservation of the relationship, to which should be added her low intellectual level and her behavioral disorders and impulsiveness." Immediately the professional made a warning to the Judge: "(The minor) is in an extreme situation of emotional and existential vulnerability."

The Social Worker of the El Farol NGO expressed: "*During these weeks I was in permanent contact with Julia's mother, who from the beginning of this situation had expressed her willingness for the pregnancy to be interrupted, since neither the girl nor the family had the possibility of dealing with the situation. On Thursday 16th, mother and child were summoned to the 3rd Specialized Family Civil Court. The following day I met, as agreed, with the psychiatrist. She informed me that the resolution from the acting Judge had arrived and that it had determined, without the consent of the girl, the pregnancy interruption could not be performed. She continued saying that the situation was complex, for the girl was highly unstable, and that the healthcare team considered that she was in no condition to decide what to do, neither with her pregnancy nor with the baby, although she expressed that she wanted to have her child and marry the man who had abused her. Likewise, she informed me that due to the difficulties of controlling her they had to medicate her again and that the necessary medication had an influence on the fetus, which could be affected.*"

Julia's mother expressed on the 16th of April before the 5th Specialized Family Civil Court at Montevideo -which was also following the case- that **she agreed to the interruption of her daughter's pregnancy** because Julia "is not in a situation of taking it to term, neither is she herself in a condition of being in charge and caring for her daughter, thus [I] see necessary the hospitalization of the minor in the INAU for providing the adequate treatment and restraint." The staff from the El Farol NGO, which belongs to the Calle Project (INAU) -and had been working with this family for three years- contacted the medical staff of the CHRR due to the mother's concern about the timing of the pregnancy's interruption, since time was lapsing and there was no progress on the matter. A team of child psychiatrists from the hospital had been working with Julia since the beginning of April concerning "the future of the pregnancy," according to one of the INAU sources. "The standpoint of the girl has been undoubtedly maintained: she wishes to be a mother," the specialists remarked. Due to this fact, the psychiatric medication she was taking before being hospitalized was discontinued. The resolution from the

Family Court recalls that both the medical reports submitted by the Pereira Rossell Hospital as well as the assessment performed by the Calle team indicate that Julia “has not the ability to understand the consequences of the pregnancy, of motherhood, and of the relationship with a man who triples her age, besides having herself an evident mental impairment,” even though she expressed her desire to have her child and to marry the man who had abused her.

Julia was hospitalized in the Pereira Rossell Hospital in order to undergo medical monitoring. The physicians raised their concern about her poor physical and psychological development and said that this could have negative consequences in the future, both for the mother and the baby. Afterwards, she was moved to an INAU shelter where she received psychiatric assistance, emotional restraint, and a proper diet.

Discontinuity of the psychiatric medication she had been taking was prescribed. Imbalances and hypertension led to her having a Caesarean section on October 16, 2015 at the Pereira Rossell Hospital.

Sources:

Legal assistance via telephone conversations and e-mails with the organization El Farol (director and social worker)
 Conversations with members of the National Institution for Human Rights and the People's Advocacy Intervention with the Director of the Department of Sexual and Reproductive Health MSP
 Court file on Specialized Family
 La Diaria, June 7th 2015 and other mass media
 Report of the social worker
 Eduardo Barraneche - July 22, 2015, El País Newspaper

10.2. Sex education programmes

The starting point of any policy to prevent child pregnancy should be the installation of comprehensive sex education programs. Young girls and adolescents need to be informed and trained to reject unwanted sexual approaches and contact, avoid pregnancy and sexually-transmitted diseases, and become empowered to explore their sexuality freely and without risking their safety.

The aim of sex education is to equip children and adolescents with the knowledge, skills, and values with which to make responsible decisions about their sexual and social relations. Girls and adolescents also need to be informed about safe abortion services, where these are legally available, and the dangers of unsafe abortion. They need to develop their life skills and improve their links to social networks and support services that can help them to reject unwanted sex and resist forced sexual relations, which they often feel powerless to do on their own.¹²³

The lack of sex education programs, or their scant, partial or poor implementation in the few countries where they exist, is an alarming symptom, particularly given that the greatest need for them is apparent in those countries with restrictive reproductive health policies. As a result of these policies, young girls receive insufficient information and are not empowered to reject unsolicited sex or resist forced sexual relations.

¹²³ WHO. *Early marriages, adolescent and young pregnancies*. U.N. Doc. A65/13 (Mar. 16, 2012).

In countries where it has not been possible to implement sex education programs, it can be seen that the sectors obstructing their approval are the same ones proclaiming their support for the right to life and working against abortion service provisions, without the state limiting their efforts.

Out of the countries studied, only Argentina has a compulsory, comprehensive, nation-wide program that does not recognise conscientious objection as a factor limiting its application. Despite its obligatory nature, in the ten years since it was introduced the program has encountered numerous obstacles in its implementation in all of Argentina's provinces.

In Brazil, sex education has been included in the Ministry of Education's national curriculum since 1996 as a cross-cutting issue that must be linked to the content of each subject taught in primary and secondary schools across the country, but it is not compulsory, only recommended. Education is decentralised, so that sex education varies from state to state. Approximately 45% of schools in Brazil have sex education programs.

Colombia has a Sex Education and Citizenship-building Program, created by law and coordinated by a national technical team (ETN), which carries out activities in coordination with the Regional Inter-sectoral Technical Teams (ETRI), made up of professionals from the education and health secretariats, teachers, university students, and representatives of sectors linked to the subject at the local and regional level. However, reports indicate that the program is not applied in all schools and, where it is, there are shortcomings in its implementation.

In El Salvador, Honduras, and Panama, no sex education programs are included in the formal education system. This does not mean no effort has been made to adopt such programs. Opposition to their approval comes mainly from fundamentalist religious sectors and some organisations that oppose women's and girl's rights.

Other countries have programs that are either partially applied or offered as general guidelines, but are not compulsory. Mexico's PROMAJOVEN program, which comes under the public education system (SEP), is clearly labelled as a nationwide program but is only partially applied with isolated initiatives. Authorities have expressed concern at their inability to implement policy in a sustained manner.

Nicaragua launched the Program for "Promotion of Sexual and Reproductive Health, with special focus on adolescents and youth" (PVJ, NIC7R14A). It was designed within the framework of the UN Population Fund's technical cooperation with the Association of Nicaraguan Municipalities (AMUNIC) and Nicaragua's North and South Caribbean councils and regional autonomous governments.

It was implemented between mid-2008 and late 2013. The aim of the program was to improve the quality of life for adolescents and young people, contributing to their exercise of their reproductive rights and improving their sexual and reproductive health. The impact of the program is unknown and no information is available about any other existing programs.

In Paraguay, between 2008 and 2011, the Committee for Managing Public Policy in Education and Sexuality brought together government bodies (Ministry of Education and Culture, Ministry of Public Health and Social Welfare, Women's Secretariat, Secretariat for Childhood and Adolescence and Vice-Ministry of Youth), civil society (Coordinating Committee for Children's

and Adolescents' Rights (CDIA), NGO network working on HIV/AIDS) and cooperation agencies (UNFPA, UNICEF, UNAIDS, PAHO/WHO). The Committee aimed to establish the principles and regulatory and operational guidelines for providing comprehensive sex education within Paraguay's formal and informal education system, as part of the National Education Plan 2024. The outcome was the creation and presentation of the "Guiding Educational Framework for Comprehensive Sex Education." In 2011, the Ministry of Education and Culture issued Resolution No. 35.635, suspending socialisation of the Framework and its deployment in the education system, owing to strong opposition from faith groups.

In December 2015, the National Council on Education and Culture (CONEC) presented a document entitled 'Policies for Education on Relationships and Sexuality.' The document seeks to define the implementation within the Paraguayan education system of education policies addressing sexuality and relationships. It makes no reference to the nationwide process which led to the Guiding Pedagogic Framework and has a strong religious bias.

In Peru, the Ministry of Education has drawn up 'Educational Outlines and Teaching Guidelines for comprehensive sex education' and the Ministry of Health launched the 2013-2021 Plan to prevent teenage pregnancies.¹²⁴ Implementation of this plan began only recently.

In the Dominican Republic, the Sex and Relationships Education Program (PEAS) has been operational since 2011, but there is no information on its impact.

Uruguay has a guide to inclusive sex education for primary schools. It has been met with considerable institutional resistance to its implementation, including from the Education Council on Public Education and from teachers who teach on sex education and sexual and reproductive rights.

¹²⁴ One of the desired results listed in this document's chart of objectives is to 'make more prevalent the use of modern contraceptive methods by sexually active adolescents and teenage mothers.'

Anita — 10 years old

Brazil

On July 17, 2015, Anita went to school as usual in her town in south-eastern Brazil. Soon after arriving, she started having stomach pains. Her teachers took her to the hospital, where doctors discovered that she was seven months pregnant and appeared to be going into labor.

Despite Anita's young age (10 years) and the fact that she was only seven months pregnant, the baby was born healthy.

The girl is thought to have been impregnated by her 40-year-old stepfather, who was already accused of raping a boy and of illegal possession of fire-arms.

Anita's mother was unaware that her daughter was pregnant or that her belly had grown larger than normal. She told police she had noticed that her daughter had become more withdrawn since October of the previous year and had started having problems with work, but that neither she nor any other family member had observed any unusual changes in the girl's body.

Anita did not report the abuse because of her stepfather's threats. He had told her that if she ever spoke about what he was doing to her, he would kill her mother and brother.

Source:

<http://www.tiempo.hn/brasil-nina-de-10-anos-da-a-luz-sin-saber-que-estaba-embarazada/>

11.

Conclusions and Recommendations

- 1.** **Forced child pregnancies** are symptoms that show us the situation of girls – and women in general – in the countries analysed. Among other things, they reveal the levels of violence, lack of autonomy, discrimination, and appropriation of girls' bodies by adult males, including those in their immediate family and social environment.
- 2.** **Forced child motherhood** also lays bare the ineffectiveness of state policies to prevent it. In those countries that have no sex education programs or access to contraceptives and in which termination of pregnancy is banned, control of girls' bodies is transferred to the state, which continues to wield patriarchal power over them until they are forced to become mothers at which point they are abandoned to their fate.
- 3.** The **lack of statistics** on the various aspects of this problem – including causes of pregnancy; number of young girls pregnant, receiving prenatal care or who have an abortion; number of childbirths broken down by age, morbidity and mortality of the child mothers; charges of sexual violence, trials and sentencing in cases where pregnancy arises from violence; organizations that take in pregnant girls, number of girls institutionalised, and other key data – is alarming and requires urgent attention from authorities, particularly from those state bodies responsible for protecting childhood. It is impossible to draft adequate policies to resolve a problem when nothing is known about its dimensions and characteristics.
- 4.** There are no effective and adequate policies applied comprehensively in all the countries studied to **prevent child pregnancy and motherhood**. From cases described herein, which are recent and gathered from throughout the region, it is evident that the few existing policies provide **an emergency response** after girls have already become pregnant.

5. Whereas in other parts of the world young girls give birth within marriage or common-law relationships, in Latin America and the Caribbean the **majority of child pregnancies are a product of sexual abuse**, either by family members, close associates or strangers. Submission, stigma, shame, fear, and lack of symbolic resources are among the factors preventing girls from speaking out.
6. In those cases where charges are filed, there is no guarantee that a case will be opened and the perpetrator punished. The **level of impunity** is very high. There is no correlation between the number of charges and the number of sentences handed down. This is an extremely serious situation, as impunity encourages the continuation and multiplication of these crimes.
7. In all the contexts studied (rural and urban, Caribbean and South American countries), there is, despite major differences, **a persistent culture of stigmatisation of girls who have been abused, left pregnant or given birth to a child**. Children aged 11, 12 or 13 years old are accused by public opinion of seducing fathers, teachers or neighbours. This reaction from the community often makes them decide to leave school and abandon their studies.
8. From the research carried out on this topic, it can be concluded that over 50% of girls who get pregnant **interrupt their studies**. Around 40% permanently leave their education. A smaller number resume their studies, attending night school or training courses so they can earn an income. In many cases, the education they receive is of lower quality.

9. **Child pregnancies have serious consequences** for girls. Apart from the already-mentioned impact on their education, girls face major risks to their physical and mental health and their family and social relationships may also be negatively affected. At the same time, their employment opportunities are likely to be seriously restricted.
10. **Motherhood has an impact** on girls' lives in both the short and long term. Regardless of whether they keep the baby or give it up for adoption, motherhood will mark them forever. In most cases it will also affect those around them, as the girl will be unable to care for the baby, which will be looked after by other women in the family. Her place in the community will also change, as her peers will no longer see her as their equal. Motherhood will also limit her chances of escaping poverty.
11. In cases where pregnancy is the result of sexual abuse, it usually leads to **the girl's mother being accused of complicity, investigated, tried, and imprisoned** without attempting to take into account the diminished responsibility of women who may have been complicit or unsupportive. In these instances, a distinction should be made between the degree of culpability borne by the perpetrator and that attributed to the child's mother. Very often, the mother is also a victim of violence and abuse. There should also be an investigation of whether the child has been manipulated or threatened to prevent her confiding in her mother about what has happened to her. Mothers are also likely to be their family's sole provider, working all day outside the home with little possibility of monitoring what their daughters are doing in their absence. It is noteworthy that justice systems that allow most cases of sexual abuse to go unpunished take swift action to jail mothers, whose situation may also often be one of vulnerability.
12. For the legal framework to be consistent, **sexual abuse should be considered aggravated when it is incestuous**. In such cases, the perpetrator not only attacks the victim's sexual freedom, her sexual development, and her physical integrity, but also ignores the duties of care and protection incumbent on adult members of the family.

13. Both **forced child pregnancy** and **forced child motherhood** should be **categorised as crimes** under penal codes, with sanctions for all those who prevent, obstruct or delay informed decision-making on the part of the girl, where she is able to make her own decision. Regardless of the legal system's effectiveness, this would provide a symbolic tool that could help create a perception of both of these states as unnatural. Widespread notification of these reforms and open debate on the topic would be a force for change. Choosing to remain silent in the face of the situation helps to perpetuate abuse and prevents appropriate political decisions from being taken, as well as making it difficult for societal consciousness raising.
14. It should be considered **torture or cruel, inhuman and degrading treatment** for a young girl who has not yet finished growing to be forced to carry a pregnancy to term, become a mother, and raise a child. Depending on the case, it should be viewed in the light of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the International Covenant on Civil and Political Rights.
15. Reproductive health programs should be designed that respect the point of view of girls and their reproductive autonomy and that enable access to safe termination of pregnancy when it is requested. Even those countries that have a restrictive legal framework should **offer safe abortion services to young girls who have been raped**. The child's wishes should be the paramount reason for terminating a pregnancy.
16. In cases where young girls are confined to an institution, their accommodation and treatment should **meet human rights standards**. Due diligence should be applied to ensure that the child has not been confined against her will or that of her family. All institutions of this type should be properly supervised by the state. One aspect which should be monitored is the possible existence of links between these homes and centers and private adoption agencies, either legal or illegal.

17. There is an urgent need to **design public policies to prevent** forced child pregnancy and motherhood. In addition to reproductive health programs, efforts should be made to promote cultural transformation campaigns that include the incorporation of comprehensive sex education in formal education systems. Furthermore, perpetrators of abuse should be adequately punished and special measures implemented to reduce impunity.

18. In cases where prevention efforts have yielded poor results, specifically-designed **programs should be created for pregnant children and child mothers** that take into account their condition as children. This calls for strong articulation among all the institutions involved with these cases (health, social development, justice, and education) and the creation of spaces that not only offer the girls care and protection but also make it possible for them to actively participate.

Moving in this direction will facilitate compliance with Sustainable Development Goal 5: “Achieve gender equality and empower all women and girls by 2030.”

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REGIONAL REVIEW

Appendices

APPENDIX I

Table 1. Births by girls aged 10 to 14 years

COUNTRIES	2010	2011	2012	2013	2014
Argentina	3,117	3,156	3,020	3,261	3,007
Bolivia	-	-	-	-	-
Brazil	22,018	27,785	28,238	27,989	-
Colombia	6,315	6,291	6,547	6,429	6,470
El Salvador	-	1,176	1,215	1,540	1,057
Guatemala	2,671	2,841	3,014	1,914	2,243
Honduras	1,711	1,587	1,571	963	904
Mexico	11,682	11,521	10,924	10,880	11,012
Nicaragua	1,603	1,549	1,797	1,639	-
Panama	609	641	575	666	669
Paraguay	611	629	694	678	684
Peru	-	1,836	1,713	1,632	1,645
Puerto Rico	92	--	--	-	-
Dominican Republic	1,695	1,585	1,205	705	397
Uruguay	186	218	177	190	169
TOTAL	52,310	60,815	60,690	58,486	28,257

Drafted in house based on absolute figures with sources: BRA: MS/SVS/DASIS - Sistema de Informações sobre Nascidos Vivos – (SINASC). ARG, BOL, COL, EL SAL, GUAT, MEX, HOND, NIC, PAN, PRY, PER, PTO. RICO, REP. DOM., and UY: Systems of national statistics and vital statistics.

Table 2. Births by girls aged 10 to 14 years (in percentages)

COUNTRIES	2010		2011		2012		2013		2014	
		%		%		%		%		%
Argentina	3,117	0.42	3,156	0.42	3,020	0.41	3,261	0.44	3,007	0.39
Bolivia										
Brazil	22,018	0.80	27,785	1.18	28,238	1.00	27,989			
Colombia	6,315	0.96	6,291	0.95	6,547	0.97	6,429	0.98	6,470	0.98
El Salvador			1,176	1.12	1,215		1,540		1,057	
Guatemala	2,671	0.74	2,841	0.76	3,014	0.78	1,914	0.49	2,243	0.58
Honduras	1,711	0.85	1,587	0.79	1,571	0.80	963	0.73	904	0.65
Mexico	11,682	0.44	11,521	0.45	10,924	0.44	10,880	0.44	11,012	0.45
Nicaragua	1,603	4.67	1,549	0.43	1,797	4.94	1,639	4.68		
Panama	609	0.90	641	0.87	575	0.76	666	0.90	669	0.89
Paraguay	611	0.60	629	0.59	694		678		684	
Peru	-	637,902	1,836	0.23	1,713	0.25	1,632	0.24	1,645	
Puerto Rico	92	0.22	-		-		-			
Dominican Republic	1,695	1.09	1,585	1.00	1,205	0.80	705	0.47	397	0.29
Uruguay	186	0.40	218	0.47	177	0.37	190	0.39	169	0.35

Prepared in house with sources. BRA: MS/SVS/DASIS - Sistema de Informações sobre Nascidos Vivos – SINASC
 ARG, BOL, COL, EL SAL, GUAT, MEX, HOND, NIC, PAN, PRY, PER, PTO. RICO, REP. DOM., and UY. Systems of national statistics and vital statistics.

APPENDIX II

Table 1. Legislation that punishes incestuous sexual abuse

Country	Legislation
Argentina	<p>Criminal Code. Art. 119. Sexual abuse with carnal access with a person under 13 years of age, committed by an ascendant, descendant, in-law in direct line, sibling, guardian, guardian's supervisor, cleric or person with educational responsibilities. 8 to 20 years of confinement or prison. (Amended Law 25,087 of 5/14/1999)</p> <p>Art. 200: The penalty shall be a term of prison or confinement of six to ten years if the girl is under the age of 16.</p>
Bolivia	Criminal Code. Art. 310, subsection g) The penalty increases by 5 years if "The perpetrator is responsible for the education of the victim, or if the latter is in a situation of dependence with respect to the former."
Brazil	Criminal Code. Incest is neither a crime nor an aggravating circumstance. Art. 217-A is applicable (Statutory Rape). The aggravating circumstance of kinship appears in other crimes against sexual freedom, such as human trafficking for the purposes of sexual exploitation.
Colombia	<p>Criminal Code. Art. 237. Incest. Penalties raised under Article 14 of Law 890 of 2004, with effect from January 1, 2005. Anyone having sexual intercourse or another sexual act with an ascendant or descendant, adopting parent or adoptee, or with a brother or sister, shall be liable to imprisonment of sixteen (16) to seventy-two (72) months.</p> <p>Art. 211. The penalties for the crimes described in the foregoing articles shall be increased by one third to one half when: The act is committed on a relative to the fourth degree of consanguinity, fourth degree of affinity or first civil degree, against a spouse or permanent partner, or against any person who is permanently integrated into the domestic unit, or by taking advantage of the trust which the victim has placed in the perpetrator or in one or more of the accomplices. For the purposes of this article, affinity shall be derived from any form of marriage or cohabitation; 6. There has been a pregnancy; 7. Committed against persons in a situation of vulnerability by reason of age, ethnicity, physical, mental or sensory impairment, occupation or trade.</p>
El Salvador	<p>Criminal Code. Art. 162. The offenses referred to in the four preceding articles shall be punishable with the respective maximum penalty, increased by up to one third when committed:</p> <p>1) By ascendants, descendants, siblings, adoptive parents, adoptees or when committed among the offspring of the spouse or partner;</p>
Honduras	Criminal Code. Art. 140. ...9 to 13 years' confinement and they are as follows: 1) When the victim is under fourteen (14) years of age; (...) the law does not distinguish between relatives and strangers. The penalty increases from fifteen (15) to twenty (20) years' confinement if the victim is under 12 years of age.
Mexico	Federal Criminal Code. Art. 266 Bis: The minimum and maximum penalties for sexual abuse and rape shall be increased by up to one half when (...) II. The offense is committed by an ascendant against their descendant, the latter against the former, sibling against collateral, guardian against ward, or stepfather or lover of the victim's mother against stepchild. In addition to the prison sentence, the offender shall lose the parental authority or guardianship, in cases where the offender has such capacity over the victim.
Nicaragua	Criminal Code. Art. 169. Aggravated rape. The penalty shall be twelve to fifteen years of imprisonment when: (a) The perpetrator commits the crime by taking advantage of a relationship of superiority, authority, kinship, dependency or trust with the victim, or is permanently sharing the family home therewith.

Country	Legislation
Panama	Criminal Code. Article 174. The punishment for anyone having sexual intercourse by violence or intimidation with a person of either sex, using their genitalia, shall be a prison sentence of five to ten years. The penalty shall be from eight to twelve years' imprisonment in any circumstances: 3. Where the victim is left pregnant; 4. Where the act was perpetrated by a close relative or guardian.
Paraguay	Criminal Code. Art. 135. Child sexual abuse: 1) Anyone who performs sexual acts with a child or induces them to do them to themselves or to third parties, shall be punished with a prison term of up to three years or a fine. (...) 2) In the cases referred to in the preceding paragraph the prison term shall be increased to five years if the perpetrator: (...) 3) has committed the act with a child who is their biological child, adoptive child or stepchild, or with a child whose education, guardianship or custody is under their responsibility.
Peru	Criminal Code. Art. 119. "The punishment shall be confinement or imprisonment of six (6) months to four (4) years for anyone who sexually abuses a person of either sex when the latter is under thirteen years of age or with the use of violence, threats, or coercive or intimidating abuse in a relationship of dependency, authority, or power, or taking advantage of the fact that the victim for any reason has been unable to freely consent to the action. (...) The penalty shall be from eight to twenty years' confinement or imprisonment if: ... b) The act was committed by an ascendant, descendant, in-law in direct line, sibling, guardian, guardian's supervisor, cleric of any religion recognized or otherwise, or person responsible for the education or care [of the victim].
Puerto Rico	Criminal Code of the Commonwealth, (2004). Chapter 4: Crimes of Sexual Violation. Article 142: "Any person who performs sexual penetration, whether vaginal, anal, digital or instrumental, in any of the circumstances described below, shall be committing a severe second degree crime: (h) if the accused has a kinship with the victim, as an ascendant or descendant, by consanguinity, adoption or affinity, or collaterally by consanguinity or adoption up to the third degree.
Dominican Republic	Criminal Code. Art. 331. Imprisonment of ten to twenty years and a fine of one hundred to two hundred thousand pesos when committed against a child or adolescent, be it under threat with a weapon, or be it by two or more perpetrators or accomplices, or be it by a legitimate, natural or adoptive ascendant of the victim. Code of Childhood and Adolescence. Art. 396 et seq.
Uruguay	Criminal Code. Art. 276. Incest requires public outrage [i.e. to be considered an offense]. Incestuous sexual abuse is not an aggravating circumstance.

Source: Prepared in house based on secondary sources.

APPENDIX III

Table 1. Legislation on the rape of girls by people who are not relatives

Country	Legislation
Argentina	Criminal Code. Art. 119. 6 to 15 years of confinement or imprisonment when the victim is under 13 years of age .
Bolivia	Criminal Code. Art. 308. 20 to 25 years of confinement or imprisonment when the victim is under 14 years of age, even if alleged to be consensual . Exception: consensual relations by a person aged 12 years and over with someone aged less than 3 years apart.
Brazil	Criminal Code. Article 217-A- defines the act of “having sexual intercourse or performing other lewd acts with a person under 14 years of age” as “statutory rape,” punishable with a prison sentence of 8 to 15 years, regardless of whether there has been actual violence.
Colombia	Criminal Code. “Abusive Sexual Intercourse with a person under fourteen years of age . “Anyone having sexual intercourse with a person under fourteen (14) years of age shall be liable to between twelve (12) and twenty (20) years’ imprisonment.”
El Salvador	Criminal Code. Art. 159. Rape of a minor or incompetent. “Having sexual intercourse vaginally or anally with a person under fifteen years of age, or with another person by taking advantage of their mental illness, their state of unconsciousness or their inability to resist, shall be punishable by a sentence of fourteen to twenty years in prison.”
Honduras	Criminal Code. Art. 140. 9 to 13 years of confinement: 1) When the victim is under fourteen (14) years of age; (...) the law makes no distinction between relatives and strangers. The penalty is increased from fifteen (15) to twenty (20) years’ confinement if the victim is under 12 years of age.
Mexico	Federal Criminal Code. Art. 261. ... the crime of sexual abuse in a person under fifteen years of age... shall be punishable by sentence of six to thirteen years in prison and a fine of up to five hundred [times the minimum daily wage]. If violence is used, the maximum and minimum penalties shall be increased by half. Art. 266. Statutory rape. The following circumstances are considered statutory rape, and are punishable with eight to thirty years in prison: I. Having non-violent intercourse with a person under fifteen years of age; II. Having non-violent intercourse with a person who is unable to understand the significance of the act or who for any reason is unable to resist it; and III. Non-violently, and for lewd purposes, inserting anally or vaginally any element or instrument other than the male member into a person under fifteen years of age or a person who is unable understand the significance of the act, or who for any reason is unable to resist it, regardless of the victim's sex. If the crime is committed with actual or threatened violence, the minimum and maximum penalties shall be increased by up to one half.
Nicaragua	Criminal Code. Art. 168. Rape of persons under fourteen years old . Anyone having sexual intercourse or allowing themselves to have sexual intercourse with or by a person under fourteen years of age, or who, for sexual purposes inserts or forces that person to insert a finger, object or instrument vaginally, anally or orally, with or without their consent, shall be liable to a penalty of twelve to fifteen years in prison.
Panama	Criminal Code. Art. 175. The conduct described in the previous article, even in the absence of violence or intimidation, shall be punishable with a prison term of ten to fifteen years if the act is performed: 1. With a person under fourteen years of age .

Country	Legislation
Paraguay	<p>Penal Code Article 128. Sexual coercion: sexual relations with a minor is punishable by a custodial term of between 3 and 15 years.</p> <p>Article 135 (8): For the purposes of this article, “minor” means a person under 14 years of age.</p>
Peru	<p>Penal Code Article 119. A custodial term of between 6 months and 4 years will be imposed in cases of the sexual abuse of a person of either sex when he or she is younger than 13 years of age or where there is violence, threats, intimidatory or coercive abuse within a relationship of dependency, authority or power, where the perpetrator takes advantage of the fact that the victim for whatever reason has not been able to give consent freely.</p>
Puerto Rico	<p>Penal Code of Puerto Rico. Article 130. A person commits the offense of sexual assault if he or she carries out an act of sexual penetration when “the victim at the time of the act has not yet attained 16 years of age”. A custodial term of 50 years may be imposed, but a pregnancy resulting from the assault is considered an aggravating factor, and the sentence may be increased to 65 years.</p>
Dominican Republic	<p>Penal Code Art 331. A term of imprisonment between 10 and 20 years and a fine of between 100,000 to 200,00 pesos when committed against a child or adolescent. The length of the custodial term depends on whether a weapon was used, whether there were two or more accomplices, whether the act was committed by a legitimate, natural or adoptive parent or grandparent. (Childhood and Adolescence Code Article 396 and following).</p>
Uruguay	<p>Penal Code. Article 272. Rape. (Crimes against public morals and the family order). A person commits rape when he or she compels a person of the same or opposite sex, with violence or threats, to accede to sexual relations, even if the act is not consummated.</p> <p>Violence is presumed when sexual relations are carried out:</p> <p>1. – with a person of the same or opposite sex, younger than 15 years of age. However, conflicting evidence may be admitted if the victim had attained 12 years of age.</p>

Source: Own data based on desk research.

APPENDIX IV

Table 1. Care protocols for justice officials, health and educational services and others in order to ensure compliance with the law on sexual violence against girls.

Country	Protocol
Argentina	<ol style="list-style-type: none"> 1 Protocol for the comprehensive care of victims of sexual violence. Ministry for National Health. 2011. 2 Protocol for the comprehensive care of persons with rights to the legal termination of pregnancy. April 2015.
Bolivia	Protocol for the care of victims of violence, Public Prosecutor. Little or no application.
Brazil	Technical Rules for the Care of Persons in Situations of Sexual Violence, with the Register of Information and Collection of Forensic Evidence. 2015.
Colombia	Comprehensive Health Care Model for Cases of Sexual Violence: Promotion and Prevention. January 2011.
El Salvador	<ol style="list-style-type: none"> 1 Protocols and Procedures for the Comprehensive Care of Victims of Sexual Violence (validated by Justice and Health sector institutions). 2 Office of the Attorney General (PGR) – Protocol for the application of the law preventing violence against women. 3 Technical Guidelines for the comprehensive care of victims of all forms of violence. Ministry of Health, 2012. 4 Police protocol for the urgent care of victims of people-trafficking. National Police (PNC).
Honduras	There are no current protocols for care among state health bodies. NGOs working with girls who have been victims of sexual violence have their own protocols.
Mexico	<ol style="list-style-type: none"> 1 Official Mexican Norm (NOM), Provision of Health Services. Criteria for the medical care of victims of domestic violence NOM-046-SSA2-2005. 2 Integrated Model for the Prevention and Care of Victims of Domestic and Sexual Violence. 3 Operative Manual. Action Protocol for those imparting justice in cases involving children and adolescents. 4 Compendium of Protocols, Guidelines and Models for the Care of Victims of Crime. 5 Protocol for the care of women drug-users and victims in the Centers of Justice for Women in Mexico.

Nicaragua	<ol style="list-style-type: none"> 1 Norms and Protocols for the Prevention, Detection and Care for Victims of Sexual and Domestic Violence. Ministry of Health. General Directorate for Quality Care. General Directorate for Health Regulation. Managua (Norm – 031), November 2003. 2 Action protocol for crimes of domestic abuse and sexual assault. February 2003. 3 Procedural guide for domestic violence, Ministry of Health, Department of Comprehensive Care for Women, Children and Adolescents (AIMNA). 2006. 4 Guide for the detection and care of child and adolescent victims of exploitation. 5 Model of Comprehensive Care (MAI), 2012.
Paraguay	Intra-family and Gender-Based Violence. Manual of Comprehensive Care in the Health System for Victims.
Peru	<ol style="list-style-type: none"> 1 The new Law 30364 “for the prevention, punishment and eradication of violence against women and family members” mentions various protocols for the Ministry of Education as well as for the Ministry of Justice. November 2015. 2 Protocols for the care of those who have responsibility for improving life in school. Ministry of Education. First edition. April 2014. 3 Protocols for care for Women’s Emergency Centres (CEM).
Puerto Rico	Protocol for Women Victims/Survivors of Sexual Assault Intervention in Health Facilities. Latest edition 2006, Department of Health, Puerto Rico – Help Centre for Victims of Rape (CAAV).
Dominican Republic	Management Model for Comprehensive Care Units for Victims of Domestic and Gender-based Violence, and Sex Crimes. It provides a protocol to ensure the protection of child and adolescent victims and witnesses.
Uruguay	<ol style="list-style-type: none"> 1 Education: Road Map for care in violent situations in intermediate education (middle and high school). 2010. 2 Road Map for the detection of sexual abuse and mistreatment of children in school (ages 3 to 11). 2013-. 3 Protocol for action in the Department of Public Health and the Department of Justice 2014. 4 Decree 293/2010 Regulations, Law for Sexual and Reproductive Health. It prioritises domestic violence situations for the team’s care. 2010 5 Decree 367/2011 Provision of Mental Health Services. Provides for intervention in cases of domestic violence and, for children and adolescents, cases of mistreatment and abuse. 6 Health, First Aid and Emergency Services Standard for handling cases of sexual violence. 7 Guide to Police Procedure. It creates a system of police management, for the recording of reports of domestic violence and related incidents.

Notes:

Argentina: (1) The National Protocol directed towards health workers was conceived as a tool for the protection of rights, whose objective was to prevent that victims of abuse suffer repeated victimization. There are protocols in 12 provinces: Buenos Aires, Catamarca, Chaco, Cordoba, Corrientes, Entre Rios, Formosa, Jujuy, La Rioja, Santiago del Estero, Neuquen and Tucuman. (2) It includes procedures for legal intervention in cases of rape.

Brazil: The Technical Rules includes actions related to the program “Women living without violence,” launched on March 13, 2013, coordinated by the SPM/PR (Secretariat for Policies for Women/Office of the President) in partnership with the Ministry of Justice and the Ministry of Health. It is a protocol for the organization and implementation of health care for women and adolescents who have suffered sexual violence.

Uruguay: In April 2015, the Director of the Institute for Children and Adolescents of Uruguay (INAU) publicly declared the need for a protocol or set of guidelines addressing child and adolescent pregnancies. Furthermore, civil society organizations report that despite their availability, protocols for victims are not implemented satisfactorily.

Sources:

1) http://www.dof.gob.mx/nota_detalle.php?codigo=5087256&fecha=16/04/2009; 2) http://www.inm.gob.mx/static/Autorizacion_Protocolos/SSA/ModeloIntegrado_para_Preencion_Atn_Violencia_familiar_y_se.pdf; 3) http://www.sitios.scjn.gob.mx/codhap/sites/default/files/archivos/paginas/protocolo_infancia_2da_version.pdf; 4) http://www.inm.gob.mx/index.php/page/Compendio_de_protocolos; 5) http://vidasinviolencia.inmujeres.gob.mx/vidasinviolencia/sites/default/files/pdfs/sistema_nacional/modelos/atencion/ProtocoloAtencionCJM%5B1%5D.pdf.

APPENDIX V

Private agencies that treat or shelter pregnant girls

Country	Agencies and Institutions
Argentina	There is no official record of such bodies. In general, they do exist in the major cities. They are directed by the Catholic Church, which entails a serious reduction in women's reproductive rights and autonomy: e.g., <i>GRAVIDA: Centro de Asistencia a la Vida Naciente</i> (Centre for Assistance to the Unborn Child) (which the Church has proposed should be rolled out in 17 dioceses, starting in San Pedro, Buenos Aires) and <i>Hogar Nazareth</i> (Nazareth Home).
Bolivia	The private sector offers specialist institutes like MARIE STOPES (for girls over 13 years of age); Save the Children and CIES (Comparative and International Education Society), who offer expertise in sexual and reproductive health, in addition to providing an interdisciplinary and specialized medical team to offer advice and support to adolescents.
Brazil	No data.
Colombia	<ol style="list-style-type: none"> 1 FUNDEA (<i>Fundación Embarazada Adolescente Colombia</i>): an organisation that assists pregnant adolescents in socioeconomic strata 1, 2 and 3 and their families in several areas of Bogota. 2 The Mother and Child Foundation (<i>Fundación de la Madre y el Niño</i>). 3 Center for Women's Support "Loving Eyes" (<i>Centro de Apoyo para la Mujer, Ojos Tiernos</i>).
El Salvador	<ol style="list-style-type: none"> 1 Maria Guadalupe Home (<i>Hogar María Guadalupe</i>): their aim is to offer comprehensive assistance to pregnant adolescents at risk. 2 Foundation for Abused Girls in El Salvador (Foundation "Love") (<i>Fundación para la Niñez Maltratada en El Salvador (Fundación Amor)</i>): the main aim is to prevent the sexual abuse of girls and to assist those who have been abused. 3 Save The Children: a non-profit, private organization, pluralistic and independent. Its main objective is the active defense of children, in particular the most vulnerable and deprived. 4 World Vision (<i>Visión Mundial</i>): dedicated to carrying out Educo's international work.
Honduras	There is no precise record of how many private bodies work with pregnant girls. They do exist in the form of organizations connected to the Church and other organizations such as Doctors Without Borders (<i>Médicos Sin Fronteras</i>), which runs a project specifically for pregnant girls from 13 years of age ³⁹ . The Head of the National Directorate for Childhood, Adolescence and the Family (DINAF) affirmed in August 2015 that it would begin to map the number of organizations working with minors, and would detail their activities and aims, and report on the number of children in each center.
Mexico	<ol style="list-style-type: none"> 1 Center for Assistance to Women (<i>Centro de Ayuda a la Mujer</i>) (http://www.comiteprovida.org/programas-educativos/centrodeayudamujer.htm). 2 Las Mercedes Home (<i>Casa-Hogar Las Mercedes</i>): the purpose is to provide a care home for adolescent mothers and other adolescents at risk of drug addiction, sexual exploitation, and unwanted pregnancy. They are given vocational training to prepare them to re-join the community, educational support, and counselling. Additionally, they are given treatment for HIV and STDs and provided with gynecological and prenatal care at the National Institute for Pediatrics at the Children's Hospital of Mexico.

Country	Agencies and Institutions
Nicaragua	<ol style="list-style-type: none"> 1 Movement Against Sexual Abuse (<i>Movimiento contra el Abuso Sexual</i>) 2 Nicaraguan Center for the Advancement of Youth and Childhood “Two Generations” (<i>Centro Nicaraguense de Promoción de la Juventud y la Infancia “Dos Generaciones”</i>) 3 Home for Girls and Adolescent Mothers INPRHU (<i>Casa para Niñas y Madres Adolescentes INPRHU</i>) 4 Center for Women IXCHEN (<i>Centro de Mujeres IXCHEN</i>) 5 Quincho Barrilete Association (<i>Asociación Quincho Barrilete</i>) 6 Rough Waters (<i>Aguas Bravas</i>) 7 Inijambia 8 Women’s Movement Association “Nidia White,” headquartered in Puerto Cabezas (<i>Asociación Movimiento de Mujeres “Nidia White”, con sede en Puerto Cabezas</i>) 9 House Alliance (<i>Casa Alianza</i>)
Panama	<p>The care homes that work with pregnant girls are of a religious outlook, and they work mainly with adolescent girls in terms of education or work.</p>
Paraguay	<ol style="list-style-type: none"> 1 Rosa Maria Home (<i>Hogar Rosa María</i>), Catholic Centre, Our Lady of the Assumption. Located on Del Maestro and Reclus Streets in the neighborhood of Recoleta, Asunción. Established in 2003. 2 Maternity Home Andrés Gubetich (<i>Hogar Maternal Andrés Gubetich</i>), under the aegis of Red Cross Paraguay.
Peru	<p>The private bodies that offer services and care to pregnant youngsters are linked to the Catholic Church, supported by agreement with the National Family Welfare Program (INABIF):</p> <ol style="list-style-type: none"> 1 Good Shepherd Home (<i>Hogar Buen Pastor</i>), Congregation Our Lady of Charity of the Good Shepherd, Cuzco 2 Home for Adolescent Mothers “Queen of Peace” (<i>Hogar para adolescentes madres “Reina de la Paz”</i>) 3 Residential Home DOMI-INABIF, Lima (<i>Casa Estancia</i>) 4 Girls’ Home “Rosa María Checa” (<i>Hogar para Niñas</i>) 5 San José Home (<i>Hogar San José</i>), Arequipa 6 Peace and Hope NGO (<i>ONG Paz y Esperanza</i>), Húanuco: works in conjunction with the Ministry of Health (MINDES) to run the Casa del Buen Trato Hovde, a home founded in 2003. It has enjoyed support from the Ministry since 2011. It offers legal advice and free defense services to victims.
Puerto Rico	<p>No report.</p>
Dominican Republic	<p>Profamily (Profamilia).</p>
Uruguay	<p>These are usually civil society organizations working in accordance with the state under the auspices of the Institute for Children and Adolescents of Uruguay (INAU).</p>

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