

# EXECUTIVE SUMMARY



## **Child Mothers. Child Pregnancy and Forced Child Maternity in Latin America and the Caribbean.**

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



**With the support of:  
SIGRID RAUSING TRUST**

## Executive Summary

Coordination and Writing of the Report: Susana Chiarotti

Research Team: Milena Páramo (Argentina); Marisol España (Bolivia); Bia Galli (Brazil); Cindy Ballestas (Colombia); Orlidy Inoa (Dominican Republic); 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); Ana Lima (Uruguay).

Correction of Style: Sara López

Edition: Elba Núñez, Regional Coordinator of CLADEM.

Design and Layout: Karina Palleros

Graphics: Milena Páramo

CLADEM

With the Support of The Sigrid Rausing Trust.

First Edition.

Asuncion, Paraguay

ISBN 978-99967-828-0-0

Available at: [www.cladem.org](http://www.cladem.org)

March 2016

- 1. Introduction**
- 2. Forced Child Pregnancies**
  - 2.1 Data on Child Pregnancies**
  - 2.2 Risks and Consequences**
- 3. Forced Child Maternities**
- 4. What is the response of the States vis-à-vis these situations?**
  - 4.1 Criminal law on sexual violence**
  - 4.2 Protocols for caring for pregnant girls who became pregnant as a result of violence**
  - 4.3 Institutions that care for or shelter pregnant girls**
  - 4.4 State policies regarding pregnant girls or child mothers**
- 5. Conclusions and Recommendations**

## **Executive Summary**

### **Acknowledgments**

CLADEM thanks the people, organizations and institutions that have collaborated with this study. In a special manner, CLADEM thanks the following girls: Lorena (Argentina), Camila (Bolivia), Anita (Brazil), Yanina (Colombia), Denise (Dominican Republic), Yayá (El Salvador), Juana (Mexico), Estela (Nicaragua), Mainumby (Paraguay), Angela (Peru), Gisela (Puerto Rico), and Julia (Uruguay). Their testimonies and painful experiences of torture we now share with the hope that changes are brought about and that impunity ends. It is urgent that States within the region, in conformance with their commitments and obligations, proceed to guarantee laws, public policies and mechanisms in order to ensure the prevention, sanction and eradication of these grave violations of the human rights of girls.

## Executive Summary

### 1. Introduction

The Latin America and Caribbean Committee for the Defense of Women's Rights (CLADEM<sup>1</sup>) hereby presents the executive summary of the results of the study "*Report on Child Mothers. Regional report on forced child pregnancy and forced child maternity in Latin America and the Caribbean*". This study resulted from our concern about the invisibility of forced child pregnancies and maternities that seriously affect girls throughout the region.

The objectives of the study were, on one hand, to collect evidence that would allow for the visualization of this reality that has been silenced in the region, and on the other hand, to promote debate by installing clear and forcible concepts regarding forced child maternity. With these results, it is our intention to carry out actions to bear influence at national, regional and international levels in order to bring about changes. The study was completed thanks to the support provided by The Sigrid Rausing Trust.

In this study, forced child pregnancy and maternity are deemed to be a form of torture and an obstacle to accomplish the Objectives of Sustainable Development and the 2030 Agenda. In this context, it is urgent that the States implement plans, policies and social measures for the prevention of forced child pregnancies and maternities, and apply adequate sanctions in punishment of the sexual violence that is their cause.

This study completed in fourteen countries in the region was coordinated by our colleague Susana Chiarotti, an expert in violence against women and a member of the Consulting Board of the network. She counted with the support of a team of researchers located in Argentina, Bolivia, Brazil, Colombia, the Dominican Republic, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, and Uruguay<sup>2</sup>.

The results of the study are hereby made available as an approximation to the problematic issue of forced pregnancies and forced maternities of girls. With this work, we hope to contribute to the design of influence-bearing strategies to be included in the national, regional and international public agenda. In a like manner, CLADEM seeks to promote the demandability of the human rights of all girls living within the region.

Elba Beatriz Núñez Ibáñez  
Regional Coordinator  
CLADEM

Luque, Paraguay. February 24, 2016

---

<sup>1</sup> Regional feminist network that works in the promotion and defense of women's human rights, holding advisory status to the UN, OAS and UNESCO. See: [www.cladem.org](http://www.cladem.org)

<sup>2</sup> Research Team: Milena Páramo (Argentina); Marisol España (Bolivia); Bia Galli (Brazil); Cindy Ballestas (Colombia); Orlydy Inoa (Dominican Republic); 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 (Perú); Irma Lugo Nazario (Puerto Rico); and, Ana Lima (Uruguay).

## Executive Summary

### 2. Forced Child Pregnancies

Every year tens of thousands of girls in Latin America and the Caribbean become pregnant against their will. Many of them are forced to continue their pregnancies because of restrictive legislation; family, social or state pressures; or other obstacles, such as the lack of sexual education or access to methods of prevention. These young girls become mothers at an age when they should be playing.

For those who utilize demographic or epidemiological approaches, the number of child pregnancies is negligible as compared to the number of adolescent pregnancies. However, for those working with a human rights approach, each girl child counts and every case of forced child pregnancy depicts an image of social situations that must be prevented and eradicated in order to aspire to a society with equality of rights.

The case of the Paraguayan girl called Mainumby brought forth evidence that revealed the reality of thousands of girls who had become pregnant because of sexual abuses. The case of Mainumby also revealed the pressure exerted by the State for the pregnancy to be carried to term and for the girl to become a mother, despite the risks to her own health and life. Furthermore, the case showed the lack of specific government programs to address that reality. These events forced CLADEM to denounce the facts to the Inter-American Commission on Human Rights and generated among our associates the need to carry out research about this situation in remaining countries within the region.

CLADEM members in Argentina, Bolivia, Brazil, Colombia, the Dominican Republic, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, and Uruguay participated in the study.

The reality of the lives of girls who have experienced forced pregnancies and maternities has yet been revealed, made visible, with the force that it merits. To date, the situation of these girls is included in the statistics and diagnostic studies regarding adolescent pregnancy and maternity, even though both the causes and the consequences of pregnancies in young girls are largely different from the circumstances involving pregnant adolescents.

Unlike what happens in the case of females ranging in ages from 15 to 19 years, a span in which a significant incidence of pregnancies is recorded due to sexual initiation at an early age, the majority of cases of child pregnancies occurs as a result of sexual violence. This sexual violence is carried out by family members (incestuous sexual abuse), acquaintances, neighbors, or strangers.

The possibilities for the legal interruption of a pregnancy are nil in several countries, such as the Dominican Republic, El Salvador, Honduras, and Nicaragua. In other countries, although rape or risks to either health or life are factors that allow the interruption of the pregnancy, oftentimes obstacles get in the way of the actual practice. Access to contraceptives or to emergency contraception measures can be difficult or impossible for a young girl. These circumstances lead to forced pregnancy.

## Executive Summary

Forced child pregnancy occurs when a girl (for the purposes of this study, a minor under the age of 14) gets pregnant without having sought or wanted the pregnancy, and the interruption of her pregnancy is denied to her, made difficult, delayed or hindered.<sup>3</sup>

To oblige a child who has not yet finished growing herself to carry a pregnancy to full term, become a mother and raise a baby should be considered torture or cruel, inhuman and degrading treatment, according to the specific case, according to the terms of the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, and the International Covenant on Civil and Political Rights.

### 2.1. Data on Child Pregnancies

In all the countries studied, with the exception of El Salvador, there is no specific data on pregnancies of young girls under the age of fourteen, since these countries generally register adolescent pregnancies, with different age ranges according to the country, but generally determining the adolescent population to include girls of up to the age of nineteen. This prevents us from properly assessing the situation of the younger pregnant girls.

In El Salvador in 2013, 1,540 children pregnancies were recorded, accounting for 1.9% of the total number of pregnancies. Only two-thirds of those pregnancies (1,507) came to term. Mexico reported 10,264 cases (0.46%) in 2012, 8,347 (0.38%) in 2013 and 6,178 (0.28%) in 2014. But only one-fifth to one-third of these pregnancies resulted in childbirth. (See Annex I).

In the remaining countries, statistics on pregnancies coincide with the number of girls of that age who actually gave birth. This prevents us from verifying the actual number of pregnancies, if the pregnant girls received prenatal care or not, and how many of the registered pregnancies later resulted in abortions.

The same problem is repeated when data is sought about abortions for girls included in this age group. Of the countries studied, Argentina, Colombia, Nicaragua, Panama, Paraguay, Peru and Uruguay do not have data regarding the termination of pregnancies in girls of less than 14 years of age.

In those countries that do count with official data, the numbers of abortions are reduced, thus allowing one to suppose that there is a significant level of underreporting of clandestine abortions.

If this scenario is a matter of concern when one is aware of the number of pregnancies and abortions in this group of girls, it becomes even graver when one seeks information about the number of girls who have access to, and participate in, a prenatal care program. Of the 14 countries studied, only Brazil and El Salvador provide some data. In Brazil in 2013, 28,236 girls were reported to be receiving prenatal care. In El Salvador, of the pregnant patients that received prenatal care services, 1,540 (1.9%) were girls. The remaining countries in this study lack specific data for this age group, but rather instead provide general estimates for the entire range of adolescent girls.

---

<sup>3</sup> The Rome Statute of the International Criminal Court (ICC) considers forced pregnancy as a Crime against Humanity [Art. 7, paragraph 2 (f)] or as a War Crime, [Art. 8] depending on the context and the characteristics. Such a crime exists for the ICC when there is “unlawful confinement of a woman when she has been made pregnant by force.”

## Executive Summary

### 2.2 Risks and Consequences

Pregnancy has both immediate and long lasting consequences for girls. Besides the immediate consequences of pregnancy in terms of the girls' health, education and status within the community, there is also an everlasting alteration of their social relationships, development opportunities and potential for income generation.

The risk of maternal death for mothers less than 15 years of age, in low- and middleincome countries, is twice that of older women; and they are also faced with higher rates of obstetric fistula than their older peers.<sup>4</sup>

The consequences on girls' physical health are related to their incomplete development at this stage of their lives, since they are still growing. The mother, who is actually a girl, nourishes the placenta. That means that the developing fetus will absorb calcium and other nutrients from a girl who still needs these nutrients for her own self. Likewise, pregnancy increases pressure on the cardiovascular system.

The greatest danger, however, is damage to the pelvic floor. Girls that are forced to undergo natural childbirth may be in labor for several days. The pelvis does not grow completely until later in adolescence, which means that a young girl mother perhaps will not be able to push her baby through the birth canal.<sup>5</sup>

Other consequences are anemia, nausea/vomiting, urinary or vaginal infections, and more severe complications, including pre-eclampsia, eclampsia, ruptured membranes and premature delivery.<sup>6</sup>

Regarding mental health, a significant proportion of girls and adolescents who experienced childbirth reported symptoms of depression and anxiety and particularly in the cases of those who were sexually assaulted, post-traumatic stress was reported. Both in Peru and in Nicaragua, 7-14% of the participants reported having thought of committing suicide during their pregnancy.<sup>7</sup>

Child pregnancy also has important social and economic effects. Many girls who become pregnant have to leave school. Girls who are raped and become pregnant are more likely to leave school and live in poverty. According to the Ministry of Health of El Salvador, 59% of pregnant teenagers interrupted their studies. Of that group, 18% returned to school and 41% never again returned to their studies.<sup>8</sup>

---

<sup>4</sup> United Nations Population Fund (UNFPA): Motherhood in Childhood - Facing the challenge of adolescent pregnancy. The State of World Population 2013

<sup>5</sup> <http://www.livescience.com/19584-10-year-birth.html>

<sup>6</sup> Planned Parenthood Global. *Vidas Robadas. Un estudio multipaís sobre los efectos en la salud de las maternidades forzadas en niñas de 9-14 años.* 2015.

<sup>7</sup> Planned Parenthood Global. Op cit.

<sup>8</sup> Fesal 2008. Cited by the Ministry of Health of El Salvador, MINSAL, in *ASPECTOS RELACIONADOS CON EL EMBARAZO EN ADOLESCENTES*- 2012.



## Executive Summary

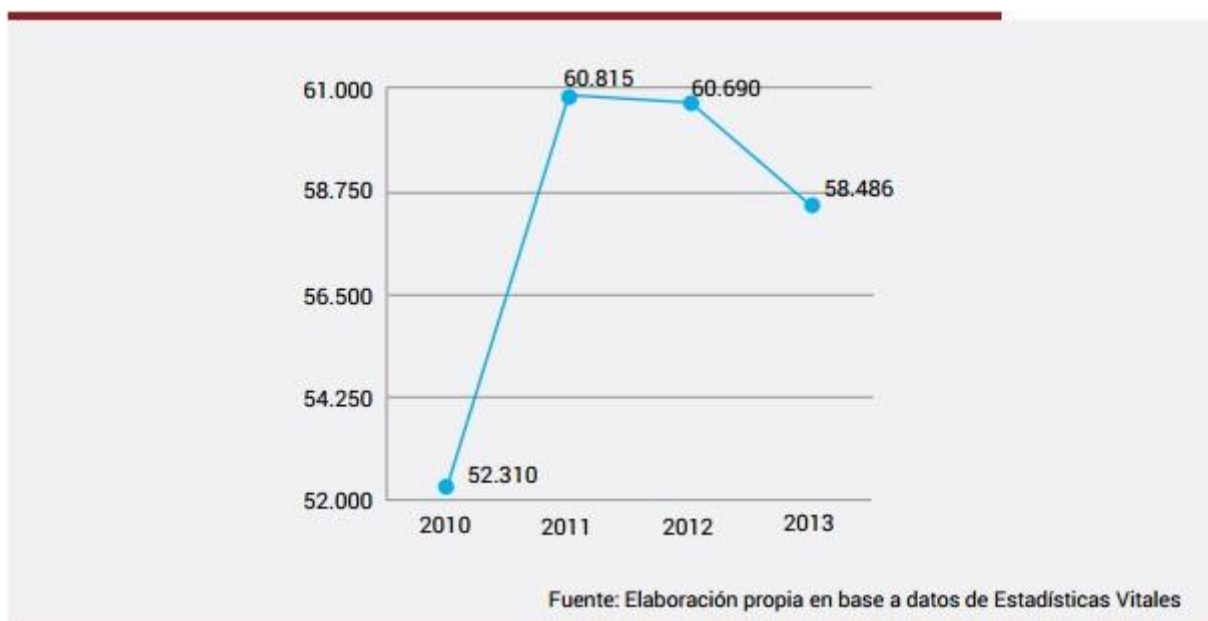
### 3. Forced Child Maternity

Two million childbirths annually take place worldwide involving deliveries experienced by girls of less than 15 years of age. If the current trend continues, this figure will reach three million by 2030.<sup>9</sup>

In Latin America and in the Caribbean, thousands of girls are torn abruptly from their childhood every year in order to become mothers. In 2012, the number of deliveries in twelve countries involving girls less than 14 years of age shows that 60,690 girls became mothers.<sup>10</sup>

No significant decrease has been observed since that date.

**Graph No. 1: Number of deliveries of girls under 14 years in Latin America and the Caribbean, 2010-2013**



Source: Prepared by CLADEM on the basis of Vital Statistics data.

Unlike forced pregnancy, maternity is a perpetual commitment. Life is transformed forever, speaking from the physical, mental and social point of view, as maternity alters or disrupts educational opportunities and access to economic resources. Furthermore, maternity affects the social relations of the child mother, not only within her own family but also with respect to other people in her surroundings.

**Maternity is forced when it was neither sought nor desired.** When this situation affects a girl of less than 14 years of age, it is deemed to be forced child maternity. The desire of a pregnant woman or girl to terminate pregnancy is the clearest indicator of her wish to not be a mother.

In cases where pregnancy resulted from sexual violence and the interruption of the pregnancy was prohibited, by the time the girl becomes a mother, three types of violation of

<sup>9</sup> United Nations Population Fund (UNFPA) Informe del Estado de la Población Mundial 2013, Maternidad en la niñez: Afrontar el desafío de un embarazo adolescente. (<http://www.unfpa.or.cr/estado-de-la-poblacion-mundial-2013>).

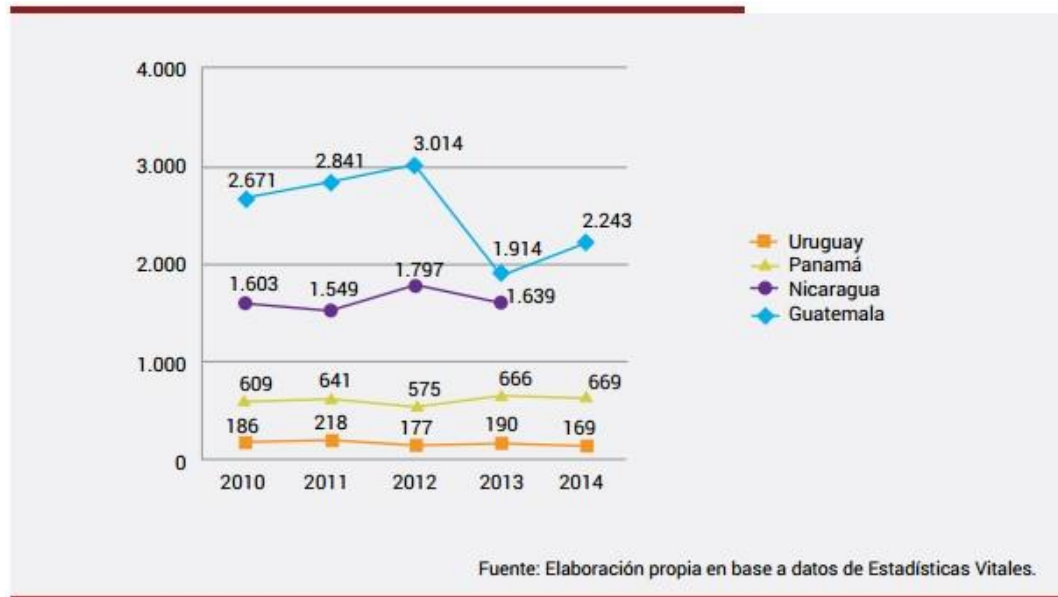
<sup>10</sup> Annex 1 of this Report.

## Executive Summary

her human rights will have been committed. In the first place, her sexual freedom has been violated by imposing an unwanted sexual relationship; secondly, her human rights are violated by forcing her to carry to term a pregnancy that she did not seek; and, the third violation consists in forcing her to become a mother against her will.

The countries that do count with statistics recording the percentage of deliveries experienced by child mothers do not show a decline in numbers in recent years. To the contrary, in some countries the numbers have increased.

**Graph Number 2: Comparison of deliveries involving girls of less than 14 years of age in 4 four countries**



Source: Prepared by CLADEM on the basis of Vital Statistics data.

Graph Number 2 shows differences between Nicaragua and Uruguay, two countries that have opposite legislation as regards abortion. While in Nicaragua abortion is totally prohibited, in Uruguay abortion is not penalized if it is carried out within the first twelve weeks of gestation and provided that the woman complies with procedures established in the relevant law passed in 2012. The population of Nicaragua is double that of Uruguay, whereby it would be reasonable that the numbers of girls giving birth in Nicaragua would be double of that in Uruguay. However, the number of deliveries undergone by girls in Nicaragua is ten times higher than the number recorded in Uruguay.

If Uruguay is compared to Panama, both countries having a similar number of inhabitants, great differences are also observed. It is likely that restrictions regarding access to mechanisms for the interruption of pregnancy are the cause of such differences. Although there are grounds for abortion in Panama<sup>11</sup>, appropriate protocols have not been implemented and difficulties exist for exercising this right.

<sup>11</sup> In Panama, abortion is illegal except in case of threat to either the life or the health of the woman, or if pregnancy has resulted from rape.

## Executive Summary

Graph Number 3: Comparison of deliveries by girls under 14 years of age, in Argentina and Colombia



Source: Prepared by CLADEM on the basis of Vital Statistics data.

In like manner, if we compare the numbers of deliveries by girls in Argentina and Colombia, countries which have a similar population structure, (Graph Number 3), the figures for Colombia are double those of Argentina and no decrease may be observed. Comparing data from 2014 to those of 2010, there may even have been an increase. The decrease of the number of deliveries for this age group in Argentina is very small and as such cannot be considered a trend. It will be important to note what happens in the coming years.

The factors that have caused the difference are unknown. However, in Colombia the figures might be related to violence resulting from armed conflict and its influence on other spheres of life, especially family and society. Regarding the legal framework, both countries have legalized abortion in certain circumstances.

In the analyzed cases, it has been observed that most child mothers dropped out of school and while their dream of studying continues, the matter of returning to their studies is quite difficult. In addition, isolation from the majority of one's friends and tensions within the bosom of the family group were observed. On the economic side, all of the girl mothers lacked autonomy and depended on their family of origin. Access to employment is difficult. Social support is partial and generally does not cover all the needs of the young girl nor those of her baby.

## **Executive Summary**

### **4. What is the response of the States vis-à-vis these situations?**

All countries surveyed, with the exception of Puerto Rico, ratified the major international human rights treaties pertaining to universal and regional systems. This fact obliges States to deal with these human rights cases according to the principles and standards established for this matter.

Despite the fact that those mandates have validity and are in force, the States' reaction to child pregnancy is diverse and covers a wide range of measures going from silence and indifference, to the provision of reproductive health services without inquiring into the causes of pregnancy, and at the other end of the spectrum, to mandating the confinement of pregnant girls until the time of delivery, with strict controls or prohibition of visits from family members and friends, in order to force girls to carry their pregnancy to term.

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

#### **4.1 Criminal law on sexual violence**

In all countries studied, engaging in sexual relations with girls whose ages range between 13 and 16 years is considered rape. The majority of the countries consider kinship as an aggravating factor in cases of sexual violation. This is the case in Argentina, Bolivia, Colombia, the Dominican Republic, El Salvador, Mexico, Nicaragua, Panama, Paraguay, Peru, and Puerto Rico. In Brazil, Honduras and Uruguay, kinship is not considered an aggravating circumstance for statutory rape of minors or violation.

Unfortunately, not all abuses are reported and of those that are reported, not all are legally routed through a process that leads to a sentence. A very small number of denunciations and complaints end in convictions. Impunity is very high.

None of the countries studied count with national statistics, disaggregated by sex and age, as regards denunciations of sexual abuse. Nor is it possible to measure how many of these denunciations are investigated judicially, or how many of these legal proceedings end in sentences.

Only six of the countries studied (El Salvador, Honduras, Mexico, Nicaragua, Paraguay and Peru) count with statistics as regards denunciations of the sexual violation of girls under the age of fourteen. Such data is scanty, partial and isolated. Notwithstanding, even though sparse, the available data shows that the rate of impunity is tremendously high, since it exceeds by 90% the number of formal complaints and denunciations.

## **Executive Summary**

### **4.2 Protocols for caring for girls who became pregnant as a result of violence.**

In none of the countries studied was there found to be any protocol, guideline or public policy designed to address in a specific and comprehensive manner the problem of sexual violence against girls. Likewise, it was found that there is a lack of comprehensive and multidisciplinary procedures to be followed in cases of child pregnancies resulting from such sexual violence.

Cases of violation or rape of girls, as well as child pregnancy and child maternity, are generally considered to be emergencies. When facing such emergencies, health personnel often have no clear directions as to how to act in response. The same situation takes place in the judiciary system.

All the countries studied, with the exception of Honduras, have some kind of Protocol on violence against women. Some guidelines are directed toward justice sector staff. Others are intended for health personnel, and yet others address teachers. Protocols for violence address the treatment of all women victims, regardless of age, except in Mexico, the Dominican Republic and Uruguay, which have specific protocols for violence against girls, boys and adolescents.

### **4.3 Institutions that care for or shelter pregnant girls**

On some occasions the young pregnant girls are housed in institutions for pregnant adolescents, whether state or private, that have a connection with the State. Among the countries studied, Argentina, Brazil, Colombia, Mexico, Nicaragua, Peru and Uruguay have state centers which receive or provide care for adolescent mothers. Even so, there is a scarcity of such centers, and they are not found throughout each of these countries, nor do they cover all needs. These countries, as well as the remainder of the countries included in this study, also have agreements with private entities that administer other shelters or homes for girl mothers. The majority of these private shelters are financially dependent upon the Roman Catholic Church.

Private entities that specialize in care for pregnant young women were found in each of the countries included in this study. (See Annex V). However, no country has an official Registry, which is transparent, accessible by the public, and in which one may verify the number and characteristics of these institutions; what budget or funds they receive from the State, and the number of pregnant girls that receive care at each institution. Furthermore, no State plans or policies for monitoring and supervising the private entities that work with these girls were observed.

It is customary that adoption services, whether national or international, or charitable organizations that serve as intermediaries between families or persons that wish to adopt children, either legally or illegally, are either to be found in the vicinity of these homes for pregnant girls or are related to the same. However, in the majority of cases, the States Parties do not comply with the duty of investigating this situation.

The people who manage these services frame their work in the context of “charity” ideologies, categorized as conducting “charity” directed towards girls who lead a “disorderly” life or belong to families with grave deficiencies and problems. It is frequent that such persons

## **Executive Summary**

offer as a solution to the young pregnant girls that they go through childbirth, and after delivery of their baby, that the new-born infant be given up for adoption by a “wellestablished” family that will be able to provide the adopted child a good standard of living. Behind this apparent kindness underlies the stereotype of woman as an instrument, the concept that women are principally breeders.

The forced confinement of pregnant girls in state or private institutions should likewise be considered cruel, inhuman and degrading treatment or torture, regardless of whether these spaces are public or private.<sup>12</sup>

### **4.4. State policies towards pregnant girls or child mothers**

The results of this study show that, in general, there are no specific programs for pregnant minors under the age of fourteen or girl mothers of that age group. However, the majority of the countries studied count with some program for pregnant adolescents, which is implemented through health, education or development services. In addition, in some countries conditional monetary transfers are provided.

In the majority of the countries, educational continuity is guaranteed by law, although the persistence of discriminatory prejudices against pregnant girls or child mothers is also observed. In practice, about half of these girls abandon their studies. It is necessary that schools develop a curriculum that includes aspects of the prevention of pregnancies for both girls and adolescents. This service should be provided through sexual education programs and should also provide active support for the young girls and adolescents who do become pregnant.

The absence of sex education programs, or their limited, partial or inadequate implementation in those countries in which they do exist, is an alarming symptom. This is especially alarming if one takes into account that the greatest lacks and deficiencies are registered in those States that have restrictive policies regarding reproductive health. As a result of this policy, girls do not have enough information, nor are they empowered in order to denounce or react to abuse. All doors are closed to them.

---

<sup>12</sup> CAT- General Observation Number 2: HRI/GEN/1/Rev.9.

### 5. Conclusions and Recommendations

1. **Forced child pregnancies** are symptoms that reveal the situation of girls - and of women in general - in the countries studied. They reveal, among other things, the level of violence, lack of autonomy, discrimination, and appropriation of the bodies of girls by adult males, including adult males of their own family circle and social environment.
2. At the same time, **forced child maternities** display the inefficiency of state policies for the prevention of pregnancies. In those countries in which there are no sexual education programs nor access to contraceptives and where abortion is prohibited, the control of girls' bodies is transferred to the State, which continues to exercise patriarchal violence upon these pregnant girls, obliging them to reach motherhood. Afterwards these child mothers are left to their fate to fend as they can.
3. The **lack of statistics** on the various facets of this issue: – causes of pregnancies; number of pregnant girls, girls receiving prenatal care, and girls that undergo abortion; number of deliveries disaggregated by age, morbidity and mortality of girls; denouncements of sexual violence, legal proceedings and sentences when pregnancies were caused by violence; institutions or entities that receive pregnant girls and the number of girls residing at these shelters; and, other key data –is alarming. This lack of statistics requires the urgent attention of authorities, especially those State agencies dedicated to the protection of infants and children. It is impossible to design appropriate policies that permit the solution of a problem whose magnitude and characteristics are unknown.
4. There are no effective and appropriate policies for the **prevention of child pregnancy and child maternity** that are applied in a comprehensive and integral manner in each of the countries studied. On the basis of the reviewed cases – all originating within the entire region and current– it becomes apparent that the scarce policies that exist **operate when in the face of an emergency**, i.e., after the pregnancies of young girls have already occurred.
5. While in certain parts of the world, deliveries and childbirth involving girls take place in the context of marriages or common law unions, in Latin America and the Caribbean **most child pregnancies are the result of sexual abuse**. Such sexual abuse is committed by members of the family, acquaintances or other people close to the young girl, or strangers. Submission, stigma, shame, fear, and the lack of symbolic resources, among other factors, inhibit girls from denouncing their aggressors.
6. In those cases in which denouncements are made, there is no guarantee that legal proceedings will begin and that the responsible party will be punished. The **level of impunity** is very high. There is no correlation between the number of denouncements and the number of condemnatory sentences. This is a situation of extreme gravity, since impunity fosters the continuation and multiplication of these crimes.
7. In all the contexts studied (whether rural or urban, in Caribbean countries or South American ones), despite large differences, there is a persistent culture of

## Executive Summary

stigmatization as regards abused girls, pregnant girls, and child mothers. Public opinion even acts to accuse girls of eleven, twelve or thirteen years of age of seducing their fathers, teachers, or neighbors. This community reaction often motivates girls to drop out of school, thereby abandoning their studies.

8. Based on research conducted in this study, the conclusion is that more than half of the young girls who become pregnant **interrupt their studies**. About 40% of these girls abandon their studies forever. A fewer number return to their studies, resorting to evening class programs or training courses in order to earn income. In many such cases, the quality of the education that is provided has decreased.
9. **Child pregnancies have grave consequences** for young girls. In addition to those mentioned in the field of education, there are high risks for the pregnant girls' physical and mental health as well as negative effects with respect to their family and social relationships. At the same time, job opportunities may be seriously restricted.
10. The **consequences of maternity** have both short and long term effects upon the lives of child mothers. Whether the child mother remains in custody of her baby or if she gives her baby up for adoption, the experience of motherhood will forever mark her. In the majority of cases, this early maternity will also affect the girl's household surroundings, since the young mother may not be able to take care of the baby, who will remain under the responsibility of other women members of the family. The child mother's inclusion within the community will also be changed, as her peers will no longer see her as an equal. Motherhood also limits girls' chances of escaping poverty.
11. In cases where pregnancy results from sexual abuse – without attempting to diminish the responsibility of any women who may have failed to provide support or have incurred in acts of complicity – it often happens that the abused girl's mother **is accused of complicity, and is investigated, prosecuted and detained**. At this point, one must make a distinction between the degree of culpability of the perpetrator and that of the girl's mother. In many cases, the mothers of abused girls also suffer violence and abuse. Investigations should be made to ascertain whether the abused girls have been manipulated or threatened to not confide in their mothers about what has happened or is happening to them. In addition, it is likely that these mothers are the main wage-earners and providers of the household and that they work all day away from home, with scarce possibility of being attentive to what their daughters do in their absence. It is striking that those justice systems that leave unpunished the greater part of sexual abuse cases, act swiftly to take to jail a mother who oftentimes lives in a situation of vulnerability herself.
12. In order to count with a coherent legal framework, **sexual abuse, when incestuous, should be considered an aggravated offense**. In these cases, not only is the abuser attacking the sexual freedom of the victim, her process of sexual development and her physical integrity, but is also contravening the duties of care and protection that are the responsibility of adult family members.
13. Both **child forced pregnancy and forced child maternity should be incorporated in penal codes as crimes**, to sanction and punish all those who impede, obstruct or



## Executive Summary

delay a pregnant girl's or child mother's informed decisionmaking, whenever she is capable of forming her own judgment. In this manner, independently of the effectiveness of the justice system, their categorization as crimes within the penal codes would allow one to count with a symbolic tool for contributing to the denaturalization of these situations. The wide dissemination of these reforms and open debate on these issues will contribute to bringing about change. Opting for silence vis-à-vis this reality contributes to the continuity of abuse and impedes the making of appropriate policy decisions, while it likewise hinders awareness and consciousness-raising within society.

14. To oblige a young girl, who has not yet finished growing herself, to carry a pregnancy to full term, become a mother and raise a baby should be considered torture or cruel, inhuman and degrading treatment, according to the specific case, in accordance with the terms of the United Nations 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 must be designed that respect the voices of girls and their reproductive autonomy, facilitating likewise access to the interruption of pregnancy, in a safe manner, whenever this is requested. In cases of rape, even the countries that have a restrictive legal framework should provide safe abortion services for girls. The will or choice of the young pregnant girl should be the main reason for carrying out the interruption of a pregnancy.
16. In cases in which young pregnant girls must be sheltered at an institution, their lodging and treatment **must comply with human rights standards**. Due diligence should be applied to ensure that the girl has not been confined against her will or that of her family. All such institutions should be adequately supervised by the State. One of the aspects to be monitored is whether or not there are any possible connections between these homes or shelters for pregnant girls and private adoption agencies, whether legal or illegal.
17. It is urgently required that **public policies be designed to prevent** both forced child pregnancy and forced child maternity. In addition to reproductive health programs, cultural transformation campaigns should be promoted. Such programs should include the incorporation of comprehensive sexual education within the context of formal education systems. Furthermore, those responsible for abuses must be adequately punished. In a like manner, special measures to reduce the level of impunity should be implemented.
18. For those cases in which prevention efforts have not achieved successful results, programs for **pregnant girls and child mothers must be created in a way that is specific to their status as young girls**. This requires great articulation and coordination between all institutions involved in these cases (involving the spheres of health, social development, justice, and education). Programs for pregnant girls and child mothers require the creation of spaces that not only provide these girls with care and protection, but also enable their active participation.

## **Executive Summary**

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

## Executive Summary



With the Support of:  
SIGRID RAUSING TRUST