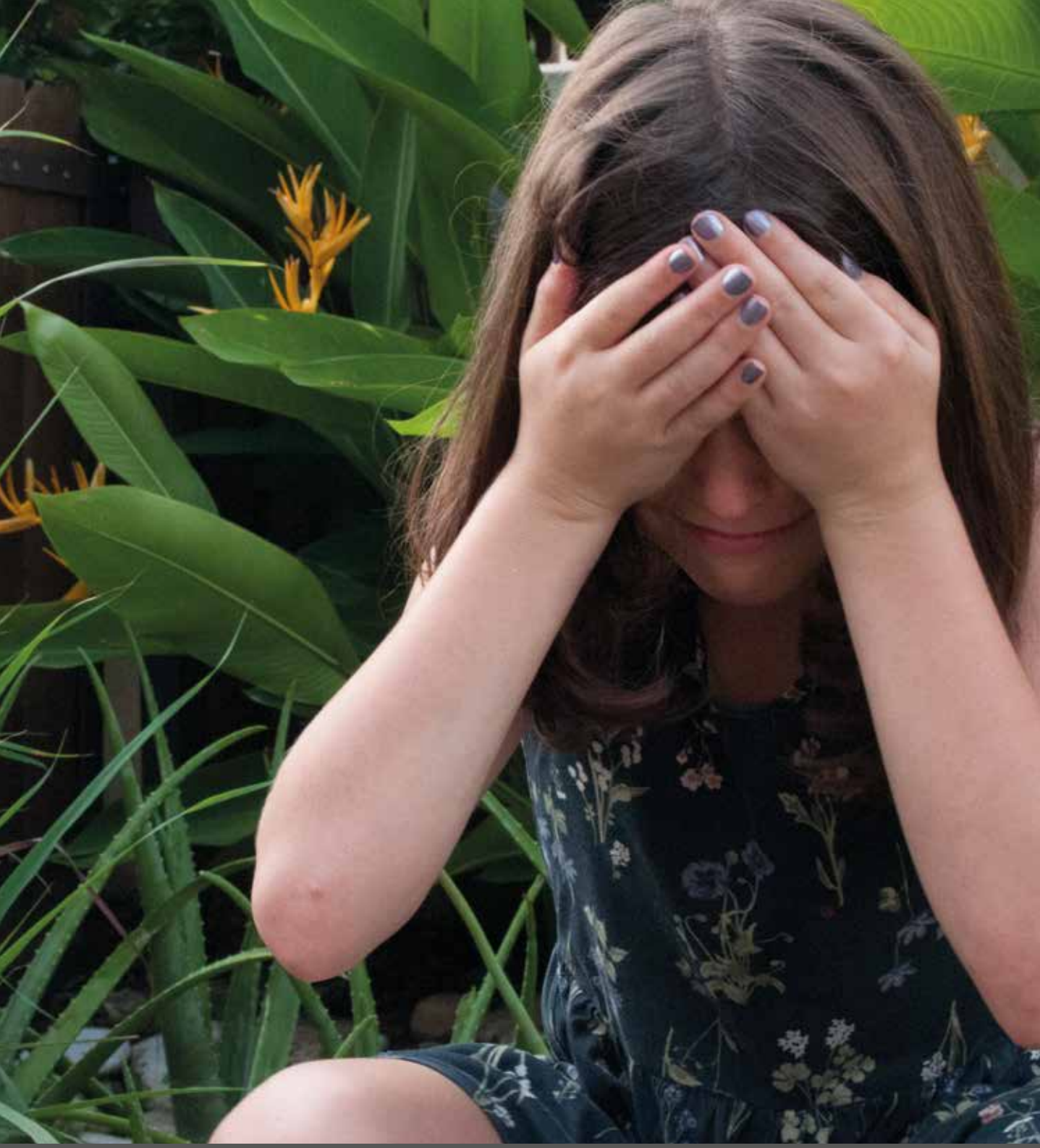

TO PLAY *or* GIVE BIRTH

CLADEM

Forced Child Pregnancy
in Latin America and the Caribbean

Data sheet.

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Note: All photographs were obtained with prior, free, and informed agreement of the girls and their legal representatives.

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Presentation

Forced child pregnancy is a problem that historically has been rendered invisible, as it is hidden under numbers and diagnoses of adolescent pregnancy and maternity. This invisibility occurs in spite of the fact that both the causes and the consequences of pregnancy in very young girls, in the majority of cases, are different from those of adolescents.*

The Regional Balance Sheet "Girl Mothers. Forced child pregnancy in Latin America and the Caribbean," published by CLADEM in 2016 reveals the existence of a pattern of violence that is embodied in the concealment of information and the reluctance of States to place the issue on the public agenda and to prioritize actions for prevention, sanction, and eradication. We have seen that child pregnancy in most cases is the product of sexual violence perpetuated by family members (incestuous sexual abuse), acquaintances, neighbors, or strangers. This is different, therefore, from what occurs for the 15 to 19 age group, where an important percentage of pregnancies due to early sexual initiation is registered.**

Aware that this flagrant violation of the rights of young girls was absent in national, regional, and international agendas, CLADEM launched the Campaign "Forced Child Pregnancy Is Torture" and in this context we have been monitoring the States in the region for compliance of their obligation to prevent, sanction, and eradicate this practice. Furthermore, through International Litigation, we demand the compliance of precautionary measures. Likewise, we carry out advocacy actions for the compliance of the Montevideo Consensus and the Sustainable Development Goals. CLADEM will soon launch the Diploma Program "Child Pregnancy and Maternity in Latin America and the Caribbean".

With the intention of continuing to provide advocacy tools, we now make available the dossier entitled "To Play or Give Birth. Forced Child Pregnancy in Latin America and the Caribbean", written by our colleague Susana Chiarotti. This report is based on the compilation of information registered in the fifteen countries in which CLADEM is present.

We hope that this contribution will constitute a tool for political advocacy. We make an international call for the building of alliances to denounce the impunity of sexual violence and demand the recognition of forced child pregnancy as a form of torture so that States may prevent, sanction, and eradicate this practice throughout the region.

Elba Núñez
Regional Coordinator
CLADEM

* CLADEM (2016). Niñas madres. Balance Regional Embarazo y maternidad infantil forzados en América Latina y el Caribe, page 7. Available at http://cladem.org/pdf/niñas-madres-balance-regional

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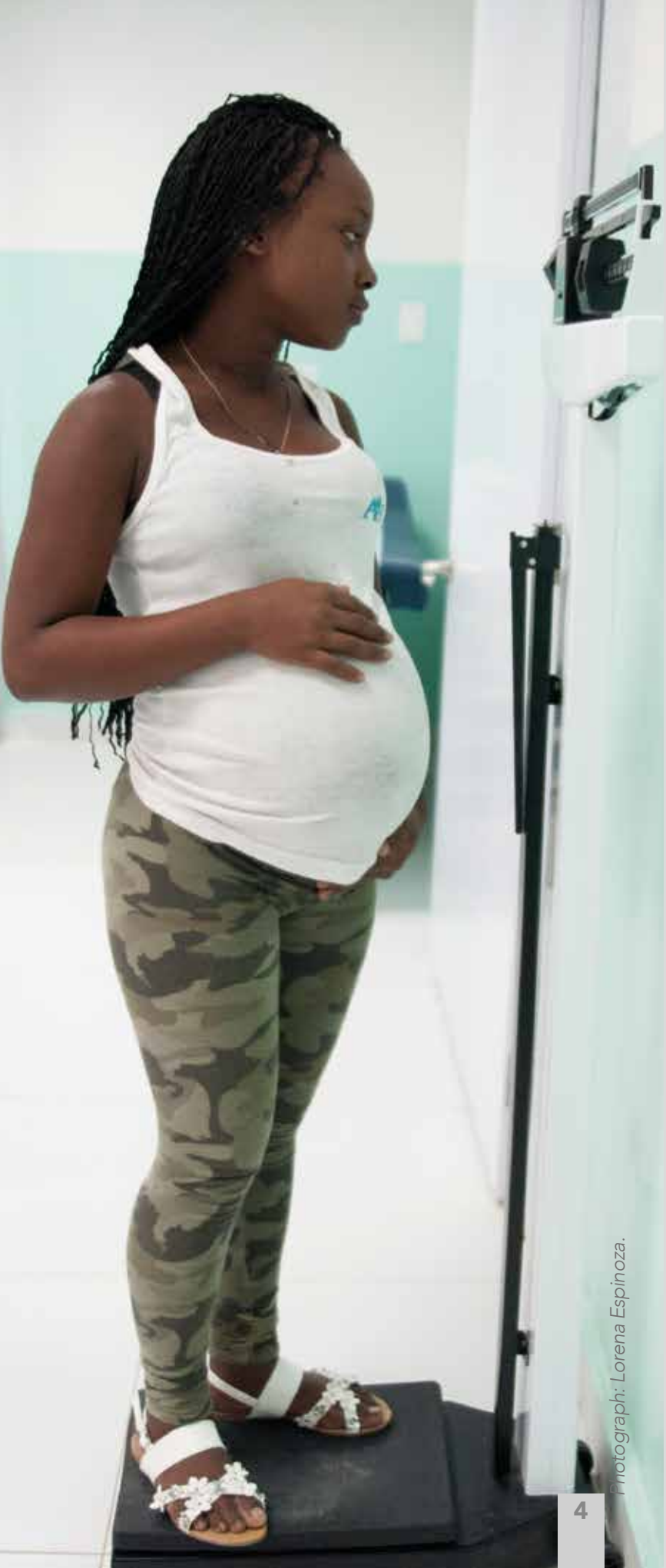


Photograph: Lorena Espinoza.

What is

The Report on Child Mothers published by CLADEM in 2016 shows that every year in our region tens of thousands of girls under the age of fifteen become mothers. These girls become mothers even before their own bodies have finished growing. One year later, we observe that in some countries the figures have decreased slightly. However, the problem persists and must be urgently addressed in order to denaturalize situations that often are not perceived as problematic or which are accepted as normal.

Forced child pregnancy (EIF, for the acronym in Spanish) occurs when a girl under the age of fifteen becomes pregnant without having sought or desired it, and the interruption of the pregnancy is denied her, made more difficult, delayed, or hindered.

Since 1998, forced pregnancy is considered a war crime and/or a crime against humanity by the Rome Statutes (Arts. 7, 8) when occurring in the framework of armed conflict. However, women who undergo this experience in times of peace also suffer grave consequences that mark their lives forever. The social cost is even higher in times of peace,

forced child pregnancy?

since during wars and armed conflicts the importance of social conventions is altered, while in times of peace social control is more accentuated and both stigmas and isolation may be greater.

For girls, a forced pregnancy may mean the interruption of future opportunities and the negation or restriction of many rights. This situation is frequently ignored or minimized by society, as well as by the States.

According to the OAS Commission of Experts on Violence Against Women (CEVI), the forced pregnancy of a girl perpetuates sexual violence against her and exposes her to new and reiterated forms of violation and the vulnerability of her human rights, undermining her personal integrity, her status as a minor, and her possibilities in the future. The CEDAW Committee and the Committee for the Rights of Children have catalogued forced pregnancies and child marriages as harmful practices that gravely affect the rights of girls. Both Committees in their General Resolution 31 state that harmful practices are firmly rooted in social attitudes that are based on stereotyped functions, and which consider women and girls to be inferior to men and boys[1].

The UN Special Rapporteur on Torture, in the 2016 Report, analyses the impact of sexual violence on the reproductive health of women and the aggravating effects resulting from negative responses to women's demands for the provision of health care services, which therefore constitute cruel, inhuman, and degrading treatment. In addition, the Rapporteur states that "Women are vulnerable to torture and mistreatment whenever they seek medical care because of their real or apparent lack of conformity with regards to the functions determined by the State for each sex".[2]

The most frequent causes of forced pregnancy in Latin America and the Caribbean are:

a- *incestuous sexual violation or rape by strangers to the family.* One study has found that the 10 to 14 age group is the one that suffers the highest rate of sexual aggressions. The study also indicates that the average age at which girls and adolescents report having been a victim for the first time is estimated to be eleven years.[3] Recent research indicates that 38% of Salvadoran girls, between 10 and 12 years of age, who gave birth to a child in 2012 reported that they had been obliged to maintain sexual relations. The report highlights that stepfathers and male cousins are among the main perpetuators of these rapes and violations.[4]

b- *Common-law marriage, unions in fact, or early marriage.* The prevalence of these unions varies according to the country. Many of these unions are forced, and due to

the differences in age and power of the parties in the relationship, the girls are more exposed to violence. A study conducted in El Salvador determined that the probabilities of early marriage is highest for women that have the greatest economic and social disadvantages, the least education, and who live in rural areas. Furthermore, five of every ten girls who experience an early union or marriage acknowledge suffering violence within the relation.[5]

c- *Consensual sexual relations* in which the young girl was unaware of the consequences, or if aware, was powerless to avoid the relation. Such is the case of girls who have not received any sexual education, or if so were not able to gain access to methods for the prevention of pregnancy and for emergency contraception.

d- *Practices and customs that facilitate, promote, or naturalize the lack of men's responsibility in the prevention of unwanted pregnancies.* It is so common that the burden for regulating fertility falls upon women, that we perceive it as normal that any addressing of the demand for contraceptives and pregnancy prevention be directed towards us. We thus set aside the cultural and social pressures that should be exerted on men in order that they admit their own responsibility in the exercise of a sexuality that cares for the other person. Such sexual responsibility is not only related to pregnancies, but also sexually transmitted diseases.

In all the cases, States have responsibility. In the first case, because it did not prevent the sexual violence against girls, and in the second, for not preventing or impeding early unions or marriages. In the third case, for the failure to provide to children and adolescents the necessary tools for the prevention of pregnancy; and, fourthly, for not promoting reproductive co-responsibility, not guaranteeing the eradication of stereotypes and discriminatory roles, nor promoting a cultural change towards gender equality.

When the pregnancy cannot be interrupted, the result is **forced child maternity** (MIF, for the acronym in Spanish). In general, the causes of MIF are:

The lack of health services adapted to the needs of girls. Such services are user-friendly, confidential, and employ specific protocols to address the problem of child pregnancy.

The refusal of health service providers to interrupt the pregnancies of young girls. In some countries, conscientious objection is used as a resource in order to deny a person's access to legal medical services. In the majority of Latin American and Caribbean countries, engaging in sexual relations with a young girl is considered sexual violation and abortion is legal for a pregnancy due to rape.

Idealized concepts of maternity, which in certain contexts cause many girls to believe that maternity is a mechanism for recognition and autonomy.

Photograph: Lorena Espinoza.

What are the figures for forced child pregnancy?

Is there any connection with inequality and poverty?

Worldwide, the number of childbirths for girls under the age of fifteen reaches 1,100,100 per year. In general, the adolescent fertility rates are highest in rural areas, involving girls who are the most poverty-stricken and the least educated.[6]

Gender, economic, ethnic, and racial inequalities, among others, affect the capacity of girls to exercise all of their rights, including the right to education and health, especially sexual and reproductive health. Girls who live in rural areas, in impoverished communities, or who are members of minority ethnic or religious groups are exposed to even greater risks of not being able to attend schools, in comparison to girls from urban zones, who are of wealthy background, and are members of majority ethnic and religious groups.[7]

Women and girls in the poorest sectors of the population have less access to contraceptives and reproductive health services. As a result, the fertility rate of those living in 20% of the poorest households is almost three times higher than the fertility rate of adolescents living in 20% of the wealthier homes. In addition, the number of childbirths by adolescents living in rural zones doubles the amount of births experienced by adolescents living in city zones.[8]

In Peru, the results of the 2016 Demographic and Social Census (ENDES) indicate that in rural areas the percentage of adolescent mothers or girls who are pregnant for the first time totals 22.7%,

while in urban areas only 9.8% of pregnancies or deliveries correspond to adolescents. Furthermore, 48.2% of those adolescents were members of indigenous groups located in the Amazon region, and 23.9% belonged to the bottom quintile of poverty.

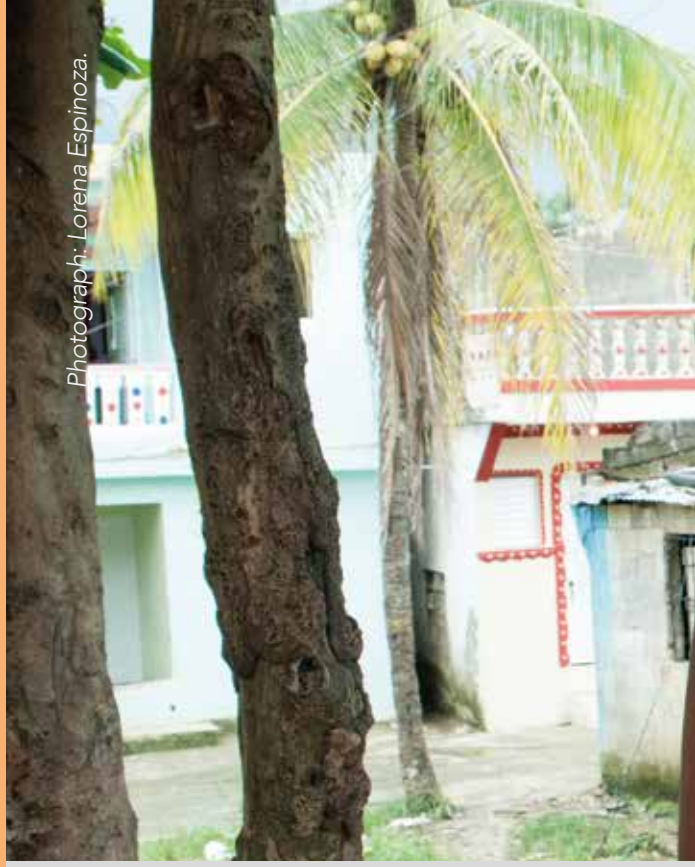
In spite of the differences between countries as regards the registration of pregnancies and childbirth (labor and delivery), CLADEM compiled the following information about fifteen countries.

Childbirth by Girls under Fifteen.

Country	Total Population (in millions)	Year	Births by girls under 15
Argentina	44,916	2015	2,787
Bolivia	10,887	2016	13,332 (*)
Brazil	206,101	2015	26,700
Colombia	49,835	2015	6,045
		2016	5,503
El Salvador	6,401	2015	1,444
Guatemala	17,659	Enero a junio 2017	1,138
Honduras	8,492	2016	778
Mexico	131,110	2015	10,277
Nicaragua	6,347	2015	1,600
Panama	4,178	2016	506
Paraguay	6,967	2016	887
Peru	32,937	2015	1,432
		2016	1,162
Puerto Rico	3,411	2014	231
Dominican Republic	11,005	2016	1,615
Uruguay	3,482	2015	122
		2016	105

*Elaboration based on official data.

(*) Bolivia does not count with data regarding live births by mothers under the age of fifteen. This therefore hinders the follow-up on child maternity. The figure that is cited corresponds to pregnancies of girls under the age of fifteen years who received health care in one of the country's nine Departments during 2016.

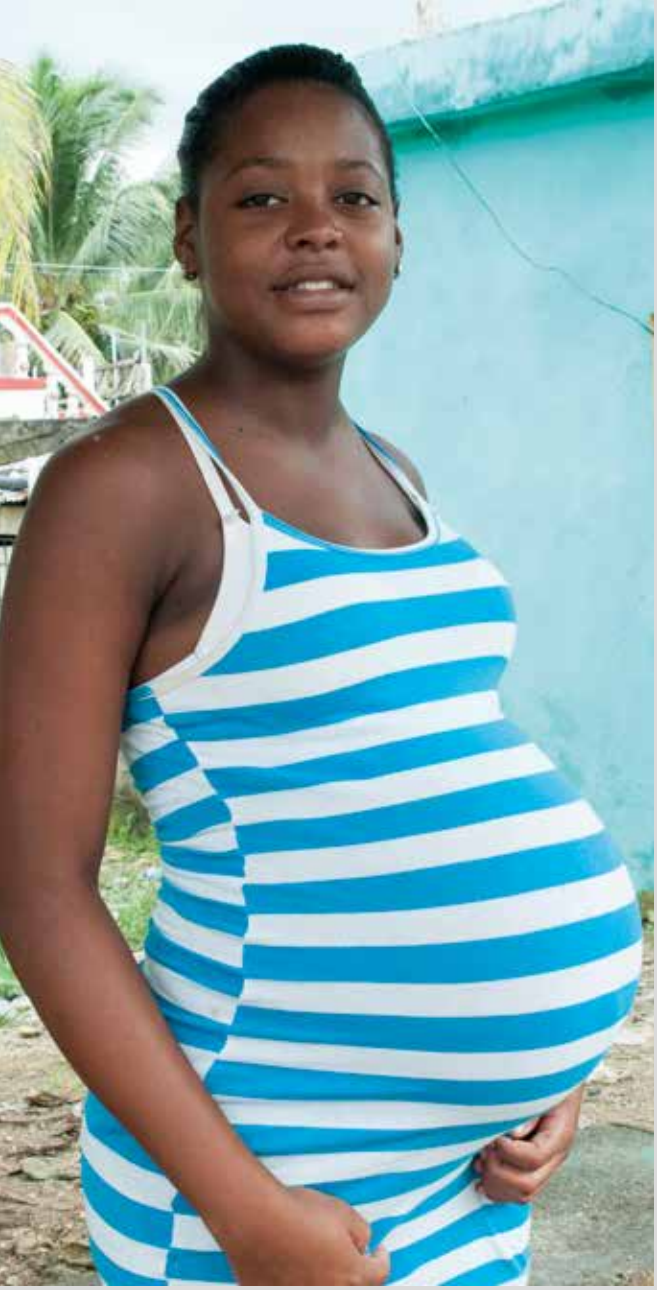


Photograph: Lorena Espinoza.

If we compare these figures with those presented in CLADEM's 2016 Report on Forced Child Pregnancy, the number of girl mothers has decreased slightly in at least eight countries: Argentina, Colombia, Honduras, Mexico, Nicaragua, Panama, Peru, and Uruguay. It is necessary to increase efforts so that within a few years forced child pregnancies no longer exist.

What costs are generated by forced child pregnancy?

When a forced child pregnancy occurs, the girl's life is transformed. Her body as well as her psyche face a change and a conflict that extends to her family and social relationships. The solutions or ways out of this conflict are different according



to the social class of the girl, her ethnic-racial background, religion, and family. All the same, even with the variants stemming from her origin and context, her human rights will be affected in a comprehensive manner, including her education, health, the development of her sexuality, and her physical autonomy.

In addition to the personal costs, child pregnancies also have negative consequences for the States and for society in general. The opportunity cost over the person's life span that is associated with a pregnancy during adolescence —measured by calculating the loss of annual income over the entire life span of the mother— ranges from 1% of Gross Domestic Product (GDP) annually in China to 30% of GDP per year in Uganda.[9]

One specific study about the economic costs of the pregnancies of young girls and adolescents revealed that the cost burden falls on not only their own shoulders and that of their families, but extends also to the States. Child pregnancies cause impacts on the economy as a whole, and affects as well the competitiveness of the country. These pregnancies bear influence in the measure that they create greater costs for the State in terms of the provision of assistance and care services, together with the loss of fiscal income through taxes and contributions. Both the *direct costs* – that include abandoning the education project of an adolescent as a consequence of her pregnancy, the medical care related to gestation, childbirth (labor and delivery), the puerperium (postpartum period), and care of the new born infant, including any complications related to obstetrics and gestation, as well as the consequences of incomplete abortions – as well as the *costs of omission,* affect the economy of both the society and the State. The costs of omission stem from lost income in terms of taxes not collected by the State as a result of the school desertion or dropout rate of adolescent mothers.[10]

Physical Costs:

Girls of fourteen or under the age of fourteen are the group that suffer most complications related to pregnancy, labor, and delivery, as this is a high-risk age group. Since in

many cases the pelvic floor has not been completely formed, childbirth is more dangerous. There are greater risks of pre-eclampsia, eclampsia, rupture of membranes, early labor and delivery, and gestational diabetes. Death because of pregnancy is four times more frequent for girls in this age group, as compared to women between the ages of 20 – 30. Girls of fourteen or under the age of fourteen are also five times more likely to suffer obstetric fistulas. In addition, research shows that in the case of an unwanted pregnancy there is greater social risk for the mother and child binomial. This is associated with abortion in risky circumstances, scarce health care during pregnancy, perinatal complications, higher probability of cervical cancer, and certain problems with the development of girls and boys.[11]

Psychological Costs:

Several studies showed that child pregnancy has adverse consequences on mental health, in addition to the physical risks that are involved.[12] Given that in many cases the pregnancy was generated by sexual violence, we must consider the consequences of abuse, the possible threats received to refrain from denouncing the violation, and the impact of undergoing an unwanted pregnancy. All of these factors affect the mental health of the pregnant girl. Symptoms of depression, anxiety, and post-traumatic stress, particularly those who were assaulted sexually, have been registered. Likewise, a certain percentage of young girls have had suicidal thoughts during their pregnancy. The Committee on the Rights of the Child issued a warning about the greater risk of depressive symptoms and the development of suicidal thoughts in pregnant and postpartum girls, as compared to adult women undergoing like situations.[13]

The emotional damages increase whenever the sexual abuse of the girl was incestuous. The violence to which she was subject is now compounded by the crisis unleashed within the family circle, where often the reactions depend upon the role of the abuser in the family.

The victim sometimes is not heeded, heard, nor offered contention by those whose duty is to provide her protection.

Economic and Personal Development Costs:

Almost half of the girls that experience forced pregnancies drop out of school. In the cases in which they later reassume their studies, most of the girls attend schools of lower educational quality. Forced pregnancies also occur for girls who had previously abandoned their education in order to carry out caregiving tasks, help cover the economic needs of the family, or enter into a precocious sexual union. Their low level of education makes it more difficult later for these girls to gain access to and insertion in the labor market. This contributes to the stagnation of the girls caused by the "sticky floors" phenomenon that impedes them from a better quality of employment.[14]

A great percentage of these girls will hold informal jobs, without any social security coverage, and will be paid low wages. Those who gain access to employment as dependent workers will most likely receive lower wages than other girls who are single or have no children. The prospects are those

of a life devoid of the enjoyment of many rights, together with the generation of a cycle of poverty. This means a life with fewer opportunities and the lack of development of the potential of these girls and their children, a situation that affects the girl as well as her family and the wider community.

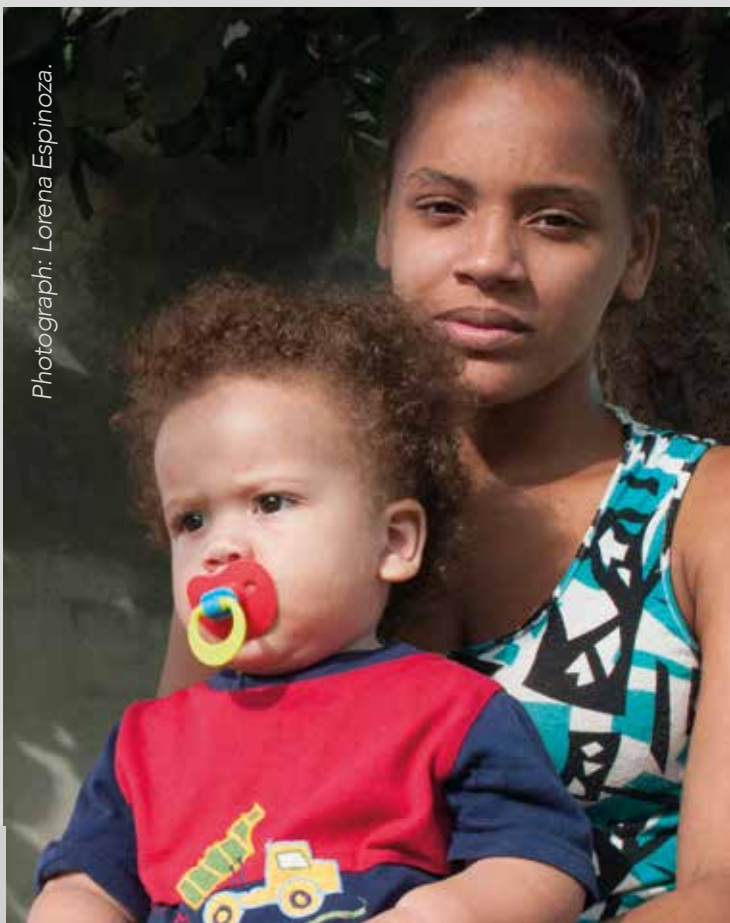
Due to the high prevalence of sexual violence as the cause of child pregnancy and child maternity, the majority of child mothers do not live with their partners. Child mothers receive most of their support from their own mothers and grandmothers. The biological father in these cases does not assume his responsibility for child raising, leaving the full burden of the care of the infant in the hands of the child mother and her family environment.

Many of these girls continue to live with their families, and it is frequent that they continue to live in close proximity to the person that assaulted them.

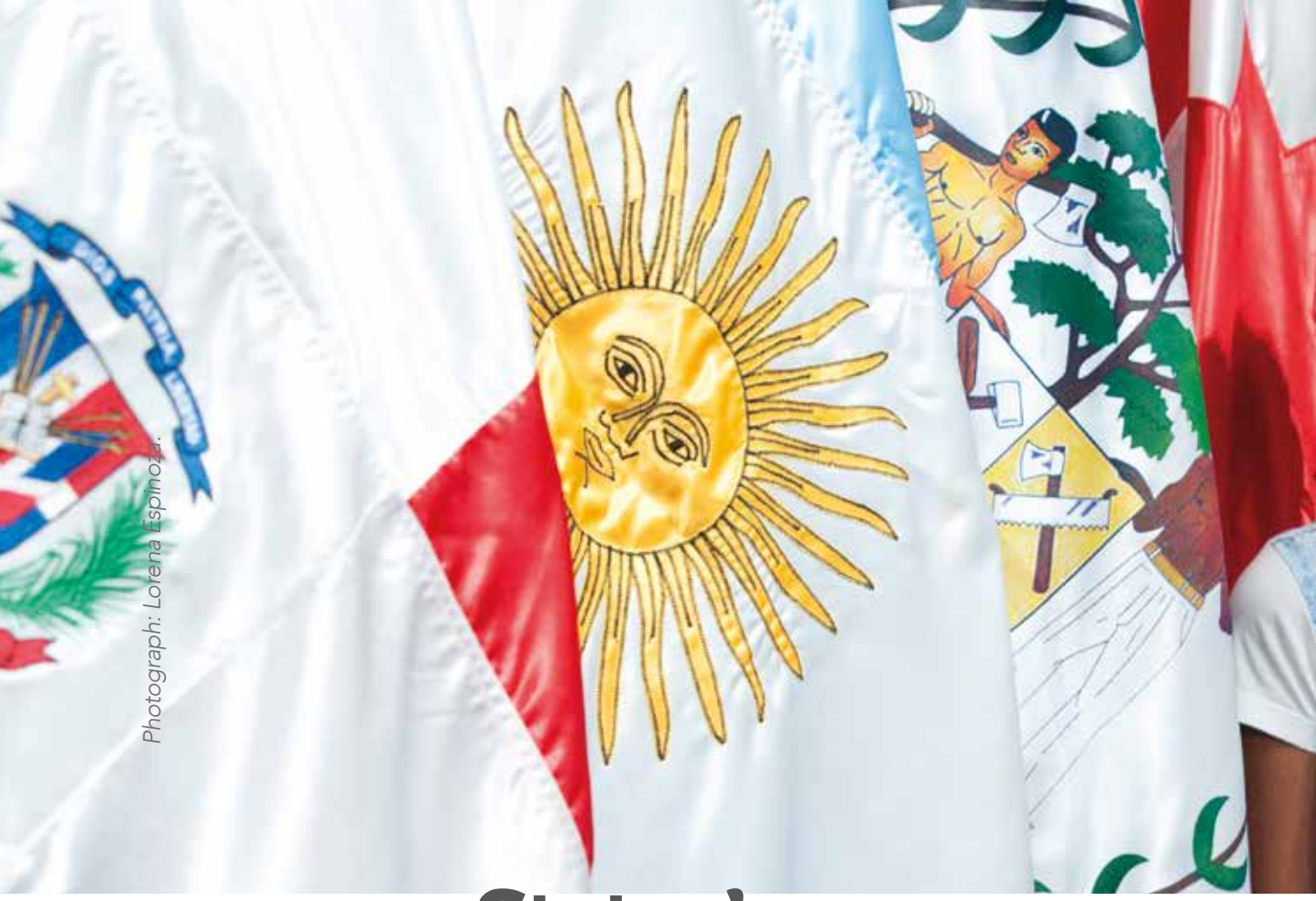
The fact of not being able to obtain secondary or tertiary education, having access only to jobs with poor salaries and no social security, and the weighty burden of caregiving for the child mother exerts an influence on the social sphere. This affects the girl's possibilities for political participation, access to justice, access to the media, and participation in decision making within her family as well as in the community.

In the CLADEM Report on Child Mothers[15], one may observe the number of live births for girls of fourteen years of age or less. It is no coincidence that the countries with the greatest figures are the ones that have the highest levels of gender inequality, according to the OECD Development Centre's Social Institutions and Gender Index (SIGI) Index. Unfortunately, this gender gap has not decreased but has in fact increased. Of the 142 countries comprised in the 2016 SIGI Index, 68 countries register greater gender gaps than those recorded in the previous year.[16]

This fact must be considered in the context of a region characterized by the highest indexes of inequality in all aspects. Such brutal inequalities are the chief cause of the social violence that has profound repercussions on the lives of women and girls, as this violence is exercised in an individual manner or a collective one, through gangs, sometimes referred to as "*maras*". These juvenile organizations do not arise as the fruit of their members' evilness, since some gang members are less than ten years of age. Rather instead, these gangs result from the obscene nature of the economic, ethnic-racial, educational, and social inequalities that prevail in the region.



Photograph: Lorena Espinoza.



Photograph: Lorena Espinoza.

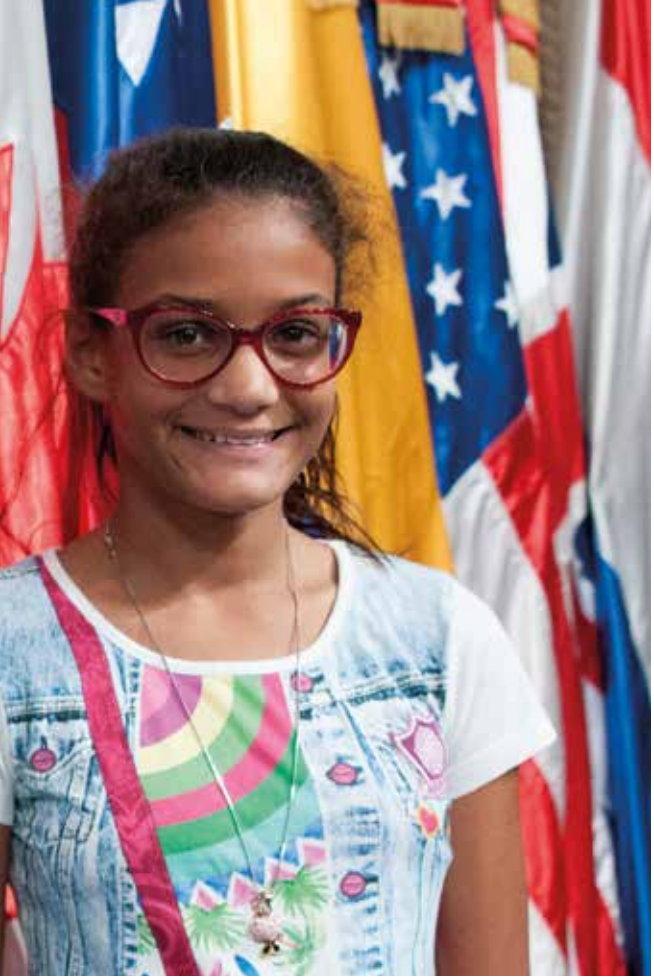
What is the States' Response?

Due to its complexity, the prevention of child pregnancy requires multiple policies, programs, and actions by the State, which should be coordinated by different Ministries. Among all these programs, one of key importance is the provision of Comprehensive Sexuality Education.

Currently we count with concrete data that indicate that sexual education programs have a positive effect on the empowerment of girls and boys, when they are implemented in an adequate and comprehensive manner. This empowerment of girls and boys grants them greater resources with which to oppose abuses and unwanted sexual relations. Likewise, comprehensive sexuality education programs help prevent discrimination and allow for the acquisition of skills for the exercise of a safe, healthy, and responsible sexuality, protected against sexually transmitted diseases. Likewise, it was shown that such programs delay the initiation of sexual activity between female and male adolescents, while improving the use of contraceptive methods among adolescents that are sexually active, thus reducing the prevalence of pregnancy during adolescence.

Notwithstanding, the implementation of these programs has become more difficult throughout the countries in the region, due mainly to the pressures of conservative sectors. The research carried out by CLADEM in fifteen countries yields the following results.

Argentina since 2006 counts with Law



26.150 that establishes the obligation to deal with comprehensive sexual education in all the country's schools, whether managed by the state or private sector. It also establishes the creation of a Comprehensive Sexual Education Program as an instance for the implementation of strategies and activities. As regards implementation, it is insufficient, even though some provinces did achieve better coverage, at certain points of time. With the change of government in December 2015, the panorama of Comprehensive Sexual Education (ESI, for the acronym in Spanish) has become regressive. By a Decree of Urgent Need, the structure of the Ministry of Education was changed, and programs, including ESI, lost their roles as protagonists.

Many employees were dismissed, no more materials were printed, and no staff training or monitoring were carried out by the Ministry of National Education in the provinces. All responsibility has been passed to the provinces, yet with no resources, follow-up, or strategy. Furthermore, there is a lower level of budgetary execution for this program. Currently, the national budget for 2018 is under discussion, and there are no expectations of an increase of allocations. To the contrary, it is expected that there will be substantial decreases.

In **Bolivia** there is no comprehensive sexual education program. Although currently incorporated in the basic education curriculum, as part of the "Cosmo vision and Identity" component, some teachers partially approach the topic of sexual and reproductive health under the heading of Health. However, this is not an institutional mandate of the Ministry of Plurinational Education, despite the fact that it worked on the topic for several years. The Plurinational Plan of Comprehensive Sexuality for the educational system was never sanctioned nor applied in the various educational curricula.

Brazil included sexual education in the national curriculum of the Ministry of Education starting in 1996, aimed at primary and secondary schools. It was not obligatory, but only suggested. The topic was decentralized and therefore varied between the States. Even so, close to 45% of the schools did count with ESI programs. However, in 2015 a campaign began in all of the States, coordinated by conservative partisan parties and evangelical politicians, aimed at the removal of the word gender from State and Municipal Education Plans. Thus, topics such as sexual education, sexual orientation, and others were erased from educational programs.

Currently, the State legislatures are eliminating standards on Sexual Education in most of the country.

Colombia has several standards and programs that refer to sexual education, such as Resolution 3353 issued in 1993 by the Ministry of Education (Obligatory Sexual Education in all educational institutions of the country). This Resolution establishes that sex education be given at all levels: pre-school, primary basic education, secondary, and at vocational schools. In spite of these normative mandates, obstacles to the development of Pedagogic Sexuality Education Projects appear, mainly related to the scarcity of educational materials, the lack of teacher training, and the limited scope of family planning.

In the **Dominican Republic**, the Program for Affective and Sexual Education (PEAS) has been executed by the Ministry of Education since 1996. It is not a comprehensive sexuality education program. According to the UBFPA evaluation performed in 2012, only nine of every one hundred schools implemented the PAES in that year, reaching 7% of the student population. There has been no revision of this program, and currently students continue to lack access to comprehensive sexuality education. No figures register the implementation of new PEAS in the country.

In **El Salvador** the Ministry of Education counts with documents to align the official EIS curricula with the Montevideo Consensus and international standards for comprehensive sexuality education. However, these resources are not applied. The training of teaching staff and adolescents, together with the consciousness raising of parents, has not advanced at the required pace. Only 6% of the country's teachers are trained in EIS methodology. The government has allocated no budgetary funds to foster comprehensive sexuality education. It only carries out specific actions financed with international cooperation funds, which compromises program sustainability.

In **Guatemala** in the period 2008-2011, a strategy entitled Prevent through Education was implemented to comply with a Ministerial Statement for the Incorporation of Comprehensive Sexuality Education (ESI) in the educational system. According to the monitoring provided by social organizations, an advance of 55% in the implementation of the strategy was recorded in 2011. However, in the period 2012 – 2017, no progress was registered, nor have budgetary resources been allocated for this purpose. In fact, there is greater opposition to the freedom of women.

Honduras has an enrollment of 1,973,241 students, distributed in 25,983 educational centers. Currently, only 4.06% of these educational centers implement the sexuality education guides entitled "Taking Care of My Health and My Life". During the period 2011 to 2016, records show that 22,750 teachers nationwide were certified in the course for the implementation of the Comprehensive Education guides in classrooms. However, the Secretariat of Education does not have a quality indicator that will allow for an evaluation of the extent of implementation.

In **Mexico**, according to estimates made by the Secretariat of Public Education, 71.1% of the female students in grades 4, 5, and 6 (enrolled at the ideal age) received comprehensive sexuality education during the 2015-2016 period. The percentage of male students that received comprehensive sexuality education (2015-2016) was 69.2%.[17]

Nicaragua has a school curriculum that integrates sexual education with a conceptual base that is biological. In addition, the 2009 national basic education curriculum devotes only two paragraphs to sexuality education, specifically in the Chapter related to crosscutting themes. This document is the most recently available document for dealing with the topic in schools. The approach states that "sexuality education is an indispensable part of quality education, which should be comprehensive and is needed for the harmonic development of persons" and "sexual education is given in Nicaragua starting from the third grade, when students are eight and nine years old". According to specialists, in primary schools the only unit studied deals exclusively with anatomical topics. These topics refer to the changes that take place during adolescence. At the secondary education level, the curricular approach is oriented towards sexually transmitted diseases and responsible parenthood.

Panama does not have a Sexual Education Law. Even though initiatives for the inclusion of this topic within the public school curriculum do exist, the idea has always faced resistance.

Paraguay is undergoing severe setbacks as regards sexual education, due to the pressure exerted upon officials of the Ministry of Education and Sciences by conservative sectors. On October 5, 2017, this Ministry issued Resolution 29.664, which "prohibits the use, in educational institutions that are dependents of the Ministry of Education and Sciences, of printed as well as digital materials that refer to gender theory and/or gender ideology". The prohibition implied the immediate withdrawal of more than 90.000 items of materials intended for basic school education (ninth, eighth, and tenth grades). These materials had been published and utilized within the framework of the PRIOME Program since 1995. The measure contradicts the educational program for the prevention of sexual violence and adolescent pregnancy, Ñaneñe'eke, that was approved in May 2017. The Ñaneñe'eke ("We Have to Talk") program was designed for different levels and modalities of the national educational system, in recognition that the guaranteeing of comprehensive sexual education is a constitutional obligation.

In **Peru**, comprehensive sexual education approached from the perspective of gender and human rights has been a part of public policies for several decades. Currently, the "Educational Guidelines and Pedagogic Orientation for Comprehensive Sexual Education" (2008) is in force. This material offers guidelines that help teachers to develop and carry out pedagogic actions in an adequate manner. It includes a gender-

based perspective and incorporates the comprehensive sexual education components stated in the National Basic Education Curriculum. Unfortunately, in the last three years, only 23% of the teaching staff reported that they received training provided by the State. Furthermore, 77% of the teachers stated that the main difficulty they have for giving sexual education is the lack of resources and teaching materials. Fifty-five per cent of the teachers pointed out their lack of training or insufficient knowledge. Research carried out at Cayetano Heredia University, in 2016, indicates that 42% of the schools located in Lima, Ayacucho, and Ucayali teach sexual education without any reference to the National Curriculum. The same response was registered for 27% of the teachers who accepted the task of imparting Sexual Education classes. This situation allows for the use of inappropriate approaches and the dissemination of both stereotypes and harmful ideas concerning sexuality.

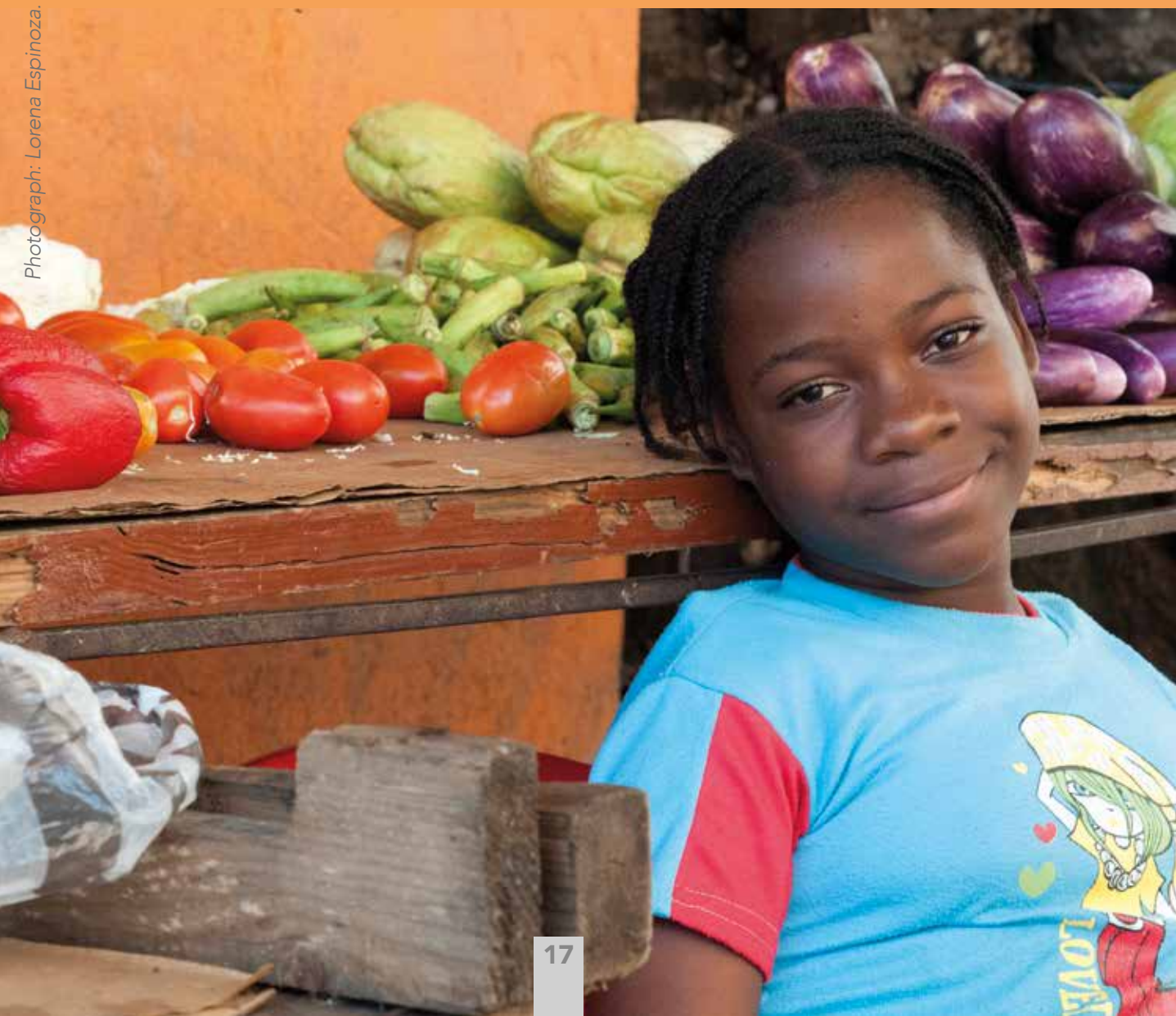
Puerto Rico counts with legislation and public policies that ensure sexual education. It also has a model for comprehensive sexual health education that proposes a "vision that is comprehensive, affirmative, and respectful of sexuality, and which avoids blame, trivialization, and ridicule". It is unfortunate that at present there is no full compliance regarding the relation between sexual education and gender equality. In the last few years, the emphasis of sexuality education has focused on sexual abstinence. The circular letters issued by the Ministry of Education on gender perspective education, as well as the guarantees to transgender students, were repealed.

Uruguay updated in July 2017 its guidebook for sexuality education issued by the Council on Initial and Primary Education. The Guide contains recommendations, based on theory and practice, regarding how to teach sexuality education topics. Using the framework of Law 18.437, the guide proposes that schools are privileged environments for overcoming stereotypes and erroneous beliefs about sexuality, the human body, and reproduction through the provision of timely and scientifically validated information. However, some of the proposed concepts and activities generated controversy and the strong reaction of conservative sectors, especially those associated with Roman Catholic churches. The guide was repudiated by organizations that, under the slogan "Don't Interfere with My Children", marched in protest of sexuality education.

Summarizing, we see that in the majority of the CLADEM member countries there is some program for imparting sexual education. However, in all of these countries, to a greater or lesser degree, implementation is deficient and/or partial. The implementation encompasses only a percentage of the student population, does not count with effective follow-up measures on the part of the State, and lacks sufficient materials and teacher training.

Proposals, Demands, and a Call for Action Worldwide.

Over the last two years, CLADEM has been spearheading a campaign to make visible forced child pregnancies, denounce such cases, and seek proposals for their decline and eradication. During this span of time, research about the topic has increased, especially in intergovernmental bodies. Thus, at the Organization of American States, the Follow-up Mechanism to the Belém do Pará (MESECVI) in 2017 published its study of the *Hemispheric Report on Sexual Violence and Child Pregnancy in the States Party to the Belém do Pará Convention.*



Photograph: Lorena Espinoza.

The United Nations Population Fund (UNFPA) published several reports with data and analyses of child pregnancy and child maternity of girls under the age of fifteen.
This topic was debated in such spheres as the Commission on the Status of Women, at the 2017 session, in articulation with the government of Uruguay; and, at the CEVI meeting held in Lima, Peru in 2016, where the decision was made to write the aforementioned report. The topic motivated the request of an audience before the Inter-American Commission on Human Rights, presented on behalf of civil society organizations from several countries. Social organizations are increasingly including this concern in their programs. Debates on child pregnancy and child maternity have taken place in several countries and certain measures have been intensified.
However, these efforts are still insufficient. The problem extends worldwide and serves as a mirror in which to observe the situation of thousands of young girls whose paths are blocked with obstacles.
It is essential and indispensable to establish alliances that foster a greater awareness of this topic and to generate prevention policies that engage all areas of government. The legal frameworks, as well as the responses from the judicial, health, education and development sectors must be adjusted in an adequate manner.

CLADEM calls for all of us to work together to eradicate this problem.

LET US BUILD ALLIANCES. We need to unite our forces, knowledge, and resources in order to understand fully child pregnancy and child maternity. We need to deal with the causes and find solutions that will enable girls in the region to experience a healthy childhood.

LET US INCLUDE THE PROBLEM OF CHILD PREGNANCIES, in a specific manner, in the follow-up of the MONTEVIDEO CONSENSUS.

LET US DEMAND GOVERNMENTAL PROGRAMS to face this problem, which implies the involvement of all sectors of the government.

LET US DENOUNCE the high rate of impunity for sexual violence, which currently reaches around 98 per cent in most of the countries.

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14. In contrast to the "glass ceilings" that hinder promotion, the "sticky floors" are at the opposite end of the spectrum. This affects women who experience maternity at an early age, have a low level of formal education, and come from a low-income family background. These factors make it more difficult later for them to find well-paid jobs or accede to work promotions and career advancement.
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LIDERANDO DESDE EL SUR

30 años CLADEM

FONDO DE MUJERES DEL SUR

SIGRID RAUSING TRUST

Diakonia