

PERU COUNTRY SPOTLIGHT

In this Spotlight, the main focus is on teen pregnancy.

In Peru, 11% of babies were born to mothers under 18 years of age. It is estimated that **60% of mothers aged 12 – 16 years old, become pregnant as a result of rape**. Adolescence is not a priority in public policy. Adolescent laws focus on control and punitive policies, rather than protection. Girls and adolescents have to face violence and **gender discrimination** with a **lack of access to health services, including contraception and sex education**. Despite a significant decrease in overall birth rates in Peru between 2011 and 2014, teenage pregnancies have increased by more than two points from, 12.5% to 14.6%. These unwanted pregnancies lead to social disadvantages **such as low education, poor socioeconomic conditions**; many involve girls who belong to historically marginalized groups, such as **indigenous communities**.

Teen pregnancy in Peru is a public health problem and a violation of human rights. It is closely related to poverty and exclusion, limiting opportunities for adolescent girls and perpetuating the cycle of poverty.

Diagnosis

In Latin America, one in every five adolescent girls falls pregnant. This is the second highest fertility rate in adolescents in the world, second only to sub-Saharan Africa. Peru, in Latin America, is one of the countries with the highest rates of teen pregnancy.

The Demographic and Health Survey (DHS) shows an increase in teen pregnancies between 2000 and 2014, resulting in 15 out of every 100 adolescent girls aged 15 to 18 years old, becoming mothers or being pregnant. But only 1% of teens are fathers. The increase occurred in both urban and rural areas. However, the difference is noticeable, with rural pregnancies 10 percentage points higher than urban pregnancies. **Jungle Areas account for 30% of pregnancies**. In six of the 25 departments of Peru, 52% of births to mothers under 15 years of age were directly related to **contexts of poverty and extreme poverty**.

Sexual violence and teen pregnancy

Studies suggest that "between 50% and 60% of adolescent girls who become pregnant have a history of having been physically or sexually abused."¹ In Peru it was found that the **60% of pregnancies of girls 12 to 16 years old were the result of rape**, mainly committed in the domestic environment. Between 2005 and 2014 13,451 adolescents under 15 years of age were mothers.² The majority of teenage pregnancies were unwanted, mainly affecting children and adolescents in situations of violence, abuse, poverty and exclusion. The main causes of pregnancy were forced sex and sexual exploitation, lack of knowledge regarding their body, reproductive factors and lack of access to contraception. Usually the offenders are direct or known relatives; only a very small percentage suffer rape from strangers. With older adolescents who are 15 years old, it is common that the perpetrators are of the same age, while the perpetrators of adolescents under 15 tend to be older men. Girls and adolescents with mental health disabilities are a particularly vulnerable group. When a teenager suffers from forced pregnancy, there is a high risk from the emotional impact of the violence. Teenagers who become pregnant for reasons of sexual exploitation have a high risk of resorting to unsafe abortion methods, often forced by their exploiters. Only a small number decide to continue with the pregnancy and a still smaller percentage receive adequate medical care.

Teenage pregnancy: an unwanted situation, out of control, particularly in rural areas.

In 2000, 42% of adolescent pregnancies were unwanted or unplanned. In 2014 the percentage increased to 59%.³ The **lack of comprehensive sex education, lack of sexual and reproductive rights, gender differences, and lack of access to health services and contraception**, makes it difficult for adolescents to exercise conscious control over their sexuality and consequences, as well as the ability to negotiate with their partners decisions about sexual activity. "Many become pregnant because there is no information from families or schools".⁴ Teen motherhood is much more prevalent in rural areas like the Andean Amazon (30%) compared to urban areas and usually occurs among adolescents living in poverty or extreme poverty. Teen pregnancy in the Ashaninka people is 44%. The rate with other native language speakers in

¹ (Klein and The Committee on Adolescence, 2005; Bruyn, 2003; Olukoya et al, 2001).

² INEI 2015

³ ENDES 2000-2014

⁴ Adolescent in Huancavelica

the Amazon is 39%, compared with Quechua peers speakers 21%, Aymara speakers 16% and Castilian speakers 15%. Rural areas are characterized by a low presence of adequate and specialized health facilities and difficult access to healthcare. This leads to increased mortality in adolescents during pregnancy and childbirth, which is around twice as likely as it is for an adult woman. It is not known with certainty the number of maternal deaths in adolescents, but is estimated to be about 40 per year, with **suicide being one of the leading causes of death.**

Schooling, a highly influential factor

The school plays an important role in the onset of reproductive life. ENDES shows that in 2014, **34% of pregnant teenagers had only primary school education**, compared with middle school (14%) and higher education (6%). Teen pregnancy can cause girls to drop out of school as a consequence. **Eight out of 10 pregnant teenagers drop out of school**, and teen pregnancies account for 25% of dropouts. Despite No. 29600 Law that promotes reintegration in the case of pregnancy, many drop out for fear of discrimination and cultural taboos. "Teenagers leave school because their family and teenagers feel ashamed."⁵. Other teens decide to become pregnant because of a lack of life opportunities and **the low quality of education that the system offers..**

Consequences in the lives of girls and adolescents

Teenage pregnancy has physical and psychological consequences on the lives of girls, adolescents and their children. These include child malnutrition, maternal and neonatal mortality, depression, or suicide. There are, legal implications too, such as those arising from abortion, which is illegal. Often performed in unsanitary conditions it is a serious risk to health as well as putting them in conflict with the law. During early motherhood, poverty and exclusion are closely related, and is considered **one of the factors of intergenerational reproduction of poverty.** *"It's a bad situation because teens are not ready to be mothers."*⁶ This slows and stops academic development of adolescents, greatly reducing their economic opportunities by excluding them from a decent labor market that would enable them to generate the necessary resources to care for their own children. This typically results in their life plans being dashed and limited to their role as mothers under a culturally ingrained macho vision in Peruvian society.

Public policies and teen pregnancy

The protection of children and adolescents, eliminating discrimination and promoting integral development are part of the state policies of the National Agreement (2001-2021) and the Plans for the medium and long term Bicentennial Plan until 2021; the National Plan of Action for Children and Adolescents runs from 2012 - 2021. (PNAIA) The Multi-sector Plan for Adolescent Pregnancy Prevention 2013-2021 and the National Plan for Gender Equality 2012-2017 (PLANIG). Teen pregnancy is a matter of priority as mentioned. An emblematic goal in the PNAIA has been proposed for 2021, reducing the birth rate among adolescents to 20%. Objective 3 is also expected to include "postponing motherhood and paternity until adulthood" for adolescents between 12 and 17 years old, These plans propose the postponement of sexual relations in adolescence; including comprehensive sex education in schools; this aims to increase the percentage of adolescents who complete their schooling; promoting the use of contraceptives; and reducing sexual violence. Emphasis is placed on adapting health services to guarantee the sexual and reproductive rights of women and men on an equal footing and that 30% of health services offer of sexual and reproductive healthcare for teenagers. In short, national strategies respond to the international framework of human rights and are conducive to the protection of girls and attention to this problem of early pregnancy.

Barriers to solving the problem

These policies are not implemented due to political, religious, administrative and budgetary barriers. One limitation is the Health Law that determines that healthcare to adolescents must be accompanied by a parent or guardian. Another, Resolution 652-2010 of the Ministry of Health, prohibits the free distribution of Oral Emergency Contraception, contravening the opinion of the World Health Organization and the Pan American Health Organization. Perhaps the most important limitation is the non-inclusion in the Code of Children and Adolescents of issues related to sexuality and reproduction, not being considered public health issues. Besides, sexual and reproductive health has been removed from the curricula of the public schools by the Ministry of Education, causing a serious setback in this subject and others

⁵ Teacher of Huancavelica

⁶ Mother of Huancavelica

related to the construction of citizenship. This way you can say that **Peru is failing to comply with its commitments to ensure the observance of human rights of women and girls and the principle of non-discrimination.**

Investing in adolescents is not a priority in the public budget

Due to reduced investment in adolescence and, in particular, protection against violence and early pregnancy prevention, **girls and adolescents have little chance to escape this exclusion barrier.** In 2014, the Peruvian State allocated about 20% of its resources to public expenditure in NNA. In 2015, institutional budget allocated an equivalent of 26% of total government budget. This budget is mainly spent on education (60%), health (16%), protection (10%), sanitation (5%) and transport (3%). Teenagers, from 12 to 17 years old, received 30% of this budget, but the reduction of pregnancy of teens in 2015 was budgeted at just 0.05% the total budget for Public Expenditure in NNA.

Policy recommendations.

- Increased investment in the PNAIA R9. Prioritize adolescents, especially pregnant adolescents, through effective implementation of plans and programs for their reintegration into the school system, ensuring opportunities for their life projects and the opportunity to break the cycles of poverty
- Improve implementation of Law No. 29600, which promotes reintegration in case of pregnancy
- Introduce measures to promote the prevention of adolescent unwanted pregnancy, such as free access to sexual and reproductive healthcare, and methods of abortion
- Increased adolescent access to information about their sexual and reproductive rights, including comprehensive sex education from schools
- Comprehensive, multidisciplinary and measurable programs on the prevention of sexual violence, to review the formation of masculinity and femininity.

GRAPHICS SOURCES: National Institute of Statistics and Information - INEI (2015): "Demographic and Family Health - ENDES 2014" / INEI 2015: "Statistical Report of Live Birth" MINSA / MIMP: Statistics by type of violence, age, and department of CEM (2005, 2009, 2009, 2010, 2014) / MEF - SIAF, with preliminary information to July 6, 2015 / United Nations Economic Commission for Latin America and the Caribbean - ECLAC (2015): "regional report on the review and evaluation of the Declaration and Platform for Action and the outcome document Beijing the twentieth special session of siones of the General Assembly (2000) in Latin America and the Caribbean".