Implementation of the recommendation:

During the 2nd cycle of the UPR, the State committed to improve reproductive health services and access to them; however, there has not been significant progress, especially aimed on children and adolescents.

In the country, the Multisectorial Plan for the Prevention of Adolescent Pregnancy 2013-2021 is being implemented since the year 2013. However, according to ENDES\(^1\) 2016, 13 out of every 100 adolescents between the ages of 15 and 19 are already mothers and/or are pregnant for the first time, a figure that has not change in the last 20 years. In 2016, the highest percentages of adolescents between the ages of 15 and 19 who were already mothers or were pregnant for the first time can be seen in women with primary education (42.3%), women in the lowest quintile of wealth (23.9%), women who reside in rural areas (22.7%) and who reside in the Rainforest of the country (23.3%). It is also known that more than half (59%) of the adolescents who are already mothers or are pregnant for the first time, did not wanted to be. By comparison, it is known that less than 1% of male adolescents of the same age are parents\(^2\).

Likewise, the Comprehensive Health Insurance (SIS) reports annually 2 thousand childbirths performed in girls between the ages of 11 and 14. These pregnancies portray the high vulnerability of girls victims of sexual violence and the lack of prevention and protection mechanisms against sexual violence.

An alarming data from RENIEC is that the age of the fathers of newborns registered in the year 2015, whose mothers had between 11 and 14 years of age, were in 71% of the cases older than 18 years of age\(^3\).

This situation represents a public health problem and endangers the lives of girls mothers, because it compromises their health, and even the fetus’ health, since the pregnant girl or adolescent still does not have sufficient physical and emotional maturity. According to the Report of the State of World Population 2013 published by UNFPA, “(...) mothers under the age of 16 years are four times more likely to die than women older than 20 years of age (...) the greatest risks are premature labor, preeclampsia and low birth weight in newborns”\(^4\).

\(^1\) NATIONAL INSTITUTE OF STATISTICS AND COMPUTER SCIENCE. National and Regional Demographic and Family Health Survey 2016.
\(^4\) Available at: http://www.unfpa.or.cr/index.php/documentos-y-publicaciones-14/informes-unfpa-mundiales-y-nacionales/184-informe-estado-de-la-poblacion-mundial-epm-2013/file
Recommendations suggested for the 2nd cycle of the UPR:

- Ensure the implementation of comprehensive education on sexuality in all spaces in order to expand the prospects of girls and adolescents, but especially to empower them in the knowledge and usage of their sexual and reproductive rights.
- Ensure access to sexual and reproductive health information and services for adolescents, including access to modern contraceptive methods.
- Design and implement a National Plan to address maternal death, including girls and adolescents.

Questions suggested for the 2nd cycle of the UPR:

- What measures is the State taking to comply with what has been stated by the National Plan of Action for Childhood and Adolescence 2012-2021 and the Multi-Sectorial Plan for the Prevention of Adolescent Pregnancy to increase and guarantee access to adequate sexual and reproductive health information and services for adolescents and the reduction of adolescent pregnancy?
- What measures is the Peruvian Government taking in regards to the increase of maternal mortality in girls and adolescents?
- What plan does the Government have to ensure the full realization of the right to sexual education based on scientific evidence for adolescents and children in Peru? How does it plan to ensure that a program with these characteristics has all the funding and resources needed to ensure its sustainability, as well as human resources for its implementation?

Lastly, governmental sources indicate that in 2013, 8 out of every 10 adolescents that were pregnant at some point did not attend an educational center (85.2%). The most frequent reasons of non-attendance to school in the country are pregnancy or marriage (45.9%), followed by economic reasons (22.1%). Likewise, in 2015 a study found that 77% of pregnant adolescents dropped out of school and 94% is dedicated to housework. If we add the restricted financial support of their partners and family, it limits young women's development of a life project and prolongs the cycle of poverty in which they live.

On the national level, maternal death in adolescents is increasing. In 2012, it was 17.6% and only until the month of August 2017, 14.9 % of the deceased were girls and adolescents between the ages of 10 and 19.

The main direct causes of maternal deaths in adolescents include: hypertension induced by pregnancy (41%), abortion (29%), bleeding (18%) and infection (6%). Likewise, it is known that the main indirect cause of maternal deaths in adolescents is still suicide (56%).

Maternal mortality in girls and adolescents.

5 State of the Peruvian population INEI 2014.
7 National Center for Epidemiology, Prevention and Control of Diseases - Ministry of Health (MINSA).
Available at: http://www.dge.gob.pe/portal/docs/vigilancia/sala/2017/SE33/mmaterna.pdf

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This information was prepared on the basis of the Joint Report made by PROMSEX, CHERL and Centro IDEAS.