

# Independent information for Peru's Periodic Review scheduled for the 80<sup>th</sup>

## Fact sheet

---



Session of the Committee on  
the Elimination of  
Discrimination against  
Women

## I. Barriers to Access and to Use Sexual and Reproductive Health Services and Information

### A. SOCIAL AND ECONOMIC STRUCTURAL BARRIERS RESTRICT ACCESS TO INFORMATION AND SERVICES FOR WOMEN AND GIRLS

While women and girls in Peru are entitled to access reproductive health services and education by law, several barriers restrict their access in practice. Despite this, access to contraception, particularly the emergency contraceptive pill, is limited. While the government contributes to the funding of contraceptives, insufficient resources are attributed to training healthcare workers. As a result, healthcare workers often do not adequately inform women and girls about the full range of family planning methods available at no cost. In some cases, even adequately trained healthcare personnel make prevail their personal beliefs upon the health of their patients.

### B. ACCESS IS PARTICULARLY LIMITED IN RURAL, CAMPESINO, AND INDIGENOUS COMMUNITIES

In rural areas, many women do not have access to sexual and reproductive health services and information. This is partly due to the legacy of distrust by indigenous communities of government-provided sexual and reproductive health services. The pervasive distrust of public health services for rural and indigenous women is compounded by a lack of access.

Many indigenous and campesino women and girls do not receive any form of sexual education and even when education is available, **it is not provided with an inter-cultural approach.** In addition, there is a complete disregard for traditional knowledge, customs, and practices.

### C. THE EMERGENCY CONTRACEPTIVE PILL

Only 18.7% of healthcare personnel of integral care for adolescents provide access to the emergency contraceptive pill.<sup>1</sup> In addition, despite being legally required to do so, healthcare institutions often refuse to grant access to emergency kits, which contain the emergency contraceptive pill, to victims of sexual violence.<sup>2</sup> A recent Ministerial Decree issued by the Ministry of Health emphasized the right of women to have access to the emergency contraceptive pill, notably in the case of rape.<sup>3</sup> However, even if healthcare institutions are willing to supply the emergency contraceptive pill, Peru has historically experienced shortages.

In 2009, the Peruvian Constitutional Court ruled that the Ministry of Health was no longer allowed to distribute the emergency contraceptive pill for free because it had not clearly demonstrated that the pill was not abortive.<sup>4</sup> In 2016, a precautionary measure allowing access to the emergency contraceptive pill was granted, and the 2009 decision was overturned by a first-level judge in 2019.<sup>5</sup> However, in 2020, anti-abortion organizations appealed the 2019 decision overturning the ban, and a second-instance Court

declared the decision null.<sup>6</sup> **This decision is currently on appeal at the Constitutional Court, and despite that the 2016 precautionary measure remains in place, the ongoing legal uncertainty creates confusion and contributes to the lack of access to this essential health service.** Furthermore, the uncertainty surrounding whether emergency contraception should be provided at no cost disproportionately affects low-income women, who cannot afford to pay for emergency contraception.

#### **D. CULTURAL STIGMA PLAYS A SIGNIFICANT ROLE IN REDUCING ACCESS TO AND USE OF SEXUAL AND REPRODUCTIVE HEALTH INFORMATION, EDUCATION, AND SERVICES**

The oft-challenged and historically-in-flux legality of the emergency contraceptive pill has also contributed to cultural stigma surrounding its use, as well as to the use of other forms of contraception. This is further compounded by the existence of religious barriers to ensure access to comprehensive sexual education. Moreover, government-led campaigns to educate the public compete with disinformation campaigns from religious and anti-abortion groups recommending “natural” contraceptive methods and claiming that other contraceptive methods are abortive.

#### **E. IMPACT OF THE COVID-19: THE DISCONTINUED PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES**

The use of reproductive health and family planning services in Peru has decreased of 50% since the beginning of the pandemic.<sup>7</sup> Reproductive health services have not been considered as essential services during the pandemic, and an increase of up to 100,000 unplanned births were expected for 2020-2021.<sup>8</sup>

The suspension of non-essential services and the diversion of the medical staff to respond to the pandemic has also reduced the number of available appointments for medical consultations.<sup>9</sup> In addition, the economic turmoil has led to general reductions in household incomes, making it more difficult for women and adolescents to afford contraception.<sup>10</sup>

The COVID-19 pandemic has also had a **negative impact on the provision of emergency kits, which contain emergency contraception and other medical services and care that is essential for survivors of sexual violence.** Some hospitals have not received additional kits since the pandemic began.

### RECOMMENDATIONS

Reform laws and policies, so that women and girls can access reproductive health services and information, including:

- actions to ensure access to sexual and reproductive health information and education that is comprehensive, non-discriminatory, evidence-based, up-to-date and age appropriate.
- actions to guarantee comprehensive reproductive health care services that are of quality, accessible to all, non-discriminatory, culturally appropriate specifically available for rural and indigenous women.
- Ensure access to timely, non-discriminatory, and adequate sex and reproductive health care services, education, and information for women and girls during the COVID-19 pandemic, particularly for indigenous girls and women and those living in rural or low socio-economic contexts.
- Ensure the provision of free contraceptive methods, as well as the emergency kit for victims of sexual violence in cases of forced or unwanted pregnancies.

## Endnotes

Photo: Pg 1, *Woman in traditional clothes with lama sitting on Stone un Puno – Peru*, Marcelo Rodríguez

<sup>1</sup> Ombudsman's Office, *Resultados de la supervisión defensorial a los servicios de salud diferenciados para la atención integral a adolescentes*, Informe No. 0011-2018-DP/ANA (2018), available at: <https://www.defensoria.gob.pe/wp-content/uploads/2018/07/Informe-de-Adjuntia-011-2018-DP-ANA.pdf>.

<sup>2</sup> Jéssica León, *Aún hay trabas en entrega de la píldora del día siguiente*, LA REPÚBLICA (Oct. 28, 2019), available at: <https://larepublica.pe/sociedad/2019/10/28/anticonceptivos-aun-hay-trabas-en-entrega-de-la-pildora-del-dia-siguiente-violencia-sexual/>.

<sup>3</sup> Ministry of Health (MINSA), *Resolución Ministerial*, at 33, Doc. 649-2020/MINSA (August 6, 2020).

<sup>4</sup> *Peru Reinstates Free Distribution of Emergency Contraception After WHO Asserts that EC Does Not Cause Abortion*, INT'L WOMEN'S HEALTH COALITION (Apr. 22, 2010), available at: <https://iwhc.org/2010/04/peru-reinstates-free-distribution-of-emergency-contraception-after-who-asserts-that-ec-does-not-cause-abortion/>.

<sup>5</sup> Rossina Guerrero, *La última ruta para la distribución gratuita de la anticoncepción oral de emergencia*, PROMSEX (Mar. 3, 2021), available at: <https://promsex.org/la-ultima-ruta-para-la-distribucion-gratuita-de-la-anticonceptivo-oral-de-emergencia/>.

<sup>6</sup> Cinthya Qquelcca & Ángel Pineda, *Pleno del Tribunal Constitucional debe decidir sentencia definitiva sobre la Anticoncepción Oral de Emergencia (AOE)*, PROMSEX (Apr. 28, 2021), available at: <https://promsex.org/pleno-del-tribunal-constitucional-debe-decidir-sentencia-definitiva-sobre-la-anticoncepcion-oral-de-emergencia-aoe-2>.

<sup>7</sup> *Maternal deaths will increase by 40% due to the pandemic if the health system does not recover*, UNFPA (Sept. 29, 2020), available at: <https://peru.unfpa.org/en/news/maternal-deaths-will-increase-40-due-pandemic-if-health-system-does-not-recover>.

<sup>8</sup> *Id.*

<sup>9</sup> *Impact of COVID-19 on Access to Contraceptives in the LAC Region*, para. 3, UNFPA, August 2020, available at: [https://lac.unfpa.org/sites/default/files/pub-pdf/technical-report-impact-of-covid-19-in-the-access-to-contraceptives-in-lac\\_1\\_2.pdf](https://lac.unfpa.org/sites/default/files/pub-pdf/technical-report-impact-of-covid-19-in-the-access-to-contraceptives-in-lac_1_2.pdf). As Covid-19 gripped the world, young women of reproductive age were not identified as a high risk group in the pandemic by authorities in Peru or worldwide. Likewise, maternal health and mortality were not considered core risks of the disease. Therefore, in the emergency context of the pandemic where Peru's healthcare system was placed under pressure, certain services were not prioritized, leading to the suspension of essential maternal healthcare services that disproportionately affected women. See Camila Gianella et. al., *Reverting five years of progress: Impact of COVID-19 on maternal mortality in Peru*, CMI (January 2021), available at: <https://www.cmi.no/publications/7445-reverting-five-years-of-progress-impact-of-covid-19-on-maternal-mortality-in-peru>.

<sup>10</sup> *Impact of Covid-19 on Access to Contraceptives*, UNFPA, May 2020, p. 6, available at: [https://peru.unfpa.org/sites/default/files/pub-pdf/factsheet-peru-impacto-del-covid-19-en-el-acceso-a-los-anticonceptivos\\_2.pdf](https://peru.unfpa.org/sites/default/files/pub-pdf/factsheet-peru-impacto-del-covid-19-en-el-acceso-a-los-anticonceptivos_2.pdf).