

Independent information for Peru's Periodic Review scheduled for the 80th

Fact sheet



Session of the Committee on
the Elimination of
Discrimination against
Women

I. The consequences of the lack of access to sexual and reproductive healthcare, comprehensive sexual education and information: high incidence of forced pregnancies and maternal mortality

A. FORCED PREGNANCY AND THE DEVASTATING IMPACT ON WOMEN'S LIVES, HEALTH, AND WELLBEING

The barriers to accessing safe, legal abortion, and the limited provision of sexual and reproductive health information, education,¹ and services, including the emergency contraceptive pill, result in forcing pregnancy and motherhood on women and girls, exacerbating the impacts for those who were victims of sexual violence. **Victims of sexual violence are often denied specialized sexual and reproductive health services, or their access to such services is delayed as “punishment”.** They are generally subjected to revictimization, including **emotional and verbal abuse** by medical professionals.

Equally, forced pregnancy has a critical impact on social health. Adolescent who experience pregnancies largely suffer from social stigma, leading to reputational damage to girls who may be shunned and abandoned by their families and communities.² This stigma reinforces stereotypes of female behaviors and subordination and thereby perpetuates gender-based violence. Furthermore, forced pregnancy impairs women and girls' ability to continue their education or find a stable employment, exposing them to high levels of life-time poverty and abusive relationships. **The compounding effects of these negative impacts represent strong discrimination against women.**

B. MATERNAL MORTALITY

Promoting maternal health during pregnancy, childbirth, and postnatal care is crucial to support women's health. Although reported statistics on maternal health are relatively positive in certain areas of Peru,³ they are not representative of groups living in vulnerable situations, such as rural, indigenous, and *campesino* women, who benefit significantly less from healthcare services.⁴

Peru's failure to protect women from forced pregnancies and motherhood, the collateral severe mental health effects and the devastating impacts on social and emotional health that affect their ability to carry out their life plan, constitutes a violation of Articles 2, 3 and 12 of the Convention. Furthermore, Peru's failure to take measures to address maternal mortality subjects women to suffering and preventable deaths, contributing to these violations.

RECOMMENDATIONS

- Adopt regulatory and budgetary policies to reduce the rate of forced pregnancies, particularly those resulting from rape, in particular in girls and adolescents.
- Adopt preventive measures to address maternal mortality, particularly with respect to girls and adolescents.
- Guarantee during the COVID-19 pandemic adequate care for pregnant women, especially in indigenous and rural communities, during prenatal checkups and delivery care with quality standards, including the right to terminate a pregnancy for health reasons.
- Enforce investigations and, if appropriate, sanctions against health sector officials who have committed humiliating and degrading acts against pregnant women, with a particular emphasis on indigenous, campesino and rural women.



Endnotes

Photo: Pg. 1, [An schoolgirl in uniform walking on the street of Puno city, Peru.](#) Lulu and Isabelle.

¹ The impact of poor or limited access to education is particularly notable, the highest percentages of pregnant adolescents were girls with only primary education (34%). Save the Children, *Every Last Child Country Spotlight: Peru* (2016), available at: https://resourcecentre.savethechildren.net/node/10045/pdf/peru_spotlight.pdf. The surveys conducted between 2008-2016 and reported in *Accelerating progress toward the reduction of adolescent pregnancy in LAC* (2017) by the Pan American Health Organization, UNFPA and UNICEF in relation to Bolivia, Colombia, the Dominican Republic, Guyana, Haiti, Honduras, and Peru emphasize that adolescent girls with no education or only primary education were up to 4 times more likely to be pregnant in comparison to girls with secondary or higher education, available at: <https://iris.paho.org/bitstream/handle/10665.2/34493/9789275119761-eng.pdf?sequence=1&isAllowed=y>.

² See National Institute of Statistics and Informatics (INEI), *Peru: Situación Social de las Madres Adolescentes, 2007*, at 13, Mar. 2010, available at: <http://repositorio.minedu.gob.pe/bitstream/handle/20.500.12799/869/504.%20Per%c3%ba%20Situaci%c3%b3n%20social%20de%20las%20madres%20adolescentes%2c%202007.pdf?sequence=1&isAllowed=y>.

³ Latest UNICEF data for Peru, available at *Country Profiles: Peru*, UNICEF, available at: <https://data.unicef.org/country/per/>.

⁴ Nancy Armenta-Paulino et al., *Overview of equity in maternal health care coverage by ethnicity*, 30 EUR. J. OF PUB. HEALTH Supp. 5, (Sep. 30, 2020), available at: <https://doi.org/10.1093/eurpub/ckaa165.830>.