



stolen lives

A multi-country study on the health effects of forced motherhood on children 9-14 years old

In Latin America, pregnancy among girls under 15 is both a major public health and a human rights problem. The risk of maternal death in mothers under 15 in low- and middle-income countries is twice that of older women. There is ample evidence in scientific literature that pregnant minors have worse maternal and neonatal outcomes compared to women 20-24 years old.

Pregnancy in children and adolescents also results in risks to their mental and social health. Many pregnancies in adolescents younger than 15 are the product of rape, a phenomenon that in addition to having special social relevance is also a crime.

Often, under these circumstances, pregnant adolescents under 15 face an unplanned motherhood because in many countries of the region, abortion is heavily penalized¹ and access to comprehensive sexual and reproductive health is poor.

This report documents the **impact on the overall health of pregnancies in girls under age 15** and outlines:

- 1** The consequences of the lack of access to comprehensive sexual and reproductive health faced by victims of sexual violence;
- 2** The criminalization of abortion on the grounds of rape in Guatemala and Peru, the total criminalization of abortion in Nicaragua and the partial decriminalization of abortion for rape in Ecuador, where only mentally disabled women have access; and
- 3** The biomedical focus on the physical health of girls and adolescents facing unwanted pregnancies, particularly as a result of rape, ignoring the impact on mental and social health.

Planned Parenthood Global (PP Global) worked with two regional consultants: Dr. Dan Grossman, former vice president of Ibis Reproductive Health, and Oscar Cabrera, director of the O'Neill Institute of Georgetown University, to create the methodology of this study. The methodology was applied in the four focus countries of PP Global (Ecuador, Guatemala, Nicaragua and Peru). In each of these countries, researchers and PP Global partner organizations conducted research and produced a national report. Additionally, a compilation of the common results of these four reports was done, incorporating a health and legal analysis, which are presented in this report.

The **first part** of the report assesses the impact on the overall health of pregnancies in girls 9-14 years old, and the consequences of sexual violence on their overall health and life plans. Despite the small sample size of each study, adverse results were found that were later backed up by the published literature. Below these findings are summarized.

Physical Health

In the majority of the studies, a large percentage of the participants suffered some types of complications with their pregnancy, among which the most common were anemia, nausea/vomiting, or urinary or vaginal infections. However, several cases of more severe complications, including preeclampsia-eclampsia, membrane rupture and premature delivery were observed. It's important to note that in Peru and Guatemala, girls in the study had given birth in hospitals or had accessed prenatal care and, therefore, had received medical care throughout pregnancy. Very young adolescents who attended fewer prenatal visits, or who did not attend any, are likely to have worse outcomes. Even given the relatively small studies conducted for this report, neonatal and perinatal deaths were noted.

There were several other notable adverse outcomes around the time of delivery. In the study conducted in Peru, 24% of girls had complications around the time of delivery, including postpartum hemorrhage and infection. There were two cases of hemorrhage and a case of mastitis among girls under 15 in Nicaragua. In Guatemala and Nicaragua, approximately half the girls had a cesarean delivery. The prevalence of cesarean delivery among girls aged 14 or younger in Peru was slightly lower (34%) compared with the other three countries. It's worth noting the way cesareans affect girls at this early age, including serious risk immediately after surgery, later complications, including the formation of adhesions and risks during subsequent surgery, and a high probability of having to have cesarean delivery with future pregnancies.

Mental Health

In each of the four country studies, a significant proportion of children and adolescents who had given birth reported symptoms of depression, anxiety and, particularly for those who had been sexually assaulted, post-traumatic stress. In both Peru and Nicaragua, 7-14% of the participants reported having contemplated suicide during their pregnancy.

Social Health

In each country, pregnant adolescents came from poor and extremely poor families who often lived on the outskirts of cities or in rural or semi-rural areas. These girls had low educational levels and a large proportion of them had not returned to school at the time of the follow-up interview, although in most countries this interview took place several months after delivery.

The **second part** of the report shares the stories of five girls aged 9-14 forced into motherhood.ⁱⁱ

S, 14 years old, Ecuador

A story of sexual and obstetric violence

S got pregnant when she was 13 years old after being raped by her father, who had systematically raped her since she was around 12, threatening to kill her brother if she protested. When S became pregnant at age 13, she did not even realize it because she was completely unaware of what it meant to be pregnant. Her family also suffered an economic burden as a result of her pregnancy, for which they were not prepared. S, at an early age, not only had to deal with the violent situation with her father and the effects of abandonment produced by a dysfunctional family, but also obstetric violence from being denied access to comprehensive and specialized sexual and reproductive health services. On the contrary, she had to suffer through comments and attitudes from medical staff that did not consider her situation as a victim of sexual violence and her social environment.

Juana, 14 years old, Guatemala

A story about the effect on Juana's mental health

Juana, a 14-year-old indigenous girl in Guatemala, was the victim of sexual violence by her half-brother at age 12. At age 13 she got pregnant and was treated at a municipality health center. Juana's family is extremely poor. Following the protocol for victims of sexual violence, Juana was sent to a home for young mothers. Here she spent two months during which due process protection was given, but not the criminal proceedings against the rapist. Then Juana, seven months pregnant, was transferred to another shelter, where she remained for 20 days; this situation removed her from the place where the criminal proceedings were taking place and away from her family. For Juana, the time at this shelter represented great social and cultural change. At 39 weeks, Juana said she felt uncertainty about her future, she did not know what will become of her life. Her mental health was at risk and she showed signs of depression.



Ana, 12 years old, Guatemala

A story of re-victimization, the shortcomings resulting from the lack of a comprehensive response to victims of sexual violence and the impact of forced motherhood

Ana, an indigenous girl in Guatemala who like Juana, does not speak Spanish, was raped by her stepfather when she was 12. During efforts to seek care, the system meant to protect her from her victimizer, re-victimized her as she was transferred by police patrol, among people she did not know. Likewise, no account was taken of the obstetric risk and the possible complications that Ana could face being transferred from one department to another, nor of the fact that it was a new cultural context. Since she was under 14, Ana was taken to the community health center when the nurse filed the complaint with the Public Ministry. However, no investigation was initiated. Given the inaction of the authorities, the community health center staff called a meeting to clarify the case. With input from local indigenous organizations, the community came to an agreement based on the Mayan legal system, *"The girl's stepfather will be responsible for expenses during pregnancy and delivery, and the upbringing of the baby."*ⁱⁱⁱ The Attorney General's Office^{iv} told the Directorate General of the National Civil Police to immediately rescue the child. When they picked her up, Ana was eight months pregnant and was moved from her home to the police station. That same day, she was transferred to another department, and then to a secure home in Guatemala City,^v after being passed from one patrol to another. When Ana was in her last month of pregnancy, they moved her again and placed her in the care of a foster family provided by the Welfare Ministry. Ana had a cesarean delivery and the newborn was hospitalized for five days for perinatal asphyxia, Apgar 5 and 7. Ana was readmitted and then hospitalized for 10 days due to medical complications.





Diana, 14 years old, Nicaragua

A story of multiple forms of violence

Diana, a 14-year-old girl from Nicaragua was a victim of prolonged violence. From age nine, Diana suffered harassment and violent sexual assaults by her 58-year-old grandfather. Throughout her childhood, Diana had to deal with the power dynamics generated by her grandfather, who told her that she belonged to him. Repeatedly, her maternal grandfather sexually abused Diana under threat. The attacker (her grandfather) psychologically abused Diana, controlling all her activities and refusing to allow her to interact with anybody else. Even after her youngest son was born when she was still less than fourteen, the assailant searched and threatened people at gunpoint to find where they were. Diana explained that when she was nine, her grandfather raped her when she brought him food on the mountain where he worked. From that day on, he repeatedly raped her, holding scissors to her neck and threatening to stick them in her chest if she screamed. He also threatened to cut off her head and give it to the dogs and to kill her grandmother if she told anyone what was going on.

Marta, 14 years old, Guatemala

A story of early marriage, domestic violence and a lack of a gender perspective in the judicial system

Marta met her now husband when they started dating at 12 years old. One day, Marta's brothers discovered them having sex in her house. Marta's mother confronted the boy, demanding that he marry and take care of Marta. The young man refused, so Marta's mother went to court and filed a complaint, demanding that the young man marry his daughter. The judges told the young man to marry her, or if not, he would be put in jail. Since their marriage, Marta has suffered physical and psychological violence. Her husband does not allow her to see her family. Her husband attacked Marta four weeks after delivery, trying to choke her. The judge's response to this request for help was, "These are matters for the couple, leave them alone and tell her to behave so her husband doesn't have a reason to hit her." During her pregnancy, Marta had frequent urinary tract infections and her baby was breeched so she had to have a cesarean delivery. Marta had postoperative complications, had to stay five days in the hospital, and her child only weighed 5 pounds at birth.

The **third part** of the report discusses the regulatory frameworks of Ecuador, Guatemala, Nicaragua and Peru on violence against women and sexual and reproductive health, and the responses of the respective State systems to adolescent victims of sexual violence.

The **fourth part** of the report considers the intersectional nature of violence and discrimination caused by forced maternity in adolescents 9-14 years old, emphasizing how their human rights are violated under these circumstances. The report analyzes the responsibility of the State, which has a responsibility not only to prevent, but also to respond properly when girls and adolescents experience violence, particularly when they become pregnant as a result of sexual violence. Violence is a phenomenon that affects everyone. However, norms, beliefs, prejudices and negative gender stereotypes that prevail in society tend to subordinate and devalue women and girls, resulting in emotional, economic, or social dependency, making them more vulnerable. Violence against women constitutes a form of discrimination. International human rights law recognizes that people can belong to different protected categories at once and, therefore, face multiple forms of discrimination. As a result, the discrimination experienced by women often requires an intersectional analysis - a great theoretical, conceptual and policy tool to address the multiplicity and simultaneity of the oppression of women.

Finally, the report offers some conclusions and recommendations to key decision makers on how they can address this serious problem.



¹ See Center for Reproductive Rights, *The World's Abortion Laws in 2014*, <http://www.reproductiverights.org/es/document/leyes-sobre-aborto-en-el-mundo-de-2014>

² Names changed to protect the identities of the victims and their families.

³ Taken from the results of the research for *Lives Stolen in Guatemala*.

⁴ The Attorney General's Office of Guatemala is a public institution created by constitutional mandate, dedicated to advising and consulting State entities that, through the Attorney General's Office, are in charge of the legal representation of the State of Guatemala, minors and people deemed legally incompetent, with strict adherence to the law and due process. <http://www.pgn.gob.gt/>

⁵ Guatemala City is approximately 8 hours from Ana's home.