CENTER *for* REPRODUCTIVE RIGHTS

PROMSEX
Salud. Sexualidad. Solidaridad.
BICENTENARIO 2021

Lima, Bogotá, July 1st, 2021

Secretariat of the Committee on the Rights of the Child
Office of the United Nations High Commissioner for Human Rights
Palais Wilson - 52, rue des Pâquis
CH-1201 Geneva, Switzerland

Re: Independent information for Peru's Periodic Review scheduled for the 90th Pre-Sessional Working Group (PSGW) of the Committee on the Rights of the Child

Distinguished Members of the Committee on the Rights of the Child (the "**Committee**" or "**CRC**"):

The Center for the Promotion and Protection of Sexual and Reproductive Rights ("**PROMSEX**")[1] and the Center for Reproductive Rights ("**CRR**"),[2] in the framework of the elaboration of the list of issues prior to reporting for the Peruvian State, which will be considered during the 90th PSWG, presents this communication to contribute to the work of the Committee by providing information regarding Peru's failures to guarantee the rights of girls and adolescents, protected by the Convention on the Rights of the Child (the "**Convention**").

This report addresses: (i) Peru's restrictive normative and interpretive framework of its abortion laws; (ii) the lack of access to sexual and reproductive health information, education, and services; (iii) the high incidence of forced pregnancies in girls and adolescents (**G&A**); (iv) the systemic problem of gender-based violence against G&A; (v) the impact of COVID-19 on the rights of G&A; (vi) a list of questions PROMSEX and the CRR respectfully suggest the Committee ask Peru.

I. Peru's Restrictive Abortion Law

In Peru, therapeutic abortion is legal only to save the life of a pregnant person or prevent serious and permanent damage to their health.[3] Beyond this exception, Pregnant G&A are forced to carry their pregnancies to term or face the threat of criminalization by risking seeking an illegal abortion. Abortion providers interpret "*health*" narrowly effectively understating it only applies when the G&A's life is in grave danger.[4] Most healthcare providers also do not consider the psychological and social health impacts of forcing G&A to continue an unwanted pregnancy, even in cases of rape.[5]

Although Peru's National Technical Guide attempted to standardize access to therapeutic abortion,[6] it establishes arbitrary gestational limits that curtail access to this health service, forcing pregnant G&A to continue an unwanted pregnancy, *even if they would otherwise meet the exception for legal abortion*. For instance, the Technical Guide introduces a-22-weeks gestational limit[7] not contained in the Penal Code and does not consider non-physical health impacts. Further,

the lack of clarity about the legality of therapeutic abortion, compounded by the lack of public information regarding this service[8] and the use of conscientious objection by healthcare providers to withhold care and information about sexual and reproductive rights and health services (**SRHS**), effectively impedes G&As' access to this essential health service even in cases of rape.[9]

Two recent cases[10] exemplify this; two 13-year-old girls, victims of rape, were not informed of their right to access a legal abortion considering these forced pregnancies posed serious risks to their physical and mental health. Consequently, in one case, the girl died due to complications during childbirth[11] and in the other the girl was forced to become a mother.

Beyond the sole exception for therapeutic abortion, the Penal Code criminalizes abortion establishing penalties of up to two years in prison.[12] Although pregnant people are not often incarcerated, criminal prosecution does results in social stigmatization[13] with exacerbated impacts for G&A. **Only between January 2018 and March 2019, 55 G&A were prosecuted for obtaining an abortion, five of whom became pregnant as a result of rape**.[14]

Additionally, assisting a pregnant person obtain an illegal abortion is punishable by up to four years in prison,[15] and healthcare providers may also lose their professional licenses.[16] As a result, healthcare providers are less willing to provide a therapeutic abortion or care for people who have undergone an abortion, even in cases involving G&A, out of fear of facing sanctions. Moreover, healthcare providers are obligated to report a "criminal abortion",[17] effectively deputizing healthcare providers as prosecutors.[18] This not only constitutes a breach of professional medical confidentiality[19] but also creates a contradiction in Peru's legal system, which punishes those who violate professional secrecy, but also punishes those who do not report a crime when they have a duty to do so.[20] This contradiction, combined with lack of knowledge and the misconception about the legal therapeutic abortion, leads to an almost-systematic reporting of every obstetric emergency by medical professionals.

Due to the lack of access to legal abortions, it is estimated that 350,000 illegal abortions are performed each year,[21] nearly 65,000 girls and women are hospitalized due to complications from such abortions, and 800 die.[22] From 2014 to 2016, 86 people, **six of whom were adolescents**, died from abortions.[23]

Lack of access to legal abortion results in higher incidences of teen and adolescent pregnancies that are carried to term.[24] **In 2020 alone, 24 girls under the age of 10 and 1155 girls between 11 and 14 years old became mothers**.[25] Early pregnancy is a significant risk factor for adolescent health, and abortion is among the five leading causes of death among adolescents aged 15 to 19.[26] **Peru's restrictive interpretation of the health/life exception leaves G&A facing a pregnancy, often product of rape, with no choice in their own reproductive autonomy.**

Peru's restrictive legal framework and interpretation of its abortion law constitute violations of Articles 2, 3, 6, 12, 13, 16, 19, 24, and 37 of the Convention.

II. Barriers to Access and Utilization of SRHS, education and Information

While women and girls in Peru are entitled to SRHS and education by law, several barriers restrict access in practice. For instance, though Peru is required to provide contraception for free[27], its access (particularly the emergency contraceptive pill - **ECP**) is limited.[28] Only 18.7% of providers of integral care for G&A provide access to the ECP.[29] Similarly, despite being legally required to do so,[30] healthcare institutions often refuse to provide emergency kits, which contain the ECP, to victims of sexual violence, including cases involving G&A.[31] Healthcare workers often do not adequately inform G&A about the full range of contraceptive methods to which they could have access and instead recommend methods that are easier for the healthcare worker to administer, like birth control shots.[32] In some cases, even adequately trained healthcare personnel push their own religious beliefs and do not inform G&A of their rights.[33] These problems are exacerbated in rural areas and for indigenous G&A. In the Amazon region of Loreto, only 10% of adolescent mothers had heard of any adolescent health services or family planning services.[34]

Additionally, the lack of comprehensive sex education (CSE) undermines the evolving capacity of G&A to make decisions over their sexuality and reproduction.[35] Sex education should be comprehensive, non-discriminatory, evidence-based, scientifically rigorous, and age appropriate,[36] and is essential in empowering G&A about their sexual and reproductive rights. However, only 8% of teachers in Peru teach CSE, and only 21% of children receive information on reproductive rights in school.[37] Though private schools are required to comply with the government's national curriculum, many choose pedagogy and books that promote abstinence.[38] Disinformation campaigns from religious and anti-abortion groups recommending "natural" contraceptive methods and claiming that modern contraceptives are abortive, further limits access to SRHS and information.[39]

Peru's failure to guarantee access to SRHS, education and information constitutes violations of Articles 2, 3, 6, 12, 13, 16, 17, 24, and 28 of the Convention.

III. Forced pregnancies and Maternal Mortality (MM)

Reported statistics on maternal health are relatively positive in Peru,[40] but it is unlikely that these statistics are representative of vulnerable groups.[41] The high incidence of adolescent and forced pregnancies and the high rate of MM in Peru disproportionately affects rural, indigenous, and low-income G&A and are direct consequences of the lack of access to SRHS and information and the restrictive interpretation of abortion laws.

A. Forced pregnancy in G&A

Between 2015 and 2021, 58 girls under age 10 and 7,787 girls between ages 11 and 14 became mothers,[42] all because of rape according to Peruvian law.[43] Only in 2019, there were 1,432 births to mothers under 15.[44] Almost 20% of G&A in Peru are pregnant by age 19.[45] These rates are even higher for G&A from marginalized and/or low-income populations, reaching 32% in some rural areas and in the Loreto region.[46]

The main causes of adolescent pregnancy include high rates of sexual violence, and lack of access to contraception and information regarding reproductive processes.[47] Some estimates

refer that 34% of G&A who reported suffering sexual violence became pregnant as a result[48] and 14% were between 10 and 14 years old.[49] The impact of limited access to quality education and CSE is particularly notable, as the highest percentages of pregnant adolescents were girls with only primary education.[50] **The barriers to accessing safe, legal abortion, and the limited provision of SRHS information and education, referred to *supra,* force G&A to continue unwanted and forced pregnancies, even as survivors of sexual violence, not only putting at risk their life and health, but also undermining their reproductive autonomy and right to be heard in all matters that concern them**.[51]

Further, there are physical health consequences of adolescent pregnancy,[52] including due to the lack of care for, mistreatment of, and obstetric violence committed against G&A.[53] Additionally, G&A's survivors of sexual violence are often denied specialized SRHS, or such services are delayed as "punishment".[54] Suicide is disproportionately associated with adolescent pregnancy, particularly in settings where reproductive choice is limited.[55]

Adolescent pregnancy is also met with social stigma, leading to reputational damage to G&A who may be shunned and abandoned by their families and communities.[56] This stigma is used to justify stereotypes of female behaviors of inferiority and subordination and thereby perpetuates gender-based violence. Additionally, pregnancy impairs G&A's ability to continue education or find stable employment, exposing them to high levels of lifetime poverty and abusive relationships.[57]

B. MM in Girls & Adolescents

Peru has a MM rate of 14.9% for mothers younger than 19,[58] who face a risk of dying in childbirth four times higher than adults due to hemorrhage, preeclampsia, and preterm labor, in addition to an augmented risk of suicide.[59] Additionally, extremely limited access to abortion leads many G&A to undergo unsafe abortions, which account directly or indirectly for a quarter of maternal deaths each year.[60]

Many rural G&A do not receive prenatal care or give birth in a health facility. Healthcare facilities are often closed and lack essential supplies or trained personnel.[61] A lack of awareness of healthcare services and accessibility to healthcare facilities, including a lack of child-centric and intercultural services, create substantial barriers to adequate maternal care. This contributes to the high MM rate, which is more pronounced in areas such as the Sierra and Selva regions where the MM rate is four times that of coastal regions.[62]

Peru's failures to prevent forced pregnancy in G&A and ensure maternal health constitute violations of Articles 2, 6, 12, 13, 17, 19, 24, 28, 30, 34, and 37 of the Convention.

IV. Systemic Gender-Based Violence

Peru "is one of the countries in the region most affected by gender-based violence."[63] Between 2017 and 2019, 18,138 acts of rape were reported, and 60.6% of the victims were G&A under 18.[64] In 2019, 155,092 cases of gender-based violence, including sexual violence, were

treated at *Emergency Centers for Women (ECW)*,[65] and **55,565 of the victims were younger than 18**.[66] Sexual violence is disproportionately prevalent in rural areas. Between 2017 and 2018, 49% of the rape cases treated at *ECW* involved women from rural areas, and 47.6% of the victims in these cases were adolescents between 13 and 14 years old.[67]

Recently, the Health Ministry issued the *Technical guideline for the comprehensive care of women and family members affected by sexual violence*[68] which includes as essential healthcare services for survivors of sexual violence the ECP and therapeutic abortion and some guidance on specialized care for G&A. However, this *Guideline* is not yet implemented and would require a broad national socialization, training for healthcare staff, and explicit recommendations on the need to **unequivocally** provide G&A survivors of sexual violence access to ECP and, in case of pregnancy, abortion services.

Additionally, within the justice system gender stereotypes are very prevalent, including assigning blame to sexual violence survivors, which directly contributes to the high rates of impunity and to the normalization of sexual violence against G&A in Peru.[69]

Peru's failure to protect G&A from violence constitutes violations of Articles 2, 6, 19, 24, 30, 34, and 37 of the Convention.

V. The Impact of the COVID-19 Pandemic

Despite implementing strict measures to control the spread of COVID-19, Peru has the highest mortality rate per capita in the world,[70] and the measures have had a severe and disproportionate impact on G&A.[71] Between the beginning of lockdown and July 2020, Peru's national hotline received 17,000 calls reporting sexual violence against children,[72] and there were nearly **703 G&A victims of rape** reported.[73] G&A are at high risk of rape by relatives at home,[74] and, as a result, as well as due to the lack of access to SRHS, are at an exacerbated risk during the pandemic of experiencing forced pregnancies.[75] Indeed, **between January 2020 and May 2021, 65,166 G&A gave birth, of which 1,506 were under age 14 and 28 were under age 10.**[76]

Reproductive health and family planning services have not been considered essential, and their use has decreased 50% due to closures of services and redistribution of resources, *inter alia*.[77] Reliance on short-term contraceptives[78] as a primary form of birth control[79] means Peru has been particularly vulnerable to supply-chain disruptions caused by COVID-19,[80] including a shortage of emergency kits for survivors of sexual violence.[81] **The lack of SRHS and information, exacerbated by the pandemic, also places G&A at risk of an unwanted pregnancy, limiting their capacity to make informed choices and disproportionately affects the most vulnerable—those who live in rural areas or are otherwise unable to access private information or contraceptive services**.[82]

Further, access to abortion in Peru has become even more restricted during the pandemic, as a new health directive[83] limits the exception for legal abortion only when "the life of the pregnant woman, infected with COVID-19, is at risk."[84] COVID-19 has also restricted access to care for obstetric emergencies or complications resulting from "illegal" abortions, as confinement

measures have impacted the possibility of accessing adequate care.[85] Further, global disruptions in supply chains and shortages have made access to safe clinic-based abortion care more difficult,[86] which has been linked to unsafe abortions performed with household items.[87] Moreover, social isolation have reduced G&A's privacy, and due to parents' constant presence at home, many do not feel they can access abortion services.[88]

VI. Questions

PROMSEX and CRR respectfully request this Committee to take into consideration the above and ask Peru the following:

- What measures are being taken by Peru to eliminate cultural, administrative, and legal barriers to access therapeutic abortion in Peru?

- What steps are being taken to decriminalize abortion at least in cases of rape and malformations incompatible with extrauterine life, as required by the *LC v. Peru* decision?

- What steps are being taken to reform laws and policies so that G&A can access SRHS and information? Particularly, what steps is Peru undertaking to guaranteed access to therapeutic abortion for G&A, especially when under 14 years as at such age pregnancies not only are the result of rape under Peruvian law, but also pose a high risk of death and threaten girls' physical, mental, and social health?

- What measures have been adopted to guarantee due process for G&A prosecuted for the crime of abortion, ensuring impartiality, a child-centric approach, and a justice system free from gendered stereotypes?

- What steps are being taken to reform laws and policies so that G&A can access comprehensive SRHS, education and information, including specifically actions to:

    - (i) ensure access to sexual and reproductive health education that is comprehensive, non-discriminatory, evidence-based, scientifically accurate, up-to-date and age appropriate and that fosters the empowerment of G&A and their reproductive autonomy in accordance with their evolving capacities;

    - (ii) guarantee comprehensive SRHS that are of quality, accessible and non-discriminatory which must include provision and explanation of family planning methods, emergency contraception, and access to abortion, all under the principles of confidentiality, informed consent, progressive capacity of G&A, best interest of the child, and non-discrimination;

    - (iii) combat misinformation, taboos, fears, and stigma regarding sexual and reproductive health, including regarding consent, sexual violence, contraception, abortion, and the right to be heard and to reproductive autonomy; and

    - (iv) ensure effective, timely, non-discriminatory, and adequate access to SRHS and

information specifically for rural and indigenous G&A.

- What policies are being adopted to reduce the rate of forced pregnancies among G&A and ensure that sexual violence survivors have access to comprehensive SRHS without discrimination and revictimization, including access to emergency kits, the ECP, and access to abortion?

- What measures are being taken to implement the *Technical health guideline for the comprehensive care of women and family members affected by sexual violence,* especially guaranteeing the provision of ECP and abortion for G&A?

- What measures are being adopted to address MM, particularly with respect to G&A?

- What steps are being taken to prevent sexual violence against G&A at home and in the school setting, and to combat impunity ensuring the implementation of a gender-based and child-centric approach in cases of sexual violence and to provide substantive redress for survivors?

- What policies is Peru adopting to ensure that G&A have access to health services without fear of obstetric violence?

- What normative and budgetary measures has Peru adopted for the prevention and protection, especially for G&A, from sexual violence suffered at home and in other places of confinement during the COVID-19 pandemic?

- What measures is Peru taking to ensure access to timely, non-discriminatory, and adequate SRHS, education, and information for G&A during the COVID-19 pandemic? Especially, report on the measures to ensure the provision of free contraceptive methods, as well as the supply of emergency kits for victims of sexual violence that include the ECP and access to therapeutic abortion in cases of forced or unwanted pregnancies.

Cordially,

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[1] **PROMSEX** is an independent non-governmental organization headquarter in Lima, Peru, that works to promote sexual and reproductive rights in Peru.
[2] **CRR** is a global non-governmental legal advocacy organization that works for the protection and respect of the sexual and reproductive rights of girls and women around the world and seeks to promote reproductive freedom and autonomy as a fundamental right that all governments are legally obligated to protect, respect and guarantee.
[3] CODIGO PENAL [C. PEN.] [PENAL CODE] art. 119 (Peru), http://spij.minjus.gob.pe/content/publicaciones_oficiales/img/CODIGOPENAL.pdf. Aside from therapeutic abortion, all other forms of abortion are criminalized under Peruvian law.
[4] *See My Rights, and My Right to Know: Lack of Access to Therapeutic Abortion in Peru*, HUMAN RIGHTS WATCH (July 8, 2008), https://www.hrw.org/report/2008/07/08/my-rights-and-my-right-know/lack-access-therapeutic-abortion-peru (explaining that the Penal Code "doesn't specify what is meant by the term 'health.' It only looks at the imminence of death or [potentially fatal] problems of physical health without considering mental health repercussions").
[5] *See, e.g.*, *Indecopi: clínicas deben tramitar pedido de aborto terapéutico si se acredita daño a la salud mental de la gestante*, LA LEY (June 11, 2017), https://bit.ly/3wvBWZQ (noting that in an administrative case before the Indecopi Court, the court determined that the abortion clinic breached its duty in that it did not consider the complainant's mental health in its evaluation); Tribunal de Defensa de la Competencia y de la Propiedad Intelectual, Resolución 1884-2017/SPC-INDECOPI, Indecopi, 2017, http://www.gacetajuridica.com.pe/boletin-nvnet/img_bol08/10-07-2017-clinica-el-golf-aborto-terapeutico1.pdf. Although the clinic's sanction might have been questioned before the court, it shows how a private clinic is unwilling to carry out the procedures necessary to determine if a patient qualifies for a therapeutic abortion.
[6] Ministry of Health (MINSA), *Guía Técnica Nacional para la Estandarización del Procedimiento de la Atención Integral de la Gestante en la Interrupción Voluntaria por Indicación Terapéutica del embarazo menor de 22 semanas con consentimiento informado en el marco de lo dispuesto en el artículo 119 del Código Penal*, approved by Resolution No. 486-2014/MINSA (June 27, 2014), http://bvs.minsa.gob.pe/local/MINSA/3795.pdf.
[7] *Id.*
[8] Luis Távara Orozco et al., *Barriers to Access to Safe Abortion in the Full Extent of the Law in Peru*, 62 REVISTA PERUANA DE GINECOLOGÍA Y OBSTETRICIA, no. 2, (2016), https://www.redalyc.org/jatsRepo/3234/323446799003/html/index.html#redalyc_323446799003_ref29.
[9] Luis Távara Orozco, *Simposio: Bioética y Atención de la Salud Sexual y Reproductiva: Objeción de Conciencia*, 63 REVISTA PERUANA DE GINECOLOGÍA Y OBSTETRICIA, no. 4 (2017), http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S2304-51322017000400010. Access to therapeutic abortion is so limited in Peru that, between July 2014 and 2016, only 917 women received one. Response from the Ministry of Health to the request for access to public information: Exp.16-051635-001; Response from the Ministry of Health, to the request for public information: Number of women who have undergone voluntary termination of pregnancy for therapeutic indication by months according to departments from July 2014 to 2016.
[10] **The first case** involves the 13-year-old girl N.G.R.H who went on January 30 and March 7, 2019 to the Edgardo Rebagliati National Hospital presenting complications in her pregnancy. The doctors did not inform her about the risks of the pregnancy and the possibility of accessing the evaluation of a Medical Board that, by therapeutic indication, would recommend the termination of the pregnancy. According to the Ombudsman's Office, the facts show that N.G.R.H.'s mother did not feel satisfied with the care received by her daughter and went to the Lima Maternity Hospital to request a second technical opinion. The Ombudsman's Office intervened due to the violation of the right to health of N.G.R.H. Paola Mendieta Medina, *El drama de la niña N.G.R.H.: Tantas veces ultrajada*, DIARIO CORREO (Mar. 31, 2019), https://diariocorreo.pe/edicion/lima/el-drama-de-la-nina-ngrh-tantas-veces-ultrajada-878936/. **The second case** is about the 13-year-old girl M.F.A.M., who died after giving birth on February 26, 2019 at the Hospital San Juan de Dios de Pisco, in Ica. Neither she, nor her family were given adequate counseling about the risks of pregnancy and her right to a therapeutic abortion. She underwent a cesarean section at nine months of pregnancy when her health condition became complicated. Leonor Perez-Durand, *Una niña muere por parir "su bendición"*, LA MULA (Mar. 7, 2019), https://teleoleo.lamula.pe/2019/03/07/una-nina-muere-por-parir-su-bendicion/leoperezdurand/.
[11] Leonor Perez-Durand, *Una niña muere por parir "su bendición"*, LA MULA (Mar. 7, 2019), https://teleoleo.lamula.pe/2019/03/07/una-nina-muere-por-parir-su-bendicion/leoperezdurand/.
[12] CODIGO PENAL [C. PEN.] [PENAL CODE] art. 114 (Peru),

http://spij.minjus.gob.pe/content/publicaciones_oficiales/img/CODIGOPENAL.pdf. In cases of extramarital rape and fetal malformations incompatible with extrauterine life, the criminal penalty is three months in prison. *Id.* at art. 120.

[13] Juan Carlos Díaz Colchado & Beatriz Ramírez Huaroto, *El aborto y los derechos fundamentales: Análisis de la constitucionalidad de la prohibición penal de la interrupción del embarazo en supuestos de violación sexual y de malformaciones fetales incompatibles con la vida extrauterina*, CENTRO DE PROMOCIÓN Y DEFENSA DE LOS DERECHOS SEXUALES Y REPRODUCTIVAS (PROMSEX), May 2013, at 44, https://promsex.org/wp-content/uploads/2013/10/elAbortoylosDerechosFundamentales.pdf.

[14] Elizabeth Salazar Vega, *Niñas criminalizadas en sala de emergencias*, OJO PUBLICO (Jun, 2, 2019), https://ojo-publico.com/1223/ninas-criminalizadas-en-sala-de-emergencias.

[15] CODIGO PENAL [C. PEN.] [PENAL CODE] arts. 115, 117 (Peru), http://spij.minjus.gob.pe/content/publicaciones_oficiales/img/CODIGOPENAL.pdf.

[16] *Id.* at arts. 36, 117.

[17] LEY GENERAL DE SALUD [GENERAL HEALTH LAW], Ley No. 26842, art. 30 (Peru), which establishes that "[t]he physician who provides medical attention to a person injured by a knife wound, gunshot wound, traffic accident or other type of violence that constitutes a crime prosecutable ex officio or when there are indications of criminal abortion, is obliged to report the incident to the competent authority." Available at: http://www.essalud.gob.pe/transparencia/pdf/publicacion/ley26842.pdf.

[18] *See* Sara Gomez, O'Neill Inst. for Nat'l and Global Health L. & IPAS, *Delatando a las mujeres: el deber de cada prestador/a de servicios de denunciar*, LATIN AMERICAN CONSORTIUM AGAINST UNSAFE ABORTION (CLACAI), 2016, at 11, https://clacaidigital.info/bitstream/handle/123456789/790/CRIPPCS16.pdf.

[19] It also constitutes mistreatment in accessing reproductive healthcare services that can cause long-lasting physical and emotional suffering amounting to torture or cruel, inhuman, or degrading treatment. *See* General Assembly, *Rep. of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez*, U.N. Doc. A/HRC/22/53 ¶ 46 (Feb. 1, 2013), https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf.

[20] *Compare* CODIGO PENAL [C. PEN.] [PENAL CODE] art. 165 (Peru), *with* CODIGO PENAL [C. PEN.] [PENAL CODE] art. 407 (Peru).

[21] Sarah A. Huff, *Abortion Crisis in Peru: Finding a Woman's Right to Obtain Safe and Legal Abortions in the Convention on the Elimination of All Forms of Discrimination Against Women*, 30 B.C. INT'L & COMP. L. REV. 237, 240 (2007), http://lawdigitalcommons.bc.edu/iclr/vol30/iss1/14.

[22] *Id.*; Alyssa Rayman-Read, *The Sound of Silence*, AM. PROSPECT, Sept. 24, 2001, at A21.

[23] Response from the Ministry of Health to public information request PROMSEX No. 151-2016: File No. 16-051635-00; Letter dated May 17, 2019 addressed to the Special Rapporteur on Violence Against Women, Its Causes and Consequences, PROMSEX (May 17, 2019), https://www.ohchr.org/Documents/Issues/Women/SR/ReproductiveHealthCare/PROMSEX.pdf.

[24] *See infra* Section III.A.

[25] CNV, *Caracteristicas De La Madre*, Sistema de Registro del Certificado de Nacido Vivo en Linea, June 2021, https://webapp.minsa.gob.pe/dwcnv/dwmadrenew.aspx. By age alone, each of those girls should have been evaluated and approved for a therapeutic abortion.

[26] National Institute of Statistics and Informatics (INEI), *Peru: Situación Social de las Madres Adolescentes*, *2007*, Mar. 2010, at 8, 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. There is an increased suicide rate for pregnant adolescents due to early pregnancy. *See infra* n.55.

[27] This includes condoms, emergency contraceptive pills, subdermal implants, IUDs, and birth control shots. Hiperderecho, *Country case-study: sexual and reproductive rights in Peru*, PRIVACY INTERNATIONAL (May 15, 2020), https://privacyinternational.org/long-read/3791/country-case-study-sexual-and-reproductive-rights-peru; *see also* LEY DE POLÍTICA NACIONAL DE POBLACIÓN [NAT'L POP. POL'Y LAW], Ley Nº 26530 (Peru).

[28] Contraceptive use among girls and adolescents generally is low, but varies according to marital status, wealth, education, and geography. *See* Angélica Motta et al., *From Paper to Practice: Sexuality Education Policies and Their Implementation in Peru*, GUTTMACHER INST., May 2017, at 11, https://www.guttmacher.org/sites/default/files/report_pdf/sexuality_education_policies_and_their_implementation_in_peru.pdf.

[29] 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, at 46 (2018), https://www.defensoria.gob.pe/wp-content/uploads/2018/07/Informe-de-Adjuntia-011-2018-DP-ANA.pdf.

[30] There is legal uncertainty surrounding the emergency contraceptive pill that impacts healthcare providers' willingness to provide access to the pill. The emergency contraceptive pill was incorporated into family planning services in 2001, but 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. Although a precautionary measure allowing access to the emergency contraceptive pill was granted in 2016, and the 2009 decision was overturned in 2019, the emergency contraceptive pill ban still lives in institutional memory, creating a knowledge gap regarding the pill's legality. In addition, in 2020 anti-abortion organizations appealed the 2019 decision overturning the ban, and a second-instance court declared the decision null. This decision is currently on appeal to the Constitutional Tribunal, and the 2016 precautionary measure remains in place. The ongoing legal uncertainty, however, creates confusion and contributes to lack of access to this health service. *See* Cristina Puig Borràs & Brenda I Álvarez Álvarez, *The history of universal access to emergency contraception in Peru: a case of politics deepening inequalities*, 26 REPROD. HEALTH MATTERS, no. 54, Nov. 2018, at 47-50, https://www.tandfonline.com/doi/full/10.1080/09688080.2018.1542913; *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), https://iwhc.org/2010/04/peru-reinstates-free-distribution-of-emergency-contraception-after-who-asserts-that-ec-does-not-cause-abortion/; Rossina Guerrero, *La última ruta para la distribución gratuita de la anticoncepción oral de emergencia*, PROMSEX (Mar. 3, 2021), https://promsex.org/la-ultima-ruta-para-la-distribucion-gratuita-de-la-anticonceptivo-oral-de-emergencia/; Cinthya Qquelcca & Ángel Pineda, *Pleno del Tribunal Constitucional debe decidir sentencia definitiva sobre la Anticoncepción Oral de Emergencia (AOE)*, PROMSEX (Apr. 28, 2021), https://promsex.org/pleno-del-tribunal-constitucional-debe-decidir-sentencia-definitiva-sobre-la-anticoncepcion-oral-de-emergencia-aoe-2.

[31] Jésica León, *Aún hay trabas en entrega de la píldora del día siguiente*, LA REPÚBLICA (Oct. 28, 2019), https://larepublica.pe/sociedad/2019/10/28/anticonceptivos-aun-hay-trabas-en-entrega-de-la-pildora-del-dia-siguiente-violencia-sexual/. Peru also has historically battled shortages: in 2017, the emergency contraceptive pill was distributed in only 15 out of 25 departments in Peru. Press Release No. 243/18, IACHR, *IACHR completes working visit to Peru*, ORG. OF AM. STATES (Nov. 16, 2018), https://www.oas.org/en/iachr/media_center/PReleases/2018/243.asp. Equally as concerning, a 2014 study found that a quarter of the emergency contraceptive pills sold in Peru did not work. Eight percent of the pills in the study lacked the active ingredient necessary to prevent pregnancy, while another 20 percent did not release the active ingredient quickly enough, leading to lower rates of effectiveness. Gail Sullivan, *More than one-quarter of morning-after pills in Peru don't work*, WASH. POST (Apr. 21, 2014), https://www.washingtonpost.com/news/morning-mix/wp/2014/04/21/morning-after-disaster-more-than-a-quarter-of-contraceptive-pills-in-peru-dont-work/.

[32] Myriam Escalante, *El 24% de mujeres en el Perú no accede a métodos anticonceptivos*, OJO PUBLICO (Mar. 19, 2018), https://ojo-publico.com/642/el-24-de-mujeres-en-el-peru-no-accede-metodos-anticonceptivos.

[33] *Id.*

[34] Christopher M. Westgard et al., *Health service utilization, perspectives, and health-seeking behavior for maternal and child health services in the Amazon of Peru, a mixed-methods study*, 18 INT'L J. OF EQUITY IN HEALTH 155 (2019), https://doi.org/10.1186/s12939-019-1056-5.

[35] *See* Committee on the Rights of the Child, *General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*, U.N. Doc. CRC/C/GC/15 ¶ 21 (Apr. 17, 2013). This right has recently been reaffirmed by the Inter-American Court of Human Rights in the case *Paola Guzman Albarracín v. Ecuador*. *See* Inter-American Court of Human Rights, *Caso Guzmán Albarracín y Otras vs. Ecuador, Setencia de 24 de Junio de 2020*, June 24, 2020, ¶ 109, https://www.corteidh.or.cr/docs/casos/articulos/seriec_405_esp.pdf.

[36] Inter-American Court of Human Rights, *Caso Guzmán Albarracín y Otras vs. Ecuador, Setencia de 24 de Junio de 2020*, June 24, 2020, ¶¶ 109, 120, https://www.corteidh.or.cr/docs/casos/articulos/seriec_405_esp.pdf

[37] Hiperderecho, *Country case-study: sexual and reproductive rights in Peru*, PRIVACY INTERNATIONAL (May 15, 2020), https://privacyinternational.org/long-read/3791/country-case-study-sexual-and-reproductive-rights-peru.

[38] *Id.*

[39] *Id.*

[40] *Country Profiles: Peru*, UNICEF (last accessed Apr. 25, 2021), https://data.unicef.org/country/per/.

[41] 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), https://doi.org/10.1093/eurpub/ckaa165.830. For example, in the Amazon region of

Loreto, a large percentage of women report irregular closures of health facilities, a lack of essential material and medicines, and long wait times, all of which combine to make it practically difficult to access these services. Christopher M. Westgard et al., *Health service utilization, perspectives, and health-seeking behavior for maternal and child health services in the Amazon of Peru, a mixed-methods study*, 18 INT'L J. OF EQUITY IN HEALTH 155, 160, 163 (2019), https://doi.org/10.1186/s12939-019-1056-5.

[42] CNV, *Caracteristicas De La Madre*, Sistema de Registro del Certificado de Nacido Vivo en Linea, June 2021, https://webapp.minsa.gob.pe/dwcnv/dwmadrenew.aspx (view by "Grupo Etario").

[43] CODIGO PENAL [C. PEN.] [PENAL CODE] arts. 173 (Peru), http://spij.minjus.gob.pe/content/publicaciones_oficiales/img/CODIGOPENAL.pdf.

[44] Mariela Jara, *Shedding Light on Forced Child Pregnancy and Motherhood in Latin America*, IPS NEWS (Jan. 14, 2019), http://www.ipsnews.net/2019/01/shedding-light-forced-child-pregnancy-motherhood-latin-america/ (based on CLADEM 2019 data); *see also* Juan Pablo Casapia, *Teen moms in Peru pinpoint need for sexuality education, health services*, UNFPA (Feb. 19, 2018), https://www.unfpa.org/news/teen-moms-peru-pinpoint-need-sexuality-education-health-services (emphasizing gravity of adolescent pregnancy in Peru). Generally, it should be noted that global and regional data on pregnancies in girls and adolescents younger than 15 years is limited. Instead, broader Latin American and Caribbean (LAC) statistics provide helpful contextualization: 2% of women of reproductive age in LAC reported having their first delivery before the age of 15, and LAC is noted as the only region in the world with an upward trend in births among girls and adolescents younger than 15 years. *Adolescent Pregnancy in Latin America and the Caribbean*, WHO / Pan American Health Organisation Technical Brief (August 2020), https://lac.unfpa.org/sites/default/files/pub-pdf/final_dec_10_approved_policy_brief_design_ch_adolescent.pdf.

[45] Marta Favara et al., *Understanding teenage fertility in Peru: An analysis using longitudinal data* (2020), https://doi.org/10.1111/rode.12648. In comparison the age specific fertility rate (ASFR) for 15-19 years was 65 per 1000 in 2015 in Latin American and the Caribbean. Sarah Neal et al., *Trends in adolescent first births in five countries in Latin America and the Caribbean: disaggregated data from demographic and health surveys*, REPROD HEALTH 15, 146 (2018), https://doi.org/10.1186/s12978-018-0578-4; *see also* Mesa de Concertación para la Lucha contra la Pobreza, *Embarazo en Adolescentes Peruanas Aumentó*, Alerta No. 1-2018-SC/MCLCP, June 12, 2018, https://www.mesadeconcertacion.org.pe/sites/default/files/archivos/2018/documentos/06/alerta_embarazo_en_adolescentes_aumento_junio_2018.pdf.

[46] Vanessa Rojas & Francis Bravo, *Young Lives and Child Frontiers: Experiences of cohabitation, marriage and parenting in Peruvian adolescents and youth*, YOUNG LIVES, July 2020, https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-CountryReport-Peru-Jul20-Proof04.pdf; Marta Favara et al., *Understanding Teenage Fertility, Cohabitation, and Marriage: The Case of Peru*, IZA Discussion Paper No. 10270, IZA INST. OF LABOR ECON., Oct. 2016, https://www.iza.org/publications/dp/10270/understanding-teenage-fertility-cohabitation-and-marriage-the-case-of-peru (based on a study conducted by Young Lives). 71% of these pregnancies are unwanted. *Id.*

[47] Save the Children, *Every Last Child Country Spotlight: Peru* (2016), https://resourcecentre.savethechildren.net/node/10045/pdf/peru_spotlight.pdf.

[48] Cristina Puig Borràs & Brenda I Álvarez Álvarez, *The history of universal access to emergency contraception in Peru: a case of politics deepening inequalities*, 26 REPROD. HEALTH MATTERS, no. 54, Nov. 2018, at 47-50, https://www.tandfonline.com/doi/full/10.1080/09688080.2018.1542913. However this number is likely to be much higher, considering that sexual violence is likely to go unreported and the general culture of impunity in the case of sexual and gender-based violence. Often police and other authority figures do not believe the girls and adolescents, trivialize their concerns or choose not to take their complaints seriously.

[49] *Id.*

[50] The surveys conducted between 2008-2016 and reported in *Accelerating progress toward the reduction of adolescent pregnancy in LAC* (2017) by Pan American Health Organisation, UNFPA and UNICEF in relation to Bolivia, Colombia, 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 relative to girls with secondary or higher education. Available at: https://iris.paho.org/bitstream/handle/10665.2/34493/9789275119761-eng.pdf.

[51] *See* Committee on the Rights of the Child, *General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*, U.N. Doc. CRC/C/GC/15 ¶ 19 (Apr. 17, 2013); Committee on the Rights of the Child, *General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence*, U.N. Doc. CRC/C/GC/20 ¶¶ 23-25 (Dec. 6, 2016).

[52] *See infra*, Section III.B.

[53] Susana Chávez Alvarado & Elisa Juárez Chávez, *Historias para no olvidar: La violéncia como factor associado a la muerte materna de adolescentes. Un estudio cualitativo 2012-2014*, CENTRO DE PROMOCIÓN Y DEFENSA DE LOS DERECHOS SEXUALES Y REPRODUCTIVAS (PROMSEX), 2015, at 63, https://promsex.org/wp-content/uploads/2015/10/HistoriasParaNoOlvidarSChavez.pdf. Among the results of this research: Of the adolescents who died, four were 15 years old or younger and six were between 16 and 18 years old at the time of death. Regarding the causes of death, in three of the cases their deaths were associated with abortion and two were due to indirect causes, reporting one suicide and one died during the puerperium. Regarding birth control, only four of them had some type of control. Two of the deaths occurred in the first trimester, one in the second, three in the third and two died during the puerperium.

[54] *Id.*

[55] Save the Children, *Every Last Child Country Spotlight: Peru* (2016), https://resourcecentre.savethechildren.net/node/10045/pdf/peru_spotlight.pdf. *L.C. v Peru*, a case concerning a 13-year old girl who attempted to commit suicide when she became pregnant as a result of sexual abuse by a 34-year-old man, provides a direct example of this. As a result of this case, the Committee on the Elimination of Discrimination Against Women recommended that Peru provide reparations of specific compensation for L.C. and that Peru review its legislation restricting therapeutic abortion and criminalizing abortion where pregnancy results from rape or sexual abuse. Available at: https://www2.ohchr.org/english/law/docs/CEDAW-C-50-D-22-2009_en.pdf. Peru still has yet to modify its legislation restricting therapeutic abortion and criminalizing abortion where pregnancy results from rape or sexual abuse.

[56] National Institute of Statistics and Informatics (INEI), *Peru: Situación Social de las Madres Adolescentes, 2007*, Mar. 2010, at 13, 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.

[57] Ximena Casas, *They Are Girls, Not Mothers: The Violence of Forcing Motherhood on Young Girls in Latin America. Health and human rights*, 21 HEALTH AND HUM. RTS. J., no. 2, Dec. 2019, at 157-67, 159, https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2469/2019/12/Casas.pdf. This is an affront to the right to a life with dignity, guaranteed by the Human Rights Committee's General Comment No. 36, which requires States to ensure that girls and adolescents can fulfill their life plans, such as continuing their education, pursuing a rewarding professional life, and being able to socially engage in their communities. Hum. Rts. Comm., *General Comment No. 36: Article 6 (Right to Life)*, U.N. Doc. CCPR/C/GC/36 ¶¶ 3, 8, 60 (Oct. 30, 2018).

[58] Ministry of Health (MINSA), *Número de muertes maternas anual y hasta la SE 21, 2000-2020*, 2020, https://www.dge.gob.pe/portal/docs/vigilancia/sala/2020/SE21/mmaterna.pdf.

[59] Ximena Casas et al., O'Neill Inst. for Nat'l and Global Health L. & Ibis Reprod. Health, *Stolen lives: A multi-country study on the health effects of forced motherhood on girls 9-14 years old*, PLANNED PARENTHOOD GLOBAL, 2015, at 7, 24, 63, https://www.plannedparenthoodaction.org/uploads/filer_public/db/6d/db6d56cb-e854-44bb-9ab7-15bb7fc147c5/ppfa-stolen-lives-english.pdf; *see also Adolescent Pregnancy in Latin America and the Caribbean*, WHO / Pan American Health Organisation Technical Brief, at 1 (Aug. 2020), https://lac.unfpa.org/sites/default/files/pub-pdf/final_dec_10_approved_policy_brief_design_ch_adolescent.pdf.

[60] Sarah A. Huff, *Abortion Crisis in Peru: Finding a Woman's Right to Obtain Safe and Legal Abortions in the Convention on the Elimination of All Forms of Discrimination Against Women*, 30 B.C. Int'l & Comp. L. Rev. 237, 237, 240 (2007), http://lawdigitalcommons.bc.edu/iclr/vol30/iss1/14. Delays and failures in seeking medical treatment for complications arising from illegal abortion due to fear of criminal punishment further increase the rates of maternal mortality directly linked to unsafe abortion and, by extension, Peru's restrictive abortion laws.

[61] Brianna Vargas et al., *An exploration of patient-provider dynamics and childbirth experiences in rural and urban Peru: a qualitative study*, 21 BMC PREGNANCY AND CHILDBIRTH 135 (2021), https://doi.org/10.1186/s12884-021-03586-y.

[62] Susana Chávez Alvarado & Elisa Juárez Chávez, *Historias para no olvidar: La violência como factor associado a la muerte materna de adolescentes. Un estudio cualitativo 2012-2014*, CENTRO DE PROMOCIÓN Y DEFENSA DE LOS DERECHOS SEXUALES Y REPRODUCTIVAS (PROMSEX), 2015, at 21, https://promsex.org/wp-content/uploads/2015/10/HistoriasParaNoOlvidarSChavez.pdf; Ministry of Health (MINSA), *Muerte materna en el Perú 2001-2011*, 2013, http://bvs.minsa.gob.pe/local/MINSA/2896.pdf.

[63] *Annotated Index of Relevant Conditions In Peru*, Sanctuary for Families, 2016, https://sanctuaryforfamilies.org/wp-content/uploads/2020/12/Annotated-Country-Conditions-Index.docx. As of 2017, it was estimated that 31% of women aged 15-49 experienced physical or sexual violence from their current intimate partner. Sarah Bott et al.,

Intimate partner violence in the Americas: a systematic review and reanalysis of national prevalence estimates, 43 REVISTA PANAM. SALUD PUBLICA 26 (Mar. 20, 2019), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6425989/. In 2015, Peru passed a law providing for comprehensive measures to prevent and punish gender-based violence, but the laws are not enforced or implemented effectively. LEY PARA PREVENIR, SANCIONAR Y ERRADICAR LA VIOLENCIA CONTRA LAS MUJERES Y LOS INTEGRANTES DEL GRUPO FAMILIAR [LAW TO PREVENT, PUNISH & ERADICATE VIOLENCE AGAINST WOMEN AND THEIR FAMILY MEMBERS] Ley No. 30364 (Peru); Immigr. and Refugee Bd. of Can., *Peru: Domestic violence, including femicide; legislations; state protection and support services available to victims (2014-Februrary 2018)*, PER106062.E, REFWORLD (Mar. 13, 2018), https://www.refworld.org/docid/5ad09d424.html; Bureau of Democracy, Hum. Rts., & Labor, *2019 Country Reports on Human Rights Practices: Peru*, U.S. DEP'T OF STATE (2019), https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/peru/.

[64] *Peru: Indicadores de Violencia Familiar y Sexual, 2012-2019*, INEI, Aug. 2019, at 46, https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1686/libro.pdf.

[65] Ministry of Women and Vulnerable Populations (MIMP), *Estadísticas del MIMP*, GOB.PE, Dec. 2019, at 3, https://www.mimp.gob.pe/omep/estadisticas-violencia.php (statistics for 2019).

[66] Ministry of Women and Vulnerable Populations (MIMP), *Boletín Estadístico, Programa Nacional para la Prevención y Erradicación de la Violencia Contra las Mujeres e Integrantes del Grupo Familiar – Aurora*, Dec. 2019, http://www.mimp.gob.pe/files/programas_nacionales/pncvfs/estadistica/boletin_diciembre_2019/BV_Diciembre_2019.pdf.

[67] Observatorio Nacional de la Violencia contra las Mujeres y los Integrantes del Grupo Familiar, *Embarazo forzado en niñas y adolescentes menores de 18 años por violación sexual: Cifras de los casos atendidos en los CEM*, MINISTRY OF WOMEN AND VULNERABLE POPULATIONS (MIMP) (Oct. 30, 2019), https://observatorioviolencia.pe/wp-content/uploads/2019/10/Embarazo-forzado-ni%C3%B1as-y-adolescentes-menores-de-18-a%C3%B1os-violencia-sexual.pdf.

[68] *Technical health guideline Nº 164- MINSA/2020/DGISEP for the comprehensive care of women and family members affected by sexual violence*, (August 20, 2020), https://cdn.www.gob.pe/uploads/document/file/1256309/%20Resoluci%C3%B3n%20Ministerial%20N%C2%B0%20649-2020-MINSA.PDF

[69]For example, in November 2020, a judge ruled against a 20-year-old woman's rape allegations because she was wearing "suggestive red underwear" that signaled she "wanted intimacy." *Ica: ropa interior sirve de excusa para archivar denuncia de violencia sexual*, MANO ALZADA (2020), https://manoalzada.pe/feminismos/ica-ropa-interior-sirve-de-excusa-para-archivar-denuncia-de-violencia-sexual#.

[70] *Covid: Peru more than doubles death toll after review*, BBC NEWS (June 1, 2021), https://www.bbc.com/news/world-latin-america-57307861.

[71] According to estimates by the United Nations Population Fund, the impact of COVID-19 could represent a setback of one third of the progress in the prevention of gender-based violence, the promotion of maternal health, and access to family planning in Peru. *Covid-19 and Gender Violence*, UNFPA (Oct. 27, 2020), https://peru.unfpa.org/en/news/covid-19-and-gender-violence.

[72] Christine Murray & Anastasia Moloney, *Pandemic brings growing risk of pregnancy and abuse to Latin American girls*, REUTERS (July 31, 2020), https://www.reuters.com/article/us-health-coronavirus-latamgirls-trfn-idUSKCN24W1EN.

[73] Maria Godoy, *The Women of Peru are Suffering from a 'Shadow Pandemic'*, NPR (Sept. 10, 2020), https://www.npr.org/sections/goatsandsoda/2020/09/10/910737751/the-women-of-peru-are-suffering-from-a-shadow-pandemic?t=1617725646327.

[74] Christine Murray & Anastasia Moloney, Pandemic brings growing risk of pregnancy and abuse to Latin American girls, REUTERS (July 31, 2020), https://www.reuters.com/article/us-health-coronavirus-latamgirls-trfn-idUSKCN24W1EN. As discussed *supra* in Section III, adolescent pregnancies pose serious health risks.

[75] *See supra* Section III.A.

[76] CNV, *Caracteristicas De La Madre*, Sistema de Registro del Certificado de Nacido Vivo en Linea, June 2021, https://webapp.minsa.gob.pe/dwcnv/dwmadrenew.aspx.

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

[78] As opposed to long-term contraceptives such as intrauterine devices, implants and sterilization, short-term

contraceptives include oral and injectable contraceptives and single-use physical barriers such as condoms. *Birth control options: Things to consider*, MAYO CLINIC (accessed June 22, 2021), https://www.mayoclinic.org/healthy-lifestyle/birth-control/in-depth/birth-control-options/art-20045571.

[79] Use of short-term contraceptives as a primary form of birth control in Peru is considerably higher than the regional average of 54%. *Impact of Covid-19 on Access to Contraceptives*, UNFPA, May 2020, at 5, https://peru.unfpa.org/sites/default/files/pub-pdf/factsheet_peru._impacto_del_covid_19_en_el_acceso_a_los_anticonceptivos_2.pdf.

[80] It is estimated that 119,000 women in Peru interrupted the use of modern contraceptive methods in 2020. *Preventing teenage pregnancy in the context of a crisis: a double challenge at the national level*, UNFPA (Sep. 24, 2020), https://peru.unfpa.org/en/news/preventing-teenage-pregnancy-context-crisis-double-challenge-national-level. The suspension of non-essential services, the diversion of staff to pandemic response, a general reluctance to visit healthcare facilities, and restrictions on mobility caused by the pandemic, further limit access to contraceptives. Economic turmoil caused by the pandemic has also led to reductions in household incomes, making it more difficult to afford contraceptives. *Impact of Covid-19 on Access to Contraceptives*, UNFPA, May 2020, at 6, https://peru.unfpa.org/sites/default/files/pub-pdf/factsheet_peru._impacto_del_covid_19_en_el_acceso_a_los_anticonceptivos_2.pdf. Approximately 62,000 women have ceased their use of short-term contraceptives as a result. *Id.*

[81] Eduardo Tejada, *Arequipa: Hospitales colapsados no entregan kit de emergencia a víctimas de violencia sexual*, WAYKA (June 8, 2020), https://wayka.pe/arequipa-hospitales-colapsados-no-entregan-kit-de-emergencia-a-victimas-de-violencia-sexual/. Records of the Ministry of Health show that only 250 emergency kits were distributed, despite 786 reports of sexual violence during the lockdown. *Id.*; Lucero Ascarza, *De 786 víctimas de violación, menos de la mitad recibió el 'kit' que previene embarazo*, WAYKA (Aug. 12, 2020), https://wayka.pe/de-786-victimas-de-violacion-menos-de-la-mitad-recibio-el-kit-que-previene-embarazo/.

[82] *See Risks of the Covid-19 Pandemic for the exercise of women's sexual and reproductive rights*, UNFPA, Dec. 2020, at 9, https://www.cepal.org/sites/default/files/publication/files/46508/S2000905_en.pdf (comparing measures taken to safeguard women's health and provide sexual and reproductive health information during the pandemic, demonstrating the lack of measures taken by Peru to provide such information).

[83] MINSA, *Directiva Sanitaria para garantizar la salud de las gestantes y la continuidad de la atención en planificación familiar ante la infección por COVID-19*, Ministerial Resol. No. 217-2020-MINSA, Apr. 23, 2020, https://cdn.www.gob.pe/uploads/document/file/607318/RM_217-2020-MINSA_Y_ANEXOS.PDF.

[84] *Id.* ¶ 6.3.14.

[85] *Id.*; *Risks of the Covid-19 Pandemic for the exercise of women's sexual and reproductive rights*, UNFPA, Dec. 2020, at 2, https://www.cepal.org/sites/default/files/publication/files/46508/S2000905_en.pdf.

[86] Ruvani T. Jayaweera et al., *Misoprostol in the era of COVID-19: a love letter to the original medical abortion pill*, 28 SEXUAL & REPROD. HEALTH MATTERS no. 1, Oct. 28, 2020, https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1829406.

[87] Karen Marie Moland et al., *The paradox of access – abortion law, policy and misoprostol*, TIDSSKRIFTET (Dec. 23, 2017), https://tidsskriftet.no/en/2017/12/global-helse/paradox-access-abortion-law-policy-and-misoprostol.

[88] *Risks of the Covid-19 Pandemic for the exercise of women's sexual and reproductive rights*, UNFPA, Dec. 2020, at 8, https://www.cepal.org/sites/default/files/publication/files/46508/S2000905_en.pdf.