



**JOINT CONTRIBUTION
COMMITTEE ON THE RIGHTS OF THE CHILD
WOMEN'S HUMAN RIGHTS ORGANIZATIONS**

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Executive Summary

This report was created by the Women's Coalition of Ecuador, under the leadership of member organizations that work with children and adolescent rights: Fundación Desafío, Surkuna, ACDemocracia, el Parto es Nuestro and Grupo Rescate Escolar.

This document brings to light the different forms of violence against newborns, children and adolescents, such as forced maternity, child marriage, sexual violence against girls and adolescents, sexual violence in schools, and lack of access to justice in cases of sexual violence against girls and adolescents. All of which is part of the section on Violence against boys and girls.

The documentation presented in this report is supported by participatory research conducted by each organization, gathering information from official reports, relying on recommendations from the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Universal Periodic Review of the United Nations Human Rights Council (EPU) and the Committee against Torture (CAT), personal testimonies, and legal cases.

Over 26 years have passed since Ecuador signed the Convention on the Rights of the Child in 1990, and unfortunately the situation of children in our country remains fraught with problems that the government has a responsibility to address. As civil society organizations, it is essential that we report the following cases which demonstrate the vulnerability suffered by girls, boys and adolescents in our country.

Forced Maternity Among Girls Younger than 15 Years Old

According to the National Institute of Statistics and Census (INEC), in the last five years 1,500 to 2,000 Ecuadorian girls younger than 14 years old have become mothers. In more than 80% of the cases it is as a result of rape by perpetrators close to them.

It is evident that the effects of rape and pregnancy on the health of these girls is devastating. The physical, mental and social harm is reflected in the loss of their identity as girls and young adolescents when they become mothers as a result of this violation of their basic rights; these rights include the right to live with dignity, which is comprised of experiences, dreams and life projects that are ultimately reduced to forced maternities. This is in addition to the complications they face in their physical health as a result of high risk pregnancies and premature delivery.

The violence that these girls face does not end with their pregnancies, some of them become pregnant again, are unable to study, and live in a social limbo which is hard to escape considering their circumstances. This perpetuates the cycle of poverty and violence for them and their children.

Child Marriage

The official data from the Civil Registry indicates that between 2009 and 2014 there were 6,740 reported marriages of girls between the ages of 12 and 17; in comparison, there were only 1,089 marriages of adolescent men under the age of 18. This data demonstrates that the majority of registered child marriages occurred between girls and adult men older than 18.

These child marriages also cause an unequal power relation that stops adolescents and girls from being children and relegates them to assuming the roles of wives and mothers, limiting their life projects and imposing traditional roles.

In addition, these types of early marriages in which the woman is in a vulnerable situation due to the age difference are spaces in which gender violence is often perpetrated.

Obstetric Violence

According to data from the National Survey of Health and Nutrition (ENSANUT 2012), the national rate of caesarean sections in public and private health institutions is at 41%. This rate is higher in urban areas like Guayaquil which holds the highest national rate at 74%.¹ The first study on obstetric violence in the country revealed that 57% of patients did not have the option of a vaginal delivery because they had previously delivered via c-section. Additionally, in almost half of all cases (49%) they routinely separated newborns from their mothers just 5 minutes after birth. The study also found that in 17% of births, representing 12 out of the 13 health zones in the study, the medical staff practiced the Kristeller maneuver on the woman even though it has been banned because it was deemed too dangerous. Finally, 35% of new mothers were not offered help with breastfeeding after giving birth.²

Even though it is scientifically proven that skin-to-skin contact within the first two hours after birth is very important for breastfeeding, the ENSANUT found that in 2013 this was the case in only 54.6% of the births in Ecuador. In 14% of the cases, breastfeeding was initiated only after at least 24hrs of separation between mother and child. Furthermore, the study found that 52.4% of babies were being exclusively breastfed, this rate dropped to 48% by the 2nd and 3rd month, and further declined to a mere 34.7% of babies being exclusively breastfed by the 4th and 5th months.

This data clearly illustrates a failure to implement the numerous norms and recommendations from the World Health Organization (WHO) and the Ecuadorian Ministry of Public Health (MSP), which are meant to protect the wellbeing and rights of mothers and their newborns.

Sexual Violence Against Girls and Adolescents

¹ Ortiz-Prado, E., Acosta Castillo, T., Olmedo-López, M., Armijos, L., Ramírez, D., & Iturralde, A. L. (2017). Cesarean section rates in Ecuador: a 13-year comparative analysis between public and private health systems. *Pan American Journal of Public Health, 41*, 1–17.

² *Experiencias de mujeres atendidas en los servicios de salud pública del MSP, del Distrito Metropolitano de Quito, durante su embarazo, parto y postparto (2016-2017)*, Universidad de las Américas y El Parto es Nuestro-Ecuador.

The National Survey of Family Relations and Gender Violence against Women, run by the Transition Commission and the National Institute of Statistics and Census (2011)³, shows the magnitude of women who have experienced gender violence in Ecuador, finding that six out of every ten women and girls ages 15-64 have been victims of violence at some point in their lives; this means that 3,260,340 women and girls have been victims of violence.⁴ In addition, the data also shows that a quarter of women in Ecuador have been victims of sexual violence, and 25.7% of them were assaulted before they were 18 years old.

According to data gathered by the Attorney General's Office, six out of every ten victims of violence are children and adolescents, 80% of which are female victims; this allows us to conclude that girls and adolescents under 14 years old can be considered as the primary victims of sexual violence in the Ecuador. Available data on those responsible for sexual violence shows that this occurs mainly in the family, educational and close environment. However, the reality is that the vast majority of these cases are not reported.

One consequence of sexual violence is forced pregnancy (Londoño, 2000), which is defined as any pregnancy that the woman considers dangerous to her health, her life and her integrity (Chiarotti et al., 1997). Several studies have found that around 10-15% of women who were raped become pregnant. This data becomes even more alarming when you compare pregnancy rates in children under fifteen years old and the high rates of sexual violence faced by this age group. It is possible to conclude that the vast majority of pregnancies at these ages are the result of rape, and sadly, many of these are violations where the perpetrator goes unpunished.

Sexual Violence in Educational Institutions

In 2014 there were 271 reports of sexual assaults registered in educational institutions in Ecuador. In 2013, 85% of the 634 reports of sexual violence against girls and adolescents were related to rape (Agencia de Noticias de Ecuador and Suramérica ANDES, 2014). In 2013, less than 6% of these sexual assault reports were prosecuted (United Nations, 2015) due to the widespread silence and tolerance surrounding these cases.

Lack of Access to Justice

The Ecuadorian Criminal Code does not protect girls and adolescent women in a timely manner and often causes the revictimization of sexual violence victims. There is no special and expedited process for sexual violence crimes as established in Article 81 of the Constitution, nor judges who are specialized experts.

According to information gathered by the Attorney General's Office, the number of convictions handed down versus the number of complaints received in all crimes related to sexual violence against women, girls and adolescents is negligible. From August (2014) to March (2015), just 6 of 1,727 reports of sexual abuse have received a legal sentence. There were only 3 convictions out of 693 allegations of sexual harassment and 38 sentences out of 2,861 rape complaints filed.⁵

³ http://www.humanas.org.ec/pdf/Violencia_de_Genero_Ecuador_encuesta_nacional.pdf

⁴ National Secretariat for Planning and Development (SENPLADES) Atlas of inequality, 2013 <http://issuu.com/publisenplades/docs/atlasfinal1web>.

⁵ <http://www.fiscalia.gob.ec/index.php/sala-de-prensa/3733-la-investigaci%C3%B3n-penal-de-los-delitos-de-violencia-de-g%C3%A9nero-se-fortalece.html>

As for the impunity of sexual violence, according to data from the State Attorney General's Office, only 1% of the allegations of sexual violence receive a sentence (Public Prosecutor's Office No. 39, year 2016, page 9).

To report sexual violence involves cumbersome processes where children and adolescents are revictimized, blamed and stigmatized. There is still lack of effective training and due diligence by law enforcement officials regarding the implementation of international and national standards in the prosecution of sexual crimes against boys, girls and adolescents.

Access to Sexual Health and Reproductive Health

Adolescents have many barriers to accessing comprehensive sexual and reproductive health.

In Ecuador there are no comprehensive sexual health education programs as part of public policy, instead, education programs often teach affection and sexuality with a traditional family focus which are based on highly conservative and unscientific concepts. With their ultimate focus on traditional family values, these programs tend to decrease reporting of abuse like domestic violence and sexual violence.⁶ This lack of comprehensive educational programs restricts the access to the information and counseling that adolescents need in order to make decisions about their lives; the impact is evident in the high rates of adolescent pregnancy and child pregnancy, high rates of unwanted pregnancies in adolescents, lack of access to contraceptives, and lack of reporting of sexual violence.

According to the latest survey on sexual and reproductive health (ENSANUT Volume II, 2012), 20% of women between the ages of 15 and 24 have not received information about puberty, 17.2% have not received information about their reproductive systems, 6.8% did not receive information about menstruation, 13.9% did not receive information about sexual relations, 15.3% do not have references on contraceptive methods, 13.7% did not receive information on HIV and STDs, and 47% have not received information on emergency contraception.

In a case study conducted in 2016 by the organization SURKUNA on the access of adolescents to sexual and reproductive health services, the main barriers to access included a lack of spaces for adolescents, lack of personnel trained to provide them with information and counseling, lack of information in sexual and reproductive health, lack of clarity about their right to consent to certain procedures, and lack of confidentiality in the consultations.⁷ These barriers dissuade adolescents and young people from seeking health services, which causes them to be the group with the lowest attendance to morbidity prevention consultations in the country.⁸

⁶http://www.presidencia.gob.ec/wp-content/uploads/downloads/2015/09/k_proyecto_plan_familia_2015.pdf
https://www.google.com.ec/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKewjWgar_yfjPAhVC0WMKHXQoBCAQFggxMAM&url=http%3A%2F%2Fsaludyderechos.fundaciondonu.org%2Fwp-content%2Fuploads%2F2015%2F06%2FDOCUMENTO-COMPLETO-JUNIO-7.doc&usq=AFQjCNG1rLI2W5BR3aPDI6BFTCFJma54Qw

⁷ Nuestros Derechos, nuestras voces <http://surkuna.org/sitio/publicaciones-propias/>

⁸ *En Ecuador en el año 2011, aproximadamente 1.250.000 adolescentes de entre 10 y 14 años y 1.000.000 de adolescentes de 15 a 19 años buscaron servicios de salud por diversos tipos de morbilidad; siendo el grupo de adolescentes de entre 15 y 19 años el grupo que asistió a menos consultas por morbilidad en el país (MSP, 2011).*

Access to Contraceptive Methods.

Although there are regulations which dictate that there shouldn't be barriers to contraceptive access by adolescents, adolescents continue to experience serious barriers.⁹

These types of barriers even affect the surveys carried out by the State on sexual and reproductive health. For example, they do not consider it important to collect information on the use and knowledge of contraceptives by unmarried adolescents, ignoring the reality that in Ecuador approximately 50% of women become sexually active before marriage and without being married (Freire WB, 2013). This means that the data generated can hardly be represent the existing gap between knowledge about and access to contraceptives. We would also like to point out that adolescents, including boys and girls 10 years of age and older, lost the possibility of attending adolescent-specific services (SADAS), since these services were eliminated in under the previous government; among the programs eliminated was a telephone line called "Serious Talk, Sexuality without Mysteries", that provided adolescents with information and birth control consultations.

Adolescent Pregnancy

Ecuador is one of Latin American countries with highest rate of adolescent pregnancies. In the country there are 3,645,167 women who are mothers, 122,301 of these are adolescents (INEC, 2010).

According to the Population and Housing Census (2010), Ecuador has an 18.10% adolescent pregnancy rate.

Of the total number of adolescent women in the country, 17.5% of women between 15 and 19 years old, and 0.6% of adolescents between 12 and 14 years old are mothers; this makes them more vulnerable to the intergenerational cycle of poverty, possible family instability, school dropout, early entry into the labor market, as well as e health complications (INEC, 2010). Of adolescents younger than 15 years of age, with at least one child, 11.1% reported having two children, and in the 15-19 age group the percentage with two or more children increases to 16.2% (Leyva Flores, Serván-Mori & Quintino, 2013).

In addition, in Ecuador there is a direct relationship between adolescent pregnancy, access to education, and poverty. Pregnancy in adolescence is more common in poor youths who have had less formal education and who live in rural areas (WHO 2014).

Abortion

In Ecuador in 2014, 228 girls aged 10 to 14 years and 2,857 adolescents aged 15 19 years, were hospitalized for an abortion; this means that they make-up approximately 10% of women who are hospitalized for abortions. This data shows that due to their economic condition and the vulnerability of their young age, how adolescents, due to their economic conditions and age vulnerability, adolescents are the age group that is under the most risk when choosing to interrupt a pregnancy in a restrictive environment like the one we have in Ecuador.

Abortion in Ecuador is legal in two cases: to prevent a danger to the health or the life of the pregnant women, and in cases of rape of a women with mental disabilities. This legal restriction affects all women in general, and specially girls whose pregnancies are mainly caused by rape.

⁹ Acuerdo 2049 del Ministerio de Salud Pública

