



NACIONAL STUDY “EARLY UNIONS, PREGNANCIES AND VIOLATION OF RIGHTS OF ADOLESCENTS”

EXECUTIVE SUMMARY



FLACSO
GUATEMALA



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EXECUTIVE SUMMARY

The study of early unions, pregnancies and violation of rights in female adolescents who attend public health centers was conducted by FLACSO-Guatemala as a result of the interest of the UNFPA (United Nations' Population Fund) in coordination with the Ministry of Public Health and Social Assistance (MSPAS), with financial support of the Ford Foundation.

FLACSO – Guatemala was chosen as an academic partner to develop, in 2015, a quantitative and qualitative study aimed at understanding the causes, manifestations, and consequences of unions and pregnancies in teens who attended first and second level health centers during 2012; emphasizing the infringement of the exercise of their basic human rights: education, health, freedom from coercion, discrimination and/or violence among others. The study seeks to provide input to public policy and existing programs aimed towards health care, education, protection, and justice for teens; and to develop proposals in the prevention of early unions and teen pregnancy.

Despite the high incidence and correlation between pregnancies and unions, few studies have explored the issue. A balance of the studies conducted in Guatemala, leads to conclude that they have been exploratory and have sought to obtain the perceptions of different experts on the topic. Therefore, the need for a descriptive and explanatory study with information from the teens who face early unions and pregnancy became evident; the study needed to be approached with respect and promotion of human rights, specially sexual and reproductive rights, with an ecological point of view, and gender perspective; based on intersectional analysis, seeking to emphasize the infringement of rights of teenage girls who face union and pregnancy. It's important to underline that this is a pioneer study, as it deals with the issue from the voices of the women themselves.

presentation of the problem

Teenage unions are understood as all unions among minors (18 years of age or less), which include both formal unions (marriage), and informal unions (common-law). Based on the findings of this study, it was important to conceptually discuss how we call them, since most of the unions are identified as "early" or "childish", minimizing the underlying power relations that evidence the unions as "forced". Any union before the age of 18 has significant impact on the individual development of teens, and their contribution on the development of the country; therefore, it's important to understand the demographic, social and economic profile - family, community and cultural risk factors that impact the early onset of sexual relations. According to UNFPA data, 1 out of 3 women in third world countries, has a high probability of being united of married before turning 18. It is

celia ovalle

SERIES: LUNAR TIDE

"... I paint about motherhood as a choice and as the consequence of a decision... It's the opposite of what happens in the case of teenage girls."

*Visual artist, writer, and art scholar.
Guatemala.*



¹ Previous studies: "Child Marriage and Forced Unions in Teens in Guatemala" (UNICEF, CIRMA, and Embassy of Sweden, 2011), and "Early Unions in Central America and Mexico" (Population Council-Mexico, 2012).

² In Guatemala, according to Decree number 27-2012, Article 2 of the Children and Youth Protection Law, an adolescent is a person between 13 and 18 years of age.

estimated that 95% of births by teenage mothers in the world occur in third world countries and that 9 of 10 of these births are the result of a union. 19% of teens in developing countries become pregnant before their 18th birthday; and, of the 7.3 million births by teenage mothers, 2 million are by girls 15 years old or younger.

The legislation valid in Guatemala when the study was conducted, established that the legal age for marriage was 18; minors could only marry with parental consent – women from the age of 14 and men at 16. In addition, under the law, the crime of rape is committed when sexual intercourse occurs with someone under the age of 14. Nevertheless, a high percentage of women in the country report having started their sex life before turning 14, in relationships with unknown characteristics.

objectives

To characterize the magnitude, profile, causes and consequences of early unions and pregnancies in teens who attended first and second level health centers.

Specific objectives:

- 1) To determine the multidimensional factors that impact the complexity of unions and teenage pregnancy.
- 2) To identify the types of unions, in order to understand the conditions and situations faced by the adolescents.
- 3) To analyze the effects of unions and pregnancies in reference to the exercise of their human rights and their transgression.
- 4) To provide input to public policy and existing programs aimed towards health care, education, protection, and justice for teens; and to develop proposals in the prevention of early unions and teen pregnancy.

entry point

For this study, the gateway to unions was teen pregnancy. This decision was made based on the difficulty to directly approach unions, since they are often hidden and, therefore, unregistered. According to the National Survey on Maternal and Child Health 2008-2009 (ENSMI), there is a high correlation between union and pregnancy. In Guatemala, 88.1% of women who live in union before the age of 18, also had their first child before that age. Therefore, this study sought to approach the topic of unions by monitoring pregnant teens served at first and second level health centers. The year 2012 was taken as reference because the study wished to explore the violation of rights post pregnancy. It's worth noting that some of the women had already become of age at the time the study was conducted. Based on the existing records in Guatemala, we chose to use the prenatal control logs of the Ministry of Public Health and Social Assistance (MSPAS), because they capture much of the population subject to this investigation.

According to the National Survey on Maternal and Child Health 2008-2009 (ENSMI) of women aged 15 to 19 who received prenatal care: 81.6% received it in the public sector, 34.9% from a midwife, 19.5% in the private sector, 18.2% at home, 3.1% with Social Security (IGSS), and 1.5% received it elsewhere.

Considering that the study does not cover the entire population, we can identify the following limits:

- a) Not all teenagers living in union in 2012 were pregnant, so they did not seek prenatal care.
- b) Pregnant teens may not receive prenatal care, and those who receive it may do so in a wide variety of places (social security, private insurance, non-governmental organizations, private clinics and midwives). For this study, only health centers supported by the Ministry of Public Health and Social Assistance (MSPAS) were considered.

³ Studies by UNFPA: "Maternity during childhood. Facing the challenge of teenage pregnancy. The state of the world's population" (2013) and "Marrying Too Young: End child marriage" (2012).

⁴ It's worth mentioning that on Thursday, November 5, 2015 the Congress in Guatemala approved as an emergency, Decree 8-2015 which modifies the Civil Law that elevates the minimum age to be married from 14 to 18 for women; and from 16 to 18 for men. In the approved normative, it is stated that only a judge, under exceptional circumstances, and with well-founded reasons, can authorize the marriage of minors, but only if they are over 16 years of age and after hearing the teenage boy/girl. De facto unions were forbidden.

⁵ Civil Law (Decree 106) and Law against sexual violence, exploitation and human trafficking (Decree 09-2009).

methodology

The study was conducted with a mixed methodology, combining quantitative and qualitative elements. The sampling frame was developed based on the updated log of health centers from the Ministry of Public Health and Social Service (MSPAS), using administrative information that included the main features of the health centers. These characteristics were used to define the strata of the survey, which were used to distribute the total number of centers of the sample. To ensure accuracy, a sample of 600 teens was selected, spread out proportionally among the 8 regions of the country, and surveying 10 women for each health center selected; the sample consisted of a total of 60 health centers. A list of adolescents who were under the age of 18 in the year 2012 and who received prenatal control during the year was made for each health center; these were the eligible candidates for the study. The surveyed subjects were selected at random from the list. The surveys were conducted during home visits with previous consent.

QUANTITATIVE STRATEGY:

The pilot instrument was created and validated and then, a national survey was conducted during June and July 2015. Out of the 600 planned surveys, 596 were completed.

QUALITATIVE STRATEGY:

Based on the results the survey, paradigmatic cases were located and 11 semi-structured interviews were conducted during August and September 2015. These interviews were essential in reconstructing the life experience of 11 girls in order to document their pregnancy and/or union.

subject profile

The study included 596 women who attended prenatal control at any of the 60 health facilities selected, which are distributed in the 8 regions of the country. Of the women surveyed: 74.1 live in rural areas and 25.9% live in urban areas, 48.7% define themselves as indigenous and 47.7% as ladino. Women surveyed range in age from 15 to 22 years, the majority between 18 and 20 years. About their marital status, most women live in union (53.9%) or are married (27.7%). Regarding their educational level, 8.7% of women surveyed did not have formal education, while 38.2% did not complete primary, 29.2% completed primary school, 11.0% did not complete middle school, 7.8% completed middle school, 2.9% graduated high school, 2.0% did not complete high school, 0.1% has had higher education (university), 0.2% does not know/ would not respond. 78.1% of women surveyed indicated that they belong to a religious community, 21% do not, and 0.5% did not respond. Of the 100% who indicated practicing a religion, 40.6% are Catholic and 42.5% are Evangelical/Protestant.

findings

From the comprehensive and complex vision allowed by the ecological model, along with the approach from rights, the gender perspective, and based on the intersectional analysis, it is possible to identify some determining factors that affect the complexity of pregnancies and unions in teens at various levels : national, community , school / peers , family, and individual.

- *Pregnancy – union connection: Why did this happen to me?... I wasn't planning on becoming a mother.* (19 year old Achi woman, pregnant at 16. Baja Verapaz, rural area)

- The average age of the first sexual encounter of the women surveyed is 15 years old. The average age of the man with whom she had sexual intercourse is 22 years old. The age difference, in average, is of 7 years.
- The average age of the first pregnancy, both in ladinas and indigenous women, is 16 years old.
- 9 out of 10 women indicated they had been married or lived in union at least once, even if only for a short period of time. This datum confirms the high correlation between unions and pregnancy in adolescents.



- Access to comprehensive sexual education: *Since sometimes one does not know things* (18 year old ladina, pregnant at 15, separated. Escuintla, rural area)

- Of all the teens who participated in the study, 43.53% indicated having received information on how to prevent pregnancies, while 56.47% indicated they hadn't. Some differences become evident when separating the women according to their ethnic group: 54.7% of ladina teens say they have received information on pregnancy prevention, and 67.8% of indigenous teens say they haven't.
- 61.30% of adolescents has used some form of birth control, while 38.70% have not used any. A difference is found again when breaking down the subjects by ethnicity: 54% of indigenous adolescents have never used any method for birth control, compared to 79% of ladinas who have used at least one method.
- More than 60% did not use any protection and got pregnant. 9 out of 10 women surveyed, both indigenous and ladinas, indicate that they did not use any method of protection during their first sexual encounter.
- 56% did receive information on methods of birth control. The source of the information is mainly health centers (68.9%), followed by schools, public and private, (23.8%).

- Masculine hegemony *That man (60 year old rancher)...was really into her (14 year-old daughter of employee)* (Mother of 17 year-old ladina, pregnant at 14. Jutiapa, rural area)

- The study found 5 cases of pregnant 12 year-old girls. The partners' ages range from 15 to 19 years-old (49%), 25 to 29 years-old (23.2%) and 40 to 50 years-old (27.9%). This means that 51% of men who get 12 year-old girls pregnant, double or triple their age. At the same time, this confirms a crime because Guatemalan law states that having sexual intercourse with a child under 14 years of age constitutes rape.

violation of human rights

INTERRUPTED EDUCATION

9 out of 10 women surveyed dropped out of school because of the pregnancy.



- Economic situation, cultural practices and social beliefs: *if you pay her to me as a "gringa", you can have her* (mother of a 17 year old ladina, pregnant at 14. Jutiapa, rural area. Referring to the joke made by the teen's father when his employer showed interest in his daughter).

- 50.77% of ladinas and 40.51% of indigenous women agree with statements like: "A wife obeys her husband even if she doesn't agree with him".

The exchange of girls and teens for money, linked to certain ethnic-cultural practices, was not manifested in the survey or interviews. Key informants and interviewees in the east and west regions evidenced the existence of a network of power based relationships linked to economic conditions and transferred by the hierarchical gender system, where the pact between men crosses social class.

Only 20% of teens, both indigenous and ladinas, indicated they wanted to be mothers. If this statement is analyzed within the context of "should be/duty" assigned to women, we can interpret that there is a high probability that teens seek to fulfill their assigned destiny of becoming "mothers-wives".

UNPROTECTED HEALTH

52.8% has been pregnant once, 38.4% has been pregnant twice, 7.5% has had 3 pregnancies, and 1.4% has been pregnant four times.

CHILD CARE AND PRECARIOUS EMPLOYMENT

68.7% of the women surveyed indicated that they have to take care of their children. 8 out of 10 don't work outside the household.



CONTINUUM OF VIOLENCE

8.3% have experienced intra-family violence, which increased to 10.7% when she got married or started living in common-law. 7% of teenage ladinas and 10.9% of indigenous teens has experienced sexual violence.

child marriage of forced marriage

THE BODY. EXPROPRIATED AND RESTRICTED TERRITORY

The possibilities of not using a method of birth control are higher in indigenous women (55.04%), compared to ladinas (21.02%). Men exclusively decide if women can use birth control, this is the case for 27.2% of married women, 17% of single women, and 12.5% of women living in common-law unions.

LIMITED SOCIO-POLITICAL PARTICIPATION

Nine out of ten women surveyed do not have any participation in their community, mainly because they must care for their sons and daughters.



Child marriage, also called early marriage, is any marriage in which at least one of the parties is less than 18 years-old. The vast majority of child marriages, both legal and common-law, have a negative impact on girls; although, sometimes, the spouses are also minors. Child marriage is considered a form of forced marriage, since it does not include full, free and informed consent of one or both parties.

Naciones Unidas CEDAW/C/GC/31/CRC/C/GC/18.
Recomendación general núm. 31 del Comité para la Eliminación de la Discriminación contra la Mujer y observación general núm. 18 del Comité de los Derechos del Niño sobre las prácticas nocivas, adoptadas de manera conjunta.

PREDOMINANT TYPES OF UNIONS. ACCORDING TO THIS STUDY

This study allows us to corroborate the high correlation between marriage and teenage unions. Of the women surveyed in the study, all of them women who were underage and pregnant, 91.89% responded to having been married or in a common-law relationship at least once. More than half the population that had a pregnancy before turning 18 reports their current marital status as common-law union (53.91%), followed by marriage (27.74%). Most women surveyed expressed having had a single union (89.74%); in this case the union by mutual or common-law constitutes the main form of union among adolescents (57.5%). This type of union is not legally recognized among minors, which places women in a vulnerable situation at the time of a separation.

70.44% was the wife or partner of the father of their child when she became pregnant. Usually, in the first union, men are older than women; men are on average 5 years older than their partners. The average age of first union is 15 years for women and 20 years for men; this situation increases the vulnerability of women because they face pregnancy and marriage while they are still minors, in contrast to men, who are already adults. Most women surveyed (64.6%) reported having lived with the parents of their partner during their first union.

I think one should think about it carefully before getting married... Not everything is rosy. One never knows what she's getting into. I asked almost nothing because I was afraid. It would help to talk more about these things.

21 year-old Q'eqchi' woman, pregnant and married at age 17, now separated. Alta Verapaz, urban area.

...there are no opportunities for us. There are no jobs or study opportunities, there's no psychological support when these things happen to us.

19 year-old ladina, pregnant and living in union at age 15 years, currently separated. Guatemala, urban area.

SOME FACTS ABOUT EARLY UNIONS, MARRIAGES AND PREGNANCIES IN GUATEMALA

According to data from the Ministry of Education – MINEDUC (2015), 80.5% of girls and teens are enrolled in primary school, but this number decreases to 44.5% for middle school and 24.6% for high school.

The National Statistics Institute (INE), in its Vital Statistics of 2014, states that 79,496 marriages were registered nationwide. Of those, 21,295 were of girls and adolescents under 20 years old (close to 30%), and 857 were of girls less than 15. They also have record of 8,639 marriages of boys and teens of less than 20 years, 11% of the total marriages registered.

34,970 girls and teens under 18 gave birth in 2014. 78% of these were less than 15 years old. 78% of these teens were legally single, many of them living in union.

According to the Survey of Maternal and Child Health (ENSMI) 2014-2015, 1 in every 5 teens under the age of 17, was pregnant or had already had a child during the school year. Even though the percentage of teen pregnancy has decreased since the last measurement in 2008-2009, at least 67 thousand girls and adolescents will become mothers or will be pregnant in the year 2016.

The same survey recognizes that 60% of the sexually active women between 15 and 19 years-old, didn't use any form of birth control during 2014-2015, while the average among women 15-49 years is lower (39.4%), which puts them at high risk for unplanned pregnancies that forces them to begin an early union or marriage.

The Survey of Maternal and Child Health (ENSMI) also recognizes that 22% of sexually active 15 to 19 year old women, wanted to avoid in the years 2014-2015, but did not have the methods and/or resources (unmet demand).

proposals for intervention

NATIONWIDE

- To generate proper conditions to implement, monitor and strengthen the Healthy Maternity Act, especially in regards to teen health and education. The National Plan for Prevention of Pregnancy in Teens and Youth (PLANEA) 2013-2017 and National Youth Policy 2012-2020 as means to address the structural, social, cultural and economic factors that constitute the causes and consequences faced by teens in situations of pregnancy and unions.
- To provide continuity to the Integral Education Strategy in Sexuality and Prevention of Violence to guarantee its practice in classrooms nationwide and at different educational levels.
- To develop and train justice providers, particularly judges, about the reality of pregnant teens, so that their interventions are prompt, relevant, and fair; from an intersectional and human rights perspective.
- To promote training with the National Association of Municipalities and the Law Society, to disseminate the content of the reforms to the Civil Code recently approved in the 8-2015 decree.
- To create specific campaigns in different languages, to disclose the changes in the Civil Code in relation to raising the marriage age, according to the 8-2015 decree.
- To create public awareness campaigns to change the myths about female teens, and others targeting men, aimed at eradicating chauvinistic behavior.
- To implement programs from the Ministry of Social Development (MIDES) that promote the transformation of the economic situation of families that live in poverty and extreme poverty.
- To socialize the evidence with key actors and actresses within the government and civil society: National Youth Council, National Education Council, youth and human rights organizations, educational associations, etc.
- To publicize the study among those responsible for public policy and the National Urban and Rural Development Council in order to consider this problem based on the evidence, strategies and budget needed to generate sustainable change.
- To promote inter-agency processes through the gender and indigenous peoples units of the different government agencies to work with public officials on the gender/ethnic perspectives, and ecologic and human rights approach.
- To strategically invest in the education of girls and teenagers and their remaining in school to seize the demographic bonus.
- To design and implement social programs that support pregnant teens, and of public and community service for childcare, which is more complex in rural and urban-marginal areas.

COMMUNITY

- To create development and information processes about early unions and child marriage for authority figures in the community: judges, municipalities, secondary municipalities, COCODES, COMUDES, municipal commissions, amongst others with cultural relevance.
- To work with mothers, fathers, teens and community media about the problem.
- To train health center personnel, particularly because the study showed that teens get their information from them.
- To guarantee universal access to information and birth control methods, promoting reproductive health services.
- To implement non-formal practices of fundamental sexual education to guarantee that it reaches the population that does not attend school.

SCHOOL AND PEERS

- To implement comprehensive and integral sexual education at the different school levels, including teacher training, production of support materials (teaching tools), and communicating effectively with parents.
- To apply a pedagogical approach to the law in order to socialize the legal frame of the children and youth protection act in all schools, public and private.
- To implement programs to keep girls and female teens from dropping out of school through scholarships and grants, especially in middle school and high school.
- To generate purposeful educational processes with gender, ethnic and social equality as an axis, as established in the National Base Curricula (CNB); and to promote learning opportunities for boys and male teens to address and reflect upon hegemonic manliness and the violation of rights it implies, sexual violence and its different expressions in power relations based in gender.
- To address the problem through education for parents, and student councils.
- To share successful experiences in education, both formal and informal, where these issues have been discussed.
- To use creative and engaging education to transform community myths about the value of teenage girls through theater, dance, radio and others.

FAMILY

- To instruct families in the topic of child and youth rights.
- To deal with the problem with organized groups of families, considering and acting based on the expectations pre-assigned to adolescents because of their gender, the low value given to education for girls, the differentiated upbringing between boys and girls, the ascribed roles given to boys and male teens; to impact the uneven gender relations.
- To promote opportunities for intergenerational dialogue between women about their rights.
- To encourage alternative masculine models as allies to gender equality.

INDIVIDUALS

- To implement clearly intentioned programs that encourage girls and female adolescents to have a life project and develop their potential and autonomy, beyond living solely to fulfill a role as a wife and mother.



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