

Lima, May 17, 2019

**Special Rapporteur on Violence against Women, Its Causes and Consequences**

Dear Sir/Madam:

In view of the request for contributions of the Special Rapporteurship on Violence against Women, Its Causes and Consequences, Center for the Promotion and Defense of Sexual and Reproductive Rights (PROMSEX), a feminist non-governmental organization seeking to contribute to the validity of the integrity and dignity of people on the access to sexual and reproductive health, justice and human security, provides relevant and updated information regarding the mistreatment and violence against women during childbirth care.

Pregnancy in women can end up in childbirth or abortion, and both situations lead women to health facilities in search of health care. During this care, women can be subjected to various adverse situations that have now been renamed and identified as obstetric violence<sup>1</sup>. In a broader understanding, this manifestation of violence encompasses the processes of pregnancy, childbirth and puerperium health care, as well as health care for women in situations of abortion. Obstetric violence in Peru has remained invisible for a long time, not being recognized by health systems, health care professionals, nor even women themselves.

Thus, this contribution will address the violence that women suffer in the health care facilities, both when the pregnancy ends in childbirth, as well as when it ends in abortion, with special emphasis on: a) forced and unwanted pregnancy in girls and adolescents; b) inadequate implementation of the Therapeutic Abortion Protocol and its limitations to protect the health of girls and women; c) the criminalization of women due to abortion: obligation to report on the part of health care services; and d) obstetric violence in pre-natal care, childbirth and puerperium.

**a) Forced and Unwanted Pregnancy in Girls and Adolescents**

A forced pregnancy is the cruelest and most evident manifestation of the denial of women's right to choose. It subjects the victims of rape to ill-treatment, humiliation, moral reproach from society, and produces consequences, sometimes irreversible, to their physical and emotional health.

According to the **Ministry of Health**, approximately 8 births are reported every day in 15-year-old adolescents<sup>2</sup>. For their part, the **Ministry of Women Affairs and Vulnerable Populations**, reported in 2018, at the national level, that 12.6% of women between the ages of 15 and 19 are already mothers or are pregnant for the first time<sup>3</sup>. **The Women's Emergency Center (CEM)**, registered, from January to December of 2018, 8063 victims between the ages of 0-17<sup>4</sup>, and from January to March 2019, 2165 victims<sup>5</sup>. On the other hand, 13 out of every 100 adolescents between the ages of 15 and 19 are mothers or are pregnant for the time first; 71% of those pregnancies were unwanted<sup>6</sup>. The Ministry of Women Affairs and Vulnerable Populations reports that 34% of girls and adolescents, between the ages of 10 and 19, victims of rape became pregnant<sup>7</sup>. Similarly, the Ministry of Health (MINSa) reported that, from 2012 to January 2018, "the Comprehensive Health Insurance (SIS) covered health care expenses of more than 150 thousand pregnant girls and adolescents, between

<sup>1</sup> It implies "the appropriation of the body and the reproductive processes of women by health personnel; it is expressed in the dehumanized treatment, abuse of medicalization, and pathologization of the natural processes, involving the loss of autonomy and ability to decide freely on their bodies and sexuality, impacting negatively on the quality of life of women."

<sup>2</sup> PROMSEX. Brochure: Niñas, no MADRES [Girls, NOT MOTHERS]. Comprehensive Health Insurance (SIS) 2018: Press release, February 1, 2018. General Office of Institutional Image and Transparency

<sup>3</sup> Presentation on the Progress of PNAIA 2021 before the Congress of the Republic, May 3, 2019.

<sup>4</sup> Ministry of Women Affairs, Women's Emergency Center, report from January to December 2018.

<sup>5</sup> Ministry of Women Affairs, Women's Emergency Center, report from January to March 2019. Most of the victims are in the age range of 26-35 years, 9153 victims.

<sup>6</sup> Roundtable for the Fight Against Poverty. Embarazo en adolescentes y niñas en el Perú [Pregnancy in girls and adolescents in Peru]. Alert No. 1-2018 - Combined monitoring by the State and Civil Society, p. 4. INEI, ENDES 2017.

<sup>7</sup> United Nations Population Fund, AECID and others (2009). Data sheet, 3. Violence against women and adolescents.

the ages of 9 and 17, which means that, every day, the Comprehensive Health Insurance financed the childbirth of 68 to 70 girls and adolescents<sup>8</sup>.”

Notwithstanding the impact on their lives and health, they had to continue with an unwanted pregnancy and become mothers, which adversely affects their life projects, because according to the **Ministry of Education** (2015) 8 out of every 10 pregnant girls and adolescents drop out of school<sup>9</sup>.

This situation is exacerbated when it comes to indigenous youth, according to **the Regional Survey: Indigenous Youth and Sexual Education - 2018**, rural youth (aymaras, kakataibos, quechuas, and asháninkas) have twice the risk of becoming pregnant, compared to those living in urban areas. “More than 40% state that they never asked for information regarding their sexual health at a health center due to the lack of discretion of health personnel, more than 15% stated that they were required to be accompanied by an adult. 56% of young boys and girls said they know a pregnant adolescent, 10.06% of the total noted that said pregnancy is the result of rape<sup>10</sup>.”

### **Maternal Mortality in Adolescents: Deaths during Pregnancy, Childbirth or Puerperium**

According to the Ministry of Health (MINSa), between 2014 and 2017, the average amount of maternal deaths of girls under the age of 19 years was 13.8% of the total of cases; being the girls between the ages of 10 and 14 four times more likely to die during childbirth than an adult woman<sup>11</sup>. Likewise, it reported during the year 2018, 362 cases of maternal death at the national level, of which 49 were girls and adolescents under the age of 19<sup>12</sup>.

For their part, *Informe Perú: Situación Social de las Madres Adolescentes 2007* [Peru Report: The Social Situation of Adolescent Mothers 2007], developed by the National Institute of Statistics and Computer Science (INEI), indicates that early motherhood is a risk factor that affects the health of adolescents, and abortion is among the top five causes of death among women between the ages of 15 and 19, and there is a rising trend of suicides in pregnant adolescents<sup>13</sup>.

Maternal mortality shows significant geographical differences within the national territory. The rate of maternal deaths is four times higher in regions like the highlands and the rainforest than in the coast<sup>14</sup>. According to the **General Directorate of Epidemiology of the Ministry of Health**, the differences in the causes of maternal deaths also occur within the territorial scope, where obstetric hemorrhage causes more than 50% of deaths in rural areas, while it represents less than 20% in urban areas. Likewise, abortion causes 14.8% of maternal deaths in urban areas, and only 5.8% in rural areas<sup>15</sup>.

For the year 2018, the causes of maternal death in girls under the age of 19 years were 44.7% direct causes and 46.4% indirect causes. For girls and adolescents, the main indirect cause of death is self-inflicted injuries/poisoning (10%), suicide is no longer shown as a cause of death at age 20 and older<sup>16</sup>.

<sup>8</sup> Press release from the Ministry of Health, The SIS treated more than 150 thousand pregnant minors at the national level, February 1, 2018.

<sup>9</sup> PROMSEX. Brochure: Niñas, NO MADRES [Girls, NOT MOTHERS]. Source: Ministry of Education. EDUCATOS No. 20 School drop-out rate in pregnant adolescents in Peru, 2015.

<sup>10</sup> Regional Survey on Indigenous Youth and Sexual Education 2018. Conducted by Asociación Chirapaq in Ayacucho, Junín, Puno and Ucayali.

<sup>11</sup> Response of the Ministry of Health to our request for public information, through Letter No. 08-2017-SIS/OGIIT, 2016 Comprehensive Health System Database.

<sup>12</sup> Response of the Ministry of Health to our request for public information through Official Communication No. 761-2019, dated April 14, 2019, p. 4.

<sup>13</sup> INEI. Perú: Situación Social de las Madres Adolescentes, 2007 [Peru: The Social Situation of Adolescent Mothers 2007]. Lima: INEI, 2010.

<sup>14</sup> Historias para no olvidar: La violencia como factor asociado a la muerte materna de adolescentes [Stories to never forget: Violence as a factor associated with the maternal death of adolescents], qualitative study 2012-2014, September 2015, page 21.

<sup>15</sup> General Directorate of Epidemiology: Maternal death in Peru 2001-2011: Lima MINSa-UNFPA, 2013.

<sup>16</sup> National Center for Epidemiology, Prevention and Control of Diseases - Ministry of Health (MINSa). Maternal death by causes in the 20-34 age group, Peru, 2018.

The investigation *Historias para no olvidar: la violencia como factor asociado a la muerte materna de adolescentes* [Stories to never forget: Violence as a factor associated with the maternal death of adolescents] presented 10 cases of adolescents who died due to complications related to pregnancy<sup>17</sup>, and identified the causes associated with maternal mortality; among them: the delay in going to public health care services, and the barriers that adolescents had to face in order to find health care services that would treat them. In this chain of events, the lack of decision-making by adolescents is evident; where many of the acts that prevented their timely care seem to be mostly associated with violence, which makes you think of the delay more as some kind of “punishment.” In addition, the delay in receiving timely care is related to the services not being available because of non-compliance with the established opening hours, due to health personnel strikes, who also have to take on multiple duties, affecting the assistance element; untrained personnel taking on responsibilities they should not have; negligence, and non-compliance with protocols, which in some cases could have saved the life of adolescents if health care had been provided in an adequate and timely manner.

Likewise, this study shows that pregnancy in this group involved not only escaping from the control of the authority, but also severing their links, which were extremely fragile. In most cases, there is evidence that these adolescents received multiple punishments, such as: social rejection, isolation, physical and psychological violence, and, ultimately, refusal to provide assistance, which ultimately had fatal consequences for them. One of the reasons is related to censorship regarding sexual activities. In some cases, this plays a disastrous role in the confidence of the adolescents going to public health care services, which, generally, do not address their needs. These situations affect adolescents’ right to life and to make their own decisions, and constitute an act of institutional violence.

After monitoring 91 health facilities with differentiated services for the comprehensive health care of adolescents, the Office of the Ombudsperson found that only 63.7% (58) has a training plan regarding sexual and reproductive health of adolescents, while 36.3% (33) do not have it; likewise, only 33% (30) of them have information available on the steps adolescents have to follow in order to access the service.

In terms of compliance with the indicators of maternal health care in facilities that provide obstetric and neonatal care, it was found that, of the five first-rate health care centers, three did not comply with 90% of the quality standards, according to the Obstetric and Neonatal Competences (FON) during the years 2013 and 2014. Six of the thirteen hospitals monitored did not comply with more than 90% of quality standards, according to the FON; only two hospitals at the regional level complied with this percentage<sup>18</sup>. In addition, it stressed about the problem of documentation, some users do not have a National Identity Card (DNI); thus, they have difficulty to access the Comprehensive Health Insurance, and this results in their lack of health care in health facilities.

- Leslie was a 16-year-old adolescent from San Alejandro, Irazola, Padre Abad, Department of Ucayali, who died due to a multi-organ failure caused by eclampsia. According to the record file, she exhibited hypertension during her pre-natal controls, which rise in each control, and it was a full-term pregnancy; consequently, the handling of her case should have been different, considering even the possibility of transferring the patient to end the

<sup>17</sup> Among the findings of this research: regarding the adolescents who died, four were 15 years old or less, and six were between the ages of 16 and 18 when they died; with regard to the causes of death, in three cases their deaths were related to abortion, and two to indirect causes, one by suicide and one during the postpartum period; regarding pre-natal care, only four of them had any kind of pre-natal care; two of the deaths occurred in the first trimester, one in the second, three in the third, and two during the postpartum period.

<sup>18</sup> Office of the Ombudsperson, Report No. 001-2017-DP/ADM. [Derecho a la salud Materna, seguimiento de las recomendaciones defensoriales a establecimientos de Salud en Arequipa, Junín, Lima, Piura y Puno.](#) [Right to Maternal Health: Follow-up of the recommendations of the Office of the Ombudsperson to health care facilities in Arequipa, Junín, Lima, Piura and Puno], December 2016, p. 45 and 46.

pregnancy<sup>19</sup>. The failure on the part of the Health System lies in not identifying the complications in order to make a decision in a timely manner.

- On March 5, 2019, Hospital Regional de Ica reported that a 13-year-old girl, identified with the acronym M.F.A.M., was admitted to the hospital with a diagnosis of Post Cesarean Woman with Neurological Coma, and she died 10 days after she was admitted to the Pediatric Intensive Care Unit. M.F.A.M. was referred to Hospital San Juan de Dios de Pisco, where they performed on her a c-section due to her advanced state of pregnancy<sup>20</sup>. It is noted that M.F.A.M. did not receive timely care and/or treatment for her medical complication.
- On December 04, 2016, an 11-year-old girl of initials K.M.CH.N. died in Hospital Las Mercedes in Lambayeque. The girl was 5 months pregnant as a result of rape, and was referred to Hospital Las Mercedes de Chiclayo because of an infection, after undergoing an unsafe abortion in the private clinic Clínica Privada Belén<sup>21</sup>. It is evident that this was not a first-rate health care facility with health care professionals able to provide a comprehensive care for the child, guaranteeing the identification, diagnosis, stabilization and timely management of health complications.

#### **b) Inadequate Implementation of the Therapeutic Abortion Protocol and Its Limitations to Protect the Health of Girls and Women**

The Ministry of Health (MINSA) reported about the number of women who have had a voluntary termination of pregnancy by therapeutic indication, between July 2014 and 2016, registering 153 in 2014, 453 in 2015, and 311 in 2016<sup>22</sup>. However, the Ministry of Health informed us that they don't have data for the year 2017 and 2018, "those data are in the process of validation (...) and there is no registry of requests for the realization of a voluntary termination of pregnancy by therapeutic indication because the Information System only registers treatments and not requests"<sup>23</sup> and "there are few specific reports regarding the processes of Therapeutic Abortion because that procedure is not registered in the International Classification of Diseases ICD.10(...) and the National Maternal Perinatal Institute (INMP) is one of the few institutions that report on therapeutic abortions<sup>24</sup>." Regarding this matter, the INMP reported 89 cases of therapeutic abortion treated in 2018, and 27 cases in 2017<sup>25</sup>.

On June 27, 2014, the Peruvian State adopted the "National Technical Guide for the standardization of the procedure of comprehensive care of pregnant women in the voluntary termination of pregnancy by therapeutic indication<sup>26</sup>." However, in practice, this guide offers several identified barriers to guarantee its implementation. Among them:

<sup>19</sup> Historias para no olvidar: La violencia como factor asociado a la muerte materna de adolescentes [Stories to never forget: Violence as a factor associated with the maternal death of adolescents], qualitative study 2012-2014, September 2015, page 70.

<sup>20</sup> El Comercio, [niña de 13 años embarazada fallece en Ica por cesárea](#) [13-year-old girl dies in Ica after a c-section].

<sup>21</sup> La República, [cierran clínica donde habría atendido niña que murió tras aborto](#) [Clinic that treated the child who died after an abortion was closed].

<sup>22</sup> Ministry of Health, number of women who have had a voluntary termination of pregnancy by therapeutic indication, divided by months, and departments (territorial subdivision), from July 2014 to 2016.

<sup>23</sup> Response of the Ministry of Health to our request for public information No. 027-2018, dated February 9, 2018, through Official Communication No. 649-2018-DGIESP-MINSA, dated March 12, 2018.

<sup>24</sup> Response of the Ministry of Health, number of women who have had a voluntary termination of pregnancy by therapeutic indication, divided by age groups, through Memorandum No. 173-2019, page 2. In addition, it noted that in the regions of Junín and Tacna, no case was reported, and in the region of Huancavelica, only one case was reported.

<sup>25</sup> Ibidem

<sup>26</sup> [Guía de Interrupción Voluntaria Embarazo](#) [Guide of Voluntary Termination of Pregnancy].

- a) Including a gestational limit of 22 weeks, even when Article No. 119 of the Criminal Code does not specify this time limit<sup>27</sup>. According to information from the Ministry of Health itself, 33% of maternal deaths are due to indirect causes; that is, because of the presence or worsening of diseases not related to pregnancy; in this regard, these are deaths that could have been prevented with access to a therapeutic abortion.
- b) The implementation of this Guide is made under a restrictive interpretation of therapeutic abortion, since it does not pay attention to the potential serious impacts on the health of women. On the one hand, it is a guide lacking a childhood approach, and, in the practice, there is no guarantee on the availability of therapeutic abortion for girls victims of rape whose pregnancies endanger their lives, and mental, physical and social health, forcing them to continue with forced pregnancies and motherhoods<sup>28</sup>.
- c) Additionally, associated with a restrictive interpretation, there are those women who are pregnant and have a diagnosis of fetal malformations, and they are subjected to harmful practices in their pre-natal care controls, many of those cases are obstetric violence.

This restrictive interpretation of the right of adolescents to protect their health and their lives through a therapeutic abortion is sustained to a great extent by the coexistence of the therapeutic abortion as legal, and the general regulation on the criminalization of abortion in Peru, where self-abortion, abortion on the grounds of rape and for “eugenic” reasons are still considered crimes<sup>29</sup>.

Two cases depict this critical situation in which the impact on the comprehensive health was not assessed, including the mental health of girls who were victims of raped by family members and, as a result, became pregnant, and could not access health services to prevent or interrupt a pregnancy. These are some cases:

- **The girl J.N.L.J.** (11-years-old). In the health facility of her community, it was detected that she had a high-risk 21-weeks pregnancy, which is why she was transferred to a hospital for a better health care. Her mother requested a therapeutic abortion, which was denied without further explanation. In this case, they applied a restrictive interpretation of the therapeutic abortion, and did not assessed the mental and physical risks of a pregnancy in an 11-year-old girl.

During her time hospitalized, the girl was subjected to cruel, inhuman and degrading treatment or punishment, with the purpose of obstructing and interfering with the request for abortion submitted by her mother. The girl was placed with adult pregnant women, and was approached by a religious sister who gave her a series of pamphlets with terrifying images and information that do not conform to the scientific reality of the process of termination of pregnancy, sowing fear, terror and guilt in the girl. She did not die, but she was forced to continue with her pregnancy and to assume an unwanted motherhood<sup>30</sup>.

<sup>27</sup> Universal Periodic Review (UPR), [Desafíos en materia de igualdad y no discriminación para mujeres y personas LGBT en Perú](#) [Challenges in the matter of equality and non-discrimination of women and LGBT persons in Peru], PROMSEX, 2016. It must be noted that the National Maternal Perinatal Institute of the Ministry of Health issued Directorial Resolution No. 155-2018-DG-INMP/MINSA, dated July 2, 2018, whereby it decides to adopt the “Guide on Obstetrics and Perinatology Clinical Practice and Procedures” of the National Maternal Perinatal Institute. This document establishes as a medical practice the non-standardization of the Technical Guide to 22 weeks; however, this is only applicable in the Maternal Perinatal Institute of Lima and not at the national level.

<sup>28</sup> Many of the cases have remained in impunity, despite the fact that the Committee on the Elimination of Discrimination against Women (CEDAW) established the responsibility of the Peruvian State in the violation of the rights of L.C. for denying a therapeutic abortion to the girl L.C. One of several recommendations of the CEDAW Committee to the State was the review of the legislation to eradicate the criminalization of abortion on the grounds of rape, a recommendation that has not yet been implemented by the State.

<sup>29</sup> The Peruvian Criminal Code defines in [Article 114.- Self-abortion](#). The woman who causes her abortion, or allows someone else to practice it, shall be repressed with imprisonment for not more than two years or with community service for 52 to 104 work periods. Likewise, article 120.- Sentimental and eugenic abortion. The abortion shall be repressed with imprisonment for not more than three months: 1. When pregnancy is the result of rape outside marriage or non-consented artificial insemination and occurred outside of marriage, whenever the facts have been reported or investigated, at least by the police; or 2. When it is probable that the developing baby will be born with a severe physical or mental impairment, provided that there is a medical diagnosis.

<sup>30</sup> Our institution filed a complaint with the Ombudsman's Office in Madre de Dios against Hospital Santa Rosa of Puerto Maldonado, on May 17, 2018.

- **The girl N.G.R.H (13-years-old).** On January 30 and March 7, 2019, the girl went to Hospital Nacional Edgardo Rebagliati of EsSalud, due to complications in her pregnancy. The doctors did not inform about the risks of her pregnancy to the adolescent, nor about the possibility of getting an evaluation by a Medical Board, which, by therapeutic indication, would recommend the termination of the pregnancy. According to the Office of the Ombudsperson, the facts show that the mother was not satisfied with the health care received by her daughter and went to the Maternity of Lima to request a second technical opinion. The Office of the Ombudsperson intervened due to the violation of the right to health of N.G.R.H<sup>31</sup>.

In this regard, health care services are behaving as agents of secondary victimization, by not providing proper health care treatment to adolescents who become pregnant as a result of rape, and by not measuring the impact to the victims at the psychological, social and economic levels.

The ongoing challenge is to eradicate from their practices the perceptions about being a woman and motherhood, perceptions based on gender stereotypes that reinforce violence systems, and that make their professional practice not based on evidence nor in women's human rights<sup>32</sup>.

On the other hand, the same barriers are observed in pregnancy cases of fetal malformations incompatible with life<sup>33</sup>, related to the absence of an assessment of the damage to the mental health of women. In this regard, a research study was conducted, "Fetal malformations incompatible with life"<sup>34</sup>, describing the experiences of 10 interviewed women An(19), S(37), N(32), G(41), K(22), P(39), A(32), Ge(26), M(32), Na(35), who also experienced obstetric violence during their treatment<sup>35</sup>. As shown by the testimonies, it is evident that not all of the services of the same hospital share nor implement their action protocols in the same manner. This is because the considerations for the application or not of the therapeutic abortion are subjected to the discretion of the treating physician. Throughout this study, the stories of the interviewed women give an account of the different manifestations of violence experienced in their passage through the health care service, and the high impact of behavior patterns, medical practices and the organization of the services at the hospital in the welfare and quality of life of these women; such as delays in the diagnosis, scant empathetic treatment, neglect and value judgments, lack of information or lack of the delivery of accurate and timely information, lack of specialized health care and of health care protocols, and refusal of and/or delays in their right to access a therapeutic abortion.

This study gives an account of the characteristics associated with obstetric violence experienced by the interviewed women; among them we have the following:

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<sup>31</sup> Diario El Correo, [el drama de la niña tantas veces ultrajada](#) [The drama of the girl who was raped many times].

<sup>32</sup> [Promsex. L.C. vs. Perú Memoria del litigio. La disputa jurídica por el derecho al acceso al aborto legal de las niñas víctimas de violación sexual](#) [L.C. vs. Peru Memory of the Litigation. The legal dispute for the right of girls victims of rape to access legal abortion], November 2018. Article by Rossina Guerrero. L.C. vs. Peru: salud mental y aborto terapéutico [L.C. vs. Peru: Mental health and therapeutic abortion].

<sup>33</sup> It should be noted that, in 2001, K.L., a 17-year-old girl, was forced to give birth and breastfeed an anencephalic fetus who survived four days. In spite of having requested a therapeutic abortion, the director of Hospital Nacional Arzobispo Loayza was opposed to it. The Human Rights Commission found the Peruvian State responsible for having denied to the adolescent girl KL a therapeutic abortion, forcing her to continue the pregnancy of an anencephalic fetus, even if this situation would pose a serious risk to her physical and mental health. This case demonstrates that the restrictive interpretation of the National Technical Guide affects, severely and permanently, not only the physical health, but also the mental health of women, such as in the case of K.L.

<sup>34</sup> Promsex and Flora Tristán, Relato de Mujeres: Experiencias de embarazos con malformaciones incompatibles con la vida [Women stories: Experiences in pregnancies with fetal malformations incompatible with life], March 2019. Research study conducted by the NGOs Promsex and Flora Tristán. For the study, 10 women who had pregnancies with fetal malformations incompatible with life during the last year were interviewed. The interviews took place between December 15, 2017 and January 15, 2018.

<sup>35</sup> Forms of obstetric violence include: Lack of information or of the delivery of accurate information, misinformation about the prognosis of the pregnancy, the probability of birth and/or survival rates, refusal to and/or delays in their rights to access a therapeutic abortion, exposure to common spaces with other pregnant women and/or their newborns

a) **Scant empathetic treatment, neglect and value judgments**, the lack of empathy with the women interviewed seems to be a constant throughout the process, from the first diagnosis until the end of the treatment, an example of this is the testimony of Ana (19 years old) *"The doctor was very (...) cold, because I was alone and she told me: Your baby is not going to live. I froze, and she had to check my pulse and I didn't want to"*<sup>36</sup>;

b) **Lack of sincerity in the information**, the information regarding the diagnosis is often unclear, unspecific, and in several cases, it is even contradictory and plays with the expectations of women. An example of this is the testimony of Pia (39 years old) *"When I was hospitalized, one day before I was discharged, the doctor told me: 'Well, tomorrow you're leaving because nothing happened, why would I keep you here (...)'"*<sup>37</sup>, this lack of clarity and *per se* information is a problem because it generates uncertainty about the facts and causes a greater impact of obstetric violence on the mental health of women<sup>38</sup>, another example of this is the testimony of Nelly (32 years old) who indicated *"it has a big head, they only said that, and stop eating flour," "They never gave me an explanation, only one doctor told me to eat fruits without washing them first, food without washing it first, but they never gave me an explanation"*<sup>39</sup>. At the same time, the women interviewed claim that the interactions with health providers were revictimization experiences and situations of violence against women;

c) **Creation of explanations from misinformation and guilt**, the lack of adequate information provided by health care professionals led women to come up with their own possible explanations about what happened with their pregnancies<sup>40</sup>, and some question their lives, such as in the case of Sandra (37 years old) *"It might be that in my youth I provoked several abortions (...) that's why I couldn't have children and ... as punishment from God, I thought, right? Maybe that's why something went wrong. Because we go to gatherings, we drink alcohol, with my husband, with friends, I thought that that might be it,"* for her part, Gina (41 years old) commented *"(...) I think that maybe God is giving me an opportunity to think or God punished me for something I did... I can't find the right answer"*<sup>41</sup>

If we add to this the lack of specialized health care in health facilities, women are confronted with situations of pain after having found a possibility of relief in the interruption of their pregnancies. This violence is presented in forms such as the delay of health care, during the procedure, or by making them sharing the same care and recovering spaces as other women and newborns<sup>42</sup>, according to the testimony of Norma (35 years old) *"(...) seeing so many pregnant moms, having to be with them on a daily basis, looking at the babies. It's a little painful knowing that you're pregnant but you're not going to have the baby in your arms, seeing all the moms with their babies (...)"*<sup>43</sup>. These situations are recurrent, despise representing cruel, inhuman and degrading treatment.

In this regard, it is important to reflect that a pregnancy with a fetal malformation poses a risk to the health of women, risks that unfortunately most health care professionals only inform if they are physical. There is no doubt that the greatest impact reported in women is related to their mental health, not only because the pregnancy brings the expectations of gestation and a "healthy" newborn, expectations shattered by the malformation, but also due to the obstetric violence exerted in the hospital, which generated a greater and unnecessary pain<sup>44</sup>. It is unfortunate that the risk to the mental health of women (especially girls and adolescents) is not valued in its real impact and magnitude. This is something that must be modified, since it is based on a limited and, therefore, wrong, interpretation of the right to health<sup>45</sup>. An example of this is the testimony of Gloria, *"after the*

<sup>36</sup> Ibidem. p. 32.

<sup>37</sup> Ibidem. p. 33.

<sup>38</sup> Ibidem. p. 35.

<sup>39</sup> Ibidem

<sup>40</sup> Ibidem. p. 37.

<sup>41</sup> Ibidem. p. 39.

<sup>42</sup> Ibidem. p. 43.

<sup>43</sup> Ibidem. p. 44.

<sup>44</sup> Ibidem. p. 57.

<sup>45</sup> Ibidem.

*pregnancy (...) they sent me to psychiatry, not to psychology, and I felt that I was crazy, I asked why... everyone thought that I was crazy*<sup>46</sup>.” The experience of a pregnancy with fetal malformations incompatible with life constitutes an event hard to overcome. Apart from affecting the lives of women in the future, it also affects their reproductive projection<sup>47</sup>. Consequently, the lack of mental health of women (especially girls and adolescents) can have very serious consequences during and especially after the pregnancy.

### **c) Criminalization of Women due to Abortion: Obligation to Report on the Part of Health Care Services**

Abortion in Peru is permitted when the life or health of women is at risk, however, in the cases of congenital malformations and rape, it is criminalized<sup>48</sup>; while the criminal sanction is considered “symbolic,” it still stigmatizes and confines women to illegality, and to resort to clandestine abortions that imply serious risks to their life and health.

The criminalization of abortion damages the rights of women (especially of adolescents), as well as the right to the free development of their personality, and their physical and moral integrity. Forcing women to continue with a pregnancy is a discriminatory measure, more still, there is no other circumstance in the life of individuals that allows such a significant imposition.

Treating abortion as a crime has turned health providers into persecutors of the crime, in consideration of article 30 of the General Health Law, which imposes on them the obligation of reporting women with signs of “criminal abortion<sup>49</sup>”, instead of treating obstetric emergencies that may result in the death of women. That is, medical personnel are obliged to report to the authorities if a woman shows evidence of having had a clandestine abortion. This obligation to report is not used for protecting public or private health, nor does it agree with the professional secret in an environment of confidence and intimacy; nor does it guarantee justice for patients in public action crimes; nor does it protect their health, but rather, its purpose is to persecute them criminally.

The legal regulations in force are contradictory and ambiguous, as they protect, on one side professional secrecy (contained in Art. 2.18 of the Peruvian Political Constitution), while leaving open the possibility of its violation by express mandate of the judicial authority (Art 44 and 138 of the Constitution)<sup>50</sup>, and it is contradictory to what was established by the I/A Court in the case of De La Cruz Flores vs. Peru, “the information that doctors obtain in the exercise of their profession is protected by professional secret, and condemns the obligation among doctors of reporting the criminal conducts of their patients<sup>51</sup>”.

The situation in Peru is serious because the confidentiality duty affects even the treatment of women due to an obstetric emergency related to post abortion care. An example of this, in September 2017, there was a report of a poster in the emergency area of Hospital II de Abancay in Apurímac, which stated the following, “Every patient diagnosed with an incomplete abortion has to be reported to the police officer on duty (PNP),” signed by the Head of the Gynecology and Obstetrics of Essalud. This decision is a matter of concern, since MINSA personnel act as persecutors of the crime, instead of attending the obstetric emergencies that may result in death. An incomplete abortion constitutes an obstetric emergency that may lead to maternal mortality, in accordance with the Guidelines on the Clinical Practice for the Treatment of Obstetric Emergencies. In this regard, MINSA informed that,

<sup>46</sup> Ibidem. p. 53.

<sup>47</sup> Ibidem. p. 54.

<sup>48</sup> Ibidem.

<sup>49</sup> General Health Law, Law No. 26842. Article 30, “The doctor who provides health care to a person injured by a knife, gunshot, traffic accident, or because of other type of violence that constitutes a crime prosecutable ex officio, or when there are signs of criminal abortion, is obliged to report the matter to the appropriate authority.”

<sup>50</sup> There is a series of regulations related to the professional secrecy and the overlaying obligations that interfere with its. Art. 165 CP; Art. 165, subsection b) of the New Criminal Procedure Code; Art. 14, numeral 1 of the Code of Criminal Procedures. On the other hand, it allows the infringement of the professional secret, among them, we have: Art. 326 of the New Criminal Procedure Code; Art. 15 and 30 of the General Health Act.

<sup>51</sup> Loayza Tamayo, Carolina, Sandoval, Ysabel. El derecho de las médicas y los médicos al Secreto Profesional en la Jurisprudencia de la CorteIDH [The Right of Doctors to Professional Secrecy in the Jurisprudence of the I/A Court]. Page 50.



during the period of 2014 to 2016, 86 women died because of an abortion not treated in a timely manner, 6 of them were girls and adolescents<sup>52</sup>.

Besides, the provisions in article 30 of the General Health Law are a measure that attempts against the prevention of maternal mortality; since the threat for women, who go to public health services being reported by the personnel that treats them becomes a barrier to access health services without discrimination. Criminalization of abortion imposing to doctors the obligation of reporting, ends up being a legal tool used erroneously to generate a double barrier. On the one hand, it discourages women, girls and adolescents to access medical services for the practice of abortion or obstetric complications during pregnancy and, on the other hand, it prevents doctors from treating women, girls and adolescents for fear of being apprehended for participating in a forbidden and criminalized practice<sup>53</sup>.

According to the Judiciary, during 2017 and 2018, 231 women over 18 years of age were processed for the alleged crime of abortion<sup>54</sup>. Likewise, there are only 73 convictions recorded for the crime of abortion and its different modes, at the national level<sup>55</sup>; thus, it is assumed that the rest of the women are still facing criminal proceedings in their different stages.

Hereafter, cases of women criminalized for abortion:

- The case of Camila (14 years old), this girl was victim of rape, on several occasions, by her father, and the result was that she became pregnant. She was taken to the hospital for having “abdominal pain similar to menstruation pain”, after 11 hours of being admitted, she was diagnosed with incomplete abortion.

This case has a series of irregularities that constitute a violation of the rights of Camila by health care personnel. It has been reported that the obstetrician of Centro de Salud de Huanipaca, who started the pre-natal care control of Camila, frightened and coerced her to continue attending pre-natal controls; in spite of the fact that Camila and her mother had clearly communicated their decision of not continuing with such controls. In this circumstance, the obstetrician ordered police personnel to go to Camila’s domicile to urge them to attend the pre-natal controls. This made Camila feel unnecessarily and unjustifiably distressed, and that the decision of not continuing with her pregnancy was something reproachful, and even required some kind of police intervention, and exposed her to the inhabitants of the place where she lived. It must be noted that the voluntary interruption by therapeutic indication requested by Camila’s mother was not processed according to the terms established in the National Technical Guide, and did not receive any formal response even until now, more than a year and a half since the event<sup>56</sup>.

To this must be added the criminalization of the abortion. The Second Civil and Family District Attorney Office of Abancay (Fiscal Docket No. 06-2018-MP-2dab FPCF-Abancay) attributed to Camila the alleged infraction to the criminal law against life, body and health in the form of self-abortion and, alternatively, sentimental abortion. At the hearing conducted on August 16, 2018, the Second Family Court of Abancay (Docket No. 490-2018) declared Camila responsible for the infraction against the criminal law against life, body and health in the form of sentimental abortion, and ordered protection measures. Such order has been appealed by our institution, and we have not received any answer up to this date. The Mixed Court of Abancay still has to issue the conviction. See the hospital and professional secret.

<sup>52</sup> Response of the Ministry of Health to the request for public information by PROMSEX, No. 151-2016: File No. 16-051635-001.

<sup>53</sup> Latin American Consortium against Unsafe Abortion (CLACAI), October 2018, p. 15. Source: O’Neil Institute for National and Global Health Law & IPAS (2016). Delatando a las mujeres: el deber de cada prestador/a de servicios de denunciar [Reporting women: The duty to report of each service provider].

<sup>54</sup> Official Communication No. 323-2019-SG-GG-PJ, from the General Management of the Judiciary. Request to access public information regarding reports for the crime of abortion and their state, report on the number of processes submitted in the year 2017 and 2018, dated March 21, 2019.

<sup>55</sup> Official Communication No. 323-2019-SG-GG-PJ, from the General Management of the Judiciary. Request to access public information regarding reports for the crime of abortion and their state, report on the number of processes with conviction in the year 2017 and 2018, dated March 21, 2019.

<sup>56</sup> Final Claim Report: Case of L.S.V. (now Camila) against IPRESS Hospital Regional Guillermo Diaz de la Vega, March 12, 2019.

- The case of E.M.P (17 years old). On October 27, 2016, E.M.P was convicted as author of the violation of the criminal law against life, body and health - abortion; this decision has been appealed. By means of Resolution No. 4, dated June 14, 2017, the Second Specialized Family Court decided to annul the appealed conviction, reforming it and granting the referral of the process to E.M.P, who was immediately and conclusively excluded from the process, which was deemed extinguished, annulling any generated precedent. In this case, the doctor who attended E.M.P as who informed the State Attorney on duty of the Family District Attorney Office so as to initiate the investigations for the crime of retained abortion. It is evident that the medical personnel acted as prosecutor of the crime instead of safekeeping the health of E.M.P<sup>57</sup>.

An incomplete abortion constitutes an obstetric emergency that may lead to maternal mortality, in accordance with the Guidelines on Clinical Practice for the Treatment of Obstetric Emergencies. In this regard, MINSA informed that, during the period of 2014 to 2016, 86 women died because of an abortion not treated in a timely manner, 6 of them were girls and adolescents<sup>58</sup>.

In the country, discrimination against women still exist, and this is confirmed by the regulation that perpetuates gender stereotypes<sup>59</sup>, which means that the country is at the top of the rankings of physical and sexual violence against women, adolescents and girls<sup>60</sup>. A particular form of discrimination for women is known as obstetric violence<sup>61</sup>, which has particularly violent manifestations in the case of pregnant women during childbirth<sup>62</sup>.

#### d) Obstetric Violence against Women in Pre-Natal Care, Childbirth and Puerperium

Obstetric violence is a type of gender-based violence and violation of the human rights of women, girls and adolescents, not only of sexual and reproductive nature, but it also involves the rights to health, to not be discriminated, and to not receive cruel, inhuman or degrading treatment.

This form of violence has been made invisible in Peru; however, it has been included in the National Plan against Gender Violence (PNCVG) 2016-2021<sup>63</sup>, in the following terms: "Obstetric violence includes all acts of violence by health personnel in regard to reproductive processes, and it is expressed in a dehumanized treatment, abuse of medication, and pathologization of the natural processes, which impacts negatively in the quality of life of women<sup>64</sup>." The ongoing challenge lies in the implementation of special health care mechanisms for cases of obstetric violence.

<sup>57</sup> Fiscal Report dated July 11, 2015

<sup>58</sup> Response of the Ministry of Health to the request for public information by PROMSEX, No. 151-2016: File No. 16-051635-001

<sup>59</sup> Until 1984, women were obliged by law to obey their spouses and, until 1991, she could not report him for sexual rape, because such conduct would have been considered atypical. On the other hand, while women have ninety-eight (98) days of maternity leave, a man has only ten (10) days (which can be extended in case of exceptional circumstances).

<sup>60</sup> According to the Economic Commission for Latin America and the Caribbean (ECLAC) for the year 2016, [Peru is in the eight position in feminicides in the region](#).

<sup>61</sup> "[W]e could frame obstetric violence as another type of gender violence deeply entwined in the institutional practices of the health system. Obstetric violence as a product of the intersection of structural gender violence and institution violence in the health sector is a type of violation of sexual and reproductive rights that, so far, has only been slightly considered a problem or has been made invisible." GALIMBERTI, Diana. *Violencia obstétrica* [Obstetric violence]. Federación Argentina de Sociedades de Ginecología y Obstetricia, Buenos Aires, 2015, p. 5.

<sup>62</sup> The World Health Organization (WHO) has warned that, more and more frequently, the investigations on the experiences of women during childbirth reveal violent practices, which go from verbal ill-treatment to non-consented medical practices or authorized under coercion. WHO. ["Prevención y erradicación de la falta de respeto y el maltrato durante la atención del parto en centros de salud"](#) [Prevention and eradication of lack of respect and ill-treatment during childbirth care in health facilities].

<sup>63</sup> According to the report of the Office of the Ombudsperson for 2017 regarding the progress in the implementation of the PNCVG, 60% (15) of the regional governments assigned a budget for the activities framed in the PNCVG, but five of them assigned a budget lower than 1% (Source: Alert No. 1-2018 MCLCP)

<sup>64</sup> Ministry of Women Affairs and Vulnerable Populations. Supreme Decree No. 008-2016-MIMP that approves the ["National Plan against Gender Violence"](#) 2016 - 2021. Lima: 2016.

According to the report on the Right to Maternal Health elaborated by the Office of the Ombudsperson, an important aspect of obstetric violence is the ill-treatment experienced by pregnant women during their pre-natal, childbirth or puerperium care. In Peru, unlike other countries of South and Central America, we do not have a specific regulation to address this problem. It also shows that the most affected users are women who speak Quechua, which in some cases results in them not returning to the health service, specifically, when the ill-treatment takes place in the first pre-natal controls<sup>65</sup>.

The report exposes the urgent need to improve health care services to guarantee the right of women to safe and healthy motherhood. Among the five key measures, it underlined: a) to improve the information and training available for health personnel on the regulations aimed at guaranteeing a safe motherhood; b) to ensure the provision of equipment and supply of health care facilities, and their acceptability and adaptability; c) to implement a regulation to prevent and sanction obstetric violence; d) to strengthen the relevance of the interculturality of health services; e) to promote maternal waiting houses properly equipped and located close to the health facilities<sup>66</sup>.

Likewise, it emphasized the need to implement the evaluation of the detected obstetric violence situations (...) and to incorporate health care protocols to guarantee the respectful care of pregnant women<sup>67</sup>, and it recommended the Ministry of Health to implement a specific regulation to address the prevention and sanction of obstetric violence, in the cases of ill-treatment of users during pregnancy and childbirth, in particular of women who speak Quechua<sup>68</sup>.

The Office of the Ombudsperson reported that obstetric violence is one of the factors influencing maternal mortality rates, only in 2017 there were 377 cases<sup>69</sup>. Likewise, in the attached Report No 001-2017-DP/ADM "Right to Maternal Health" (2017), it was concluded that "the interviews report the ill-treatment of pregnant women during pregnancy and childbirth, violence that increases when the users speak Quechua, which, in some cases, causes pregnant women to not return to the health care service<sup>70</sup>.

Obstetric violence is aggravated because of the multiple discrimination experienced by indigenous women, who speak Quechua and live in poverty, as is the case of *Eulogia and her son Sergio vs. Peru*, dated April 4, 2014<sup>71</sup>, which Promsex has been litigating before the Inter-American System on Human Rights. Mrs. Eulogia, a Quechua-speaking woman from the peasant community of Layme in the region of Cuzco, visited a Public Health Center because of delivery symptoms. When she was giving birth in a vertical position (without any medical assistance), the nurse on duty asked her to get up; at that moment, the head of the newborn crashed violently against the cement floor, hitting his head and cutting the umbilical cord. As a consequence of the impact, the newborn exhibited cortical blindness due to brain injury, traumatic brain injury, among other injuries, for which he requires specialized care, which has not been provided to him. The internal process was exhausted

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<sup>65</sup> Office of the Ombudsperson, Report No. 001-2017-DP/ADM. [Derecho a la salud Materna, seguimiento de las recomendaciones defensoriales a establecimientos de Salud en Arequipa, Junín, Lima, Piura y Puno](#). [Right to Maternal Health: Follow-up of the recommendations of the Office of the Ombudsperson to health care facilities in Arequipa, Junín, Lima, Piura and Puno], December 2016, p. 152

<sup>66</sup> United Nations System in Peru, [Desafíos para asegurar la calidad en la atención de la salud materna](#) [Challenges to ensure quality maternal health care], February 3, 2017.

<sup>67</sup> Office of the Ombudsperson, Report No. 001-2017-DP/ADM. [Derecho a la salud Materna, seguimiento de las recomendaciones defensoriales a establecimientos de Salud en Arequipa, Junín, Lima, Piura y Puno](#). [Right to Maternal Health: Follow-up of the recommendations of the Office of the Ombudsperson to health care facilities in Arequipa, Junín, Lima, Piura and Puno], December 2016, p. 11

<sup>68</sup> Ibidem. p. 158

<sup>69</sup> Press Release from the Office of the Ombudsperson, [Propuesta de Defensoría del Pueblo para la implementación de una norma que prevenga la violencia obstétrica](#) [Proposal of the Office of the Ombudsperson for the implementation of regulation to prevent obstetric violence], received by MINSa on February 16, 2018.

<sup>70</sup> Derecho a la Salud Materna. Seguimiento de las recomendaciones defensoriales a establecimientos de salud en Arequipa, Junín, Lima, Piura y Puno. [Right to Maternal Health: Follow-up of the recommendations of the Office of the Ombudsperson to health care facilities in Arequipa, Junín, Lima, Piura and Puno]. Report No. 001-2017-DP/ADM, December 2016, p. 150.

<sup>71</sup> [Report No. 35/14. Petition 1334-09](#), dated April 4, 2014.

with the absolution of those who were responsible. Because of this, we opted to seek the IACHR, claiming that the State be made responsible for the violation of Art. 25 ACHR and Art. 10 HCHR. These identified manifestations of obstetric violence implied a dehumanizing effect that damaged severely her emotional, physical and social health, and undoubtedly vulnerated her fundamental rights.

On the other hand, in recent years and in recognition of such issue, the different bodies of the United Nations (Committees), which monitor the compliance of the international treaties signed by the Peruvian State, have given their opinion on sexual and reproductive health services in the country, with special emphasis on maternal health. They have issued several recommendations that have not been duly implemented, consequently, there are still situations of flagrant vulnerability of rights, which are described in the following chart:

Recommendations on sexual and reproductive health services / maternal health		
Committee	Identified issue	Recommendations
Committee on the Rights of the Child (CRC)	CRC/C/15/Add.120, February 22, 2000 <sup>72</sup> (p. 24) "The Committee is also concerned for the <i>high maternal mortality rate and the frequency of pregnancies in adolescence</i> , as well as for the <i>insufficient access of adolescents to educational services and advice in regards to reproductive health. (...)</i> "	"The Committee also recommends that efforts should made to create special counselling services for children, as well as health care and rehabilitation services for adolescents."
	CRC/C/PER/CO/3, March 14, 2006 <sup>73</sup> (p. 52). "The Committee is concerned for the <i>high rate of early pregnancies and by the number of adolescents who die for undergoing an abortion</i> . In addition, the <i>Committee is concerned by the lack of appropriate sexual and reproductive health services</i> , also due to the insufficient resources assigned to these sectors."	(p. 53) "The Committee recommends the State party that, taking into account the General Comment of the Committee on the health and development of adolescents in the context of the Convention (CRC/GC/2003/4), <b>to guarantee access to reproductive health services to all adolescents, and to conduct awareness campaigns to fully inform adolescents regarding their reproductive health rights</b> , and in particular on the prevention of sexually transmitted diseases and early pregnancies. Furthermore, State party should adopt all <b>possible measures to deal with the death of adolescent girls due to abortion</b> . [...].
Committee on Economic, Social and Cultural Rights 48th Session, April 30 to May 18, 2012.	<b>Concluding observations on the second to fourth periodic reports of Peru</b> <sup>74</sup> The Committee expresses its concern for the lack of sexual and reproductive health services.	(p. 21) Appeal to the Peruvian State to "intensify its efforts to guarantee accessibility and availability of sexual and reproductive health services, including assistance, institutional childbirth services and emergency contraception, particularly in rural areas."
Human Rights Committee (CCPR) 107th Session, March 11 to 28, 2013.	<b>Concluding observations on the fifth periodic report of Peru</b> <sup>75</sup> (p. 14) "The Committee, recalling its previous concluding observations (CCPR/CO/70/PER, paragraph 20), expresses its concern for the high percentage of maternal deaths related with abortion; <i>the fact that abortion on the grounds of rape or incest is still criminalized (...)</i> . The Committee is also concerned for the <i>high maternal mortality rates in rural areas and adolescent pregnancies</i> (Arts. 2, 3, 6, 17 and 26)."	The Committee recommends the State party: <b>c) To double its efforts to reduce adolescent pregnancies and maternal mortality</b> , especially in rural areas, and <b>to ensure that sexual and reproductive health services</b> , which include oral emergency contraception, <b>be accessible in all the regions of the country (...)</b> .

<sup>72</sup> Committee on the Rights of the Child, [CRC/C/15/Add.225](http://www.unhcr.org/refugees/crc/c/15/add.120), 35th Session

<sup>73</sup> Committee on the Rights of the Child, CRC/C/PER/CO/3 March 14, 2006. [Recommendations of the Committee on the Rights of the Child to the Peruvian State](#), p. 24

<sup>74</sup> Committee on Economic, Social and Cultural Rights. Final observations, approved by the Committee on the 48th Session (April 30 to May 18, 2012) [E/C.12/PER/CO/2-4](#), para. 21.

<sup>75</sup> Human Rights Committee. Concluding observations on the fifth periodic report of Peru, approved by the Committee in its 107th Session (March 11 to 28, 2013, April 29, 2013) [\(CCPR/C/PER/CO/5\)](#), para. 8.

<b>Committee for the Elimination of Discrimination against Women (CEDAW)</b>	<b>CEDAW/C/PER/CO/6, dated February 2, 2007<sup>76</sup>.</b> (p. 24) "The Committee observes with concern that illegal abortion is still one of the main causes of the high rates of maternal mortality, and that the restrictive interpretation by the State party of the therapeutic abortion, which is legal, may led to more women to resort to an illegal and unsafe abortion (...)."	(p. 25) "The Committee urges the State party to provide women access to quality services to handle the complications that may arise from unsafe abortions, in order to reduce the rates of maternal mortality in women." "The Committee urges the State party to review the restrictive interpretation of the therapeutic abortion, which is legal, and to place more emphasis on the prevention of adolescent pregnancies; likewise, to consider the review of the abortion law in relation to unwanted pregnancies aimed at removing the punitive provisions for women who undergo abortions, in line with General Recommendation 24 of the Committee on women and health, and the Beijing Declaration and Platform for Action (...)."
	<b>Concluding observations on the combined seventh and eighth periodic reports of Peru<sup>77</sup>.</b>	(p. 34) "To strengthen the efforts to guarantee the access to public health programs of indigenous women and women who live in poverty.  It also recommends to the State to assign enough human and financial resources to guarantee the provision of basic health services in all the national territory, particularly, in isolated indigenous communities.  The Committee encourages the State to reinforce the gender and interculturality approaches in the provision of health care services, among others, through proper training of health personnel."

Similarly, at the framework of the Second Universal Periodic Review (2012)<sup>78</sup>, Peru received 129 recommendations on the situation of human rights in the country, and some of them were related to safe motherhood. Among them, the following:

- To strengthen its efforts in the area of social, economic and cultural rights, and to assign a more important role to gender and interculturality in public policies, especially regarding education, health and justice.
- To eliminate effectively gender-based discrimination in the access to education and health care, particularly in rural areas and among indigenous communities.<sup>48</sup>
- To continue with the efforts to reduce maternal and infant mortality.<sup>49</sup>
- To safeguard women's access to health care and to improve reproductive health services.
- To guarantee the access of adolescents to sexual and reproductive health services.
- To adopt the strategic approach of the WHO to strengthen sexual and reproductive health policies and programs.
- To adopt and to implement a national protocol to ensure the equal access of women and girls to therapeutic abortion as one of the sexual and reproductive health services.
- To adopt the necessary measures to inform women and girls about their rights related to access to sexual and reproductive health services, including the possibility of abortion provided for by national legislation.

<sup>76</sup> [CEDAW/C/PER/CO/6](#), 37th Session held from January 15 to February 2, 2007.

<sup>77</sup> [CEDAW/C/PER/CO/7-8](#) dated July 24, 2014, para. 34.

<sup>78</sup> [Human Rights Council. Report of the Task Force on the Universal Periodic Review](#), December 27, 2012, para. 116.23, 116.31, 116.93, 116.94, 116.95, 116.96.

The information provided above demonstrates the violations of women's human rights, which is presented as institutional violence, and as dehumanized, discriminatory or humiliating treatment, either when the woman seeks for advice or needs health care, or during the process of an obstetric practice. Likewise, it also includes any conduct, action or omission performed by health personnel; such as the omission of information or lack of active transparency in the obligation to inform women (and/or their family members), in an understandable and appropriate manner by health personnel, in regard to the decisions made during childbirth.