

BOLIVIA COUNTRY SPOTLIGHT

In this Spotlight, the main focus is on adolescents pregnancies.

In Bolivia, the number of teenage pregnancies is on the rise. Over 240 new adolescent pregnancies² are being registered each day. According to ENDSA, between 2003 and 2008, the adolescent fertility rate has increased from 84 to 88 births per 1000 teen women. Approximately 70% of these pregnancies are not planned³ and are often a result of violence, sexual abuse, and other violations of girls' sexual and reproductive rights. Bolivian girls suffer the consequences of historic inequities between women and men in education and opportunities and a culture that tolerates sexual exploitation. In addition, there is limited access to comprehensive sex education and contraception. Seven out of 10 women in Bolivia experience violence in their homes.⁴ A total of 28.8% of adolescent girls, aged 15 to 19 years old, report having already suffered from physical violence, 4.9% from sexual violence and 40.3% from psychological violence.⁵ Comparing this data to violence against the overall female population reveals that adolescent girls suffer from more violence than women of other age groups.

Violence against women in Bolivia		
Type of violence	Violence against adolescent girls (15-19)	Overall violence against women
physical violence	28.8%	24.2%
sexual violence	4.9%	3.7%
psychological violence	40.3%	38.1%

Source: ENDSA 2008¹

A pregnant adolescent is subject to stigma and discrimination even when the pregnancy is due to sexual abuse. Girls may be kicked out of their homes or run away out of fear. They often abandon school or are discriminated and excluded from the educational system.

Girls on the street are exposed to many dangers, such as physical, psychological and sexual violence, exploitation, trafficking, lack of access to healthcare for them and their babies, drugs and STIs. Without an education and with a child to care for, most will be relegated to poorly remunerated and insecure work in the informal employment sector.⁶

ANALYSIS

Latin America and the Caribbean presents the region with the highest adolescent birth rates in comparison to the regional fertility rate. Even though the African continent has a higher fertility rate overall, adolescent birth rates are not higher than the fertility rates of the entire female population in the reproductive age.

While overall fertility rates in Bolivia are decreasing, the fertility rates among adolescents are increasing. Between 1994 and 2008 the teenage fertility rate decreased from 94 to 88 births per 1,000 women, but since 2003 the rate has increased again from 84 to 88 births per 1,000 women. This development presents a major setback, especially considering that the total fertility rate among women in the reproductive age has decreased by nearly 27% from 4.8 to 3.5 children per woman since 1994.⁷

¹ Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). Encuesta Nacional de Demografía y Salud 2008. *General Report*. Page 242. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

² Universia (8.09.2015). *El problema del embarazo adolescente en Bolivia*. Bolivia. Available at: <http://noticias.universia.com.bo/cultura/noticia/2015/09/08/1130931/problema-embarazo-adolescente-bolivia.html>

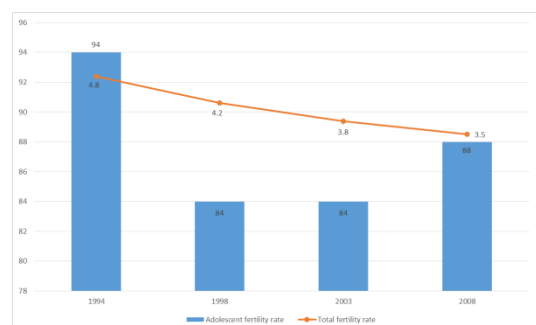
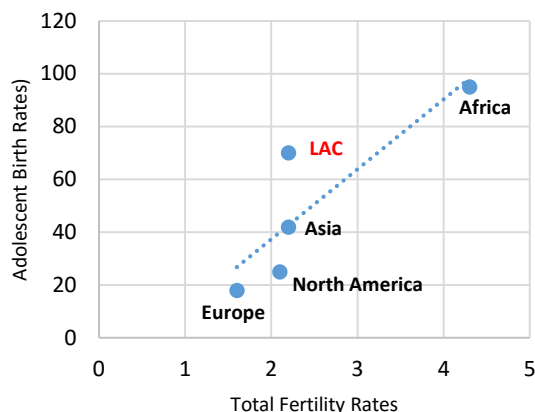
³ UNFPA Bolivia. El embarazo en adolescentes limita tu proyecto de vida. Bolivia. Retrieved on December 2015 at: <http://bolivia.unfpa.org/content/el-embarazo-en-adolescentes-limita-tu-proyecto-de-vida>

⁴ Aprende Bolivia (28.01.2013). *ONU Mujeres - Bolivia: Siete de cada 10 mujeres sufren violencia sexual y física*. Bolivia. Available at: <http://aprendebo.blogspot.com/2013/01/bolivia-siete-de-cada-10-mujeres-sufren.html>

⁵ Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). Encuesta Nacional de Demografía y Salud 2008. *General Report*. Page 242. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

⁶ La Razón (24.05.2015). *Rezago y abandono, principales efectos del embarazo adolescente*. La Paz –Bolivia. http://204.11.233.254/sociedad/Estudio-rezago-abandono-principales-embarazo-adolescente_0_2276172469.html

⁷ Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). Encuesta Nacional de Demografía y Salud 2008. *General Report*. Page 58. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>



Source: ENDSA, 2008⁹

Adolescents aged 10 to 19 years old comprise nearly one quarter (23%) of the Bolivian population and nearly half (49%) are girls.¹⁰ It has to be noted that a general problem regarding data collection exists for this group of adolescents. Most surveys only include teenage pregnancies and early motherhood in the age group 15-19 years old and adolescent girls in the age group 10 to 14 are not included most of the time.¹¹ This leads to misleading information as teenage pregnancies in the age group 10 to 14 year old girls is an issue in Bolivia.

Overall, **Encuesta Nacional de Demografía y Salud (ENDSA) revealed that 37% of all Bolivian girls experiences at least one pregnancy by the age of 19 years old.**¹²

And looking at **pregnancies and early motherhood in adolescents and youth in the age group 13-24 shows that an average of 65% have experienced at least one pregnancy.**¹³ The number varies according to city and region. However, in all cases more than half of the pregnancies were not planned and not desired. In the city of El Alto for example, the number of female adolescents and youth having experienced at least one pregnancy goes as high as 83%.¹⁴

Socioeconomic factors have an impact on the number of teenage pregnancies. The educational level of the teenage girls influences the likelihood of pregnancies and early motherhood. A breakdown of teenage pregnancies among the age group 15-19 years-old, shows that the higher their level of education is, the lower the pregnancy rate.

Adolescent girls who are mothers and/or are currently pregnant, by socioeconomic variables

¹⁵(ENDSA, 2008)

EDUCATIONAL LEVEL	
Primary:	31.9%
Secondary:	12.7%
Higher:	4.3%

AREA OF RESIDENCE	
Urban:	14.4%
Rural:	24.6%

REGION	
High Lands:	13.9%
Valleys:	18.2%
Low Lands:	23.9%

⁸ Rodríguez, Jorge & ECLAC (2011). *High Adolescent fertility in the context of declining fertility in Latin America*. http://www.un.org/esa/population/meetings/egm-adolescents/p01_rodriguez.pdf

⁹ Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). *Encuesta Nacional de Demografía y Salud 2008. General Report*. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

¹⁰ UNFPA Bolivia. *El embarazo en adolescentes limita tu proyecto de vida*. Bolivia. Retrieved in December 2015 at: <http://bolivia.unfpa.org/content/el-embarazo-en-adolescentes-limita-tu-proyecto-de-vida>

¹¹ Medicina Intercultural (2.10.2015). *En Bolivia niñas de 10 a 14 años presentan embarazos no deseados*. La Paz- Bolivia. Available at: <http://medicinaintercultural.org/contenido/2012-10-03-en-bolivia-ni%C3%B1as-de-10-a-14-a%C3%B1os-presentan-embarazos-no-deseados>

¹² Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). *Encuesta Nacional de Demografía y Salud 2008. General Report*. Page 69. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

¹³ Viceministerio de Igualdad de Oportunidades & UNFPA Bolivia (2009). *Encuesta Nacional de la Adolescencia y la Juventud 2008. General Report*. Page 13. Bolivia. Available at: <http://www.bivica.org/upload/encuesta-adolescencia-juventud.pdf>

¹⁴ Viceministerio de Igualdad de Oportunidades & UNFPA Bolivia (2009). *Encuesta Nacional de la Adolescencia y la Juventud 2008. General Report*. Page 83. Bolivia. Available at: <http://www.bivica.org/upload/encuesta-adolescencia-juventud.pdf>

¹⁵ Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). *Encuesta Nacional de Demografía y Salud 2008. General Report*. Page 69. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

Out of the adolescent girls that are already mothers or pregnant, 31.9% have only received primary school education while the ones with higher education represent only 4.3%. It should be also noted that teenage pregnancies occur with a higher frequency in rural rather than urban areas.¹⁶

Maternal mortality among adolescent girls

While maternal deaths have decreased significantly in recent years, infant deaths remain high in Bolivia. Bolivia has the second highest infant mortality rate in the Latin American and Caribbean region (Haiti having the highest).

Teen pregnancies pose a threat to the health of the adolescent and her baby, as the body of an adolescent is neither ready for the pregnancy nor the delivery. Before a girl turns 15, her body in general has not developed all the reproductive capacities to carry out and support the struggles of pregnancy and delivery. If the mother dies during or after delivery, the probability of her child surviving is cut in half.¹⁷ Adolescent girls who give birth each year have a much higher risk of dying from maternal causes compared to women in their 20s and 30s. These risks increase greatly as maternal age decreases, with adolescents under 16 facing four times the risk of maternal death as women over 20.¹⁸

It is of great concern that 93% of adolescents report problems in accessing healthcare services. Issues around not having the adequate permission, or worries that no female health personnel will be available to attend them are some of the greatest worries pregnant teenage girls have and are among the main reasons for them not looking for health services.

Barriers for adolescents to access health services in %										
Type	Obtain permission to receive treatment	Financial constraints	Distance to the health centers	No transport available	Not wanting to go alone	Worried to not be attended by female health personnel	Worried to not be attended/ to be turned away	Worried that no medicine will be available	Any of the ones mentioned before	Number of women
Age										
15-19	27.9	55	46.9	43.8	57.8	61.8	73.4	73.8	93	3,518

Source: ENDSA, 2008.¹⁹

Girls who are working and living on the street lack access to healthcare. As they have neither health insurance nor a social network that would pay for the costs, they are often turned away when looking for help in health centers or hospitals. Homeless girls report that the principal barriers they face in accessing care are: their lack of identity documents, lack of money and fear of being turned away because they are dirty.

Sexual and gender-based violence - trafficking

Sexual and gender-based violence is a major problem in Bolivia. Seven out of every 10 women in the country are victims to this type of violence.²⁰ It is a very patriarchal society and even though a law that condemns all forms of violence against women was put in place in 2013, 57,773 cases of violence against women have been reported over the past two years.²¹ 54% of adolescent and youth victims of sexual violence do not receive any care or support,²²

¹⁶Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). Encuesta Nacional de Demografía y Salud 2008. *General Report*. Page 69. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

¹⁷ La Razón (24.05.2015). *Rezago y abandono, principales efectos del embarazo adolescente*. La Paz, Bolivia. Available at: http://204.11.233.254/sociedad/Estudio-rezago-abandono-principales-embarazo-adolescente_0_2276172469.html

¹⁸ World Health Organization – WHO (2008). *MSP Notes. Adolescent Pregnancies*. Volume 1, No. 1. Available at: http://www.who.int/maternal_child_adolescent/documents/mpsnotes_2_lr.pdf

¹⁹ Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). Encuesta Nacional de Demografía y Salud 2008. *General Report*. Page 158. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

²⁰ Aprende Bolivia (28.01.2013). *ONU Mujeres - Bolivia: Siete de cada 10 mujeres sufren violencia sexual y física*. Bolivia. Available at: <http://aprendeBol.blogspot.com/2013/01/bolivia-siete-de-cada-10-mujeres-sufren.html>

²¹ La Razón (9.3.2015). *57,773 casos de violencia contra mujeres y 68 feminicidios atendidos entre 2013 y 2015 en Bolivia*. La Paz, Bolivia. Available at: http://www.la-razon.com/index.php?url=/sociedad/violencia-mujer-femicidios-atendidos-Policia_0_2231176968.html

²² Viceministerio de Igualdad de Oportunidades & UNFPA Bolivia (2009). Encuesta Nacional de la Adolescencia y la Juventud 2008. *General Report*. Page 13. Bolivia. Available at: <http://www.bivica.org/upload/encuesta-adolescencia-juventud.pdf>

and according to the ENDSA, female adolescents and youth represent the age group with the highest number of victims to sexual and gender-based violence.

When evaluating the vulnerability of female adolescents in Bolivia, it also has to be noted that Bolivia is one of the five countries in South America that reports the highest levels of trafficking.²³ Between 1994 and 2004 trafficking increased by 92.2%²⁴ and in 70% of all cases, the trafficked victims are children, female adolescents and youth aged 12 to 22.²⁵ The victims are mainly being trafficked for sexual and labor purposes within Bolivia itself and to neighboring countries.²⁶ We also have indications that 7-17% of pregnancies in girls younger than 15 years old are a result of sexual violence.²⁷ Moreover, a study in El Alto has revealed that in the majority of the adolescents in a situation of homelessness, sexuality has been initiated by sexual based violence and intra-familial violations.

Low levels of contraceptive use

The majority of adolescents and youth, aged 15-24, possess some knowledge about contraceptives. Four out of five adolescents/youth report to know at least one method for contraception. Among female adolescent/youth, the condom is the method most commonly used.²⁸ Nevertheless, 63% of adolescent girls aged 15-19 report not using any method of contraception.²⁹ While no data is available on the exact reasons for the low use of methods of contraception in adolescents, a survey with women in union and under 30 years old indicates that the lack of knowledge or the lack of adequate and quality information about contraceptive use plays an important role. 36.5% reported the fear of side effects, 11.6% infertility, 8.9% not wanting to use any method and 7.5% lack of knowledge as the reasons for not using contraceptives.³⁰ The fear of side effects could be caused by the lack of adequate information.

PUBLIC POLICIES, LAWS AND TEENAGE PREGNANCIES

Over the past two years, the legal framework for children, adolescents and women has improved a lot. In 2013, the law Nr. 348 was passed to ensure a life without violence for women as well as the law Nr. 342 which highlights the importance of a differentiated and comprehensive approach when safeguarding the rights of youth. Likewise, in the same year the anti-trafficking law Nr. 263 was approved, dedicating an entire chapter to children and adolescents. In 2014, the Code for Children and Adolescents was passed, which aligns Bolivian laws with international standards and provides a thorough framework for securing the human rights of children and adolescents. Apart from these laws, a National Model for the Comprehensive and Differentiated Care for Adolescents exists.

These laws provide a comprehensive framework to secure and safeguard the rights of female adolescents in general. However, Bolivia still lacks the capacity to effectively protect children and adolescents, as borne out by testimonials that the implementation of these laws often do not work. The public support hotline to report any sort of violence against women for example does not work, even though it is publicly promoted. Homeless pregnant teenagers are still being turned away from health centers and the police often do not fulfil their role of providing support and protection to female adolescents.

RECOMMENDATIONS

²³ La Patria (26.05.2014). OEA: Bolivia entre los 5 países con más casos de trata y tráfico en Sudamérica. Bolivia. Available at: <http://lapatriaenlinea.com/?nota=183700>

²⁴ OHCHR Bolivia, Ministerio de Justicia & Viceministerio de Igualdad de Oportunidades (2012). MEMORIA – Jornadas Internacionales sobre violencia y Femicidio en Bolivia; 7, 8 y 9 de noviembre de 2011. Page 15. La Paz – Bolivia. Available at: <http://www.bivica.org/upload/memoria-femicidio.pdf>

²⁵ El Día (10.05.2011). Tráfico de personas en Bolivia sube en un 90%. Bolivia. Retrieve in December 2015. Available at: http://www.eldia.com.bo/index.php?cat=362&pla=3&id_articulo=62315

²⁶ US Department of the State (2015). *Trafficking in Persons Report – Bolivia*. USA. Available at: <http://www.refworld.org/docid/55b73c104.html>

²⁷ Medicina Intercultural (2.10.2015). *En Bolivia niñas de 10 a 14 años presentan embarazos no deseados*. La Paz- Bolivia. Available at: <http://medicinaintercultural.org/contenido/2012-10-03-en-bolivia-ni%C3%B1as-de-10-a-14-a%C3%B1os-presentan-embarazos-no-deseados>

²⁸ Viceministerio de Igualdad de Oportunidades & UNFPA Bolivia (2009). Encuesta Nacional de la Adolescencia y la Juventud 2008. *General Report*. Page 12. Bolivia. Available at: <http://www.bivica.org/upload/encuesta-adolescencia-juventud.pdf>

²⁹ Viceministerio de Igualdad de Oportunidades & UNFPA Bolivia (2009). Encuesta Nacional de la Adolescencia y la Juventud 2008. *General Report*. Page 85. Bolivia. Available at: <http://www.bivica.org/upload/encuesta-adolescencia-juventud.pdf>

³⁰ Ministerio de Salud y Deporte, and Instituto Nacional de Estadística – INE (2009). Encuesta Nacional de Demografía y Salud 2008. *General Report*. Page 90. Bolivia. Available at: <http://207.58.191.15:8180/xmlui/bitstream/handle/123456789/312/Encuesta-Nacional-de-Demografia-y-Salud-ENDSA-2008.pdf?sequence=1>

Technical personnel in charge of protection for children and adolescents need specific training and appropriate tools that are required for lawsuits. Moreover, the capacities of the Department of Defense still require strengthening measures. In particular, the Department of Prosecution, the judicial bodies, the police and the municipal centers of the Defense Council for Children and Adolescents need a lot of training for their personnel to improve protection for adolescents and how they are treated when looking for help.³¹

Bolivian society as a whole requires awareness-raising, information sharing and training to ensure that there are adequate budget allocations to respond adequately to the needs of female adolescents in situations of vulnerability and to bring about sustainable changes without discrimination to the lives of these girls.

³¹UNICEF. Nota conceptual para el Plan de Acción de Programa de País 2013 – 2017. *Protección de niñas, niños y adolescentes*. Retrieved in December 2015. Available at: http://www.unicef.org/bolivia/08_UNICEF_Bolivia_CK_-_nota_conceptual_-_Proteccion.pdf