THE SITUATION OF THE HUMAN RIGHTS OF GIRLS AND ADOLESCENT GIRLS IN LATIN AMERICA AND THE CARIBBEAN
THE SITUATION OF THE HUMAN RIGHTS OF GIRLS AND ADOLESCENT GIRLS IN LATIN AMERICA AND THE CARIBBEAN
# TABLE OF CONTENTS

ABOUT THE CONTRIBUTORS............................................................................................................ ii
ACKNOWLEDGMENTS .......................................................................................................................... iii
FOREWORD ........................................................................................................................................ iv

INTRODUCTION ................................................................................................................................. 1
Demographic Profile of Girls in Latin America and the Caribbean. ........................................... 1

INTERNATIONAL LEGAL FRAMEWORK ......................................................................................... 2
Theoretical Spotlight: Objects of Rights, not Subjects of Protection ......................................... 2

THE RIGHT TO EDUCATION .............................................................................................................. 4
Violence in Schools .......................................................................................................................... 4
Adolescent Pregnancy. ....................................................................................................................... 5
Gender-based Discrimination .......................................................................................................... 5

THE RIGHT TO HEALTH ................................................................................................................... 7
Adolescent Girls’ Sexual Behavior. ................................................................................................... 7
Right to Prevent Adolescent Pregnancy ......................................................................................... 8
Maternal Mortality ............................................................................................................................ 8
Infant Mortality .................................................................................................................................. 8
Right to Food and Healthier Choices: Malnutrition .................................................................... 9
Right to be Free from HIV and AIDS .............................................................................................. 9

THE RIGHT TO LIVE FREE FROM VIOLENCE AND HARMFUL PRACTICES .............................. 11
Violence against Girls ...................................................................................................................... 11
Early Marriage or Union ................................................................................................................ 11
Child Labor ........................................................................................................................................ 12
Migration .......................................................................................................................................... 13
 Trafficking ......................................................................................................................................... 13
Disaster Mitigation and Response .................................................................................................. 13

THE RIGHT TO BE INCLUDED ....................................................................................................... 15
Girls with Disabilities ...................................................................................................................... 15
Girls and Adolescent Girls from Indigenous and Afro-Descendant Populations ................................ 15

CONCLUSION ..................................................................................................................................... 18

ENDNOTES ......................................................................................................................................... 19
ABOUT THE CONTRIBUTORS

This report was written by the American University Washington College of Law Academy on Human Rights and Humanitarian Law, based on the presentations of representatives of the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNPFA), the Pan-American Health Organization, Plan International, and the Centro de Desarrollo de la Mujer Negra Peruana. The presentations were given at a conference held on October 29, 2013 at the American University Washington College of Law.

AMERICAN UNIVERSITY WASHINGTON COLLEGE OF LAW ACADEMY ON HUMAN RIGHTS AND HUMANITARIAN LAW

The Academy is one of the many human rights programs at American University Washington College of Law. It was created to promote practical approaches to human rights and humanitarian law as well as to strengthen links between human rights organizations, practitioners, and educators worldwide. It hopes to enhance the culture and prominence of human rights and humanitarian law around the world. Additionally, it wishes to offer relevant, empowering training for scholars, practitioners, and students interested in the international human rights system and laws. The Academy accomplishes these tasks through its programs, partnerships, and scholarly endeavors.

UNICEF

UNICEF is the world’s leading advocate for children, with a strong presence in 190 countries. UNICEF promotes the rights and well-being of every child, in everything it does. Together with its partners, it works to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere.

UNFPA

UNFPA is the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled. In addition, UNFPA expands the possibilities for women and young people to lead healthy and productive lives. It works in over 150 countries through partnerships with governments, other UN agencies, civil society, and the private sector.

THE PAN-AMERICAN HEALTH ORGANIZATION

The Pan American Health Organization (PAHO), founded in 1902, is the world’s oldest international public health agency. It provides technical cooperation and mobilizes partnerships to improve health and quality of life in the countries of the Americas. PAHO is the specialized health agency of the Inter-American System and serves as the Regional Office for the Americas of the World Health Organization (WHO).

PLAN INTERNATIONAL

Plan International is a child-centered community development non-governmental organization that works with children, their families, communities, organizations and local governments to bring about positive change. Plan works to enable deprived children to meet their basic needs and to promote the rights and interests of the world’s children.

CENTRO DE DESARROLLO DE LA MUJER NEGRA PERUANA

The Centro de Desarrollo de la Mujer Negra Peruana is a non-profit civil association, which works to improve the living conditions; fight against the discrimination, exclusion, marginalization; and fight for compliance and respect for the human rights of Afro-Peruvian women and women of other ethnic minority groups in Peru.
ACKNOWLEDGEMENTS

The United Nations Children’s Fund (UNICEF) Regional Office for Latin America and Caribbean and the Academy on Human Rights and Humanitarian Law at American University’s Washington College of Law greatly acknowledge the collaboration of the United Nations Population Fund (UNFPA) for co-sponsoring the expert meeting from which this report emerged. Furthermore, they recognize and appreciate the expert contributions of the meeting participants: Ana Elena Badilla, Gender and Youth Advisor, UNFPA, Latin America and the Caribbean Regional Office; Amanda Klasing, Researcher, Women’s Rights Division, Human Rights Watch; Luz Angela Melo, Regional Gender Advisor, UNICEF Latin America and Caribbean Regional Office; Emma Puig de la Bellacasa, Regional Gender Equality Program Specialist, Plan International Regional Office for the Americas; Cecilia Ramirez, Executive Director, Centro de Desarrollo de la Mujer Negra Peruana; Macarena Sáez, Professor, American University Washington College of Law; and, Javier Vásquez, Human Rights Advisor, Office of Legal Counsel, Pan-American Health Organization. Special thanks to Lauren Allen who organized this conference, to Christina Fetterhof who drafted and compiled this document, to Eveliz Metellus who revised this document, and to Emma Brandon who designed this report.

The meeting was organized as a follow-up to a special hearing that was granted to the UNICEF Latin America and Caribbean Regional Office by the Inter-American Commission on Human Rights on the Situation of the Human Rights of Girls and Adolescent Girls in Latin America and the Caribbean.
FOREWORD

The Inter-American Commission on Human Rights granted the UNICEF Latin America and Caribbean Regional Office a special hearing in October 2013, to discuss the situation of the human rights of girls and adolescent girls in the region. Subsequently, over thirty high level experts on regional human rights law and gender issues gathered at American University’s Washington College of Law to discuss the information that had been presented before the Commission.

The purpose of this meeting was to bring human rights and women’s rights experts and development specialists together to inspire, network, and collaborate on ways to reduce gender discrimination and fight for an end to violence against girls and adolescent girls. The meeting provided a place for an in-depth discussion on the challenges and barriers that prevent girls in Latin America and the Caribbean from enjoying their human rights. In order to ensure a robust conversation, the panelists presented on topics such as the situation of reproductive rights, the situation of the health of girls and adolescent girls, and the situation of Afro-descendant girls, and gave an overview on human rights standards with regards to girls and adolescent girls.

The situation of the human rights of girls and adolescent girls in Latin America and the Caribbean is a matter of serious concern for the experts. Girls and adolescent girls in the region are discriminated against due to factors that extend well beyond their gender and age, including race, ethnicity, socio-economic status, origin, and presence of a disability. Main issues affecting girls in Latin America and the Caribbean include: early pregnancy; early marriage or union; violence, including gender-based violence; lack of access to quality health information and services, including for sexual and reproductive health; discrimination related to education; domestic work; and trafficking, including for sexual exploitation.

Luz Angela Melo
Claudia Martin
Diego Rodríguez-Pinzón
INTRODUCTION

Many of the critical issues faced by girls and adolescent girls in Latin America and the Caribbean, especially those from poor, rural, urban-marginalized, indigenous, or Afro-descendant groups, prevent them from fully enjoying their human rights and, from a development perspective, achievement in the region of the Millennium Development Goals by 2015. Increased attention is required to make sure girls have access to quality education, access to health information and services, and protection from multiple forms of violence and exploitation, so that girls and adolescent girls in Latin America and the Caribbean can reach their full development and well-being and enjoy their human rights. According to the most recent data, there are more than 109 million girls and adolescent girls in Latin America and the Caribbean. They represent 49% of the total population of young people aged 0 to 19 years in the region.1 Almost 18% of the population of children and adolescents in the region is Afro-descendant; this is about 31 million people. Brazil is the country in which the majority of these children and adolescents live, followed by Colombia.2
INTERNATIONAL LEGAL FRAMEWORK

The rights of girls and adolescent girls in Latin America and the Caribbean are protected under an international and regional legal framework, consisting of international and regional human rights instruments that have been ratified by most States in the region, as well as declarations, resolutions, and general comments from treaty bodies. The legal framework includes the following:3

- Global
  - Universal Declaration of Human Rights
  - International Covenant on Civil and Political Rights
  - International Covenant on Economic, Social, and Cultural Rights
  - International Convention on the Elimination of All Forms of Racial Discrimination
  - Convention on the Elimination of All Forms of Discrimination against Women
  - Convention on the Rights of the Child
  - Convention on the Rights of Persons with Disabilities
  - Program of Action from the International Conference on Population and Development
  - Guanajuato Declaration
  - Resolutions of the Commission on Population and Development
  - General Comments of United Nations Committees

- Regional
  - American Declaration on the Rights and Duties of Man
  - American Convention on Human Rights
  - Protocol of San Salvador
  - Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará)
  - Ibero-American Convention on Young People’s Rights
  - Inter-American Commission on Human Rights’ Report on Justice for Women Victims of Sexual Violence: Education and Health

THEORETICAL SPOTLIGHT: OBJECTS OF RIGHTS, NOT SUBJECTS OF PROTECTION4

Girls and adolescent girls suffer from double discrimination. Historically, women have been treated as incomplete beings incapable of making good decisions. Young women and girls also suffer discrimination based on the belief that children are subjects of protection, as opposed to being subjects of rights. Adolescent girls are not adults, but they cannot be treated as children either. In some instances, the best interest of the child standard has been invoked to justify making decisions that affect girls without considering the girls’ opinions. The best interest of the child, however, requires the respect of all the rights established in the Convention on the Rights of the Child, including the right of children to be heard, which means being given the opportunity to actively participate in decisions that affect them. The Committee on the Rights of the Child General Comment 15 refers to this issue.5 There is a need for a better understanding of the concept of progressive autonomy, which means that children should be able to progressively make decisions. Adolescent girls’ rights, therefore, include the right to make informed decisions about their sexuality and the right to have access to health services regarding their sexual and reproductive life. There is a constant conflict between standards under international human rights. On the one hand is the idea that parents have certain rights and obligations with regard to their children. But, those rights and obligations will sometimes also conflict with the rights of their children as well.6 For example, parents may want to limit young children’s exposure to certain information about sexual and reproductive health, but children also have the right to learn about their bodies in order to make healthy decisions.7
The situation of the human rights of girls and adolescent girls in Latin America and the Caribbean

- Inter-American Commission on Human Rights Report on Access to Information on Reproductive Health from a Human Rights Perspective
- Inter-American Commission on Human Rights Report on Access to Maternal Health Services from a Human Rights Perspective
- Inter-American Commission on Human Rights Report on Access to Justice for Women Victims of Violence in the Americas
- Inter-American Court jurisprudence
- Letter of Bahía
- Montevideo Consensus on Population and Development
THE RIGHT TO EDUCATION

The education of girls remains a critical issue in Latin America and the Caribbean because factors such as gender discrimination, violence, socio-economic status, origin, and pregnancy frequently prevent girls in the region from finishing their education. Primary education is virtually universal in Latin America and the Caribbean. Although gender parity in access to education and completion rates of primary education has been reached in most countries throughout the region, gender disparity continues to exist in some countries. In fact, girls remain less likely than boys to be enrolled in primary or secondary school in Brazil, the Dominican Republic, Guatemala, Suriname, St. Vincent and Grenadines, and Trinidad and Tobago. School still remains inaccessible for girls in some countries.

Additionally, although girls’ enrollment, attendance, and participation rates in school have increased throughout the region in the last few decades, significant gaps in learning achievement remain due to multiple disadvantages that affect the learning outcomes of girls from different backgrounds. Educational failure early in the schooling process, combined with few opportunities to nourish newly acquired literacy skills, quickly lead to the loss of basic literacy skills. This is especially true for girls living in poor households, where few reading materials may be available and the girls’ own parents may not have completed schooling or have basic literacy skills.

More girls than boys are likely to be enrolled in primary and secondary school in Latin America and the Caribbean, except for among indigenous populations. Once they begin their educations, girls are less likely to repeat grades or drop out than boys. Guatemala, Nicaragua, Ecuador, and Suriname have out-of-school rates for female adolescents that are 15% or higher. According to the working draft of the Regional Guidance on Adolescents of the UNICEF Latin America and Caribbean Regional Office, “In Salvador, Guatemala and Nicaragua, adolescent girls face more difficulties than boys in entering secondary education after completing primary school (UNESCO, 2011).” Twenty-six per cent of girls drop out of school due to economic reasons and 13 per cent due to maternity and/or house-based responsibilities, and an additional 16 per cent drop out due to lack of interest (ECLAC/UNICEF 2014).

VIOLENCE IN SCHOOLS

Girls and adolescent girls in the region also face gender-based discrimination within the school environment, including sexual harassment, abuse and violence from teachers or classmates. Violence in schools is a significant problem in the region, and contributes to girls’ education challenges, resulting in absenteeism and abandonment. Studies from around the world, including from Latin America, have documented that substantial proportions of girls report experiencing sexual harassment and abuse on the way to and from school and on school grounds, including classrooms and bathrooms, by peers and by teachers. In Ecuador, for example, adolescent girls who reported sexual violence in school identified a teacher as the perpetrator in more than one-third (37%) of cases.

Physical violence amongst girls in schools is another issue in the region. In Argentina, 20% of adolescent girls between the ages of 13 and 15 reported having been physically attacked one or more times during a 12-month period. In Uruguay, 20% of adolescent girls aged 13 to 15 reported having been in a physical fight one or more times during a 12-month period. More than one-third (37%) of
adolescent girls aged 13 to 15 in Guyana reported having been recently bullied on one or more occasions.\textsuperscript{16}

**ADOLESCENT PREGNANCY**

The inverse relationship between level of education and adolescent pregnancy is stronger in Latin America and the Caribbean than in all other regions of the world—the more educated the girl is, the less likely she will get pregnant at a young age.\textsuperscript{17}

Fifty percent of mothers with low levels of schooling had their first child before their twentieth birthdays, and 25% of adolescent mothers and/or pregnant adolescents have barely finished primary school. Study results have indicate that women who had their first baby when they were adolescents have approximately two to three years less schooling than women who were not adolescent mothers.\textsuperscript{18}

Few adolescent girls in the region finish school when they become pregnant, and even fewer return to school after giving birth. If they do go back to school, in many cases they go back to schools offering lower quality education than where they were attending pre-pregnancy.\textsuperscript{19}

Pregnant adolescents miss their childhood and are perceived in general by societies as adults, with the same duties and responsibilities.

**GENDER-BASED DISCRIMINATION**

The educational system in the region has ingrained internal practices that reinforce gender inequalities. Even the curriculum can be discriminatory against girls. Gender stereotypes influence expectations, behaviors, and beliefs of teachers. For example, some teachers still think boys are naturally intelligent, whereas they think that girls achieve success because of their efforts in school. Another stereotype is that boys are more likely to follow scientific and technological careers, whereas girls are more likely to follow non-scientific careers.\textsuperscript{20}

Throughout Latin America and the Caribbean, gender-based discrimination in schools leads to school absenteeism and abandonment amongst girls. Although the school environment is often considered a safe space where students’ inquisitiveness and newly acquired skills are nourished and encouraged, gender-based discrimination in school can be a powerful demotivation that prevents girls’ continued school attendance and eventual completion. Some adolescent girls in the region even plan to become pregnant to abandon school, perceiving that finishing school will not give them an improved life outcome or an outcome different than that of their parents. One study found that adolescent girls who face obstacles that discourage academic achievement and high aspirations in life are more likely to give birth as adolescents.\textsuperscript{21} While gender parity has been reached in most countries throughout the region and girls are in fact likelier to attend school than boys, girls’ increased access to education has not led to equal access to paid labor opportunities for women compared to men. For example, women’s participation in paid labor is 12 percentage points below that of men.\textsuperscript{22} The proportion of women aged 20-29 years old with university degrees employed in low productivity jobs increased in several countries in the region between 1990 and 2010. This fact creates a lack of incentives and motivation for girls. Women’s salaries are 35% lower than those of men.\textsuperscript{23}

Access to timely, adequate, and quality education for all children that is free from gender inequality and all forms of discrimination is a basic human right and a critical aspect of girls’ personal development. For example, girls that have an education are more productive at home, obtain better remunerated employment, and are better able to participate in social, economic and political decision-making. They are also more likely to marry later in life, to choose whom to marry, to delay birth of the first child, and to have fewer children, decreasing rates of early pregnancy and general

---

Diego Rodriguez-Pinzon (Co-Director, Academy of Human Rights and Humanitarian Law) and Macarena Saez (Professor, American University Washington College of Law) speak about international human rights standards related to girls and adolescent girls in the region.
fertility rates. This in turn produces an intergenerational effect: their children are more likely to survive beyond the age of five, thrive, and access an education. In many countries, the risk of child mortality amongst mothers who have a secondary education or higher decreases by more than half compared with mothers who have no education. Girls and women who are educated are far more likely to immunize their children, and their children are less likely to be malnourished. Societies that will benefit most from member productivity and economic development are those that guarantee equal access to education for all citizens.24
THE RIGHT TO HEALTH

Access to information and services regarding sexuality and reproduction implies a gender dimension because it has very different implications for girls than for boys. The right of every person to enjoy full sexual and reproductive health is essential in ensuring that: every pregnancy is planned and every child is wanted; every birth is safe for both mother and child; every girl is free from sexual violence; every girl is free from sexually-transmitted infections, including HIV; and, every girl is treated with dignity and respect. Access to appropriate sexual and reproductive health for girls throughout the region will empower them and allow them to protect their health and prevent unplanned pregnancies, which will in turn increase their likelihood of completing an education, obtaining better employment choices, and being ready for marriage and parenthood later in life.\(^{25}\)

The 35 Member States of the Pan-American Health Organization (PAHO) have recognized three basic relationships between health and human rights in the context of girls and adolescents:\(^{26}\)

1. Violations of human rights can adversely affect the physical and mental well-being of girls and adolescent girls.

2. Public health policies, plans, and laws must take into account the needs and situation of girls and adolescent girls in order to protect their basic rights.

3. Girls and adolescent girls cannot enjoy their rights without health and cannot obtain an adequate standard of health without protection of their rights.

Achieving the right to health for girls and adolescent girls is not possible without the social determinants of health, such as water, sanitation, food, nutrition, housing, and transportation.\(^{27}\) Only when these social determinants, as well as access to health facilities and goods and services, including sexual and reproductive health services, are protected then are member states really implementing the right to health according to Article 24 of the Convention on the Rights of the Child.\(^{28}\)

Examples of barriers to the right to health of girls:\(^{29}\)

- Violations of human rights and fundamental freedoms in the context of health services and rural/indigenous communities

- Limited awareness, especially among public health personnel, of the international and regional human rights instruments

- Health policies, programs, and laws that are not consistent with international and regional human rights instruments

- Limited participation of civil society organizations and of adolescent girls

- Lack of national mechanisms to monitor the right to health of girls and adolescent girls in the context of transparent accountability of health institutions, centers, and facilities

ADOLESCENT GIRLS’ SEXUAL BEHAVIOR

Evidence shows that adolescent girls in Latin America and the Caribbean have an early initiation to sex. Latin America and the Caribbean has the highest rate of adolescent girls in the world who report having had sex before the age of 15, at 22%.\(^{30}\) There are no equivalent figures for adolescent boys.

However, sexually active adolescent boys often engage in unprotected higher risk practices, such as not using contraceptives and sex with a non-marital, non-cohabitating partner, exposing girls to Sexually Transmitted Infections (STIs) and early pregnancy.\(^{31}\)

![Early Initiation to Sex](image)

**Adolescent girls aged 15-19 who had sex before age 15 (%)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti</td>
<td>15</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>14</td>
</tr>
<tr>
<td>Colombia</td>
<td>14</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>13</td>
</tr>
<tr>
<td>Cuba</td>
<td>12</td>
</tr>
<tr>
<td>Honduras</td>
<td>10</td>
</tr>
<tr>
<td>Guyana</td>
<td>10</td>
</tr>
<tr>
<td>Suriname</td>
<td>0</td>
</tr>
<tr>
<td>Paraguay</td>
<td>7</td>
</tr>
<tr>
<td>Guatemala</td>
<td>7</td>
</tr>
<tr>
<td>Bolivia</td>
<td>5</td>
</tr>
</tbody>
</table>

\(^{(*)}\) Information is not available for all countries.

RIGHT TO PREVENT ADOLESCENT PREGNANCY

Latin America and the Caribbean has the highest proportion of adolescent births in the world, after Sub-Saharan Africa. Although adolescent pregnancy rates have declined in the region, they have done so at a much slower rate than overall pregnancy rates, and in some countries, adolescent pregnancy rates have even increased. Births by adolescent girls in Latin America and the Caribbean represent 18% of the total number of births in the region. It is the only region where adolescent fertility rates have stagnated or even increased over the past thirty years, rather than decreasing. Furthermore, the adolescent pregnancy rate in the region has not decreased at the same rate as the overall pregnancy rate. In 2010, over 2.1 million children were born in the region to adolescent girls between 15 and 19 years of age.

On average, 10% of young women between the ages of 15 and 19 years old are mothers. In urban areas, about 9% of young women in this age group are mothers, while in rural areas the percentage is greater at 13.

Nearly half (45%) of countries in Latin America and the Caribbean show an increase in the percentage of women who gave birth between 15 and 19 years of age. Honduras and the Dominican Republic are among the top 20 countries in the world with the highest rates of women who give birth before the age of 16, with 26% and 25% of their overall national birth rates from adolescents, respectively. The risk of early pregnancy has increased amongst adolescent girls from lower-income homes and from rural areas in many countries of the region.

The fertility rate for adolescent girls and young women in the region during the period 2005 – 2010 is 73 births per 1,000 females aged 15 to 19 years old, again a regional rate that is only surpassed by Sub-Saharan Africa. These rates are even higher amongst adolescent girls from indigenous and Afro-descendant populations.

In Latin America and the Caribbean adolescent girls who are pregnant are on many occasions treated as adult women and not afforded the protection that girls should have in theory.

MATERNAL MORTALITY

The health risks and complications related to pregnancy and childbirth increase the younger the age at which a girl becomes pregnant. In fact, maternal mortality is one of the leading causes of death among adolescent girls. In Latin America, girls who give birth before the age of 16 are three to four times more likely to suffer maternal death than women in their twenties. In one country-specific example, more than one-quarter (27%) of all maternal deaths in El Salvador occurred in adolescent girls.

INFANT MORTALITY

Infant mortality rates substantially increase for children of adolescent girls under the age of 14. Likewise, children born to girls younger than 14 years old are more likely to have low birth weights. These risk factors are greater for children born to girls who are members of historically excluded and discriminated groups, those who live below the poverty line, and especially indigenous and Afro-descendant girls.

Thirty-one percent of neonatal deaths are due to infections in health services that are preventable.
RIGHT TO FOOD AND HEALTHIER CHOICES: MALNUTRITION

Although child malnutrition rates have improved in Latin America and the Caribbean, the consequences of chronic malnutrition continue to affect children in the region.49

Child malnutrition has a negative impact on many aspects of a girl’s development. Girls are particularly affected by anemia, which is a consequence of under-nutrition. For instance, 38% of adolescent girls in the Plurinational State of Bolivia between the ages of 15 and 19 are anemic;50 in Haiti, this proportion increases to 48%, which marks anemia as a severe public health issue in the country.51 Anemia increases the risk of hemorrhage and sepsis during childbirth, is associated with slow fetal growth and low birth weight, and can cause cognitive and physical deficits in young children of adolescent mothers.52

Stunting, another consequence of under-nutrition, was found in 12% of children under five in Latin America and the Caribbean.53

Malnutrition in childhood can lead to the development of non-communicable chronic diseases in adulthood, including cardiovascular diseases and diabetes. Obesity has become an increasingly prevalent problem. In the Plurinational State of Bolivia, Brazil, Honduras and Peru, more than 20% of adolescent girls 15 to 19 years of age are overweight.54

Malnutrition in children, especially for girls, poses problems in many countries of Latin America and the Caribbean and has a series of negative consequences in several areas. Child malnutrition most critically affects morbidity and mortality and education and productivity. In terms of education and productivity, child malnutrition has a negative impact on access to and completion of an education because it can affect school performance due to the deficit generated by its associated diseases and limits placed on learning capabilities that are associated with diminished cognitive development. The higher probability of becoming sick due to malnutrition also increases the likelihood of entering the educational system late, contributing to high rates of school absenteeism, grade repetition, and drop out. In this way, child malnutrition perpetuates the transmission of poverty and inequality from one generation to the next.55

RIGHT TO BE FREE FROM HIV AND AIDS

Girls and women make up an increasing proportion of people living with HIV in Latin America and the Caribbean. Nearly 35,000 adolescent girls in the region are living with HIV. This number represents more than half of the total adolescent population living with HIV in Latin America and the Caribbean.56

HIV and AIDS are increasingly affecting adolescent females in the Caribbean—young women are two and a half times more likely to acquire HIV than young men in the Caribbean57, and it is the only region outside of Sub-Saharan Africa where women and girls outnumber men and boys living with HIV.58

Women and girls have a higher risk of acquiring HIV for biological reasons, as well as reasons of gender inequality and sexual violence. Many studies have confirmed the link between violence against women and HIV. One study reports that women and girls who are beaten by their intimate partners are 48% more likely to acquire HIV.59 Fear of violence undermines the capacity of women and girls to negotiate safer sex, and the experience of violence is associated with increased risky sexual behavior in later years. For example, women’s and young girls’ inability to negotiate safer sex, such as condom use during sexual intimacy, and to refuse unwanted sex, is closely linked to high rates of HIV. Unwanted sex results in a higher risk of vaginal abrasion and bleeding, which leads to easier transmission of the virus amongst girls. Violence, even the fear of violence, also prevents many women and girls from accessing essential health services to

![Image of Luz Angelo Melo (Regional Gender and Adolescents Advisor, UNICEF) and Javier Vasquez (Human Rights Advisor, PAHO) speaking about the right to health of girls and adolescent girls in the region.](image_url)
be tested for HIV or from disclosing their HIV status to others.  

Gender inequality and poverty result in the economic dependence of millions of women and girls on male partners and expose them to domestic and sexual violence and aggression, which impact their ability to protect themselves from HIV. Women and girls also face a greater risk of sexual violence and rape, both inside and outside of marriage, when compared to men. In the case of girls, early marriage or early union, which is sometimes intended by families to protect girls and young women from physical and sexual risks, many times fails to protect them from acquiring HIV and other sexually-transmitted diseases. In addition to limiting their ability to negotiate condom use before sexual intimacy, girls’ young age and lack of knowledge regarding sexual and reproductive health issues, for example, will lead them to decrease or not use contraception during a long-term relationship such as marriage.

The empowerment of girls to reduce their vulnerability to HIV will not be accomplished without adequate and age-appropriate education. There are still significant gaps among young people, both girls and boys, regarding how to avoid acquiring HIV. Young women often lack knowledge concerning the effectiveness of condoms in preventing HIV transmission. For example, data obtained from 13 countries in Latin America and the Caribbean indicate that female adolescents between 15 to 19 years of age who have comprehensive knowledge of HIV ranges from a low of 17% in Peru to a high of 59% in Jamaica, which is still a low percentage, particularly considering the fact that the region has the highest rate of early sexual initiation of girls 15 years old or less. Education regarding sexual and reproductive health that is tailored to adolescents and has a gender perspective may increase knowledge of HIV transmission and contribute to more responsible sexual behavior to prevent HIV transmission.

The promotion and protection of every girl’s human rights are essential components in preventing transmission of HIV and lessening its impact in the region and worldwide. Women and girls experience the stigma and discrimination associated with HIV and AIDS more frequently than men, are more likely to experience the harshest and most damaging forms of stigma and discrimination, and may find it more difficult to manage and overcome. Fear of stigma and its consequences also prevent access to routine reproductive health services and information, as well as HIV services, placing women, girls and their children at greater risk of acquiring HIV.

The low level of knowledge regarding HIV among adolescents, as well as early exposure to higher risk sex, is serious red-flag as to how the situation could deteriorate in the near future.
THE RIGHT TO LIVE FREE FROM VIOLENCE AND HARMFUL PRACTICES

Latin America and the Caribbean is one of the most violent regions of the world, with violence generally being a primary cause of death for adolescents. Women and girls are more likely than men and boys to experience domestic violence and sexual violence and abuse, especially violence and injury inflicted by people close to them, such as intimate partners.

VIOLENCE AGAINST GIRLS
The most dangerous place for girls in Latin America and the Caribbean is inside their own homes. Girls are more vulnerable to specific types of violence than boys are, such as domestic violence, sexual violence, intimate partner violence, and femicide. For example, both forced and unwanted sexual initiation occurs at early ages for many young women and girls in Latin America and the Caribbean. The percentages of intimate partner violence against women in Latin America and the Caribbean range from 23.7% in southern Latin America to nearly 41% in the Andean sub-region of Latin America, clearly outweighing the global average of 26.4%. Moreover, the gender-based murder of women has also increased in the region, especially in Mexico and Central America. About two of every three women murdered in Central America die for gender-based reasons.

Statistics demonstrate a high prevalence of violence against girls and adolescent girls in the region, manifested in physical, sexual, and emotional violence. Between 19% and 37% of women between the ages of 15 and 19 years old have been victims of violence. In addition, there is a strong correlation between sexual violence and adolescent pregnancy, despite the national legal prohibition of sexual relations with children under minimum ages.

Violence against women and girls violates their basic human rights, limits their participation in society, and damages their health and well-being over the long-term. A growing body of evidence indicates that violence against women and girls is a leading cause of injury and disability for this group in many parts of the world, as well as a risk factor for other physical, mental, sexual, and reproductive health problems; has long-term, intergenerational consequences for the health, development, and well-being of children of women who experience violence; and has negative social and economic consequences for all of society. Violence, abuse and exploitation induce physical and mental harm to the victims over the long- and short-term. For example, girls who experience violence have difficulties in completing school because they may find it hard to concentrate, often have low self-esteem, and are regularly absent from school due to health problems. In turn, low educational levels and high illiteracy rates make women and girls even more vulnerable to discrimination and violence. Women’s and girls’ risk for violence may be heightened by gender inequality within relationships and economic dependence on intimate partners. Physical and sexual violence against women and girls also has a host of reproductive health consequences that are different from the consequences of violence against men and boys.

RIGHT TO BE FREE FROM EARLY MARRIAGE OR EARLY UNION
Over a quarter (29%) of young women in Latin America and the Caribbean were married or in a union by the age of 18, with 8% married or in a union by the age of 15. The number of girls in the region who will be married between the ages of 15 and 19 will increase from 8.5 million in 2010 to 9.7 million by 2030.

Although UN treaty bodies and international human rights standards require that the minimum age for marriage be 18 years of age, many countries in Latin America and the Caribbean have allowed girls to be married well under this age limit, further decreasing the protection that is available for girls. In some countries of Latin America and the Caribbean, marriage is allowed as early as 14 years of age.

According to research, one-third of all countries (11) in the region have one legal minimum age requirement to marry for boys and another for girls. This is clearly a form of legalized gender discrimination that contributes to gender inequality and power imbalances between girls and boys.
For girls, early marriage or early union are serious risk factors that contribute to exposure to sexually-transmitted illnesses, including HIV; early pregnancy and childbirth; maternal mortality; and infant and child mortality. It often signifies an abrupt and violent initiation into sexual intimacy, often with husbands who are much older than they are and in many cases decades older. Husbands who are older are typically more sexually-experienced, and as a result can expose their child brides to a greater risk of acquiring sexually-transmitted illnesses, including HIV. This is especially true since very young and adolescent brides often lack enough education, including education on sexual and reproductive health, and experience in sexual intimacy to negotiate safer terms during intimacy that include condom use. For instance, approximately 70 to 80% of adolescent births in Latin America and the Caribbean occur within marriage, yet 80% of married adolescent girls in the region want to avoid early pregnancy. Girls and adolescent girls who have married early have both limited access to family planning methods and knowledge of how to use them, greatly reducing married girls' ability to prevent unwanted pregnancies. Also notable is that stillbirths and deaths during the first week of life are 50% higher among babies born to adolescent mothers than among babies born to mothers in their twenties.

Early marriage or early union violates girls' human rights in many areas. By marrying or entering into union early, girls are excluded from making important life decisions, such as the right to choose whom and when to marry, the right to delay and plan a pregnancy, the right to complete an education, the right to be free from violence and depriving them of their basic right to be a child. The consequences of getting pregnant too young and too often, for example, have lasting effects beyond adolescence. Marriage or union at an early age usually means an end to a girl’s education, which in turn negatively impacts her future employment opportunities and nourishes a cycle of poverty that is passed on to her children and can increase the likelihood that her own children will enter marriage early. Within the context of gender discrimination and inequality, early marriage or union also perpetuates female subordination and lower status within the family. The differences in minimum legal ages set by countries across the region, in some cases allowing girls to marry as early as age 12 with parental consent, fail to provide adequate protection to girls and adolescent girls in the region.

**RIGHT TO BE FREE FROM CHILD LABOR**

While there has been a decline in child labor in Latin America and the Caribbean in recent decades, there are still approximately 5.7 million children working in the region—nearly 5 out of every 100.

Girls and adolescent girls in the region are much more likely than boys to work in domestic labor, whether it is paid or unpaid, and whether it is within their home or outside of it. The percentage of girls' participation in both paid domestic labor and unpaid household tasks is greater than 80% in both cases.

Girls who work in domestic labor are very vulnerable to violence and abuse, and even if they are not victims of violence of abuse in the homes in which they are working, in many cases, they do not receive the same quality education as do the girls in the families for whom they work.

Working in any capacity can negatively impact a girl's ability to complete a formal education, reach and maintain optimal health and access better employment opportunities and earnings in the future. In several Latin American countries, the performance of household chores consumes a vital share of children's time, especially that of girls. Household chores require many hours that can interfere with the schooling and recreational time of girls in the same way that work does. Girls who perform a large share of household tasks represent a group of considerable size that is excluded from education and paid work; many of whom will never complete their education and will therefore be poorly integrated into the labor market.

Moreover, child domestic servants, particularly when working in families that are not theirs, are often subject to abuse, including physical and sexual abuse. In many households, girls perform domestic tasks under conditions that are unregulated, highly sheltered and highly exploitative. Girls in domestic service are exposed to health risks, sexual abuse and work accidents in kitchens or care spaces not suitable for the work. Sexually abused child domestic workers are often thrown out of the employer's house and forced to fend for themselves on the streets while shame makes it difficult to return home.

Associating unpaid work with what are traditionally seen as feminine characteristics also contributes to gender inequality. Whether it is paid or unpaid, domestic labor teaches girls from a very early age...
to accommodate their family, student and work lives, usually not equally, as well as to accept the invisible costs of uncompensated work, putting them at a distinct disadvantage throughout their lives. This is internalized by girls, either because they imitate the example of their mothers or because necessity forces them to assume responsibility for attending to the members of the household who engage in paid work.

RIGHT TO PROTECTION DURING MIGRATION

There has been an increase in recent decades of women who migrate internally and externally in Latin America and the Caribbean. Of the total number of international migrants from the Caribbean, for example, the percentage of female migrants was nearly 49% in 2000, increasing from 45% in 1960. These percentages increase even more in Latin America: slightly more than 50% of the total number of international migrants was females in 2000, increasing from nearly 48% in 1960.

About 1 of every 10 migrants (11%) in Latin America and the Caribbean is a child or an adolescent, with girls slightly outnumbering boys. These numbers exclude the many children who are left behind by one or both parents or the many children who are born to already migrant parents. Adolescent girls from rural areas in developing countries are increasingly migrating to urban areas. Between 10 and 20% of internal migrants in Chile, Peru, and the Plurinational State of Bolivia are adolescent girls aged 15 to 19.

The negative effects of child migration in Latin America and the Caribbean can be many, including greater dangers for boys and girls who are left behind by migrating parents to the care of others, exposure to abuse and violence during the migration process, and the possibility of lower citizenship status in destination countries. Every year, large numbers of unaccompanied children migrate expecting to reunite with their parents or to escape from violence and exploitation. Adolescents are increasingly drawn to migrate away from their own countries, often alone and through irregular channels, due to lack of educational and other opportunities, as well as escalating violence and insecurity in poor urban areas. Children and adolescents who migrate alone are one of the most vulnerable groups; in some countries of Latin America and the Caribbean, most unaccompanied migrants are adolescents, exposing them to the many dangers of migration, including trafficking for commercial sex work or labor. A girl’s unstable migration status may also expose her to sexual and psychological violence. Adolescent girls often experience abuse and violence during the migration journey, especially at border controls.

RIGHT NOT TO BE A VICTIM OF TRAFFICKING

While the number of detected trafficking victims who are adult women has decreased, the number of detected trafficking victims who are girls has increased, representing 15 to 20% of the total number of detected victims.

The 2012 UNODC Global Report on Trafficking in Persons reports that nearly 27% of the total victims of trafficking of persons both globally and from Latin America and the Caribbean were children. Globally, two of every three children who are the victims of trafficking are girls. Countries in northern South America and Central America have detected more children among the victims of trafficking than adults. Most victims detected in the Americas are female, and sexual exploitation was involved in slightly more than half of all detected cases. In some countries, the proportion of all trafficking victims that are children is more than one-third, ranging from 35% in Mexico to 67% in Guyana. From 2007 to 2010, the trend in child trafficking in Colombia increased from 40% to nearly 70%. In Guatemala, at least 15,000 children, most of them girls, are victims of child sex trafficking networks. In Guatemala City in particular, more than 2,000 children-most of them girls- were identified as being sexually exploited in bars and massage parlors, most from neighboring Central American countries.

DISASTER MITIGATION AND RESPONSE

Man-made and natural disasters may cause suffering in all affected-individuals; however, women and girls often experience the impact of a disaster differently than men and boys. Women and girls of all ages also face additional hardships after a disaster, including lack of access to family planning, prenatal and obstetric care; a need to engage in survival sex to buy food for themselves and their children; and sexual violence. Understanding what adolescent girls need in advance of a disaster is an important component of having a disaster response that adequately and promptly addresses those needs. Not taking into consider-
The unique impact that a disaster will have on adolescent girls may contribute to their insecurity and increase the risk of gender-based violence. Furthermore, not planning disaster responses that are sensitive to adolescent girls may lead to increased rates of unplanned pregnancies and a decrease in access to health services for this population.24

Luz Angela Melo, Emma Puig de la Bellacasa (Regional Gender Equality Specialist, Plan International), and Amanda Klasing (Human Rights Watch) speak about the "Because I Am a Girl" Report on the effect of disasters on adolescent girls in the region.
**THE RIGHT TO BE INCLUDED**

**GIRLS WITH DISABILITIES**

Roughly 12% of the population in Latin America and the Caribbean has some kind of disability. In Jamaica, Suriname, and Belize, 24%, 39%, and 44% of children between the ages of 2 and 9 screens positive for at least one of the questions on disability that are included in the Demographic and Health Surveys and Multiple Indicator Cluster Surveys, respectively. In Ecuador, about 55,000 boys and girls under the age of 18 have a disability, which represents roughly 19% of the total number of disabled persons in the country.

Based on an analysis of available data for 31 countries of the region, over half (17) had a higher prevalence of females with disabilities than males. Antigua and Barbuda and Grenada have higher rates of girls with disabilities than boys.

Girls with disabilities continue to have limited access to basic social services such as education, despite regional improvements in the access and completion of education. While 90% of children with disabilities do not attend school in developing countries, girls with disabilities are less likely to complete an education, to receive vocational training, or to find employment when compared to boys with disabilities or to girls without disabilities.

In addition, adolescents with disabilities in Latin American and Caribbean countries show great disparities in access to schooling by type of disability. The percentage that attend school ranges from a low of 17% for persons with mental disabilities in El Salvador to 100% for persons with auditory disabilities in Bermuda and those with speech impairments in the Cayman Islands.

In Latin America and the Caribbean, girls with disabilities face triple discrimination due to the presence of a disability, their age, and gender, increasing their risk for violence and physical, sexual, and psychological abuse and exploitation. The great deal of prejudice and discrimination against persons with disabilities often results in violence, and girls with disabilities are more vulnerable to particular forms of violence than boys with disabilities, such as sexual abuse and rape. For example, studies have shown that 90% of girls and women with intellectual disabilities experience sexual abuse at some point in their life. Children with disabilities are perceived to be less intelligent, more obedient, and more timid, which makes perpetrators see them as easy victims. This perception that persons with disabilities are not able to make their own decisions makes it harder to break the cycle of violence against boys and girls.

Although not often acknowledged, girls with disabilities do engage in sexual relations, become pregnant and give birth, meaning that they have sexual and reproductive health needs. This lack of acknowledgement can limit their access to sexual and reproductive health education, which may disempower them in terms of safe sex planning during sexual intimacy and therefore exposing them to health problems that include unplanned pregnancies and sexually transmitted infections, including HIV. Women and girls with disabilities are also at a higher risk of sexual violence and abuse, including rape, forced sterilization, forced abortion and a higher exposure to HIV/AIDS.

**GIRLS AND ADOLESCENT GIRLS FROM INDIGENOUS AND AFRO-DESCENDANT POPULATIONS**

Afro-descendant and indigenous females of all ages suffer from triple discrimination, based on their ethnic origin, their sex, and their socioeconomic status, which tends to be lower than that of non-Afro-descendant and non-indigenous females. The disadvantaged situation of many girls and adolescent girls in the region who are from indigenous and Afro-descendant groups is especially evident in their lower school enrolment and completion rates; higher rates of illiteracy, early pregnancy and maternal mortality; and poor access to health care, including sexual and reproductive health.

Throughout all of Latin America and the Caribbean, indigenous girls from rural zones are least likely to finish secondary school. As a result, indigenous girls are most at risk of transitioning into adulthood without basic literacy and numeracy skills because they did not finish school, received a low-quality education, or were unable to nourish their literacy and numeracy skills at home or in the school environment. Gender inequality in access to education endures in countries with a strong presence of indigenous and Afro-descendant peoples, where the differences favor the boys from these groups. Although it is well-documented that girls throughout Latin America and the Caribbean are more likely to access primary and second-
ary school education when compared to boys, indigenous and Afro-descendant girls represent an exception and are least likely to attend secondary school. For example, the secondary school completion rate for the total population in Latin America and the Caribbean is nearly one-and-a-half (1.41) times higher than it is for indigenous groups and Afro-descendants (even more so in Brazil and the Plurinational State of Bolivia, 4.17 and 3.94 times higher, respectively). 111 In Guatemala, school enrolment retention and transition rates are lower among indigenous girls and adolescents compared to non-indigenous females and indigenous and non-indigenous males; 112 only 16% of indigenous women in Guatemala complete at least seven years of education, compared to 45% of non-indigenous women. 113 Throughout the entire region, indigenous girls in rural zones are least likely to finish secondary school. 114 Because indigenous boys have greater access to education, and in turn greater access to higher-quality jobs, this creates a shift in the power dynamics between indigenous men and women since indigenous women have a greater household responsibility and become more economically dependent on men.

While high adolescent pregnancy rates persist for all girls throughout Latin America and the Caribbean, these rates are even higher amongst adolescent girls from indigenous and Afro-descendant populations. For example, in the Ecuadorian province of Orellana, where the majority of the population is rural and a significant sub-population is indigenous, nearly 40% of girls between the ages of 15 to 19 have been pregnant. 115

Indigenous girls also experience several forms of violence, including domestic violence, community conflict, and exploitation as domestic workers. Indigenous girls in domestic work are often at risk of physical and psychological abuse and sexual harassment by employers and their family members. Evidence was found in the Plurinational State of Bolivia of sexual abuse of Guaraní girls while they were serving in homes of landowners. 116

In addition, gender motivated killings in Latin America particularly affect indigenous women and girls as they have been victims of gender-based violence in situations of armed violence in some countries of the region. Reports on these situations of armed violence convey accounts of violence committed against indigenous girls and women that include rape, sexual slavery, abduction, massacre, and forced recruitment. 117

Afro-descendant girls and adolescent girls in the region face similar challenges to indigenous girls and adolescent girls, with the additional dimensions of racism and poverty influencing their social status and perception of them as a group. For example, there is a higher incidence of childbirth among adolescent Afro-descendant girls between 15 and 19 years of age when compared to non-Afro-descendant girls. In the early 2000s, the percentage of young Afro-descendant mothers ranged from 13% in Guatemala to 23% in Ecuador. By mid-decade, the percentages ranged from 14% in Colombia to 20% in Nicaragua. Recent data from Panama indicates that 12% of young Afro-descendant women are mothers. In terms of inequalities related to ethnicity, the adolescent pregnancy rate among Afro-descendants in Ecuador was 44% higher than for non-Afro-descendant women and 30% higher in Brazil and Colombia. 118

Regarding maternal mortality, there were nearly 31 (30.6) maternal deaths for every 100,000 births among non-Afro-descendant women in Brazil in 2007, compared to 37.1 for every 100,000 among Afro-descendant women between 15 and 19 years old. 119 In addition, the proportion of young Afro-descendant women in domestic service is very high in some countries, and in some cases twice the rate of non-Afro-descendant girls. 120

Racism and multiple forms of discrimination are fundamental components of the issues that negatively affect Latin America and the Caribbean, and they have significantly led many people throughout the
region to live in an intergenerational cycle of poverty and to face exclusion and inequality in many areas of human development. These inequalities hold especially true among Indigenous peoples and the Afro-descendant population. Within this context, focusing on the situation of indigenous and Afro-descendant girls and adolescent girls is of particular concern because gender norms and stereotypes are also observed within these communities, resulting in even greater disparities between indigenous and Afro-descendant girls and adolescent girls when compared to girls and adolescent girls who are not from these groups.
CONCLUSION

Girls and adolescent girls in Latin America and the Caribbean, and indeed around the world, are shaping humanity’s present and future. The opportunities and choices that they have during childhood and adolescence will allow them to transition into adulthood as empowered citizens and active participants in molding a world that will be inherited by the next generation of girls and adolescents. With the right skills and opportunities, adolescent and young girls will be adequately prepared to begin adulthood and constructively invest in themselves, in their families, in their communities, and in society overall.

The issues faced by girls and adolescent girls in Latin America and the Caribbean are all inter-related. While lack of access to quality education, poor access to health services and information, and lack of protection are all human rights in and of themselves, each of these is a broader issue that serves as a catalyst for ensuring the fulfillment of other human rights. Gender inequality and discrimination prevents girls and adolescent girls from full enjoyment of their human rights in Latin America and the Caribbean, which in turn prevents the achievement of the international Millennium Development Goals by 2015. These rights are protected by multiple human rights instruments, including the American Convention on Human Rights; the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women “Convention of Belem do Para”; the Universal Declaration of Human Rights; the Convention on the Rights of the Child; and the Convention on the Elimination of All Forms of Discrimination Against Women.

If gender equality is to be achieved in Latin America and the Caribbean, then it is critical that States formally address the serious situation of girls and adolescents in the region and the numerous violations against their human rights in their national agendas. UNICEF supports the efforts of countries in Latin America and the Caribbean to adopt national policies, programs, and laws with the objective to improve the lives of boys and girls without any discrimination.¹²¹
ENDNOTES


3 Remarks of Ana Elena Badilla, Gender and Youth Advisor, UNFPA, Latin America and the Caribbean Regional Office; Javier Vasquez, Human Rights Advisor, Office of Legal Counsel, Pan-American Health Organization; and, Macarena Sáez, Professor, American University Washington College of Law, Experts Meeting on the Situation of the Human Rights of Girls and Adolescent Girls in Latin America and the Caribbean, American University Washington College of Law, Oct. 29, 2013.


5 Committee on the Rights of the Child, General comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, Apr. 17, 2013, ¶ 19.


10 Id.

11 Id.


THE SITUATION OF THE HUMAN RIGHTS OF GIRLS AND ADOLESCENT GIRLS IN LATIN AMERICA AND THE CARIBBEAN
20

THE SITUATION OF THE HUMAN RIGHTS OF GIRLS AND ADOLESCENT GIRLS IN LATIN AMERICA AND THE CARIBBEAN

Development Bank, Education Division.


23 Id.


27 Id.

28 Id.

29 Id.


31 Id.


33 It has increased in 5 countries: the Plurinational State of Bolivia, Brazil, Colombia, Mexico, Ecuador and Peru. ECLAC, Social Panorama of Latin America 2011, Table 11.4, p. 97.


36 Id.


39 Based on data from 11 countries: the Plurinational State of Bolivia, Brazil, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Nicaragua, Paraguay, and Peru. ECLAC, Social Panorama of Latin America 2011, p. 97.


46 Based on 2006 data for El Salvador. UNICEF, Fast Facts on Adolescents and Youth in Latin America and the Caribbean, Available at www.unicef.org/media/files/Fast_facts_EN.doc

47 Id.


51 Id.


IN LATIN AMERICA AND THE CARIBBEAN
THE SITUATION OF THE HUMAN RIGHTS OF GIRLS AND ADOLESCENT GIRLS


56 51% of 68,000 adolescents living with HIV are adolescent girls, from Figure 5.6, Adolescents and HIV. UNICEF (2012), Progress for Children: A Report Card on Adolescents, p. 27.

57 UNAIDS, UNFPA, UNFEM (2005), Women and HIV/AIDS: Confronting the Crisis, p. 4. Available at http://www.unfpa.org/hiv/women/


59 Available at http://endviolence.un.org/situation.shtml


61 Id.


64 Id.


67 Twenty-one regions were used in the 2012 Global Burden of Disease Study, Latin America and the Caribbean was represented by five regions: the Caribbean; Latin America, Andean; Latin America, Central; Latin America, Southern; and Latin America, Tropical. Of the five regions, one was below the global average. WHO (2013), Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence, p. 47. Available at http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf.

68 UN Women (2012), “Inequality and Gender in Latin America and the Caribbean”, In Development Agenda Post 2015: Gender Equality in the Future We Want. Inter-agency Group on Gender Equality and Women’s Empowerment for Latin America and the Caribbean.


73 Melchiore A., Atkins E. (2012), At What Age?...are school-children employed, married and taken to court? – Trends over Time, pp. 26-27


Flores-Oebanda C., UN Division for the Advancement of Women and UNICEF (2006), Addressing Vulnerability and Exploitation of Child Domestic Workers: An Open Challenge to End a Hidden Shame, p. 3.


UNICEF (2012), “Education and Gender”. In Development Agenda Post-2015 Gender Equality in the Future We Want. Inter-agency
Group on Gender Equality and Women’s Empowerment for Latin America and the Caribbean.


112 UNICEF, UN Women, UNFPA, ILO, Office of the Special Representative of the Secretary-General on Violence against Children (2013), Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women: A Call to Action based on an Overview of Existing Evidence from Africa, Asia Pacific and Latin America, p. 22.


117 Id.

118 UNFPA, Afrodescendant Youth in Latin America: Diverse Realities and (Un)fulfilled Rights, pp. 19-21.

119 Id., pp. 19-21, 54.

120 Id., p. 55.
