



# ADOLESCENT PREGNANCY AMONG SURVIVORS OF SEXUAL VIOLENCE: FINDINGS FROM A RESPONSE AND REHABILITATION INTERVENTION



Collaborative work of Jan Sahas and CEHAT

## INTRODUCTION

Adolescent pregnancy has a detrimental impact on the health, education, and well-being of adolescent girls. In particular, the physical and mental health consequences of adolescent pregnancy resulting from sexual violence are grave<sup>1</sup>. A study by UNICEF estimates that about 30 percent of adolescent girls in India aged 15 to 19 years have faced sexual violence at least once in their lifetime<sup>2</sup>. Adolescent girls have to deal with several barriers in accessing abortion for pregnancy resulting from sexual violence. Often, pregnancies among adolescent survivors are reported late because of a lack of awareness, social stigma, and fear of survivor blaming<sup>3</sup>.

Further, there are other numerous problems faced by adolescent survivors at different levels of the social system irrespective of which part of the world they live in. In India, there are various stringent legislations and associated protocols which are prerequisites to facilitate abortion services to the survivors of sexual violence. These legislations create barriers at the procedural level<sup>4</sup> for young girls and women to access abortion. Often, healthcare providers are unaware of provisions of the Medical Termination of Pregnancy Act 1971 and deny abortion to survivors. Moreover, the need of the survivors to seek abortion after 24 weeks is subjected to a third-party authorisation by medical boards and sometimes even writ petitions. Thus, this is a clear violation of the rights of survivors as there is evidence about the safety of abortion regardless of gestational age<sup>5</sup>. The impact of forced pregnancy on the physical and mental health of adolescents is not taken into consideration.

This fact sheet by Jan Sahas with assistance from the Centre for Enquiry into Health and Allied Themes (CEHAT) presents the analysis of adolescent girls aged 10-18 years who were victims of rape, kidnap and rape and gang rape which also resulted in an unwanted pregnancy. The analysis also presents insights about the nature of sexual violence reported among the survivors, hindrances faced by the survivors in seeking abortion services, and the outcome of the cases.

<sup>1</sup>Agarwal, M. (2010). Myths about sex and sexuality: Need for sex education. *Indian Journal of Social Work*, 71(2), 267-282

<sup>2</sup>UNICEF. (2018). *Inspire indicator guidance and results framework: Ending violence against children: How to define and measure change*. United Nations Children's Fund

<sup>3</sup>World Health Organization. (2017). *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines*. Geneva: World Health Organization.

<sup>4</sup>Stillman, M., Frost, J. J., Singh, S., Moore, A., & Kalyanwala, S. (2014). *Abortion in India: A literature review*. Guttmacher Institute.

<sup>5</sup>World Health Organization. (2022). *Abortion care guideline*. Geneva: World Health Organization

## ABOUT JAN SAHAS

Since 2007, Jan Sahas has been working on the prevention of sexual violence against women and girls across five<sup>6</sup> states of India through a collaborative model developed with government and non-government entities. Jan Sahas's model is primarily focused on Dalit women and girls who are more vulnerable to sexual abuse and assault and face several barriers in their quest for justice.

The model considers sexual violence as a complex and deeply rooted issue that requires a holistic approach to eliminate the sexual violence incidence rate in the intervention districts. The PR3 Model which stands for Prevention, Response, Rehabilitation, and System Reform, keeps survivors of sexual violence at the core of the intervention to deliver sensitive response and further engages with various stakeholders to generate awareness on the issue and associated legal and medical mechanism(s) to be followed while dealing with the survivor of sexual violence. The program is delivered by Jan Sahas's community-based trained caseworkers. Pregnant adolescent survivors get connected with the caseworkers who provide support services including medical, legal, education, skill development, entitlements and livelihood. Additional details about the organization can be found at <https://jansahas.org/>.

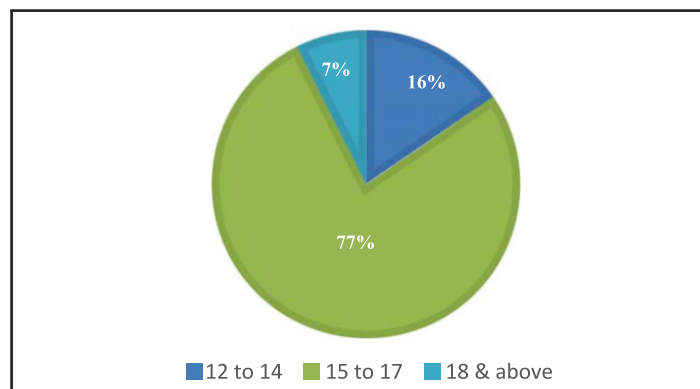
## ANALYSIS

Each case is documented by caseworkers as a part of service provision to survivors. Service records are maintained in the organisation management information system (MIS) managed in Microsoft Excel. A total of 136 cases of unmarried adolescent girl survivors from the year 2015 to 2021 were analysed.

## RESULTS

### 1) Survivor's Demographic and Socio-economic Characteristics:

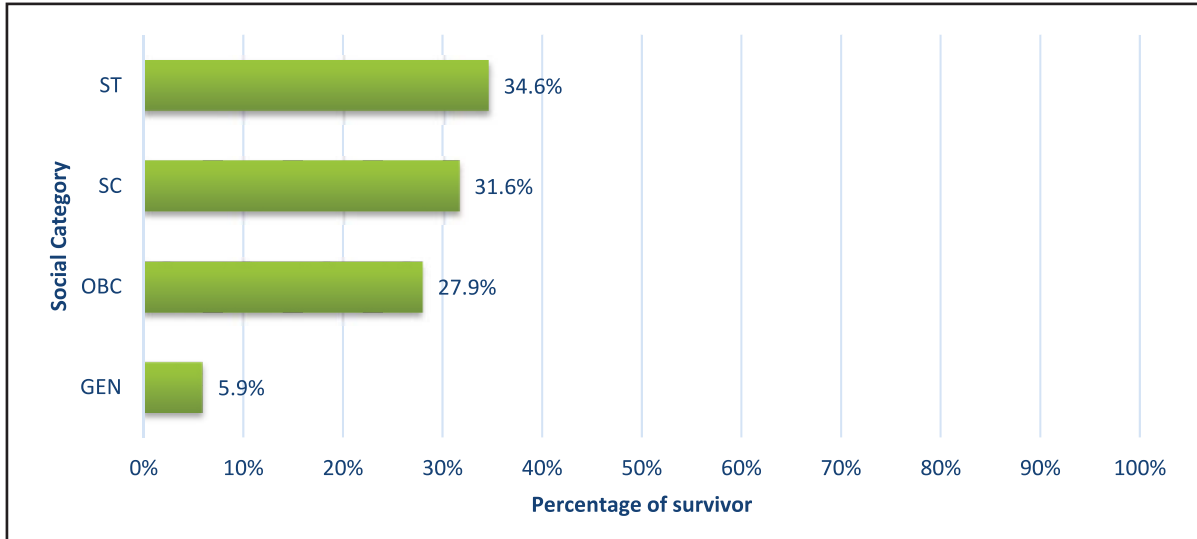
**Figure 1: Age-wise distribution of pregnant adolescent survivors**



The mean age of the survivors was estimated at around 15.8 years. More than three-fourths (77%) of survivors were aged between 15 to 17 years while about 16 percent of survivors were between 12 to 14 years of age. Also, only 7 percent of survivors were aged 18 or above.

<sup>6</sup>Madhya Pradesh, Uttar Pradesh, Rajasthan, Chhattisgarh, Maharashtra

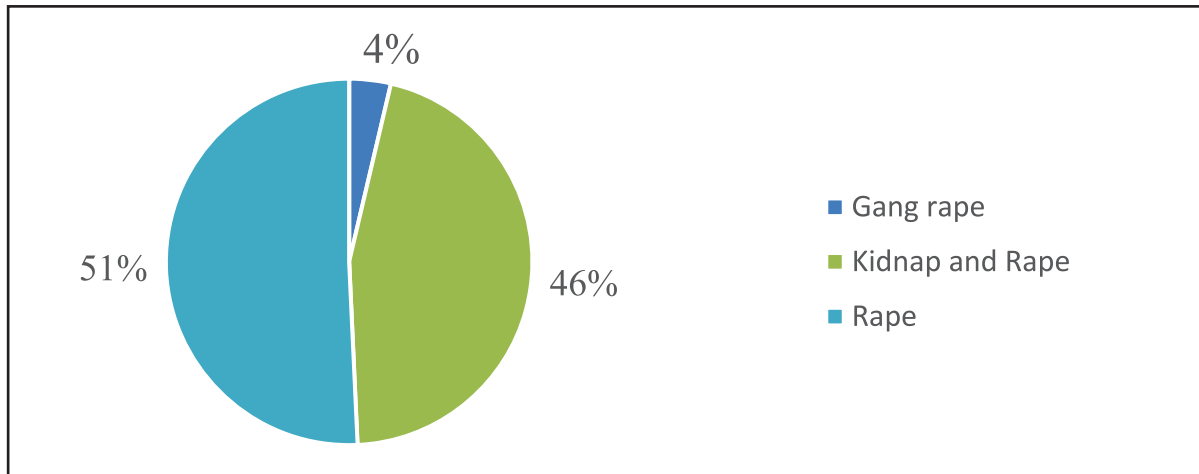
**Figure 2: Social category distribution of pregnant adolescent survivors**



The majority of the survivors reported being from the disadvantaged social categories, for instance, more than one-third of the survivors (34.6 percent) belonged to the scheduled tribes (STs) category, followed by the 32 percent of survivors who were scheduled castes (SCs) and, 28 percent of survivors were from the other backward classes (OBCs). As the survivors belong to a weaker section of society, they tend to face barriers and insensitive responses and support during their quest for justice.

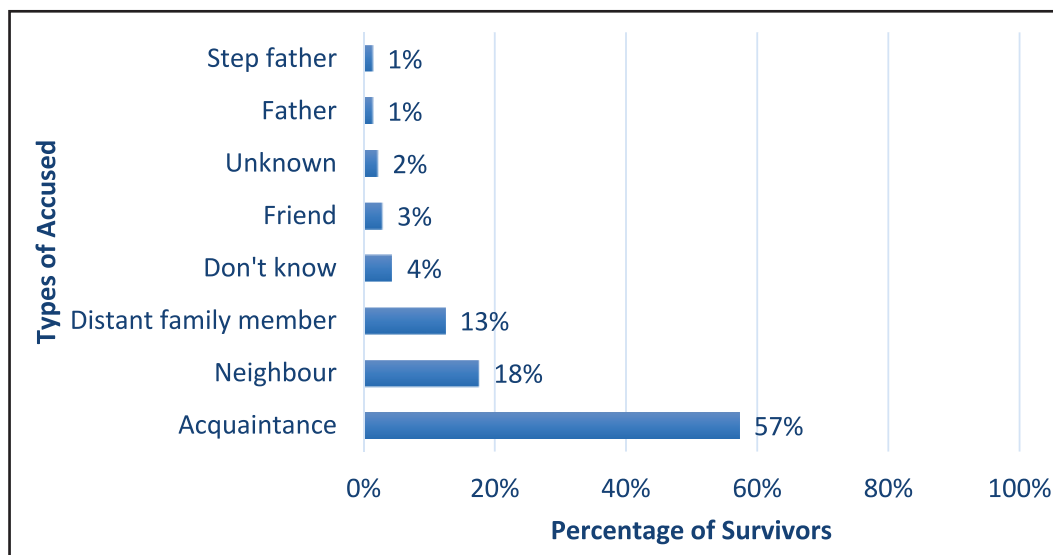
## 2) Forms of Sexual Violence Reported by the Survivors

**Figure 3: Varied forms of sexual violence reported in the cases of adolescent pregnancy**



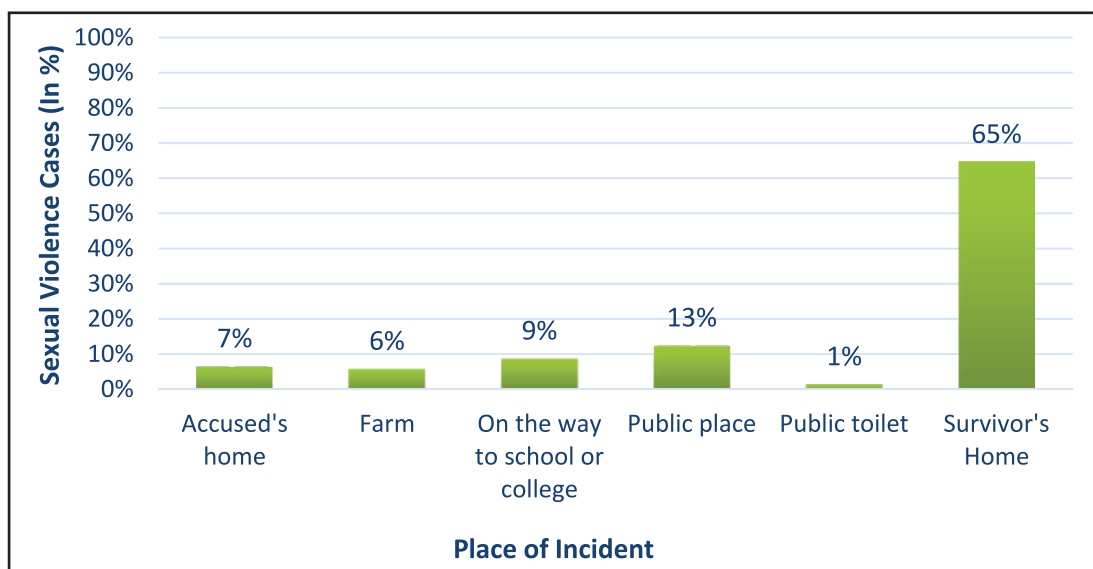
Nearly 51 percent of cases were of rape, 46 percent were of kidnapping and rape and 4 percent were of gang rape.

**Figure 4: Relationship of the survivor with accused**



In 98 percent of cases, sexual violence was committed by abusers (accused) known to the survivors. Among the known abusers, an acquaintance from the survivor's resident village was reported as the abuser in the majority of cases. While there was nearly 18 percent of cases in which survivors' neighbours were their abusers, in 3 percent of cases immediate family members such as the survivor's father and stepfather were reported to be their abusers. Similarly, in 13 percent of cases, the survivor's distant family relatives such as a paternal or maternal uncle, or cousin have sexually abused the survivor.

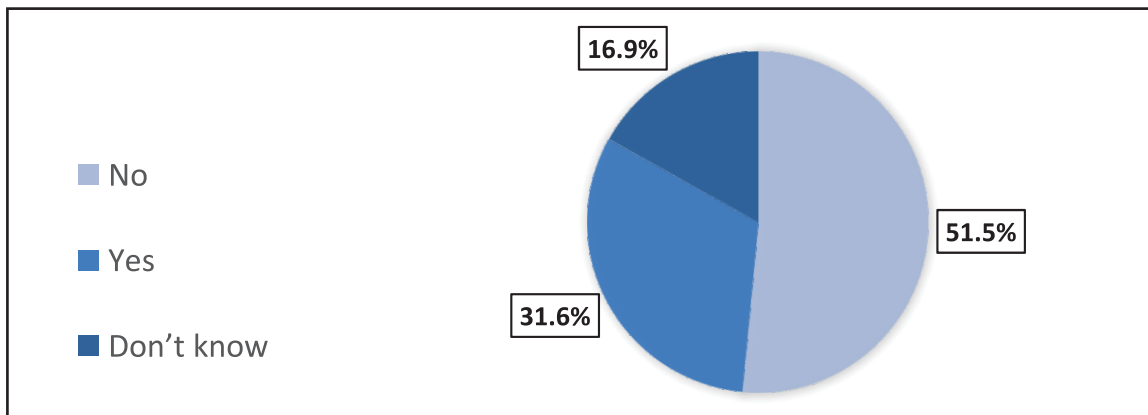
**Figure 5: The places of the incident wherein the sexual violence cases occurred**



In 65 percent of sexual violence cases, the abusers barged into adolescent survivors' homes and sexually abused and assaulted them. While 13 percent of survivors were sexually abused and assaulted in public places such as markets, bus stops, railway lines, etc., about 9 percent of survivors were sexually abused and assaulted on their way to their schools and colleges. In 6 percent of cases, survivors were also abducted and then sexually abused and assaulted in agricultural farms of their own village.

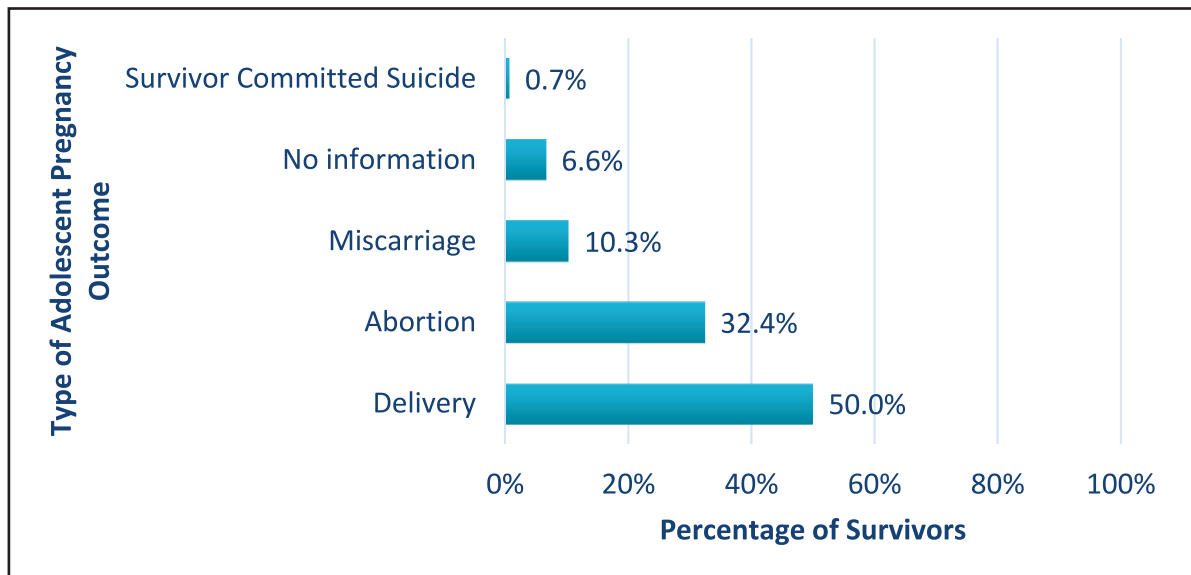
### 3) Survivor's Experience in Seeking Healthcare and Abortion Services

**Figure 6: Percentage of survivors who had undergone a two-finger test during the medico-legal examination**



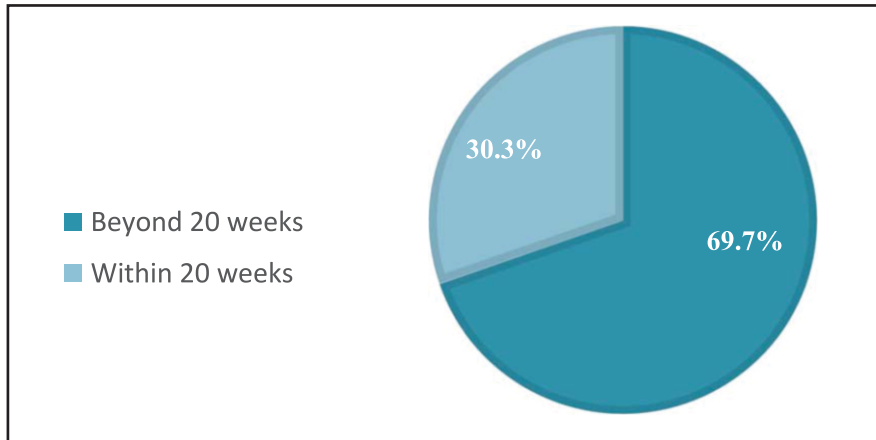
The review of medical records of survivors by NGO staff found that about 32 percent of the survivors had undergone the two-finger test by the healthcare provider while conducting the medico-legal examination. Despite the Supreme Court's ban on the two-finger test in 2013 and MoHFW's guidance on rape examination and care, a substantial number of girls were still subjected to the illegal and degrading practice which is also considered 're-victimization'.

**Figure 7: The type of pregnancy outcome reported by the survivors (in percentage)**

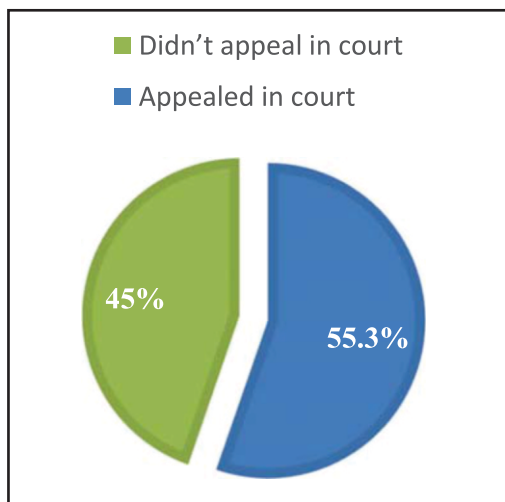


In 13 out of 68 cases adolescent survivors delivered a newborn, and in one such case, the newborn died within one month after birth. In 32.4 percent of cases, the survivor's pregnancy was terminated, while, in 10 percent of cases, the survivors experienced a miscarriage and severe health issues. There was one case where both the adolescent survivor and her newborn died during the delivery process.

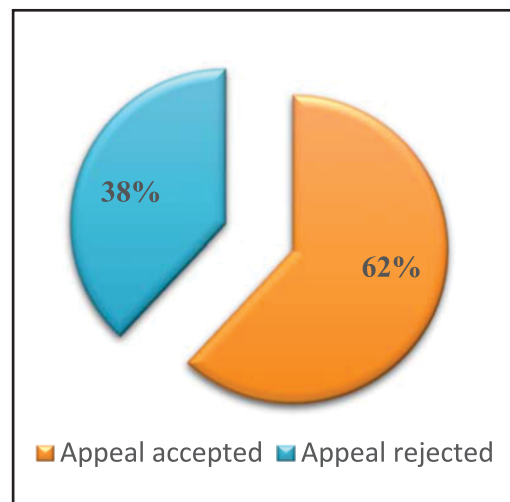
**Figure 10: The duration of adolescent pregnancy when the abortion was conducted (in percentage)**



In nearly, 70 percent of cases, the survivors underwent the abortion procedure after the completion of 20 weeks of pregnancy, which includes those adolescent girls who faced several barriers in reporting the pregnancy and seeking available medical care. In these cases, the survivors lacked information about early signs of pregnancy leading to a delay in reporting the pregnancy to healthcare providers who could provide options like measures to discontinue the pregnancy. This indicates that the healthcare providers are not trained to respond to the needs of survivors during the medico-legal examination.



**Figure 11: Number of cases wherein survivor sought permission from the court for seeking abortion (in percentage)**

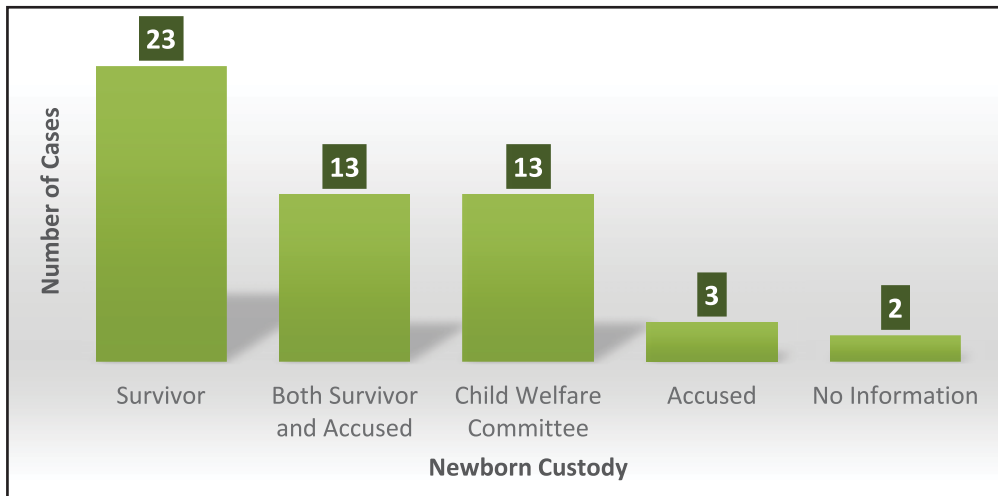


**Figure 12: Number of cases wherein permission for abortion was granted by the court (in percentage)**

In 50 percent (42 out of 94) of the cases wherein the pregnancy was more than 20 weeks, survivors appealed in court seeking a grant for the abortion (figure 11). This indicates that a large proportion of the survivors lack the information and resources to approach the court.

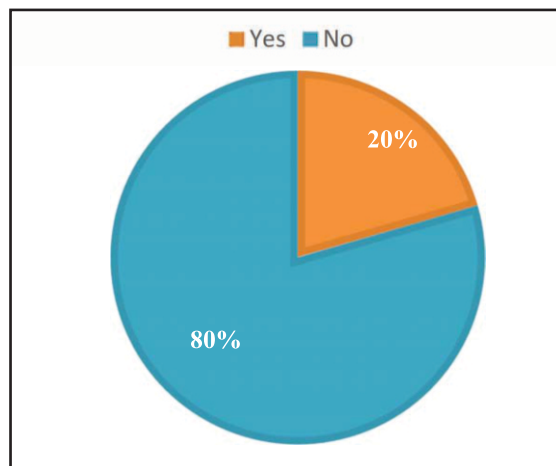
The court granted permission for abortion in 26 cases (out of 42) wherein the gestational period was up to 24 weeks. In 16 cases the court denied abortion due to the higher probability of severe medical issues related to the abortion as the survivor's gestational length was between 25 and 30 weeks. Thus, in these cases, too, the survivors were forced to continue their pregnancy despite the evidence that a third-trimester abortion is no less safe than the continuation of a pregnancy of a rape survivor, which poses a serious threat to her mental health and even her life.

**Figure 13: Number of cases depicting the custody of the new-born in adolescent survivor pregnancy cases**



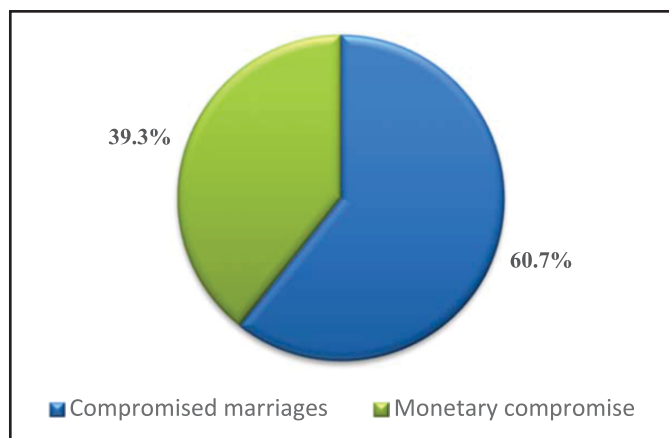
In the total of 54 cases in which a newborn was delivered successfully, in 23 cases, the newborn was living with the survivor and their family. In only 3 cases, newborn custody was given to the accused. In 13 cases, newborn custody was given to both the accused and survivor indicating that the survivor was married to the accused. The newborn's custody was given to the Child Welfare Committee (CWC) in 13 cases. The CWC plays a pivotal role in the sexual violence cases reported among adolescent girls aged less than 18 years. According to the Protection of Children from Sexual Offences (POCSO) Act (2012), it is the responsibility of CWC to provide support to the girls during investigation and trial.

**Figure 14: Compromise happened between the survivor and accused (in percentage)**



In about 21 percent of cases, a compromise or settlement has happened between the survivor and accused through various economic, political, and social mediation. This is despite the Supreme Court declaration that there should not be a compromise option provided to interested parties in a sexual violence case. However, some district courts still give orders of 'out-of-court' mediation, especially when survivors belong to weaker sections of society and are likely to be subjected to victim-blaming and shaming. Thus, in out-of-court settlements, the mediation is forced by the accused through the use of their financial and social power to coerce the survivor and her family into a settlement.

**Figure 15: Types of Compromise reported among the survivor and accused (in percentage)**



In 61 percent of cases, a compromise marriage was reported among the accused and survivor (i.e., 17 cases). In 39.3 percent of cases, the sexual violence case was compromised as the accused provided money to the survivor and their family to change their testimony in their court hearing and for seeking abortion services.

## KEY FINDINGS

The fact sheet provides several crucial insights on the issue of sexual violence among adolescent girls from marginalised communities wherein the result of sexual violence led to adolescent pregnancy. The delayed reporting of adolescent pregnancy derived from the survivors' case history has important implications.

First, increased awareness among girls about sexual and reproductive health would eliminate the chances of delayed reporting of adolescent pregnancy.

Second, healthcare providers should be properly trained to seek detailed sexual violence history from the survivors and provide them with accurate information about the early signs of pregnancy. In addition, healthcare providers also must provide immediate treatment wherever applicable e.g. emergency contraceptives. Furthermore, healthcare providers should be equipped with the knowledge and skills to conduct medico-legal examination and treatment for survivors of sexual violence in accordance with the guidelines.

Third, judicial proceedings for seeking legal abortion permission are extremely time-sensitive. The pregnancy resulting from sexual violence (rape or gang rape) should be considered a serious health concern for the adolescent survivor. Thus, the consent of the adolescent survivor and the opinion of her gynaecologist should be primary in providing the authorised permission for abortion services to terminate the unwanted pregnancy.

Fourth, 'compromise' out-of-court mediation between survivor and accused perpetuates patriarchal norms, and notions of 'honor' and indicates the failure of the nation's criminal justice system. Thus, there should be no legal standing for such compromises that demean the dignity of the survivor. There is a need to develop sensitivity among judges for not considering settlement and for providing conviction and justice to sexual violence survivors.