



In **Colombia**, challenges in accessing **sexual and reproductive rights (SRR)** are particularly severe in **regions affected by armed conflict and migration**, such as **Cauca, Norte de Santander, and Nariño**. Geographic difficulties and limited infrastructure, combined with deep socioeconomic vulnerabilities, **force the population into long and risky journeys to access basic health services, including sexual and reproductive health**. These challenges are sometimes exacerbated by the resistance of ethnic leaderships that prioritize traditional values over reproductive autonomy, particularly impacting women and girls.

This bulletin, conducted under the **Tejiendo Caminos consortium** by **CARE** and **HI** and funded by **ECHO**, aims to shed light on unmet needs for **the exercise and enjoyment of sexual and reproductive health** in the municipalities of Buenos Aires, Morales, and Suárez in **Cauca**, the southwestern region of Cucuta and the Catatumbo subregion in **Norte de Santander**, and in Ipiales, Samaniego, Policarpa, and El Rosario in **Nariño**. These areas are affected by both armed conflict and migration, hindering the full exercise of sexual and reproductive rights, particularly for women.



It also **seeks to draw the attention of national policymakers to mobilize actions that address the identified inequalities and violence**. The **need to develop effective public policies**, in coordination with civil society and the State, is emphasized. These policies should promote well-being, autonomy, and gender equality, thereby contributing to the elimination of stigmas and prejudices, the removal of barriers to exercising **sexual and reproductive rights**, and facilitating access to quality, inclusive sexual and reproductive health services.

Key Findings



SEXUAL VIOLENCE AND REPRODUCTIVE RIGHTS

The **prevalence of sexual violence as a mechanism of control over women and girls in areas affected by armed conflict** remains alarming. Institutional responses, particularly for survivors of sexual violence, are still inadequate, often creating barriers for those seeking support, care, and reparations.



CONTRACEPTIVE METHODS

Despite national efforts, **significant disparities in access to contraceptive methods persist, primarily affecting young people, rural residents, and migrant populations**. Nearly 70% of adolescent migrant women reported not having access to contraceptive methods.



SEXUALLY TRANSMITTED INFECTIONS (STIs)

Stigma generated by the control of Non-State Armed Groups (NSAGs), **persistent discriminatory prejudices**, and a **lack of healthcare resources and infrastructure** are significant obstacles to effectively managing and treating **STIs**.



VOLUNTARY TERMINATION OF PREGNANCY (VTP)

Access to voluntary termination of pregnancy (**VTP**) **remains limited across various contexts, particularly in later stages of pregnancy**. This is due to **legal misunderstandings, social stigma, and delays in pregnancy diagnosis** and gestational age confirmation, despite advances in Colombian law regarding effective access to VTP.

Sexual Violence and Reproductive Rights

Context

In **Colombia**, **sexual violence** has been recognized as a severe national issue, especially prominent in areas affected by armed conflict. According to the **Office of the Public Prosecutor**:



In 2023, **8.295** sexual crimes were recorded against minors, with **4.605** of these crimes committed against **children** and **3.690** against **adolescents**.¹



In 2024, **2.068** cases of **sexual violence** against women have been registered.²

The combination of **armed conflict**, **persistent gender inequalities**, and an **insufficient institutional response** **increases the risks faced by women and girls in the country**.

Key Findings

In **Norte de Santander**, **CARE Colombia** identified the following factors:



The situation is **worsened by migration and clashes between armed groups**, creating an especially hostile environment for women and girls.



Sexual violence in this context is **not only an act of individual aggression but also a consequence of the instability and conflict that tears apart the social fabric of the region**.

This is reflected in the **difficulty of accessing adequate health, protection, and justice services**, where survivors often face **barriers and inadequate responses**.

In **Nariño**, **sexual violence** is a critical issue, exacerbated by **armed conflict** and **migration**:



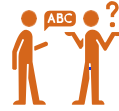
Factors such as **entrenched sexism, the normalization of gender-based violence, scarce resources, and poor conditions in shelters** for refugee and migrant women **intensify the situation**.

The **Inter-Agency Coordination Platform for Refugees and Migrants (R4V)** highlights these challenges, noting the **many barriers faced by these women**, especially those in vulnerable situations.³



Additionally, they face significant **social stigma and fear of reprisals**, which, combined with **distrust in the justice system**, **hinder the reporting of sexual violence and limit access to legal and support services**.

In departments such as **Norte de Santander, Nariño, and Cauca**, survivors face **barriers to accessing their rights, such as**:



The **installed capacities in terms of logistics, infrastructure, human resources for care, registration, systematization of cases, and limited inter-institutional coordination**.

This situation is further aggravated by factors such as:



Stigmatization and cultural barriers that **violate the protection of sexual and reproductive rights**, especially of children, adolescents, women, and people with **Diverse Sexual Orientation and Gender Identity (SOGI)**.

In **Cauca**, the dynamics of the **armed conflict** contribute to a **significant underreporting of cases of sexual and reproductive violence**.



Indigenous and Afro-descendant communities face unique challenges, as **cultural practices** and the **social and territorial control exercised by non-state armed groups** greatly hinder reporting and access to justice, as well as to health services and other related rights.

In this department, the sexual and reproductive rights of women and girls are violated not only by **armed actors but also by sociocultural patterns that often infringe on freedom of conscience and reproductive autonomy**.

As part of the humanitarian response, the **Tejiendo Caminos Consortium** has **provided care and support for six cases of sexual violence survivors nationwide**.



However, **significant challenges** remain in the early identification and care of cases due to **fear and distrust of institutions**, given the lack of **guarantees of confidentiality and protection**, particularly in contexts of **armed conflict and migration**.

These challenges were acknowledged by institutional actors in the health and protection sectors during recent focus groups. It was also observed that cases of sexual violence primarily occur in rural and dispersed areas, where services are limited, and where the conflict and migration have significant impacts on people's sexual lives, such as traditionally overlooked forms of sexual and reproductive violence.

¹ Procuraduría reveló el alarmante panorama de violencia sexual en Colombia (procuraduria.gov.co)

² <https://cambiocolombia.com/cifras-fiscales-violencia-mujer>

³ <https://www.r4vinfo/sites/default/files/2023-12/05122023%20Infograf%C3%ADa%2025N.pdf>



These issues are deeply rooted in **structural** and **cultural inequalities** that limit women's ability to access services. **The prevalence of sexual violence, the difficulty in reporting these crimes, and the normalization of gender-based violence in these regions remain high.**



For **CARE**, these dynamics require special attention to ensure that measures taken not only address the symptoms but also the underlying causes that perpetuate sexual violence in these Colombian departments.

Contraceptive Methods

Context

In **Colombia**, despite national efforts to improve access to **contraceptive methods**, significant disparities persist, mainly affecting **rural communities and indigenous and Afro-descendant populations**. According to Profamilia, over **500.000** contraceptive services were provided in 2023. However, it is estimated that **70%** of women aged 15 to 19 and **52.7%** of adolescent men do not use contraceptive methods.⁴



These figures reflect a broader problem characterized by both **socioeconomic and cultural barriers** that hinder effective access to modern contraceptive methods and adequate sexual education nationwide. These barriers are particularly pronounced in the three targeted departments, where specific challenges highlight the unique dynamics and additional difficulties these communities face.

Key Findings

In **Norte de Santander**, **CARE Colombia** has identified that:



The shortage of accessible **contraceptive methods** is especially critical in rural areas and for migrant populations.



The lack of **education on contraception and the prevalence of stigma** are aggravating factors.

These factors severely limit women's options, leaving them vulnerable to **unwanted pregnancies and their associated consequences**.

In **Cauca**, the **burden of contraception** disproportionately falls on women and girls.



Traditional gender roles and **discriminatory sociocultural practices** not only affect their ability to access and use safe and reversible contraceptive methods but also **limit the reproductive autonomy of those capable of becoming pregnant**.

This dynamic is **reinforced by a lack of access to adequate services**, perpetuating a **cycle of poverty and dependence** that further marginalizes these populations.

Nariño faces similar **challenges**, such as:



The **lack of proper education** on **contraception** and the **limited availability of services** in remote areas create significant barriers to accessing contraceptive methods.

This again highlights the need for **targeted interventions** that **specifically address the needs of the most isolated and vulnerable communities**.

The **lack of options and education on effective contraceptive methods** contributes to high rates of **unwanted pregnancies**, underscoring the importance of **implementing policies and programs that improve access to reproductive health information and services in Colombia**.

In conclusion, **access to contraceptive methods** in the country reflects the **structural and cultural inequalities** at play. **Addressing these barriers requires a comprehensive approach** that focuses on service provision, **changing cultural norms**, and **improving education** at all levels of society.

⁴<https://www.eltiempo.com/salud/metodos-anticonceptivos-un-70-de-las-mujeres-entre-los-15-y-19-anos-no-tienen-acceso-793022>

Sexually Transmitted Infections (STIs)

Context

Sexually transmitted infections (STIs) pose a significant public health challenge in the country.



At the national level, **Colombia** faces high rates of infections such as HIV/AIDS and syphilis.

The Ministry of Health reports that during 2023:



4,716 cases of HIV/AIDS were registered, and every hour, **10** Colombians are diagnosed with a sexually transmitted infection (STI), primarily HPV, syphilis, herpes, and gonorrhea.

Key Findings

In **Norte de Santander**, **CARE Colombia** conducted **344** STI screenings, where:



70% were **Venezuelan migrants in transit**, **10%** were **migrants intending to stay**, and **20%** were **Colombian victims of armed conflict**.

This scenario revealed that:



A **lack of adequate resources** for **testing and treatments** severely hinders medical care within the health system.



A **lack of medical confidentiality**, as Non-State Armed Groups (NSAG) attempt to **access medical results**, violates the principle of privacy and makes **individuals targets for these groups**.

In contexts of **conflict and migration**, immediate survival **needs to take precedence**, leaving **sexual and reproductive health** as a **lower priority**.

In **Nariño**, the following aspects are worth highlighting:



There is a notable **lack** of information and **access** to adequate services for detecting and treating STIs, especially in areas affected by **conflict** and high migration.



CARE identified that out of **700 STI screenings**, **68%** were for **women**, compared to **32%** for **men**.

This is because **women**, affected by sexual violence, unprotected sexual relations, and coercion in patriarchal contexts, **perceive a higher risk of contracting STIs**.



The limited availability of barrier methods and information on sexual and reproductive **rights** **worsens this situation**.

When disaggregating the cases by **gender**:



Men are the most affected group, representing **79.9%** of infections, which amounts to **3,770 cases**, while **women** account for **20.1%** of cases, totaling **946 infections**.⁵

Although the prevention and treatment of STIs should be a priority on the public health agenda, stigma, and resource scarcity remain critical obstacles to effectively managing these infections.

In **Cauca**, the situation is not much different. STIs are frequently deprioritized in the health agenda, suffering from a **lack of effective prevention and treatment programs**. From the care provided by CARE, the following findings were noted:



A total of **455 STI screenings** were conducted, of which **368 (81%)** were for women and **86 (19%)** for men.



34% of **reproductive-aged individuals** reported **never having had** an STI screening before, with **68%** of these individuals belonging to **ethnic communities**, and **81%** being **women**.



Thus, the **lack of adequate attention** and resources for STI prevention and treatment perpetuates a **vicious cycle of neglect and inattention**.

Furthermore, **armed conflict** and **migration phenomena** have **exacerbated the vulnerability of populations** to STIs. In conflict areas, as in some sectors of these **departments**, the **barriers** include:



Lack of access to healthcare services and significant stigmatization toward victims of **sexual violence**, who are often more vulnerable to **STIs** due to **exploitation and abuse**.



Indigenous communities face additional challenges due to **cultural dynamics** that **normalize sexual violence and perpetuate the underreporting of cases**, further complicating efforts to address and treat **STIs** in these contexts.

This situation is concerning, as the consequences of untreated STIs extend beyond individual health, impacting public health and deepening the vulnerabilities of populations already affected by other adverse socioeconomic and cultural factors.

⁵<https://www.infobae.com/colombia/2023/07/28/estas-son-las-enfermedades-de-transmision-sexual-que-mas-le-diagnostican-a-los-colombianos-segun-minsalud/>



Voluntary Termination of Pregnancy (VTP)

Context

In **Colombia**, the voluntary termination of pregnancy (VTP) has advanced legally with rulings such as **C-355** and **C-055** by the **Constitutional Court**, which allow access to VTP under certain conditions.



According to **Profamilia**, in **2023**, **75%** of VTPs were performed **before the ninth week**, and **88%** **before the twelfth week of gestation**, indicating that **most procedures occur in the first trimester**.

However, VTPs performed **after the 24th week** reflect persistent barriers such as a lack of awareness of the law, social stigma, late diagnoses, and conditions of poverty and violence that **prevent early access to the healthcare system**.⁶

Key Findings

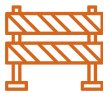
In **Norte de Santander**, **CARE Colombia** identified the following aspects:



The **main barriers** to accessing VTP include a significant lack of **knowledge about the current legal framework** and a **shortage of accessible services**.



The **stigma** associated with VTP significantly contributes to the **difficulty in accessing these essential services**, a situation worsened in contexts of **migration and conflict** where misinformation and prejudice are particularly prevalent.



Rural areas and those **affected** by armed conflict suffer from **inadequate healthcare infrastructure**, and **geographic barriers** make it difficult to reach health centers that provide VTP services.



In the context of **armed conflict**, security **threats** may deter individuals from seeking medical attention, including VTP, due to **fear of violence or reprisals**.

In **Nariño**, **administrative obstacles** complicate access to VTP services, **perpetuating misinformation and taboos** around reproductive health.



Women served by CARE face **significant barriers** to accessing VTP, including **insecurity in their environments** due to a lack of confidentiality, **insufficient information** about sexual and reproductive rights, and discriminatory treatment.

These factors **make them vulnerable to coercive pressures from family members and communities to continue with unwanted pregnancies**, reinforcing gender stereotypes.

Although the **legal framework** for VTP in **Colombia** has been expanded, its implementation varies significantly across **different regions**:



Barriers such as **limited** access, **lack** of education, and cultural **acceptance** hinder its effective application.

This issue is particularly evident in departments like **Norte de Santander**, **Cauca**, and **Nariño**, where **real access to VTP is often restricted** by cultural, socioeconomic, and geographic factors, **showing that national policies do not always result in effective and equitable access for all communities**.

In **Cauca**, **similar challenges** arise regarding access to reproductive health services, with additional **barriers stemming from a lack of knowledge about reproductive rights**. Regarding this, it has been identified that:



These **barriers** are especially evident among **Afro-descendant and Indigenous populations**, who face a **disproportionate impact** due to **intersectional factors of discrimination** that make them more vulnerable.



The **scarcity of facilities** that can offer safe VTP exacerbates these difficulties, leaving many **women** and **pregnant people** without the necessary options to make informed decisions about their reproductive health.

This **lack of access to safe VTP services** not only limits the exercise of reproductive rights but also endangers the health and well-being of pregnant individuals by forcing them to **resort to unsafe or clandestine methods to terminate** an unwanted pregnancy.

In all these departments, the **combination** of poor knowledge of the **legal framework**, limited access to **safe services**, and **cultural and religious** pressure that often condemns VTP **contributes to an environment where women's reproductive rights are systematically denied**.



Education is key to **reducing the stigma** around VTP and **promoting** a more inclusive and respectful understanding of reproductive health, **ensuring** that all women have the right and ability to make informed decisions about their bodies.

⁶<https://www.infobae.com/colombia/2023/09/26/abortos-seguros-en-colombia-registraron-un-aumento-del-367-durante-2023/>



A Call to Action: The Colombian State and International Cooperation

At **CARE Colombia**, we urge the **Colombian State** and **International Cooperation** to unite efforts through key actions that help **overcome these barriers**, based on the following points:

Recommendations to the Colombian State



ACCESS

Design differentiated strategies to **promote equitable access to sexual and reproductive health services**, considering the specific needs of the migrant population and victims of the armed conflict in the Decennial Health Plans. This should ensure the necessary resources for providing sexual and reproductive health services with a focus on rights, gender, and inclusion.



AUTONOMY

Implement **strategies that promote reproductive autonomy** as a preventive measure in long-term processes, impacting communities through education and healthcare spaces with an ethno-territorial, gender, and inclusion approach.



VIOLENCE

Recognize and address reproductive violence as a structural issue stemming from the Colombian armed conflict, including sexual violence, forced pregnancy, family planning, abortion, and forced motherhood.



DIALOGUE

Given the ethnic diversity of intervention areas, especially in Cauca, it is crucial to **develop a dialogue between the Indigenous communities' justice systems and the ordinary justice system** to achieve a harmonious relationship in applying measures of care and access to rights, especially regarding sexual and reproductive violence.



COORDINATION

Evaluate the existing spaces for interinstitutional coordination, their effectiveness, and their impact on developing strategies for preventing and addressing sex- and gender-based violence in the regions. This would help ensure the effective implementation of programs aimed at eradicating this type of violence.

Recommendations to International Cooperation



SUPPORT

Provide technical and financial support for implementing projects aimed at improving healthcare infrastructure, training healthcare personnel, and designing programs for education and prevention of sex- and gender-based violence.



ADVOCACY

Encourage cooperation agencies and international entities to **support advocacy efforts and awareness campaigns on the human rights of migrants and victims of conflict**, including promoting respect for sexual and reproductive rights within the framework of promoting human rights for the migrant population and victims of the armed conflict.



COORDINATION

Foster close coordination between civil society, government entities, private sector institutions, and non-governmental organizations (NGOs) to strengthen strategies and measures aimed at improving the availability and quality of access to comprehensive health education, information, and sexual and reproductive health services in vulnerable communities, with a particular focus on rural areas and municipalities affected by conflict and migration.