

REPORT CARD HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



MEXICO

COUNTRY CONTEXT:

Size of population: (2007 estimate):	106, 682, 518 ¹
Life expectancy at birth (2004):	75.1 ²
Population living below \$1 a day:	4–9% ³
Percentage of population under 15 years:	29% ⁴
Youth literacy female rate as percentage of male rate (ages 15–24)	97.6% ⁵
Median age at first union for women (ages 15–49):	20 years ⁶
Median age at first union for men (ages 15–49):	23 years ⁷
Median age at first sex among females (ages 15–49):	17 years ⁸
Median age at first sex among males (ages 15–49):	15 years ⁹
Total health expenditure (public and private) per capita per year	US\$655 ¹⁰
Contraceptive prevalence rate for women 15–49 ¹¹ :	70.9% ¹¹
Fertility rate (2005):	2.1 per woman ¹²
Maternal mortality rate per 100,000 live births:	83 ¹³
Religions: Roman Catholic 89% Protestant 6% other 5% ¹⁴	
Languages: Spanish and over 60 indigenous languages are spoken in different regions of the country. ¹⁵	

AIDS CONTEXT:

Adult HIV prevalence rate (15–49) (2005):	0.3% ¹⁶
HIV prevalence in vulnerable groups: MSMs–15% IDUs 6% ¹⁷ Sex workers (1% amongst female sex workers, 15% amongst male sex workers) ¹⁸	
HIV prevalence rate in young people (ages 15 - 24): Male 0.77% Female 0.36% ^{18a}	
Number of deaths due to AIDS (2005):	4,653 ¹⁹
Number of People Living with HIV (2006):	180,000 ²⁰
Women accounted for 20.5% of reported HIV cases in 2007 [9.9% from 1983–2006]:	[9.9% from 1983–2006] ²¹

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Although the dominant mode of HIV transmission in Mexico is sex between men, the trend seems to be changing in some Southern states of the country (Tlaxcala, Puebla, Chiapas and Hidalgo)²² where transmission through heterosexual sex is becoming increasingly common. This only reinforces the vulnerability of young women and girls in rural areas where there is relatively limited access to sexual and reproductive health (SRH) and HIV services. Traditionally women hold low status and 60% of women report that they have experienced gender-based violence.²³ Long distances girls have to travel to reach services and the levels of stigma and discrimination in health care settings all contribute towards this reduced accessibility.²⁴ Migration also has an impact on the number of women entering sex work and the number of injecting drug users (IDUs), which are both vulnerable groups in Mexico.²⁵ The increasing trend of incidence among women is a clear indicator of the feminisation, and therefore, the generalisation of the HIV epidemic.

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN MEXICO.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Mexico. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15–24 years in Mexico. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Mexico.

The Report Card is the basis of extensive research carried out during 2008 by IPPF, involving both desk research on published data and reports, and in-country research in Mexico to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Mexico' (available on request from IPPF).

However, gender inequality in the economic, social and political status of women, has been recognised by the government and is being addressed in the Federal Health Plan for 2007–2012.²⁶ Plans to address the difficult situation facing women are being made in all sectors. Prevention of mother to child transmission (PMTCT) services have been prioritised and it is the government's intention that all pregnant women have access to voluntary testing and counselling and PMTCT. Health workers are also being trained on respecting the rights of young people and adolescents, although at present it is unclear whether these trainings are successful. Strong political commitment and enshrining the provision of comprehensive HIV services in law to the general public contributes to a comprehensive response to the epidemic.

KEY POINTS:

- The **minimum legal age for marriage is 18** for both men and women. However **girls as young as 14** and boys as young as 16 **can marry with parental consent and there are many people under 18 who marry** due to local traditions, especially in rural communities.²⁷
- Individuals under 18 do **not need parental or partner consent to access** any other **sexual and reproductive health (SRH) services**²⁸ with the **exception of HIV services and abortion**.²⁹
- **Abortion is legal** on request during the first 12 weeks of pregnancy **in Mexico City public clinics and Yucatán state**³⁰ only, and **legal in cases of rape in the other states** of the country. However, **many rape survivors** are currently being **denied their right to an abortion** by local officials.³¹
- There was a **law** passed in 2007 **covering gender based violence (GBV)** issues including **physical, sexual and psychological and economic violence** (and issues of female inheritance).³² Nevertheless **an indigenous woman was elected mayor** of a community only to be **denied her post**. The men stated that women in that locality are not accustomed to holding professional jobs and **used the ordinance of "customs and values"** to deny her the position in office.³³
- **Marital rape** has been illegal in Mexico since 2005.³⁴
- There is an official **public policy about AIDS** in Mexico (La Norma Oficial Mexicana NOM-010-SSA2-1993)³⁵ which came into force in 1995 and has been updated three times (last in 2003). It **protects the rights of those living with HIV in terms of access to non-discriminatory medical services** and **recognises the vulnerability of** various groups, including **adolescents and marginalised groups**.³⁶
- The **official public policy on AIDS** provides that **HIV prevention education services, voluntary counselling and testing (VCT), sexually transmitted infections (STI) treatment and counselling and antiretroviral therapy (ART) are available and free** for the public, including **young women and girls**.³⁷
- **Sex work is illegal in Mexico** and it is **difficult for sex workers** to form **support groups** or unions.³⁸
- Needle exchange programmes are illegal and the fact that drug use is illegal makes it **difficult to access injecting drug users (IDUs)** as they are marginalised from society.³⁹ However, less than 1% of HIV cases are related to drug use.⁴⁰
- Legislation exists to **protect the rights of PLHIV** and respect the **confidentiality of their records and medical files**, however this is **not enforced**.⁴¹

QUOTES AND ISSUES:

- **"Many teenage girls** know that parental consent is required [for access to HIV prevention services], so they **wait until they are 18**, because **it is not easy for them to tell their parents that they have already initiated their sexual lives"** (Interview, Doctor, HIV treatment services clinic)
- **"I went to a friend's wedding, who is 15. The judge first asked her parents if they agree, and then asked her if she accepted."** (Focus group discussion with young women and girls, aged 15–19 from rural and urban areas)
- **"Regarding marriage, when girls have an unplanned pregnancy, their family members make them get married immediately, even if they are underage. Thus we see that cultural requirements are stronger than legal ones, and this is an obstacle to prevention."** (Interview, Director of national PLHIV network)
- **"In local law, in some states, the response to a rape case is marriage, and of course that is counter-productive in terms of HIV prevention."** (Interview, Senior management, National AIDS Council)
- **"The law on the age to access information should be changed and condoms should be available without parental consent."** (Interview, Executive Director, PLHIV network)
- **"The law does not provide for people in different life circumstances [in or out of school youth, married or unmarried], It should do this."** (Interview, Director of research, family planning association)
- **"One governor said "giving condoms to young people is like providing them with a six-pack of beer and a free night at the motel."** (Interview, HIV Youth Programme Coordinator, International Organisation)
- **"It is necessary to push for new legislation that recognises girls and young women as vulnerable and includes sanctions on health personnel in cases of discrimination."** (Interview, Coordinator of Programmes, NGO working on sexual and reproductive health for women)
- **"There is a strong need in Mexico that there is a general law about AIDS that goes further not only in aspects of prevention, but also care and human rights."** (Interview, HIV Youth Programme Coordinator, International Organisation)



KEY POINTS:

- The **National Health Plan** 'El Programa Nacional de Salud 2007–2012' emphasises a **full continuum of strategies** to address **HIV/AIDS**, including **prevention, care, support and universal access to treatment, it includes references to linkages between sexual health and HIV services**.⁴²
- The National Health Plan **references pregnant women and adolescents as groups** that should be addressed by specific health promotion programmes in programmes in sexual and reproductive health (SRH) and HIV and HIV prevention but **does not address young women and girls** separately.⁴³
- The National Health Plan recognises that there is a **lack of access to health services and economic opportunities** for women and that **poverty and other social inequality issues** prevent women from exercising their rights and fulfilling their needs.⁴⁴
- Two of the four areas of focus of the **Adolescent Health Program** mentioned in the National Health Plan are **the rights of adolescents and gender issues**.⁴⁵
- **Training and quality of services are referenced regularly** in the National Health Plan, and it asks for the creation of a consortium of national and international experts that will assist in the capacity building process of health providers.⁴⁶
- The national **policy on voluntary counseling and testing (VCT) is aimed at the general population** and there are **no specific efforts to target it towards young women and girls**.⁴⁷
- The **national protocol on antenatal care includes an optional HIV test, all HIV positive pregnant women are to be given comprehensive information about PMTCT and offered services**, which they can decline if they should so wish.⁴⁸
- There is a policy, which **promotes comprehensive SRH and HIV education** for young people in primary, secondary and vocational schools.⁴⁹
- The National Health Plan aims to have a permanent **public campaign promoting 'responsible sexuality' and use of condoms among young people**.⁵⁰

QUOTES AND ISSUES:

- *"The government should have a policy on giving more information to young people. They should hand out information and condoms in the street. (Focus group discussion with young women and girls, aged 15–19 from rural and urban areas).*
- "The **sexual education** currently given **in schools** is the **result of** the work of **many civil society organisations**. The information that young people in schools have on condoms doesn't even compare with what previous generations had." (Interview, Coordinator of programmes, NGO working on sexual and reproductive Health (SRH) for women)
- *"There is a certain omission of young women in the topic of sexual and reproductive health. "We are waiting to see the National Program of Equality for Men and Women, in which we believe there will be included specific actions for prevention."* (Interview, Programme Coordinator UN Agency)
- *"The vertical nature of HIV services should change. Access to sexual and reproductive health care should be encouraged and HIV integrated into this because they are focused on family planning."* (Interview, HIV Youth Programme Coordinator, International Organisation)
- "A policy which dictates that **health service professionals should be trained** on topics of **gender equality and human rights** is necessary." (Interview, Project officer on population and gender and national consultant on HIV, UN agency)
- *"The educational curriculum should make HIV education start from elementary school."* (Focus group discussion with young women aged 20–24, rural and urban areas)
- "Some states require HIV and/or venereal disease laboratory testing (VDRL) before marriage. **If you test positive you may not get married. This is an act of discrimination.** It happens to boys as well." (Interview, Doctor treating PLHIV)
- *"According to national accounting by the public sector in the year 2005, resources were aimed primarily at programmes directed towards men who have sex with other men, and to vertical prevention in safe blood banks. Currently funds are distributed in the same way."* (Interview, Programme coordinator at UN Agency)



KEY POINTS:

- CONASIDA, the National Council on AIDS, has a **telephone hotline** open Monday to Friday from 9:00am to 9:00pm for information and support on HIV/AIDS. There is also a local organisation with a hotline open from 10:00am to 6:00pm every day.⁵¹
- There are **approximately 500 government clinics** that offer **sexual and reproductive health (SRH) services** throughout the country.⁵²
- **Male condoms are available** in health centres, social security centres and Non Government Organisations (NGOs).⁵³
- Since 1997, **access to prevention of mother to child transmission (PMTCT)** services has been available for **all pregnant mothers**.⁵⁴ There are **300 centres that provide services for PMTCT**.⁵⁵
- **Voluntary counselling and testing (VCT)** is available at **500 centres** and **51 specialized clinics called CAPASITS**.⁵⁶
- There are **7 harm reduction points** plus a National AIDS Council centre providing harm reduction services.⁵⁷
- There are specific NGO **programmes and projects** which **target young men and boys**.⁵⁸
- There are also programmes and projects involving **indigenous communities**, young women and transgenders.⁵⁹
- There is a government **media campaign** which deals with issues of **HIV-related stigma and discrimination**.⁶⁰
- **Each State** in Mexico has **at least one medical centre**, run by the state that is **providing antiretrovirals (ARVs)** and access to treatment.⁶¹

QUOTES AND ISSUES:

- “Women must also **be prudent**, because there are also **female condoms**. If he does not take precautions, we can do it.” (Focus group discussion with young women and girls, aged 15–19 from rural and urban areas)
- “*In terms of **ARV provision, a service provider has to be very qualified, so that they know how to provide a very good treatment.***” (Interview, Director of Research, family planning association)
- “**Condoms are available** in many clinics, but they are **not accessible if** they are not going to be used **for family planning**” (Interview, Director of a national PLHIV organization)
- “*In Mexico City, **women come from nearby states to get their medicine [ARVs], which they cannot obtain easily in their home states.***” (Interview, Coordinator of programmes, NGO working on sexual and reproductive Health (SRH) for women)
- “**When I asked the nurse for condoms, she gave me just one.** I told her I wanted more, and she said, ‘well, how many do you need?’” (Focus group discussion with young women aged 20–24, rural and urban areas)
- “*We **lack publicity** for people to know about these free services. Many **young people think that treatment is very expensive.***” (Interview, Doctor treating PLHIV)
- “Mexico currently has **only one provider of female condoms** with exclusive rights for their distribution. This **provider prices the condoms out of the reach for the common Mexican** and thus **they are seldom available at public clinics**. They can be purchased at pharmacies. The federal government provides a number of female condoms for their funded HIV projects only.” (Interview, Senior consultant for a local NGO working on HIV)
- “*There are **various non-governmental organizations for youth**, but the disadvantage is that the **people implementing the projects are adults.***” (Interview, Director of PLHIV network)



KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Mexico, including:
 - **Judgemental attitudes** of families, community members and health workers.
 - **Stigma** associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
 - **Lack of prevention information** directed towards young people and women in general.
 - **Distance** to services and **costs** of transport, particularly in rural areas.
 - Traditional norms of **gender inequality** such as women's lack of decision-making power in the household.

Many of these barriers particularly affect girls and young women living in rural areas.⁶²

- Despite a national policy on comprehensive sexual and reproductive health (SRH) and HIV education, **only 27% of primary and secondary schools had covered life-skills in HIV prevention and SRH over a period of 12 months in 2007.**⁶³
- **Stigma and discrimination** is still prevalent in many **health care settings**, despite extensive training of staff. When accessing services, **people living with HIV (PLHIV) are often still judged based on misconceptions** that their behaviour is risky.⁶⁴
- The Ministry of Health is implementing a rights-based approach to health care for (SRH), including HIV. This includes **disseminating the official policy on SRH rights (SRHR) of adolescents and young people** and undertaking **capacity building on youth-friendly services**, including development of an interactive CD-ROM for health workers.⁶⁵
- **Social and health workers** have been **criticised for denying access to SRH services**, including contraception and abortion (in cases of rape) **to girls.**⁶⁶
- **Where voluntary counselling and testing (VCT) and sexually transmitted infection (STI) testing is available there is no user fee.**⁶⁷
- There are a number of **clinics** and health care settings that **provide youth friendly services, the majority of which are run by (Non Government Organisations) NGOs.**⁶⁸
- **Access to VCT varies depending on the region of the country and the service provider.** Clients are required to wait between seven days and **one month for results.** VCT in public clinics is normally available in the mornings and early afternoon only.⁶⁹
- **Female sex workers** must undergo **mandatory, free testing** for HIV and other STIs in some parts of the country. The frequency of the testing varies according to the jurisdiction. Comments from sex workers show that **service providers** are not trained or sensitized on issues of stigma and discrimination.⁷⁰

QUOTES AND ISSUES:

- "It is **more difficult for women** to access prevention services as they fear **condemnation of their sexuality** with their partner." (Interview, Director of National Centre for the Prevention and Control of HIV/AIDS)
- "I took my friends to ask for (HIV) information and the **nurse made us wait for an hour, before telling us that these issues were none of our business.**" (Focus group discussion with young women and girls, aged 15–19 from rural and urban areas)
- "It is **important that health personnel do not judge them** [young women and girls] and that they **do not threaten to tell the parents everything.**" (Interview, Director of Research, family planning association)
- "Often **health services are not sensitized** in giving attention to women and girls **with a gender perspective, nor with a youth perspective.**" (Interview, Coordinator of Programmes, NGO working on sexual and reproductive health for women)
- "I was pregnant when they told me I had to be tested for HIV, and **when I asked the nurse for this test, she said 'you live on the street, surely you take drugs and have lots of sexual partners, and anyway, my shift is over so I cannot attend to you.'**" (Focus group discussion with young women aged 20–24, rural and urban areas)
- "In the case of **migrants, services are sometimes refused, as they are not a priority group for the health service provider**" (Interview, Director of Research and information, family planning association)
- "**Government and civil society** are much freer to **make prevention activities respecting the human rights of sex workers**, and not to repeat the old practices such as health checks with obligatory detection tests." (HIV Youth Programme Coordinator, International Organisation)
- "The **barriers to increased access** [of services] are the **times of service, the language and attitudes of health personnel.**" (Interview, Director of National Centre for the Prevention and Control of HIV/AIDS)



KEY POINTS:

- The **Government of Mexico** ratified the **Convention on the Rights of the Child (CRC)** in 1990. It has also signed the **Convention on the Elimination of the Discrimination against Women (CEDAW)** in 1981.⁷¹
- The Government has ratified the **Convention on Consent to Marriage, Minimum Age of Marriage and the Registration of Marriages (CCM)** in 1983.⁷²
- **CONASIDA**, the National AIDS Council, has **working groups** on various themes **which include members of civil society groups including people living with HIV (PLHIV), sex workers, men who have sex with men (MSM), migrants, refugees,** and others. It is unclear whether these groups include young women and girls.⁷³
- The **National Health Plan** aims to **increase participation of civil society and PLHIV** in programmes targeted towards prevention in vulnerable groups, campaigns directed towards reducing stigma and discrimination, and homophobia associated with HIV.⁷⁴
- **Young women and girls living with HIV** have access to the **support services** offered by **Red Mexicana** – a national network of PLHIV.⁷⁵
- There are a number of **national Non Government Organisations (NGOs)** that work on behalf of **marginalized communities in the urban area and rural communities** throughout the country.⁷⁶
- Both the **Government of Mexico** and a number of **civil society organisations** implement programmes to **build the capacity of PLHIV**.⁷⁷
- There are a number of **conferences, radio programmes and newspaper articles**, where **young women and girls speak openly** about their **HIV positive status**.⁷⁸
- The **consultation process for the National Health Plan** did not involve any focus groups dedicated to **women or youth**. The Health Secretariat has not designed any joint strategies for the prevention and care of young women.⁷⁹

QUOTES AND ISSUES:

- **“They [young women and girls] themselves should be the speakers for their needs.”** (Interview, Doctor treating PLHIV)
- **“One example of successful application of rights has been the creation of the Charter of Sexual and Reproductive Rights. This has been distributed nationally, and has had a great impact on youth in general.”** (Interview, Coordinator of Programmes, NGO working on sexual and reproductive health for women)
- **“A great effort has been made** already to respect women’s rights. An example of this is enshrining **‘the right to a life free from violence’** into law. (Interview, Coordinator of Programmes, NGO working on sexual and reproductive health for women)
- **“Programmes for youth that are designed by youth should be implemented.”** (Interview, Executive Director, PLHIV network)
- **“The national policy is rights-based.** However, the participation and **representation of adolescents** at the national level is **not enough.**” (Interview, Director of HIV research and information, family planning association)
- **“There is little leadership by women living with HIV, and young women have no representation in decision-making.”** (Interview, Executive Director, PLHIV network)
- **“Currently the only policy making body that openly involves PLHIV is CONASIDA.** The rest have PLHIV but they are not open about their status.” (Interview, Executive Director, PLHIV network)
- **“Many young women say “we have the information but we don’t understand what it means, also we are told about rights but with a lot of obligations”.** (Interview, Director of National Centre for the Prevention and Control of HIV/AIDS)
- **“Although Mexico has ratified and signed several international agreements** on the subject of female and youth participation), **it does not mean that the country has consolidated the different legal processes to ensure** this takes place.” (Interview, Representative from SIPAM, HIV NGO)





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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Mexico. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. **Repeal the clause** which allows girls as young as 14 to marry with parental consent, while maintaining the minimum legal age for marriage as 18.
2. **Review and revise different state's legislation on access to abortion** ensuring that:
 - **Girls and young women** who are **raped by family members** can **access** legal abortion
 - **Health care providers and social workers undergo training** on respecting the rights of young women and girls to ensure that this group are given accurate and impartial advice on abortion.
3. In light of the current epidemic, **decriminalise** both **sex work and injecting drug use** and ensure that members of the key populations of sex workers and injecting drug users are not targeted by law enforcement officials.
4. **Lower the age of consent for HIV testing** to **15 years** in line with the median age at which males initiate their sexual life.

POLICY PROVISION

5. **Guarantee that policies on VCT are consistent across public and private providers.**
6. Ensure there is a **clear federal policy that prevents mandatory HIV or STI testing** under any circumstances, including before marriage for both men and women.
7. Implement a comprehensive policy on **training health care providers in youth-friendly and gender-sensitive service provision**, ensuring that guidelines for facilities are provided and suggesting an effective monitoring and evaluation framework for facilities.
8. Build on the current policy providing sexuality education in schools by ensuring that each **school must provide comprehensive sexuality education including HIV and life skills**, at least once, during the school year to each student.

AVAILABILITY OF SERVICES

9. Develop **community-based information education communication (IEC) programmes** targeted at young people especially those in the **southern states** and **rural areas**.
10. Ensure that comprehensive **prevention, treatment, care and support services** are available for migrants going to, or returning from, the U.S.A. at strategic border points and towns, including **harm reduction services** for injecting drug users and **comprehensive services for sex workers**.

11. **Provide comprehensive HIV services** targeted to **migrant communities** within Mexico ensuring that health workers are trained to understand the realities facing this vulnerable group.
12. **Provide comprehensive HIV/AIDS services to indigenous communities** which lack **culturally sensitive** services accessible to them **in their own language**.

ACCESSIBILITY OF SERVICES

13. Undertake **capacity building on stigma and discrimination** with all service providers to ensure that indigenous people, young women and girls and PLHIV can access truly non-discriminatory services.
14. Ensure that the **government's free SRH and HIV services are widely advertised** so that people in rural communities are able to access them.
15. Undertake **work with young men, boys and young women and girls** on the **importance of sexual and reproductive health**, addressing the stigma and discrimination that persists in young women and girls accessing SRH services, especially in rural areas.

PARTICIPATION AND RIGHTS

16. **Increase participation of young people and women living with HIV** in national decision-making including representation on the National AIDS Council and other policy-making bodies.
17. **Encourage public leadership** on HIV issues **among women**, especially young women and girls as a modality of stigma reduction.

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