

# RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN Mexico

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Mexico** produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women in Mexico. It focuses on **five cross-cutting prevention components**:

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

The Report Card also includes background information about the HIV epidemic and key policy and programmatic **recommendations** to improve and increase action on this issue in Mexico.

This Research Report is divided into two sections:

**PART 1: DESK RESEARCH:** This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

**PART 2: IN-COUNTRY RESEARCH:** This documents the participatory in-country research carried out for the Report Card by a local consultant in Mexico. This involved:

Two **focus group discussions** with a total of 19 girls and young women aged 15-24 years. The participants included girls and young women who are: in/out-of/school; living in urban and suburban areas; and working as peer activists.

Five **one-to-one interviews** with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.

Additional **fact-finding** to address gaps in the desk research.



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**One-to-one interview: Treating Doctor. Ambulatory Center for the Prevention and Treatment of AIDS and Sexually Transmitted Infections of Secretary of Health.**

**One-to-one interview: Youth Programme Coordinator of International HIV/AIDS Conference 2008. Member of the Global Youth Coalition HIV/AIDS. Member of the National Coalition Youth Sexual Health**

**One-to-one interview: Coordinator of the Programme of networks of young sexual and reproductive health. NGO for overall health of women (SIPAM)**

**One-to-one interview: Director of the area of research and information, MEXFAM.**

**One-one interview: Executive Director of Mexican Network of Persons living with HIV**

**One-to-one interview: Officer for project of population and gender and National Consultor HIV/AIDS, United Nations Population Fund.**

## **Abbreviations**

ARVs	Antiretrovirals
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CONASIDA	Consejo Nacional para la Prevención y Control del VIH/SIDA (National AIDS Council)
CRC	Convention on the Rights of the Child
IEC	Information, communication and education
IPPF	International Planned Parenthood Federation
MTCT	Mother-to-Child Transmission
PLHA	People living with HIV
PLHIV	People living with HIV
PLWHA	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counseling and Testing
WHO	World Health Organisation

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# **PART 1: DESK RESEARCH**

## COUNTRY PROFILE

### **Country context:**

**Size of population:** 104,266

[http://hdrstats.undp.org/countries/data\\_sheets/cty\\_ds\\_MEX.html](http://hdrstats.undp.org/countries/data_sheets/cty_ds_MEX.html)

(Date accessed 25/02/08))

**Percentage of population under 15 years:** 30.8%

[http://hdrstats.undp.org/countries/data\\_sheets/cty\\_ds\\_MEX.html](http://hdrstats.undp.org/countries/data_sheets/cty_ds_MEX.html)

(Date accessed 25/02/08))

**Life expectancy at birth (2005):** 75.6

[http://hdrstats.undp.org/countries/data\\_sheets/cty\\_ds\\_MEX.html](http://hdrstats.undp.org/countries/data_sheets/cty_ds_MEX.html)

(Date accessed 25/02/08))

### **Ethnic groups:**

Mestizo (Amerindian-Spanish) 60%, Amerindian or predominantly Amerindian 30%, white 9%, other 1%

<http://www.state.gov/r/pa/ei/bgn/35749.htm>

(Date accessed 25/02/08))

**Religions:** Roman Catholic 89%, Protestant 6%, other 5%.

<http://www.state.gov/r/pa/ei/bgn/35749.htm>

(Date accessed 25/02/08))

**Languages:** Spanish and various Mayan, Nahuatl, and other regional indigenous languages

<https://www.cia.gov/library/publications/the-world-factbook/geos/mx.html#Econ>

(Date accessed 25/02/08))

**Population living below the national poverty line:** 24.2

<http://devdata.worldbank.org/external/CPProfile.asp?PTYPE=CP&CCODE=MEX>

(Date accessed 25/02/08))

**Female youth literacy rate (ages 15-24):** 97.6

<http://devdata.worldbank.org/genderstats/genderRpt.asp?rpt=profile&cty=MEX,Mexico&hm=home>

(Date accessed 25/02/08))

**Male youth literacy rate (ages 15-24):** 97.5

<http://devdata.worldbank.org/genderstats/genderRpt.asp?rpt=profile&cty=MEX,Mexico&hm=home>

(Date accessed 25/02/08))

**Median age at first marriage for women (ages 15-49):** 22.4

<http://www.un.org/esa/population/publications/worldmarriage/worldmarriagepatterns2000.pdf>

(Date accessed 25/02/08))

**Median age at first marriage for men (ages 15-49):** 24.6

<http://www.un.org/esa/population/publications/worldmarriage/worldmarriagepatterns2000.pdf>

(Date accessed 25/02/08))

**Median age at first sex among females (ages 15-49):**

**Median age at first sex among males (ages 15-49):**

**Total health expenditure (public and private) per capita per year:** 655 (2004)

<http://www.who.int/countries/mex/en/>

(Date accessed 25/02/08))

**Nurses density per 1,000 population** 0.90 (2000)

[http://www.who.int/whosis/database/core/core\\_select\\_process.cfm?country=mex&indicators=healthpersonnel](http://www.who.int/whosis/database/core/core_select_process.cfm?country=mex&indicators=healthpersonnel)

(Date accessed 25/02/08))

**AIDS and SRH context:**

**Adult HIV prevalence rate:** 0.244 (2005)

[http://www.who.int/whosis/database/core/core\\_select\\_process.cfm](http://www.who.int/whosis/database/core/core_select_process.cfm)

(Date accessed 25/02/08))

**HIV prevalence rate in young females (ages 15-24):**

**HIV prevalence in young males (ages 15-24):**

**Number of deaths due to AIDS:** 6200 (high estimate 11000 – low estimate 3800)

[http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS\\_PDFs/EFS2006\\_MX.pdf](http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_MX.pdf)

(Date accessed 03/03/08)

**Estimated number of orphans due to AIDS (0-17 years):** 1600 Orphans for all reasons (including AIDS) No stats available for

**Fertility rate: 2.3 (2005)**

[http://www.who.int/whosis/database/core/core\\_select\\_process.cfm](http://www.who.int/whosis/database/core/core_select_process.cfm)

(Date accessed 25/02/08))

**Contraceptive prevalence rate: 70.9**

[http://www.conapo.gob.mx/publicaciones/sdm2006/sdm06\\_04.pdf](http://www.conapo.gob.mx/publicaciones/sdm2006/sdm06_04.pdf)

(Data accessed 08/04/2008)

**Maternal mortality rate per 100,000 live births:** 83

World Health Organisation, World Health Report 2006, WHO,

[http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS\\_PDFs/EFS2006\\_MX.pdf](http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_MX.pdf) (Date accessed 31/03/08)

**HIV prevalence in vulnerable groups:**

MSMs - 13.5%, Sex workers 15.0%, IDUs 3.9%

El SIDA en Cifras, 2006, Centro Nacional para la Prevención y el Control del VIH/SIDA, Noviembre 2006 (Date accessed 31/3/2008)

<http://www.salud.gob.mx/conasida/estadis/2006/elsidaencifras15nov2006.pdf>

**PREVENTION COMPONENT 1: LEGAL PROVISION  
(national laws, regulations, etc)**

**Key questions:**

**1. What is the minimum legal age for marriage?**

People under the age of 18 may not get married in Mexico without parental consent. With parental consent, boys have to be at least 16 and girls need to be at least 14 years of age

<http://www.mexicolaw.com/Marriage%20in%20Mexico.htm>

(Date accessed 26/02/08))

**2. What is the minimum legal age for having an HIV test without parental and partner consent?**

People under the age of 18 need partner consent for all medical interventions and in order to receive results on any medical status.

<http://www.diputados.gob.mx/LeyesBiblio/pdf/142.pdf>

<http://www.salud.gob.mx/conasida/normas.htm>

(Date accessed 09/04/2008)

**3. What is the minimum legal age for accessing SRH services without parental and partner consent?**

People under the age of 18 do not need this consent.

<http://www.diputados.gob.mx/LeyesBiblio/pdf/262.pdf>

(Date accessed 09/04/2008)

**4. What is the minimum legal age for accessing abortions without parental and partner consent?**

The women under the age of 18 need parental consent for accessing abortions.

<http://www.diputados.gob.mx/LeyesBiblio/pdf/142.pdf>

(Date accessed 09/04/2008)

**5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?**

There is a policy which prohibits mandatory testing for employment however it is not always effectively implemented.

Centro Nacional para la Prevencion y Control del VIH/SIDA (CENSIDA), 2008, 'INFORME UNGASS MEXICO 2008'

(Website,

[http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date accessed 24/3/2008

**6. Is there any legislation that specifically addresses gender-based violence?**

Yes, there is a new Gender Based Violence Law covering physical, sexual, psychological and economic violence including inheritance issues.

Centro de Documentación, Información y Análisis, Secretaría de Servicios Parlamentarios, Secretaría General, Cámara de Diputados del H. Congreso de la Unión, 'Ley General de Acceso de las Mujeres a Una Vida Libre de Violencia' DOF 01-02-2007

**7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?**

Yes, la Norma Oficial Mexicana NOM-010-SSA2-1993, Para la prevención y control de la infección por Virus de la Inmunodeficiencia Humana.

Website, <http://www.salud.gob.mx/conasida>

**8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?**

There are general legislative provision such as the law to prevent and eliminate discrimination at the against people for health reasons. However there are no laws that address the protection of vulnerable groups.

Centro Nacional para la Prevencion y Control del VIH/SIDA (CENSIDA), 2008, 'INFORME UNGASS MEXICO 2008'

(Website, [http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date accessed 24/3/2008

**9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?**

Sex work is illegal and it is difficult for sex workers to groups themselves in support groups or unions.

Centro Nacional para la Prevencion y Control del VIH/SIDA (CENSIDA), 2008, 'INFORME UNGASS MEXICO 2008'

(Website, [http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date accessed 24/3/2008

**10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?**

No, it is illegal to distribute syringes and the regulations against drugs make it difficult to access IDUs

Centro Nacional para la Prevencion y Control del VIH/SIDA (CENSIDA), 2008, 'INFORME UNGASS MEXICO 2008'

(Website, [http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date accessed 24/3/2008

**Discussion questions:**

- Which areas of SRH and HIV/AIDS responses are legislated for?
- What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?
- Is action taken if laws are broken (e.g. if a girl is married below the legal age)?
- Is there any specific legislation for marginalised and vulnerable groups<sup>1</sup>? If yes, is the legislation supportive or punitive? And what difference does it make to people's behaviours and risk of HIV infection?
- To what extent are 'qualitative' issues – such as confidentiality around HIV testing – covered by legislation?
- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the 'real life' experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

**PREVENTION COMPONENT 2: POLICY PROVISION  
(national policies, protocols, guidelines, etc)**

**Key questions:**

**11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?**

Yes

Centro Nacional para la Prevencion y Control del VIH/SIDA (GENSIDA), 2008, 'INFORME UNGASS MEXICO 2008' (Website, [http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date accessed 24/3/2008)

**12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?**

The plan addresses women and children as a vulnerable group but doesn't mention young women and girls as a separate group

Centro Nacional para la Prevencion y Control del VIH/SIDA (GENSIDA), 2008, 'INFORME UNGASS MEXICO 2008' (Website, [http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date accessed 24/3/2008)

**13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?**

Yes, the vulnerable groups included are sex workers and their clients, IDUs, MSMs, cross-border migrants, economic migrants, internally displaced people, refugees and prisoners.

Centro Nacional para la Prevencion y Control del VIH/SIDA (GENSIDA), 2008,

<sup>1</sup> Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.

'INFORME UNGASS MEXICO 2008'

(Website,

[http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf)

date accessed 24/3/2008)

**14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?**

No, although training and quality of services are frequently mentioned

INFORME UNGASS MEXICO 2008'

(Website, [http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf)

date accessed 24/3/2008

**15. Does the national policy on VCT address the needs of girls and young women?**

No específicamente, se refiere a toda la población en general

'Norma Oficial Mexicana NOM-010-SSA2-1993, Para la prevención y control de la infección por Virus de la Inmunodeficiencia Humana'

Website, <http://www.salud.gob.mx/conasida/normas.htm>

(Date accessed 08/04/2008)

**16. Does the national protocol for antenatal care include an optional HIV test?**

Yes

'Guía para el Manejo de la Mujer Embarazada con Infección por VIH'

<http://www.salud.gob.mx/conasida/medicos/guias/embarazo/antecede.pdf> (Date accessed

2313/2008)

**17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?**

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.

CONASIDA, 'Guía para el Manejo de la Mujer Embarazada con Infección por VIH'

<http://www.salud.gob.mx/conasida/medicos/guias/embarazo/antecede.pdf> (Date

accessed 2313/2008)

**18. Is there a national policy that the protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?**

No, however the Federal Government National Plan 2007-2012 under Felipe Calderon recognises that there is a lack of access to health services, economic opportunities and that women are overwhelmingly affected poverty and other social inequality issues.

Marrugat Mendoza, Nuria, Monitoreo de Política pública, SIPAM, 'La política rectora de la Salud Sexual y Reproductiva en el Gobierno Federal (2007 – 2012)'

**19. Is HIV prevention within the official national curriculum for both girls and boys?**

There is a policy which promotes comprehensive sexual and reproductive health and HIV education in youth. It is in place in primary, secondary and vocational education.

However only 27% of (primary and secondary) schools had covered life-skills in HIV prevention and SRH over the last 12 months.

Centro Nacional para la Prevención y Control del VIH/SIDA (GENSIDA), 2008,

'INFORME UNGASS MEXICO 2008'

(Website,

[http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf)

date accessed 24/3/2008)

The National health plan aims that this permanent education campaign promotes responsible sexuality and the use of condoms among young people.

Marrugat Mendoza, Nuria, Monitoreo de Política pública, SIPAM, 'La política rectora de la Salud Sexual y Reproductiva en el Gobierno Federal (2007 – 2012)'

**20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?**

Yes, it can be accessed at the CONASIDA website  
<http://www.salud.gob.mx/conasida/estadis.htm>

**Discussion questions:**

- **To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?**
- **To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?**
- **To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?**
- **What does school-based sex education cover? Does it help to build young people's confidence and skills, as well as knowledge?**
- **To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or 'blaming' specific groups for HIV/AIDS?**
  -
- **To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?**
  -
- **What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?**
- **Overall, how are relevant policies applied in practice? What are the 'real life' experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?**
- **How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

**PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES<sup>2</sup>**  
(number of programmes, scale, range, etc)

**Key questions:**

**21. Is there a national database or directory of SRH and HIV/AIDS services for young people?**

There is a hotline for emotional help and information run by Albergues de Mexico open from 10:00am to 6:00pm every day.

Albergues de Mexico, )Date accessed 31/3/2008)

<http://www.alberguesdemexico.org.mx/Ofrecemos.html>

2

(Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

There is a hotline for emotional help and information, free and confidential, run by CENSIDA; Secretaría de Salud  
Telsida open from 9:00 to 9:00pm Monday to Friday  
<http://www.salud.gob.mx/conasida>

**22. How many SRH clinics or outlets are there in the country?**

**There are about 500 clinics run by the Ministry of Health**

(Information provided by in-country researcher/consultant April 2008)

**23. At how many service points is VCT available, including for young women and girls?**

500 and 51 Mobile clinics (Centros Ambulatorios de Prevención y Atención en Sida e Infecciones de Transmisión Sexual)

(CAPASITS) de la Secretaría de Salud

<http://www.notiese.org.mx>

**24. Are male and female condoms available in the country?**

Yes, the condoms are free in Secretaría de Salud, Instituto Mexicano del Seguro Social and civil organizations

Website, <http://www.salud.gob.mx/conasida/normas.htm>

(Date accessed 08/04/2008)

**25. Is a free HIV test available to all pregnant girls and young women who wish to have one?**

Yes, since 1997-1998, universal access to preventive treatment for babies has been available for pregnant mothers.

Centro Nacional para la Prevencion y Control del VIH/SIDA (CENSIDA), 2008,

'INFORME UNGASS MEXICO 2008'

(Website,

[http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date

accessed 24/3/2008

**26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?**

There are 300 points where PMTCT is available from the Ministry of Health. The most commonly used PMTCT ARV regimen in 2006 in line with the national guidelines is AZT + 3TC + Nelfinavir

<http://www.salud.gob.mx/conasida>

**27. At how many service points are harm reduction services for injecting drug users available?**

4 clinics, three civil society organizations and CENSIDA, in the border of north in México.

<http://www.salud.gob.mx/conasida/comvensida/udisuno.pdf>

**28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?**

Yes

<http://www.salud.gob.mx/conasida>

**29. At how many service points are ARVs available to people living with HIV/AIDS?**

ARVs are available in all districts for children and adults.

Centro Nacional para la Prevencion y Control del VIH/SIDA (CENSIDA), 2008,

'INFORME UNGASS MEXICO 2008'

(Website, [http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf)

date accessed 24/3/2008

**30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?**

Yes, these are

Red Mexicana de Mujeres Positivas Viviendo con VIH, Red Mexicana de Personas que viven con VIH and Telsida

(Information provided by in-country researcher)

**Discussion questions:**

- **What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond 'ABC' strategies? Do programmes cover social issues (e.g. early marriage)?**
- **To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?**
- **To what extent are HIV prevention services available through 'non-traditional' outlets (e.g. religious organisations, youth clubs)?**
- **Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social 'norms' for sexual behaviour? Is there mentoring, peer support and economic development that targets females?**
- **How available is prevention information and support for girls and young women living with HIV/AIDS?**
- **How available are HIV prevention 'commodities' (e.g. condoms)? How are they distributed?**
  - **How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?**
  - **Overall, what does the availability of HIV prevention services mean in practice? What are the 'real life' experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?**
  - **How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

**PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES**  
(location, user-friendliness, affordability, etc)

**Key questions:**

**31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?**

Yes

'Norma Oficial Mexicana NOM-010-SSA2-1993, Para la prevención y control de la infección por Virus de la Inmunodeficiencia Humana'

Website, <http://www.salud.gob.mx/conasida/normas.htm> (Data accessed 8/4/2008)

Norma Oficial Mexicana NOM-005-SSA2-1993, De los servicios de planificación familiar.

<http://www.salud.gob.mx/unidades/cdi/nom/rm005ssa293.html> (Data accessed 7/4/2008)

**32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?**

Yes

'Norma Oficial Mexicana NOM-010-SSA2-1993, Para la prevención y control de la infección por Virus de la Inmunodeficiencia Humana'

Website, <http://www.salud.gob.mx/conasida/normas.htm>

**33. Are VCT services free for girls and young women?**

Yes

'Norma Oficial Mexicana NOM-010-SSA2-1993, Para la prevención y control de la infección por Virus de la Inmunodeficiencia Humana'

Website, <http://www.salud.gob.mx/conasida/normas.htm>

**34. Are approximately equal numbers of females and males accessing VCT services?**

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**35. Are STI treatment and counseling services free for all girls and young women?**

Yes

'Norma Oficial Mexicana NOM-010-SSA2-1993, Para la prevención y control de la infección por Virus de la Inmunodeficiencia Humana'

Website, <http://www.salud.gob.mx/conasida/normas.htm>

**36. Are condoms free for girls and young women within government SRH services?**

Yes

(Information provided by in-country researcher)

**37. Are ARVs free for all girls and young women living with HIV/AIDS?**

Yes, for all people

'Norma Oficial Mexicana NOM-010-SSA2-1993, Para la prevención y control de la infección por Virus de la Inmunodeficiencia Humana'

Website, <http://www.salud.gob.mx/conasida/normas.htm>

**38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?**

They are training for care workers at SRH clinics

<http://www.salud.gob.mx/conasida/noticias/conapred/poldis.pdf>

**39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?**

They are training for care workers at SRH clinics

[http://www.derechoshumanos.gob.mx/archivos/anexos/Anexos\\_Primer\\_Informe/5Cv\\_S\\_SALUD.pdf](http://www.derechoshumanos.gob.mx/archivos/anexos/Anexos_Primer_Informe/5Cv_S_SALUD.pdf)

**40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?**

There is a government media campaign which deals with issues of HIV-related stigma.

'INFORME UNGASS MEXICO 2008'

(Website,

[http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf) date accessed 24/3/2008)

**Discussion questions:**

**Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?**

**What are the cultural norms around prioritizing females and males for health care?**

**To what extent are informed and supportive SRH services accessible for girls or young**

women living with HIV/AIDS?

What are the client/service provider ratios in different types of HIV prevention services?  
What is the gender ratio for staff in those services?

Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people's sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

**PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS**  
(human rights, representation, advocacy, participation in decision-making, etc)

**Key questions:**

**41. Has the country signed the Convention on the Rights of the Child (CRC)?**

The Government of Mexico ratified the CRC on 21<sup>st</sup> October 1990  
(Office of the High Commission on Human Rights)

**42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?**

***CEDAW –***

The Government of Mexico ratified CEDAW on 3<sup>rd</sup> September 1981

***CCM –***

The Government of Mexico acceded to the CCM on 22<sup>nd</sup> of February 1983

(Office of the High Commission on Human Rights)

**43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?**

CONASIDA, the National AIDS Council, has working groups on various themes which include members of civil society including HIV positive people, MSMs, migrants, refugees, sex workers and

others. It is unclear whether these groups include young women and girls.

Centro Nacional para la Prevención y Control del VIH/SIDA (CENSIDA), 2008,

'INFORME UNGASS MEXICO 2008'

(Website,

[http://data.unaids.org/pub/Report/2008/mexico\\_2008\\_country\\_progress\\_report\\_sp\\_es.pdf](http://data.unaids.org/pub/Report/2008/mexico_2008_country_progress_report_sp_es.pdf)

date accessed 24/3/2008)

**44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?**

Yes

<http://www.salud.gob.mx/conasida/comite/conasida.htm>

**45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?**

The National Health Plan aims to increase participation of civil society and PLHIV in programmes targeted towards prevention in vulnerable groups and campaigns directed towards reducing stigma, Marrugat Mendoza, Nuria, Monitoreo de Política pública, SIPAM, 'La política rectora de la discriminación, and homophobia associated with HIV. Salud Sexual y Reproductiva en el Gobierno Federal (2007 – 2012)'

**46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?**

SIPAM held a day workshop/assessment to listen to the needs of positive women and women affected by HIV and are taking action in a number of areas including prevention campaigns directed to women with the involvement of women living with HIV

SIPAM 'Voces en camino de ser escuchadas... Un diagnóstico participativo nacional sobre la situación de las mujeres afectadas por el VIH/SIDA'

**47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?**

SIPAM held a day workshop/assessment to listen to the needs of positive women and women affected by HIV and is advocating on issues that arose from this workshop.

SIPAM 'Voces en camino de ser escuchadas... Un diagnóstico participativo nacional sobre la situación de las mujeres afectadas por el VIH/SIDA'

**48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?**

Yes

Red Mexicana de Personas que viven con VIH

Red de Mujeres Positivas

(Information provided by in-country researcher)

**48. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?**

Yes

Red Mexicana de Personas que viven con VIH

Red de Mujeres Positivas

Colectivo Sol

(Information provided by in-country researcher)

**50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?**

Yes, at conferences mainly, at radio and newspaper

(Information provided by in-country researcher)

**Discussion questions:**

- **How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?**

- **Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?**
- **Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?**
- **Are HIV prevention programmes generally developed ‘for’ or ‘with’ girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as ‘implementers’ as well as ‘receivers’ of services?**
- **To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?**
- **How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?**
- **To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?**
- **How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?**
- **Overall, how are participation and rights applied in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
- **How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

**PART 2:  
FOCUS GROUP  
DISCUSSIONS AND  
INTERVIEWS**

## Focus Group Discussion with young women and girls

**Ages : 15 – 19**

**Number of participants: 8**

**Profile of participants: In and out-of-school, trained peer educator, from urban and rural areas, unmarried, some with and some without children, one pregnant, HIV negative and untested, some girls previously lived on the street and are now in home support.**

### FOCUS GROUP DISCUSSION WITH YOUNG WOMEN AND GIRLS 15-19 YEAR OLDS

**Number of participants: 8**

**Profile of participants:** In-school, out-of-school; trained peer educator; from urban areas, from rural areas; unmarried with children, unmarried without children, one pregnant; HIV negative, untested; some girls lived on the street and now live in home support.

**Introduction.-** I greeted and welcomed the participants. I introduced the note-taker and myself and asked the participants to introduce themselves by saying their name and their age. I did a short game for the integration of participants in the whole group. It is called The postwoman and consist on one person being stand up while the other people is sitting. Then the one who is stand up says: "letter for...." and mentions any characteristic of the others' personal look or behaviour. The other participants, who may identify themselves with that characteristic, move from the places where they are sit looking for another place while the girl who is stand up wins one of those places left. For example, in the group some people said: "letter for...the one who has children" and the girls who were mothers had to move from their sits; "letter for the one who has been tested of HIV" and those ones moved from their sits. Several girls had to play the postwoman role, standing up and announcing new "letters". This kind of dynamic is aimed to break the ice and know more about the participants' profile. In general, they thought it was funny and they were interested in the "letters". After the game, I presented the IPPF research project and, finally, I gave them the consent letters in order to read and sign them. All of them were agree with the photographs during the interview.

**Discussion.-** As start I asked, what do you know about HIV?. And their answers were: "It's a virus"; "there's no cure"; "it is transmitted by sexual relations or by blood"; "you can have it but the SIDA is not developed"; "it must pass 6 or 8 months to develop signs and symptoms"; "it's mortal". And, quickly, I clarified the correct information. I also asked them: why were you interested in participate in this interview? They answered: "it is an important issue"; "it is important for the moment you decide to have sexual relations, so the two of us can do the HIV test"; "it is an always issue, but everyone feels exempt of it; it seems as if just for once without condom, nothing is going to happen to us"; "to know what are its consequences"; "to be informed". Afterwards, I presented slides with some important data, such as: how many people are living with HIV in México, how many young people are living with HIV, how many women and men are living with HIV by age groups. At the end of the presentation, I asked them: what do you think about it?; and they answered: " they are alerting data"; "most people has been infected by imprudent", "it is because men say they don't feel the same using a condom, that they don't have HIV"; " each time there are more and more women infected, because they believe what men say, they just feel the moment; "it is more important to be with that guy, that to take precautions". I considered important to emphasize that a lot of women has been infected because of the lack of information and that married women, for example, hadn't got a risk perception and, unfortunately, they have been one of the groups more affected.

**Availability of services.-** In order to make more dynamic the interview, I asked them to make two teams and answer in a paper some questions I was going to formulate, after they would

present the answers to everyone. Talking about the services they know in their community, they answered: "the school", "the health centres", "home support centre", in those places they are offered exposures, workshops, surveys and leaflets. Through all the discussion was remarkable that they identified little services. About young men participation in the services, they expressed surprise, because they said there wasn't many men; in fact, one girl pointed "little men take into account those services, they receive information sheets but they don't read them, they take the leaflets but, then, they throw them to the trash bin, they listen but they don't take into account". They all agree that young men don't participate in prevention, even that men don't do it, as one of the girls pointed, "because they would be forced to use condom". Another girl remarked that if they aren't interested, then "women also must be prudent, because there are also feminine condoms, if he doesn't take precautions, we can do it". They are interested in having more information and their proposals were: "exposures that can attract young people, there are some exposures that are boring", "a good treat, because sometimes, in hospitals, the treat us very unkindly, they are despots", "that discrimination disappears", "that they give us information, because, sometimes, they say we are too young, and they don't consider us because they think we are playing".

**Accessibility of services.-** About getting condoms, they said they can get them free in health centres, but if they can pay, they buy them at the chemist's. On the other hand, about the STD treatment, they said they have treated the issue, but that they wouldn't be able to identify any symptom; anyway, if they had any slight vaginal pain they would go to the gynaecologist, to the health centre because it has an accessible price. Only two girls have Social Security. For the HIV test they would go to the health centre or to public hospitals but the waiting time can be long, a girl said that "then you have to wait for a long time; I was said that I had to wait for 15 days, but when I returned 15 days alter, they still not had the results, and now its been nearly a month since I did it, and I don't know anything". Regarding their experiences using services, they shared some good ones and some bad ones. I even asked them to represent their experiences as accurate as possible and they participated enthusiastically. Some girls express the following experiences: "I brought my friends to ask information and the nurse made us to wait approximately an hour, then she said to us that those kind of issues weren't of our business"; "I went to ask information about contraceptives methods because I had been demanded that at school, the nurse treat me kindly, she explained to me each method and she gave me leaflets about these"; "we went and the nurse give us the explanation of how to use condom with a plastic penis, she also said to us that a bit later they were going to do an exposure". Regarding the main constraints they have faced, they commented "they don't give us information because of the prejudices they have"; "we are discriminated because of our age, they think we ask only to annoy them". Because of similar experiences, they said that they prefer not to come back and look for the information on another clinic or on internet. Some of them said that they had heard cases of girls of their age that when they went for condoms they were sent with their parents. About how married and unmarried girls are treated, most of the girls thought that there is a difference, single girls are judged, "they must be virgins till their marriage", they give more facilities and priority to married girls because they can have sexual relations and they are considered more matures. The participants said it was easier the access to information for those who goes to school because of the following reasons: "because they teach more about this issues in the school, they give more information of where you can find information", "because they give you homework"; although one of the girls pointed "in the school it seems nearly compulsory, they only talk about HIV, they don't talk about any other disease". The participants considered that it is easier to access services for the women who live with HIV because "they are already infected and they are given more information because is necessary", "in order to follow their treatment", "it is more usual to go to check yourself when you have the virus". They said they know people who live with HIV, they consider it is something close to their lives.

**Participation and rights.-**They said they didn't know actual projects that involve both young women and men, only one of the girls mentioned "in the home support centre gave some exposures 4 or 5 years ago, it has been a long time since they last talked to us about this issue". Another girl talked about the "Dance for life" project and briefly explained what it consisted on. They said they only know about some exposures given in schools or in health

centres, but the audience is mainly women. Because of the time bound of the interview, I asked them to tell me in one word what would motivate them to participate in prevention projects, and they answered "enthusiasm", "life", "health", "prevention", "freedom", "emotions", "prevention", "happiness".

**Legal Provision.-** They said they only know sexual and reproductive rights. About marriage, they said that if you are less than 18 years old, you need your parents agreement to get marry, a girl mentioned that "I went to a friends wedding, who is 15, and the judge first asked their parents if they agree, and, then, asked her if she accepted"

**Policy provision.-** they thought that the government should participate with " more information, it should distribute condoms with a leaflet in the streets, this is more for men than for women. Give more information to young people, and young people should handle more the information that is given to them. Young people have the right to practise their sexuality with responsibility and they have the right to demand a condom, and that it is also their responsibility".

**Wrap-up.-** I resumed all their proposals along the interview and asked them three key action for prevention. They insisted in the ones on the paragraph above. I thanked them for their participation and invited them to some snacks and drinks. They asked me about the results of the research so I offered them to send the publication when it is finished.

## **Focus Group Discussion with young women and girls**

**Ages : 20 – 24**

**Number of participants: 11**

**Profile of participants: In and out-of-school, trained peer educator, from urban and rural areas, unmarried, some with and some without children.**

### **Introduction**

I welcomed the participants. Only 7 women arrived on time. I presented myself and my partner, who was helping as note-taker. I asked the participants to present themselves, saying their name, age, and something they like a lot about themselves. I presented the IPPF project, and explained the objectives. I organized an ice-breaker game, to increase trust and to get to know each other better.

### **Discussion**

I asked them "what do you know about HIV?" The participants responded "it's a virus", "it attacks the immune system", "it is transmitted through sexual relations without a condom", "there is something happening called feminization, because many women have it". I also asked them "why are you interested in participating in this group?" The participants mentioned "it's good to share our experiences", "it's an interesting theme, and it helps us to talk about our situation". Afterwards, I showed them some slides with important data: how many people are living with HIV, divided by age group and gender. After the presentation of statistics, I asked them "what do you think"? They answered that it seemed very worrisome, and that unfortunately, not enough has been done to stop and control the epidemic. They were of the opinion that the increase in HIV is due to a lack of information.

### **Availability of services**

The services they know about are governmental, or from civil organizations, or private. The government services they mentioned included the informational talks given at the health centres, in the National System for the Integrated Development of the Family (social programs for low-income mothers and children, mainly), the Women's Institute, the National Center for the Prevention and Control of HIV/AIDS (CENSIDA) and its informational phone line, the Mexican Institute of Social Security, and school health services.

The social and private services they know about are Mexfam, Ave de México, condom shops, sex shops, pharmacies, internet and private medical services. The girls who are volunteers or activists participated more actively in identifying services. Those with a higher level of education also had more information.

The women mentioned that there are no young men involved in prevention, that the topic is not of interest to them, and that only those who are in school get any information at all. In general, their proposal was to have more information about HIV given to them, including how it is transmitted, where they can go to get tested, for there to be more talk about condoms, and for these to be more accessible. For these women, it is very important to be treated well and for the location of clinics to be convenient. They said that these services would improve their lives, because they would learn how to protect themselves and that they would share the information with their peers.

### **Accessibility of services**

Their experiences have been good and bad. They said that when they are collecting information for school homework, it is more likely that information be shared with them. They also said that they are discriminated against due to being young; they are judged and information is denied them.

"I used to live on the street, I went to the dentist at the health centre because of a toothache. The dentist asked me nicely what I did for a living, and whether I took drugs. I said that yes, that I was a drug addict and that I even had sexual relations without a condom, with anyone who wanted, in order to get drugs, and that I had two children with two different fathers. She asked me if I wanted to get tested for HIV, and I went and had a blood test, I didn't even get treated for my teeth any more".

"I was pregnant when they told me that I had to be tested for HIV, and when I asked the nurse for this test, she said "you live in the street, surely you take drugs and have lots of sexual partners, and anyway my shift is over and I can't attend to you any more".

"When I went to a nurse and asked for condoms, she just gave me one. I told her I wanted more, and she said "well, how many do you need?" She added that if I wanted more, I had to write down my telephone and address, and that she would send the condoms to my parents' house".

These women already knew that condoms and HIV detection tests are free, but they don't want to go to the clinic due to the mistreatment they receive. If they are single, they face greater discrimination, because they are considered to be "promiscuous". If they are women living with HIV they are also discriminated against, the health service professionals are insensitive in their treatment. Also, there are many services for men who have sex with men, but not for women.

### **Participation and rights**

The only project that some knew about is "Dance for Life", which gives information through dances in middle and high schools. In these events, men and women are called to participate, although women are the primary participants.

One factor that motivated them to participate in projects is so that "HIV not spread any more, because there are many infected people and we have to break the chain, because it is affecting many children", "to save lives", "for information to be shared among youth", "that we change this illusion that nothing will happen to us, and to have an increase in our perception of risk".

### **Legal provision**

They admitted that they don't know much about laws, they only know about Article 3 of the Mexican Constitution, which talks about the right to education. They also talked about the Charter of Sexual and Reproductive Rights, the recent Law of the Legal Interruption of Pregnancies in Mexico City, and the fact that each state has a Health Law, and that this determines what services are provided.

They have had greater access to knowledge of their rights and they are familiar with services offered by more non-profit organizations, where they can go to get help to protect and exercise their rights.

### **Policy provision**

Official sexual education is received in the schools. The subject material is included in student textbooks, but not all teachers cover that material. Talks are given in health centres, but these are almost always focused on anti-conception methods and on sexually-transmitted infections. They show how to use a condom here. There are some non-profit organizations that give many workshops to youth, and there they do talk to us about our rights. In cities there is more information, because in rural areas it is more difficult for information to be given.

“I used to live in a village, and the talks in the health centres were only for adults. They used to tell the rest of us girls that we were still young and that it wasn’t time yet for us to hear these things”.

They proposed that the Mexican government provide more information, that it try to approach youth more, that educational curriculum could be reformed to start with this topic from the beginning of elementary school. It was also suggested that health personnel be trained and sensitized. And finally, it was suggested that campaigns be organized to make HIV testing free.

### **Wrap-up**

The key actions they formulated are:

- For proposals from youth to be considered more seriously
- That young women demand the services they should receive
- That more information be provided, in a clear and simple fashion, and that young women learn to exercise their rights.

## One-to-one interview

### Director of the National Centre for the Prevention and Control of HIV/AIDS

#### General

He talked about the most affected groups by the VIH, in the case of Mexico, to the men who have sex with other men, reason why to them priority occurs to offer them attention with the available resources. He commented that for the primary prevention it is necessary to mainly fortify the sexual education from the educative sector, indicated: "I am convinced that the base is the sexual education, in which in Mexico we are still in very initial stages, the educative sector is the one that could do more in this heading, of children and young women but not yet have been made".

#### Legal provision

He commented on some local laws that do not favor the prevention of the VIH, in fact is not indicated a direct relation with preventive measures, rather some increase the vulnerability of the young women, for example: "In some states, when it is violation, the damage is repaired marrying, that of course that is counter-productive". And it emphasized that the laws that can favor the prevention are not fulfilled. It indicated that the laws do not indicate differences by the different conditions of life. By the end of the last year the necessity has considered to create a General Law on VIH/SIDA for the prevention and attention that includes to men and women.

#### Policy provision

It emphasized that in the Mexican Official Norm one settles down that the test must be free, confidential and with consent informed by the population in general. Since last year the governmental policy favors the prevention with the pregnant women because a million fast tests of detection were acquired almost to obtain the cover of the 100% of women who are taken care of by the Secretariat of Health. The results waited for by lack of qualification of the health personnel have not been obtained, mentioned: "We think that many did not do it because they thought what I do if I'm pregnant? And because still it exists the fear of the transmission still with the universal measures of precaution" Indicated that masculine and feminine condoms they are included in the basic picture of the Secretariat of Health, promotes its use and the gratuitous access. He indicated that the sexual education that it is included in books of primary and secondary focuses more to the biological aspects of the sexuality reason why it is necessary to even promote the sexual and reproductive rights.

#### Availability of services

He said that there are government services that should facilitate access to condoms, information, testing and anti-retroviral drugs for the general population as stipulated in the legislation but in daily practice different limitations occur to the access. For example, health personnel are based on his personal opinion to provide condoms. Similarly the lack of training of their ability to provide health information and treatment on sexually transmitted infections to women in rural areas mainly, he mentioned: "A woman in urban areas it is easier to ask them about STIs but the most affected are the indigenous women because they are more taboo for them, if I see their situation more complex. " He argued that the supply of drugs is guaranteed, only that they do not have all that are needed in presentation pediatric market problems. Young women in particular conditions such as sex workers are organized to get support from local authorities. There are also some civil associations to provide services to vulnerable populations.

### **Accessibility of services**

He stressed that government services with 51 specialist clinics are free and have intimate spaces. But the barriers to increased access are the times, the language and attitudes of health personnel. It found that most who attend services are women; it's more common and acceptable for them to come to be men. Although pointed out that it is more difficult for married women to go to single women, according to their opinion: "A married women are more difficult to go to a prevention service through fear of condemnation of their sexuality with their partner.". It is also more difficult for young women to come who are not in school. And he mentioned that if living with HIV medical services cover their needs but we need support in the psychological because of what recounted: "They know they have HIV, they can survive because they have information and medicine and the part is unable to overcome have thought that their husbands are faithful and they were not. " About the role of men said that if they are already living with HIV focus on the prevention directed at men who have sex with other men.

### **Participation and rights**

He said it is necessary to change the culture so that it does not continue to discriminate against women. One of the practices that he has taken to equity between men and women in the workplace said "I apply a gender perspective; I have a balance between men and women in charge of the addresses that depend on me."

**Treating Doctor.** Ambulatory Center for the Prevention and Treatment of AIDS and Sexually Transmitted Infections of Secretary of Health. (Capasit's in Spanish)

### **General**

Mexico has been criticized, as have other countries, because prevention strategies have failed – new cases appear daily. I don't think that the programs are ineffective, rather they need a more integrated approach, where not only condoms and leaflets are distributed, but behaviours and actions are changed. Work in human sexuality is needed, because there are very few interventions in this area. It's also necessary to include themes like empowerment and violence, in order to make any progress in prevention.

### **Legal provision**

One law he favours is that which allows for a girl to sue a sexual partner, if he has HIV but doesn't tell her. This makes people protect their partner and themselves. Some states allow girls to marry someone with HIV, if she already knows. The legally-permissible age at for marriage is not an issue for prevention; access to preventive information is more important.

Sexual work is neither legal nor prohibited, and for this reason prevention strategies must sometimes be clandestine. "Some time ago, I participated in a project where I gave prevention talks to adolescents who gave sexual work in homes. When they do this work willingly, they are more interested in receiving information".

Regarding testing, legally it is not permitted to do detection exams on minors (under 18), because they have to have parental consent. This is very complicated in the case of street girls, who cannot go with an adult. Something else that happens is that "many teenage girls know that parental consent is required, 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".

Regarding abortion, advances have been made towards its de-penalization, but it is worrisome that girls use it as a method of family planning. This is why "it is necessary to educate the girls that abortion must not be used indiscriminately, it should only be used in emergency cases". Some states require HIV and VDRL testing in order to get married, and if they test positive they are not allowed to get married. This is an act of discrimination. The same services exist for young boys.

### **Policy provision**

Advances have been made in vertical prevention. Regarding access to condoms, there are difficulties, even in this specialized clinic for attention to STIs and HIV "condoms are not available in the clinic; I have to give them a pass to go to the pharmacy and ask for them, as if they were a medication". We have never given female condoms for free; we promote them but the girls have to buy them elsewhere, they are expensive and many of them can't afford it. Policy regarding voluntary testing has been good, but counselling should be promoted in the laboratories, because they just hand over the results and this sometimes generates risks due to people's reactions. Sexual education in schools is affected by teachers' prejudices and myths, many teachers don't even cover the topics.

### **Availability**

Centres specializing in STIs and HIV are new services in Mexico, although "we lack publicity for people to know about these free services, because many young people think that the attention and treatment is very expensive". There is a difference when girls are attending to an STI, they don't need to sign anything nor get parental consent, as they do for HIV attention. Regarding access to antiretroviral treatment, it is available for the entire population. "It is difficult to provide this to foreigners who live in Mexico, and if they don't have all their documents in order then they are discriminated against". Even if they are Mexican, if they don't have a birth certificate and all other documents asked of them, attention is delayed or denied. This puts their health and life in danger.

## **Accessibility**

All services offered by the Secretary of Health are free. Regarding the location, STI and HIV-specialized centres are separate from other clinics or hospitals, and so people who go to these centres are stigmatized, because it is believed that they are people with AIDS. This can complicate one's decision to go to such a clinic. The hours of service can also be a barrier, but there are effective interventions when night-time hours are offered for sex workers, lesbian girls who meet in bars, or with migrants, for example. One strategy that has worked to bring us the services closer to the population is that "we have made alliances with non-governmental organizations to do the night work, we train them, they take the samples and then we give the results here in the clinic, with counselling and follow-up on the cases".

Language is a barrier, because many doctors use technical jargon. In Mexico, prevention strategies are oriented towards men who have sex with other men, so men's health is given greater priority. On the other hand, women have received too little attention, even though "they have been infected by men; the epidemic is concentrated in young women who are infected in their relationships or marriage". Many girls have sexual relations before age 18, and since they are single they are more vulnerable, because attention is not given to them.

Schoolgirls have limited access to information, due to all the authorization required to give it. It is easier for those who are out of school, because we reach their communities. It is also easy with women who live with HIV, because they themselves search for services, and we can work secondary prevention with them. With homosexual boys, it is easier for them to learn and to replicate the information with their peers, young men and women.

## **Participation and rights**

In the state of Mexico, each year we organize a forum of women who live with HIV, and we look to support the identification of leaders who can represent them in decision-making at a national level "because they themselves should be the speaker for their needs". There are some women participating in decision-making, but they don't represent youth. His proposal is for opportunities to be given for them to speak their voice, and to establish strategies empowerment.

## **Brief**

Government – Should increase the flexibility of laws for prevention and treatment.

Donors – Should supervise to make sure that their donations benefit the people who need it

Community Leaders - Should search for more support networks, and take up other visions.

### **One-to-one interview**

**Youth Programme Coordinator of the International HIV/AIDS Conference 2008, Member of the Global Youth Coalition on HIV/AIDS, Member of the National Coalition on Youth Sexual Health**

**General.-** He commented that it does exist, however the access is very limited, it had not had an approach that has to do specifically with prevention, but it goes much more focused on reproductive health services. I think it is deficient. He acknowledged that "one of the advances is that there are sexual content in textbooks from high school and that there are some campaigns mainly from the government, which are more visible and more far-reaching than those of the organizations of civilians. In health services free information can be offered but is medium quality. "

**Legal provision.-** He commented that the Mexican Official Standard that deals with HIV / AIDS states that there must be access to prevention, but he only mentioned the need for prevention among adolescents and young people but does not specify practices that must be followed, then it is in the hands of the authorities. He mentioned the case of a governor that his preventive measure was to promote abstinence until marriage and to be against the distribution of information and condoms. "He also referred to the General Education law, which stipulates that there must be sexual content in the textbooks. In general, he mentioned that whether laws exist or not they have greater significance if implemented because of social and personal barriers. About the early age for marriage commented, "I think that has to do more with the sexual and reproductive rights, the power to decide what we do with our body" and clarified that what the law does not have anything to do with prevention. About the sexual work he pointed out that is not illegal but many actions of abuse and corruption occur. It is only recognized as an activity that the authorities rule, hence "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." He mentioned about abortion, which the new law of Mexico City women can say whether they interrupt their pregnancy if they are detected HIV but is a personal decision. In general said that he did not know what the law said about each topic but acknowledged the following "this kind of laws that can be called liberal to a certain point, I think that has to do with the recognition of the sexual and reproductive rights of individuals and HIV prevention.

He said that "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."

**Policy provision.-** He commented on the protocol for vertical prevention that provides integral care, which would only ensure access to services. We need to expand access to sexual and reproductive health because they are focused on family planning, as an example said, "you just deliver a condom to avoid pregnancy but are not promoted to prevent STDs." On sexuality education said that it does not mention sexual and reproductive rights because "the government is afraid to say so because, as if knowing it was encouraging to have sex." Although it is included in some books it depends on the teachers teaching the subject. He proposed to expand access to condoms nationwide; including female lubricants that are already distributed by the secretariat of Health for free but is not known globally.

**Availability of services.-** About the access to condoms he said that is very limited and insufficient "sometimes the clinics give them three to one month" and that as women face cultural prejudices on the exercise of its sexuality.

He considers that Mexico is more advanced in the attention than in prevention, "it is easier to reach with an STI and have service than arriving before to seek information on prevention." About the counseling he mentioned that there are difficulties due to the lack of medical specialization. On anti-retroviral drugs, it is tried to cover the supply but also there are problems in some areas with no supply, another problem is the changing patterns of treatment. He mentioned that the preventive services are available to all young women and men in general although it is advisable to devise strategies for each condition of life with the skills to negotiate condom and to build gender equity.

**Accessibility of services.**- He said that in the health sector all services are free or very low cost; the problem is the quality and the waiting time for care and for the results of the screening tests. On the location mentioned that there are not enough. The services are not friendly for adolescents and therefore they are not able to return. Schedules are the same in school and work and that makes it difficult to attend. The condemnation of the attitude of health personnel is another barrier. In rural areas is more common to fear because of the lack of confidentiality. Women living with HIV face discrimination when they come.

**Participation and rights.**- He considers that a great effort has been made, one example is the new law for women to a life free of violence, and the most important thing is to be applied. He mentioned that the national policy on AIDS does not address the rights of women living with HIV. He noted that there is no single or adequate representation of young women in decision-making. He recommended that guaranteed access to services in a complete manner.

**Samantha Mino. Female. Coordinator of the Programme of networks of young sexual and reproductive health. NGO for overall health of women (SIPAM)**

### **General**

Government policies are not focused on the young population in general, only on gay men. There are two obstacles: *"One, young populations are not seen as a key sector towards which public prevention policies should be directed. Two, women are not seen as a truly vulnerable sector in our country."*

### **Legal provision**

The Mexican Political Constitution establishes the right to health. In Mexico, important advances include the creation of the National Council to Prevent and Eliminate Discrimination, because now numerous states have laws against discrimination. Another advance is the new Law for the Legal Interruption of Pregnancy.

The disadvantages are that *"legislation does not treat groups considering their specificities, nor do public policies exist directed at diminishing the social inequality that affects youth"*. The only sector considered key for those formulating public policies has been sexual workers. Women are more vulnerable due to inequality, poverty, or lesser access to education, all of which are more visible in rural areas. *"If women don't have access to public education, then access to quality health services is even more unlikely"*. The unequal treatment of women should be reduced in access to education, and *"work should be done with internationally-recognized vulnerable groups, like women and youth"*.

### **Policy provision**

At the local level, in Mexico City the current law on the interruption of pregnancy has contributed towards women living with HIV being able to have access to abortion. *"There is no specific protocol that calls for attention to the health of youth, and when going to request services they face different problems"*, for example long waiting periods, or being asked to return accompanied by an adult.

The sexual education currently given in schools is the result of the work of many civil society organizations; health fairs are given on middle and high school campuses. The information that all young people in schools have on condoms does not compare with what previous generations had, even though the information is mainly in Mexico City. While it is an advance to have themes of sexuality included in textbooks, *"it is necessary to emphasize that young men and women are agents of rights, and to emphasize gender equity as well"*. *"Protocols are necessary for attention to young people, and for their needs to be addressed."*

### **Availability of services.**

Young women face difficulties in gaining access to condoms, because when they go to a government clinic they have to go through a long administrative procedure, which makes them lose lots of time, as well as having to face mistreatment from health personnel. They are even asked to show their parent's consent, and thus they don't return. Currently in Mexico City, a prevention model is being implemented in which condoms are provided immediately to high school students who ask the school doctors for it. Access to information about STIs is scarce, but what has been successful is when services have gone to schools to offer HIV detection tests. *"This has had a high impact in promoting the information given in schools, because in other circumstances the youth would not go to be tested"*.

The supply of antiretroviral medicine is guaranteed in Mexico City, but in the provinces there are problems of scarcity: *"women come from nearby states to get their medicine, which they cannot obtain easily in their home states"*. Prevention services are directed more towards men, since they are considered to be the sector under greatest risk. The free distribution of condoms should be facilitated, and a gender perspective should be incorporated into work on masculinity.

### **Accessibility of services**

There are various barriers that exist, such as the cost of services when youth don't go to the free ones. The lack of confidentiality is another problem, especially in rural areas. The fear of being discriminated against by health personnel is very real, as is the problem posed by distance from service centres, the lack of resources for transport, working hours of service centres, and the long time required to go through administrative procedures. Another barrier is that women consider fidelity to be a preventive measure, *"often these health services are not sensitized in giving attention to women and girls with a gender perspective, nor with a youth perspective. Thus, they don't consider all the specific factors that make them vulnerable or to which they could be exposed"*.

It is easier to give services to married women, because they are within the permitted social framework. If they live with HIV, they face greater discrimination. Medical personnel should be sensitized, and it is necessary to promote the *"generation of new legislation that sees girls and young women as vulnerable sectors, and that include sanctions on health personnel in cases of discrimination"*.

### **Participation and rights**

The commitments ratified by our country have not been fulfilled, *"there continue to be many violations in the area of health and gender"*. One example of the 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. There is very little participation or representation of young women in decision-making. One important action has been the creation of the Youth Network, at a regional level. This network is seeking to achieve greater visibility in the next World AIDS Conference. It is necessary for organizations to work together, and to include women in public policies.

**Brief**

Government: Women should be made visible as a vulnerable population, and be included in prevention and attention actions.

Donors: Their attention should be attracted to focusing on the situation of Mexico, in the distribution of the budget at the federal and local levels.

Community leaders: The construction of leadership to articulate and promote actions at the national, regional and world levels

## **One-to-one interview**

**Director of the area of research and information, MEXFAM, Mexican Family Planning Association**

### **General**

She talked about the lack of actions of prevention directed to the young women of the following way: "I do not know precise and focused strategies to this population group. She knows that there is the increase of cases of greater magnitude, this it is said that the epidemic is feminized ". She emphasized that the attention is concentrated for the men who have sex with other men.

### **Legal provision**

She indicated that the laws that favor the prevention are the Political Constitution because it says that all the Mexicans have the right to the health; the law against the discrimination. Also the organisms of the Secretariat of Health, the National Center of Fairness of Sort and Reproductive Health and the National Center for the Prevention and Control of the VIH/SIDA. About the marriage, it mentioned that more than the allowed age one is to take care of the risk when initiating his sexual relations, mainly in the countryside: "a girl under 18 in countryside, is greater the probability that she gets a couple that is migrant as much in the premises as in the international and for that reason the risk can be very high". With respect to the abortion it mentioned that it is not legalized, there are certain causes with which it is allowed. And on the use of the services without consent of the parents, he indicated that the health personnel does not know clearly what must do. And the law does not establish differences for the different conditions of life. She explained that single in the case of migrants: "Perhaps the service is refused because it is not of the area of influence of the health center".

### **Policy provision**

She indicated that there is to put in practice which is written in the policies, is necessary "the promotion and the access within the frame in which would be due to render, the vulnerability, the confidentiality, discretion, giving council". She indicated that in the distributed official sexual education in the text books the responsibility for the exercise of the sexuality is approached and that they deserve the information as well as the access to the services. As propose he aimed that: "It is necessary to continue impelling that the subjects are continued speaking with greater opening and clarity because in the measurement that a person has greater and better information is going to make better decisions. This depends on the sensibility and qualification of the lender of services, secondly the family parents".

### **Availability of services**

She commented that they are available without differentiating the population and are such for men and women. The condoms are on sale and also they are free in some civil organizations, the access is greater in urban zones. The information on infections of sexual transmission is limited and evens more on the treatment. The anti-retroviral medicines are available by the government although it emphasized: "a lender of services very qualified or enabled and with a very high degree of specialty is required so that he knows to give a very good treatment". For the vertical prevention he indicated that the test of detection becomes to all the pregnant women. One of his proposals is the availability of condoms in the schools.

## **Accessibility of services**

She indicated like barriers, the cost of services, the location because it is easier to go to the pharmacy although the suitable direction is not offered, the deficiency of friendly services, the prejudices of the health personnel and the lack of confidentiality increases in the countryside. Also the lack of information of the parents. One of the recommendations is "That the health personnel do not judge them and that either they do not threaten saying everything to the parents".

## **Participation and rights**

She indicated that if there is promotion of the rights and nondiscrimination although is not reflected with the violence indices. He emphasized "in Mexfam are applied in the operative actions in all the qualification and information that we give and we work with adolescents".

She affirmed that the national policy is based on the approach of rights and that more and more it is including the knowledge of sexual and reproductive health. On the political incidence he recognized that the participation and the representation of the adolescents is not enough.

She recommended "that they are represented in the committees, in the official groups that are accompanying to the government as much for the auditing the transparency and the decision making". As one of the main actions on the part of the Government: "To give information, diffusion, to campaign to certain groups according to the vulnerability".

## **One-to-one interview**

### **Executive Director of the Mexican Network of Persons living with HIV**

#### **General**

There has been some progress, but not enough. For example some generalized campaigns have been directed at youth, but with no impact. "Campaigns for women are needed; they continue to be invisible even though in Mexico their cases are increasing rapidly". One obstacle to work with youth is refusal by parents or schoolteachers for anyone to talk to them about sexual rights and HIV.

#### **Legal provision**

The Law of Education, the Law for a Life Free of Violence and the Law for Access to Information would favour prevention if they were applied. "The UNGASS Declaration has specific points for women, and the 2006 ratification added more, with specific references to prevention campaigns in sexual health and women's reproductive rights. Mexico is participating with other Latin American countries to monitor progress towards UNGASS goals.

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. Sexual work is not legal, and when girls practice it because they are exploited, they often agree to have sexual relations without a condom, because they have to earn their fee. Abortion is permitted up to the 12<sup>th</sup> week of pregnancy in the state of Yucatán and Mexico City. In Mérida, Yucatán women receive a whole process of sexual health counselling from the moment they arrive in the clinic, through the medical procedure of abortion, and continuing to avoid unplanned pregnancies and so they protect themselves from STIs and HIV. This model should be practiced on a national level.

The law requires minors who go to prevention services, to go accompanied by an adult. When girls ask for condoms, "they are given expired condoms, because the belief is that they don't have a sexual life, that they are only asking for a school project". His proposal is that the law on age required to provide access to information should be changed, and that condoms be available without parental consent. It should be considered that "young women can take assertive decisions, and they have a right to their privacy".

#### **Policy provisión**

Written policies are well and good, but they need to be put into practice. For example, a law that favours prevention is where detection exams are free, voluntary and confidential. Under-age youth have to have parental consent in order to be examined, which presents confusion about confidentiality. One serious problem is "when youth come to us with advanced infections because they didn't go get attention earlier, because of being afraid of telling their parents or of revealing that they have an active sex life". Regarding vertical prevention, "there has been progress, because there are fewer and fewer cases of babies who are born with HIV". One recent phenomenon is the increase in marriages between serodiscordant youth aged 20 to 26. In the majority of cases, they are men living with HIV and women who are not. The women want to get pregnant, so we talk about the options and their implications. The worry is that they are women with a higher potential of getting infected.

Regarding sexual and reproductive rights, these are discussed in a very general way in secondary school. 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”.

### **Availability of services**

The Secretary of Health offers its services to the general population. The Mexican Institute of Social Security (abbreviated IMSS in Mexico) and the Institute of Health Services for Workers of the State (ISSSTE, in Mexico) both have an area for sexual and reproductive health, but they are primarily for married women. There are various non-governmental organizations for youth, but the disadvantage is that the people providing attention there are adults. Many parents don’t give their daughters permission to go ask for information; it has been better when we non-profit organizations go to schools or communities to talk about STIs and HIV. The Mexican Youth Institute is one of the few government initiatives for attending to the youth population.

Regarding access to antiretroviral medication there are 2 problems. One is the insufficient dissemination given to the law providing free access to this medicine; people don’t know. Another is that “there has not been enough research done on appropriate dosages for women; they are given the same amount as men, although the dosage should be according to age, height, weight and nutrition. Nor has research been done about secondary effects on women. Information about adherence is insufficient”.

For girls who do not go to school, access to prevention information is limited. “If they are not in school it’s because they are already married, or because the family doesn’t have resources and sends them to work. It is necessary to search for strategies to reach them, and it is necessary to change the culture regarding women’s destiny, that is, that they shouldn’t study because they are going to get married and be supported”. The same services are available for young men as for the general population.

### **Accessibility of services**

In the Secretary of Health, services are free. One obstacle is that they ask youth for parental consent. If they are not given free condoms, then cost is also a barrier. The location of services is a barrier, due to the transportation time and associated expense. HIV-specialized clinics have an associated stigma because if someone goes there, then people know it is because they have an STI or AIDS, and this can make it so youth don’t go. The hours of attention are at the same time as school and work. There is mobility when people seek attention, since they are afraid to be identified where they work, especially in rural areas. His proposal is for services to adapt to the needs of different population groups.

### **Participation and rights**

The National AIDS Plan talks about following UNGASS’s focus on rights, but it doesn’t show it in public policies. There is little leadership by women living with HIV, and young women have no representation in decision-making. His proposal is for programs to be implemented that are designed by and for youth.

## One-to-one interview

UN Agency, Mexico

### General

They consider that the government does not have specific actions to strengthen prevention among women, and even less so among youth. "There is a certain omission of young women in the topic of sexual and reproductive health". They pointed out that UNFPA and UNIFEM are developing a working plan for the next 3 years, and that they are including women in HIV prevention. They added, "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."

### Legal provisions

The laws that they favour are the Law of Equality, which is about to be published, and the Law for a Life Free of Violence for Women, because women's rights are defended therein.

The Mexican Official Norm for HIV, from 1993, is unfortunately very general, and its fulfilment is not required by law. "In the recently-published modification to the Norm, one can see that there are no sanctions included for government entities that do not fulfil this norm. This is clearly a disadvantage to the norm".

Mexico's political Constitution guarantees all Mexicans access to health, but when put into practice, various obstacles arise to its fulfilment.

There are institutions such as the National Commission of Human Rights and the National Council against Discrimination, which carry out work against homophobia and the discrimination towards people living with HIV.

Young women have sexual relations without getting married, so a law allowing or forbidding them to get married at an early age does not affect HIV prevention. Sexual work is not legal, and although the law says that they can receive health services without their parents' consent, in reality service professionals demand written parental consent.

Their proposal is for there to be a complete legislative revision at a national level, because some laws do not coincide with the international instruments that Mexico has signed.

### Policy provision

According to national accounting by the public sector in the year 2005, resources were aimed primarily at programs 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, and few resources are destined to at-school prevention among youth, sexual workers and people living with HIV. In preparatory school government-distributed textbooks, HIV is referred to only in the last two years. Even this is done from a biological point of view, without mention of any risks nor of the condom. Whether a topic included in the textbook even gets covered or not depends on the approval of the principal and the teachers, "it is very dependent upon the school's orientation, but it should be included in the teaching because it is part of the school curriculum". Sexual and reproductive rights are not

mentioned, but what is mentioned is violence. Their proposal is for “textbooks at the preparatory and secondary school levels to use language about gender equity”, and that real and current statistics should be presented on indices of types of violence, including gender violence. Another proposal is for health service professionals’ training to include the topics of gender equity and human rights.

### **Availability of services**

In theory, all services are available, but there are greater obstacles when women are involved. “They say that women are the ones who go most often, but they do not specify whether they go due to pregnancy or reproductive-health related aspects, or whether they are accompanying their children or their husband. It is necessary to talk to them, for example with a questionnaire, to detect their risks for HIV transmission.

If the women dare to seek attention for their own sexual health, they confront rejection and mistreatment by health service personnel. There are records on the distribution of male condoms in health institutions nationwide, but it is not known how many were given to women, nor is any counselling offered regarding the correct use of the condom, nor any other information. Access to feminine condoms is even more limited, due to its cost and the lack of distribution.

Access to treatment is more difficult, due to a lack of sensitivity of the health professionals, who don’t know how to treat the women, and also because “they are more vulnerable, because they tend to have less schooling than men, and sometimes the medical instructions are quite complicated”.

### **Participation and rights**

Mexico recently approved the Law for a Life Free of Violence against Women, and it already has laws on children’s rights, but there are no resources available for its implementation. In national policy, the rights of women living with HIV are not discussed, only the elimination of vertical transmission is talked about. There are no young women in decision-making committees. It is necessary to propose youth participation to the Committee.

### **Brief –**

It is necessary to reform the educational system, for it to be more inclusive of sexual and reproductive health topics, in a framework of respect for the human rights of all people. Young women and girls should be considered as groups in which time and resources should be invested, so that they can be protected not only from HIV and AIDS, but also from other STIs, such as HPV, which causes cervical cancer.