MEXICO COUNTRY SPOTLIGHT

In this Spotlight, the main focus is on adolescents.

Introduction

The Sustainable Development Goals (SDG) provide a path towards eradicating poverty and creating more equitable societies, by addressing aspects of governance that are necessary for accountably implementing changes. In this context, the challenge for Mexico is to reduce the large inequality gap. Considering economic and social dimensions amongst others, Mexico needs to focus on providing inclusive, equitable and quality basic services to the population living in the greatest deprivation and exclusion. To a greater degree, a more equitable future depends on incorporating the 21.4 million children and adolescents who live in poverty[1], of which 4.7 million live in extreme poverty.[2]

While there has been significant progress in the areas of health and education in the framework of the Millennium Development Goals, adolescents[3] are excluded as they face particular challenges that put their development at risk. Amongst the many obstacles they face, one key issue is the lack of access to quality sexual and reproductive health services, which is highly relevant in a country where first sex, on average, happens at the age of 16.6 years old. This undoubtedly contributes, in part, to Mexico holding first place amongst OECD countries, with the highest rate of teenage pregnancies.[4] This also represents a relevant public health problem, as adolescent girls are twice as likely to die from complications in pregnancy or childbirth than women between the ages of 20 and 30.

It is for this reason that Save the Children's 2016-2018 Mexico plan addresses the issue of adolescent sexual and reproductive rights, ensuring a holistic health approach that spans the life cycle.

Overview of Social Exclusion

Adolescents are not considered a priority in the public political agenda, as there is an overlap between child-focused policies (0-18 years old) and youth-focused policies (15-25 years old).[5] As a result, their issues become invisible in political discourse, child policies generally focusing on early childhood and elementary education (0-12 years old) while youth polices generally focus on early adulthood (18+ years old), leaving a policy gap for adolescents (13-17 years old). This in turn is reflected in gaps in data, program implementation, and budgeting. This exclusion is further exacerbated by other discrimination factors such as poverty, gender, ethnicity and disability, amongst others. The policies focused on teenagers that do exist, tend to conceptualize them as either linked to health problems or security problems, instead of considering a holistic

[1] For this section, when refering to poverty and extreme poverty, we are using Mexico's National Council for Social Policy Evaluation's definition of multidimensional poverty.
[2] CONEVAL, UNICEF, *Pobreza y derechos sociales de niñas, niños y adolescentes en México, 2010-2012*, México, 2014.
[3] According to the National Council on Population (CONAPO), in Mexico there are 22.4 million adolescents.
Gobierno de la Republica, *Estrategia Nacional para la Prevención del Embarazo en Adolescentes,* México, 2015.
[4] OCDE (2015), *¿Cómo va la vida? 2015. Medición del bienestar.*, OECD Publishing, París.
[5] UNICEF, WHO and UNFPA define *adolescents* as those persons between the ages of 10 and 19 years while *youth* is consider for people between 10 to 24. The Convention on Rights of the child (CRC) establishes that girls and boys under 18 years of age are considered children. For health purposes, it's important to distinguish *adolescents* as a group that needs special attention as a consequence of the social transition from child to adult, as well as its physical counterpart, puberty.

approach that promotes their development in an affirmative manner.

Sexual and reproductive health (SRH) is influenced by poverty and marginalization. Lower household economic status is associated with poorer SRH indicators. Adolescents in vulnerable contexts don't have access to quality education or healthcare, which are fundamental for SRH. In order to overcome these challenges and ensure inclusive programming, it's necessary to design interventions that ensure the visibility of adolescent issues, the protection of their human rights, and the consideration of harmful cultural practices, such as child marriage (PAHO 2013).

The following section consists of data and information reflecting the challenges that adolescents face regarding the fulfillment of sexual and reproductive health.

Quantitative overview

- Inequality in Mexico; according to Mexico's National Council for Social Policy Evaluation:
  - 7 states concentrate more than half of the people living in poverty in the country (Veracruz, Chiapas, Puebla, Jalisco, Guanajuato, Oaxaca, and Mexico State).
  - In 10 out of 32 states, more than half of the population lives in poverty.
  - There is a 51.4 percentage point gap between the state with the highest level of multidimensional poverty in the country (Chiapas) and the state with the lowest (Nuevo Leon).
  - 73.2% of indigenous people live in poverty and 31.8% in extreme poverty.

- Health and education challenges:
  - The national average of population between 3 and 33 years of age without access to education is 18.7%; it is 27.6% in Michoacán, 27.8% in Veracruz, and 30.7% in Chiapas.
  - Michoacán, Veracruz and Puebla are the states with the highest percentages of population with lack of access to general health services (26.2%, 21.7% and 21.2% respectively).
  - 35.8% of adolescents in Mexico between 10 and 19 years old do not have access general health services.[6]
  - 27.4% of teen pregnancies were unintentional.[7]
  - 33.4% of sexually-active adolescent girls and 14.7% of boys (15 to 19 years old) didn't use contraception the first time they had sex.[8]
  - 24.8% of adolescent girls do not have access to contraceptive methods at the national level; this increases to 44% in the state of Chiapas.

Qualitative overview:

- Most health services, with trained staff and affordable family planning methods, are not adolescent-friendly.

[6] ENAPEA is the National Strategy for Adolescent Pregnancy Prevention.
[7] *Encuesta Nacional de la Dinámica Demográfica (*ENADID). Instituto Nacional de Estadística y Geografía (INEGI), México 2014.
[8] *Encuesta Nacional de Salud y Nutrición (ENSANUT) 2012. Resultados nacionales. Primera edición*, Instituto Nacional de Salud Pública, Secretaría de Salud, México 2012.

- Gender barriers to the use of sexual and reproductive services continue.
- There are discrimination barriers for pregnant teens and young mothers in accessing health, which in turn has an impact in maternal and infant mortality.
- There is a lack of adolescent-appropriate awareness-raising campaigns that offer clear, friendly and timely education on SRH, impeding informed decision-making by teenagers.
- There is a lack of campaigns targeting parents, teachers and communities on adolescent SRH.

Policy analysis

Sexual and reproductive health policy for adolescents has been a progressive work. Since Mexico's first National Program for Adolescent Reproductive Health emerged in 1993, there have been several interventions from various government agencies. The provision of these services is carried out through two approaches: a horizontal model that provides integrated care and another managed through specialized services.[9] With the Specific Action Program on Sexual and Reproductive Health for Adolescents (PAESSRA) 2007-2012, the Ministry of Health established the institutional guidelines to meet their needs by promoting healthy and responsible behavior, as well as reducing teenage pregnancies, maternal deaths of under 20 year-olds, and sexually transmitted diseases. For the 2013-2018 administration, there has been greater emphasis on a governance approach to achieve gender equity, prevention, and improvement of services.

In February 2015, the government launched a National Strategy for Adolescent Pregnancy Prevention, based on a human rights framework. However, there is no specific budget for this strategy. Instead it depends on exclusively coordinating existing initiatives on health and education at the three levels of government (municipal, state, and federal) with support from non-governmental organizations. The strategy also influences the education sector, by improving the curricula at all levels, teachers' preparation, and the use of information technologies. The strategy's main challenge at this moment is that it has not been able to ensure a comprehensive integration of sexuality and communication campaigns. Nor has it been able to reach the scope and coverage of training programs that are required.[10]

After adopting the Montevideo Agreements on Population and Development and the Sustainable Development Goals (SDG), Mexico has endorsed its commitments to a comprehensive and sustainable vision to eradicate poverty. These commitments address inclusion, a focus on gender equality, ensuring an equitable, inclusive quality education, as well as universal access to all health services for the most vulnerable populations. It also implies the need to promote public policies designed through citizen engagement and strengthened governance. These goals are particularly relevant considering that in 2015, the Director of the National Institute of Public

[9] Instituto Nacional de las Mujeres (INMUJERES) y Centro de Investigaciones y Estudios Superiores en Antropología Social-Sureste (CIESAS), *Monitoreo de la atención a las mujeres en servicios públicos del Sector Salud, Cuaderno de trabajo 29*, México 2011, p. 257.

[10] At the 2008 International AIDS Conference, thirty health and education ministers from Latin America endorsed the *Ministerial Declaration: Preventing through Education*, in which they agreed to increase young people's access to comprehensive sexuality education and sexual and reproductive health services by 2015. In this yearly assessment, Mexico achieved good results on general policies and legislation. Nevertheless, in regards, progress need to be made.
Federación Internacional de Planificación de la Familia/ Región Hemisferio Occidental (IPPF/RHO), *Evaluación de la implementación de la Declaración Ministerial "Prevenir con Educación". Su cumplimiento en América Latina 2008-2015*, México 2015, p. 57-58.

Health recognised that half of the adolescents in Mexico do not have access to the existing sexual and reproductive health services, while 40% of health staff have not received updates on how to approach them.[11]

This reflects the urgency that programs need to be fully implemented to offer timely, efficient and quality services for adolescents' specific needs, especially for the most deprived.[12, 13] However, at the same time, there are practical challenges such as budgeting. In the 2016 Federal Budget, Health was assigned $7.971 billion (USD) reflecting a 2% increase over the original budget presented by the Executive branch to Congress. Nonetheless, overall this represents a decrease from the 2015 budget that had been allocated $8.13 billion.[14] Another challenge that will impede the implementation of these policies for adolescents is that the budgets for the programs, "Reproductive Health Care and Gender Equality" and "Reduction of Maternal Mortality and Obstetric Quality Care" have been merged and are now called *Maternal, Sexual and Reproductive Health*, with a total budget below what both programs had been assigned in 2015. This merging of the budgetary programs stands out as a significant challenge, as it affects the implementation of policies that will affect adolescents, as well as the compliance with agreements made, such as the SDGs and the Montevideo Agreement.

Challenges

- Lack of robust data on adolescents and assessment of intervention models.
- Programs and strategies with limited continuity through government administrations and reduction of budgets without a human rights perspective.[15]
- Lack of comprehensive operation and coordination of programs amongst the relevant agencies.
- Weak accountability mechanisms on the progress of goals, targets and impact indicators.

Recommendations

- Promote interagency coordination to ensure access to services, in collaboration with civil society.
- Improve registration systems on SRH for adolescent with disaggregated data.[16]
- Differentiate strategies designed for different populations of adolescents.
- Finance adolescent-friendly training of teachers and SRH service providers.

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[11] Ángeles Cruz Martínez, *No usan anticonceptivos la mitad de los adolescentes sexualmente activos*, Periódico la Jornada, México, October 2015.
http://www.jornada.unam.mx/2015/10/29/sociedad/038n1soc

[12] From 2010 to 2012, almost all the social deprivation criteria for children under 17 decreased, specially access to health services drops from 27.6% to 19.7%, but budget allocation does not necessarily followed equity principles. Consejo Nacional de Evaluación de la Política Social (CONEVAL) y Fondo de Naciones Unidas para la Infancia (UNICEF), *Pobreza y derechos sociales de niñas, niños y adolescentes en México, 2010-2012*, México 2014, p.14.

[13] The report on equity of the Mexican Public Spending presented by UNICEF and UNDP in 2015, showed that almost 20% of the population from 0 to 17 with the lowest levels of Human Development Index (HDI) received 15.2% of the public expenditure for promoting social development, in contrast to 38.6% required .The 20% with the highest IDH received 24.2% while it is only needed 8.9%. *Informe sobre la equidad del gasto público en la infancia y la adolescencia en México*, Fondo de las Naciones Unidas para la Infancia (UNICEF) y Programa de las Naciones Unidas para el Desarrollo (PNUD), México 2015, p. 22-23.

[14] Finance Ministry, press release on Mexico Budget 2016.
http://www.hacienda.gob.mx/SALAPRENSA/doc_comunicados_prensa/2015/noviembre/comunicado_130_2015.pdf

[15] *Estrategia Nacional para la Prevención del Embarazo en Adolescentes* (ENAPEA), Gobierno de la República México, México 2015.

[16] Giving special attention to adolescents under 15 years old.