

## **Statement submitted by Equidad de Genero: Ciudadania, Trabajo y Familia, A.C.**

In 1994, the Mexican Government committed to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). This commitment has been renewed during subsequent review processes, most notably at the five-year review: Key Actions for the Further Implementation of the Programme of Action of the ICPD.

The Mexican Government's commitment to the Programme of Action has been demonstrated, particularly in the area of reproductive health and rights, in the form of a paradigm shift from a population control focus to one which integrates the broad definition of reproductive health and rights included in the Programme of Action. In order to facilitate implementation of the Programme of Action the Mexican Government created the National Center for Gender Equity and Reproductive Health and formed the Inter-institutional Group for Reproductive Health, comprised of governmental institutions and non-governmental organizations, under the leadership of the Center. These institutional changes have formed the backbone for the implementation of the ICPD Programme of Action through various successful Specific Action Programs carried out by the Center, in partnership with the many non-governmental organizations in Mexico that have provided technical and strategic assistance as well as monitoring of the process.

Since 1994, the Mexican health sector has additionally updated official Mexican norms such as the NOM 005 on Family Planning Services, the NOM-041 on the Prevention, Diagnosis, Treatment, Control and Epidemiological Monitoring of Breast Cancer and the NOM 046 on Family and Sexual Violence and Violence against Women, Criteria for Prevention and Care.

These collective actions have resulted in important improvements in women's reproductive health indicators in Mexico. For example, according to the most recent data compiled in Mexico's report on the advances toward the Millennium Development Goals, the overall ratio of maternal deaths per 100,000 live births has decreased from 82.4 to 42.3 between 1994 and 2012. Additionally, the proportion of births attended by skilled health personnel has risen from 81.4 in 1994 to 96 in 2012. Likewise, the national prevalence of contraceptive use among coupled women has increased from 63.1% in 1992 to 72.3% in 2009 and the percentage of overall unmet contraceptive need among coupled women of reproductive age has decreased from 12.2% in 1997 to 10%. Furthermore, the birth rate for adolescents, 15-19 years of age saw a decrease from 78 in 1995 to 69.5 in 2007. Finally, in 2007, elective abortion was decriminalized only in Mexico City up to 12 weeks of gestation, creating the opportunity for thousands of women to preserve their health and dignity through safe and legal abortion services.

Another important element that has contributed to these achievements is a strong legal framework for comprehensive sexuality education. Since 1998 the national curriculum for basic education in Mexico has incorporated a gender perspective as well as sexual and reproductive rights in the plans and programmes for secondary education.

These advances are laudable and should be recognized and celebrated, however, there are still significant challenges that need to be met in order to fulfill the goals set forth in the ICPD Programme of Action. While the national averages give us overall information, they don't capture the important health disparities that exist throughout the country. For example, the maternal death ratio remains high in the poorest states of Chiapas, Guerrero and Oaxaca with 60, 76 and 64 maternal deaths per 100,000 live births respectively. These numbers ensure that Mexico will not be meeting the target to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio, set forth in Objective Five of the Millennium Development Goals. Likewise, the percentage of unmet contraceptive need is significantly higher than the national average in 1997 in the mentioned three states at 22%, 17.6% and 15.8% respectively. Additionally, the actions carried out by the health sector have not had the same impact among women of different ages. For example, according to the Global Survey submitted by the Mexican Government as part of the ICPD review process, contraceptive prevalence among adolescents has not increased at the same rate as it has for adult women nor has unmet contraceptive need decreased at the same rate. Likewise, the adolescent birth rate has historically not reduced at the same speed as it has for adult women and in fact the current birth rate among adolescents 15-19 years of age is well above demographic projections. While abortion is safe and legal in Mexico City, it remains highly restricted in Mexico's 31 other states and conservative efforts have created additional obstacles that have further placed women's health and integrity at risk, even for cases that fall within existing legal abortion indications. Finally, efforts to advance the reproductive health of the Mexican population have largely left out men and male responsibility. For example, in the last five years, the National Center for Reproductive Health and Gender Equity has reported that only 470 vasectomies have been carried out in an adult male population (20-64) of 32,049,755. Additionally, men are virtually absent from programmes and education regarding maternal health and safe motherhood.

Despite the favorable legal framework for sexuality education, it is still seriously lacking in its application: classroom activities reproduce gender and age discrimination and sensitive issues such as sexual initiation, pregnancy and sexually transmitted infection risk and prevention, dating violence, school bullying and sexual harassment are approached superficially. Curriculum advances have not been accompanied by earmarked financial resources, teacher training or the production of quality educational materials.

The mentioned challenges are owed to a host of obstacles both within the Mexican government's control, such as lack of political will, fragmentation and poor coordination within the health system, inadequate infrastructure, lack of operative guidelines and budget indicators, poor service quality including discrimination, prejudice and lack of training of health personnel, unavailability of the full range of safe and reliable family-planning methods and reproductive health supplies in general and insufficient personnel, as well as

those that are outside of its control, such as historic cultural discrimination towards women resulting in low levels of women's empowerment, opposition by organized groups, such as the Catholic Church, and geographical limitations. In addition, it is noteworthy that the lead agency responsible for following-up on the ICPD Programme of Action, the National Population Council, has had a consistently low level of participation in the last sessions of the Commission on Population and Development, as well as in the promotion of policies and programs in-country, that does not hold up to their previous involvement.

In assessing the status of the implementation of the Programme of Action of the ICPD, the country delegates to the Commission on Population and Development must take into consideration both the advances that have been made as well as the challenges that still exist. As the Mexican case shows, there is still much work to be done in order to meet the objectives and actions set forth in the ICPD Programme of Action.

At the 47th session of the Commission on Population and Development, Equidad de Género, Ciudadanía, Trabajo y Familia, exhorts governments around the world to exercise political will and recommit to what they sought 20 years ago when the Programme of Action was developed. In doing so, it is important to ensure integration with other processes such as the Post-2015 Development Agenda. Women around the world cannot wait any longer.