

Comment on the paper "Experiences of Young Motherhood and Youth in Mexico: Medical Discourses and the Definition of Women as 'Too Young to Care'" by Abril Saldaña-Tejeda

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The author presents well the case that young people's sexual rights are more complex than those of adults. Through the testimonials of women and the analysis of their histories, it is clear there is a common misconception that young people should not be sexual beings, except for specific groups such as those who are married or above a certain age. One of the arguments for this misconception, according to the author, is the widespread view in society of youth as a transition state between childhood and adulthood. Apparently, this is the root of social anxiety produced by teen motherhood in Mexico. However, if the concept of adolescence as a transition state needs to be deconstructed, what are the options? The United Nations Convention on the Rights of the Child, introduced the concept of "evolving capacity" to explain how each young person gradually develops the ability to take full responsibility for their own actions and decisions. At any given age, some will be more mature and experienced than others. There are multiple biological factors and social inequities that might affect people's abilities and capacities, particularly those of the young. A central question will be: how can the right balance between protection and autonomy be introduced in society? Is it by looking at the individual capacity of each young person, rather than focusing on age? And in public policy, how do you create the conditions that guarantee the precept?

In Mexican society, there is a deep resistance to recognizing young people as having rights, and an equally strong refusal to recognize them as sexual beings. The combination of these deep-rooted values takes different shapes and forms in the country. While in rural and dispersed communities most young women are forced into early marriages with the expectation that they produce sons, whether they want to or not, in more urban and upper-class communities, girls are still expected to remain virgins until marriage, no matter how late that might occur.

Even in cities where the enforcement of taboos around virginity is rapidly eroding, or no longer prevails, very little public policy support exists for programmes that address young people's sexuality in a non-judgemental way. Good quality comprehensive

This might be surprising because when we think of unmet need the first thing that comes to mind is the supply of contraceptives and availability of services; these are indeed basic requirements. Without contraceptives, women of any age will, by and large, be unable to realize their own desire to avoid a pregnancy. The same applies to young women. Married and unmarried adolescents alike need information and access to contraceptive methods so that they can avoid an unwanted pregnancy. But young women face deep social and psychological barriers that older women normally do not; these are rooted in the denial of young women's sexual rights.

There is a growing recognition that young people need services that are sensitive to their unique stage in life. The World Health Organization defines an adolescent-friendly health service as one that is accessible, acceptable, equitable, appropriate, and effective. Unfortunately, in Mexico as in many other developing countries, social stigma is a significant barrier for young people to access sexual and reproductive health services, along with physical and material barriers such as distance from services; limitations of time; mobility; attitudes and behaviours of professionals; and, most importantly, lack of privacy and confidentiality.

The potential health, social, and economic disadvantages that adolescent mothers face has been recognized by the Mexican government. In early 2015, a National Strategy was launched to prevent unwanted pregnancies in the adolescent population. The main objectives of the strategy are to: a) promote the human development, and expand the educational and employment opportunities of the adolescent population; b) create an enabling environment that stimulates free and informed decisions about sexuality and pregnancy prevention; c) guarantee access to con-

sexuality education is very rarely available in schools, much less for the millions of adolescents who are out of school. Rigorous studies have shown that comprehensive sexuality education works, but making resources available for its large-scale implementation is far from the top of the agenda, even for those trying to address unmet need.

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traceptive methods, including long-acting reversible contraception, and promote male participation; d) increase the demand for, and quality of, youth-friendly services; and e) guarantee the right of children and adolescents to receive high quality comprehensive sexuality education in public and private schools.

This is the first time that unwanted teen pregnancy has been recognized by the Mexican government as a high priority for public policy. The strat-

egy was coordinated by the Ministry of Internal Affairs, with the participation of the Ministries of Social Development, Health, and Education. It is an effort by the Mexican Government that certainly deserves recognition. However, as for all public policies, a sufficient budget, efficient and transparent coordination, and effective and accountable execution are essential for a successful outcome.

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