

February 6th, 2021

Mr. Víctor Madrigal-Borloz
Office of the United Nations High Commissioner for Human Rights
CH 1211 Geneva 10
Switzerland

Sent via ohchr-ie-sogi@un.org

Dear Mr. Madrigal-Borloz,

We appreciate the opportunity to provide input for the forthcoming report of the Independent Expert on the realization of the right of persons affected by violence and discrimination based on sexual orientation and gender identity (SOGI) to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3.

Yaaj Mexico is a civil society organization dedicated to protecting the human rights of LGBTI+ people, building a more inclusive society and accompanying people in their human development process. With more than 15 years of experience, Yaaj has three main areas of work: 1) peer work with key populations through various programs (LGBT Youth Group in Mexico, Diverse Women, HIV and Positive Health Program and “Fortalécete LGBT”); 2) political advocacy; 3) research.

The community work we carry out has allowed us to support LGBTI+ people at higher risk, such as trans and gender non-conforming youth, LGBT+ indigenous people in rural areas of the country and young people in forced mobility. We also work with these individuals as research peers to conduct rigorous academic work on sexual orientation, gender identity, and variation in sexual characteristics at birth in Mexico.

A central part of our research is spreading awareness of how discrimination and violence based on sexual orientation/gender identity have damaging effects on people's overall health, well-being, and safety. Our research work allowed us to pass the first bill in the country to prohibit sexual orientation/gender identity change efforts (SOGICE) (Mexico City, 2020). We also coordinated—together with 30 Mexican NGOs and government institutions, as well as embassies and United Nations agencies in Mexico—a national investigation on the impacts of COVID-19 on LGBTI+ people.

Our February 2021 report on the [impact of COVID-19 on LGBTI+ people in Mexico](#) had an unrepresentative sample of 6,671 responses from across the country. It is the only survey that makes an intersectional analysis of SOGI together with racialization, economic differences, and age, among other variables, to understand processes of discrimination and violence experienced by LGBTIQ+ people in Mexico. In the report we find that:

There is differentiated access to certain health institutions according to sexual orientation, gender identity, variations in sexual characteristics at birth, indigenous and Afro-descendant identification, and according to HIV status.

- 65% of the sample with incomes greater than 30,000 Mexican pesos (298 people) reported a higher prevalence of care in private hospitals, while 35% of the sample with incomes of less than

5,000 pesos (2,131 people) receive care in pharmacy offices. The average sample with income from 8,000 to 18,000 pesos oscillates between public and private institutions.

- 5% of 4,972 people selected the Health Institute for Welfare (INSABI, for those who do not have social security through a formal job) as a care service, being the service where they are least attended. However, 26.12% of those who reported working (3,094) do so in the informal sector. In other words, during the pandemic there was a considerable LGBTI+ population without access to social security and medical services, but they decided not to use the services available through INSABI.
- The 780 people who are not in the formal employment sector and who reported on which health institution indicated they prefer pharmacy offices. Of these, 7.69% go to INSABI, and it is trans women who go the most (9.5%), followed by 7.48% of cis men and 7% of trans men.
- Cis men in the sample receive more care in public institutions (36% of 2,127). Cis women are treated more in private hospitals (35% of 1886). Trans men and women get care mostly in pharmacy offices (32% of 114 and 42% of 158 respectively).
- Intersex people receive more care in public institutions and pharmacy consultations (30.91% of 55 cases), and few go to private hospitals (21.82%), or to INSABI (10.91%).
- 35.65% of 331 indigenous LGBTI+ people go to public hospitals, while 38.42% of 177 Afro-descendant people go to these institutions. In both cases, we see higher percentages of care in INSABI: for LGBTI+ indigenous people it was 9.37% of the cases, and for LGBTI+ people of African descent the prevalence was 8.47%.
- Of the 465 LGBTI+ people living with HIV, 49.25% reported attending public health institutions (IMSS, ISSSTE, etc), and 26.88% went to the INSABI. Only 10.75% go to consultations in private institutions and 8.60% go to pharmacy offices.

A considerable percentage of LGBTI+ people did not know their HIV or other STI status, and were unable to get tested due to the pandemic. In addition, the highest prevalences of HIV continue being among gay men and trans women.

- 4,697 people sampled do not know their status, 13% of this number of people could not be tested for reasons related to the pandemic.
- 38% of 4,957 people do not know their status of other STIs. Of those who do not know their status for these other STIs, 70% were not tested for STIs during the pandemic. 11% could not be tested for any of them, and 6% for some of them, for reasons related to the pandemic.
- 72% of the 1,635 LGBTI+ people who know their HIV status also know their status for other STIs. The reverse also happens: the vast majority of those who do not know their HIV status do not know their status for other STIs either, 78%. of 3,288 people sampled.
- We found a positive correlation between knowing HIV status and status of other STIs.
- There are higher percentages of people living with HIV among gay men and trans women: 27.02% of 1,510 and 16.67% of 102, respectively.
- In the case of people with some intersex variation, 17% live with HIV, corresponding to 7 out of 42 reported cases.

There were alarming percentages of suicidal thoughts and attempts among LGBTI+ people in Mexico during the pandemic, particularly among young people. There was a higher prevalence

among non-binary people, and cisgender people were the ones who reported the lowest prevalence. Among people with low-profile sexual orientations, such as pansexual and asexual/aromantic people, we also saw high levels of suicidal thoughts.

- Suicidal thoughts were reported in 24% of 4,950 people who responded to the survey, and 7.25% reported a suicide attempt.
- Specifically in young people between 18 and 19 years old, 42.13% of 413 cases reported having suicidal thoughts, and 15.57% of 424 cases attempted suicide during the pandemic.
- 33.46% of 1,300 young people in the age group between 20-24 years reported suicidal thoughts.
- Among cis, trans and non-binary people, in a sample of 4,534 people, suicidal thoughts were reported in a range of 18.42% to 43.47%. Non-binary people were the most prevalent (43.37% of 505 people), followed by trans men (42.34%), cis people were the least likely to report suicidal thoughts (18.42% of 2,036 men and 26.44% of 1,732 women).
- In terms of sexual orientation, it was in the group of asexual/aromantic people and in the group of pansexual people, respectively, that the highest percentages of people with suicidal thoughts were found: 48.78% of 82 people and 40.29% of 489 people, respectively.
- Trans men (21%), the “other” gender identities/expressions category (16%), and trans women (16%) had the highest suicide attempt rates among different gender identities/expressions (4,947 responses).
- We found that the loss of income affected people's emotional stability, since in comparison with those who did not lose their income during the pandemic, twice as many people who thought or attempted suicide in the second condition were detected. So in terms of the percentage of people with suicidal thoughts, we went from 9.30% to 16.42%, and in suicide attempts from 2.34% to 5.20%. Suicidal thoughts among gender nonconforming people who lost their jobs had the highest percentages: 28.37% of 504 non-binary people, 25.68% of 148 trans women, and 25.45% of 110 trans men.

We reiterate the need for access to sexual and reproductive health services that includes not only the supply of contraceptive supplies and STI prevention, but also the treatment of these infections, both for the LGBTI+ population living with HIV and the rest of the population. in the country.

- Of a sample of 3,244 LGBTI+ people in the country, 14% live with HIV (446), and 97% of these people were on antirretrovirals (ART). Of those who responded living with HIV, 9% interrupted their ART for reasons related to the pandemic (39 of 451). Of this percentage, 91% were able to resume their intake (29 of 32).
- Of the 60 people living with HIV and who know their status for other STIs, 63.33% reported having HPV and 31.67% syphilis. Of the STIs that were reported in the entire population of the survey that responded, the most frequent was HPV (77.92% of 231 cases). Once again, we reiterate the need for access to sexual and reproductive health services that includes not only the supply of contraceptive supplies and STI prevention, but also the treatment of these infections, both for the LGBTI+ population living with HIV, as well as for the rest of the population. the population in the country.

The pandemic made it difficult for the LGBTI+ community in Mexico to adhere to different medical treatments. In addition to the shortage of antiretrovirals, hormonal and mental health treatments were interrupted.

- Of a sample of 4,969 LGBTI+ people, 4.5% are on hormone therapy. Of these, a quarter had to be interrupted and 80% were for reasons related to the COVID-19 pandemic.
- Disabling anxiety and depression are the most prevalent among all forms of disability that we recorded (35.96% of 5,573 who answered the question). However, out of a sample of 1,787 people living with anxiety and/or depression, only 56% have a mental health diagnosis. And in the case, of those who reported having received a mental health diagnosis, 25% interrupted the treatment used for said condition for reasons related to COVID-19 (256 of 1,008).

Access to affordable and non-discriminatory health services for LGBTIQ+ people was not guaranteed during the pandemic, particularly due to acts of violence and discrimination based on their SOGI.

- The specific acts where we saw a higher prevalence or increase in discriminatory or violent acts in medical services were that the illness or medical condition will be minimized for reasons related to people's SOGI (85.29% prevalence or increase of 102 responses).
- We are concerned that the lack of supply of prescriptions and/or medications needed increased by 36.14% of the 83 cases, and people didn't receive complete, clear and reliable information in 37.50% of 96 cases.
- It is important to highlight the percentage of prevalence and increase in cases where it was suggested to cure the SOGI "condition". Of 84 people who responded about changes in these conversion therapy attempts, 39.29% remained the same as before the pandemic, and 25% reported that it increased.
- The lack of supply of prescriptions and/or medicines that people needed increased 36.14% of 83 cases due to discrimination based on SOGI. In addition, people did not receive complete, clear and reliable information in 37.50% of 96 cases.
- 48.72% of 78 people faced the same amount of rejection of their partner or relatives as rights holders as they experienced before the pandemic, and for 29.49% of cases this rejection increased.

Thank you for the opportunity to provide you with information. If you have any questions, please feel free to contact PhD Candidate Miguel Fuentes, Research Coordinator, at yaajmexico@gmail.com.

Respectfully,

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