Sexual diversity challenging HIV AIDS prevention in Oaxaca, Mexico

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By

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Abbreviations and Acronyms

ABC	Abstinence, Be Faithful, Use Condoms
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral drug
BCC	Behavior Change Communication
COESIDA	Consejo Estatal para la Prevención y Control del SIDA
CONASIDA	Consejo Nacional para la Prevención y Control del SIDA
FTM	Female to Male Transgender
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IOAM	Instituto Oaxaqueño de Atención al Migrante
ISSSTE	Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado
MDG	Millennium Development Goals
MSM	Men having sex with men
MTF	Male to Female Transgender
PEDS	Plan Estatal de Desarrollo Sustentable
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV and AIDS
UNGASS	United Nations General Assembly Special Session dedicated to HIV/AIDS.
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Glossary

Curandero: The curandero or curandera is a traditional healer who often has a wide knowledge on herbal medicine and is popular amongst indigenous communities.

Hijra: A third gender person in India, Pakistan or Bangladesh.

Indocumentados: Refugees from Central America who enter Mexico without legal papers.

Katoey: Male-to-female transgender person or an effeminate gay person in Thailand.

Machismo: The over emphazised expression of masculinity with the intention to prove male superiority over female; includes male chauvinist and sexist behavior and is a common phenomenon in Mexico.

Mayordomo: Person in charge of a religious cargo in an indigenous community in Oaxaca. This person has responsibilities to prepare, organize and pay for a fiesta of a Patron Saint or *vela*.

Mayuyus, mayates or chichifos: bisexually behaving men and sexual and romantic partners of the Muxe.

Muxe: Third Gender person in Juchitán and the Istmo de Tehuantepec, Oaxaca, Mexico.

Piñata: A clay pot decorated with bright paper that contains sweets and is hit with a stick during birthdays, Easter and Christmas celebrations. Children enjoy hitting the Piñata blindfold so that all the sweets fall out and are quickly collected by them.

Stigma: An individual with an attribute, who is excluded and rejected by a group, family, society because of an attribute.

Third gender: Individuals who identify as neither male nor female and occupy a third gender role.

Transgender: Transgender is a more general term used not only for transsexuals but also for all those who diverge from normal gender roles expected by society. Transgenders may move on a continuum between genders or change their gender role temporarily or permanently. They include transvestites, or cross-dressers, and agender, intersexed or genderqueer individuals who identify themselves as a different gender than that assigned at birth. They might also identify themselves as bi-gender or third gender, mainly in non-western societies.

To be transgender doesn't imply any sexual preference. Transgender persons can be homosexual or heterosexual, bisexual, multisexual or asexual and do not share one common sexual orientation.

Transphobia: Transphobia is intolerant, hostile and/or discriminatory behavior directed towards transgender and transsexuals. In its extreme form it can lead to physical and psychological violence, including murder. Transphobia is directed consciously or unconsciously against the gender identity of a person not against her/his sexual orientation.

Transsexual: A transsexual person identifies with the opposite sex and experiences discomfort in his or her physical/biological sex; this discomfort is often described as "having been born in the wrong body". To treat their gender dysphoria, transsexuals go through hormonal treatment and gender reassignment surgery that allows them to move from Male to Female (MTF) or from Female to Male (FMT).

Transvestite: A transvestite, also called cross-dresser or drag queen, is a person who chooses to wear clothing of the opposite sex.

Two Spirit: Native American Indian name for people filling mixed gender roles, comparable to gay, lesbian, bisexual and transgender persons.

Usos y costumbres: System of self governance of indigenous communities based on traditions and customs of the community.

Velas: Big family or community fiesta with traditional music, dance, food and beer typical in the Istmo of Tehuantepec, Oaxaca.

List of Tables and Figures

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Finally, I am grateful and wish to thank Monir for his moral support and help with the lay out of this thesis.

Abstract

The Muxe are an indigenous transgender group living in Juchitán in the State of Oaxaca in Southern Mexico.

Despite many HIV prevention efforts from governmental and non governmental organizations during the past 20 years, the spread of the HIV epidemic has not been halted amongst the Muxe.

Causes and consequences for the high HIV and AIDS prevalence among the Muxe are described, including biological, socio-cultural and economic factors that create circumstances that produce an increased vulnerability of the Muxe. These factors facilitate high risk behaviors, such as multiple partners and unsafe sex.

Public Health policies and prevention campaigns are not directed toward the Muxe as a specific vulnerable group and do not address contributing factors such as social drinking, gender and sexual identities and the meaning of sexual acts, responsibilities within the community and the impact of migration. The Muxe themselves have developed more appropriate approaches to prevention, but their small NGOs lack recognition, acknowledgement, and financial and professional support.

To improve prevention campaigns for the Muxe, policy makers designing them need to recognize the Muxe as a transgender group and include strategies directed specifically towards them in the State's prevention measures. The Muxe should participate in policy development and implementation; responses need to be culturally adapted and should address risky behaviors such as alcohol consumption on a collective and not individual level.

1. Introduction

> *When God created the World, he sent Saint Vicente de Ferrier – the patron saint of Juchitán de Zaragoza, a coastal town in Oaxaca – to walk around and place men and women on earth. Saint Vicente distributed some women here and left some men there. Suddenly, when he reached Juchitán, he stumbled, and a special sack he was carrying broke and opened. It was a sack full of gays, the Muxe, and they all fell out into Juchitán …*

This is the beginning of a Zapotec myth that explains why there are so many Muxe in Juchitán de Zaragoza, a city in the State of Oaxaca in Mexico that some also call "Juchitán, the queer paradise".

A social anthropologist by heart and profession, I have been living and working in Oaxaca, Mexico since 1981. I became interested in transgender communities and sexuality when the Muxe, an indigenous transgender group from the Istmo de Tehuantepec, caught my attention. They are outgoing, self-confident and very visible in the public spaces, streets, parks and markets of Juchitán and surrounding communities. In a life affirming and challenging way, the Muxes defend their own life style as *transgender*, *third gender* or *two spirit* people. Their transcending and sometimes transgressive attitude, a pronounced *joie de vivre*, and the fact that they seem to be integrated into the wider Zapotec society intrigued me. How could it be that, in a country like Mexico, which is world famous for its *machismo,* a transgender group seems to be not only tolerated but also positively integrated, respected and valued in a region called the Istmo of Oaxaca?

It was only after beginning ethnographic research on HIV and AIDS in Oaxaca and Juchitán in 2007 that I found out more about their life style and the fact that they are a vulnerable group of *gays and male-to-female (MTF) transvestites* facing high HIV infection rates.

Mexico has a low HIV prevalence with 0.3% nationwide (Córdova Villalobos et al 2008, UNAIDS 2006). In Oaxaca State the HIV prevalence is estimated to be higher than that between 0.4% and 0.86% (CENSIDA 2008, COESIDA 2006). Additionally, the HIV prevalence in the Istmo is disproportionally high, contributing 22.8% of all accumulated AIDS cases in Oaxaca. Since 1986, 3500 cases where diagnosed in the whole state and 700 in the Istmo (see Appendices 1&2).

In the late 80's and 90's HIV was considered a "gay disease" and, as a consequence, some in Juchitán accused the Muxe of being main carriers of the virus and responsible for the spread of the HIV epidemic (Islas, 2005). Local and state media began to blame them for the disease and identified them as the source of increasing infection rates in the Istmo (Miano 2002, p.175).

Despite the combined efforts of prevention campaigns on a national, state and local level by governmental and non governmental organizations, the spread of the disease amongst the Muxe was not halted or reduced, and infection rates are still increasing (see Figures 1-7).

In Oaxaca the epidemic is concentrated amongst Men having sex with men (see Appendix 3, Figure 4). More and more women are getting infected. There is a high risk that the mortality and morbidity in Muxe increases and the general population will become infected and affected by HIV and AIDS. In addition, stigma and discrimination are by themselves a cause of the spread of HIV and could easily lead to an even higher infection rate amongst the Muxe, their male sexual partners and their wives. This makes it an urgent Public Health problem that needs to be addressed now.

This study examines the cause of the high HIV prevalence amongst the Muxe. First, it provides background information on the HIV epidemic in the State of Oaxaca and on the Muxe subculture. It analyses the causes and consequences of the disease. Then it describes existing prevention campaigns and public health policies, and evaluates the results of these efforts in the Muxe. It identifies the benefits and shortcomings of these prevention approaches by comparing specific prevention needs with gaps in interventions. The goal of this study is to define how HIV prevention can be targeted better toward the Muxe and to recommend steps to improve current interventions that will be useful to the Muxe and, possibly, to transgender groups elsewhere.

2. Background information on the State of Oaxaca, the HIV AIDS epidemic and the Muxe

2.1 Socio economic data and the HIV epidemic in Mexico and Oaxaca

Oaxaca, one of the 31 federal states of Mexico, is located in the southwestern part of the country.

Mexico

A summary of the geography, demography, economy, political administration, health sector and ethnic groups in Oaxaca is given below.

Oaxaca State

Geo-demographic data: Oaxaca is the 5th largest state in the country and covers an area of 95,364 square kilometers, a size comparable to Portugal. The 2005 census reported a population of 3,506,821 in Oaxaca. Oaxaca is mountainous; 50% of its surface is covered with forests. It comprises different climate zones that vary from cold to tropical. Due to the great variety of geographical and climate conditions, Oaxaca has a great biological and cultural diversity.

Economy: This state is one of the poorest in the country, contributing only 1.5% to the national GDP. The economy of Oaxaca depends widely on tourism and remittances of migrants working in national urban areas or the United States. Cash crops produced in Oaxaca are coffee (mostly organic), mangos and pineapples. Subsistence farming is prevalent in most communities where corn, squash and beans are traditionally cultivated. The service sector and finance and insurance companies are growing. Trade, manufacturing, transport and communication contribute to the State's economy to a lesser extent.

Political administrative division: The state's capital is Oaxaca de Juárez, named after President Benito Juárez (1806–1872); the metropolitan area has a population of ~500 000. The state is divided into 570 municipalities belonging to eight different regions: Cañada, Costa, Istmo, Juchitán, Papaloapan, Sierra Norte, Sierra Sur, and Valles Centrales.

Health: The state of Oaxaca has 40 general hospitals, 1,218 health centers, and 65 surgical centers. The Mexican population is covered under a governmental health plan, The IMSS (Instituto Mexicano de Seguro Social) which should cover all citizens, although farmers, indigenous people, people in the informal sector and unemployed often lack health care. The ISSSTE (Instituto de Seguridad y Servicios Sociales de Trabajadores del Estado) covers all those employed by the state.

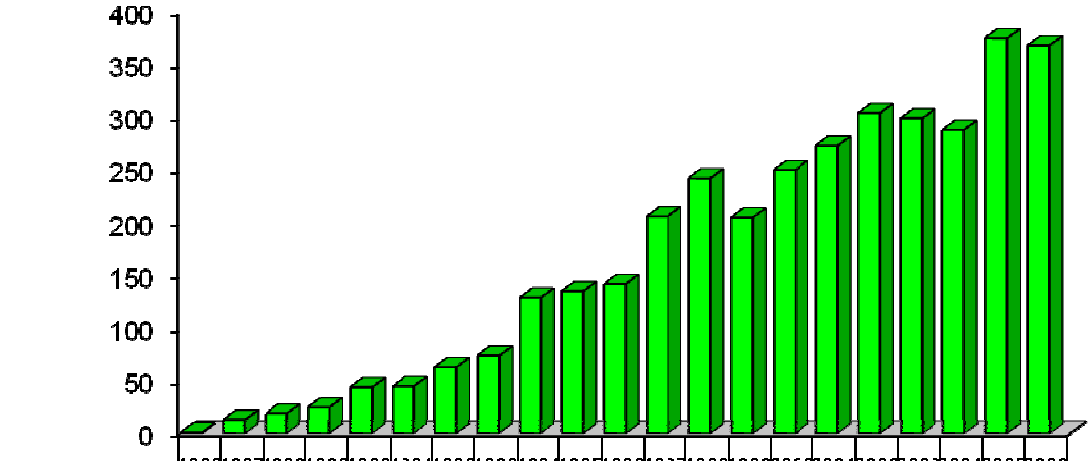
Education: President Benito Juárez started public education in 1867. Primary and secondary school education is free for all pupils between 6-16 years of age. Oaxaca has a University, also named after Benito Juárez, which has about 60,000 students. There are many private schools and universities in Oaxaca. The rate of analphabets is 20.1% (PEDS 2004-2010, p.73).

Ethnic groups: Oaxaca State has the highest indigenous population in Mexico. Mexico has no official language, and the 16 ethnic groups in Oaxaca speak their respective languages, which are formally recognized by the government. All indigenous communities in Oaxaca follow the municipal *usos y costumbres* regime, which authorizes them to vote, legislate and judge local affairs on the basis of their consuetudinary customs.

The first AIDS case in Mexico was diagnosed in 1983; the first in Oaxaca State in 1986. Since then the disease has spread in Oaxaca continuously, affecting not only more people but also different groups of the population. The most relevant facts on the epidemic are:

- Mexico is considered a low prevalence country with an estimated HIV prevalence of 0.3% in the general population (UNAIDS 2006).
- In Mexico the transmission of HIV is predominantly sexual: in 9.6 out of 10 accumulated AIDS cases viral transmission happens via sexual intercourse (Córdova Villalobos et al 2008, p. 318).
- The biggest group affected by sexual transmission in Mexico are MSM (Men having sex with men) and to a much lesser degree heterosexual men and women (In 2005: 159, 4.9 and 2.5 accumulated AIDS cases per 100 000 persons, respectively) (Córdova Villalobos et al 2008, p. 318).
- The 2005 national census counted 3,506,820 inhabitants in Oaxaca State (INEGI 2005). With a population growth rate of 0.4% per year, we can extrapolate a population of about 3,549,000 persons in 2008.
- In 2006 there were 3500 accumulated AIDS cases since the first case was detected in 1986 in Oaxaca (see Figure 1).

Figure 1: AIDS CASES PER YEAR 1986-2006



	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
3500 CASES	1	13	19	25	44	45	63	74	129	135	142	206	242	205	250	273	304	298	288	375	368
PERCENTAGE	0,0	0,3	0,5	0,7	1,2	1,2	1,8	2,1	3,6	3,8	4,0	5,8	6,9	5,8	7,1	7,8	8,6	8,5	8,2	10,	10,

SOURCE: SISTEMA DE VIGILANCIA EPIDEMIOLOGICA DE VIH/SIDA
Until 31 of December 2006.

- 2774 (79%) of the AIDS cases were men and 726 (21%) were women. Thus, for every woman, four men have been infected (see Appendix 5, Figure 6). The tendency shows that more and more women are infected with HIV. In 1986 in Mexico for every woman 26 men were infected and in 1994 for every woman, six men were infected in Oaxaca (Córdoba Villalobos et al. 2008, p. 35).

- Of the 2774 men, 41,5% identify themselves as homo- or bisexual and 20% are unknown; in contrast 36% identify themselves as heterosexual (see Appendix 3, Figure 4), which indicates that the major vulnerable group for AIDS in Oaxaca still are MSM (see section 2.3 for definition and discussion of this group). Further, it is probable that the number of homo- and bisexuals is underreported due to fear of stigmatization or a different self definition, meaning that they do not identify themselves as homo- or bi-sexual.

- Most infections (78%) occur in the 20-44 year age group; thus mostly the reproductive and productive population is infected by the disease (see Appendix 1, Figure 2).

- The Istmo Region contributes 799 AIDS cases (22.8%) to the total in Oaxaca, of which 632 (79%) are men and 167 (21%) are women (see Appendix 5, Figure 6).

- In Oaxaca State, 368 new cases were diagnosed in 2006 of which 263 (71.47%) were men and 105 (28.53%) were women (see Appendix 3, Figure 4); of these new cases, 70 (19%) were in the Istmo.

- Most AIDS cases are reported from either the health district of the Valles Centrales, which includes the capital, (36.49%) or of the Istmo (22.83%). Both regions have the highest migration rate out of Oaxaca State (IOAM 2007) (see Appendix 2, Figure 3).

- There are no specific official data on HIV incidence or prevalence in transgenders in general or the Muxe in particular available.

Health professionals estimate that the HIV incidence rate is much higher than that estimated by COESIDA. VCT services are offered, but most people do not know their status. This makes it difficult to speculate about the real number of persons in Oaxaca State who could be HIV positive (Gutmann 2007).

2.2 Transgenders: concept, difference between homosexuality and Men having Sex with Men (MSM)

Before introducing the Muxe as a transgender group I would like to define the terminology and explain the concepts used in this thesis.

Transgender is a general term for all those persons who diverge from normative gender roles (male and female) as expected by society. They include transsexuals, transvestites, cross-dressers and agender, intersexed or genderqueer individuals who identify and/or represent a different gender role than that assigned at birth. Mainly in non-western societies they also identify themselves as third gender. To be transgender does not imply any sexual preference. Transgender persons do not share a common sexual orientation and can be homosexual or heterosexual, bisexual, multisexual, asexual or sexually inactive.

In Mexico, as in many other Latin American countries, only men who take a passive or receptive role in anal sex are considered to be homosexual, the active partner is a "real man" and as such is considered to be heterosexual. Many scholars describe this *passive/active* model in which gender roles are very important in same sex relationships and cannot be easily overcome. Men who would behave sexually more flexible and take both roles would be called *internacionales* or bisexuals but not homosexuals as in the United States or Europe (Calvo 2006, Carrillo 2002 & 2008, Higgins & Coen 2000, Prieur 1998).

Transgenders usually are subsumed under the umbrella of MSM, which means men having sex with men. This new category was invented by public health professionals to describe same sex behavior, not linked to identity or gender role. As UNAIDS explains: "The term *men who have sex with men* describes a social and behavioral phenomenon rather than a specific group of people. It includes not only self-identified gay and bisexual men, but also men who engage in male–male sex and self identify as heterosexual or who do not self-identify at all, as well as transgendered males." (UNAIDS 2006, p. 110).

The term "MSM" becomes increasingly misinterpreted and misused by those trying to create a bounded group—which is not possible (Jenkins 2004, p. 8). Male-to-female transgenders and transsexuals consider being categorized as MSM to be a major offense. These people put a lot of time, effort, money and creativity in their *look* and do not hesitate to go through hormonal treatment, get silicone injections or sex reassignment surgery to establish themselves as women. This makes HIV prevention campaigns, which address them as MSM, more difficult.

Michael Higgins, during his field research with transgenders in Oaxaca, describes the situation: "When we first met Leslie and Tania in their apartment, we were thinking with North American sexual logic and thus

we asked them if they were lovers. They both shouted: 'No, we are not lovers; we are not lesbians!' Though they expressed acceptance of both their gender and their sexuality, they also said they all prefer to dress and act like women" (Higgins & Coen 2000, p. 111).

In all official statistics the Muxe and other indigenous transgender groups are called MSM and counted under this umbrella (Besnier 2004, Hines 2007, Nemoto 2004, Muooz-Laboy 2004). I will only use the term MSM when describing prevention programs that work with this term. The Muxe are categorized as transgender or Muxe.

2.3 The Muxe—an indigenous subculture

The Zapotecs are one of Oaxaca's 16 ethnic groups with a present–day population estimated at approximately 400,000. In pre-Columbian times the Zapotec civilization was one of the highly developed cultures in Mesoamerica—famous for its ancient architecture, calendar, astronomy and social and agricultural systems. Zapotecs are divided into two groups: the Istmeños, who live in the lower southern valley of Oaxaca, and the Serranos, who live in the higher regions of the northern mountains of the Sierra Madre.

The Muxe are Istmeños who live in the second largest city of Oaxaca State, Juchitán de Zaragoza. Juchitán is located in the Istmo de Tehuantepec in the Southeastern part of Oaxaca State. The municipality has 85,869 inhabitants, of which 50,869 speak an indigenous language; when all surrounding communities are included, there are 166,000 people in Juchitán; as a group they are called the Istmeños (INAFED 2005).

The word Muxe or Muxhe—both spellings are correct—comes from the 16th century Spanish word *mujer* meaning woman, which derived from *molier*, milling. The Muxe's identity is similar to that of gay or transgender people, with unique characteristics. The Zapotec language identifies three genders: *guna* (woman) and *nguiu* (man) and *ngüíu* describing a woman with a male biological sex (Gomez Regalado 2005, p.2).

The Muxe are a *transgender* group that call themselves *third gender* or *two spirit* people, feeling neither male nor female and thus occupying their own (third) space in a gender dichotomized society.

They are biological men with a homosexual preference. They include different gender identities, roles, representations and sexualities:

- Some feel comfortable in their male gender roles and dress as men.
- Some dress as men but enjoy putting on make up.
- Some enjoy cross dressing occasionally and presenting themselves as women during *velas* and big beauty contests held every year.
- Many are MTF transvestites living and always dressing as women.

The latter feel uncomfortable being boys and, when they are relatively young, they start dressing up as women with the support of parents and wider families.

They take over the tasks of girls in a household and learn from their mothers skills such as cooking, embroidery, and cleaning that are associated with Zapotec women. Muxes freely participate in the market, which, in Juchitán, is a female-dominated domain. As professionals, Muxes traditionally become good artisans, *piñata makers*, embroiderers, cooks, and pastry bakers and take care of the household, children and old and sick people in a family (Islas 2006).

Muxe are respected and appreciated for their good taste and skillful work. Many women ask their advice when choosing elegant and fashionable dresses for important family events such as weddings. They ask the Muxe for help supplying feasts or decorating houses with suitable furniture. Nowadays Muxes—depending on their educational level, class and economic situation—move into professions in all walks of life. Some become hairdressers or run beauty salons. Some work as lawyers, teachers, architects, politicians, sales persons or artists. The latter are part of a known intellectual circle in Juchitán.

Although it is an exaggeration to say that families consider it a blessing of God to have a Muxe child, what makes the Zapotec society so special is that Muxes are usually accepted, loved and integrated into the community as any other member of the Zapotec society (Bennholdt-Thomson 1994, Islas 2005, Miano 2002, Stephen 2002, Tuider 2007). There is no nature versus nurture discussion. In Juchitán, everybody agrees that children turning out to be Muxe are born like that; nobody has made them and they did not chose to be Muxe.

It is difficult to define the Muxe using the terminology discussed in section 2.2 and 2.3 for three reasons

1. The terms are used in different ways in scientific literature, by gay activists and by the Muxe themselves.
2. Terms are interpreted, redefined and carry connotations that are not always obvious and can be highly dependent on a specific context.
3. Gender identity, sexual preference and behavior vary in this group between individuals and in one individual over time. They are not static or fixed.

Since they chose to refer to themselves as “gay” or transgender, I use these terms as well. The one term that includes all individuals, their representations at different moments of time and their behavior is Muxe which I will use from here on.

3. Problem statement, methodology and goal of this thesis

Problem

There is evidence for a much higher prevalence of HIV in the Muxe of Oaxaca as compared to the general population in Oaxaca and Mexico. I.e. in one community where 120 Muxe live, 22 are known to be HIV positive (Mexfam personal communication, March 2007). This is a HIV prevalence of 18%. Furthermore, the Muxe are a transgender group and a higher HIV prevalence is observed in most transgender groups worldwide. Especially MTF transgenders are more vulnerable to the epidemic than any other risk group (Kenagy 2002, p. 130, Clemens-Nolle et al. 2001, p. 919).

There have been Public Health policies and prevention programs in place in Mexico since the end of the 80's and, in Oaxaca, since the 90's. COESIDA started its prevention campaigns in 1989 and NGOs began with Condom dissemination, Info lines and workshops on safer sex beginning of the 90's. However, the rate of HIV infection is not decreasing in the Muxe.

If the reasons for the failure of these policies and activities could be determined, a more feasible and realistic approach to preventing viral transmission and addressing the HIV epidemic amongst the Muxe could be proposed and developed.

The objectives of this descriptive, exploratory study are:

a. Find out what leads to higher prevalence of HIV amongst the Muxe.
b. Use this information to examine the hypothesis that current attempts by public health entities and NGOs are not effective in reducing the rate of infection because they are not based on an understanding of the sexuality of the Muxe in a wider cultural context.
c. Determine what responses could be more effective.

The study questions to reach those objectives are:

- What are the main causes and consequences of the high prevalence of HIV among the Muxe?
- What have been the local, regional and national responses so far? How successful have they been in stopping or containing the spread of the disease?
- What is required to successfully stop the spread of HIV among the Muxe, and do the responses developed up to now fit their needs?
- What are the gaps between their needs and existing responses? Are these gaps a probable cause of the failure of the existing responses?
- How could the response be improved and what would be a realistic approach to prevent viral transmission and address the HIV epidemic amongst the Muxe?

Methodology

To reach the stated objective and to answer these questions systematically, the following methods and resources have been used:

- Literature review: Secondary data from relevant literature, retrieved from scientific journals, governmental websites, Databases: Google Scholar, Pubmed, Sages, Science Direct, Scielo and research in the Kit library catalogue. Keywords: HIV, homosexuality, Mexico, Muxe, men having sex with men, sexuality, risk behavior, transgender, third gender, transvestites.
- Field study based on participative observation and face to face open interviews: January 2007 – March 2007 in health facilities in Oaxaca and Juchitán, including interviews with Muxe and personnel at COESIDA, ISSSTE, Mexfam and local NGOs.
- Participation in the Preconference of Indigenous People and AIDS Mexico D.F. (29 July – 1 August 2008) and International AIDS Conference in Mexico D.F. (3 – 8 August 2008).
- Analysis of interviews in the documentary: Muxe las Auténticas Intrepidas Buscadoras del Peligro, (Muxes the Authentic Intrepid Seekers of Danger) from Alejandra Islas.

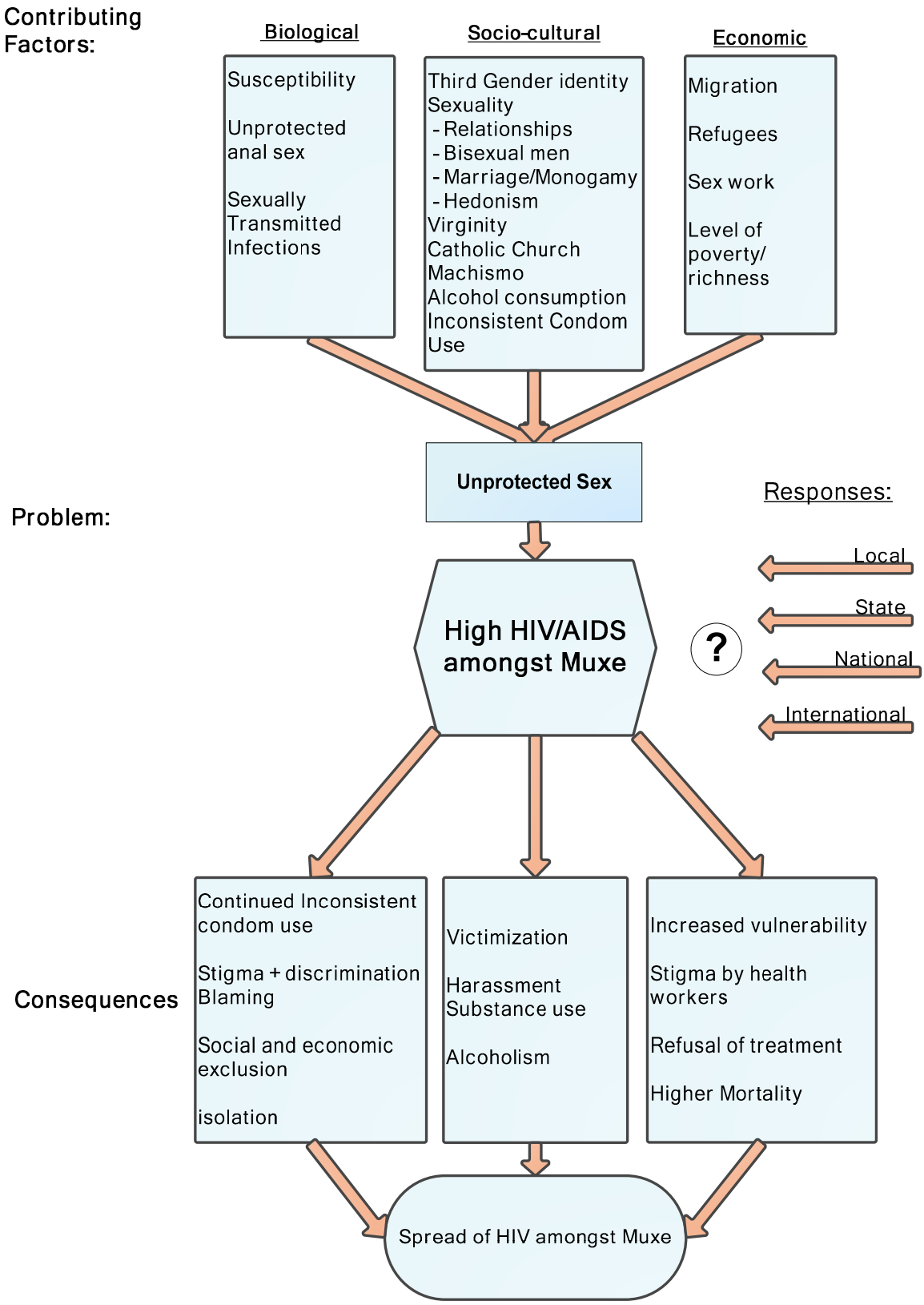
The findings of this study will be used to develop specifically targeted HIV prevention strategies. Beneficiaries are the Muxe themselves and also health providers and policy makers, advocacy and human rights groups and transgender groups worldwide, who need specific HIV responses.

Limitations of this study

There are several limitations to this research.

- Neither epidemiological nor census data on the Muxe are available.
- The design of this exploratory study relies widely on secondary data gathered in the past and is, therefore, not as representative as primary data.
- Many baseline data are not available, which makes it difficult to quantify the scope of HIV in this transgender group.
- The recommendations cannot be taken as blue prints and cannot be generalized, but would need to be tested in the field, through well-defined pilot programs, prior to implementation.
- The adequacy and completeness of this study has its limitations. Because of time and financial constraints, in-depth research in Oaxaca that would increase the validity of information was not possible.

Conceptual framework



3.1 HIV prevalence amongst transgenders

A large percentage of MTF transgenders report engaging in risky behavior and test HIV positive. Herbst et al. did a systematic review to estimate the prevalence of HIV infection and risk behaviors of transgender persons in the United States. They identified 29 studies: "Meta-analytic findings indicated that 27.7% (95% confidence interval 24.8-30.6%) of MTFs tested positive for HIV infection (four studies), while 11.8% (95% CI, 10.5-13.2%) of MTFs self-reported being HIV Seropositive (18 studies)…"(Herbst et al. 2008, p. 1).

Additionally, Carole Jenkins, who did research amongst the *Katoey* in Thailand, suggests that the HIV prevalence amongst MTF transgenders is high throughout the world (Jenkins 2004, p.32). She compares HIV prevalence among MTF transgenders to other risk groups and lists studies from Washington DC, Sao Paolo, Phnom Penh, Tel Aviv, Amsterdam, Rome and San Francisco. Prevalence in transgenders as a whole, were always highest. The respective infection rates in these studies vary from 11-60%. However, in most countries transgenders are not included in surveys; hence their HIV status is unknown (Jolly 2007). Among all the sexual minority groups, MTF transgenders are likely to have the highest levels of HIV unless specifically targeted prevention campaigns are in place (Kenagy 2002, Nemoto et al. 2004).

Another risky behavior reported in transgender groups is needle sharing to inject hormones and silicon (Herbst et al. 2007). In how far some Muxe suffer from *gender dysphoria* is not clear. Up to date there is no demand for sex reassignment surgery, but some interest in hormone and silicone treatment. This might change in the future and could become an issue as well as the context in which needle sharing may occur.

3.2 Scope of HIV amongst the Muxe

To determine HIV prevalence amongst the Muxe, we first of all need to know how many Muxe there are. This is a difficult question since no census data, surveys nor current national or state data collection systems count them. We could use an approximation by estimating the number of homosexuals that are usually in a population and then extrapolate these rates to the Zapotecs. The Muxe do not want to be identified as homosexuals and men, but nevertheless they do behave homosexually considering that they are biological men.

After the Second World War ground-laying research on male sexuality was done by Kinsey, Pomeroy and Martin. "Sexual Behavior in the Human Male" estimated that 4% of the white, male, US population was exclusively homosexual (Kinsey et al.1948). In newer studies 5-10% of respondents reported a same-sex relationship, although some studies in

the United States report even higher numbers, ranging from 10-14% (Jenkins 2004, p. 6).

The other method for getting a rough estimate of the number of Muxes is to look at attendance at their *vela*—a traditional fiesta typical for the Istmo—celebrated every 20th of November and coinciding with the Mexican Day of the Revolution. This big event—*Vela de las Intrepidas buscadoras del Peligro*—includes a beauty contest and is attended by approximately 8000 guests; almost all of them are Muxes. If there are 166,000 Istmeños, this ratio indicates that Muxe represent 4.8% of that population. An estimate that corresponds to rough self estimations made by Muxe, who believe there are about 6000 – 8000 Muxe.

4 Causes, contributing factors and consequences of HIV prevalence in Muxe

The causes and consequences of HIV in Muxe will be systematically described and analyzed. The main cause of the epidemic is unprotected sex. There are many reasons why there is so much unprotected sex among transgenders in general and the Muxe in particular. I have divided the contributing factors into three main groups, which are 1) biological, 2) socio-cultural and 3) economic. These all contribute to the infection rate and to the spread of the infection and scope of the disease. The interplay of different contributing factors needs to be analyzed carefully, i.e., the influence of stigma and discrimination on high risk behavior or the impacts of alcohol consumption on condom use, to find useful ways of preventing HIV in this transgender group.

4.1 Biological factors

There are three ways in which the HIV virus is transmitted:

1. Through blood or blood products from contaminated blood.
2. Through mother-to-child transmission and
3. Through vaginal and anal sexual intercourse.

a.) Susceptibility through unprotected anal sex

Muxe often chose to be the receptive partners in anal sex, which is associated with women. We have no information how often or with which frequency anal sex is practiced among the Muxe, but we know from all parts in the world that anal sex is a common practice and well documented in transgender groups (Besnier 2004, Bianchi 2006, Bornstein 1994, Cáceres 2002, Hernandez 2008).

Unprotected anal sex is a practice with a high probability of transmitting HIV. Viral transmission is more likely to happen via unprotected anal intercourse than through unprotected vaginal sex. In the case where it is the penetrating partner who is HIV infected, the risk for the receptive partner is even greater than it would be if the receptive partner were infected. The reason for higher susceptibility is that the lining of the rectum is not as resistant as the lining of the vagina and therefore can easily tear, which allows the HIV virus easier access to the blood system. There are also studies indicating lower immunity in the cells of the rectum lining, and a study suggests a smaller risk for the penetrating partner as well (Detels 1994, p. 239).

b.) Sexually Transmitted Infections (STI)

Other biological risk factors are undiscovered or untreated sexually transmitted diseases, i.e., syphilis, gonorrhea and chlamydia, which

increase the chance of the passive partner becoming infected with HIV when condoms are not used during anal intercourse. There were no epidemiological data on STI prevalence in MSM in Oaxaca available at the time this study was undertaken.

4.2 Socio-cultural factors

a.) Ethnic identity

The Zapotecs in Juchitán are famous as a matriarchal society (Bennholdt-Thomson 1994) although this dominant position of women has been questioned or modified by many authors (Miano 2002, Stephen 2002, Tuider 2007). In Zapotec society women do have a certain economic independence, run their own businesses, and have professions and work. Cross dressing was not common 30 or 40 years ago. The high visibility of transvestites is a newer phenomenon.

b.) Gender Identity: Third gender

Tom Boellstorff has determined that the concept of *coming out* in Indonesia has a different meaning than in Western countries. There gays only reveal their sexual identities to the homosexual culture to which they belong because they accept national and state values of good citizens who marry and maintain families (Boellstorff 2005). Something similar happens in the Istmo, when Muxes are born into less welcoming families or have financial or professional constraints. The fear of stigma and discrimination causes them to have reservations and to be reluctant to disclose themselves as Muxe. Consequently they follow conventional life patterns and are married and have children. There are no data on how large this group is, since these people conceal their identities, and are not easy to find.

Muxe who do not disclose their sexuality and who have unprotected sex with concordant male partners could be at risk of becoming infected and of transmitting HIV to both, their own and the *mayuyus'* female partners.

c.)Sexuality and relating in Zapotec culture

It is important to understand how Muxe's relationships are established, with whom and how frequent, if we wish to design effective HIV prevention programs. As we have seen above, the Muxe take a special social position in Zapotec society and usually are well integrated into their families and communities.

Marriage and the Rejection of Monogamy

Interestingly, the Muxe rarely, if ever, have sexual relations with each other, but find their sexual partners in "bisexual" men. These men, who behave bisexually, are not open about their sexual relations with the

Muxe: they define themselves as heterosexual, or as not belonging to any group at all. They do not identify themselves as homosexual, bisexual or MSM. They are young students, peasants or professionals, who often have girl friends or are married to women. These "male" partners of the Muxe are called *mayuyus*, *mayates* or *chichifos* (Islas, 2006).

Several famous bars in Juchitán serve as venues where "bisexual men" meet and link up with Muxe. Especially on Thursday nights, students sell sex to the Muxe or receive gifts from them for sexual favors. Apparently this money is spent Friday nights with the student's girl friends. As presented in the documentary of Alejandra Islas, the young men earn money, but also learn sexually from the Muxe and improve their love life with their female partners. They often develop affectionate relationships with the Muxe (Islas 2005). This is an interesting detail and reflects ethnic belonging, identity and inclusion.

Transvestites (not Muxe) who are sex workers offer transactional sex or sell sex for money, but they rarely pay for it. In contrast few Muxe are sex workers, probably because their community and cultural surrounding offers them opportunities to develop professional careers (see section 2.3). Sex work is not needed to make a living or to secure survival.

The Muxe reject marriage and monogamy; they do not favor long term relationships. They complain about men's role expectations of women, like cooking, cleaning, and serving their husbands, which the Muxe are not willing to fulfill for a male partner. They are very aware of the gender inequality in wider Mexican society, as well as in relationships, and treasure their independence and *third gender* role (Islas 2005).

Some Muxe have suffered emotional, financial and sexual abuse by men. Therefore long term relationships and marriage do not form part of their life expectations. They talk about sex as enjoyable moments of pleasure that pass quickly. They explicitly say that love is reserved for their flowers, their work, their homes and life! Their view on sex is hedonistic, and consequently, they have many sexual partners and many sexual contacts over time, which is a significant factor in the high prevalence of HIV since it greatly increases the risk for infection.

d.) Machismo and the borders of masculinity

The culture of *machismo* is widespread in Mexico, where it is a major concern for a man to be man enough. Gender norms are very strictly followed; boys are discouraged from relating with or being too close to an effeminate person. Carole Jenkins summarizes accurately: "Where aggressive masculinity is idealized, competitive enforcement can become very violent, expressed in bullying and other practices" (Jenkins 2004, p. 34). Machismo is characterized by the expression of an idealized aggressive, assertive and phallocentric sexuality. In this context the men

who are having sex with both men and women, who are bisexual and who have many partners are accepted and admired for their strength, power, courage and endurance.

As long as machismo prevails, violence, abuse and abandonment of women and transvestites can easily be justified. Muxe who leave their *queer paradise* are confronted with much homophobic or transphobic behavior. Many studies have proven that rape, homophobic murders, abuse in prisons, neglect in health facilities are common experiences of transgenders worldwide (Higgins & Coen 2000, Kitzinger & Peel 2005, Willging 2006, and Whittle 2007).

e.) Virginity

More than 95% of the Istmeños are catholic. This Popular Catholicism practiced by most Zapotecs is highly syncretistic and integrative on several levels. Pre-Columbian traditions, symbols and beliefs are still very deeply rooted in the holistic world view that includes and combines practical, social, mundane and sacred aspects of life (INAFED 2008, Miano 2002).

Virginity is important in the life of a girl, and marriage marks the end of virginity. The role of virginity might slowly lose its importance since Juchitán is adapting to a modern life style and values and traditions are changing, but currently young women are not sexually available for young men. Thus, it is common and accepted for the young men to become sexually initiated with a Muxe. The youth enjoy being courted and flattered by the Muxe. These sexual relations are tolerated, are considered normal, and are often cheaper than sexual debuts with female sex workers. Thus with unsafe sex, the HIV vulnerability of both partners increases (Islas 2006).

f.) Catholic Church

The policies and religious attitudes of the Catholic Church in Mexico do not contribute considerably to the increase in HIV in Mexico, unlike some Latin American countries where strong opposition of the Church has hindered AIDS prevention. Some catholic conservatives complain about sex education, that condom use might promote promiscuity and that condoms are not safe enough to prevent HIV, but these positions are widely ignored by the populace. "Indeed, one almost has the sense that in some areas, the Church's resistance is largely pro forma" (Smallman 2007, p. 129). Mexico has been secularized since its Independence from the Spanish Crown in 1810, and, because of the Mexican Revolution and Constitution of 1917, anticlerical laws assure that the Church rarely, if ever intervenes in public education efforts.

Church leaders' position in Juchitán towards the Muxe as a gender variant and sexual minority is embracing and integrating. Most Muxe are catholic, go to church and take their religion very seriously including their own gay Patron Saint. No contradiction is felt between being catholic, Zapotec and Muxe (Islas 2006).

g.) Alcohol consumption

"In Juchitán is always fiesta time, a lot of beer, daily, daily…only getting drunk" were the first words Marinella Miano heard in the bus before entering the town of Juchitán (Miano 2000, p. 115). "It is our culture and part of our life to drink a lot" is a statement I heard repeatedly from people in the Istmo. In Juchitán almost everybody drinks, women, men, Muxe, young and old. Few individuals totally abstain. Countless gatherings, events, family fiestas and, of course, the many *velas* every year offer opportunities to drink beer and get drunk. Usually beer drinking is accompanied by seafood and meat in a large variety of local dishes and music. With the exception of protestant sects and people who for health reasons do not drink, alcohol consumption is used to create an atmosphere of fraternity, happiness and closeness (Miano 2002, p. 116).

Drinking is such an integral part of the cultural life of the Zapotecs, and so intertwined with the individual daily routines of the Muxe, that it is almost impossible to imagine Juchitán without alcohol. Beer and mescal are used as disinhibitors, sex facilitators and symbols of maleness. Drinking or getting drunk is also an initiation ritual for boys becoming adolescents who visit bars with relatives or friends. Masculinity is culturally accepted as an excuse for alcohol consumption and being drunk is an excepted excuse for sexual high risk behavior (FORUT 2008, WHO 2005).

The numerous *velas* in Juchitán are organized by women, and a *mayordomo* invites all the guests who contribute to the fiesta by buying "cartons" at the entrance to the event. So every guest buys a box of beer, the "ticket" to enter the dance hall. Although intoxication is not well accepted during *velas*, the consequences of drunkenness are pardoned and tolerated; these include violent acts, risky sexual behavior, and loss of self control.

From a biomedical point of view, intoxication with alcohol suppresses the immune function of the body and may cause alcohol induced malnutrition, and opportunistic infections may take advantage of this increased vulnerability (FORUT, 2008, p.8).

There is insufficient data to properly place this alcohol addiction in the overall cultural context, but if an alcohol disorder in the population exists it might explain the high AIDS prevalence in the Istmo because people with an alcohol disorder are more likely to contract HIV, and people who have HIV are more likely to drink alcohol. Although a co-variation between

alcohol drinking and contracting HIV might exist, no clear causal connection could be established yet.

Finally, alcohol reduces the effectiveness of treatment with ARVs. Computer simulations indicate a decreased overall chance of survival. AIDS patients who drink excessively are less likely to adhere to their treatment and take correct medication, while the effectiveness of the drug is reduced. Their life style is less regular, which can also result in bad nutrition and poor sanitation (FORUT 2008, p.9).

h. Inconsistent Condom use

Many studies have explained the reasons for inconsistent condom use which are 1. Misleading information in the 80s saying "condoms" would not cause a different sexual sensation. 2. Condom use becomes random under the influence of alcohol, and 3. Not using a condom "proves" fidelity and "true love" in homo- and heterosexual couples (Boyce et al 2007, Cáceres 2002, Tapia-Aguirre et al 2004). How specific sexual practices are judged depends on fundamental sexual meaning, not only risk perception. "Affection and eroticism also impose values on, for example, the 'exchange of fluids' and the decision not to use condoms as signifiers of intimacy, trust and sharing, or as an arousing move because of their transgressive content" (Cáceres 2002, p. S29).

4.3 Economic factors

a. Migration

HIV and AIDS amongst the Muxe can be related to migration. Oaxaca has high emigration to the northern States of Mexico, the United States and Canada. The IOAM (Instituto Oaxacaqueño de Atención al Migrante) estimates that 200 – 250,000 Oaxacaqueños migrate to the United States every year. Of the 3.5 million people from Oaxaca, about 1.5 million live permanently in the United States of which 1.2 million are without legal papers (IOAM 2008).

With such an important migratory dynamic to the United States, studies at the beginning of the epidemic have looked at the distribution of HIV and AIDS via risk groups and explained the dissemination of the virus with individual sexual behavior of their members (Córdova Villalobos et al 2008). Later it was recognized that the individual might have all the correct information about HIV transmission, but the circumstances and situations under which migrants live create risky situations. This social vulnerability can be a reality for sexual partners of Muxe. Since the HIV prevalence in the United States is with 0.6% twice as high as in Mexico, it is likely that migrants get exposed to HIV infection and return to Oaxaca HIV positive.

Migrants earn money in the United States and have the means to pay female, male or transgender sex workers. They find new cultures which invite them to experiment sexually. There is less social control and consequently they buy services from local sex workers who might be HIV positive (Hernandez-Rosete et al. 2008, Cruz Martinez 2007). Amongst them are the bisexually behaving men described as *mayates, mayuyus* and *chichifos*. Further Carrillo has proven with his study on HIV Prevention Challenges for gay and bisexual immigrant men, that not all men are leaving Mexico for economic reasons. Sexual motivations must be considered (2008, p. 19).

b. Refugees

There are indications of HIV transmission via *Indocumentados* in Juchitán. These people are Central American refugees who, in search of a better future, take trains to the north of Mexico. They stop in Juchitán, stay to earn money knowing that the Muxes, and other potential clients who would be willing to pay for sexual favors, are in Juchitán. In countries as Guatemala and Belize HIV prevalence is higher than 1.0% (UNAIDS 2006) thus it is likely that they infect sexual partners as the Muxe in Juchitán. It is difficult to reach these refugees because of their illegal status and temporary residence in Juchitán. The HIV virus spreads through transactional and survival sex with Muxe and other clients. Transactional sex includes receiving gifts for sexual favors and survival sex is done when a refugee is in extreme need to cover living costs, which motivates him to sell sex.

c. Sex work

Muxe are not prone to become sex workers, there are only 2 in Juchitán, (Gomez Regalado 2005) but if so, they prefer to move to Oaxaca or big cities in other states. There is less social control than in their indigenous surrounding. However, they become as vulnerable to stigma and discrimination as all other gender variant groups and female sex workers in Mexico. "Prostitution exists in a kind of legal never-never land in Oaxaca. It is neither legal nor illegal. What you need is a health book from the public health service that certifies that you are in good health and HIV negative" (Higgins & Coen 2000, p. 110). However many sex workers do not have a health book and avoid the health system as well as confrontations with police and other legal institutions in Oaxaca. Under these circumstances male and female sex work contributes to the spread of the disease.

The health book does not protect against transphobic violence and murder though. As Michael Higgins continues, the Grupo Union consists of MTF transvestite sex workers who organized themselves after one of them got harassed and beaten by the police and died of the consequences of her injuries. The police claimed that she died because of AIDS but her friends

ordered an autopsy and could prove that she has been beaten to death (Higgins & Coen 2000, p.110).

4.4 Consequences of high HIV prevalence and low impact of Public Health programs

In the following section I will describe the consequences of the high HIV prevalence as well as the consequences of benefits or failure of public health programs.

a.) Stigma and discrimination

Stigma and discrimination are in themselves drivers of the epidemic because they hinder prevention work and access to health care and treatment. They are also a consequence of high HIV prevalence amongst the Muxe.

Juchitán has been praised as the "queer paradise" (Bennholdt Thomson 1994, Miano 2002) and Muxes express satisfaction at being born and raised in this Zapotec society that allows them to be themselves and treasures them as they are. Nonetheless stigma and discrimination has increased with the rise of HIV in the Istmo. While gender variance and sexual orientation are tolerated, there seems to be great fear of the HIV disease. Family members have blamed, avoided, excluded or abandoned Muxe who became infected. Also caretakers of AIDS patients were affected when people stopped buying food from them or did not ask for their services anymore. It seems as if the paradise is lost (Islas 2005, Gutmann 2005).

Stigma and discrimination against sexual and gender minorities is known to be a widespread phenomenon in Mexico. Alarming numbers were presented to the senate in Mexico City, when 900 homophobic murders between 1999 and 2007 were reported in Mexico (Notimex 2007).

Cultural expectations of gender roles are dichotomized into male and female in Mexican mainstream society. Religious norms, machismo and moralistic views lead to stigmatization and discrimination against transsexuals and transgenders, including transvestites who deviate from accepted gender norms and challenge traditional family values (Jolly 2007; Hines 2007).

In Mexico stigma and discrimination stand very high on the political agenda. The government has launched nationwide campaigns against stigma and discrimination as well as homophobia: "The Mexican Government has repeatedly stated its own commitment to reducing stigma and discrimination, and consistently cites it as a top priority." (UNAIDS 2004, p.16).

The Muxe fear stigma and discrimination in the official health system which influences their health seeking behavior. They prefer consultations with *curanderos,* the traditional healers, with whom they are more confident than with modern health professionals (Islas 2005) like transgenders in New Mexico (Willging et al 2006) but often these traditional healers are not particularly trained on HIV or AIDS.

b.) Continued Inconsistent condom use

Although the Muxe received a lot of information on condoms, their use continues to be inconsistent. This could be a consequence of the low impact of programs. Hector Carrillo has stated: "Rather than attempting to adapt sex to the rational expectations of Public Health and behavioral models, we need to find ways of aligning Public Health measures to correspond with the realities of how people have sex and what sex means to them." (Carrillo 2008, p.18).

Risk behavior and Vulnerability

Most Muxe are informed about viral transmission and know how to protect themselves (Islas 2006). So, if it is not lack of information, is it fair to talk about "lack of responsibility" to explain continued inconsistent condom use and high HIV infection rates amongst this group? I believe that the terms *risk group* and *risk behavior* do not fit the case and that instead we should look at the Muxes' vulnerability.

Bronfan et al. analyzed the two terms *risk behavior* and *vulnerability*. They say that social vulnerability is 'the relative lack of protection in which groups or individuals might find themselves when faced with potential threat to their health or to the satisfaction of their basic needs' (2002, p. S43). They describe risk behavior as an indicator of probability that requires a response aimed at individual conduct; vulnerability is an indicator of social inequity and needs responses at social and political levels. It is crucial to distinguish between these two indicators because they call for different responses: risk behavior can be corrected and changed by individuals, whereas vulnerability requires social and political reactions.

UNAIDS has defined and discussed risk behavior and vulnerability as follows: "HIV risk can be defined as the probability of an individual becoming infected by HIV either through his or her own actions, knowingly or not, or via another person's actions. For example, injecting drugs using contaminated needles or having unprotected sex with multiple partners increases a person's risk of HIV infection. Vulnerability to HIV reflects an individual's or community's inability to control their risk of HIV infection. Poverty, gender inequality and displacement as a result of conflict or natural disasters are all examples of social and economic factors that can enhance people's vulnerability to HIV infection. Both risk and vulnerability

need to be addressed in planning comprehensive responses to the epidemic" (UNAIDS 1998 cited in UNAIDS 2006, p.105).

One example for vulnerability has been discussed above: alcohol consumption and social drinking serve to establish community in Zapotec culture, which means we should not be addressing a lack of responsibility in the individual Muxe, but rather, the vulnerability of this transgender group. The vulnerability caused by alcohol requires social and political responses.

Finally there is a large economic and social difference between, male to female transgenders and female to male transgenders. The susceptibility and vulnerability of female to males is significantly lower than for male to females because of biological and gender inequity. Male to female transgenders suffer employment discrimination while female to male are employed, have a much higher income and lower HIV prevalence (Clements-Nolle et al 2001, p. 915). This would imply a higher vulnerability for Muxe who are male to female transgenders.

In the following, I will discuss current responses to the HIV disease and examine the hypothesis that these responses are based on a misconception of the Muxe's sexuality in a wider cultural context and whether this leads to failure of prevention efforts.

5 General review of international, national, state and local responses to HIV and AIDS

5.1 International and national health policies that address HIV and AIDS

From the beginning of the pandemic, International Organizations favored prevention as the best strategy for controlling the spread of HIV, and national governments implemented this strategy. Since the virus has the capacity to mutate when transcribing RNA to the cell DNA, there is a low probability of developing a vaccine or finding a cure in short term. The commonest form of transmission is sexual, followed by blood or blood products, and finally through mother to child transmission.

Recommendations for Public Health policies on HIV prevention usually include providing:

a. Knowledge of preventive measures
b. Information on methods of transmission
c. Information on circumstances and situations that facilitate infection (sexual abuse, rape, domestic violence, misconceptions and myths on sexuality, and premature marriages)
d. Information on condom use, skills, availability and affordability
e. Support through social networks
f. Policies and services to eliminate stigma and discrimination, right to health, sexual and reproductive rights, access to health services, treatment and care (Granados-Cosme et al., 2007).

Mexico realizes that the AIDS epidemic could prevent it from reaching the Millennium Development Goals (MDG) in 2015. It has developed a strategy to prevent HIV transmission via blood transfusions by proscription of selling blood in 1986. The prevalence of HIV in donors has decreased from 2.6% to 0.7% in 1988. After educational efforts and obliged testing of all donors, the HIV prevalence in family members donating blood could again be reduced to 0.08% by 1998 (Valdespino in Córdova-Villalobos et al 2008, p. 49).

The First National Prevention Program (1990-1994) was launched in 1990 by CONASIDA (Consejo Nacional para la Prevención y Control del SIDA), and included prevention of viral transmission, impact mitigation, reduction of morbidity and mortality, infrastructure strengthening and social mobilization to combat HIV. Since 2007 the Action Program to prevent and control AIDS in Mexico, 2007-2012 is in place. A strong preventive

component includes free distribution of condoms and detection of syphilis in pregnant women (Córdova-Villalobos et al 2008).

In 2001 the Mexican government declared its commitment to the UNGASS agreement, and began scaling up. In 2003 a Health System Reform with a new public securing scheme, the "Seguro popular" was introduced to provide universal access to antiretroviral medication for all its citizens in need of treatment (Bautista-Arredondo et al 2006, p.101). Of the 50 million Mexicans that were uninsured and paid out of pocket before 2003, 20 million were enrolled in the Seguro Popular by the end of 2007 and therefore have access to prevention, treatment, including ARVs and care.

Nonetheless, less than one quarter of the people (800 out of 3500) in Oaxaca, who need ARV treatment, receive it (Gutmann personal communication May 2007). Also, ARVs, which should be available to all persons in need, have not been administered in all cases. Some patients have no access to health facilities to pick them up, and many patients did not meet the criteria that would guarantee that they would adhere to the treatment (Gutmann 2007, Smallman 2007).

5.2 Public Health responses in Oaxaca State

COESIDA, the Oaxaca state health agency charged with addressing the AIDS epidemic, was founded in 1989, and is financed by state and federal funds. It has developed 13 different programs which provide Voluntary Counseling and Testing services (VCT). They disseminate information on HIV transmission and AIDS to vulnerable groups and run health outreach programs in communities throughout the state. COESIDA is located in the capital city, Oaxaca de Juárez, and has 54 employees, mainly doctors, public health workers and psychologists.

Only some of the prevention activities that are recommended by international public health policies are put into practice. While a. Knowledge of preventive measure and b. Information on methods of transmission are well covered, point c. circumstances and situations that facilitate HIV infection, is often not addressed. It depends on the individual facilitator and his personal interest to address certain issues, as rape, violence, and cultural traditions as sexual initiation of young men by Muxe for example.

Social vulnerability is often not addressed by COESIDA. Its activities are directed towards individual behavior change to prevent transmission of HIV and STIs by promoting educational campaigns for vulnerable groups and risk groups which are: Sex workers, Mobile populations, Men having sex with men (MSM), Prisoners, Youth and Women. It develops needs oriented responses and specific Behavioral Change Communication (BCC) for these groups.

Two major barriers for outreach activities are the size and mountainous terrain of this state, which is about the size of Portugal. There are many remote areas and isolated communities which are difficult to access; some can only be reached by foot or by helicopter. Only a small team of outreach workers is available to provide prevention, treatment and care for HIV in this huge area.

While this study focuses on HIV among the Muxe of Juchitán, all efforts of COESIDA are being reviewed here to provide context for the gap analysis in Chapter 6. Those efforts whose success or failure directly impacts the Muxe are:

a. BCC

The BCC campaign for Oaxaca is operated by five medical doctors and four psychologists. This program is divided into nine subprograms for promoting prevention and addressing individual risk behavior. They do not address communal risk behavior as social drinking.

b. PMTCT and STI

Prevention of Mother to Child transmission is addressed through a state-wide program that provides ARVs to HIV positive pregnant women. It also provides adequate and safe infant formula to the children of HIV positive mothers. Women who have STIs or are HIV positive are informed about their status. The STI prevalence in mothers has risen by 18.80% during the last 6 years (COESIDA 2006).

c. Integrated support to PLHIV

COESIDA supports self help groups to make sure that PLHIV adhere to treatment. It promotes regular meetings of interested members of the community and affected people to improve the quality of treatment and care.

d. Institutional cooperation

COESIDA intends with limited success to establish mechanisms for sharing information among institutions, and to ensure that tests and ARVs are available in both the private and public sector health facilities.

e. Monitoring and Evaluation

Through M+E, COESIDA ensures that norms and guidelines for handling HIV and STIs are followed and that training is given to health workers on how to detect, advise and treat HIV and STIs.

f. Transmission via blood and organ transplants

Prevention of transmission via blood or organ transplants is another goal pursued by COESIDA. IEC and BCC campaigns include information on the importance of secure blood transfusions and organ transplants. All health facilities, clinics and hospitals in the state of Oaxaca are required to comply with universal precautions to prevent professional exposure, and all hospitals are required to attend and treat patients, with or without health insurance, with ARVs. In reality due to stigma and discrimination, lack of insurance, reduced affordability, poorer and less educated people still have no access to ARVs (Gutmann 2007).

g. Prevention of sexual transmission

Those BBC campaigns that prevent sexual transmission of STI and HIV are based on sex education and are intended to promote abstinence, to delay sexual debut and to encourage the use of male and female condoms. Since the programs to promote condom use have been particularly unsuccessful in affecting risk behavior among the Muxe, those programs will now be examined in detail.

Access to condoms

National and state campaigns promoting male condoms have achieved some success, since male condoms are available and many people throughout the country are familiar with their use. In June 2008 the Mexican government announced that 30 million condoms have been distributed free throughout the country this year (CENSIDA 2008).

COESIDA promotes social marketing and the distribution and correct use of male and female condoms, in vulnerable populations. Condoms are included in all outreach programs and are promoted by most NGOs working in HIV prevention. COESIDA runs massive campaigns for wide availability of condoms and distributes them free to NGOs, at venues where high risk groups gather and at any event organized by MSM. An important national NGO, Mexfam, is running successful family planning campaigns in Mexico. The birth rate went down from 4.5 children per mother in 1970 to 2.9 per mother in 1988 (Smallman 2007, p. 127). Mexfam sells condoms at low prices to pharmacies that agree to resell them at low cost to anybody who asks for them.

In regards to programs that are specific to Juchitán and Oaxaca, a prominent activity that has attracted a lot of attention is a campaign with "Señor Condón".

Señor Condón is a person that runs around in public spaces wearing a condom costume and getting people involved in conversations about HIV and AIDS

COESIDA's health workers and NGO activists report the following barriers to regular condom use amongst the Muxe:

- **Incorrect information**

  During the 90's, condoms were advertised as not making a difference in sexual sensations. People felt this not to be true. As a consequence they felt they had been mislead and rejected condom use.

- **Risk behavior**

  Boyce et al. writes that a transgressive value might be attached to unsafe sex (2007). A Muxe group that names itself "Authentic intrepid seekers of danger" can not be expected to behave as a safe sex role model. Risk taking includes sexual risk taking, especially in a world where transvestites and transsexuals are considered to be at the bottom of a sexual hierarchy with "good sex" on top and "bad sex" on bottom (Rubin 1984, p. 282).

- **Not using condoms as proof of fidelity and love**

  The argument is: partners, who are serious about their relationship, and who love each other, will be faithful. If one asks for the use of condoms, it implies that one of them is unfaithful and that there is a danger of sexually transmitted disease. (Bronfman 2002, Cáceres 2002, Carrillo 2002 & 2008).

- **Alcohol and sex**

  Muxe, have self reported (Islas 2005) and been reported not using condoms during intercourse when under the influence of alcohol, due to loss of self control.

COESIDA does not address these determinants but promotes abstinence, faithfulness and delaying intercourse until marriage to combat the spread of HIV. None of these messages are realistic for the Muxe because, as explained above, they enjoy a promiscuous, hedonistic and sex oriented life style and have many sexual partners. Same sex marriage is not yet legal in Oaxaca. Although gay unions are legal in Colima and the Federal District of Mexico, in Oaxaca, delaying intercourse before marriage still means delaying it forever for the Muxe. Many transgender groups have complained about such prevention messages (Schorer Report 2007 p.9, Boyce 2006).

h. Research on sexuality

One of COESIDA's strategies is the support of field research on sexuality and on sex education needed to prevent HIV and STIs. Research has been done on sexual behavior and venues where married men find male sexual partners and a course for sexual education has been developed for Universities.

i. Stigma and discrimination

Another COESIDA concern is stigma and discrimination. COESIDA wants to assure that private and governmental institutions incorporate educational programs to reduce stigma and discrimination associated with risk behavior, gender, sexuality, drug use and HIV infection and STIs (COESIDA p.13). Workplace policies do not exist and are not asked or fought for.

j. Men having sex with men

COESIDA admits that sexuality in vulnerable groups is unstudied and unknown in the State of Oaxaca. Since the 1990's, the term MSM has been used in their programs to refer to homosexual behavior. However, that term does not adequately describe the various people involved, their behavior or what that behavior means to them. The two criteria they use to classify people as MSM are "homosexual" and "bisexual". As long as these terms carry the usual meanings, and exclude transgender and third gender they will not be useful when applied to the Muxe.

Data on Oaxaca's MSM group when separated from the general epidemiological data had the following prevalence and incidence of HIV and AIDS from 1986 until 2005:

Percentage of AIDS cases who are MSM in Oaxaca

YEAR	Total no. AIDS cases	Homosexuals	%	Bisexuals	%
1986-1990	102	29	28.4	33	32.3
1991-1995	446	85	19.0	69	15.4
1996-2000	1045	198	18.9	175	16.7
2001-2005	1392	186	13.3	243	17.4

Source: Servicios de Salud de Oaxaca 2006

Percentage of New HIV positive MSM in Oaxaca

YEAR	HIV positives	Homosexuals	%	Bisexuals	%
1986-1990	14	4	28.6	2	14.3
1991-1995	97	25	25.8	18	18.6
1996-2000	153	31	20.3	19	12.4
2001-2005	330	44	13.3	48	14.5

Source: Servicios de Salud de Oaxaca 2006

Both tables indicate that the percentages of homosexual AIDS cases and homosexual HIV positives have been declining from 28.4%, and respectively 28.6% in 1986 to 13.3% in 2005. This can be explained by the fact that prevention measures and material directed towards men who identify themselves as homosexuals were well targeted and therefore successful. In contrast, the percentages on bisexuals have not declined. COESIDA has concluded that this group of bisexuals cannot be provided with the same information material as homosexuals and is working on the development of prevention brochures etc. that would be more suitable for them. It also has identified bars, baths, cinemas, internet cafes, and public spaces that are frequented by married men in search of male sex partners (COESIDA 2006, p. 25).

As discussed above, COESIDA uses the term MSM and includes homosexual and bisexual men but it is not clear whether Mexican or European definitions of being "gay", homosexual and bisexual are applied here. Transgenders and the indigenous group of the Muxe are not mentioned in COESIDA's work plan and reports as a separate target group.

The general objective of COESIDA's MSM program is to reduce the transmission of HIV among men who have sex with men in the state of Oaxaca; and the specific objectives are:

- Increased awareness of the vulnerability of different groups of men having sex with men to become infected with STIs and HIV.
- Knowledge of disease prevention through safe sex
- Integration of HIV and STI prevention among social organizations, with special focus on MSM

COESIDA recognizes that there are bisexual men who have sexual encounters with other men and that these MSM should not receive the same information as persons who define themselves as homosexual. But transgenders, transsexuals and transvestites are not distinguished in their plans for information dissemination. One NGO active in Oaxaca City, Gente differente, uses the short form GLBTTT (Gay Lesbian Bisexual Transgender Transsexual Transvestite) as an acronym to include all these subcultures that need specifically tailored messages.

5.2 Local responses in Oaxaca and the Istmo

The first AIDS cases in the Istmo were reported in Salina Cruz in 1985, and in 1987 the infection moved to Juchitán. At that time, there were 35 cases reported in Juchitán, out of a total of 140 in the region. Most of those affected were homosexuals and young men between 13-19 years old from marginalized neighborhoods (Miano 2000, p. 174).

The Muxe, and the young male population in marginalized zones, received the least attention from the Health Sector. No financial resources were provided for this cohort when the first information and education programs were started by the government. Not only did the programs use a language, that did not apply to the Muxe, but the socio cultural environment and sexual practices of the region were also almost totally ignored. Even worse, misleading information about the "gay disease" was promulgated by the government and encouraged the community to blame the Muxe as the source and driver of the disease. Signs of intolerance and stigma, previously rare in the region, appeared in Juchitán (Islas 2005, Gutmann 2007).

Non Governmental Organizations and Civil Society

Responding to these new negative perceptions of the Muxe, the first NGO in Juchitán was formed in 1994 with the name Gunaxhii Guendanabani which means *"ama la vida"* in Spanish or *"love for life".* This group was founded by mothers of adolescent sons, to promote the prevention of HIV through information and education. This NGO developed theater plays and sketches in the Zapotec language and organized talks on HIV that were attended by more and more transgenders and gays.

The Muxe used the weekly meetings and presentations to become informed about safer sex but they also contributed to them and, eventually, they created another organization inside Gunaxhii; Binni Laanu, "*Gente como nosotros*" or "*people like us*" in 1996. This organization won several theater contests on HIV in Mexico City. It has been successful in raising funds to promote on HIV prevention that is more culturally appropriate and sensitive than the preceding governmental programs. One of their successes in HIV prevention is a series of radio programs that is well known in Juchitán.
Broadcast in the Zapotec language, it provides information about HIV, viral transmission, sexual behavior and safe sex. The impact of this soap opera in Zapotec has not been measured yet.

Smaller NGOs are addressing HIV prevention through condom use and have developed culturally sensitive responses that build on peer education, participation of vulnerable groups in prevention measures and a holistic way of looking at life and death. There activities include: participation on the International Day against AIDS, rallies with young people, and organization of fiestas, where condoms are distributed, workshops, theater plays and sketches. Usually these groups lack sufficient funding to launch large campaigns, and depend on government or foreign support and private sponsors.

Frente Comunal contra el SIDA stopped all activities in 2006 and only maintains a website after major conflicts with COESIDA. Only 3 NGOs in Juchitán are run by Muxe, they are very active in the promotion of condom use, offering workshops in schools and youth organizations. A list of all NGOs working in HIV prevention is attached (see Appendix 7).

5.4 Human Rights and advocacy

The Sustainable Development Plan for Oaxaca 2004-2010 explicitly states that it intends to provide health and social assistance for all its citizens. It emphasizes COESIDA's mission to promote human rights, and recognizes the need to support PLHIV as a vulnerable group whose rights need special protection, including the rights to:

a. A private life
b. Informed consent
c. Confidentiality
d. Non discrimination

To implement these rights, the Diario Oficial de la Federación (14.11.2004) published regulations on the prevention and control of HIV that include mandatory guidelines designed to avoid stigma and discrimination of PLHIV (Servicios de Salud de Oaxaca 2006, p. 120).

In its Juridical Department, COESIDA assists people living with HIV. Some of the human rights advice is on general social problems and rights on matters such as nourishment, intra-family violence, and the right to apply for pensions. Other advice is linked directly to human rights violations such as violations of confidentiality, denial of medical care, discrimination, requests for HIV tests by employers, rejection by educational institutions.

Assistance given in the Juridical Department from 1998 until 2006:

Year	Social orientation	Human Rights violations	Total	% H. Right violations
1998-2000	10		10	
2001	14	7	21	33%
2002	12	11	23	48%
2003	24	12	36	33%
2004	62	20	82	24%
2005	79	34	113	30%
2006	84	46	130	35%

Source: Servicios de Salud de Oaxaca 2006

The majority of people assessed came from rural communities of different regions in the state, mostly the regions Istmo and Costa. Although there are general social problems in Oaxaca the percentages of human rights violations against PLHIV are not increasing. In many cases PLHIV's rights are violated for many reasons; among them that they are:

- indigenous,
- women,
- from a sexual or gender minority,
- poor,
- and HIV positive.

And, of course, in many cases a combination of all these factors leads to human rights offenses. Again, the Muxe are not listed as a separate group, thus no data are available on Human Rights violations against them.

6. Muxe needs, gaps between public health policies, responses and discussion

The national and State program run by COESIDA do not include transgenders or the Muxe in particular as a vulnerable group. It is well-known that prevention programs must be tailored to fit the community to which they are belonging. The Muxe have a unique culture and sexual identity. One of the major causes of failure of the programs discussed in Chapter 5 is that they do not take into account this cultural and sexual identity. They do not use the indigenous language of the Muxe, and they advocate prevention approaches that do not fit their sexual life.

Current programs are often based on inadequate or no data about the target audience.

Muxe, who represent themselves as women do not wish to be addressed as men. They do not want to be included under the term MSM.

Local responses run by the Muxe themselves that are culturally appropriate lack acknowledgment and recognition. Little financial or professional support is given to the work of non governmental organizations by the State. Many small prevention initiatives run their activities (see Chapter 5.3) on a voluntary basis without adequate funding, although their activities are very popular. The Muxe manage to attract a lot of attention whenever they occupy public spaces and could be good multipliers for condom promotion. But to use their creativity and acting talents they need adequate funding and professional support to set up serious and continued prevention work.

Since stigma and discrimination against transgender and a high level of transphobia are still very common in the Mexican health system, access to state run health facilities and prevention of HIV is limited. As a consequence transgenders, also the Muxe, redue to self medication and self treatment or traditional healers instead, who in many cases are not prepared to inform about HIV prevention and AIDS treatment and care (Willging et al 2006, Miano 2002).

6.1 HIV prevention in other transgender groups

a. Colectivo Sol

This is a Mexican NGO running HIV prevention campaign and providing life skill trainings to MTF transgenders who are sex workers in several Northern States of Mexico. Colectivo Sol promotes social marketing of male and female condoms amongst sexual minorities, sex workers and youth in Mexico City. The *condomóvil* reaches vulnerable groups during

night hours in front of bars, discos, and other venues. The concept is so successful that it has been copied by NGOs in Yucátan and Venezuela.

b. Ontario Aboriginal HIV AIDS strategy

This Canadian NGO is run by *two spirited* people and works since 1994. It has a lot experience in strengthening the capacity of networks of PLHIV and advises its community-based organizations on HIV prevention and care, combining modern scientific knowledge on the disease with authentic approach to health and well-being. The Ontario Aboriginal HIV AIDS strategy is probably one of the most advanced self managed and community based strategies that exists at this point of time. One of their recent slogans is: Nothing about us, without us!

c. Astitva

Is an organization run by *Hijras* that supports and helps development of sexual minorities in India, in the Thane district. It focuses on access to treatment and home or community based care, offers psychological support to indigenous people, *Hijras*, and sex workers living with HIV and affected by HIV. Its prevention methods include the mobilization of communities, education outside schools and human rights advocacy for sexual minorities (Wartmann 2005).

d. The Pleasure Project

The Pleasure Project does not work specifically with transgender groups but it focuses on finding sex positive approaches to prevention and does research on the impact of erotized HIV messages which seem to be more effective than, i.e. ABC (Abstinence, be faithful, use condoms) approaches. Since the Muxe live a sex positive life style, approaches suggested by this small project could fit to their needs much more than any other moralizing or judgmental prevention approach.

There are many more promising projects from transgender people all over the world, the list is too long to be added here. Their most important challenges in HIV prevention for transgenders are:

a. Lack of epidemiological data in their communities
b. High HIV prevalence and incidence rates.
c. Lack of recognition of their gender and sexual identities.
d. Being excluded or underrepresented in national AIDS strategies.
e. Stigma and discrimination and transphobic behavior in- and outside of their own communities.
f. Specific prevention programs have been developed and need to be evaluated.
g. National funds are not allocated in proportion to the magnitude of the HIV disease even when data are known.

7. Conclusions and recommendations

Conclusions

Looking back at the problem statement, questions and conceptual framework the following conclusions can be made:

Although highly vulnerable to HIV and AIDS, the Muxe have neither been identified as a group needing specific prevention programs, nor been included in, or specifically targeted by, national or state prevention strategies.

The analysis has shown that AIDS prevention messages addressed to MSM will miss the Muxe because they identify themselves as transgender and do not want to be addressed as men having sex with men.

The causes and biological, socio-cultural and economic contributing factors create circumstances that increase the HIV vulnerability of the Muxe. These factors facilitate high risk behavior which leads to more HIV and AIDS and a higher mortality in the Muxe.

The national and state prevention programs address individual risk behavior without considering this cultural vulnerability of the Muxe. They try to change this behavior through inappropriate prevention messages that are not culturally well adapted, such as abstinence, faithfulness and the delay of sexual intercourse until marriage.

Stigma and discrimination are high on the political agenda and form part of the state prevention program run by COESIDA. Nonetheless human rights offenses against Muxe are not registered separately, and therefore no degree of stigma against them is measured.

Stigma and discrimination against Muxe increases as HIV infection in the community increases, which leads to higher vulnerability to viral transmission, STIs, alcoholism and drug use, isolation and more illness, and it also hinders access to health services.

Local responses use peer group and out of school education, rallies, radio, theater and sketches which are popular in the community. These organizations lack recognition, acknowledgement and adequate funding to continue professional prevention work.

Transgender groups in other countries suffer from similar vulnerabilities as the Muxe including: stigma, transphobia, lack of reliable epidemiological data, recognition, funding for their own prevention initiatives.

Recommendations

More information should be collected on the Muxe, and a surveillance system should include census and epidemiological data that will allow monitoring of HIV incidence and prevalence amongst them. These data should be included in COESIDA's database and used to specify preventive measures.

Policy makers, who design Public Health strategies for HIV prevention, should acknowledge that there exists a wide spectrum of sexual and gender diversity, and that this diversity is much more complicated and intertwined than the simple binary division of humanity into male and female. More research is needed to shed light on sexual diversity.

Further research is needed on sexual contacts of the Muxe with migrants and refugees, and the effect of these contacts on the spread of the disease. Data on the relationship between HIV and migration could shed light on circumstances that facilitate higher transmission rates between the Muxe and migrants. The Muxe, migrants and refugees could then be targeted directly with more informative prevention campaigns.

Specific programs should include prevention of other diseases such as alcoholism and other STIs in the community. AIDS prevention among the Muxe has little or no effect, as we have seen, if it does not include information and education on the effects of alcoholism and safe sex. Further research needs to be done on how far HIV and alcoholism influence each other.

Alcohol consumption as social drinking, and the meaning of sexual behavior are important cofactors for HIV infection. They should not be viewed as the behavior of individuals, but, rather, as societal phenomena that can only be addressed on a community level and must be considered in any HIV prevention strategy.

Promising local responses should be recognized and supported by the Health, Youth and Education sectors. Multi-stakeholder approaches should include the Muxe and should address their vulnerabilities and their needs for prevention programs. Muxe should participate in the development of prevention strategies and should be provided with skills and be empowered to run their own prevention strategies.

Specific programs should be developed to combat the stigma and discrimination against the Muxe that has appeared since the advent of AIDS and which has increased their vulnerability. This implies sensitizing the general population and training health service providers on sexual diversity, gender identity, health needs and human rights.

Local NGOs should initiate open discussions on cultural practices that damage the health and well being of Zapotec society, such as the attitudes toward the virginity of girls and the way in which young men are sexually initiated.

Those designing prevention programs should take advantage of the influence of traditional healers in Juchitán, who are very popular and well-regarded, and include them in the development and presentation of the programs. Traditional healers are also mentioned in the Plan for Sustainable Development of Oaxaca and are officially recognized in Mexico (PDSO 2004-2010). Their contribution and influence, especially in indigenous communities, should not be underestimated. They should be included in information and education campaigns and trained and integrated into prevention measures for the Muxe.

Future prevention programs should consider potential threats of needle sharing for hormone use. Some Muxe are tempted to inject hormones and may wish to go through sex reassignment surgery. So far it has not been an issue, but this might change once Muxe become more connected to the global market, via travels, internet, exchanges with other transgenders, etc. This would be another risk factor and viral transmission via needle sharing could become a threat that should be considered in any prevention campaign, a needle exchange program could be thought of as a solution.

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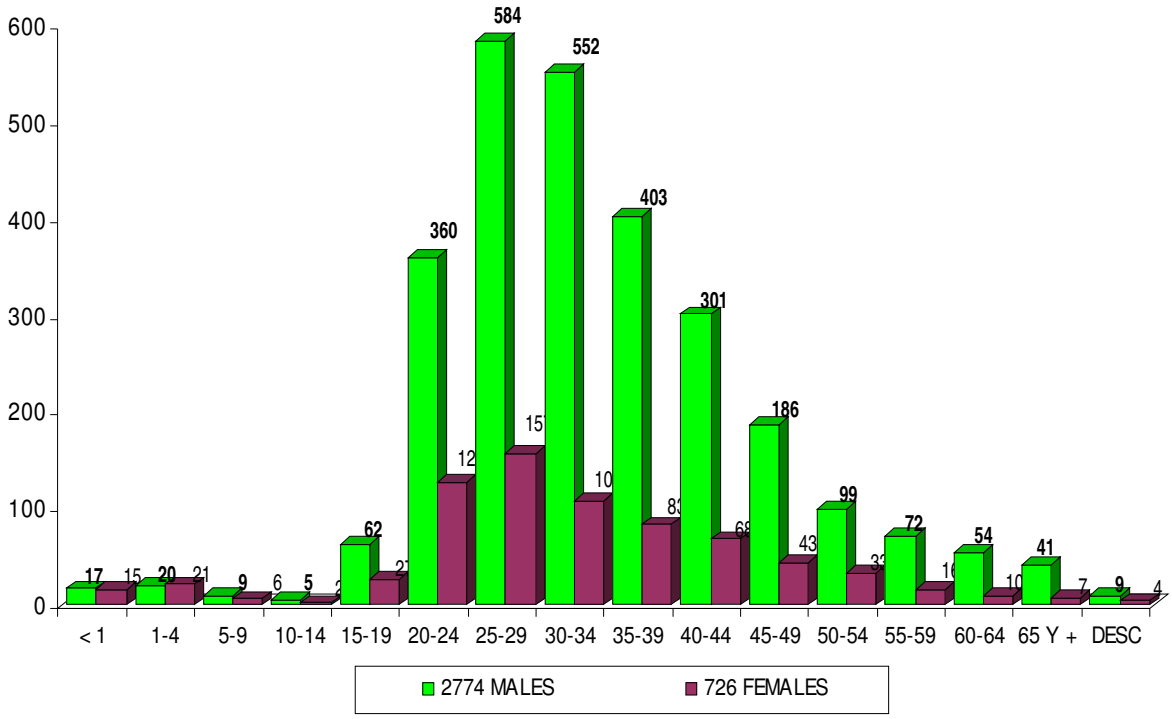
9 Appendices

9.1. Appendix 1

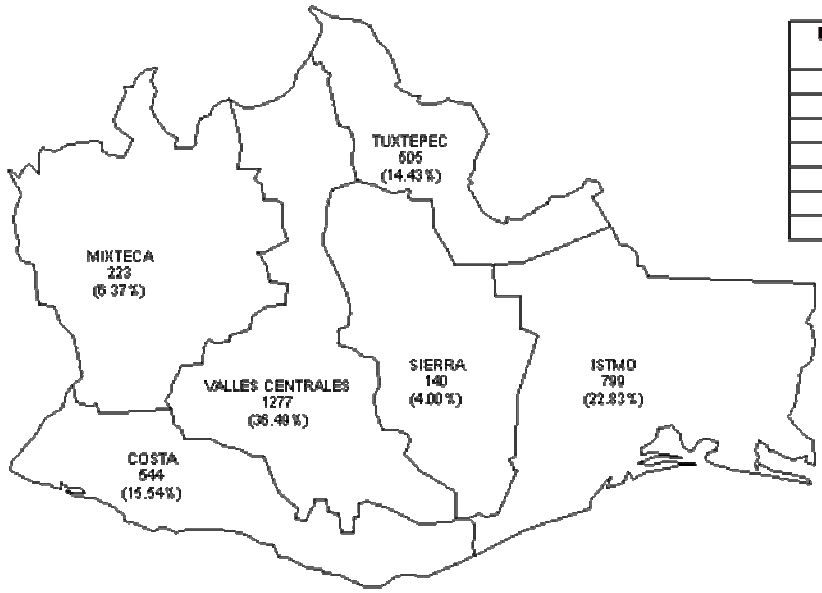
Figure 2: AIDS CASES BY AGE AND BY SEX 1986 - 2006*



SOURCE: SISTEMA DE VIGILANCIA EPIDEMIOLOGICA DE VIH/SIDA
Until 31 of December 2006.

9.2 Appendix 2

Figure 3: AIDS CASES BY HEALTH DISTRICT
1986 – 2006*



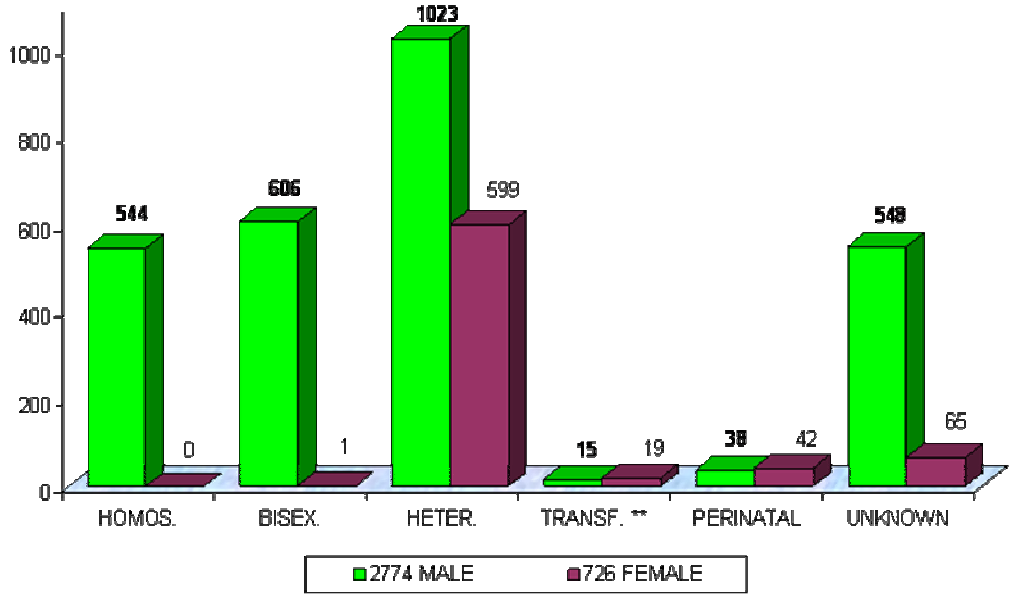
HEALTH DIST	RATE
1	99.70
2	126.25
3	104.97
4	108.60
5	39.59
6	50.04
TOTAL	93.61

GENDER	VALLES CENT	ISTMO	TUXTEPEC	COSTA	MIXTECA	SIERRA	UNKNOWN	TOTAL
MALE	1041	632	394	421	170	108	8	2774
FEMALE	236	167	111	123	53	32	4	726
TOTAL	1277	799	505	544	223	140	12	3500

SOURCE: Servicios de Salud de Oaxaca 2006
* Until 31 of december 2006. (preliminary)
*RATE: per 100,000 inhabitants. Population 2006.

9.3 Appendix 3

Figure 4: AIDS CASES BY RISC FACTOR AND SEX 1986 - 2006*

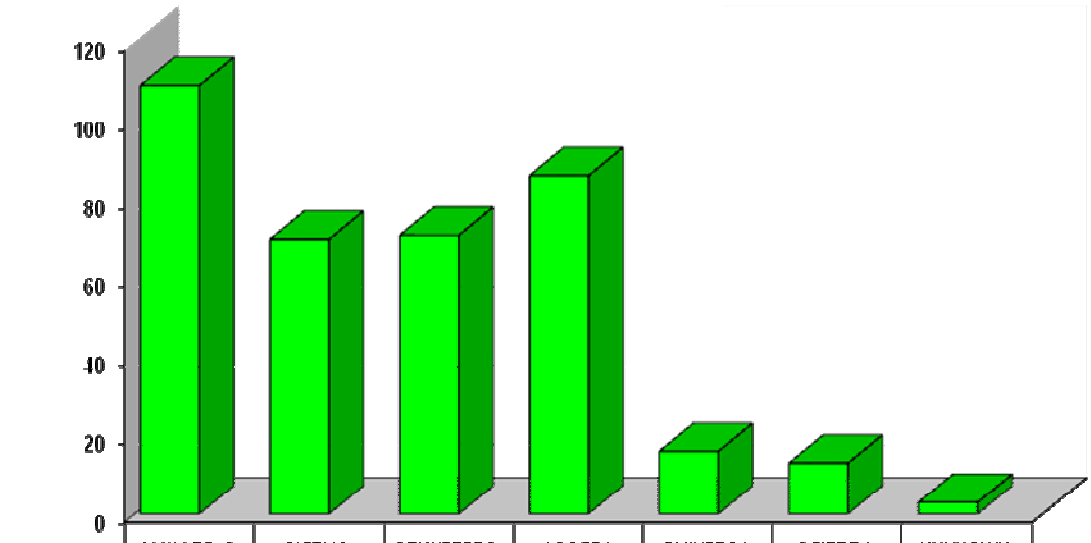


SOURCE: SISTEMA DE VIGILANCIA EPIDEMIOLOGICA DE VIH/SIDA
Until 31 of December 2006.

9.4 Appendix 4

Figure 5

NEW AIDS CASES PER HEALTH DISTRICT IN OAXACA
2006*

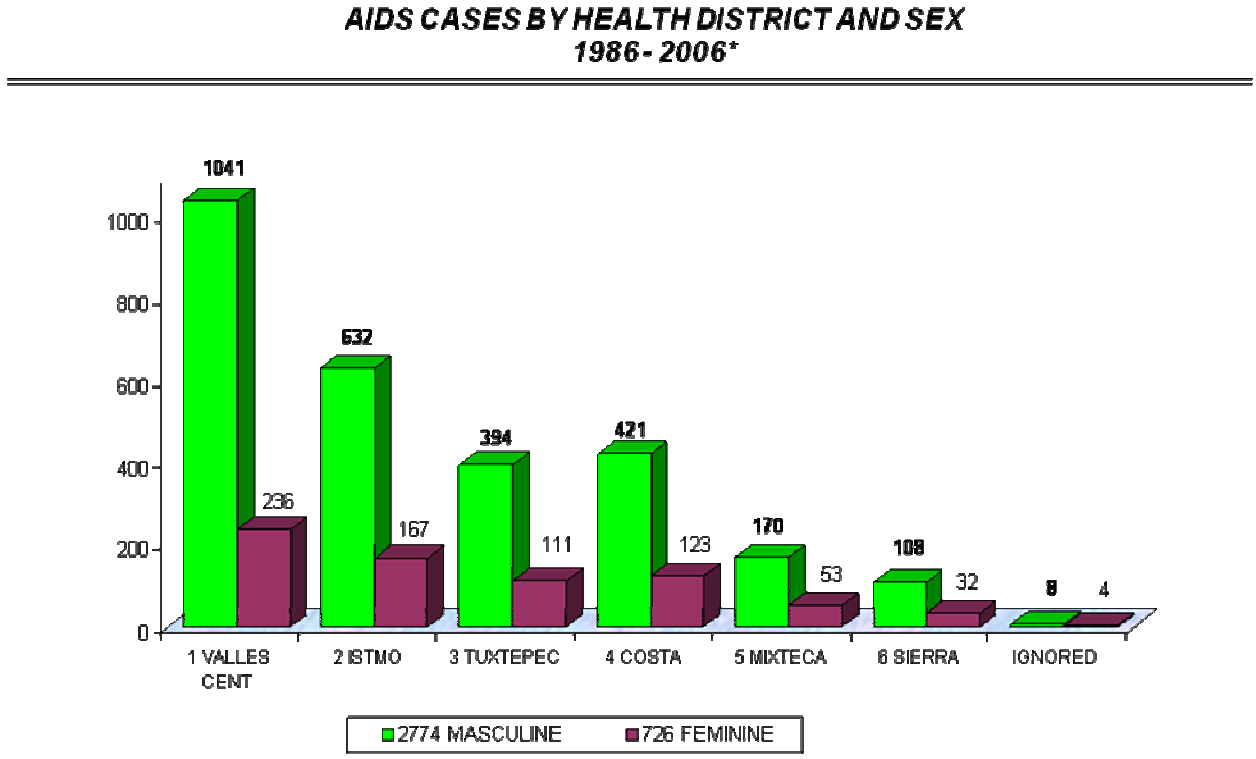


	1 VALLES C	2ISTMO	3TUXTEPEC	4COSTA	5MIXTECA	6SIERRA	UNKNOWN
368 CASES	109	70	71	86	16	13	3
%	8,51	11,06	14,76	17,17	2,84	4,65	

SOURCE: SISTEMA DE VIGILANCIA EPIDEMIOLOGICA DE VIH/SIDA
Until 31 of December 2006.

9.5 Appendix 5

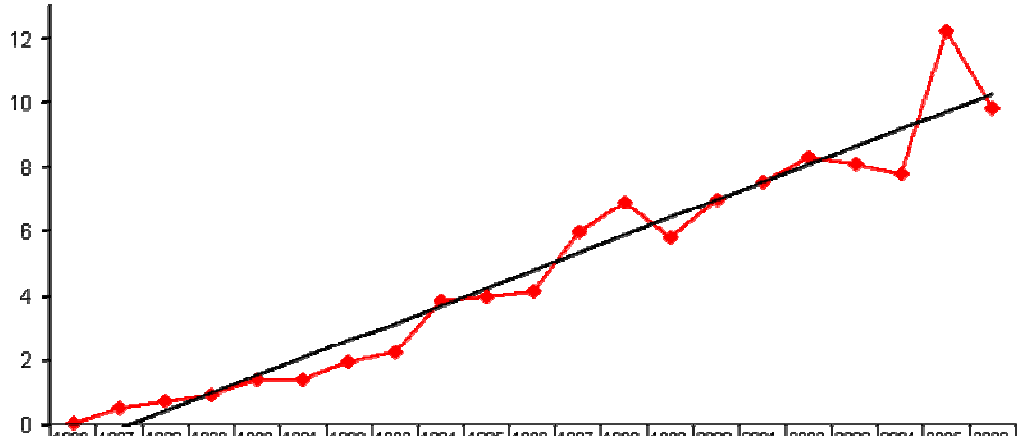
Figure 6:



SOURCE: SISTEMA DE VIGILANCIA EPIDEMIOLOGICA DE VIH/SIDA
Until 31 of December 2006.

9.6 Appendix 6

Figure 7: TENDENCIES OF AIDS CASES PER YEAR 1986 - 2006*



	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
RATE	0.04	0.49	0.72	0.94	1.40	1.41	1.95	2.25	3.87	4.00	4.15	5.95	6.91	5.79	6.97	7.53	8.30	8.06	7.80	12.25	9.64
3500 CASES	1	13	19	25	44	45	63	74	129	135	142	206	242	205	250	273	304	299	288	375	368

RATE: per 100,000 inhabitants
SOURCE: SISTEMA DE VIGILANCIA EPIDEMIOLOGICA DE VIH/SIDA
Until 31 of December 2006.

9.7 Appendix 7: Governmental and Non-Governmental Organizations active in HIV prevention

Organisation	Goal and activities	Target groups	Where active
CENSIDA	HIV prevention, treatment and care in Mexico	Population in Mexico	National level
COESIDA	HIV prevention, treatment and care in Oaxaca State	General population and vulnerable groups	State level
Gunaxhii Guendanabani A.C. (Ama la Vida= Love for Life)	Prevention Training Community workshops Face to face counseling	Youth	Juchitán, Ixtepec
Vinnii Gaxheé (Gente diferente, alianza por la diversidad sexual en el estado de Oaxaca A.C.)	Promotion of cultural diversity Fight against homophobia Condom promotion	Sexual minorities, Muxe	Oaxaca de Juárez
Frente Comunal Contra el SIDA	AIDS education Promotion of safe sex practices Giving talks and offering workshops maintaining a website Sex education in workplaces/schools	General population Youth	Oaxaca de Juárez
FRENPAVIH Oaxaca (Frente Nacional de Personas Afectadas por el VIH SIDA, A.C.	Support groups Networks	PLHIV	Oaxaca State

Organisation	Goal and activities	Target groups	Where active
ACCION EN SIDA TUXTEPECANA, A.C.	Prevention	Women, Men Sexual minorities	Tuxtepec
HUATULCO UNICO CONTRA EL SIDA	Prevention	General Population Risk groups	Huatulco
Mexfam (Fundación Mexicana para la Planeación Familiar A.C.)	Sexual Rights Reproductive Rights Programa gente joven HIV STIs Counseling, psychological support, family planning and anticonceptives	Women Youth Families	Mexico
Colectivo Binni Laanu	Training Condom promotion prevention	Women Men Muxe	Juchitán
Grupo Unión	Human Rights HIV prevention	Transgenders Sex workers	Oaxaca
Costa Unida Contra el Sida	Prevention/Care	PLHIV	Huatulco, Pto. Escondido
Intrepidas contra el SIDA	Awareness raising Workshops Theater Cultural events	Women Men Muxe	Juchitán
Tehuanos Voluntarios contra el SIDA	Awareness raising Condom promotion	Network	Tehuantepec