IPPF

From choice, a world of possibilities

Over-protected and under-served

A multi-country study on legal barriers to young people's access to sexual and reproductive health services

El Salvador case study

coram clc
Children's Legal Centre

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Contents

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Kara Apland

1 Introduction

In 2012 the International Planned Parenthood Federation (IPPF) commissioned a pilot multi-country research project exploring legal barriers to young people's access to sexual and reproductive health (SRH) services.

The study was designed and implemented by Coram Children's Legal Centre. It comprised two stages: a global mapping of laws related to young people's access to SRH services from around the world; and qualitative field research which took place in three jurisdictions, El Salvador, Senegal and the UK.

The case study countries were selected to represent different legal systems, and contrasting social, cultural, religious and political traditions. The case studies examined the operation of legal barriers to SRH services from the perspectives of young people and service providers; seeking to understand how both law, and knowledge and perceptions of law, intersect with other factors in different contexts to influence young people's experiences accessing a range of services.

This report contains an analysis of the research carried out in El Salvador. Analyses of the research carried out in Senegal and in the UK are available as separate publications.

1.1 Rationale for the research

While there is an extensive body of literature which explores social, cultural and economic barriers to young people's access to SRH services in a range of contexts around the world, much less is known about the role of law in influencing and shaping access to SRH. This is despite the fact that every state around the world, without exception, has developed legislation that is in some manner designed to purposefully regulate and restrict access to SRH for different groups of people, in different circumstances.

In recent years there has been a growing interest among SRH advocates and activists in exploring the interplay between legal frameworks and access to SRH services.[1] This exploratory research project contributes to efforts to build evidence and knowledge in this area, to guide future advocacy and programming work, with the ultimate aim of fulfilling young people's right to sexual and reproductive health.

1.2 Methodology

The overall aim of the research was to assess the extent to which the law, as well as young people's and service providers' knowledge and perceptions of law, impact upon young people's access to sexual and reproductive health services.

The methodology and tools were designed to answer the following questions:

- What are the direct and indirect legal barriers that impact on young people's access to SRH services?
- How do different legal principles and provisions facilitate or inhibit access to SRH services for young people both directly and indirectly?
- What do young people know about the law as it applies to SRH services?
- What do they know about the law as it applies to sexuality and sexual activity?
- How do young people perceive or interpret such laws as applying to themselves or their peers?
- How does this knowledge and perception impact on their access to SRH services?
- What are their experiences accessing SRH services and information? How do they expect this process to occur?
- What are the gaps in their information and access?
- How do legal barriers interact with social, cultural or other barriers to accessing SRH services?

1.2.1 Country selection

Countries were selected to generate evidence relevant to a broad range of IPPF member associations, and to include a range of different socio-legal contexts. El Salvador was selected for the study for a number of reasons. El Salvador is an example of a restrictive legal environment for young people's access to SRH services; significant legal barriers restrict young people's access to sexual and reproductive health services, and SRH more broadly. Indirect legal barriers, and influential social, cultural and religious norms, particularly the strong Roman Catholic tradition, also impact upon young people's access to SRH services in restrictive ways. This makes El Salvador an ideal context in which to study the impact of legal barriers, and the interaction of the law with other barriers to access. Finally, El Salvador is a country in the Western Hemisphere (Central America), a region not represented in any other case study.

1.2.2 Sampling

Researchers accessed a range of different groups during the field research with a focus on reaching out to young people and service providers from both urban and rural communities, and from diverse economic and geographical contexts.

The research took place in urban, semi-urban and rural locations in San Salvador and La Libertad regions in El Salvador. Seventeen focus group discussions and 15 individual interviews were carried out with young people between the ages of 13–24 years. A total of 107 young people, 7 parents and 11 service providers participated in the research.

Selection of communities and research participants was conducted by the Asociación Demográfica Salvadoran, a member association of IPPF.

1.2.3 Research methods

Individual interviews

Given the sensitive nature of the research, and the fact that it involved speaking to young people about their behaviour, choices, perceptions and experiences related to accessing sexual health services, it was important to conduct a number individual interviews in private settings to allow for the fullest possible responses to the research questions. Interviews were qualitative and semi-structured in nature. Data collection tools were developed to facilitate a level of standardization in the data collected. The tools were used as guides to allow the interview to be steered by the respondent, within the broader frame of the research questions.

Interviews included a mix of life history questions and questions that focused on perceptions of law and access to SRH services, in order to explore how participants' social environments and lived experiences have shaped both their understandings of law, and experiences relating to accessing services. This facilitated understanding of whether the legal environment affects young people's seeking of, and access to, SRH services differently depending on other social and environmental factors, and to determine how other factors, that influence access and service seeking behaviour, interact with the legal environment. Following a 'life history' structure through interviews, also allowed researchers to access information about how (and why) perceptions of law and access to SRH services might change over time.

Focus groups

Focus group discussions (FGDs) were conducted with both service providers and young people. FGDs consisted of groups of 6–12 individuals. Groups were separated according to gender, due to the sensitive nature of the issues under discussion. Data collection tools for focus group discussions were designed to encourage respondents to discuss issues in a general, hypothetical, or scenario-based format, so that they did not feel the need to reveal information about personal experiences.

FGDs provided a useful opportunity to investigate the contexts and situations that might impact on young people's access to SRH services. Respondents were presented with a series of 'scenarios' and asked to discuss/debate how they viewed the situation, as well as their perceptions of how the law applied to the situation. Exploring these issues through an FGD enabled participants to respond to each other's ideas and opinions, stimulating discussion and debate. FGDs are generally more interesting for participants than individual interviews, and provided for a fun and relaxed environment for exploring the research questions. It was necessary for researchers to consider the implications of social pressure and other group dynamics, when analysing group responses.

1.2.4 Ethical guidelines

Due to the sensitivity of the research topic, which dealt with issues of identity and violence, and the young age of participants, special care was taken to ensure that the research did not cause harm to the participants and that ethical guidelines were set out and strictly followed. All researchers involved in the project were experienced in carrying out research with children and young people, particularly vulnerable children. Full ethical guidelines are available as an appendix to the report.

1.3 The relationship between law and access

This country report explores how the law establishes and contributes to **direct** and **indirect** barriers to young people's access to SRH services. It also considers examples of laws that are intended to **facilitate** access to services. The study assessed the impact of all three 'types' of law on young people's access to services in practice.

Direct legal barriers are laws, which explicitly and purposefully restrict either the delivery of, and/or access to, certain types of services, for certain groups of people, or in certain circumstances. For example, in El Salvador, provision of and access to abortion services constitutes a criminal offence, in all circumstances, and with no exceptions.

Indirect legal barriers are laws that do not directly impose restrictions on access to SRH services, but nonetheless may function this way in a particular context. For example, legal rules which establish minimum ages for consent to sexual activity, marriage, and legal majority may create indirect legal barriers to young people's access to services, where young people and service providers interpret these rules as prohibiting persons under these legal ages from accessing SRH services. Furthermore, these laws may have a normalizing influence on existing social taboos associated with youth sexuality, particularly among unmarried girls.

Limited legal definitions of sexual violence and rape, which fail to recognize sexual abuse in all the contexts within which it occurs, such as the failure to explicitly prohibit discrimination based on

sexual identity, may also create indirect legal barriers to access to services. Individuals may be unable to access support services, in contexts where their experiences are not recognized, or are seen as lacking validity or importance.

The lack of legal protection for homosexuality (including protection from discrimination), as well as the lack of recognition of transgender identity in the law in El Salvador can be understood as creating both **direct** and **indirect** barriers to young people's access to sexual and reproductive health services. On the one hand, these legal gaps may serve allow for lack of provision of certain services (including access to education and information, hormonal therapies, and others) required by young people for them to be able to have a healthy and satisfying sexual life, because they lack the legal protection to make a discrimination claim (direct barrier). On the other hand, even where services do exist or are made available, some young people may be unable to access them due to fear of being criminalized or suffering discrimination and abuse on account of their sexual or gender identity (indirect barrier).

Laws do not only function as barriers to accessing SRH services. Laws can also **facilitate** access, where they empower young people to make informed decisions about their own sexual health, and create a framework where young people's rights to sexual and reproductive health are protected and promoted without discrimination. Policies establishing mandatory sexual and reproductive health education and laws that prohibit exclusion of pregnant girls from school are examples of facilitative laws in El Salvador.

Inconsistency in the implementation of laws, and understanding of their meaning by both young people and service providers adds complexity to analysis of the impact of legal barriers on access. However, as the analysis will demonstrate, confusion surrounding the meaning of law and inconsistencies in its implementation often reflect the interaction of legal barriers with the social and cultural forces that shape young people's access.

2 Youth and sexuality

2.1 Social narratives on youth and sex

Sexual activity among young people is deeply stigmatized in El Salvador, where it is not seen as socially acceptable for young people to engage in sexual activity. This stigma is both reproduced and reflected through the messages and information that young people receive in schools, their homes and society more broadly. It is also part of broader conservative social narratives regarding sex and sexuality, many of which participants attribute to conservative Roman Catholic religious influences. Both young people and service providers frequently referenced these narratives when describing and explaining young people's experiences and access, referring to them as 'the problem/thing with society', 'those taboos' or 'old thinking', and attributing them to 'the church' and 'the society.' The embodiments and impacts of these narratives will be discussed throughout the course of the case study, however they have served to create a powerful stigma and silence around sexuality generally, and particularly the sexuality of young people.

In El Salvador, participants described restrictive narratives about sexuality according to which sexual behaviour is only acceptable between two adults who are married and wish to have children: "a woman is ready to have sex when she is ready to have kids".[2] Thus from the perspective of dominant social narratives, it is not appropriate for a young (unmarried) person to engage in sex.[3] Consider the comments by a group of 16–19 year old girls in a public school in San Salvador:

> They teach us how to take care of ourselves, about the risks and that we aren't of age to have sex yet. They teach us that our sexual organs are not fully grown, and that we are very young to have an active sex life because our bodies are not ready for a baby – the mother and the baby could die during child-birth. They teach us about abstinence, to have abstinence. Once we know what we are doing in life, once we have a plan to start thinking about kids, then we can think about sex.

The girls' comments reveal how sexual activity is only socially acceptable for adults who "know what they are doing in life," and as part of a plan for having children. Sexual activity for young people is understood to be unsafe and unnatural. It also demonstrates how social narratives about young people's sexuality are constructed in terms of age, and the under development of their bodies; an apparent attempt to address the contradiction that young people are capable (and likely desiring) of engaging in sexual activity before it is socially acceptable for them to do so.

2.1.1 Narratives in the home

Young people first encounter the stigma and silence surrounding sexuality in the home; "values come from the parents".[4] Participants broadly emphasized the fact that in El Salvador, sex is not discussed within families. When asked where the taboo surrounding sex comes from, a group of university students in San Salvador responded, "From family. From the macho culture – the dad says what can be talked about and what can't".[5] Respondents explained that the silence is intended to prevent young people from engaging in sexual activity. As put by a group of parents, "information can make them interested and make them want to try. When they learn about contraceptives it makes them interested… Education can spark curiosity… I am old school. I think the less they know the better".[6] Perhaps unsurprisingly, however, most young people asserted that lack of knowledge does not effectively prevent sexual activity; "it's believed if you talk about it you are going to do it… We don't agree but this is the culture; that is how families work now".[7]

Young people also explained that parents do not want their children to become sexually active because this is a way for them to 'get away from home.' According to a group of 16–17 year old boys, "adults see it as something kids do because they want to get out of their houses".[8] Again, this demonstrates how it is not considered possible to be both a young person, who is dependent on parents, and to engage in sexual activity. Interestingly, some respondents asserted that young people who are living at home should not be sexually active, even when over the age of sexual consent. "If they live under my roof I'm the one who makes the rules, even if they are over 18," one mother asserted. This is also consistent with narratives that only condone sexual activity in the context of adulthood; marriage, family and reproduction.

2.1.2 Narratives outside the home

The taboo nature of young people's sexuality is also reflected by the messages they receive outside the family. When asked what is important for young people's sexual health, almost all respondents interviewed for the research made reference to 'the risks'. Information about young people's sexual and reproductive health is packaged as helping them to understand the risks associated with sexual behaviour, rather than providing them with positive ways to have healthy sex. Another common response to this prompt was: 'taking care of yourself' or 'how to take care of yourself.'

When probed, young people explained that 'taking care of yourself' means 'not having sex' or 'if you have to have sex having safe sex'. These formations reflect restrictive narratives that may have an alienating impact on young people as they begin to think about or experiment with sex. As put by one 17-year-old male student, "I don't talk to anybody because no one can understand me".[9]

Both service providers and young people participating in the study attributed restrictive narratives, and the resulting silence surrounding sex and sexual health, to the influence of the church and conservative political parties:

> At the government level, churches and social groups do not let the information get out. They have influence at the legal level in the case of the church – it's not a secret that the church is linked to the government. The elite conservative groups exert social pressure. They make people think it's something wrong. The church has a lot of influence on schools. When we want to go give information we have to disguise the information. At schools parents teach abstinence – they do not teach what to do when you become sexually active. They teach body parts with a different name – for example they call the penis a 'birdie'.[10]

The comments above reveal the extent to which social narratives, rooted in institutions as well as families, impose restrictive narratives – 'silence', 'we cannot talk about that' – on young people's sexuality. This impacts on the content of the law (and its development), on service providers' understanding of the law, and on young people's experiences accessing SRH services. The issue of inadequate education, information, and even language, for understanding options and making decisions related to SRH, and the impact on access, will be discussed in following sections.

2.2 Narratives and access

The restrictive narratives, silence and stigma surrounding young people's sexuality is integrally related to many of the barriers which impact on young people's access to SRH services that will be explored throughout the case study. It is also important to acknowledge that while these narratives hold significant influence, young people also have independent ideas about sexual identity, health and decision-making, particularly in privileged and urban parts of the country where narratives tend to be more diverse and flexible. Many young people described how when it comes to making decisions about sex, there is not one correct answer because everyone is different. According to young people, important considerations include: "taking care of yourself through contraceptives, good hygiene and knowing the people you are in relationships with"; "going to the clinic, having the doctor's control"; "having control of your body; having will power – knowing when to be abstinent and when not to be".[11] However the view that sexual behaviour is irresponsible for young people – especially girls – is pervasive. Even while acknowledging that there is not one right way to have an active sex life, many respondents (young people) described sexual activity as an irresponsible life choice for young people.

> **Do you think all young people are ready to start having sex at the same time?**
>
> No, every person is different. The difference is their mentality. Young girls think they are more mature so they think they are ready to have sex. The ones that start later think about their future, their dreams, their goals.[12]

2.3 Youth, sexuality and the law

The age of sexual consent in El Salvador is 18; according to the penal code it is a crime to "promote or facilitate the corruption of a person under eighteen years of age in sexual or erotic acts, individually or organized, publicly or privately," and any person who does so "shall be punished with penalty of three to eight years in prison".[13] The age of consent does impact on expectations regarding young people's sexuality, and on access: in some cases service providers and young people interpret the law on the age of sexual consent as prohibiting access. This may be in part because of the broad language in the penal code – providing young people with access to services could be considered facilitating their engagement in sexual acts.

Service providers also raised the issue of a lack of facilitative laws actively protecting young people's right to access services as a barrier. As one service provider explained, "The age of sexual consent is 18. There are a lot of legal barriers because in the constitution there are not laws protecting people's rights. Under 18, culturally, they are seen as not having sex – they should not be having sex. The law says you can only have sex over 18 – if a girl under 18 has sexual relations with someone older she will go to jail".[14] The age of marriage is also 18 in El Salvador (perhaps not surprising given the expectation that unmarried people will not be sexually active), however people below the age of 18 can get married with their parents' permission.

2.3.1 The function of the law

Laws which establish a minimum age of sexual consent are often intended to criminalize abusive sexual relationships with minors who are vulnerable / not able to meaningfully consent to a sexual relationship. However the law in El Salvador is understood as a law designed to prevent the sexual activity of anyone under 18; to prevent the "corruption of a person under eighteen years of age in sexual or erotic acts".[15] Indeed, the only cases where respondents were familiar with the law being enforced are cases reported by parents who object to their daughter's relationship with an older boy. Interestingly all participants agreed that if the parents were comfortable with the relationship the law would not be applied, regardless of the nature of the relationships, or the difference in age.

If you are interested in being in a relationship with someone, does it matter how old they are?

You would go to jail if you dated someone younger. There are laws that apply to girls under 18. Some of them have mothers… I could date someone underage but if the relationship progresses the parents could cause problems. Some parents are not comfortable if their daughters have an older boyfriend. There was a case of a friend and a girl I don't know. They were dating and they had sex and then he met someone else and broke up with her. Her mother found out they had sex and threatened to turn him in if he did not go back to the daughter. He did not want to go to jail so he got back with the girl until she turned 18. She had been 15 and he had been 19.[16]

Age is very important. Because by law you can't be overage. I have 19 years. The law says you can't have sex with an underage because the parents can call the police. I've heard of this happening a couple of times – they go to prison. The length of the sentence depends on the case but sometimes it will be up to 5 years.[17]

Do you feel the laws on these things are important? Do they affect young people's behaviour?

Yes – the law is important. Yes they do, and they affect our relationships. I'm 17 and my boyfriend is 19. I suffer because my mom says she will make sure he goes to jail.[18]

The law is also applied most frequently in cases where a girl becomes pregnant. Again, this demonstrates how the law is applied to, or seen to be relevant to, preventing young people from engaging in socially unacceptable relationships/behaviours, rather than protecting them from sexual abuse.

We have a law called Lepina; one of the subjects is that when a young person – from 17 years and below – becomes pregnant from a boy who is over age he will be put in prison.[19]

Its use in this way may be reinforcing social narratives according to which pregnancy is the worst possible outcome for a young, unmarried girl.

2.3.2 The law and protection

The use of laws on sexual consent in this way is particularly problematic given the prevalence of and impunity for sexual violence in El Salvador, particularly by older men against girls under the age of sexual consent. This impunity exists both socially (laws are not enforced), and in the courts. For instance an Amnesty International researcher in the region cited several examples of this, including a particularly stark case in which a 14 year old girl was brought to court for allegedly inducing a miscarriage. Her 42-year old husband testified against her, but the issue that this was statutory rape was never raised.[20] In this regard, the legal provision does not seem to be serving a protective role (see section on violence).

The role of the law in enforcing social norms about appropriate sexual behaviour rather than prosecuting cases of abuse was evident in interviews also; respondents identified the purpose of the law on sexual consent as preventing young people from being sexually active, rather than preventing sexual exploitation. However they acknowledged that in practice, the law does little to prevent young people's sexual activity:

When they want to have sex nobody wants to think about the law; they just want to get into bed. I think because the law is so restrictive they want to have sex to go against the law. We are examples of this![21]

Do you think young people think about the law as applying to them? Or impacting on their access?

People ignore the law – they just do what they are going to do.

Does law impact on young people's decisions and behaviour?

No *(laughter)* we don't think about the law. We forget it. In the moment we forget all the information we knew before. The law is a turn off – if I think about the law I'm not going to want to do it![22]

In reality, many young people in El Salvador are becoming sexually active well below the age of consent. According to a representative from the Ministry of Health, their data demonstrates that on average young people become sexually active at 16.4 years of age.[23] Several service providers reported that young people are sexually active from the age of 14. According to a nurse in Sacacoyo, young people in her community have their first sexual experience at the age of 8–9 due to the influence of peers, pressure from gangs and, disturbingly, sexual violence. In general, participants explained that people are more likely to become sexually active early in poorer areas and when they are "living away from home."

2.3.3 Perceptions of the law: potential for protection?

Many young people included in the research felt that the age of sexual consent is too high, and does not make sense given the realities of the lives of most young people. Several voiced a preference for a more flexible system of law. As the following excerpt demonstrates, however, young people did recognize the importance of law in protecting children below a certain age from sexual abuse by older people.

Do you agree with this law?

Boy 1: I would change the law – I would change the law to 12! I'm joking… Maybe I would change it to 15. At the age of 15 girls have the capacity to make decisions. The law is unfair – in the case of a 15 year old having consensual sex with an 18-year old it is unfair to the older person. If it is not consensual, of course it is against the law.

Boy 2: I don't think there should be a law. People should start when they feel ready. There are a lot of people who don't respect the law. Some people wait until marriage, others start early.

Boy 3: I do think it's important to have a law – it would be bad for a 13 year old to have sex with a 40 year old.

Is there an age when you are too young to meaningfully make a decision, like the decision to have sex?

Boy 4: Yes, I do think so, but everybody is thinking differently about this. Everybody has a different mentality – some people are more mature. This is what it depends on. I cannot give a specific age.

Boy 5: I do think there should be an age for sexual consent (says to other): you should think of when we have daughters. It's very sick when a young girl is having sex with someone overage. If the parents agree and the girl agrees there should not be an age.[24]

It is also interesting that several young people made distinctions between the views they hold about laws on consent at present, and the views they will hold as parents, "when we have daughters." This distinction demonstrates again how firmly identities about adulthood (parenthood) and youth (childhood) are connected to sexual activity. It also reflects both the pervasiveness of physical and sexual abuse (often experienced by women and girls), and gendered norms according to which women and girls are not active sexual agents but passive victims in need of protection.

Some interviews (particularly with girls and young women) revealed a paradox between young people's analysis of their own behaviour, and their views on and justifications of the law; despite their descriptions of the reality of young people's sexual activity and decision making, many young people and service providers asserted that a high age of sexual consent is important for preventing young people from having sex too early, which they perceive to be a problem in El Salvador. Finally, young people often connected the age of sexual consent with ideas about adulthood; "you are 18. You are able to make your own decisions."

2.4 Conclusions

One of the clearest overarching findings emerging from the research is the power and pervasiveness of restrictive norms applying to young people's sexuality and sexual identities in El Salvador, and the silence and stigma they create. These norms are reinforced by the law on sexual consent, and its application as a tool for preventing and prosecuting what are seen to be socially unacceptable relationships, rather than protecting young people from abuse. The proceeding section will explore how this (and other relevant legal provisions) impact on access to a range of sexual and reproductive health services both through their interpretation as prohibiting young people's access to SRH services, and through reinforcing stigma and shame around young people's access to these services.

3 Access to services

This section will focus on young people's access to sexual and reproductive health services in El Salvador, including contraceptives, medical consultations, STI and pregnancy testing, and abortion. In particular, it will consider how young people are accessing these services in practice, the barriers they face accessing services, and the function of the law as both a direct and indirect barrier to access. **Direct barriers to access** in El Salvador include the law on abortion, which criminalizes abortion without exception. **Indirect barriers to access** include the law on sexual consent, and resulting notions about young people's sexual behaviour and right to access services, and the policy on consent to medical treatment, which requires minors to obtain consent from a legal guardian to receive medical treatment. These are compounded by a lack of (and lack of knowledge of) facilitative laws and policies that protect young people's rights.

3.1 Access to contraceptives, testing and other basic services

3.1.1 The law on access

There are no legal provisions that actively restrict young people's access to contraceptives and other basic SRH services, including contraceptives and STI and pregnancy testing, in El Salvador.[26] When asked if there is anything in the law that prevents young people from purchasing contraceptives or accessing any services in any circumstances, ADS's Social Programme Manager replied that "Yes – in every single law/guidance/policy it says we have to give services to teenagers and that they have the right to access these services. Providers may lack sensitization on the law though, and put into practice their views and the old taboos".[27] This statement was confirmed by an interview with representatives of the Ministry of Health, who explained that in fact service providers are required to provide young people with SRH consults, contraceptives and testing. According to nearly all service providers and young people interviewed, according to the law, "it doesn't matter what age you are" when accessing these services.

However secondary legislation in El Salvador does require a service provider to obtain parental consent before providing a minor with medical care.[28] This may contribute to confusion and inconsistencies demonstrated by participants regarding what services young people can access (without parental consent) and at what ages. Participants often had different ideas about the services for which young people are required to obtain parental consent; some were under the impression that you need consent to access contraceptives that require medical intervention, such as an IUD (intrauterine device) or implant. Young people generally seemed to believe contraceptive methods are accessible for young people without parental consent, particularly condoms: "Yes, in most cases. If a 16 year old wants they can buy condoms at a pharmacy. A girl could go by herself but would most likely go with a friend.

> "Many times it's embarrassment. And the talks given by the old ladies who scold them. Also they are afraid their parents will be informed. Those are the biggest barriers".[25]

But she doesn't need consent. Most young relationships can get contraceptives without their parents' consent".[29] As demonstrated by the preceding quote, however, young people often expressed at least a degree of uncertainty about young people's ability to access contraceptives and testing in all circumstances. In sum, while young people's access is reportedly not explicitly prohibited by law, it is also not positively provided for in law. Furthermore, legal provisions exist which may serve to undermine this right in practice.

3.1.2 Application and perceptions of the law

In practice, provision of SRH services to young people seems to be discretionary and reportedly some clinics refuse to provide services to young people because of their age. When asked if the law in El Salvador creates barriers to access, one ADS health promoter explained that the restriction "is not from the government, it is from the clinics",[30] and according to respondents, if you are under age, 'they may refuse to serve you'. While this is not consistent with the law, and may even contradict it, many respondents held perceptions that there are legal restrictions on the SRH services young people can access. While some respondents explained that this is not the law, but a discretionary choice made by clinics, others associated it with the law on the age of sexual consent.

Does the law say anything about whether young people can access contraceptives? Or testing?

I don't know if there is a law on this… I think it's a law that when young girls start having sex they have to go to the gynecologist but the gynecologist cannot do all examinations without the parent's consent. If she's underage she needs to go with parents or she would get in trouble with the doctor.[31] [Three of the boys in the group disagreed, asserting that parental consent is not necessary].

Where can young people access contraceptives and testing?

They could go to a private clinic or a public clinic for tests – if they go to a private clinic they can go alone, but if they go to a public clinic they will need their parents. I had a friend who was rejected from a clinic because he was underage. He did not take the test. It is very difficult to access tests because you need your parents – that is the main barrier. This is the law in El Salvador.[32]

What laws in El Salvador impact on young people's sexual behaviour or access to SRH?

It is against the law to sell contraceptives to underage kids. Condoms you can get in the clinics. Underage kids are not allowed into hotels. So we have to have sex in our houses when our parents leave.[33]

Is there a law about when young people can access contraceptives?

It's not actually a law – its more regulations on pharmacies. Sometimes they cannot give shots or strong medicines without the consent of parents to someone under 18. If a parent finds out that a girl got a shot at a pharmacy they could go to the pharmacy and sue that person.[34]

Do clinics require parental consent when giving young people contraceptives?

No – they have the right. The young people do it hidden from their parents. We have a few requirements about the implant – if she is underage she needs to already have had a baby – underage people we advise to use injections because due to the hormones it's better to give injections. It's personal – it's different from each case and the doctor – the decision is from the person.

Is there a law on consent to medical treatment?

No, there isn't.[35]

The preceding excerpts reveal the ambiguity and confusion surrounding young people's access to SRH services. Yet they also reveal that ideas about the law are affecting young people's access. It seems that in practice, the influence of the legal age of consent to medical treatment and the lack of clarity about the right to access contraceptives and testing may serve as both direct legal barriers (where the law on medical treatment is applied to restrict young people's access to SRH services) and indirect legal barriers (where they create the perception that young people can't or shouldn't be accessing SRH services because they cannot consent to medical treatment). This is particularly relevant in the context of restrictive social narratives about young people's sexuality.

Interestingly, while both private and public service providers explained that there are not laws that prevent young people from accessing SRH services, further questioning revealed that for a 'regular' medical check young people do need to come with their parents (presumably because of the law on consent to treatment). Indeed, it is common practice for young people to go to the clinic with a parent in El Salvador and norms regarding parental involvement in young people's medical care do serve as a barrier; where parents expect to attend appointments young people may not feel they can go to appointments without their parents, or feel that the fact that they have chosen not to do so will cause others to assume they are accessing SRH services and are thus sexually active. As one service provider explained, "At ADS 90% of the time girls and boys come to the clinic with their mother or father or both… The reason parents come is because they are paying so they think they have the right".[36]

The fact that service providers are denying young people services points to the need for clarifying laws related to young people's right to access SRH services and improving knowledge of it. As pointed out by several service providers, a facilitative law, firmly establishing young people's right to access SRH services might be necessary in such a restrictive context. The research demonstrated that even with clarity on their rights, young people would still face significant social and cultural barriers to accessing services. These barriers often interacted with, or were reinforced by, the law. This is explored in the following analysis.

3.1.3 Access in practice

Paradoxically, given the level of fear about the 'consequences' of unsafe sexual activity, young people in El Salvador do not access SRH services frequently. When asked what kind of services they were accessing/able to access young people often referred to condoms, or being able to 'get condoms'. According to participants, condoms are young people's contraceptive method of choice, because 'we know them better' and 'we are more familiar', yet even condom use is reportedly sporadic. According to participants, they (and their friends) either don't use contraceptives or only use them some of the time. A number of significant barriers to access impact on this, but it is also related to social norms and trends, or, in some cases, myths and misinformation.[37]

When asked why they don't use contraceptives young people explained that it reduces sexual pleasure, and that they are often unprepared for unplanned sexual encounters. The idea that condom use reduces sexual pleasure is also connected to norms relating to masculine identities and male dominance in decision-making.

> Most of our friends don't use them unless they don't trust the girl, because it's not the same … condoms are a bit uncomfortable. And you can't always know what will happen in the moment … since it's not always planned I don't think the girls always have their pills with them.[38]

> It does not feel the same way if you use a condom. Or in an emergency, in the heat of the moment, maybe you don't have one.[39]

> It makes you less of a man.[40]

3.1.4 'La pena'

'La pena' – which translates to shame and embarrassment – was the most common explanation given by young people and service providers alike when asked why young people do not access services such as contraceptives and testing. Young people fear being seen going to a clinic because people who see them will assume they are sexually active and pass judgement – 'to go means you are already active.' As put by a group of 16–17 year old boys in a private (fee-paying) school in La Libertad, "society is very judgmental so when society sees someone go to the clinic for testing/counselling they start criticizing." The boys pointed out that this judgment is particularly harsh for young people who (as discussed in section two) are not supposed to be having sex; "They criticize no matter what the age of the person is, but it's worse for young people. Young people suffer more discrimination on several issues – people say they are too young to be having sex. It's harder for young people to not have sex because of hormones so everyone assumes we are doing it".[41]

'La pena' is reinforced by the fact that young people are often mistreated by service providers. Young people participating in the research reported experiencing lectures, moralizing and verbal abuse from practitioners at clinics, particularly in public (government run) clinics. According to a nurse working at a private clinic in San Salvador, "One of the biggest barriers for young people is that the health promoters and health service workers come to judge. They will ask; "what were you doing up so late?", "why are you dressed this way?"[42] In some interviews, young people reported being refused services; "The people selling are embarrassed to sell because the parents might find out – there are some regulations in pharmacies that you cannot sell contraceptives to underage due to the legal issues – in some health clinics if young people come in, in their interviews they will say "what are you doing buying condoms? You are still in a uniform. You can get in trouble with your director or boss. They say to send them home and promote abstinence".[43]

The judgemental approach taken by some service providers not only reflects the fact that in El Salvador young people are not supposed to be sexually active; they are not seen as capable of making decisions about sex, sexuality and their bodies. This form of 'interfering' by service providers was especially prevalent in rural parts of the country. These tend to be the contexts where the stigma and silence associated with young people's sexuality is the strongest, and yet they are also the areas where young people (and particularly girls) are becoming sexually active the earliest and where early pregnancy is reported to be a significant problem. For instance, service providers in Sacacoyo identified educating and sensitizing young people about sexual activity as a significant part of their role. According to one public service provider in Sacacoyo, while young people would never be denied access to services in her clinic, these services must be delivered alongside educational messaging; "we have restrictions until they are 19 and we are checking monthly and give them life messages like to go to university – we give them everything. The (bad) influence is from friends and everyone".[44]

3.1.5 Information and access

Misinformation and myths about contraceptives do not appear to be a significant problem in San Salvador, but came up frequently in interviews conducted in rural parts of the country. When asked if they knew anyone who uses contraceptives, two girls in Sacacoyo laughed at the thought: "Here it's really weird [to use contraceptives] … we think if we use them we will get a disease like cancer. So that's why we don't".[45] A nurse at a public clinic in the community described some of the myths that exist among young people;

> When we have an underage [pregnancy] we start investigating how this happens, and we have a lot of surprises. One way it happens is the boy tells the girl that if they have sex standing up they will not get pregnant, or if they wash afterwards they will not get pregnant. Another method they try is to have sex where he ejaculates outside of her. The problem is that they are in love! The boy is really genius because when there is a girl who is really in love if the boy asks her to do it once, she will. And then he asks her to do it twice, and a third time, and a fourth.[46]

Interestingly, while misinformation is a problem, discrepancies often emerged between young people's behaviour on the one hand, and their knowledge and understanding on the other. For example, young people were quick to cite contraceptives when asked in the abstract about "the most important thing for young people's SRH" or "what SRH means for young people", and then report not using them in practice. Similarly, one group of girls explained that "condoms aren't as effective as other methods – they only work 70–80% of the time", yet maintained that condoms were still young people's method of choice.[47] Similarly, young people were quick to list other methods and the places they could be obtained, but, when pressed, didn't know anyone who uses those methods or accesses them from the indicated sources. For instance, while clinics are a well-known source for contraceptives and other services, young people prefer to access pharmacies in practice because they are seen as more private, and don't involve interface with a health care professional: as a young person accessing contraceptives, at a pharmacy you are able to remain anonymous.

While this is a reflection of the specific barriers explored throughout the case study, it also suggests that young people's sexual health choices are often a reflection of common practice among peers as much or more than a rational analysis based on the information and services to which they have access. This has important implications for our understanding of access and its relationship to the law. It is not enough to make access

to services possible (legally or otherwise) in order to enable access – these services must feel comfortable and familiar to young people also. The experience of paralysis articulated by a group of university students in San Salvador reflects how knowledge of and availability of contraceptive options does not necessarily empower young people to access them; "Most of my friends (including me) do not use contraceptives because I do not know which ones to use".[48]

3.1.6 Conclusion on access to contraceptives and STI testing

While there are no direct legal barriers to accessing contraceptives and testing, interactions between legal guidelines on consent to medical treatment, the legal age of sexual consent, and broader norms in Salvadoran society, create both direct and indirect barriers to access in practice. The lack of 'facilitative laws' that establish young people's rights to access SRH services compound these barriers. Young people's lack of certainty about the law (or their rights) serves to discourage them from accessing services; while young people may perceive or report that services are legally accessible, any amount of doubt can inhibit access, especially in an already restrictive context. The need for facilitative laws was expressed by several service providers:

> Teenagers should be able to access services. The law does speak about it, but only generally. It needs to be more specific. It needs to be more specific in three ways: confidentiality; choice; and not bringing parents to consult – (unwanted) pregnancy would reduce.[49]

3.2 Access to confidentiality

'La pena' is also related to confidentiality; where young people don't feel their privacy will be protected, the shame and embarrassment of accessing services is compounded and can be prohibitive. Many participants explained that young people are not going to clinics at school for fear someone would find out – 'they gossip'. Confidentiality is important to young people, and the fear that it will not be protected serves as a significant barrier.

Protocols issued by the Ministry of Health for practitioners protect patient confidentiality regardless of age.[50] This policy, however, is being interpreted and applied inconsistently. For the most part both service providers and young people stated that confidentiality is not determined by the law but is 'up to each individual doctor' and is a matter of 'personal ethics'. One service provider asserted that, "I give under age people their confidentiality rights. Even though they don't have them legally, I give it to them".[51] Indeed, service providers seemed to feel they could determine how to handle young people's information based on their own discretion, as demonstrated by the following excerpt from an interview with a doctor at a secondary school:

> **What is your policy on confidentiality?**
>
> Confidentiality depends on me because I am the doctor… The policy is that if a student comes with trust for the nurse the nurse will tell the doctor about the situation and vice versa. I do this because between the two of us we are looking for a way to solve the problem.
>
> **Are these rules you have developed here or rules that come from outside of the school?**
>
> We have decided to do it this way – we think if everyone knows the students won't come.[52]

While service providers did not identify confidentiality as a legal requirement, some recognized it as critical to young people's access. "The parents do come and ask us! I had one case where one of the parents approached me to ask how their child's HIV test came out. He wanted the test results and we explained to him that this is personal and private and that we don't share this information. We do not have a law, but it's a personal ethic: it's about empathy and confidentiality. If you do it you will lose the trust that you have with the patient. Though if they are at risk that's another thing. In extreme cases – if the life is at risk – we will have to take action."[53]

Confidentiality was particularly important to young people in rural areas and small close-knit communities where 'everybody knows everybody's business' – in the urban areas young people seemed doubtful that doctors would have time for or care about informing parents. However they did not describe confidentiality as one of their 'rights' or as something determined by the law, and still felt it to be a matter of the doctor's discretion.

> **What about confidentiality? If you go to the clinic to get information or to take a test would you worry they would tell your parents?**
>
> I would be embarrassed, but I wouldn't be scared the doctor would tell my parents. It would be a waste of the doctor's time to find all young people's parents. Sometimes we just go to private doctors and they give us information. No, I don't think the doctors would tell. If you have enough trust with your parents, you might tell them, but this is rare.
>
> **Can you think of any exceptional cases where the doctor would tell?**
>
> If the doctor knew the family the doctor would tell the parents, but most don't.

What about in the case of a pregnant girl?

In the case a girl is pregnant I think the doctor should respect the girl.

Do you know if there are any laws about this?

No – it depends on the doctor's point of view.

Do you think patients' information should always be kept private?

The doctors should respect the confidentiality of the patient.

What if the person is very young?

In that case the parents should be involved. It changes things that the person is very young. I think privacy should be kept when you turn 16…

What about my example of the 15 year old who wants to start having sex?

Yes, in that case I think it should be kept confidential.[54]

Again, while young people expressed ethical views about when a patient's information should be kept confidential, they tended not to see this as a right protected by law, but an issue of the doctor's individual discretion.

So how do you know at what age a young person's confidentiality will be protected?

It depends on every doctor. By law doctors don't care if a girl is pregnant or not – their job is just to diagnose and give medicine.

When it's a life or death situation they should tell, for example, if there are complications with the pregnancy. But they don't have time anyway.

Maybe the only situation when they should tell is if there is a problem with the baby, or if they have an STD that is very bad, or if they have a terminal disease or something.[55]

Confidentiality was a particular problem in schools; most young people held the perception that service providers in schools share information with teachers, and that if a teacher knew you were sexually active he or she would lecture you or try to intervene.

Why is confidentiality so important?

When you have these types of problems it is very personal so it is important to keep them private.

We would never speak to the doctor here (at school) – she is very strict and serious and does not look friendly (agreement). We do not trust that she will protect our privacy. We do not talk to her about these topics… It's safer if you just buy from the pharmacy.[56]

Both service providers and young people themselves identified insecurity about privacy and confidentiality as a significant barrier to young people's access. They stressed that protecting confidentiality is essential for promoting the accessibility of SRH services. And as the last excerpt demonstrates, where young people do not feel confidentiality is protected this limits their likelihood of accessing advice and information – "it's safer if you just buy from a pharmacy." The fact that service providers and young people alike perceive confidentiality as being a matter of discretion suggests that it is important that confidentiality is explicitly provided for in primary legislation, that policies on confidentiality are applied, that service providers receive training, and that young people are educated about their rights.

3.3 Access to information and education

Sexual and reproductive health education in El Salvador appears to be highly variable. When asked where they can learn about sex, sexual and reproductive health, and services, young people participating in the research listed their friends, the internet and "people who come to give talks". Very rarely did they list their families. While many young people participating in the research described receiving some information in schools, they described it as limited and highly inadequate.

What is the information like in schools?

It is not good – the teacher I had was obscene and instead of explaining actual things we used terms that were not correct like, "the lady opens the legs." He wasn't scientific. He didn't teach us anything – the only thing they told us was not to have a boyfriend so we would not get pregnant – "girls only open their legs and that's it" he said. He did not teach us anything.

Is this experience common among young people?

Yes.[57]

Do you receive any sex education in school?

We have a class called "life orientation." But there are things they do not teach. They put different words to it, or cover some things up…[58]

The lack of education is rooted in stigma surrounding discussions about sex or sexuality in El Salvador. Historically, this stigma has translated into a resistance to establishing comprehensive sex education in schools at the policy level, a failure to establish sex education among teachers themselves, and a objections by parents to their children receiving sex education.

> One of the problems is in schools (i.e. education) – the problem is that we are too afraid, we do not ask, there is a lack of information, we get a disease. We do not know how to prevent it. People are shy – they do not have the trust to ask anybody about that… They teach the kids not to say penis or vagina; there are adults that are also shocked by calling them by their names. When girls start to menstruate they just cover their daughter up because it's something that's not supposed to be talked about. In rural areas if the mothers cannot talk to them and will not take them to the doctors they don't know they have the right of talking to doctors – this limits their access to SRH services. There are teachers that are willing to discuss these things but the parents say – this is not the way. They will say – "is that why I send my child to school nowadays?" And the teacher does not want to get in trouble. They do not want to get in legal trouble – to be in a court case or on TV. People say we need to teach kids – I think the major barriers are adults putting up barriers.[59]

It seems that the resistance to including SRH education in schools, and discussion surrounding sex more broadly, stems from conservative social norms about sexual activity and particularly young people's sexual activity. As explained in the section on narratives in the home, this resistance to education is also based on the logic that if young people have information they will become 'curious' and become sexually active. Service providers explained that pressure from parents prevented them from delivering sex education in schools.

> Many young people have STDs. It's really frequent to have girls pregnant.
>
> **What do you think are the reasons for this problem?**
>
> The main reason is lack of information. We want to create programmes to go to schools but we cannot go because the parents don't want us to.[60]

3.3.1 Law and policy on SRH education

Currently, the Ministry of Health in El Salvador is in the process of developing a curriculum on sexual and reproductive health, however the implementation of the curriculum remains slow. This is in part due to resistance from service providers, and (according to several respondents) from parents themselves. Furthermore, the content of the SRH curriculum has been limited due to resistance at the policy level. While several service providers noted that an increasingly permissive legal/policy environment has made it possible to increase SRH education in schools in recent years, in some cases lack of education occurs in spite of the law rather than because of it.

Ministry of Health (MoH) representatives explained the shift in policy:

> Now they are integrating SRH into general health. I am in charge of the design of the curriculum for young people… The biggest part of the job is training teenagers to be volunteers to have leadership in high school and also to work with parents…
>
> **What will the curriculum be for?**
>
> We are not working with the schools – it's a difficult programme. We work with kids who are outside of school.
>
> **Tell me more about the political resistance you mentioned?**
>
> The conservative groups have much influence on public opinion, mostly in the area of SRH. In general there are a lot of critics. Since we are working with teenagers there are more critics. The big problem is access to contraceptives methods – there is some problem with the way the law is written. There are some articles that are blocked because only parents can speak so much about it – the parents have to be the ones to speak about this with their teenagers. Even though the Ministry of Health addresses contraceptives and teenagers UNFPA/OPS have developed a decision-making tool that speaks about the use of contraceptives. The Government (MoH) has developed a rights based strategy – an Intersectoral Policy of Sexual and Reproductive Health.
>
> **And how will this policy change the status quo?**
>
> With this policy we have a legal backing to give talks about SRH. As the MoH we have to be responsible for changing the attitude of young people. The current government has a policy of health that includes sexual health.[61]

The increasingly permissive (or facilitative) policy environment was recognized by educators also:

> In the past we had to have talks outside of the school – this was the first year we were able to get permission to have talks inside the school.
>
> **Whose permission did you need?**
>
> It came from the MoH. Their principles standardize taboos. They think if they talk about STDs and contraceptives then young people will practice it (sex) – they prefer that the student does not know anything. That was the barrier we had that prevented us from starting all those programmes. They say when we talk to kids there are some limits – we are not allowed to use dildos so we cannot show how to actually apply a contraceptive.

Is this a law? Is it a regulation?

I do not know if there is a law, but those are the requirements the MoH gives and the principle of the school has to sign to give permission to our programme in light of their requirements.

Do you agree with the philosophy the Ministry of Health has about not exposing young people to information about sex and sexual health in order to 'protect' them?

I do not agree with the requirements because I believe you need to speak to young people with honesty and not close their eyes and pretend it does not exist. Young people need to know the risks and options for protection so they do not just learn from practice – I think things are changing. It's too bad we can only work with a few students. I think we should offer this to all students [in reference to a specialised curriculum delivered by ADS, IPPF's member association in El Salvador)].

So, just to confirm, is there no sexual education in the curriculum here?

They do have a subject called "life orientation." They touch on it really briefly and in a general way – for instance they only mention things once (contraceptives might come up in one class) and they cover it very broadly.

Do regulations apply the same way in private and public schools?

It's the same because the Ministry of Education and Ministry of Health have created the programme for the orientation for life. We need to respect the programme, but we can decide how to teach the subjects. This programme is the same across public and private schools.

These passages demonstrate both the impact of government policy on the content and provision of SRH, and the limits of its impact; "*there are some articles that are blocked… The parents have to be the ones to speak to young people.*" Laws that make comprehensive sexual and reproductive health education mandatory, and policies designed to promote the implementation of a thorough and helpful curriculum can empower educators and increase young people's access to both education and SRH services more broadly. However in El Salvador, where law and policy have come to facilitate the provision of sexual and reproductive health education, resistance from parents and service providers themselves has meant that more facilitative policies on education aren't implemented correctly in practice. Thus the impact of law can only be understood through its interaction with social norms, which it both reflects and has helped to create over time; *"their principles standardize taboos"*.

3.3.2 Education as a normative force

Generally young people and service providers alike identified information as one of (if not *the*) most important factor in determining young people's sexual and reproductive health. Education is seen as important not only in enabling healthy decision-making, but in promoting young people's sexual and reproductive health rights; "The only laws missing are on education. They should begin to teach teenagers about their sexual rights in schools. Most don't know about their rights to information and services".[62]

What do you think are the most important things about sexual health for young people?

Knowledge and education. That people who give information have to be trained, because sometimes people give the wrong information.

Where do you get your knowledge about sex/ sexual health?

We just ask – we learn from teachers, from the television and books. But mostly we get our information on the internet. If I had a question I would go to the internet, or to someone I could trust. Or I could find an expert in a clinic.

Does the law in El Salvador cause any problems for young people?

No, the law is not a problem. There is a law that states that young people have a right to information on sexual health – every kind of information.[63]

Education is presumed to be important because it empowers young people to understand their bodies and sexuality, to be aware of their options and to make informed choices about sexual and reproductive health. Many service providers and young people also identified education as a means of protecting young people from risks associated with sex, and preventing early sexual activity. In the words of a nurse at a public clinic in a rural community:

> Our biggest thing is to know and inform them that they do not need to start so early. They need to start a little bit later. I explain the risks of having early sex: pregnancy, HIV… We give them pictures of diseases, caesarean procedures. When we show these to them, all of the kids are scared. With under age people I think most pregnancies result in caesareans.[64]

Her comments reveal a paradox; while access to information can empower young people's autonomy by enabling choice, it may also serve a restrictive role when it contains messages about appropriate behaviour. The quote above implies that once young people are informed they will make the correct decision: not to

"start so early". Particularly given the power of social norms about the appropriateness of sexual behaviour in El Salvador, messages designed to protect young people from the risks associated with sex are often value laden. Not only does treating such risks as an inevitable consequence of 'bad' behaviour undermine autonomy and choice for the sake of what is perceived to be protection, it makes assumptions about what protection entails.

3.4 Access and privilege: private v. public clinics

Access to services is also an issue of privilege in El Salvador. In rural parts of the country where travel is more difficult and clinics more sparse it can be time consuming, costly and daunting for young people to access services. Clinics in rural areas also provide more limited services; they tend to be poorly stocked and poorly staffed. In one rural community when asked if people in the community ever went to visit the doctor, respondents replied that "No – people do not go to clinics because they do not have the money and the clinic is far away and if they do go to the clinic they do not have the medicine they need anyway, so they think it is not worth wasting their money to go".[65]

Many respondents drew distinctions between the barriers young people experience when accessing services in public clinics, where services are free, and those they experience in private clinics, which require fees. Service providers at private clinics often emphasized that at public clinics young people will be denied access to services, receive lecturing and verbal abuse, or their information will not be kept confidential, while services at private clinics were more accessible, "our clinics do not require parental consent," or "we are not like other clinics".[66] Young people also emphasized that public clinics in El Salvador are more likely to alienate young people, and provide sub-standard services; "when we do go to clinics and want to ask a question a lot of people are waiting and doctors do not give us much time. They do not speak to us well and rush to the next patient".[67] The private clinics were also reportedly more likely to protect patients' confidentiality: "at most clinics, if a girl went there she would be asked where her parents are. Here we respect confidentiality rights."

When asked why the standards are different between public and private clinics, respondents explained the difference in terms of resources – public clinics are overcrowded and understaffed, and thus deliver poor services.

> Also there is the problem of quality. We need to start to prioritize quality over quantity. Everything is done at a very fast work speed and people are mistreated. People in the health clinic are very judgmental and not very social. They give minimal services in pre/anti natal care to young people. They deny them access to contraceptives.[68]

> "Money is a big barrier to accessing services … the biggest barrier apart from fear."
> Nurse, San Salvador

While participants, including MoH representatives, explained that laws apply in the same way to private and public clinics, it seems plausible that more restrictive approach taken by public clinics may be related to the fact that they are run by the government, and less independent from government positions (and their conservative religious influences). Similarly, private clinics are likely to be accessed by young people from more privileged backgrounds, who are less likely to identify with 'traditional' and 'religious' identities that are associated with restrictive narratives regarding young people's sexuality.

3.5 Young pregnancy and access to care

Unplanned pregnancy is seen to be one of the worst things that can happen to a girl in El Salvador. It is associated with significant amounts of shame and reduced opportunity, so much so that suicide has become a serious problem among teen mothers in the country. According to the Ministry of Health, this is the most common cause of death among teen mothers. When asked to describe the options or experiences of young girls who become pregnant, young people's responses painted a grim picture; "Oh that is serious (shaking their heads). If you are under age you would drop out of school, you would try to abort, you might try suicide, your parents would kick you out of the house and sometimes they would force you to marry".[69]

However the stigma associated with teen pregnancy has not translated to any formal (or legal) restrictions on accessing prenatal care for young people. In fact, according to respondents, young pregnant mothers would be treated just as well as older married women when accessing services. This is a stark contrast with young people's experience accessing other SRH services. Perhaps this shift in approach is due to the fact that, as participants explained, once a girl is a mother, she is seen to be an adult. The most significant barrier to access at this stage is the shame associated with being pregnant; some respondents speculated that parents might try to "keep their daughter out of sight" so that they would not have to face the shame of her pregnancy. Additionally, in more remote and deprived parts of the country, services are limited and difficult to access due to lack of resources, and logistical barriers.[70] While young people will not be refused access to pre or antenatal services, the way they might be when attempting to access other

SRH services, shame still acts as a barrier. The situation faced by young pregnant girls was aptly summarized by one service provider:

> **What are the options for a girl who has an unwanted pregnancy?**
>
> To deliver the baby… there are no other options. It's really shocking that the most common cause of death of pregnant moms is suicide.
>
> **Do they have difficulty accessing prenatal/antenatal care?**
>
> No, that is okay to access. But the fear about rumours spreading makes them access clinics later – it delays the process. It doesn't matter if she is a teenager because she became a mother they will see her as an adult. Once a girl gets pregnant she is treated as an adult. She is even called "Ms."
>
> **I've heard mention of a policy of arranging for mothers to start on contraceptive methods after delivery. Is this the case?**
>
> It should be this way – the guidelines do tell the clinics to do this to prevent a second pregnancy.[71]

Interestingly, several other respondents also made reference to a government policy, according to which young women who become pregnant are required to choose a method of birth control to begin after they deliver. As seen above, this was confirmed by representatives of the Ministry of Health, who explained that "guidelines tell the clinics to do this to prevent a second pregnancy."[72] The policy seems to contradict general practice by public (government run) clinics, which contributes to barriers for young people. Perhaps the policy can be understood in terms of norms associating sex with parenthood and adulthood in El Salvador; once a child or young person is a mother, they are considered to be an adult regardless of age, and have crossed into a realm where their sexual activity can be acknowledged and accepted. It is illogical given the prevalence of teen pregnancy in El Salvador, however, that service providers would dissuade access to contraception prior to pregnancy. As put by one service provider, "the biggest problem in El Salvador for teenagers is that all of the attention is going to pregnant moms and newborns."

As noted by the MoH, however, encouraging policy measures have been put in place to address stigma and discrimination surrounding teen pregnancy. These include policies that protect the right of girls to remain in school after becoming pregnant, and impose obligations on schools to make adjustments to accommodate pregnant girls.[73]

> If you can you should study – our classmates have done this. Some schools have rules about this. They make exceptions like you don't have to wear a uniform and you don't have to go to PE.[74]

This is a positive development, however given the stigma surrounding early pregnancy, girls face significant barriers staying in school; "According to the law she has to stay – but the peer pressure on the parents which says a pregnant girl sets a bad example of the consequences causes them to drop out. In practice they often drop out of school. Once she has the baby 75% drop out of school. Only 25% come back".[75]

The difficulties of pregnant mothers are also compounded by a lack of social support. This makes them dependent on the father of their child – respondents explained that young mothers are often rejected by their families and society. This rejection is likely to be even more harsh if they are raising the child alone, given the added stigma of being a single mother as well as young;

> The hardest thing would be if the father would leave you. Before society's eyes if you are with the father you would not get as much discrimination as you do if you are single. But this is very common, so sometimes they are praised for taking care of the kids by themselves. I don't understand why they are critical if she is 16 v. 25…[76]

3.6 Access to abortion

3.6.1 Direct legal barriers

Causing abortion, consenting to another person causing your own abortion and inducing or assisting abortion are criminal offences under Chapter II of El Salvador's Penal Code; "Crimes Related to the Life of a Human in Formation".[77] The law is one of the few in the world that makes no exceptions to the prohibition on abortion, including for rape, a non-viable fetus or danger to the life of the mother. Several high profile court cases have confirmed its interpretation as such. Most recently, in 2013 the Constitutional Chamber of El Salvador's Supreme Court of Justice ruled against the appeal of a young woman – known to the country as Beatriz – to access a 'therapeutic abortion',[78] which may have been necessary to save her life.[79]

All participants in the research were very aware of the law on abortion. When asked what options a girl or young woman has if she learns she is pregnant, many respondents quickly introduced the subject of abortion themselves with powerful statements; "abortion is not an option", "she could get an abortion, but not a legal one", or, in several focus groups, a chorus of "no no no." The fact that participants so quickly raised the issue of abortion, and the absolute prohibition of abortion, reflects the controversy and taboo surrounding the issue. In particular, participants were quick to mention the 'Beatriz' case and various debates surrounding the issue.

3.6.2 Access to abortion in practice

Women and girls are accessing illegal abortions in El Salvador. Most respondents, both young people and service providers, were familiar with cases of girls and women who had received illegal abortion procedures or performed them on themselves. They also all emphasized the dangers associated with these underground abortions, including the risk of prosecution – "if you get caught you get 3–5 years" – and risks of infertility, physical harm or even death given the unsafe nature of procedures.

> There is abortion, but it depends on the girl what she will do. It's not legal, but you can get it illegally. It's very risky – the doctor could go to jail, the woman could go to jail, she might not be able to have kids in the future. We all know people who have had them… The case was a girl who went up a long staircase and threw herself down the stairs. She lost the baby and she was told she would have risky pregnancies in the future.[80]
>
> My case is the same: she provoked the abortion with natural herbs that are abortive and she lost the baby. This happened four years ago and three years ago they took her uterus out because of complications. She is a member of my family.[81]

The dangers associated with unregulated abortion are particularly serious for less privileged women and girls who cannot afford to access safer but costlier illegal abortion services. This is also relevant for women and girls from privileged backgrounds that are financially dependent on parents or family but cannot gain their support to access an abortion. They are an example of how restrictive laws not only fail to 'protect' young people, but may undermine their protection in practice. Anti-abortion activists also draw upon the risks associated with abortion to portray the practice as a dangerous procedure. Many participants described abortion as inevitably high risk. Misperceptions about the dangerous nature of abortion in all circumstances serve to justify legal restrictions, and ultimately entrench direct barriers to accessing safe abortion services in El Salvador.

3.6.3 Perceptions of law: justifications and views

While all participants were aware of the law on abortion, opinions about the law varied among both young people and service providers. Young participants tended to be either visibly uncomfortable expressing their views on abortion, defended the law, or defended their views on abortion in terms of the law:

> Are there any exceptions?
>
> It is always illegal. We all agree with the law.[82]
>
> If a girl gets pregnant very young, what are her options?
>
> For her it's to move on. To keep the baby. It will be better for her if she has her parents' support.
>
> I would never think of abortion.[83]

Along with citing the law itself, participants who agree with restrictive laws on abortion tended to justify their position through appealing to religious principles, or by describing the importance of protecting the life of the fetus. Their views reflect social constructions of women and girls as primarily mothers, and restricting female sexuality to a means to motherhood. This may also explain why, when describing the risks associated with abortion, respondents focused on infertility. By contrast, those who disagreed with the absolute nature of the ban on abortion tended to explain their positions through one of two justifications: the question of whether the pregnancy was 'deserved' given the girl's decision making (for example a rape would not be deserved), or through balancing the risk to the life of the mother and the risk to the life of the unborn fetus. The interactions of these two logics can be seen in the following excerpts from focus groups discussions with young people:

> Do some people think of abortion?
>
> Yes, a lot do!
>
> Why would you never consider it?
>
> **Girl 1:** Because of my beliefs. It's a sin against god.
>
> **Girl 2:** Because everybody has the right to live.
>
> **Girl 3:** I would never think of abortion because I would not want to put my baby in so much pain. It's very difficult to get because it's illegal. And it's very difficult to get approved.
>
> **Girl 4:** There are exceptions. If the woman is going to die… I think in the Beatriz case she should've had an abortion because the baby would not live.
>
> What are your opinions on the law?
>
> **Girl 1:** If I would get pregnant I wouldn't get an abortion because the baby is a gift of god. And the baby is innocent!
>
> **Girl 2:** People should think before they act, and deal with the consequences. Abortion is only a way out.
>
> **Girl 3:** I don't even like the idea that abortion came through my mother's mind when she found out she was pregnant. So I would never do this to my child. It can also damage you internally so you cannot have kids – it's a bad thing for you.[84]

What is your opinion on the law?

Girl 1: I change my mind about rape. It should be her decision because she might not even love the baby. But not if she is having sexual intercourse with a lot of boys – then it was her choice and her fault.

Girl 2: There are exceptions. – If the woman is going to die… I think in the Beatriz case she should've had an abortion because the baby would not live.

Girl 3: When the woman has been abused I think abortion should be legal.

Girl 4: No – the baby should be born and be given up for adoption.

Girl 1: I'm aware that it would be killing a life, but I know of the trauma that it causes the mother and she cannot ever love the baby. It does matter how far along the pregnancy is.

Girl 3: The law will never change, because abortion should never be legal. – The morning after pill is ok because of the time. They only give it after three days and one month is very different from three days.[85]

As can be seen in the excerpts above, justifications put forth by participants for exceptions to the law on abortion were not grounded in an unmitigated acknowledgement of a woman's right to chose to terminate or continue her pregnancy. Rather, they were based on a calculus that considered either the circumstances that led to the pregnancy ("did she deserve it?"), or balanced the risk to the life of the mother with the value of the life of the unborn fetus. Even young people who disagreed with restrictive laws on abortion drew upon these justifications: "There are situations when it should be allowed. There is therapeutic abortion where the baby risks the mother's life; euthanasia, where the baby has a disease or no brain; and classic, where the mother doesn't want the baby. I agree with therapeutic abortion".[86] In fact, while most young people included in the research expressed agreement with some circumstances in which abortion could or should be legal, only one described this in terms of the rights of the mother: "It is my body so I should decide myself".[87]

A representative of the Ministry of Health acknowledged these attitudes; "In El Salvador we only see life of the unborn child and sometimes people forget about the mother. We have to remember her rights and have empathy. And this is related to providing contraceptive methods to teenagers. In my opinion abortion is a right that every woman has but the decision has to be based on the background about the rights and complications. The new law includes a preventative part especially due to the death of the mother due to problems in pregnancy. And to reducing stereotypes about contraceptive methods to teenagers."

3.6.4 Barriers to access and the role of law

The case of El Salvador demonstrates the function of laws restricting the rights of women to abortion services in asserting dominant female identities associated with child bearing; it is unacceptable for a woman to make the decision not to carry a child. The proceeding section will explore how this law operates as part of a larger story of gender discrimination and violence in the country. Interestingly, some young people were more willing to question the law than others: one group of young women justified their normative statements about abortion through citing the decision of the court; "Abortion should always be illegal – there was a very famous case about this, but they decided it was illegal".[88] However many young people expressed strong views about when abortion is and is not justified, but answered "no" when asked whether they thought the issue should be dictated by law. Some young people justified this position through explaining that given the complexity of individual circumstances, abortion is an issue that must be determined on a case-by-case basis. Others emphasized that it is a matter of personal ethics. Finally, many young people noted the limitations of the law in restricting behaviour, pointing out that people are going to 'do what they are going to do.'

What is your view on the law on abortion?

Sometimes I agree with the law but sometimes when it becomes personnel I don't agree. I had a friend who became pregnant and for her I wish the law were different.

I'm aware abortion is killing a human being but in the case I am the father and don't have the resources to take care of a baby I can see how it would be the best thing to do.

It might be the right thing to do in cases where the baby is sick.[89]

Do you think this choice should be for each individual, or defined by the law?

We think both are important – the law and the personal decisions. Every person's opinion is important but the law is not concerned with this. In the Beatriz case by law they should've let her have the abortion because it was her life in danger and the baby was not going to live.

Yes, if the woman's life is in danger she should decide. The father of the baby should also get a say.[90]

Do you think young people think about the law as applying to them? Or impacting on their access?

People ignore the law – they just do what they are going to do.

Do you think this should be determined by the law, or by each individual?

I think the woman should decide – if I do not want to do something no one can force me (interestingly the same girl said that the baby is a god given gift).

I think the law is okay… People should be responsible for their actions.[91]

3.6.5 Access to abortion: conclusions

The criminalization of abortion in El Salvador serves as a direct barrier to young people's access to safe abortion. However it may also operate as an indirect barrier to other SRH services. The ban on abortion has solidified taboos and stigma associated with sexual activity generally, and particularly sexual activity outside of "parenthood." This is, of course, particularly relevant to young people. For instance, by contributing to the attitude that becoming pregnant is the worst thing that can happen to a girl, the abortion ban intensifies the barriers young girls face accessing other SRH services because to do so means you are sexually active and thus putting yourself 'at risk' for abortion.

This normative trend seems to contradict recent discourses that promote young people's rights to contraceptives in terms of preventing abortion. As put by one focus group, "If abortion is illegal they should improve information about contraceptive methods and having an active sexual life".[92] There is a certain logic to this connection; promoting access to contraceptives and other SRH services can help avoid unwanted pregnancy. It also may make sense as a bargaining tool for negotiating with conservative political actors. However constructing abortion as an alternative to birth control plays into the narrative about whether or not a girl or woman deserves her pregnancy. Nor is it a rights friendly approach to abortion.

4 Gender and discrimination

This section will explore how gender norms and identities impact on young people's access to SRH services and the role of the law in protecting against gender discrimination. Laws on gender and discrimination are indirectly related to access – they may fail to adequately protect women or LGBTI people from gender discrimination by service providers, and thus serve as a barrier. Alternatively, individuals' experiences of gender discrimination, or restrictive gender identities more broadly, impact on their ability to access sexual and reproductive health, in spite of formal legal equality. This section will explore both the direct and indirect impacts of gender norms and discrimination on access.

4.1 Gender and discrimination in society: 'the machismo'

Respondents frequently raised 'the machismo' in their responses to questions about access, particularly as an explanation for why certain barriers exist. Their descriptions of machismo revealed its significance as a cultural force:

> **What does 'macho' mean?**
>
> Macho means it is ok for boys to have sex and not ok for girls to have sex.[93]
>
> Some teachers are macho and will help the boys [to access SRH services].
>
> **What does it mean, that the teachers are 'macho'?**
>
> It's our culture, our society. There is not an education in El Salvador to respect women. Sometimes husbands rape their wives. Alcohol is a problem – when they are drunk they rape them.
>
> **Is it considered rape to force your wife to have sex with you?**
>
> It is a rape. It is also considered to be domestic violence. But they don't report it because they are afraid. They will be threatened. If a man was raped he would never tell because of the macho culture.
>
> **What does this mean, macho culture?**
>
> The man works, I have the right of everything and the woman just stays in the house. Man is better than woman and the woman is weak. It also depends on how many women the man has been with – the more women he has been with the more machismo he is – that's how we define it. When a man has had a lot of women he is seen as a hero and if a woman has been with a lot of men she is seen as someone who is dirty, who doesn't work anymore – broken, a slut.
>
> Machismos aren't in our homes because our parents teach us to respect women and we will teach our children this. If I see a father taking care of a mother, that's how kids will learn not to act in the macho culture. It would help to distribute chores in the house. Its also an issue in the workplace – some jobs only accept men – mechanics/heavy lifting/scientific jobs/technological jobs. They don't think women can do these things. We do not agree with this.
>
> I do agree, I was raised machismo!
>
> I was raised by a single mother. That is why I do not support this.
>
> I am the same and I see all the work my mother has put in. A man's work is on a schedule, 8–5, but a woman's work is 24/7. Women work more than men. And then at night men want to have sex with her – her work continues!
>
> **Don't women ever want to have sex?**
>
> It's rare – it's usually the men![94]

These interview excerpts reveal the strength of dominant masculine and feminine identities in El Salvador, and the structural inequalities they solidify and reproduce. Gender roles are pervasive and inflexible in El Salvador; women raise children and take care of the home, while men are the 'breadwinners', decision makers and leaders within a family structure. These restrictive male and female identities extend to sex and reproduction: men are dominant within sexual relationships and male sexuality and promiscuity is encouraged, while female sexuality is restricted and is seen as shameful and degrading.

The passages considered above also demonstrate why social narratives discussed in section two regarding sex and parenthood apply much more strongly to girls and young women than to boys and young men – it is more problematic for girls and young women to have sex because it conflicts with hegemonic female identities, whereas for boys and young men this is more acceptable because it conforms to hegemonic male identities. This emerged from focus group discussions with young people; boys and young men were much more comfortable speaking critically about restrictive social and legal norms regarding young people's sexuality (including the law on abortion) than girls and young women, who were more shy to speak about sex generally and more hesitant to criticize dominant mores. While this may seem paradoxical (if norms about sex are more restrictive for girls and women, girls and women ought to have more reason to resist them), it reflects the fact that the social consequences for questioning and challenging laws and norms are much more severe for girls and women than they are for boys and men.

The prevalence of 'machismo' social attitudes and the strength of binary gender identities in El Salvador are also related to the discrimination faced by LGBTI (young) persons in El Salvador.

> **How many genders do you think there are? How many sexes?**
>
> There are two sexes in society, but personally I don't think it's like this – I have friends who are homosexuals. It's different, but we respect them. As a society we don't respect them.
>
> I agree. I have some friends who are but it's very hard because society does not accept them. In society the criteria we have is women only do women's stuff like cooking, staying in the house, when the husband gets home the woman has to cook for him.
>
> **And how is this related to discrimination against LGBTI people?**
>
> It is part of the same culture, the same society that tells you woman should be with a man and a man with a woman, nothing different. It's the society and the education we give in schools. In school we do not give you information like you can choose your partner – if a teacher sees you behaving gay they start to discriminate a little bit – they give them nicknames. I had a friend who is homosexual and likes to play soccer. When they learned he was gay they said he could not play because it is only for men. The same bullying happens with kids. It's the same society … it's really hard. If someone sees you they start to point at you and say that you are different.[95]

Indeed, LGBTI (young) people are extremely marginalized within Salvadoran society. Respondents explained that "it is seen as a disease that you can catch" and "they [transsexual people] are seen as animals." This both contributes to and is reinforced by the lack of comprehensive SRE including information on different gender identities. As noted by the ADS health promoters, the discrimination is reinforced at the policy level; the government refused to include information on gender diversity in SRE curriculum. According to respondents, lack of education and opportunity for discussion makes the process of knowing yourself in terms of sex and relationships and understanding your gender identity a difficult one.

The discrimination faced by homosexual people is demonstrated by the different identity categories adopted by homosexual men in El Salvador. Homosexual men self-identify as either 'gay', as 'men who have sex with men', or as 'gay evidenté' (evidently gay).

> Men who have sex with men are not seen as 'gay' in society because they are afraid. Here in El Salvador we have a few members who are men that have sex with men because society sees it as wrong and we have to put up a shell. Society will not accept us… There are some people who are between gay and transsexual – people called 'gay evidenté' they are visibly gay.[96]

The fact that these identity categories are constructed in terms of one's openness about their sexual identity in public as opposed to the nature of that identity, indicates the impact and level of oppressive gender norms in El Salvador. As will be explored below, discrimination experienced by LGBTI (young) persons is also integrally related to the law and has serious implications for access.

4.2 Gender, discrimination and the law

The law in El Salvador does protect women and girls against discrimination and violence. Many respondents referred to the *Ley de Protección Integral de la Niñez y Adolescencia* (LEPINA)[97], which specifically protects women and children against violence, and addresses discrimination. However, as demonstrated by the previous section, equality is far from a reality for girls and women. Respondents described new laws as a reflection of changing gender norms, which they associated with a move away from tradition, rural lifestyle and religion, and toward what are perceived as 'modern' identities. These identities are also associated with youth, and 'the younger generation': "Machismo is a big part of the culture in Latin America, and it's not going anywhere! So at some point women start becoming machos as well – it's the only way of defending against it. Machismo is seen more in people around their 50s. For example, a woman came here who had been married for a couple of years. She had never had an orgasm, and her husband never asked her if it hurt to have sex. That is how older couples are, and how it is in the rural areas. Now there are a lot of laws in El Salvador that protect women – and they do not have to have sex! I think the younger generation has different ideas. It is starting to change…"

Alternatively, while there are no legal provisions that explicitly criminalize homosexual activity or discriminate against LGBTI young people in other ways, the law does not specifically protect LGBTI young people from discrimination. In focus groups held at two LGBTI support organizations in San Salvador, respondents emphasized the importance of a specific legal provision providing them legal recognition and protecting them explicitly against discrimination and violence.

> **Are there laws that impact on LGBTI people?**
>
> It's more cultural. The law has always been as 'men' and 'women' - they do not talk about transgender. Even though there are no laws in favour of discrimination, their are no laws protecting us, so we are lost. Gender reassignment is

not legal – we cannot access it. Conservative groups do not acknowledge us. First we need legal recognition and then surgeries should be made available. They are not available in this country – we have to travel outside to get them. I don't think they are explicitly addressed in the law.

Provisions that specifically protect LGBTI identified people against discrimination are also critical in claiming legal redress when they experience discrimination accessing services or otherwise. Legal recognition is particularly important for individuals who do not want to be identified as either a man or a woman under the law, or who wish to change their gender identity – they are crucial to making services accessible. Legal provisions may also play a symbolic role within a social context, which both fails to acknowledge, and actively discriminates against, LGBTI young people.

4.3 Implications for access

Gender roles and inequalities impact on access to SRH services. They contribute significantly to 'la pena', and the stigma felt by young people and especially girls when accessing services, by reinforcing restrictive social norms, and reflected by the discrimination and lecturing young people experience from service providers. As put by one ADS youth volunteer, "The people who aren't getting information are the women from age 10–18 and those who are doing sex work. They don't get the information due to social pressures".[98] Dominant gender norms also impact on girls' and young women's SRH when boys and young men respond to social pressure not to use contraceptives.

The impact of gender binaries on access is even more apparent in the case of LGBTI young people who reported being frequently refused access to services and discriminated against when accessing services. Furthermore, as noted by respondents, services required by LGBTI young people such as gender reassignment surgery or hormones, are not available in public clinics. According to respondents in one focus group; "It is harder for young people in gay communities because we have different sexual activities and are discriminated against. The discrimination is a problem… If a transsexual woman is accessing services they will not sell it to her or will refuse to apply the service. If a boy tries to buy a condom they will say "that is disgusting – how can you have sex with other men?" There is a lack of medical staff with knowledge. The private sector is too expensive and the public sector does not provide. It's not only health clinics – in public hospitals they just criticize and refuse services. What would be ideal is if they would give us the support and refer us to counselling".[99]

Discrimination also discourages LGBTI young people from seeking out SRH services in the first place.

Do LGBTI people have more difficulty accessing services?

The problem here is that the law has been made only for men and women, they don't include LGBTI etc, so they start pointing to what is normal so the LGBTI people think they will not receive the services correctly. Generally the problem is some people start to discriminate and they don't give services correctly to these types of people. For example, the thinking is – why will I go to the doctor because they are treating me the wrong way because I have another point of view.[100]

4.4 Conclusion: gender, access and the law

Restrictive, binary and hierarchical gender identities impact on young people's access to SRH services on several levels. In the case of LGBTI young persons, they create direct barriers to access. Where their identities are not legally acknowledged and relevant SRH services are not accessible, lack of law creates an indirect barrier to access. Meanwhile, lack of legal protection against discrimination means they cannot pursue redress when denied access by service providers, a common occurrence, according to respondents.

However, discriminatory gender identities impact much more broadly on access by generally disempowering women, girls and LGBTI young persons in accessing SRH services; indirect barriers associated with gender are at the root of the most significant barriers to access that emerged from the case study. As we explore in the next section, one of the manifestations of discriminatory gender identities is the prevalence of gender-based violence in El Salvador and impunity for perpetrators of violence and discrimination against women and girls.

5 Violence

Violence is an important reality impacting on many areas of life in El Salvador. The country's crime rates are among the highest in the world; in 2012 per capita murder rates were at 69 per 100,000 people.[103] High crime rates are largely driven by gang activity. The prevalence of gangs is highly relevant to understanding legal barriers to access as certain geographical areas are effectively governed by gangs; gangs are the law. According to ADS staff, the 'maras' complicate programming and are resistant to their presence in communities where they bear a significant influence; "Its really hard with these kind of people – they are really hard to speak to. We feel at risk when they come to the town – they act like they are the police".[104]

Domestic violence is also rampant in El Salvador. The Institute of Legal Medicine estimates that more than one woman a day has been murdered since 2006, when "437 femicides [homicides against women] were recorded"[105]. According to the Centre for Women's Studies (Centro des Estudios para la Mujer, CEMUJER) "there are two constants in homicides against women: 8 out of every 10 women murdered are killed by a spouse or former spouse and … the murders are committed by men".[106]

Participants frequently raised the problem of domestic violence and linked it to larger trends of gang violence in the country; through the normalization of violence, the relationships of violence to masculine identities, and the lack of capacity from law enforcement to respond to violence. When asked if sexual violence and gender-based violence are a problem many participants would respond with a knowing look or rueful laugh; "yes, very much". According to a group of university students, "because of the macho culture ('machismo') it's too common for guys to abuse women. Men rape women often. It's also the insecurity in the country – this causes sexual violence because when someone is abused, the police don't give it importance".[107] And disturbingly, when asked about the causes of teen pregnancy, participants often made reference to violence and even rape; "because it is a really violent community, or maybe the boy does not allow the girl to get birth control or get an abortion".[108]

Gender based violence and sexual violence are also significant problems outside of the home. LGBTI young people included in the research described the violence and abuse they experience;

> What will people say? They will scream at you in the street. They point at you in school and university. They are physically violent towards us.[109]
>
> The majority of rape victims are transsexual people. Also we are victims of the gangs – if a member of a gang has sex with a transsexual person, if you say something they will go and kill you and your family. We had a case a few years ago where a gay was raping a 14 year old boy – that case was a violation of the younger boy's rights – but the older guy said to the boy that if he accused him he would tell his parents he was gay, so there were two violations. It is hard to see these kinds of things.[110]

"We have a saying here … that we do not value life in El Salvador".[101]

"They (LGBTI people) are fighting to establish laws against violence. We do have laws that protect them but they are not always implemented. It is not illegal to be homosexual. But it is illegal socially".[102]

The extreme nature of violence respondents described occurring against homosexual and transsexual people also relates to the strength of dominant gender identities described in the previous section. LGBTI identities do not conform to dominant and binary gender categories and threaten these roles. They also threaten notions that sexual relationships are only appropriate within a traditional family structure for the purpose of reproduction.

Young people are also subjected to violence within institutions. When given a scenario about a sexual relationship between a teacher and a student, young people participating in the research responded that this is by no means an abnormal occurrence. And when asked about sexual violence, respondents acknowledged the role of discriminatory gender identities, and the prevalence of the social response, according to which women must tolerate abuse and are often blamed for it.

> **If it was coercive do you think the girl would feel comfortable reporting it?**
>
> I think she would not say anything because the teacher would threaten her. There are laws, but he would always threaten her even though he knows this. The teacher is more at fault, but if people found out it would be worse for the girl.
>
> **Does this kind of thing happen?**
>
> Yes, this year in particular. Three girls used to be abstinent but they don't care anymore – they did not use contraceptives or they did not use them correctly. One dropped out and the others kept studying – when everyone found out they started criticizing and stopped talking to the girls.[111]

What is particularly disturbing about the passage above is that even while the girls being interviewed acknowledge the double standard being applied to the male teacher and female student, their responses partially blamed the student also; "they don't care anymore" – "they did not use contraceptives". This demonstrates how the normalization of gender-based violence within society reflects and legitimizes male dominance and hegemonic gender identities.

5.1 Impunity for violence

While both young people and service providers participating in the research demonstrated an awareness of laws that protect women against violence, these laws are far from being implemented in practice. The impunity with which gender-based violence occurs is linked not only to social norms that are permissive of violence in El Salvador but also fear of violent reprisals from perpetrators by victims of violence, service providers and law enforcement officials. Again, this demonstrates how the levels of violence in society serve to solidify male dominance. It also has serious implications for access.

Is gender-based violence a problem in the community?

We have that problem but we do not have the numbers because women are afraid to inform the authorities. They are afraid the second time will be worse. When they go to the clinic and we find out they are being hit we have to inform the authority so we have a record. But it is anonymous to protect her from retaliation.[112]

This was also explained in terms of the difficulties associated with pursuing justice through the legal system for victims of violence.

Does the law protect young people from abuse?

No. It depends. Some girls tell legal authorities about abuse, but most don't say anything. When they do they tell the authorities it is a long process and takes a lot of emotional toil on the person so they prefer not to [report the abuse]. Or they are scared the person will reprise against them.[113]

The threat of violence also has an impact on the implementation of reporting requirements, and raises the issue of protection for service providers themselves. Many service providers fear retribution from the perpetrators of violence (particularly in communities with a strong gang presence). Service providers described this as a pervasive problem;"For example, if a girl comes in and she has been abused I am obliged to tell the police. But who is going to protect me? This is a mess in the public health clinics – there they do not really help girls, they only kind of help them. I can understand this – I do not want to leave my son without a mother. [Referring to threat of retribution from perpetrators of rape (often members of organised gangs).] There is a lot of confusion in the law, and confusion between preventing violence and protecting confidentiality rights".[114]

Impunity for violence also extended to incidents of abuse perpetrated by service providers themselves. As discussed in the previous section, the lack of specific legal protections for LGBTI people against violence and abuse contributes directly to impunity for violence committed by service providers. As put by one transsexual participant, "The problem is that we don't have a law for ourselves. The laws do not include us. Legal recognition is important. The problem is that we are not informed about these kind of laws and when someone important from the government comes we are not able to do something against them – he will just hit you and go".[115]

Is there ever violence by people who are part of the government? Is there ever violence by the police?

Yes, yes, yes *(laughing)*. A few years ago if a police saw a transsexual they will stop us and search us – they assume we have marijuana. This is only transsexual people. One of the reasons for discrimination against the 'gay evidentes' is because if a police sees them go to the bathroom they stop them because they think they are going to have sex in the bathroom. In the public parks in El Salvador … we have a place called San Louis Talpa … that place has a park where LGBT are not able to enter. This is an example of direct discrimination. We have both indirect and direct discrimination. If a victim of assault would go to the police the case would just be archived: if you go to the police they will say to you, "this happened because you are like this." The thing is if you suffer aggression they say it's our fault because they were not able to go and be aggressive themselves.

Does the justice system provide any protection?

No – not at all. In the government we have a table for our rights – they don't use it – it's just in there. We don't feel safe.[116]

5.2 Violence and access

The extent of and impunity for gender-based violence in El Salvador impacts directly on access. Where women have been victims of abuse they are afraid to access services because of the shame and blame they will receive for their experience, as well as the fear of reprisal from the perpetrator. This is reinforced by the social narratives on gender explored in the previous section; gender identities that make women responsible for maintaining social standards regarding sexual restraint and 'morality' and encourage male promiscuity lead to the prevalence of victim blaming as a

response to sexual violence. This is also the result of an inability of women and girls to confront male power, and the normalization of sexual violence.

Are abused women afraid to go to clinics?

Yes – they are afraid of being threatened or their families being threatened. People will find out they've been abused and start criticizing her even though she is the victim. They will say it's her fault because of the way she was dressed. People think if she already got raped she'll continue having sex with people. I know a girl who is 14 and got sexually abused – for her it was so normal she didn't even know she was being abused.[117]

The normalization of gender-based violence is a direct barrier for LGBTI people's access to SRH services, despite basic legal provisions against discrimination. Verbal and physical violence and abuse is so commonplace for homosexual and transsexual identified people in El Salvador when accessing services that most respondents would never consider accessing services from public or (mainstream) private facilities.

What about accessing health services; is that difficult?

We have a few clinics especially for us. This is working in a few places but not everywhere. The thing is in a public clinic they will tell you that's how you are and that's why you get infections. That's in the public clinics, though. We have a law since 2012 that says if we suffer discrimination they might not fire the employee but they will give them a disciplinary action.[118]

What are the biggest barriers to access that LGBTI people face?

The biggest law I think we need is a law against hate crimes because they lead to violence and even death. A couple of words can move to something worse – this is what we are fighting for. This also includes parents; when they find out you are gay or a lesbian they will kick you out of the home. That leads to prostitution, drugs, STDs and trafficking. The homophobic population is also a problem.[119]

Has the law helped to improve treatment of LGBTI people?

Yes – but there has not been as much progress as we want, it is rare. All this is about transsexuals – as a gay man I go to clinics and everyone treats you horribly.

How do they discriminate against you?

The make it take a long time, you will get the service but not as you want. If you have a problem or experienced violence they will tell you it is just how you are.[120]

The fact that transsexual and homosexual people in El Salvador are blamed for violence perpetrated against them indicates both the level of discrimination they face – "they are seen as animals" – and the strength of binary gender identities, which they are perceived to threaten. The fact that some respondents gave examples of incidents of violence experienced while accessing services indicates the limits of laws protecting against such abuse in the context of gendered social narratives and a culture of violence.

6 Conclusions and implications

6.1 Legal barriers in El Salvador

Both direct and indirect legal barriers impact upon young people's access to SRH services in El Salvador. **Direct barriers** include the absolute prohibition on abortion, and secondary legislation requiring parental consent for minors to receive medical treatment (in the rare cases where these are applied to SRH). **Indirect legal barriers** in El Salvador include the high legal age of sexual consent (18 years, the age of majority), secondary legislation requiring parental consent for minors to receive medical treatment (in cases where it is not applied to SRH services) and lack of legal protection against discrimination for LGBTI identified people. As demonstrated by analysis of the impact of abortion restrictions on access, however, direct barriers in El Salvador serve to create non-legal barriers as well, by contributing to the shame, stigma and silence surrounding access to SRH services.

Facilitative laws in El Salvador don't seem to be having their intended impact; laws are not implemented or are misapplied due to larger socio-cultural barriers. Examples of facilitative laws include newly introduced requirements on SRH education and policies that require schools to admit pregnant students and take measures to support them. Additional examples of facilitative policies referenced by service providers, such as MoH directives that protect confidentiality regardless of age or instruct service providers to provide young people with contraceptives in all circumstances, are rarely observed in practice; and awareness of these provisions by service providers and young people remains low. Furthermore, young people explained that while 'the law' in these areas did not prevent access, require parental consent to treatment, or oblige service providers to provide parents with information, they did not see the law as protecting their right to confidentiality or right to access services. Instead young people generally viewed confidentiality and access to services as areas where service providers hold significant amounts of discretion.

Young people participating in the research demonstrated clear knowledge of the law on the age of sexual consent. As explored in the analysis, however, in many cases they interpreted the purpose of the law as prohibiting young people's relationships and sexual activity rather than protecting them from abuse. Young people also demonstrated a strong awareness of restrictive abortion laws. In terms of access to services, where young people perceived the law as protecting their access (or coming out "in their favour"), a significant gap seems to exist between how young people understand and describe the law as applying to them, and how they and their peers experience the law in practice. Much confusion abounded surrounding young people's entitlements in terms of access to services and confidentiality. Furthermore, even where young people explained that they have a right to access SRH services, in practice they are rarely accessing these services and demonstrated significant discomfort at the idea of doing so.

"What would you change in the law?"

"I think it would be difficult to change the law because it would mean changing the mentality of people".[121]

"I would promote sexuality not being a taboo".[122]

This demonstrates how, in El Salvador, the impact of law is difficult to isolate from the impact of other barriers. In all areas of law considered in this study (age of consent, laws impacting on access, etc) its interpretation by young people and application by service providers has been shaped by contextual factors, many of which relate to restrictive social narratives regarding young people's sexuality. In particular, religious values condemning sex outside of marriage, combined with societal attitudes that stigmatize sexual activity outside of the family unit/reproduction, particularly for women and girls, create significant barriers for young people's access to SRH (i.e. 'la pena'). They also feed into a second dominant narrative according to which SRH for young people is equated to protection from the risks of pregnancy and STIs, and the consequences of young people's sexual activity (particularly pregnancy) are portrayed and perceived as extremely dire.

In such a context, the elimination of restrictive laws that create direct barriers to young people's access is critical. It is also important that young people's rights are clearly established by the law, or they are likely to be denied access in practice. It is likely, however, that the application and impact of these measures will continue to be determined by the influence of external (social) factors.

Indeed, young people seem to believe that law is not the most significant barrier restricting or preventing their access. They explained that the law is not the most important factor determining their ability to access services, or their behavior and decision-making, in practice:

> No, the law is not a problem. There is a law that states that young people have a right to information on sexual health – every kind of information.
>
> **Do you think young people think about the law as applying to them? Or impacting on their access?**
>
> People ignore the law – they just do what they are going to do.[123]

While restrictive social narratives – "sex within the family" and "protection from the risks" – seem to be the dominant factors impacting on young people's access to SRH services in El Salvador, the research revealed how specific legal provisions play an important role in shaping and strengthening these narratives. In particular, the minimum age of sexual consent and the prohibition on abortion reinforce the notion that sexual activity outside of marriage/adulthood/parenthood is wrong, and that there are significant risks associated with early sexual activity, especially for girls. This relationship becomes circular when the strength of social narratives make it difficult to change the law – *the law will never change; I think it would be difficult to change the law because it would mean changing the mentality of people*. Thus understanding the operation of the law and its interaction with social and cultural factors is essential for understanding young people's experiences of access to SRH services in El Salvador.

6.2 Implications for law and policy

The findings from this study reveal the power of restrictive laws such as a high age of sexual consent or restrictions on abortion in establishing both direct and indirect barriers to young people's access to SRH services. They also reveal how confusion and contradictions surrounding law and policy can impact on access; where young people experience any doubt about, for example, their right to confidential advice and services, they will be discouraged from attempting to access these services. Given confusion about the law, and incorrect implementation of law and policy in El Salvador, education about the law to ensure that it is both interpreted and applied correctly is crucial. As put by one participant, "we don't need to change the law, we need a law to implement the other laws!"[124] However the research does present implications for law and policy reform, which are briefly explored through the recommendations below.

6.2.1 The age of sexual consent

The research reveals that age of consent laws may create indirect barriers to young people's access to SRH services. Accordingly, the law should make a distinction between (1) factually consensual sexual activity taking place in the context of a child's sexual development; and (2) sexual activity that by its very nature is exploitative.[125]

A 'sliding scale' approach, which considers the *age difference* between parties, is more effective than a legal rule that criminalizes all sexual activity below a minimum age. The law should also consider whether one of the parties to the relationship is a position of power, trust, authority or dependency in relation to the other (e.g. the relationship between a teacher and student; and doctor and patient etc.) In such cases the age of sexual consent should be higher, than in cases where this is not the case.

Furthermore, young people and service providers should be made aware (in the context of SRE or professional training) that the age of sexual consent does not mean the age of consent to medical treatment, and does not in any way imply restrictions on young people's access to services.

6.2.2. Laws on access to services (contraceptives, testing, consultation)

Primary legislation should clearly establish young people's right to access SRH services, independent of parental or other consent; to avoid ambiguity and the risk that informal restrictions will be applied at the discretion of service providers.

While children and young people should never be denied access to services when they need them, clear child protection mechanisms should be put in place to ensure that instances of abuse are identified and addressed. The risk here is that child protection procedures will simultaneously fail in their attempt to address abuse, while creating barriers to accessing services for children who need them. This is an area of policy that needs further research and development.

6.2.3 Law and policy on confidentiality

Young people's right to specifically access SRH services (including consultations, contraceptives and testing) confidentially should be explicitly provided for in primary legislation to ensure that it is respected and taken seriously by service providers in all cases, including within schools. Where a child reveals abuse and provides consent, a service provider may share information as far as it is necessary in order to facilitate a formal child protection response. Young people should always be informed of what information will be shared, who will receive it and for what purpose. Additional measures should be put in place to protect children from further harm during that process.

Service providers and practitioners should be informed about how to implement existing primary and secondary legislation protecting confidentiality rights in El Salvador. It may be useful for them to receive industry specific guidelines or capacity building on the implications of legislation for their work.

6.2.4 Sexual and reproductive health education

Comprehensive and compulsory sexual and reproductive health education should be a mandatory part of school curricula, and should be introduced before the age of puberty. SRE should avoid propagating dominant stereotypes about sex and gender, and should in all cases seek to present information as objectively and accurately as possible. This curriculum should include information on diverse gender and sexual identities. It should also clearly explain the SRH services that are available for young people

and the content and implications of relevant provisions in law. SRE should not focus on promoting abstinence, as this is likely to contribute to stigma and other social barriers to young people accessing SRE.

6.2.5 Pregnancy and care

Support for pregnant women, and particularly vulnerable pregnant women, should be strengthened. For instance, all young women who are pregnant should have access to basic social benefits, and child-care support should be provided to women who are working or studying. Legal provisions prohibiting discrimination against pregnant women in school, in the workplace and in access to services, should be developed.

All policy interventions aimed at reducing rates of teenage pregnancy must be framed with respect for a young women's choice and autonomy (including her choice to become pregnant), need for services, and absolute right to live in freedom from discrimination. This is essential to avoid reinforcing harmful cultural narratives that expose young pregnant girls to stigmatization and discrimination, in ways that have a significant impact on SRH and access to services (as demonstrated by the research).

6.2.6 Abortion

Abortion should not be criminalized under any circumstance. Unrestricted access to abortion services should be protected under law. Abortion services should be made free, safe, accessible and confidential for all women and girls.

6.2.7 Gender and discrimination

Strong legal provisions protecting LGBTI identified persons from discrimination should be developed, and equality laws should be extended to apply specifically to LGBTI people. Access to specialized services such as gender reassignment surgery and hormone supplements should be made available.

6.2.8 Violence and abuse

The failure to recognize, in law, all forms of gender-based and sexual violence (GBV), as well as the failure to implement laws, can have a serious impact of SRH and access to services. Where survivors of violence are unable to seek support, GBV reinforces harmful gender roles and norms which support heteronormative, male dominance and control over sex and reproduction, excluding access to services for women, girls and other individuals at risk of gender-based discrimination (such as homosexual and trans-identified people).

In order to address these issues the following principles should be considered:

- The law should recognize all forms of GBV regardless of the context (e.g. in the home, school community or within other institutions) or relationship (e.g. whether married or not) within which it occurs;
- Sexual abuse should be defined in terms of absence of **consent**, rather in terms of 'force' or violence. All forms of sexual abuse should be recognized within law. The law should specifically criminalize rape within marriage;
- All acts of sexual violence, including both physical and non-physical acts of violence should be criminalized within law.

Endnotes

1 For example, UNFPA, UNAIDS and UNDP in Asia and the Pacific recently joined forces to produce a review of laws and policies affecting young people's access to sexual and reproductive health and HIV services in Asia and the Pacific, <http://unesdoc.unesco.org/images/0022/002247/224782e.pdf>, accessed February 2014.

2 Focus group discussion, seven parents (six mothers, one father), educational session on sexual and reproductive health, public school, San Salvador, 17 August 2013.

3 A range of competing social narratives that place pressure on young people will be discussed throughout the case study.

4 Focus group discussion, six young women, aged 17–19, private school, Quezaltepeque, La Libertad, 15 August, 2013.

5 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

6 Focus group discussion, seven parents (six mothers, one father), educational session on sexual and reproductive health, public school, San Salvador, 17 August 2013.

7 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

8 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

9 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

10 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

11 Focus group discussion, six young women, aged 17–19, private school, Quezaltepeque, La Libertad, 15 August, 2013.

12 Focus group discussion, six young women, aged 18, private school, Apopa, San Salvador, 14 August 2013.

13 Article 167, Penal Code, 1997.

14 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

15 Article 167, Penal Code, 1997.

16 Individual interview, young patient, aged 19, private clinic, San Salvador, 13 August 2013.

17 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

18 Focus group discussion, six young women, aged 17–19, private school, Quezaltepeque, La Libertad, 15 August, 2013.

19 Individual interview, nurse, public clinic (religious affiliation), Sacacoyo, La Libertad, 13 August 2013.

20 "El Salvador: Not even to save a woman's life" (screening and panel discussion), Central America Women's Network, London, United Kingdom, 2 October 2013.

21 Focus group discussion, six young men, aged 16–18, public school, San Salvador, 13 August 2013.

22 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

23 Individual interviews, Ministry of Health representatives (doctor and educator), San Salvador, 19 August 2013.

24 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

25 Focus group discussion, seven parents (six mothers, one father), educational session on sexual and reproductive health, public school, San Salvador, 17 August 2013.

26 Individual interview, Social Programme Manager, private SRH service provider, San Salvador, 22 August 2013.

27 Individual interview, Social Programme Manager, private SRH service provider, San Salvador, 22 August 2013.

28 Individual interview, Social Programme Manager, private SRH service provider, San Salvador, 22 August 2013.

29 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

30 Individual interview, health promotor, private clinic, San Salvador, 12 August 2013.

31 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August 2013.

32 Focus group discussion, six young men, aged 16–18, public school, San Salvador, 13 August 2013.

33 Focus group discussion, six young men, aged 16–18, public school, San Salvador, 13 August 2013.

34 Focus group discussion, 12 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

35 Focus group discussion, three youth volunteers providing SRH information, (Sonsonate, Chalatenango, La Libertad), San Salvador, 21 August 2013.

36 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

37 Many of these come from friends, the internet, or the other "most common" sources of young people's information on SRH.

38 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

39 Focus group discussion, seven young men, aged 16–22, Comosagua community, La Libertad, 21 August, 2013.

40 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

41 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

42 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

43 Focus group discussion, 12 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

44 Focus group discussion, three Ministry of Health promoters (public SRH service providers), Sacacoyo, La Libertad, 20 August 2013.

45 Focus group discussion, two young women, aged 13–14, public school (administered by catholic church), Sacacoyo, La Libertad, 13 August 2013.

46 Individual interview, nurse, public clinic (religious affiliation), Sacacoyo, La Libertad, 13 August 2013.

47 Focus group discussion, six young women, aged 18, private school, Apopa, San Salvador, 14 August 2013.

48 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

49 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

50 Individual interview, Social Programme Manager, private SRH service provider, San Salvador, 22 August 2013.

51 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

52 Individual interview, doctor, private school, Apopo, San Salvador, 22 August, 2013.

53 Individual interview, nurse, public clinic (religious affiliation), Sacacoyo, La Libertad, 13 August 2013.

54 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

55 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

56 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

57 Individual interview, young mother, aged 17, public clinic, Santa Tecla, La Libertad, 23 August 2013.

58 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

59 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

60 Individual interview, nurse, public clinic, Santa Tecla, La Libertad, 23 August 2013.

61 Individual interviews, Ministry of Health representatives (doctor and educator), San Salvador, 19 August 2013.

62 Individual interview, Social Programme Manager, private SRH service provider, San Salvador, 22 August 2013.

63 Focus group discussion, six young men, aged 16–18, public school, San Salvador, 13 August 2013.

64 Individual interview, nurse, public clinic (religious affiliation), Sacacoyo, La Libertad, 13 August 2013.

65 Focus group discussion, five young women, aged 17–20, Comosagua Community, La Libertad, 21 August 2013.

66 Individual interview, health promoter, aged 23, private clinic, San Salvador, 14 August 2013.

67 Focus group discussion, six young women, aged 18, private school, Apopa, San Salvador, 14 August 2013.

68 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

69 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

70 Focus group discussion, three youth volunteers providing SRH information, (Sonsonate, Chalatenango, La Libertad), San Salvador, 21 August 2013.

71 Individual interviews, Ministry of Health representatives (doctor and educator), San Salvador, 19 August 2013.

72 Individual interviews, Ministry of Health representatives (doctor and educator), San Salvador, 13 August 2013.

73 Individual interviews, Ministry of Health representatives (doctor and educator), San Salvador, 19 August 2013.

74 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

75 Individual interviews, Ministry of Health representatives (doctor and educator), San Salvador, 19 August 2013.

76 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

77 Article 133–134, Penal Code, 1997.

78 Amnesty International (2013) El Salvador: 'Shameful' court ruling places Beatriz's life in government's hands. Available at: <http://www.amnesty.org/en/news/beatriz-2013-05-30>.

79 A medical term for an abortion performed to save the pregnant woman's life, prevent harm to her health, or in a case where the fetus is at risk of premature morbidity, mortality or disability.

80 Focus group discussion, six young women, aged 18, private school, Apopa, San Salvador, 14 August 2013.

81 Focus group discussion, six young women, aged 18, private school, Apopa, San Salvador, 14 August 2013.

82 Focus group discussion, six young women, aged 18, private school, Apopa, San Salvador, 14 August 2013.

83 Focus group discussion, six young women, aged 17–19, private school, Quezaltepeque, La Libertad, 15 August, 2013.

84 Focus group discussion, six young women, aged 17–19, private school, Quezaltepeque, La Libertad, 15 August, 2013.

85 Focus group discussion, six young women, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

86 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

87 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

88 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

89 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

90 Focus group discussion, six young men, aged 18–19, private school, Apopa, San Salvador, 13 August 2013.

91 Focus group discussion, six young women, aged 17–19, private school, Quezaltepeque, La Libertad, 15 August, 2013.

92 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

93 Focus group discussion, six young men, aged 16–18, public school, San Salvador, 13 August 2013.

94 Focus group discussion, six young men, aged 16–17, private school, Quezaltepeque, La Libertad, 15 August, 2013.

95 Focus group discussion, young people (volunteers promoting SRH/providing information), ages 17–19, San Salvador, 21 August 2013.

96 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

97 Law on the Integral Protection of Women and Adolescents, 2010.

98 Individual interview, health promotor, private clinic, San Salvador, 12 August 2013.

99 Focus group discussion, 12 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

100 Focus group discussion, young people (volunteers promoting SRH/providing information), ages 17–19, San Salvador, 21 August 2013.

101 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

102 Individual interview, health promotor, private clinic, San Salvador, 12 August 2013.

103 United States Department of State, Bureau of Diplomatic Security. *El Salvador: 2012 Crime and Safety Report*. Available at: <https://www.osac.gov/pages/ContentReportDetails.aspx?cid=12336>, accessed 20 November 2013.

104 Individual interview, health promotor, private clinic, San Salvador, 12 August 2013.

105 Research Directorate, Immigration and Refugee Board for Canada. El *Salvador: Violence against women, legislation, and the protection offered to victims (2007 - June 2009)*. Available at: <http://www.refworld.org/docid/4a7040b92.html>, accessed 20 November 2013.

106 Centre for Women's Studies (2008) *El Salvador*.

107 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

108 Focus group discussion, two young women, aged 13–14, public school (administered by catholic church), Sacacoyo, La Libertad, 13 August 2013.

109 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

110 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

111 Focus group discussion, six young women, aged 18, private school, Apopa, San Salvador, 14 August 2013.

112 Individual interview, nurse, public clinic (religious affiliation), Sacacoyo, La Libertad, 13 August 2013.

113 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

114 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

115 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

116 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 August 2013.

117 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

118 Focus group discussion, 18 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

119 Focus group discussion, young people (volunteers promoting SRH/providing information), ages 17–19, San Salvador, 21 August 2013.

120 Focus group discussion, 12 young gay and transsexual persons including adults and young people, San Salvador, 16 October 2013.

121 Individual interview, nurse, private clinic, San Salvador, 12 August 2013.

122 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

123 Focus group discussion, six young men, aged 16–18, public school, San Salvador, 13 August 2013.

124 Focus group discussion, six young women, aged 20–25, public university, San Salvador, 16 August 2013.

125 ECPAT (2008) *Strengthening laws addressing child sexual exploitation*, p.50.

Over-protected and under-served

A multi-country study on legal barriers to young people's access to sexual and reproductive health services

Across the world, laws create barriers to young people accessing the sexual and reproductive health services that they need. Often, the rationale for such laws is cited as 'protection' but, in reality, they have the opposite effect.

While there is an extensive body of literature that explores social, cultural and economic barriers to young people's access to SRH services in a range of contexts around the world, much less is known about the role of law in influencing and shaping their access. This is despite the fact that every state around the world, without exception, has developed legislation that is in some manner designed to purposefully regulate and restrict access to SRH services.

This exploratory research project contributes to the evidence base on the barriers that prevent young people from accessing SRH services, and the hope is that it will inform advocacy and programmatic work aimed at fulfilling young people's sexual rights. The research took place in three countries: El Salvador, Senegal and the UK (England, Wales and Northern Ireland). Young people themselves were the main respondents, with their views, opinions and perceptions on the role of the law remaining central to the findings and recommendations.

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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