

## DEMOGRAPHIC SITUATION IN MEXICO AND THE NATIONAL POPULATION PROGRAMME

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**SUMMARY** Population policies in Mexico have as their main objective the improvement of the wellbeing of the Mexican people. In the National Programme of Population 1989-94, the coordination between institutions is understood to be the basic instrument to reach this goal.

Even though population growth in Mexico has been reduced in a significant way, there remain important challenges to be overcome in terms of diminishing fertility levels and reducing infant mortality rates. In terms of distribution, three strategies are emphasised: moderating rural migration into the cities; stimulating the policy of "staying home"; and strengthening medium size cities.

In terms of priorities, health and nutrition are understood as relevant because of their high social and human impact; they are the bridge between demographic policy-making and achievement of social well being.

In Mexico the infant mortality rate is 38 in 1000 for children under one year. This rate, associated with acute undernourishment, demonstrates the immense challenge faced by public institutions.

The uncontrolled growth of the cities produces an increase in social needs. Changes in life styles contribute to deficient nutrition, a phenomenon which is not helped by the existence of inequalities between social groups present in these metropolises.

Demographic policies in Mexico, geared towards the social wellbeing of the people must be carried out through coordinated institutional actions. This maybe the most important task to be achieved in the near future.

### DEMOGRAPHIC STATUS OF MEXICO

#### *Population growth and structure*

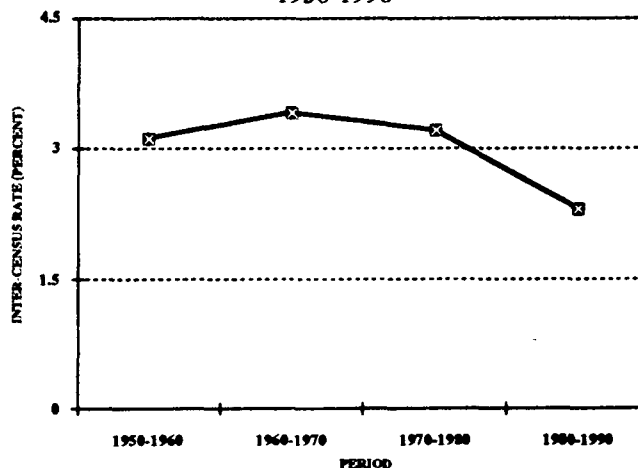
Mexican population growth rate has significantly decreased in the last 30 years. From 3.2% in the period of 1960-70 it dropped to 2.3% in 1980-90 (Figure 1); the figure for 1990 is

2.1%. Simultaneously, the population density has doubled in the last 30 years, the percentage of population living in urban settlements (>2500 inhabitants) increased from 50% in 1969 to 72% in 1990; however, urban population growth rate decreased from 5% to 2.9% in the same period.

Growth rate in the decade of 80-90 shows important interstate variations; 25 states reduced their growth rate with respect to the period of 1979-80, while the remaining seven showed increasing rates.

Although the population growth rate has decreased, the population structure -mainly young-, given the annual rate calculated to be 2.3% for the last decade, and particularly the level of 2.1% reached in 1990, makes us predict a doubling of

FIGURE 1  
MEXICO: POPULATION GROWTH  
1950-1990



Source: CONAPO. *Report of the demographic situation in Mexico 1990*. Mexico, 1990

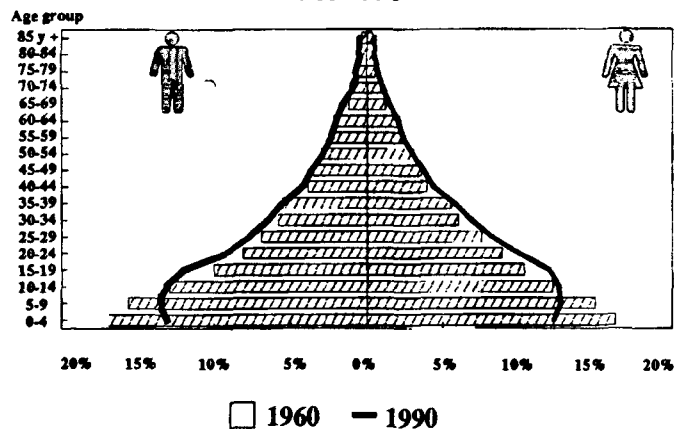
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the population in the next 33 years. Although the growth rate is decreasing, Mexico will have more than 100 million people persons by the year 2000.

The population age distribution shows a decrease in the age group of 0 to 14 years, which means a moderate and relative tendency to ageing. However, it should not be assumed that the transition has the pattern of the more developed countries. Although the relative composition of the age distribution shows a contraction in the younger groups, the population median age is 20 years, that is, about half of the Mexican population are 21 years old or less (Figure 2).

This young population structure requires pertinent actions in terms of family planning. These measures include not just the enrollment of new contraceptive users but also the delay in the age of marriage, and the development of more and better work opportunities for women. The high correlation found between education level and number of children suggests taking education as a demographic strategy.

FIGURE 2  
MEXICO: STRUCTURE BY AGE AND SEX  
1960-1990



Source: CONAPO. *Report of the demographic situation in Mexico 1990*. Mexico, 1990

FERTILITY

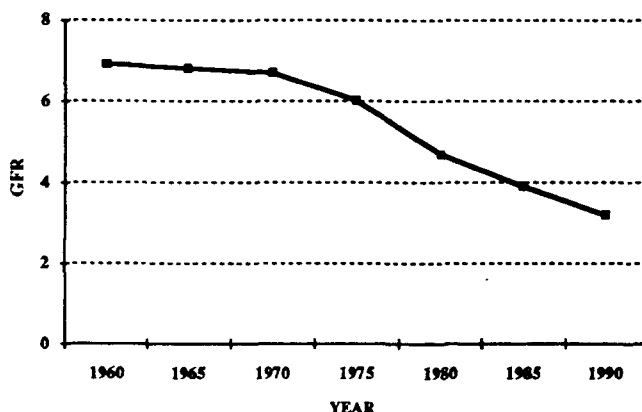
Industrialisation, migration to the cities, and the lifestyle changes of those arriving in the metropolis have modified the country profile since 1950.

The country's profile is reflected in the transformations that occurred to the demographic variables. The accelerated demographic growth rate of Mexico since the 50's affected the global fecundity rate dramatically. Estimations made by CONAPO from the demographic surveys indicate an accelerated decrease in that rate: from 6.9 children per woman in 1960 it fell

to 3.2 children per woman in 1990 (Figure 3). This reduction by more than half of the average number of children per woman during the reproductive phase assumes some changes in the generation's fecundity rate; and, in the near future, it is expected that those women born after 1960 will have had an average of less than three children at the end of their reproductive life.

We have mentioned that educational level plays a fundamental role in the reduction of the global fertility (GFR). Data from ENFES show that women without school education and those with incomplete primary school education have an average of 6.1 and 5.7 children, while women with secondary school or more have only 2.5 children. The question still remains of

FIGURE 3  
MEXICO: GLOBAL RATE OF FERTILITY  
1960-1990



Source: CONAPO. *Report of the demographic situation in Mexico 1990*. Mexico, 1990

whether this difference may be due to age differences of women included in the demographic surveys; we need to take into account those generational factors.

On the other hand, fertility in Mexico is conditioned by the socio-cultural diversity in the different geographic and administrative units; the GFR is definitely higher in small, rural outlying areas than in urban areas. This difference is almost two-fold in the small communities as compared to metropolitan areas. It is important to point out, in this regard, that some researchers have shown that during the crisis period the urban families decided to increase the number of children to adequately face the recession.

More evidence about the modifications in the fecundity pattern in our country is needed in order to implement the most appropriate policies to produce the cultural, social and economic, changes in line with global modernisation.

### MORTALITY

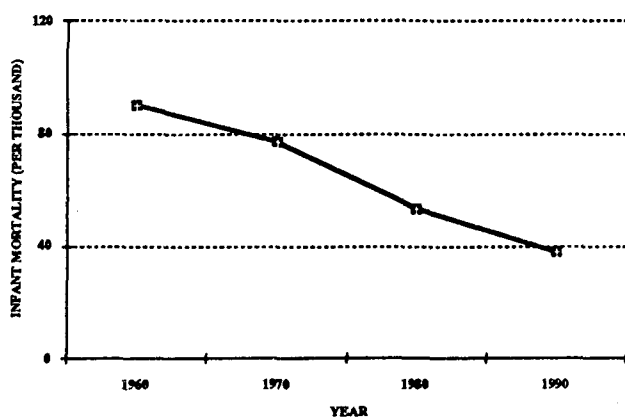
Life expectancy at birth has undergone important changes from 1960 to 1990. The effective gain of 12.1 years -from 57.5 to 69.6- indicates modifications in the economic and social structure of the country. The risk of dying is now less than that of the post-war period. Mexican regional differences depict a less optimistic picture. Life expectancy in some states such as Oaxaca, (61.2) as compared to Nuevo Leon, where life expectancy is 73.5, is evidence of the heterogeneity of the quality of life.

The decrease in the crude mortality rate per 1000 was 12.2 in 1960 and 5.4 in 1990. Again, some inter-state differences are found. For Oaxaca this rate in 1960 indicated 16.3 deaths per 1000 population, while for Nuevo Leon the rate was 8.4. By 1990 there was a reduction to 9 and 4 for Oaxaca and Nuevo Leon, respectively.

The last index depends on the mortality rate as well as on the age distribution of the population; hence, we need to consider other indices reflecting life conditions of the population under consideration, one of these indices being the infant mortality rate. This rate has significantly decreased from 90.3 deaths per 1000 live births for children under one year of age in 1960, to 38.1 in 1990 (Figure 4). It is important to mention that in developed countries this rate does not exceed 10 deaths (for children under one year of age per 1000 live births).

The infant mortality rate decrease is a result of the progress in health technology in the country -and all over the world- and of the socio-economic progress experienced during the 1960-90 period, which translates into better accessibility to school education, modern health services and more efficient sanitary services (clean water, sewage, etc.), among other aspects.

FIGURE 4  
MEXICO: INFANT MORTALITY  
1960-1990



Source: CONAPO. *Report of the demographic situation in Mexico 1990*. Mexico, 1990

### MIGRATION AND GEOGRAPHICAL POPULATION DISTRIBUTION

Historically, the population distribution in the country has been unequal. Since ancient times the majority of the population has been concentrated in the central region of the country. In modern times, the population concentration in certain zones has been conditioned by economic development. For some decades, the population density in the central zone has put pressure on the natural resources and has affected the possibility of the continuation of growth. On the other hand, the disproportionate growth in the metropolitan zone of Mexico City reinforced the imbalance and poses a great challenge.

In Mexico, together with a high concentration in the metropolitan areas there is a noticeable population dispersion: in 81% of the nation there are densities of 49 people and even lower densities per square kilometre, while in the Federal District there are densities of 5500 persons per square kilometre.

These imbalances in the geographical population distribution in the country are caused by internal migratory movements. The country-to-city flow made a major contribution to the main metropolitan areas at present: Guadalajara, Monterrey, Puebla and Leon. The characteristics of the migration phenomenon have changed. Now, the main flows are between cities, or between rural areas and new developing cities.

Although international migration movements have not had a significant influence on the population volume, structure and growth, they have represented an important demographic variable. The increasing emigration to the United States since the 40's and the undefined illegal emigration in the last two decades have turned out to be one of the most controversial issues.

It is necessary to consider the characteristics of the migrants; according to results of the ETIDEU (CONAPO, 1984), migrants are young men and women with a low educational level (but above the national average), coming from poor areas of Mexico. Therefore, volume estimation is important in order to implement adequate policies; however, it is of vital importance to know the factors determining population movements.

### PROGRESS OF THE NATIONAL POPULATION PROGRAMME

#### *Programme Objectives and Strategies*

The main purpose of the population policy in Mexico is to contribute to the achievement of better living conditions for all Mexicans. The orientation of the National Population Programme for 1989-1994 is set out in the National Development Plan for 1989-1994, particularly in the National Resolution for the Productive Improvement of the Standard of living.

The primary objectives of the Programme are: 1) to decrease the population growth rate by means of two strategies: to promote the decrease in fecundity, and to intensify the fight

against infant mortality; 2) to achieve a more balanced population distribution by means of three strategies: the promotion of "micro-regions" to make them more attractive to the population, the promotion of specific areas to regulate the migratory flows to the big urban centre, and the restructuring of the national system of cities for demographic balance.

#### *Operational priorities of the Programme.*

Action has been taken with four priorities in mind: 1) inter-institutional coordination and agreement, 2) decentralisation, 3) communication and education, and 4) evaluation.

These priorities involve a high level of responsibility from the institutions and sectors that are involved in the Council. They are in permanent communication and agreement with social initiatives. The programme has been able to decentralise efforts of the eight Ministries, two national institutions of social security and the Department of the Federal District which have included a series of action on population issues in their work programmes and budgets, and a number of inter-institutional agreements for the analysis and evaluation of the demographic phenomena in the country have been achieved.

The communication and education action deserves a special mention because it is of strategic value in the short and long term; the inclusion of sexual education topics in primary and secondary school books as well as in family planning orientation, the close relationship with private groups and non-governmental organizations to support family planning and sexuality programmes facilitate the flexibility in the strategies' implementation.

The inclusion of messages on family planning in the media, the press and in audio-visual systems has been a priority of the programme given that this is an efficacious method to show the audience how they can participate in the country's population policy.

One of the Programme's policies regards the decentralisation of population activities; one of the advances is the existence of 32 state councils, as well as the fact that, since 1991, those councils have their own population programmes which make this programme more specific. However, it is necessary to provide these councils with an appropriate structure. The activities need to bring together the particular state needs and global policies to yield supportive and collaborative products.

The first objective of the Programme -to promote the decrease of demographic growth-, implies giving the highest priority to activities in the field of family planning. That is the reason why the objectives of the National Programme on Family Planning are in close relationship with those of the National Population Programme. In this regard, it may be pointed out that the activities are directed toward the maternal health protection by means of education and communication.

Regarding the second objective -the promotion of an efficient

utilisation of the territorial resources-, it is important to say that the Council has a global strategy for population distribution. This strategy is at planning stage in the public institutions responsible, especially the Ministry of Urban Development and Ecology.

#### HEALTH AND NUTRITION IN MEXICO

##### *The effects of the crisis on the population health and nutrition.*

The economic crisis, which affected whole regions of the world, had its most dramatic in place on the restructuring of the social pact which had been in place since the post-war period. The economic adjustment policies, initiated by an increasing number of countries, were implemented in Mexico from 1982. Its most important feature was the limitation of funds in different sectors of public administration.

The adjustment policies were made in a problematic economic development frame. On the one hand, production fell lower in comparison to the historical tendency; on the other hand, the traditional lags in whole population sectors were reinforced by the recessive situation and the inflation.

The crisis is noticeable in the indices of the national economy (Table 1). While production suffered historical decreases, the adjustment policy re-defined the destination of public funds. This was translated into a large decrease in the investment destined for social benefits (Figure 5). The decreases in the net internal production per capita and the total and health expenses per capita have an important impact on the population (Figures 6, 7, 8, and 9).

Meanwhile, inflation caused the most unprotected population sectors to use their low income to satisfy elementary needs, that is, they shifted their family expenses to the acquisition of food and other basic products. It is enough to point out that, in the consumption of beans and eggs, the increments (as a percentage of the daily minimum salary) from 1981 to 1986 were from 10.0% to 20.8% and from 17.8% to 23.9%, respectively.

The effects of the crisis on Mexican health and nutrition are not well documented; however, available data show a progressive deterioration in the calorie and protein intake per capita in the poorest sectors, and a decrease in the consumption of some basic foods due to increasing prices. In terms of health, the difference between the increasing demand and the size of the theoretical and actual cost of the major health institutions is well known.

The decrease in public expenditure on health leads to a more intensive use of the existing resources, a deterioration of the service infrastructure and, therefore, a decrease in quality. In passing: the percentage of programmed expenses in the three health institutions of the country in relation to the net internal production tended to decrease with very little variation from

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1981 to 1990. The highest value was that of 1982, with 3.5% and the lowest value was that of 1987 with 2%.

In relation to morbidity and mortality, it is not possible to give advanced data on the immediate effects of the crisis on these indices. However, the tendency is to see stable crude mortality rates; and although still significantly high, the infant mortality rate has been decreasing.

*Recent evidence: surveys in rural and urban areas of the country.*

The nutrition and food surveys carried out in rural Mexico 10 years ago(1) showed a high correlation between food availability and accessibility and the nutritional status of the subjects interviewed. In general, studies show a high prevalence of malnutrition, especially in young children and pre-schoolers.

TABLE 1  
MEXICO: ECONOMIC INDICATORS, 1980-1990

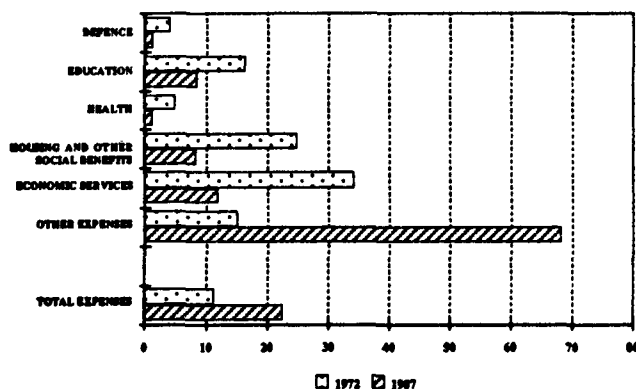
YEAR	NATIONAL GROSS INCOME <sup>1/</sup>	NATIONAL GROSS INCOME PER CAPITA <sup>2/</sup>	TOTAL PROGRAMMABLE EXPENDITURE <sup>1/</sup>	GROSS FORMATION OF CAPITAL <sup>1/</sup>	ACTIVELY OCCUPIED PERSONS <sup>3/</sup>
1980	4,470.1	64,381.0	1,159.8	1,214.0	20,281.6
1981	4,862.2	68,278.6	1,431.3	1,393.0	21,549.1
1982	4,831.7	66,185.8	1,303.5	1,054.9	21,482.8
1983	4,628.9	61,882.2	1,099.7	770.0	20,994.8
1984	4,796.1	62,606.0	1,162.3	816.9	21,482.8
1985	4,920.4	62,745.9	1,098.0	901.4	21,956.1
1986	4,735.7	59,026.5	1,023.5	710.7	21,640.1
1987	4,817.7	58,721.2	975.7	742.9	21,867.4
1988	4,884.2	58,243.4	923.4	833.7	21,991.2
1989	5,037.8	58,803.0	869.3	877.7	22,298.6
1990	5,236.3	59,855.6	917.2	978.2	N.D.

1/ Thousands of millions in prices of 1980.

2/ Pesos in prices of 1980.

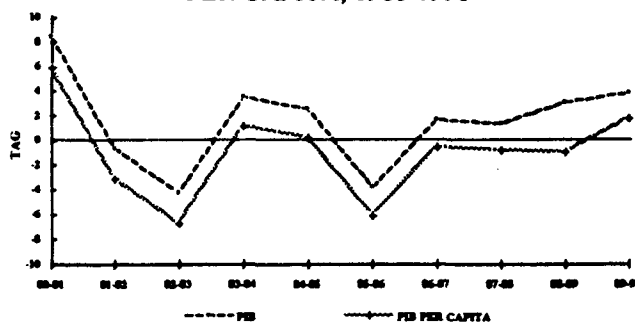
3/ Millions of remunerated occupations, Annual average.

FIGURE 5  
MEXICO: EXPENDITURE IN DIFFERENT SECTORS, 1972 AND 1987 (As percentage of Total Expenditure)



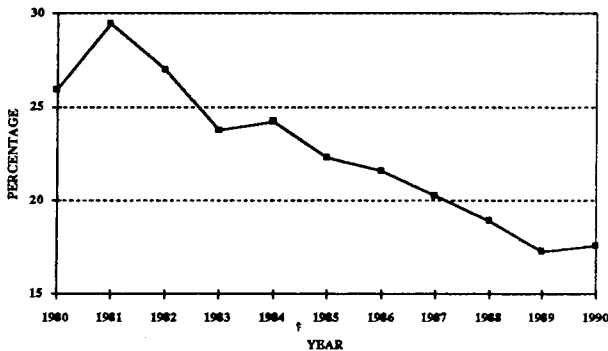
Based on: World Bank  
Report on world development 1989.  
EEUU, 1989.

FIGURE 6  
MEXICO: ANNUAL GROWTH RATE OF PIB AND PIB PER CAPITA, 1960-1990



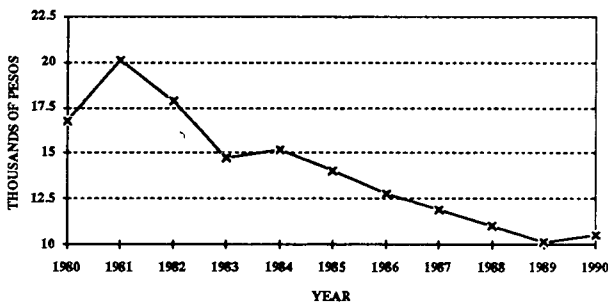
Based on: Carlos Salinas de Gortari  
Third Government Report 1991.  
Mexico, 1991.

FIGURE 7  
MEXICO: TOTAL PROGRAMMABLE EXPENDITURE AS PERCENTAGE OF PIB 1960-1990



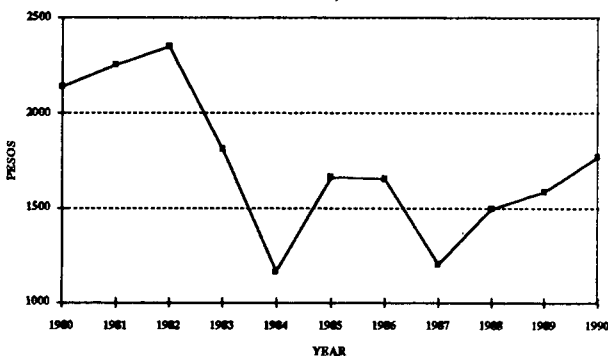
Based on: Carlos Salinas de Gortari  
*Third Government Report 1991.*  
Mexico, 1991.

FIGURE 8  
MEXICO: TOTAL PROGRAMMABLE EXPENDITURE PER CAPITA, 1980-1990 (AT COSTS OF 1980)



Based on: Carlos Salinas de Gortari  
*Third Government Report 1991.*  
Mexico, 1991.

FIGURE 9  
MEXICO: TOTAL PROGRAMMABLE EXPENDITURE IN HEALTH PER CAPITA, 1980-1990 (AT COST OF 1980)



Based on : Carlos Salinas de Gortari  
*Third Government Report 1991.*  
Mexico, 1991.

Regarding the nutritional status of people living in urban areas, studies have shown that food habit modifications produce diseases similar to those affecting the population of developed countries (2), although still with the characteristics of a deficient transitional diet. Studies also have shown differential nutritional statuses in the rural and urban environment (3).

In the rural area, studies have shown:

- A high prevalence of malnutrition in young children, pregnant and lactating women.
- An unbalanced diet in terms of calorie and protein contents.
- Those traditionally underdeveloped geographical zones are still in the same situation.

In urban areas, the features are:

- Diet and habit modification in large population groups and the importance of marketing procedures leading to that modification.
- Differential distribution of resources destined to food acquisition in the social sectors of the cities.
- Poverty of certain population sectors in the cities and, as a consequence, differentiation in the food consumption.
- The common features of malnutrition in poor rural areas and the cities are:
- A high correlation between common infections and malnutrition (4).
- An important correlation between malnutrition and school performance.
- Lack of sufficient income to acquire the minimal dietary needs.

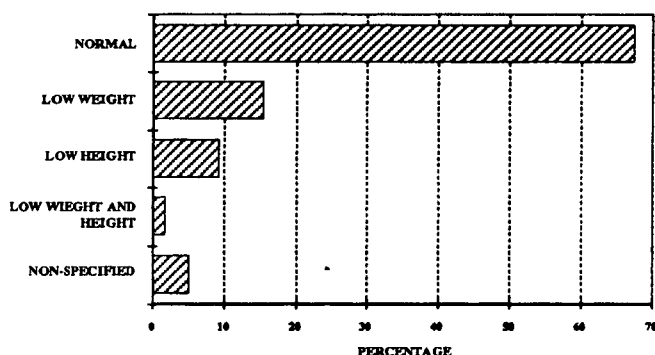
A very important aspect in the relationship between nutrition and social conditions (social development) is physical growth. The data gathered in Mexico are not continuous, they are incomplete and limited in their perspective(5).

However, it is possible to mention some results from the National Nutrition Survey carried out in November 1988 by the General Directory of Epidemiology of the Health Ministry. First of all, the high proportion of under-fives with low weight (15.6%) or with short stature (9.5%) is striking (Figure 10)(6). On the other hand, the importance of malnutrition in women at the reproductive age is reflected by the fact that only 22.8% of the 17,000 women of the sample were in the desirable range; 27.2% had low weight and 15.3% were obese; and a high percentage were classified as "suspicious" (Figure 11).

#### INTRA-URBAN INEQUALITIES, POVERTY AND MALNUTRITION

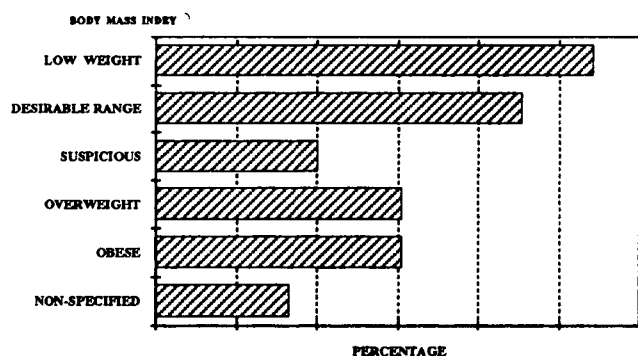
According to data from the National Institute of the Consumer (INCO), in 1989 the poorest sectors of different cities of the

FIGURE 10  
MEXICO: ASSESSMENT OF POPULATION UNDER 5 YEARS USING THE ANTHROPOMETRIC CLASSIFICATION OF WATERLOW



Note: n= 7426  
Source: SSA/DGE. *National Inquest of Nutrition 1988*. Mexico, 1988.

FIGURE 11  
MEXICO: NON-PREGNANT FEMALE POPULATION FROM 12-49 YEARS



Note: n= 17,308  
Source: SSA/DGE. *National Inquest of Nutrition 1988*. Mexico, 1988.

country spent up to 60% of their monthly salary on the acquisition of food. Wealthy sectors used only 25 to 30% in the same period of time.

On the other hand, the increase in the price of the "basic food basket" in the last four years has been up to 22% from one year to the next, while the subsidies for some foods such as milk have been decreased.

Although the number of people receiving the benefits of programmes of nutritional improvement has increased from 1987 to the present, the annual food rations per person have decreased substantially. As an example, in 1984 about 232

rations per capita were distributed to 865,500 school children, while in 1990 only 25 rations per capita were distributed to 624,400 people(7).

This modification in the policy of nutritional improvement and food support has emergency status, because the priorities are directed to those groups that became vulnerable due to the crisis, and these groups include not only children but adults as well.

The follow-up of the food expenditure survey performed by INCO in the poorest population of Mexico City has shown a fall in the per capita consumption of basic foods from 1981 to 1988; in 1981 the annual consumption of rice, beans, maize, wheat, meat, milk, fish, fruits and vegetables was 560 kg, but in 1988 it was 392.6 kg, a decrease of 30%.

This decrease was due to lack of sufficient income in numerous families in the city and it is related to dietary modification; the lack of economic resources causes a decrease in the acquisition of basic products such as meat, beans or fish, while the acquisition of those products made of refined flours, sugars and alcoholic beverages is increasing(8).

Available information on health and nutrition of the urban areas are limited in geographical terms, and they have limited possibilities of generalisation. Nevertheless, from experiences of other world regions and from our own experience we know that malnutrition is a multifactorial problem, and reinforces the chronic incapacities of those historically impoverished sectors(9).

Poor people from the rural areas, in their search for better opportunities, became the poor people of the cities. Their number increases as rural development is delayed. It has been estimated that there are at least 10 million under the cut-off point of "poverty" in Mexico; 40% of them are living in urban areas.

Social inequalities are a fact within the cities. This is true not only in developing countries, although in these cities it is more dramatic. There is also poverty in the cities of the developed countries.

A big proportion of the population is attaining the productive age each year, specially in the cities; the need of employment, availability of sufficient income for a better life are but some of the demands involved in the political action of the city population. Official unemployment increased significantly in Mexico during the recession. In order to create new employment for our population and to catch-up with the present lag, we need to wait far beyond the year 2000.

#### PERSPECTIVES: NUTRITION FOR THE NEAR FUTURE

The world situation regarding agricultural and cattle production shows a decrease in the present supplies and a definite contraction in supply, which produces an increase in

food prices and food insecurity in whole regions of the world.

Chronic malnutrition of whole population sectors in the world has been reinforced by the lack of food and supply systems. Humanitarian help is not sufficient to supply even the most important needs of those groups; therefore, we need to implement urgent food action.

This perspective also shows the inequalities among regions. Some regions have a wide availability of resources and others are not able to produce even their own food.

Since adequate population nutrition is one of the basic elements of the essential needs that are to be satisfied, it has a strategic role in the country; so, it has been recognised in the National Food Programme for 1990-1994. Three priority groups are recognised in the Programme: the vulnerable groups, formed by pre-school age children, pregnant and lactating women and elders; the "at risk" group, formed by those sectors of the population with a low income, that is, those families with an income of up to two minimum salaries; and, finally, the group whose nutritional status is critical from the population sectors which are in such a poor state that they cannot cover their basic nutritional needs.

The main goal of the National Population Programme is the achievement of welfare for the Mexican population. The integration of this goal into global policy occurs naturally; that is, there is a wide agreement between population policies and health and nutrition policies. When nutrition improvement measures are implemented in at-risk, vulnerable and priority groups, they also help by increasing the population quality of life, and therefore, they are complementary to the efforts against infant mortality which, in turn, allow the improvement of the conditions leading to the reduction of fecundity.

On the other hand, food and health education activities are synergistic with population education activities; giving education and not just direction is the way to make action more sustainable.

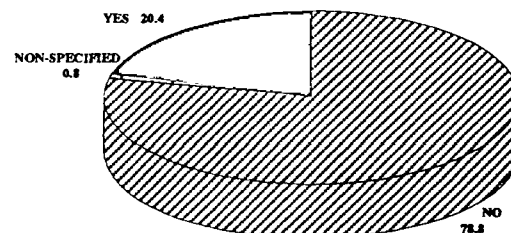
The great challenge to development policies in Mexico is to find the common ground in the different sectors and programmes to allow for collaboration in activities. This will make a better future possible for everyone.

#### NOTES AND BIBLIOGRAPHY

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2. Bautroni, L. y Chávez, A. "Modernización de la dieta urbana y enfermedades cardiovasculares", en *Ibid.* pag 21-26

3. Chávez, A. Cambios recientes en el patrón de desnutrición urbana y rural en México, en *Ibid.* pag. 67-72. An effort to measure the nutritional levels in Mexico is found in: Aggarwal, R. y Weekly, J.K. Determinants of nutrition levels in Mexico: Application of an International multidimensional model. In: **Dependence and inequality. A system approach to the problems of Mexico and other developing countries**, R.Felix Gyer y Jhannes Van der Zouwen (eds) Pergamon Press, Exeter, 1982.
4. This important aspect has been looked at in many studies. See, among others: Sepúlveda, Jaime, **Malnutrition and infectious diseases. A longitudinal Study of Interaction and risk factors**. INSP, Mexico, 1990.
5. See the work of Rosa María Ramos y Alfonso Sandoval. (Physical growth). In: **La Antropología en México, Panorama histórico**. 3. Las cuestiones medulares (Antropología física, lingüística, arqueología y etnohistoria). INAH, México, 1988, pag 61-71.
6. These data coincide with those provided by Daniel Lopez Acuña in a recent paper: "The average prevalence in the region (referring to Latin America) is 15.9%, defined as low weight for age, which means that about 10 million under-fives suffer mild or severe malnutrition". "Alimentary problems and malnutrition in Latin America and the Caribbean". *El Nacional*, Jan 22, 1992.
7. In the National Nutritional Survey, almost 80% of 13,443 households visited had not received any kind of help. See Figure 12.
8. Other research stresses the importance of stratified consumption in the cities. See, for example, the works: Ysunza, A et al. "Dietary stratification in the migratory population of Mexico City", *Rev Invest Clin Cit.* pp 103-113. Hernandez M et al. *La alimentación del obrero y su familia de una zona del Distrito Federal*, *Ibid*, pp 27-32.
9. The UN have recognized the relationship between urbanisation and nutrition. See: **Urbanization and its effects on infant health. Possible activities**. Geneva, 1989.

FIGURE 12  
MEXICO: HOUSEHOLD RECEIVING FOOD HELP 1988



Note: n= 13,443  
Source: SSA/DGE. *National Inquest of Nutrition 1988*. Mexico, 1988.