WHO Director-General Roundtable with Women Leaders on Millennium Development Goal 5

Mexico

Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

Mexico and the world

1. Maternal mortality ratio: global, regional and country data, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in Mexico is 60 per 100,000 live births, lower than the average of 130 per 100,000 live births in Latin America and the Caribbean and the average of 400 per 100,000 live births globally.

2. Lifetime risk of maternal death (1 in N), 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Mexico is 1 in 670, lower than the average of 1 in 290 for Latin America and the Caribbean and the global figure of 1 in 92.

Demographic and health data

3. Total population (in thousands)¹


Latin America and the Caribbean: 670 (2005)

World: 1,300 (2005)

Sources:


A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Latin America and the Caribbean (for 1997–2002) were haemorrhage (uncontrolled bleeding), hypertensive disorders (high blood pressure) and obstructed labour. There are no country-specific data for Mexico.

5. Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). In Mexico, a survey conducted in 1987 indicated a total fertility rate of 4.0 per woman.

Sources:
6. Proportions of births by urban versus rural location

The total number of births (in thousands): 2,131 (2005)

There are no country-specific data on births by urban versus rural location for Mexico.

7. Perinatal mortality rate, 2005

Perinatal mortality refers to deaths of fetuses in the womb and of newborn babies early after delivery. It includes (1) the death of a fetus in the womb after 22 weeks of gestation and during childbirth and (2) the death of a live-born child within the first seven days of life. The perinatal mortality rate reflects the availability and quality of both maternal and newborn health care. In 2004, the perinatal mortality rate in Mexico was estimated to be 16 per 1000 pregnancies.

8. Adolescent pregnancy rate by age for girls 15–19 years old

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. In Mexico, according to a survey conducted in 1987, women aged 17 years had the highest rate of adolescent pregnancy.

9. Adolescent pregnancy rate by urban versus rural location

In Mexico, a survey conducted in 1987 reported that 4% of women 15–19 years old were pregnant with their first child. The rate was higher in rural areas than in urban areas.

10. Adolescent pregnancy by subregion

Adolescent pregnancy rates vary between different parts of Mexico, with the lowest overall rates in Zona I and the highest in Zona V. Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, education, access to sexual health information and contraceptive services and supplies.
11. Unmet need for family planning, 2006  19%
The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing but are not using contraceptives.


12. Family planning: modern contraceptive use by age group
Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. According to a survey conducted in 1987, contraceptive use increased by age group and peaked among women 35–39 years old.

14. Contraceptive use by subregion
According to a survey conducted in 1987, contraceptive prevalence varied from 36% in Zona III to 57% in Zona II.

15. Women 20 years and older who received antenatal care, 2006
Antenatal care visits include all visits made by pregnant women for reasons relating to pregnancy. In 2006, 94% of women 20 years and older whose last child was born alive in 2000 had been attended by a physician.

13. Contraceptive use by urban versus rural location
In Mexico, a survey conducted in 1987 showed that 19% of currently married women were using modern contraception and that contraceptive use was higher in urban areas than in rural areas.

16. Utilization of skilled birth attendants
Data from a survey in 2006 showed that 93.3% of births by women 20 years and older whose last child was born alive in 2000 received hospital care in their last delivery.

Source: National Survey of Health and Nutrition 2006, Secretariat of Health of Mexico

Sources:
17. **Utilization of skilled birth attendant by wealth quintile, Mexico 2006**

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. Among women 20 years and older with a live birth in 2000, fewer women in the lowest wealth quintile received hospital care in their last delivery than women in higher wealth quintiles.

![Graph showing utilization of skilled birth attendant by wealth quintile](image)


18. **Skilled birth attendant by state, 2006**

The percentage of women giving birth with the assistance of a skilled attendant tends to vary by subregion within countries. Data from a survey in 2000 in Mexico showed that the proportion of women (aged 20 years and older) who had a live birth and received skilled care during delivery was lowest in Chiapas (74%) and highest in Baja California Sur and Distrito Federal.

![Graph showing skilled birth attendant by state](image)


19. **Place of delivery**

Delivery in a health facility can reduce maternal and neonatal death and morbidity. Data from the National Survey on Health and Nutrition in 2006 showed that most births in Mexico (93%) occurred in a hospital. About 7% of births occurred at home, with the associated risks.

![Graph showing place of delivery](image)


20. **Caesarean section rates by urban versus rural location, 2006**

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. Very low caesarean section rates, in particular in rural areas, could indicate an unmet need for access to adequate health system infrastructure, which needs to be met if maternal deaths are to be reduced. According to a national survey in Mexico in 2006, the caesarean section rate was 38%; 39% in urban areas and 27% in rural areas.

![Graph showing caesarean section rates by urban versus rural location](image)


21. **Caesarean section by state, Mexico 2006**

Caesarean section rates also vary between states within countries. A 2006 survey in Mexico showed the lowest caesarean section rates to be in Chiapas and Guerrero (26%) and highest rate in Baja California (52%).

![Graph showing caesarean section by state](image)


22. **Low birth weight**

Babies weighing less than 2500 g at birth are considered to have low birth weight. Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity. In Mexico, data from 2006 indicate that the percentage of babies weighing less than 2500 g at birth was 7.2%.

![Graph showing low birth weight](image)

23. **Equity – gap in coverage of four major interventions by wealth quintile**

Coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) often varies by wealth quintiles. A coverage gap usually exists between the goal of universal coverage of everyone in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. In many countries, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Achieving equity requires improving coverage levels in the poorest quintiles. There are no country-specific data on this coverage for Mexico.

![Percentage of pregnant women with anaemia](image)


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24. **Prevention of mother-to-child transmission of HIV**

The percentage of pregnant mothers living with HIV and receiving antiretroviral drugs (ARVs) to prevent the transmission of HIV to their child (PMTCT) increased steadily between 2004 and 2006.

![Percentage of pregnant women living with HIV](image)


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25. **Anaemia in pregnancy**

Anaemia refers to abnormally low levels (less than 110 g/l) of haemoglobin (iron-containing oxygen proteins) in the blood. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth. The prevalence of anaemia among pregnant women was 20% according to data available from 2006.

![Percentage of pregnant women with anaemia](image)


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26. **Reproductive health**

- Yes

27. **Financial flow**

| (per capita expenditure on health, in US dollars) | 2007 | 655 |


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28. **Human resources**

The work of at least 23 health workers (doctors, nurses or midwives) per 10,000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Mexico, with about 29 health workers (as defined above) per 10,000 population, is one of the countries just above the threshold value of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health Information and services, including skilled birth attendants. This, however, does not necessarily mean that it commands sufficient human resources to satisfy all the health needs throughout the country.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.

29. Ratification of treaties and support of international consensus

Convention on the Elimination of All Forms of Discrimination against Women  Yes
Convention on the Rights of the Child  Yes
International Covenant on Economic, Social and Cultural Rights  Yes
International Conference on Population and Development  Yes
Fourth World Conference on Women  Yes


30. Other determinants of health: water, sanitation, communication and road networks

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed-line and mobile phone subscribers</td>
<td>74 (2006)</td>
</tr>
<tr>
<td>Internet users (per 100 population)</td>
<td>20 (2006)</td>
</tr>
<tr>
<td>Roads paved (% of total roads)</td>
<td>37 (2005)</td>
</tr>
<tr>
<td>Improved water source (% of population with access)</td>
<td>95 (2006)</td>
</tr>
<tr>
<td>Improved sanitation facilities (% of urban population with access)</td>
<td>91 (2006)</td>
</tr>
</tbody>
</table>


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