

# 35 Years of Demographics in Mexico

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An aging population is one of the most complex problems Mexico will have to face in coming decades.

In 2009, Mexico's current population policy has been in place for 35 years. During that time, the 1974 General Population Law has been the guiding instrument for articulating the demographic dynamics of Mexican society with its economic and social development.

The prevalent demographic scenario when the law was passed was the product of four decades of intense economic and social growth. For a very long time, population growth had been encouraged as necessary for development; therefore, in that year, Mexico's population was 58 million and growing at 3.5 percent a year, up to that point Latin America's highest rate.<sup>2</sup>

Previous legislation had stimulated populating the country through incentives for selective immigration, repatriation,

marriage and births. Simultaneously, the government promoted health care and founded key institutions.<sup>3</sup> As a result fertility levels rose and mortality rates—both for children and the population in general—dropped notably. In the early 1970s, Mexico had the lowest annual mortality rate in the region (10.5 deaths per 1,000 inhabitants). It was also the country with the seventh highest birth rate (43.2 births per 1,000 persons); and average life expectancy was 64 years. Studies at the time indicated that if the size and velocity of those demographics kept up, the population would double in 20 years, reaching 135 million by the year 2000.

While living conditions had improved substantially, the youth of the population began to exercise important pressure on the country's productive and economic systems, particularly during the second half of the 1970s. Each economically active Mexican had three dependents, particularly teens

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and children under 15. By that time, women’s participation in the work force was just beginning and job growth, also transitioning from agricultural to industrial activities, was incapable of expanding at the same rate as the population and of adequately incorporating the workers migrating from the countryside to the cities.

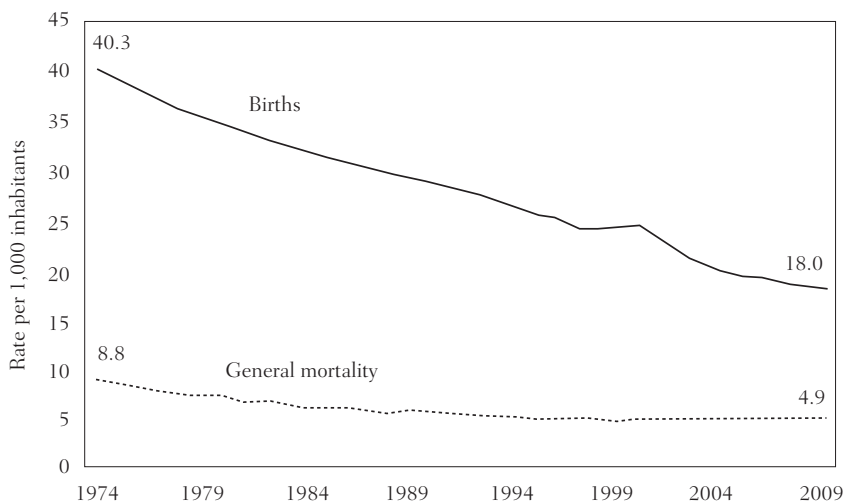
The visible increase of unemployment, under-employment, impoverishment, marginalization and social exclusion stimulated thinking about the need to establish new parameters for the relationship between population and development. Reality was demanding an answer to the question of just how valid the supposition was positively and directly linking the size of the population and development.

Out of these social, economic and political reflections came the new General Population Law of 1974. Among its main tenets is the full recognition of the need to “rationally regulate and stabilize population growth” through the design and implementation of family planning programs. These called for the efforts of the education and health sectors to contribute to the creation of a new demographic culture that would, among other things, promote a new ideal of the small family while at the same time strictly respecting the rights and dignity of the individual. From that time on, substantive steps have been taken to control the country’s demographic dynamic.

WHAT HAS HAPPENED IN THE LAST 35 YEARS?

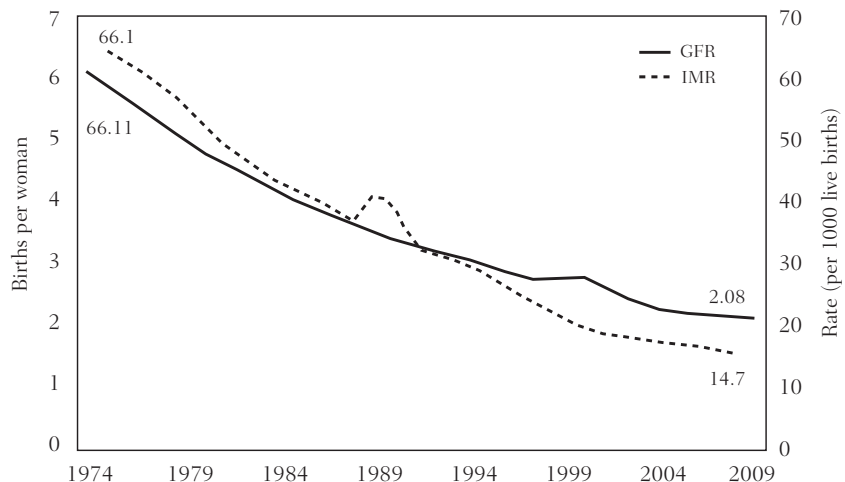
In three and a half decades, Mexico’s population has increased almost 88 percent, rising from 58 million to 107.6 million in 2009. In other words, the goal of not duplicating the population, as the projections made in the 1970s said would happen in the 1990s, was achieved.

GRAPH 1  
GROSS BIRTH AND MORTALITY RATES  
(1974-2009)



Source: National Population Council projections for Mexico 2005-2050.

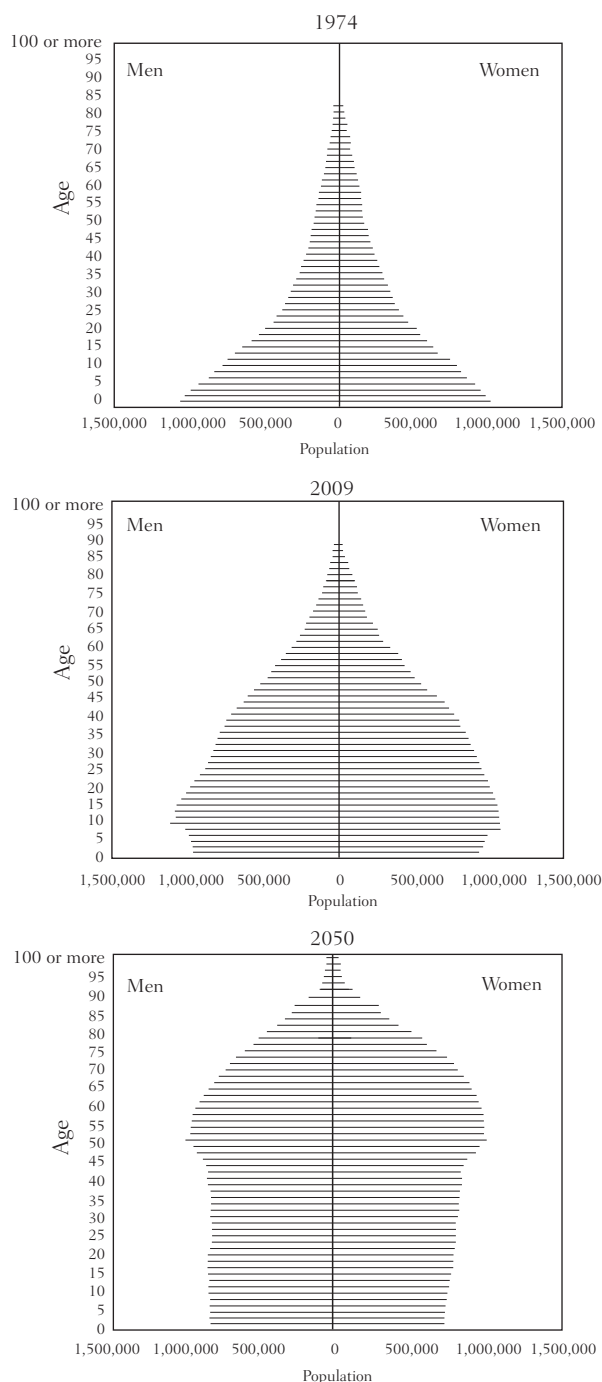
GRAPH 2  
GLOBAL FERTILITY RATE (GFR) AND INFANT MORTALITY RATE (IMR)  
(1974-2009)



Source: National Population Council projections for Mexico 2005-2050.

Today, the population is growing at less than 1 percent a year. The number of births dropped from 2.03 million in 1974 to 1.94 million in 2009. Deaths, on the other hand, rose from 502,000 to 527,000 in the same period, an increase

GRAPH 3  
POPULATION PYRAMIDS



Source: National Population Council projections for Mexico 2005-2050.

due to a great extent to the increased age of the population (see graph 1).

The notable decrease in the birth rate was very swift compared to other countries.<sup>4</sup> The overall fertility rate dropped

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from 6.1 children per woman in 1974 to 2.08 children in 2009, that is, to less than a third.<sup>5</sup> At the same time, newborns' chances of survival increased, particularly during their first year of life, so that the infant mortality rate declined by more than 75 percent, dropping from 66.1 deaths for every 1,000 live births in 1974 to 14.7 in 2009 (see graph 2).

The combination of the drop in mortality that began in the 1930s, and the drop in fertility that began 40 years later, marked the beginning of Mexico's demographic transition. As a result of this process, the population's age structure has gradually changed, gradually but clearly tending to age. The population over 60 increased almost 35 percent between 1974 and 2009, rising from 6.3 percent to 8.5 percent of the total population. And, it is expected that by 2050, the senior population will represent more than one-fourth of the total (see graph 3).

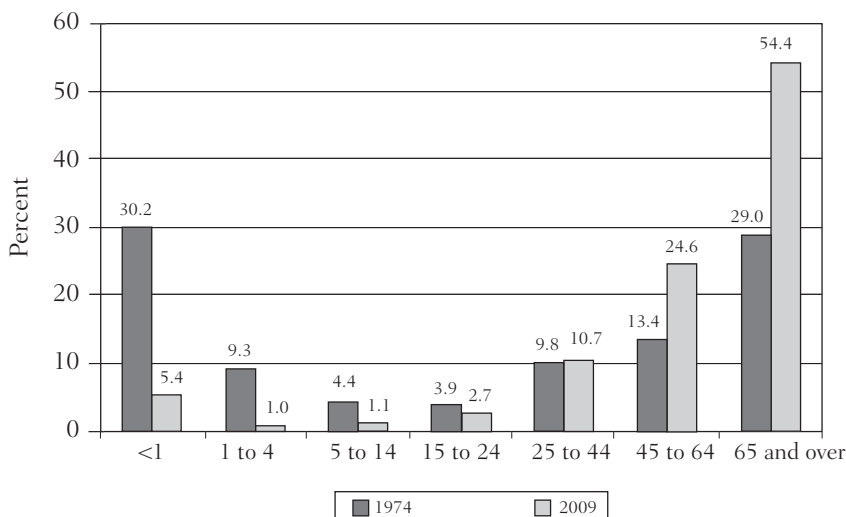
Decreased infertility and substantial improvements in living conditions have changed the mortality structure, both in terms of cause of death and in terms of the age when death occurs. Thus, older adults now account for more than half the total number of deaths. This is one-fifth more than in 1974. Deaths of infants under one year of age dropped more than 80 percent in the last 35 years, an extremely important fact given the close association between infant mortality and the population's living conditions (see graph 4). The infant mortality rate is even considered an indicator for the level of a country's development.

Regarding the causes of death, in Mexico there has also been an advanced process of epidemiological transition.<sup>6</sup> So, the drop in deaths from respiratory infections and parasites has been accompanied by a rise in cardio-vascular diseases and diabetes mellitus, more common among women.<sup>7</sup> It is also important to underline that the conditions of social inequality that persist in Mexico create mixed scenarios in which pre-transitional epidemiological profiles co-exist with post-transitional ones. This means that in marginalized groups, it is common to find respiratory infections among children and diabetes mellitus in the older population.

However, undoubtedly Mexicans live in better conditions today than their predecessors, which has caused an important increase in life expectancy (75.3 years on average, that is, it

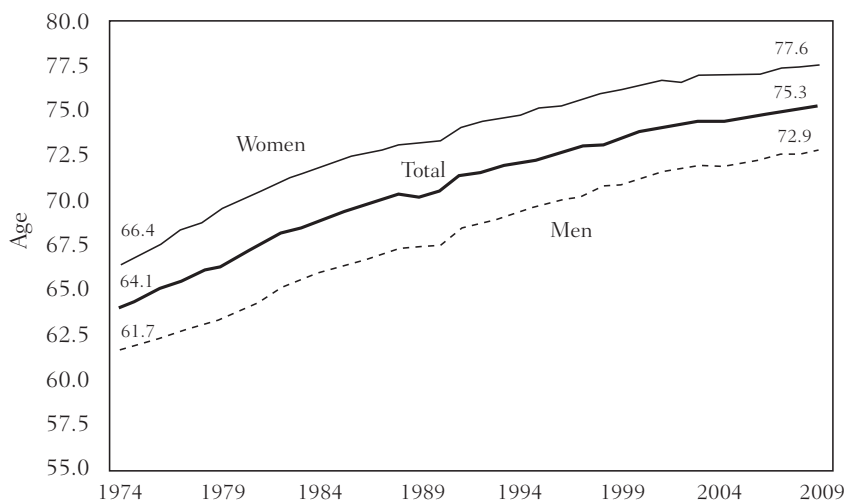
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GRAPH 4  
DEATHS BY LARGE AGE GROUPS (1974 AND 2009)



Source: National Population Council projections for Mexico 2005-2050.

GRAPH 5  
LIFE EXPECTANCY (TOTAL AND BY SEX)  
(1974-2009)



Source: National Population Council projections for Mexico 2005-2050.

has risen 11 years in the last three decades). It is common knowledge that for both biological and behavioral reasons, men tend to live slightly less than women, and this is reflected in a constant difference in life expectancy of almost five years (see graph 5).

The change in the population's age structure has important macro-social effects. The overall aging process offers an opportunity that will not come again with regard to the population's age structure: the number of people of working age (from 15 to 64 years of age) is larger than those not of working age (from 0 to 14 and 65 or older). This window of opportunity is known as the demographic dividend (see graph 6).

As we can see, the country is moving toward the highest point of this dividend, which will continue until 2030, when the increase of the senior population will produce a gradual reversal of this ratio, until there are more economic dependents than providers.

For this favorable demographic ratio to exist and bear fruit, the country must have the socio-economic conditions needed to foster individuals' appropriate insertion into the work force today and in the future. This requires the creation of new jobs and the accumulation of human capital among the population. This is the only way the demographic dividend can turn into an increase in national productivity with sturdy savings systems that together can guarantee sustainable development.

Several years have now passed since this demographic window of opportunity opened up. Unfortunately, the world and national economic situation is experiencing ups and downs that block and even reverse some of the achievements. In coming years, population and development policies will have to act jointly

to move ahead —perhaps to smaller benefits, but still substantial ones given the times. Simultaneously, strategies must be developed to withstand the impact of an aging population with a tight job market, a more complex epidemiological profile and limited social security systems.

In this sense, one of the country’s main challenges is emigration, since a large part of the population of productive age that could contribute to taking advantage of the dividend leaves home to seek better opportunities for development abroad, particularly in the United States. In 1974, the net flow of emigrants was 136,000 a year, but that number had tripled by 2009. While men have always emigrated more than women, in the early 1990s, women began migrating much more notably and that trend has continued until now (see graph 7).

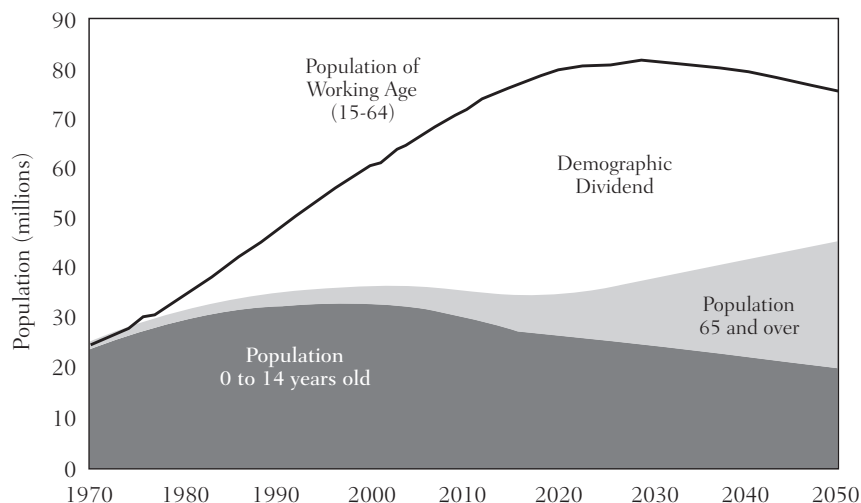
PRESENT AND FUTURE  
DEMOGRAPHIC CHALLENGES

Mexico’s population profile has changed notably and irreversibly over the last 35 years. These changes have been the result of profound modifications both in the country’s social and economic infrastructure and in the behavior of individuals in places as public as the workplace and as private as reproduction and health care. However, certain demographic deficits persist, which, in light of the achievements and in view of their undeniable association with social inequality, are inadmissible, like child mortality or unplanned, unwanted pregnancies.

Currently, two priorities for public population policy must be dealt with jointly through development policy: the reduction of demographic deficits and attention to the new population challenges derived from the demographic transition, among

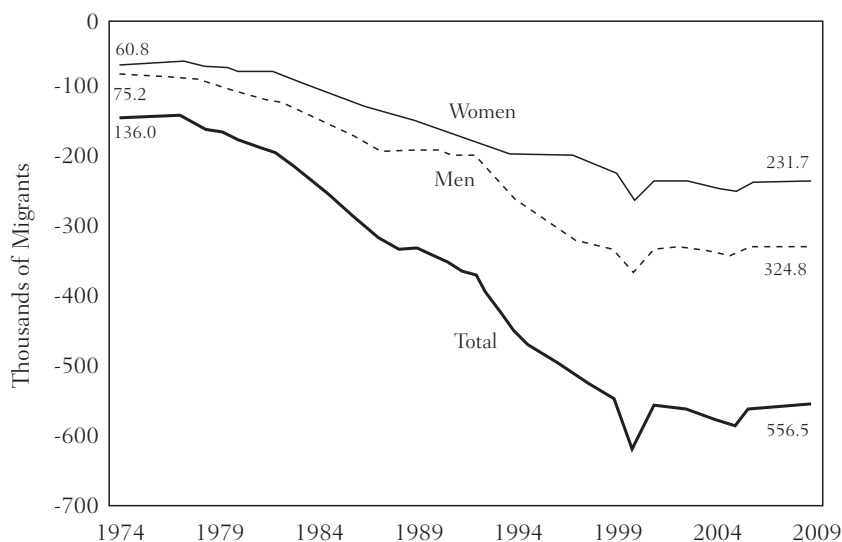
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GRAPH 6  
POPULATION BY LARGE AGE GROUPS (1970-2050)



Source: National Population Council projections for Mexico 2005-2050.

GRAPH 7  
NET INTERNATIONAL MIGRATION (TOTAL AND BY SEX)  
(1974-2009)



Source: National Population Council projections for Mexico 2005-2050.

them the population's aging with all its economic and social consequences.<sup>8</sup>

Undoubtedly, overcoming the demographic deficits becomes more complicated when indicators are already low, since the remaining resistance tends to be more severe and complex. However, overcoming socio-demographic vulnerability is a priority given that its persistence favors the inter-generational reproduction of poverty and other forms of social disadvantages.

The country's demographic prospects—a scenario of advanced transition combined with pre-transitional situations—demands attention be paid simultaneously to both the lags and the future demographic challenges. In both cases, the ultimate aim is to guarantee equitable access to opportunities for development and well-being. In this process, previous lessons about the reciprocal, intense relationship between demographic dynamics and broader social processes are fundamental. **MM**

NOTES

<sup>1</sup> The ideas and opinions expressed here do not necessarily reflect the position of the author's employer, Mexico's National Population Council.  
<sup>2</sup> Luisa María Leal, *El proceso histórico de la Ley General de Población de México* (Bogotá: UNESCO, 1975), pp. 42-43.  
<sup>3</sup> During the Lázaro Cárdenas administration (1934-1940), the Department of Health and the Ministry of Public Assistance were founded. Between 1940 and 1946 the government founded the Ministry of Health and Public Assistance (SSA), the Mexican Social Security Institute (IMSS), the National Institute of Cardiology, the Children's Hospital and the National Institute of Nutriology. Luz María Valdés, "Política de población en México, 1930-1974; antecedentes y un recuento histórico de la Ley General de Población," Luz María Valdés, comp., *Población y movimientos migratorios* (Mexico City: Secretaría de Gobernación/Instituto Nacional de Estudios Históricos de la Revolución Mexicana, 2000), pp. 75-79.  
<sup>4</sup> The demographic transition took Europe almost 200 years, while in Latin America and in Mexico in particular, it took only about 50 years.

<sup>5</sup> The overall fertility rate measures the average number of children that a woman would have during her entire reproductive life if the fertility conditions at the time remain constant.  
<sup>6</sup> This is defined as the transition from infectious-contagious diseases made up mainly of preventable illnesses treatable at a relatively low cost, to others of a chronic-degenerative type, characterized by a gradual, prolonged process of deterioration of the patient's health and capacities, requiring more costly treatment.  
<sup>7</sup> Juan Enrique García and Laura Elena Gloria Hernández, "Mortalidad por causas y ganancias de vida en los últimos veinticinco años," *Situación demográfica de México 2006* (Mexico City: Consejo Nacional de Población, 2006).  
<sup>8</sup> Other demographic challenges are the concentration of the population in urban areas, together with a highly scattered rural population; the scant diversification of internal migration destinations; and, finally, the high levels of domestic migration.

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