

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XIII Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XIII Meeting



Washington, D. C.
October 1961

CD13/38 (Eng.)
13 October 1961
ORIGINAL: SPANISH

Topic 29: NUTRITION PROGRAM IN THE AMERICAS

With Special Reference to Mexico
(Document presented by the Government of Mexico)

It is not possible to form generalizations with respect to nutrition among the inhabitants of Mexico. All the conditions in the country make for an extremely complex situation: wide climatological and geographical variations; dispersion of population, along with large urban concentrations; numerous cultural patterns; great social mobility; greatly contrasting technological development; highly uneven distribution of wealth; and limited knowledge of dietary habits and of the state of nutrition, on which it is difficult to obtain adequate data because of the dissimilarities arising from the country's accelerated development.

Nevertheless, the studies conducted by the National Nutrition Institute indicate a prevalence in the rural areas of caloric deficiencies in the diet and, especially, a serious quantitative and qualitative deficiency of protein foods. The consumption of fruits and vegetables is everywhere insufficient. The typical diet in the rural localities consists of corn, beans, chile, some greens, sugar, very little fat, and little meat. The trend toward improvement is evidenced by the addition of wheat, rice, potatoes, tomatoes, fruits, and larger amounts of meat to the diet.

Among the essential amino acids, riboflavin, vitamin C, and tryptophane are the nutrients found to be most constantly below recommended levels.

The diet given to children, especially preschool children, is more limited than that of adults. Women in rural areas usually have only a rudimentary knowledge of food preparation and, especially, of food preservation, a fact that makes for even less variety in the daily diet. Most rural families spend practically all of their earnings on food.

Clinical surveys have shown that malnutrition in children is frequent. Although severe cases of malnutrition are not easily found, both retarded growth and underweight are observed frequently.

Obesity is rare in the rural areas and is found only in some places, almost exclusively in women.

Although taboos and prejudices are a general practice, they affect mostly the diets of infants and preschool children, of mothers, and of the sick.

Both the diet and the state of nutrition are generally better in the coastal and the tropical areas of the country, with the exception of the State of Yucatán, which is a dry, semiarid region where nutrition is very deficient.

In the large cities the situation is characterized by extremes: numerous cases of severe malnutrition, especially in infants and preschool children, and on the other hand, a greater variety in the daily diet, even among the most needy social groups, because of the greater availability of foodstuffs.

The effects of malnutrition on the population of Mexico are multiple. With reference to health, the rate of mortality in preschool children is notably high (16.4 in 1959), and this mortality --while to all appearances the result of childhood diseases such as measles, whooping cough, bronchopneumonias, diarrheas, and the like-- is in essence an outcome of malnutrition. Also of importance is the high morbidity for diseases such as gastroenteritis and bronchopneumonias, whose clinical development is favored by the low resistance of the child. Growth is impeded by malnutrition and the adult population reaches a height far below its genetic potential.

In effect, nutrition is one of the main public health problems in the country, if not the principal one. The improvement of nutrition requires as many different measures as there are situations. Nevertheless, the following general measures have been established as goals: technical training of the rural population for the purpose of increasing the quantity and quality of food production; teaching of technical skills to the rural woman in order to increase the variety of the daily diet and promote the preservation of food in the home; encouraging the planting of family vegetable gardens and orchards; and promotion of national plans for the quantitative, qualitative, and technological development of the food industry. These objectives are being pursued by the integrated health programs in rural areas, within the limitations existing in each region.

It has been considered necessary to broaden the adult education programs by including in them, as well as in the programs of elementary schools, the educational measures necessary to bring about the production, preservation, preparation, and consumption of a wider variety of foods, especially foods of animal origin. Among their basic objectives, elementary schools should attempt to train the child to seek an adequate diet for himself and his family.

Health centers and children's clinics should work in close relationship with these educational programs in order to instill new attitudes with regard to the family diet, and particularly with regard to the diets of infants and preschool children.

As technology is being improved in agriculture and the livestock industry, it is necessary to proceed with experimental programs for the selection of seeds and breeds of animals that will serve as a source of food. Food enrichment is of importance only in urban centers; the introduction of by-products or prepared foods for consumption exclusively by certain social groups is not deemed advisable, because of the risk of creating a "second-class humanity."

Notwithstanding these generalizations --some of which may become highly important-- we believe that the problem of improving nutrition should be dealt with at both the local and the regional levels.

Primary importance has been given to the training of personnel at all levels, from the university graduate to the auxiliary worker. It is believed that up to now the medical profession has done little to bring about improvement in the family diet, owing both to deficient technical training and to lack of interest in the problem on the part of physicians. The personnel trained in nutrition work have the responsibility of exerting their influence to ensure that a proper diet is provided in all social institutions in the country (hospitals, sanatoria, boarding schools, public diningrooms and especially restaurants and inns), as an essential means of education. In addition, nutrition personnel must establish the standards for suitable family diets in each economic and cultural region of the country, for which purpose continuing research in nutrition is considered essential.

It is also a primary function of nutrition personnel to promote the consumption of new foodstuffs that become available as the result of the development of the food industry, of commerce, and of the country's social organization in general.

A strong impetus to nutrition education of the schoolchild has been given through school-lunch programs throughout the nation (355,835 lunches daily). An important influence on dietary habits is also exerted through the Federal Government's sale of foods at cost price, which has become a very broad program in Mexico City and is being progressively extended throughout the country.

It is believed that technical responsibility for nutrition education should lie with a national agency such as the National Nutrition Institute, and that executive responsibility should fall on the agencies, both governmental and private, to which the education and health activities are entrusted.

Mexico, D. F., September 1961