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Mexico

Education

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Despite impressive gains in enrollment levels over the previous forty years, significant interrelated problems plague the Mexican education system in the early 1990s. Many primary- and secondary-school-age students, especially in rural areas, fail to complete their education programs. Instructional quality, as measured by student test scores, remains low. Although operation of all nonuniversity education was given to the states in 1993, the system continues to be overly centralized and subject to bureaucratic encumbrances. In addition, students are often poorly prepared to meet the challenges of a global economy.

Approximately 27 million students attended school at all levels during the 1995-96 instructional year, more than an eightfold increase from the enrollment total recorded in 1950. The length of compulsory education was raised from six to nine years in 1992, but in practice this new law is largely ignored. Approximately 54 percent of all students attend a six-year primary-school program that, together with preschool, special education, and secondary school, constitute the basic education system. Children in nursery school or kindergarten accounted for 12 percent of matriculation at all levels in 1995-96. As the Mexican population gradually aged during the 1980s, the primary-school share of matriculation at all levels declined from 70 percent in 1980 and was projected to continue to fall through the year 2000 (see Population, this ch.; table 4, Appendix). Upon successful completion of primary school, students enter a three-year secondary-school program, or vocationaleducation program. Approximately 19 percent of all students in 1995-96 were in secondary school. Those graduating from secondary school can pursue mid-level education, either through a three-year college preparatory program--the bachillerato-- or advanced technical training; this encompassed 10 percent of all students in 1995-96. Higher education consists of four-year college and university education--the licenciatura-- and postgraduate training. Approximately 5 percent of all students in 1995-96 were in postsecondary institutions.

Higher education consists of three types: universities, technological colleges, and teacher-training institutes. There are private and public institutions of all three types, but public institutions are more numerous and usually larger, with over 80 percent of students attending public universities and colleges. Each state has at least one public university, often having campuses in different cities. The largest public university, the National Autonomous University of Mexico (Universidad Nacional Autónoma de México--UNAM) in Mexico City, has more than 100,000 students. Over ninety technological institutes had about 17 percent of the total higher education population in 1994. Teacher-training institutes are separate from general universities and generally offer a four-year curriculum. Universities in fourteen states offer postgraduate courses, and in 1991 over 28,000 students were enrolled in master's degree programs and 1,250 in doctoral studies. Most students pursuing graduate work, however, do so outside Mexico.

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Students' access and retention remain critical concerns for educators. The government reported in 1989 that each year, 300,000 children who should be in first grade do not attend. An additional 880,000 students drop out of primary school annually, 500,000 of them in the first three grades. Nationally, in 1989 only 55 percent of students successfully completed their primary education, and graduation rates were only 10 percent in many rural areas. However, the government reported that in 1995 the national graduation rate reached 62 percent.

Approximately 15,000 schools--20 percent of the total--did not offer all six primary grades in 1989. In that year, 22 percent of all primary schools had only one teacher. The government could meet only 10 percent of potential demand for special education. Thirty percent of all secondary-school enrollers failed to complete the three-year curriculum. As a result, government education officials estimated that 20.2 million Mexicans had not completed primary education and another 16 million had not finished secondary school.

The disparity in educational opportunity is reflected in national literacy levels (see fig. 7). According to the 1990 census, 86.8 percent of all Mexicans fifteen years of age and older indicated that they could read and write. Two states in northern Mexico--Baja California and Nuevo León--reported literacy rates exceeding 95 percent, and several other northern states and Mexico City indicated levels between 90 and 95 percent. In contrast, Chiapas, Guerrero, and Oaxaca had literacy levels below 75 percent. National literacy rates improved slightly to 89 percent by 1995.

Besides issues of access and opportunity, observers expressed concern about the quality of instruction. Anecdotal evidence compiled from student test scores by one informed observer, Gilberto Guevara Niebla, pointed to low academic achievement in numerous subjects, including mathematics, languages, and geography. Observers also criticized the highly bureaucratic and centralized nature of Mexico's education system, which traditionally had been centralized. Until 1992 all primary schools, irrespective of regional distinctions, followed a uniform program of study. Fearing a potential loss of political influence, the powerful National Union of Education Workers (Sindicato Nacional de Trabajadores de la Educación--SNTE) strongly opposed efforts to decentralize curriculum and program management and retrain teachers. At the same time, however, the government has earmarked few resources to evaluate school system performance. The result, according to educators, is a system that stifles student creativity.

The deficiencies in the basic education system tend to carry over into public postsecondary education. Observers have identified numerous deficiencies, including faculty salaries, limited research opportunities, and inadequate instructional facilities and curricula. As a result, many employers increasingly look to private educational institutions to provide qualified professional staff.

Responding to these problems, the government established in 1992 the National Accord on the Modernization of Basic Education. Under the accord, the federal government transferred responsibility for primary schools' staff and funding to the states. The federal government, through the Secretariat of Public Education (Secretaria de Educación Pública--SEP), retains authority to establish national policies and to assist schools in poor districts. In addition, a revamped curriculum places renewed emphasis on basic skills, such as reading, writing, and mathematics. The states, for their part, have agreed to commit additional resources to improve teacher salaries and training.

Health Care and Social Security

In the early 1990s, Mexico showed clear signs of having entered a transitional stage in the health of its population. When compared with 1940 or even 1970, Mexico in the 1990s exhibited mortality patterns that more closely approximated those found in developed societies (see table 5, Appendix). Health officials have

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also reported substantial reductions in morbidity rates for several diseases typically prevalent in poorer countries.

At the same time, however, government officials recognize that this transition is, at best, incomplete. Diseases associated with unsanitary living conditions, minimal access to health care, or inadequate diet continue to affect those in the lowest economic strata. Reductions in government health care expenditures during the economic crisis of the 1980s slowed progress in several areas. In addition, persistent underreporting of diseases in rural areas masks the true dimension of the health care challenge.

Mexico's social security program provides health care to formal-sector workers and their families, some 50 percent of the national population in 1995. This figure represented a drop from the 56 percent coverage rate in 1992. The Mexican Institute of Social Security (Instituto Mexicano de Seguro Social--IMSS) covers approximately 80 percent of these beneficiaries (all employed in the private sector). The Institute of Security and Social Services for State Workers (Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado--ISSSTE) covers government workers and accounts for 17 percent of the beneficiaries. The Secretariat of National Defense (Secretaría de Defensa Nacional), the Secretariat of the Navy (Secretaría de Marina), and Mexican Petroleum (Petróleos Mexicanos--Pemex) have their own health programs, which cover military and naval personnel, and petroleum workers, respectively (see Personnel, ch. 5). A tripartite funding arrangement finances IMSS operations, with contributions from the employee, employer, and government. ISSSTE programs, as well as those offered by the military and Pemex, are financed through employee and government contributions.

Those outside the social security network--the so-called "open population"--receive health care from a wide array of government agencies. Approximately one-third of the population is served by IMSS-Solidarity (IMSS-Solidaridad), the successor of IMSS-Coplamar (see Structure of Society, this ch.) IMSS-Solidarity is funded by general government revenues, although IMSS provides administrative direction. As part of President de la Madrid's decentralization effort and corresponding federal budget reduction, the population served by IMSS-Coplamar in fourteen states was reassigned to state health agencies under the overall direction of the Secretariat of Health (Secretaría de Salud--SS). The SS also serves as coordinator of the National Health System, which includes the health programs offered by the social security agencies. In keeping with its commitment to a new federal partnership, the Zedillo administration announced that it would transfer facilities and operations of IMSS-Solidaridad and the SS to the states in 1996.

Social security beneficiaries had greater access to health care than did their counterparts among the open population. In 1995 the rates of doctors and hospital beds per 100,000 persons stood at 121 and ninety, respectively, for social security beneficiaries but only 105 and eighty, respectively, for the open population. Social security beneficiaries were also nearly twice as likely as the open population to have consulted a doctor during 1995 and twice as likely to have had surgery that year.

Notable regional disparities in health care are also evident. In 1983 the government surveyed health care access nationwide as measured by thirteen basic indicators, including medical facilities, prenatal consultation, medical attention to various illnesses, and vaccination programs. The Federal District and three northern and northwestern states--Coahuila, Colima, and Nuevo León--recorded levels exceeding eighty out of a possible 100 points. In contrast, Oaxaca, Chiapas, and Puebla in southern and central Mexico averaged between forty and fifty points. Guerrero in the southwest posted a score of only thirty-nine.

Data as of June 1996

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