



Mexico

Better Health for Better Learning: School Health and Nutrition

Mexico is considered a middle-income country; however, it demonstrates a great need for development. The country experiences significant income disparity, with 51.3% of the population living below the poverty line. Save the Children recently conducted a baseline study in 79 primary schools across 8 of Mexico's 32 states. This study spanned from December 2013 to January 2014 and was conducted in 14 rural schools and 65 marginalized peri-urban schools. Within these schools 384 6th graders, aged an average of 11 years old, were surveyed.

Only thirty percent of the children surveyed, practiced **physical activity or sports** every day. Heightening the risk of becoming overweight or obese, 32% had watched television for more than 2 hours the day prior to the survey. Mexico has the highest prevalence of childhood obesity rates in the world (36.9% for boys and 32% for girls, aged 5-11). Due to the high rate of adult onset diabetes, the costs of treating the condition in Mexico is projected to drain the Ministry of Health's entire budget.

In regards to **nutrition**, 24% of children did not consume breakfast before school, leaving them hungry and more likely to resort to junk food. When this habit is sustained, these children are more likely to miss academic opportunities. Even as iron prevents anemia and improves mental concentration, only 14% of schools provided iron supplements for students. Daily consumption of sweetened beverages was reported

A girl shows her clean hands during a Global Handwashing Day event in Mexico. Photo by: Save the Children Mexico.



Save the Children's School Health and Nutrition program works in several Mexican states, visualized here. These include: Sinaloa, Jalisco, Mexico D.F., Puebla, Chiapas, Tabasco, Yucatan, and Quintana Roo.

among 27% of the students surveyed. Mexico has also become the largest consumer of soft drinks in the world, with children contributing to that statistic through sugar sweetened beverage consumption in schools.

Access to safe **drinking water** in schools is a serious public health concern in Mexico as it contributes to a growing obesity epidemic. In 2008, only 55.9% of primary public schools have access to free drinking water. Tap water is often unsafe to drink. A quarter of the schools checked drinking water quality prior to consumption and, in 27% of the schools, the only access to safe drinking water was by purchasing bottled water. Despite the WHO recommendations for daily water consumption, 35% of the children reported that they rarely drink plain water.

Operation and maintenance of Water Sanitation and Hygiene (WASH) facilities was poor in all schools; this included a water tank that had not been cleaned in 15 years. While all schools had access to a **water** system, 14% of the schools did not have water available for **hand-washing**. Additionally, 59% of schools indicated that they never had soap. Less than a quarter of schools (23%) had soap located near the bathroom. Children were observed washing their hands after using the bathrooms in 61% of the schools; however, 59.5% of the cases did not use soap. In contrast, almost all (94%) of the children stated that they used soap regularly at home.



Save the Children®





Children exercise outdoors with facilitator.
Photo by: Save the Children Mexico.

identify one or more valid cause for tooth decay and 67% reported visiting the dentist.

There was a large gap between genders on the perceptions of smoking; while only 2% thought that a girl would be more attractive if she were to smoke, 12% thought that a boy who smoked might have more friends.

The P&G-funded program “*Sanos Aprendemos Mejor*” (Better Health for Better Learning) is contributing substantially to improving school health and nutrition disparities among populations with the greatest needs.



Photo by: Save the Children Mexico.

Less than half (47%) of the schools had a sufficient number of **bathrooms** or latrines as established by WHO standards. In 6 schools, open-air-defecation was evident and attributable to poor and unsafe bathroom conditions. Poor hand-washing practices and open defecation pose a risk to the entire community, spreading diarrheal pathogens, such as intestinal parasites or *E.coli*.

Schools were not conducive to **menstrual hygiene management**. Only 33% of schools had menstrual pads available for girls. Within the bathroom stalls, 40% did not meet the privacy requirement, including doors with locks. Upon inspection, 71% of stalls were found to be dirty, with flies, puddles, mud or feces on the toilet seat, floor or walls. This may have contributed to the 12% of girls who reported occasionally missing classes due to their menses. The concept of menstruation was foreign to 21% of 6th grade children. Most of those who knew about menstruation had learned from their mothers, rather than their school teachers.

Schools are an ideal venue for providing access to **health services** because they allow us to reach children at a large scale. Only 23% of schools reported conducting student deworming activities during the school year. While the National Health Card for school-age children is required by law to facilitate health practices, only 44% of schools indicated using one. Less than half of the schools (47%) conducted vision screenings for their students. Visual defects and poor vision among children remain unknown and can hinder their potential to learn.

Five out of the seventy nine schools practiced teeth brushing on the campus. **Oral health** services were available at 13% of the schools. Oral hygiene at home was well-established with 85% of the children reporting brushing their teeth twice or more the previous day. Almost all (96%) students could

Up to now, this program has achieved:

Key points	Mexico
School Health Activities	<ul style="list-style-type: none"> • 5,377 children dewormed • 27 school health clubs established, consisting of 152 children • 20,862 children have received lessons on 1) the importance of hygiene; 2) safe water; 3) hand-washing and personal hygiene; and 4) hygiene in
WASH Reno-	<ul style="list-style-type: none"> • Refurbished water and sanitation infrastructure in 18 schools
Program reach	<ul style="list-style-type: none"> • 21,658 children • 500 teachers • 79 Schools across 8 states: <i>Sinaloa, Jalisco, the Federal District, Puebla, Tabasco,</i>
Community engagement	<ul style="list-style-type: none"> • Engaged with 800 parents in 37 schools to implement small-scale school im-
Gifts in Kind	<ul style="list-style-type: none"> • Distributed 5,810 toothpaste and toothbrushes to children during Oral Health week.