

Philanthropy in Mexico

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Abstract

The author summarizes the historical development of the voluntary sector in Mexico, and discusses the contemporary situation regarding voluntarism, volunteerism, and philanthropy.

Key Words:

Mexico, voluntarism, volunteerism, philanthropy

Introduction

Over recent years, voluntary organizations in Latin America as in Mexico have changed direction in an interesting way. Whereas traditionally, voluntary organizations had been involved in giving assistance out of charity and caring, with a sense of correcting social inequalities, a more political orientation to volunteering has evolved. The main priorities of this politically oriented agenda are improved economic levels for lower income sectors of the population and improvement of relations with government for more recognition of philanthropic efforts. This has led to a significantly greater role within public institutions as compared to how the voluntary sector used to participate.

Volunteerism in Mexico is not as well-developed as in the United States and some other countries, and there is very little hard data on volunteer numbers and types of volunteering. Generally volunteering means work without pay. In countries where there is extreme poverty there is

little room for altruism among the general populace. Mexico's economic situation, history, and specific indigenous background have shaped its culture and attitudes towards volunteering. The definition is ambiguous.

Early History

Many Mexican historical researchers have studied the Mexican nonprofit volunteer sector. There are a couple of phenomena specific to Mexico that may help to understand differences in cultures towards volunteering.

In Mexico, a large proportion of its total population is poor and extremely poor (estimated to be 20-25% of the total population of about 110 million). The culture of the indigenous people has traditionally been to assist one another in a communal sense of solidarity for one another's well being. In this sense, volunteering is a natural activity in some communities of lower income sectors. The culture of the indigenous people before the Spanish arrived was built on a social unit which owned and worked the land and was individually vested as well as communally

vested in supporting the same members of the social unit – in social, economic and political ways. “Reciprocity” was important rather than an altruistic sense of helping others. In a marginal, world people need to rely on one another for social and economic advancement. To this day, members of a community may take on relatively important responsibilities like caring for elderly people and young children more in an ambiance of “reciprocity” than as a charity activity.

A 20th Century Historical Background

One study in particular (Reygradas, 2001) identified four stages in the latter part of the 20th century during which nonprofits – CSOs (Civil Society Organizations) - have attempted to establish themselves as recognized institutions and to enlist the citizenry in their membership. Briefly, the first period led up to the student movement of 1968, which was a time of strikes and meetings where organizations began trying to establish more autonomy for themselves as well as more democratic operations internally. Between 1969 and 1981, after the 1968 student movement and governmental repression of students, new groups formed in response. Some of the first NGOs came into existence at this time. The 1985 earthquake created a widespread humanitarian response and is considered to be a turning point in the strengthening of CSO activity in Mexico.

From 1989 to 2000, after the contested 1988 presidential elections, CSOs began working towards a more democratic focus. By 1991 the IFE (Instituto Federal Electoral – Federal Electoral Institute) was founded in order to ensure fair elections. During this movement towards eliminating fraudulent elections and promoting democratic practices, citizen groups sought governmental recognition and moved to establish concrete plans in economic, ecological, and social development. Several CSO heads were recruited by the

President’s office to participate more closely with government, ensuring legitimacy for nonprofits in Mexico. Despite this development path of nonprofits, on the whole, the culture of volunteering in Mexico is still evolving to what it is in the United States and other countries.

The Current Status of Philanthropic Culture in Mexico

The CIVICUS Index Report is very instructive in understanding Mexico’s current philanthropic culture. In summary, major relevant points from this study include the following.

1. Voluntary service is still very related to a religious and moral sense of responsibility and “charity work”.
2. There is no tradition of philanthropy in Mexico. Volunteerism has not developed as a value in society. The concept of volunteering is still not well-established – as a contribution of one’s time, work, effort to the benefit of others outside of oneself and family.
3. Educational programs for children to learn how to volunteer are not well-developed.
4. In rural areas, where there is a lot of migration northwards to the U.S. border, the age-old communitarian traditions and solidarity among villages to aid one another persist.
5. There are barriers to voluntary participation: setting up a nonprofit organization (Asociación Civil) in Mexico is a very complicated and lengthy legal procedure. The law and public access to information on volunteering are insufficiently developed.
6. Private and public institutions do not promote volunteerism because there are lesser financial resources available and a certain pressure from the workforce is evident that counters volunteering.

7. Large companies in Mexico do not have an established tradition of supporting volunteering. Even foreign companies operating in Mexico do not participate as much in Mexico as in other countries where they operate due to low expectations of it. Employee donations - financial or of time - are not sought.

With recent acceleration of change in Mexico, due to globalization, accessibility of government, volunteering has also undergone changes. Consequently non-profit activity has flourished over the past 10 years. During the 10 years between 1984 and 1994 as many new nonprofits were formed as had evolved during the previous 100 years. (CEMEFI). Volunteer numbers have never been counted. Most people who “work” for philanthropies are unpaid, whereas in the United States it is estimated that about 7.8% of the labor market works for nonprofit organizations. According to CEMEFI there are about 10,000 philanthropies in Mexico today. Of these about 2,500 are involved in health and education. Another important detail is that in Mexico, nonprofits that provide volunteer services generally do not gain anything from the government as they do in the U.S. where many services that are related to health and education are closely connected to the government for funding.

Description of Volunteer Function in Mexican Social Security Institute

In Mexico, the Social Security Institute (IMSS – Instituto Mexicano de Seguro Social) has fostered and administered two sets of volunteer programs. One program is a “charity” based hospital-work program where about 2,500 persons volunteer their time to work in hospitals around the country, mostly in urban areas. The other program operates among rural indigenous communities. Both have been extremely successful. The discussion focuses on the rural program, which once established, runs fairly autonomously and on very low

budget. The highlights of the program and how it functions follow.

Briefly, the Mexican Social Security Institute includes a pension plan for employees, employee insurance as well as health services for workers and their families. There are administrative offices headquartered in every state as well as in small towns and rural communities that coordinate the paperwork and delivery of pension and insurance services. Additionally, there are medical facilities - hospitals, clinics and rural clinics - that provide direct medical services to the population.

In rural areas there is a specific program that targets lower income groups - “IMSS-Oportunidades” (Mexican Institute of Social Security – Opportunities). IMSS-Oportunidades operates in 17 of the 32 Mexican states where there are highly concentrated lower income populations. Each of the 17 states contains many rural localities where there is a rural hospital or a clinic from which medical services are offered and medical supplies are dispensed to the local population. (Many of these areas are impassable by any means other than foot. A total of 17,193 such rural locations operate in the 17 states. The central offices of Oportunidades within the Mexican Social Security Institute administration coordinate these efforts. As an extra service – outside of direct medical services - the IMSS-Oportunidades program runs an intense volunteer service to educate the local population using its own community members. The volunteers come directly from the immediate communities and are trained by paid Oportunidades personnel to educate their families and neighbors. The rural volunteer health workers are men and women from the community who are interested in the health and well-being of their communities and who help people maintain good health and a better quality of life. There are two tiers of volunteers, the “coordinators” or Asistentes Rurales de

Salud (Rural Health Assistants) who train and supervise and the Promotoras Voluntarias Rurales (Rural Volunteer Promoters). The task of the latter group is to promote health education among its fellow rural community members. There are to date 14,132 Rural Health Assistants working in the 17 states that operate IMSS-Oportunidades. The Rural Volunteer Promoters comprise a large group, mostly women, of 155,019 persons within the 17 states.

The job of the Rural Volunteer Promoters is to educate families on health issues. Each volunteer receives a list of 10 to 12 families in his or her region within walking distance as well as training in about 35 specific health themes (developed in an independent program known as Oportunidades, or previously as Progresá, which is administered also by the federal government through the Social Development Ministry). A critical part of the program is to teach people self-reliance and co-responsibility for their own health-care. The themes include, for example:

1. basic hygiene – including how to boil water to make it safe for drinking and cooking, how to cover prepared foods so that flies do not lay eggs on the surface, how to wash hands before preparing food and eating;
2. basic health care tips for pregnant women so that they have monthly prenatal exams during their pregnancies, receive folic acid supplements, etc.;
3. basic health care tips for nursing mothers and for caring for their newborns;
4. health and nutritional care for children under five years old, including vaccination plans, administering formula, prevention of accidents;
5. sexual and reproductive health; and
6. diabetes and hypertension.

The health volunteer promoter passes from house to house, to explain each theme, one at a time, until the recipient family under-

stands all aspects of that topic. Once the volunteer has passed through all the assigned households with one topic, the next is selected, until all 35 have been taught. If there is a particular health campaign announced by the local rural hospital, then the volunteers are asked to help in the promotion of those issues specifically in addition.

In addition to these topics there is a very successful program for young people, which is called CARA and consists of the setting up of an adolescent resource center, usually a room within the rural hospital or clinic, and the teaching of themes important to 10 to 20-year-olds. This becomes a valuable opportunity to reach young people with very important themes regarding drugs, alcohol use as well as, reproductive health, (including: sexual behavior, prevention of teenage pregnancies, STDs and AIDS education). Trained health workers identify the youth group leaders within the community and train them as young volunteer health promoters in the adolescent-focused themes. The new young volunteers begin to bring their friends into the resource center where counselors offer educational programs, counseling, printed materials on adolescent health themes, condoms, and other birth control methods. A computer is available for use as a teaching aid as well as for individuals with interactive games.

This program has reached 2.6 million young people. The acceptance of birth control methods has gone up significantly over the past 5 years, obstetric costs for teenage pregnancies have gone down, and maternal mortality rates are down from a high of 11.5% in 1994 to a low of 4.13 in 2005, partly due to the contributing factor of better teenage reproductive health and education. There is no compensation for this work, but there is an implicit understanding that the health care volunteers are contributing to the betterment of their communities and that ultimately everyone in the villages will benefit.

Conclusion

It is of great interest within Mexico to augment its volunteer function, especially where it can aid in the delivery of vital education and services to the poor and extremely poor sectors of society. Some upcoming publications will have the first conclusive statistical studies of volunteer numbers in Mexico. Changes in legislation continue to facilitate the establishment of nonprofits.

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About the Author

Anthea Stein de Levy holds a B.A. from McGill University, Montreal, Canada in Urban Planning and an M.B.A. from the Simmons College Graduate School of Business in Boston. She has been a resident of Mexico City since 1992. She held the position of Honorary President at the Mexican Social Security Institute's (IMSS-Instituto Mexicano del Seguro Social) volunteer organization, known as "Promotores Sociales Voluntarios". The group administers 2,500 volunteers that work within hospitals in preventive healthcare education and in programs to counsel terminally ill patients. Additionally, the group administers the rural indigenous volunteers, which comprise about 150,000 persons in rural areas of Mexico.