

## Introduction

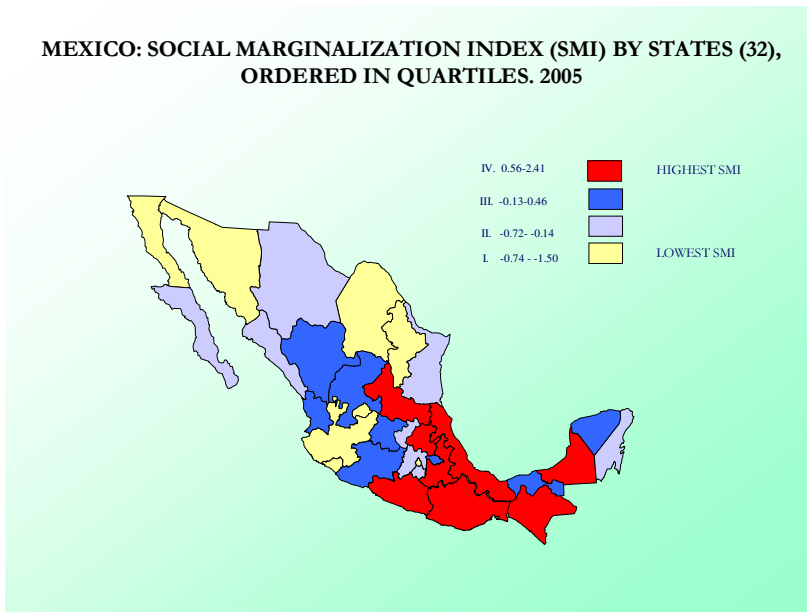
The relationship between the socioeconomic conditions of individuals and populations and their health status is well-known and has been recognized for centuries. Several authors, from different sociological perspectives, have demonstrated the association between social structure and health, as much in an individual as in an aggregate level. In particular, the area-based studies –used to assess contextual socioeconomic effects- provide information on the social characteristics that condition the health risks.

Undoubtedly, characteristics such as poverty and social marginalization have an important influence on health status in a given region. In this sense, the present study seeks, from a social science, interdisciplinary perspective, to analyze the relationship among demographic conditions, social marginalization and health equity in Mexico and to identify challenges for the health system in coming years.

## Material and Methods

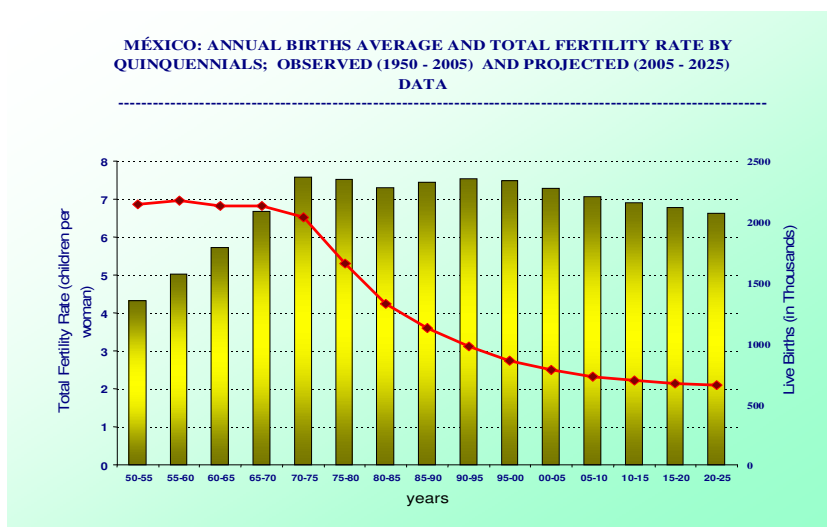
The information about population and other studied variables was obtained from Mexican and international official sources. Demographic and statistical methods were used for data analysis; thus, the 32 states of the country were ordered by quartiles according to their social marginalization level in year 2005 (quartile I lowest marginalization, quartile IV highest marginalization); also, demographic projections to 2025 were analyzed for the country and for each quartile; health

indicators were estimated by quartile and ratios were calculated among extreme quartiles (IC 95%).

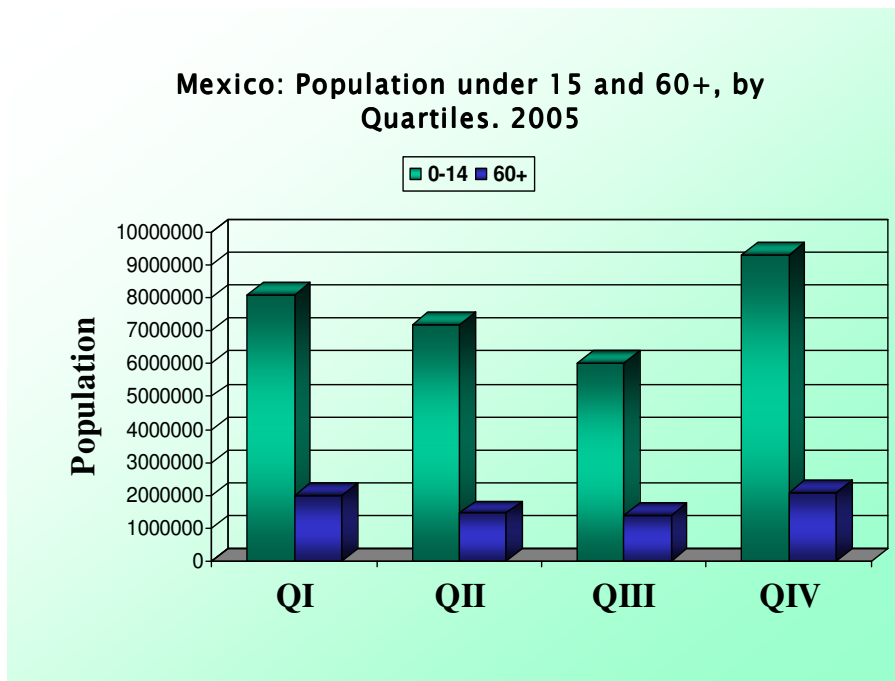


## Results

Findings show that although Mexican population is immersed in a quick process of aging, the absolute number of children <15 years in 2025 will be seemed to the current figure and the average of annual births will only diminish lightly among 2000 and 2025.



A remarkable socio-demographic diversity is also evidenced in the country: thus, the quartile IV –where are the poorest states of Mexico, like Chiapas, Oaxaca and Guerrero- presents the highest total fertility rate and the highest number of children in absolute terms -so much in 2000 as in 2025- as well as the highest volume of inhabitants for this last date.



On the other hand, the analysis of health indicators shows like in the quartile IV the <5 years mortality rate exceeds in 52% -and the maternal mortality rate duplicates- the rates of the quartile I. Furthermore, the proportion of elderly people without social security is clearly higher in quartile IV than in quartile I. However, in the quartile IV there is almost 3 times less pediatricians for child and half of gynecologists for women in reproductive age that in the quartile I; finally, the per capita public expense in health - hardly 100 USD a

year– in quartile IV is the half of that the people in quartile I receives. All the ratios found are statistically significant.

Findings reveal the existence –at least in next 20 years- of a “coexistence of demands” in health care terms, as much of increasing elderly people as of maternal and child population. This is a formidable challenge for the Mexican public health, particularly because the magnitude of social inequalities in the country (among states and among the population in each state, because Mexico has been considered as one of the Latin-American countries with an unequal wealth distribution: the top 20% of income earners make up 55% of income).

In such a sense, the health system should favor a better redistribution of the public resources for health - granting more resources to the states that more need them- and to implement strategies that allow actually an universal access to the health services to try to reduce the evident health inequities existent in Mexico. Obviously, demographic conditions, poverty, social marginalization and social inequalities are structural conditions that surpass the health system and must be modified from the government –implementing novel policies- to actually diminish the health inequities in the country.