ORIGINAL RESEARCH

Youth, Poverty and Exclusion: Health problems of young Mayans in Yucatan

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Introduction

Emerging only after the Second World War, the field of youth studies is relatively recent and it remains a field in development. Although youth *per se* is not a problem, certain social problems affect young people more acutely and severely because of their special position in modern Western society. Young people[1] have become the main protagonists of major current problems such as insecurity, the crisis of values, social and revolutionary movements, unemployment, substance abuse, and cultural consumption. Paradoxically, in the past few years a revitalized capitalist system and media exposure driven by large multinational syndicates have idealized youth, converting it into mythical life stage that is "the source of life and seed of the future." At global, national, regional and even local levels, young people represent the economic, social, political, and cultural potential of modern societies. The responsibility for future transformation and social change is laid at their feet. Thus "youth is a social construct and a personal identity, a socially constituted stage in the development of the individual which runs from childhood and physiological puberty to adulthood." (Rodríguez, 2002: 19) Apart from the biological differentiation of human beings according to their stage of development, young people do appear to share a sense of identity. A mythical and existential conception of youth comes to define a sector of society and supercedes other differences such as those based on gender, class, ethnicity, etc. Young people come to see themselves as similar to each other and different from other members of society.

Young people in Mexico, as in most Latin American countries, have suffered from the macroeconomic adjustment policies implemented by the government. These policies have made the problems faced by young people far more acute and, consequently, increased their social mobility as they seek new opportunities. Today, young people are at the center of a major social, cultural, political, and economic change, considered by some a crisis of civilization.[2] In this process young people seem to be "created" by the historical and social process known as "New Capitalism." This new regime is creating novel lifestyles built upon "liquid" social relationships (Bauman, 2003) as the solid social structures of the past – the basis on which relationships were built – slowly collapse. The dynamics of capitalism and its appropriation of surplus labor require continuous growth and an ever increasing supply of exploitable human resources. Companies seek workers without a class identity, that is, a workforce with neither prior history nor awareness of past struggles granting workers labor and collective bargaining rights. Clearly, of all social sectors, the young best fulfill these conditions of employment. Over time, we can anticipate that the anthropological type of "the worker," product of industrial capitalism, will gradually disappear. When this happens, as Bauman has pointed out (op. cit.), the world will be populated by consumers and the poor, each disciplined by the social threat of unemployment. Third World countries seem to be taking the lead in this regard, and we find examples of this among the young Mayans in the Yucatan. Newly employed Mayan youth are hired for an undefined period and for undefined work. Of course their jobs offer no social security benefits

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[1] In this paper we will refer both to youth as a generic category and also, when necessary, to gender differences among youth.

[2] As described by Alan Touraine in his book "Pourrons-nous vivre ensemble? Egaux et différents". Fayard 1997, Paris.

whatsoever (including holidays or medical services), and the threat of unemployment - both individual and collective – hangs over them. This is the situation in the *maquila* plants, in the large tourist complexes of the Mayan Riviera, and even in the thriving building industry which operates throughout the Yucatan, but especially in Mérida, the state capital.

This article presents results of research undertaken to identify and assess institutional programs and public policies addressing the health issues of young people of Mayan origin in the Yucatan. We found several, uncoordinated efforts focused at counseling (primarily urban) youth on contraception, rather than programs addressing healthy sexuality. The absence of any public policies regarding youth health represents a failure at various government levels. This failure impacts most severely on Mayan youth living in conditions of poverty and marginalization and is reflected in every aspect of their health, education, and working conditions.

Most of Yucatecan municipalities classified as highly or very highly marginalized are composed of Mayan towns where a high proportion of the population speaks Mayan. (CONAPO 1995, 2000; INEGI 2001)[3] These are farming communities producing mainly maize under the traditional milpa system[4] using slash-and-burn techniques. Villages follow "traditional Maya culture," maintaining customs and traditions which are strongly linked to community life, religion, and kinship.

Summary of methodology

This research used mixed quantitative and qualitative methodologies. The study focused on a sample of towns across 14 municipalities considered to be highly or very highly marginalized. In the first stage a survey was used to collect quantitative data. The sample consisted of a total of 440 interviewees between the ages of 14 and 29 drawn from a cohort established by the INEGI.[5] Only one interviewee per home was surveyed. Fifty-eight percent were females. Most respondents were from Chemax municipality; 64% of the respondents came from Chemax, Yaxcabá, Temozón, and Chichimilá. (Table)

Geographical Origin & Gender of Subjects

Municipality	Male	Female	Total	%
Chemax	38	68	106	24
Yacabá	26	40	66	15
Temozón	32	34	66	15
Chichimilá	22	21	43	10
Opichén	15	18	33	8
Tixcacalcupul	14	19	33	8
Chapab	7	15	22	5
Mama	7	14	21	5
Uayma	9	13	22	5
Tekom	12	10	22	5
Total	**182**	**252**	**434**	

Eighty percent of the sample was between the ages of 15 and 24. Eighty-nine percent of the males and seventy-four percent of the females were single.

Qualitative information supplemented and provided richer information about certain aspects of the survey which were particularly difficult, such as sexuality, mental health, and substance abuse. Field methodology involved face-to-face contact through in-depth interviews and private focus groups with individuals selected from among those surveyed. Additional interviews targeted health sector employees of the Ministry of Health, the Mexican Institute of Social Security (IMSS) and the Institute of Security and Social Services for State Employees (ISSSTE), as well as others involved with youth such as the National Youth Institute of the State of Yucatán (INJUVEY, today known as the Youth Secretariat).

Quantitative information derived from the survey was maintained in a database and allowed us to analyze frequencies and percentages. Qualitative information obtained during fieldwork (direct observation, interviews, focus groups) allowed us both to confirm and to further explore the "hard" data obtained from the survey. In this article we analyze the three pathologies which we considered to be most serious and to pose potential health risks: working conditions (the majority of these youths

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[3] CONAPO, Consejo Nacional de Población (National Population Council), INEGI, Instituto Nacional de Estadística y Geografía (National Institute of Statistics and Geography)

[4] A crop-growing system used throughout Mesoamerica, with a cycle of two years of cultivation and eight years of letting the area lie fallow, yielding large yields of food crops without the use of artificial pesticides or fertilizers.

[5] We used unrestricted random sampling, with the home as sampling unit.

work as brick-layers), substance abuse, and sexually transmitted diseases, (the prevalence of which is increasing).

Migrant labor: An uncertain future

During the past fifty years, Yucatan has seen growing numbers of migrant laborers. This process began with the collapse of the henequen industry[6] and has now spread alarmingly to other areas of the state, affecting the *milpa* region in the south and east. Migrant labor particularly involves the young population of both sexes. Emigration from the Yucatan is seen among this age group from other parts of the state. However, in the region under study, most young migrants follow a revolving type of internal migration. Most return to their communities each week; a smaller number come back fortnightly or monthly. External migration to the United States is relatively uncommon among the municipalities that make up the "traditional East." The vast majority of young migrants are drawn to work in Cancún and the tourist area known as the Mayan Rivera. Most migrants work here in construction or as service personnel for local hotels and restaurants.

The majority of migrants are males, although this situation is changing as more women enter the labor market. However for now, the migration of young single women remains insignificant. Most stay in their communities, carrying on with their traditional roles of biological and social reproduction and devoting themselves to caring for the family, etc. In the remotest villages virtually all women speak only Maya and have very little schooling. Barely 15% have received any secondary education and only 1.5% have a secondary school diploma. Nonetheless, these young women are also seeking better-paid jobs outside their communities in the *maquilas* operating in the region or in the city of Mérida; some do migrate to the Mayan Riviera.

In their workplaces, most young migrants receive no medical coverage. Each individual has to resolve this problem as best they can. These young workers suffer serious problems due to their exclusion from the Mexican Social Security system. Neither their employees nor the State considers them eligible. This exclusion is based on the unfavorable conditions in which they enter the labor market as well as the widespread notion that young people are all healthy.

As noted above, the vast majority of young people migrating to the Mayan Riviera work in low-paying, unskilled jobs. In the construction industry they are hired as bricklayers' assistants. In the service sector, they work as kitchen assistants or in hotel and restaurant cleaning services. They are also employed in the informal sector of sales. In these jobs, they are paid poorly and have no social security. In the construction industry, there is a minimal coverage for work accidents. It is no more than the absolute minimum required to get the worker back on the job or, if left disabled, be offered severance pay. Construction work poses many risks to the health and wellbeing of the workers. However, very few companies have formal contracts with their employees. Most rely on verbal contracts of no more than three months duration; this allows the employer to evade any obligation to offer social security.

Moreover, the working environment does not comply with even the minimum safety standards mandated by law. Employees work for longer hours than those allowed by labor laws, they work without any kind of safety equipment, and often the work site has major safety issues; these problems make construction a dangerous and potentially life-threatening profession. It is no coincidence that the highest rate of industrial accidents in the region is seen in the construction industry, particularly among young bricklayer assistants, a job that requires no training or prior experience and, of course, offers the lowest salary. Among the occupational diseases associated with this kind of work the most notable are diseases of the skin, the respiratory tract, and the eyes; the specifics depend on the materials handled and external working conditions, particularly exposure to the sun. A high proportion of the young people interviewed identified work as the cause of illness, primarily because of the physical stress. Many young males work long hours as bricklayers or assistant bricklayers[7]; their working day is from 7

[6] Member of the agave family, native to the Yucatán, used for making rope and twine, as well as a liqueur.

[7] It should be noted that workers in this industry lack any kind of social security, since contracts tend to be verbal or, if written, the duration of the contract is such that the employer has no obligation to provide social security such as medical services.

a.m. to 6 p.m. Often those working in the service industry, such as kitchen assistants or maids in the hotels and restaurants of Cancun and the Mayan Riviera, are made to work for up to 10 hours at a stretch. Furthermore, their meager salary forces them to live under conditions characterized by overcrowded housing, poor hygiene, and malnutrition with all the attendant consequences for their health and well-being.

The epidemiological profile of the majority of the young people we interviewed was composed of the so-called "diseases of poverty." The most common conditions were those associated with the upper respiratory tract such as influenza, coughing, and headaches. Next came gastrointestinal diseases, characterized by vomiting, diarrhea, fever, and abdominal pain. Three additional problems seemed ubiquitous and were characterized by the young people themselves as sadness, lack of motivation (*desgano*) and anxiety. These occurred in both men and women. Although these conditions were not as frequent as respiratory and gastrointestinal problems, they were still important. For these young people, just as for members of indigenous groups in particular and subordinate classes in general, illness has a natural character as long as it does not become serious, require specialist care from traditional doctors or modern medicine, or prevent "normal" performance of daily activities.

Although most young people said they had three meals a day, this finding must be examined in context. The main meal is the one at midday, and respondents claimed to eat meat and eggs at least three times a week. However, it is worth emphasizing that many young people have started to change their diet by consuming more processed foods. Migrants especially have switched from their traditional maize-based diet to the consumption of junk food (*comida chatara*) consisting of burgers, pizza, hot dogs, sandwiches, fried food, and bottled soft drinks. For the majority of respondents, breakfast is no more than a mug of coffee and bread or a tortilla, while dinner often consists of a biscuit and soft drink. A significant percentage said they skipped breakfast and/or supper "for lack of time" or simply "because they're not used to it," when the real reason has to do with the family's low income and, in the case of young migrants, the need to "save as much as possible" to take home. Paradoxically, a good part of those "savings" is later spent on alcohol, other drugs, and "having fun."

The meanings of sexuality and health

In describing and analyzing these aspects of our subjects' lives, we begin by considering sexuality as a body of constructed knowledge which shapes the ways we think of and understand our bodies; sexuality is thus a social construct (Michel Foucault, 1990), a "domain of meanings" (Carrington and Bennett, 1996), as well as a formative process occurring throughout an individual's lifetime. Thus sexuality depends both on the individual and on the actions of the surrounding social and cultural milieu. (Marcel Mauss, 1991) Social regulations, understood as moral rules, maxims, or behavioral precepts regulating sexual life, refer to practices considered appropriate or inappropriate, moral or immoral. These are imposed by a society built upon a gender-based hegemony. In an attempt to discover how social norms fashion individual identity, we address how young people experience sexuality, exploring in particular those ubiquitous practices which are silenced. Based on our research, we propose that social practices linked to sex and gender differentiation are subject to regulation and control aimed at protecting procreation. Thus, marriage is the medium through which the exercise of sexuality is legitimized and recognized for both men and, especially, for women.

Sexuality is a domain of meanings related to that which is "left unsaid," which is "not discussed" and which is "disguised and silenced." It is a very intimate matter which is not to be discussed in public. This leads to a second domain of meaning: those topics that are "inappropriate" are thus absent from the mental maps of young people. These omissions keep young people from taking appropriate measures when it comes to exercising their sexuality. This double domain of meanings – the self and the family – makes even that information provided by educational or medical services difficult to assimilate, a problem worsened by the fact that this information is limited and pedagogically unsophisticated. What the institutional media pompously terms "sex education" is actually "sexual guidance" (if that) made up of short courses providing anatomical,

physiological, and biological information about the reproductive organs combined with medical and social pointers aimed at delaying the initiation of sexual activity until marriage.

Two important aspects of sexuality are contraception and sexually transmitted diseases (STD). Ninety percent of both men and women mentioned condoms in this regard. Despite the fact that a majority of males mentioned condoms and many of them stated that they were familiar with them and even that they used them, we could tell from the in-depth interviews that this was simply the socially correct reply. Most interviewees had no clear idea how to use condoms. Most saw condoms as useful for purposes of contraception, but there was confusion surrounding their role in protecting against STD's. This ignorance is far greater among young females, including married women. Most of those interviewed (82.96%) were aware of the the HIV/AIDS virus, although their knowledge was limited. Often they only knew the name of the virus, but not how the disease is transmitted nor its etiology. For this specific disease knowledge was minimal among both males and females. It is noteworthy that for almost half of those interviewed (40.19%), their understanding of HIV/AIDs was so rudimentary that they did not consider themselves at risk. Knowledge of a disease is not sufficient to alert people to their personal risk, particularly when that knowledge is so deficient. This is even more evident with respect to STD's in general. Alarmingly, almost all respondents (98.16%) said they were not aware of STD's or that they had never had any. Only a minority (1.84%), mostly women, said they had contracted an STD, although they claimed not to know the source of infection. When queried about specific illnesses, the only one named was gonorrhea and this exclusively by male respondents. These men knew how to cure it and obtained the necessary medication either from the local health post or from friends. A large proportion of those interviewed (87.50%), as many men as women, who had contracted an STD do not recognize or attribute to their partner the responsibility for the infection and only a small percentage (2.08%) identify their partner as a possible transmitter of the disease. They knew of no way to avoid STD's, despite the fact that condoms had been mentioned in a previous question.

Substance Abuse

In modern societies, globalization has given special characteristics to substance misuse and abuse. Addiction involves a set of processes in which an individual, a substance, and their socio-cultural context interrelate in complex fashion, expressing:

> *... certain more or less serious illneses which can have various causes and manifestations, but whose main characteristic is the organization of all the addict's daily activities around the compulsive consumption of certain drugs. (Romani, 1996:41)*

This characteristic gives addiction its importance as a social phenomena in contemporary society. It appeared first in the industrial cities of the capitalist center. Globalization is now spreading it to urban centers in the dependent countries and even rural areas are now at risk. Addictive substances can be socially accepted or legal, such as alcohol, sedatives, sleeping tablets, tobacco, etc. They also include substances that are not socially accepted and are illegal, such as marijuana, cocaine, heroin, and other synthetic drugs like ecstasy, LCD, crystal meth, etc. Drugs are defined by the World Health Organization as any psychoactive substance that, when ingested, affects perception, mood, thinking, behavior, or motor functions. This definition includes alcohol and tobacco, as well as illegal and pharmaceutical drugs. (INEGI, 2002: 177 and 216).

In the region under study, substance abuse – with the exception of alcohol – does not yet seem to be a serious social problem. The remaining drugs, including tobacco, are consumed only by a minority of the young population. However, this is beginning to change, particularly among males who go to work outside their communities in the cities of the Mexican Caribbean. Throughout this area young people are exposed to the consumption of these toxic substances in their places of work. The scant government attention paid to the prevention of addiction focuses on the so-called illegal drugs such as marijuana, cocaine, and cocaine derivatives. Paradoxically, government pro-grams do not treat alcohol as a drug despite the fact that alcohol consumption is one of the most serious public health issues affecting both the young and the adult

population. Alcohol is responsible for diseases such as cirrhosis as well as behavioral problems leading to domestic violence and many suicides.

While substance abuse affects many young people, the issue is more acute among migrants; those who return home each weekend start drinking from the moment they set off and continue drinking throughout their journey. By the time they arrive home, they are in an advanced state of inebriation and remain in this state for their entire stay. This process of alcoholization (Menéndez, 1998) seems to originate from what young people call depression (*"un estado de desánimo*") resulting from the deep poverty present in peasant villages. In the case of youth, this poverty translates into meager opportunities for the future. The highest level of education available for students in these areas is a technical high school diploma. In poor communities school is available only those who receive scholarship support from the Federal Government grants program (PRONABES); economic help from the family is practically non-existent given the prevailing conditions of poverty. For young people, there is no possibility of further study. The limitation of access to higher levels of education and reasonably paid jobs becomes a powerful means of social exclusion and is structurally linked to their ethnic origins. A growing number of Mayans are forced to migrate. Their only option is to work in the tourist cities of the Mexican Caribbean or, to a lesser degree, in the city of Mérida, the state capital.

Final considerations

Public policies at every level pay scant attention to the youth of the Yucatan. Existing interventions are limited to talks on "sex education" and substance abuse. These talks are more informational than educational, whether the subject is contraception or STD's. Regardless of the subject, these interventions lack any pedagogical vision. None of them explore risk factors in a way that allows young people see themselves as potentially at risk. An understanding of risk would allow them to personalize and internalize the information received about sexuality and substance abuse. There is an urgent need for pedagogical programs offering information, guidance, and prevention. Presenting risk as a social matter would allow young people to see themselves as potentially vulnerable and allow them to take appropriate protective measures in their daily lives, particularly in the field of sexuality and substance abuse.

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