



Mexico

Population of Mexico: 127.5 million (2016 estimate)

Mexico is a predominantly Spanish-speaking country in North America bordering the United States to the south. Mexico is heavily populated in the middle of the country as well as in the country's capital, Mexico City. Mexican migration to the U.S. began in the early 1900s as a result of political unrest and a lack of jobs in Mexico. Mexican immigrants account for 30% of all immigrants in the United States, and 1 out of every 10 Mexican citizens lives in the United States. Immigration has begun to decline due to the loss of construction jobs in the United States following the Great Recession, along with improved employment and educational opportunities in Mexico and toughened border enforcement.

Mexico is a leader in its region when it comes to the promotion of disability rights and the implementation of the U.N. Convention on the Rights of Persons with Disabilities (CRPD). In 2007, Mexico ratified the CRPD and in 2011 signed into law the *General Law for the Inclusion of People with Disabilities (LGPID)*. This law incorporates the principles of CRPD, and asks the Mexican government to promote, protect, and guarantee the human rights of persons with disabilities, as well as full inclusion into society and equal opportunities. There are an estimated 9.17 million persons with disabilities living in Mexico, representing 7.5% of the population. Of those individuals, the majority have a physical, visual, or auditory disability versus a cognitive or speech disability.

Disability in Mexico

Stigma: Due to stigma, many individuals with disabilities and their families choose to hide their disability. People with disabilities in Mexico report alienation and the sense of pity from their peers and others, rather than experiencing empathy or compassion. Many students with disabilities choose not to use disability services in school due to the strong stigma associated with it, and some schools even withhold diagnosis from students' parents to avoid the child facing exclusion from their family.

Education: In theory, Mexico has a strong foundation for their special education program. Teachers are required to receive training to work with special education students, and legislation seeks to include disabled students in regular classrooms. There are two primary special education programs for students with disabilities, *Unidades de Servicios de Apoyo a la Educacion Regular (USAER)* which serves students whose disabilities are not severe enough to take them out of the regular classroom, and *Centros de Atencion Multiple (CAM)* for students whose disabilities require them to be in a separate classroom. However, in practice, very few students actually receive these services. For example, in 2005, only 3.5% of students on the autism spectrum were receiving any services. Furthermore, schools often struggled to diagnose students with disabilities, and sometimes even withheld disability diagnoses from parents.

Services: There are several services available to help individuals with disabilities find employment. The Mexican government's job portal, *Portal de Empleo*, has a specific section dedicated for jobs for individuals with disabilities. A separate job portal, *Abriendo Espacios*, is entirely dedicated to helping individuals with disabilities find work. There is also a large network of organizations that support individuals with intellectual disabilities called *Confederacion Mexicana de Organizaciones en favor de la Persona con Discapacidad Intelectual (CONFE)*. CONFE provides early intervention programs for children and vocational training for adults. National legislation mandates that healthcare facilities must meet certain criteria to make them accessible for individuals with disabilities. However, many lower income individuals may not be able to afford healthcare services. Non communicable diseases, such as diabetes and cardiovascular diseases, are the leading causes of disability in Mexico. The government created Popular Health Insurance to provide better services for individuals with these diseases and to reduce the cost of healthcare. While many services are available in theory, there is still a wide gap in implementing them.

People from Mexico are referred to as Mexican. 88% of the population practice Roman Catholicism, however the Mexican view of Catholicism is unique because it incorporates beliefs from Aztec religion. The Protestant and Mormon population in Mexico is also steadily growing. 93% of Mexicans speak Spanish, however a small portion still use indigenous languages.



Health Beliefs: Many Mexicans may believe disease is caused because an individual is too “hot” or too “cold”. “Hot” illnesses include more visible symptoms such as fever or vomiting, whereas “cold” illnesses have less visible symptoms such as a cold or arthritis. Lower-income Mexicans and those from rural areas may not have had access to Western medicine in their home country and may have used traditional home remedies or approached *curanderas* (traditional healers). Individuals may believe illnesses are caused by supernatural and it is important to explain the natural causes of illness so patients can understand the need for treatment or medication.

Mental Health: Common disorders among the Latino population include anxiety, depression, post-traumatic stress disorder (PTSD), and alcoholism. Rates of mental illness reflect similar rates of the general population, however Latinos face disparities in access to treatment and in the quality of treatment putting them at higher risk for severe and persistent mental illness.

Gender Roles: Gender roles for men in Mexico are described as “machismo”, meaning that men are expected to be independent and dominant figures, whereas women’s gender role is described as “marinismo” meaning women are expected to be very moral, selfless, and submissive. It is considered to be ideal for women to be *una ama de la casa* (a housewife). However, immigration has pushed many women to work outside the home and gender roles are changing.

Notes for Providers when Working with Refugees and Immigrants with Disabilities

The United Nations states, “*a disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical, sensory, cognitive, and intellectual impairments, mental illness, and various types of chronic disease.*”

People with disabilities are more likely to experience poorer health, fewer economic opportunities, and higher poverty compared to people without disabilities. Many individuals with disabilities lack equal access to healthcare, education, and necessary disability-related services. These factors are primarily due to lack of resources including services, transportation, information, and technology. Persons with disabilities face barriers in the forms of the physical environment, legislation and policy, societal attitudes, and discrimination. Evidence has shown when those barriers are lifted, individuals are more empowered to participate in their society, which thereby benefits the entire community. Fifteen percent of the world’s population has some form of a disability, with eighty percent of persons with a disability living in developing countries (UN).

According to the Women’s Refugee Commission, of the 68.5 million people displaced worldwide, there are 13 million displaced persons with disabilities. Refugees are one of the most vulnerable and isolated groups of all displaced persons. Because of physical and social barriers, stigma, and attitudes, many individuals with disabilities are often excluded from mainstream assistance programs. During displacement, refugees with disabilities experience more isolation than when they were in their home communities.

Refugees and immigrants with disabilities are entering the United States with many unmet disability-related needs. There exists much disconnect between refugees and immigrants and disability service systems. These barriers are present because of mistrust between the different service entities and lack of cross-cultural nuance among disability service organizations. These findings contribute important insights to the literature on disability disparities.

The U.S. healthcare system is complex and can be difficult to understand and navigate, especially for a refugee or immigrant coming from a country with limited healthcare services. Because resettlement services are time limited, it is important for care providers to work with other professionals to coordinate care for persons with disabilities. To best serve refugees with disabilities, providers need to consider the client’s history, life and experience in the country of origin or host country, and cultural perceptions of disability.

This project is supported by a grant from the Pennsylvania Developmental Disabilities Council.

Copyright © 2019 Nationalities Service Center and Pennsylvania Developmental Disabilities Council. Permission to reprint, copy and distribute this work is granted provided that it is reproduced as a whole, distributed at no more than actual cost, and displays this copyright notice. Any other reproduction is strictly prohibited.