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Interculturality in Health: The pending issue of the Mexican Health System

Interculturalidad en Salud: La asignatura pendiente del Sistema Sanitario Mexicano

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Abstract:

Interculturality is a process of communication and interaction between people of different cultures in which the integration and harmonious coexistence between them is favored. Mexican population has a strong feeling for the ethnic belonging; regardless if they speak an indigenous language or not. However, there is a significant gap in health conditions of indigenous groups due to geographical dispersion and isolation, in addition to the discriminatory treatment they receive, which is because their needs and demands are not met. The present review is focused on critically analyze the current situation of interculturality in health, pointing out inclusion strategies adopted by other countries and emphasizing that this is a pending issue for the Mexican Health System, which leads to the conclusion that interculturality has a great importance in public policies and work strategies focused on the well-being of indigenous peoples.

***Key words**:*
Interculturality, Health, Indigenous, Inclusion, Public policy

Resumen:

La Interculturalidad es un proceso de comunicación e interacción entre personas de diferentes culturas en el que se favorece la integración y convivencia armónica entre ellas. En la población mexicana existe un alto sentimiento de pertenencia étnica; independientemente de hablar o no lengua indígena, sin embargo hay un importante rezago en las condiciones de salud de los grupos indígenas debido a la dispersión y aislamiento geográfico, a lo que se suma el trato discriminatorio que reciben, por lo cual no se satisfacen sus necesidades y demandas. La presente revisión está centrada en analizar críticamente la situación actual de la interculturalidad en salud, señalando estrategias de inclusión adoptadas por otros países y que deja de relieve que éste es un pendiente para el Sistema Sanitario Mexicano, lo que permite concluir que la interculturalidad resulta trascendente en las políticas públicas y estrategias de trabajo enfocadas al bienestar de los pueblos indígenas.

***Palabras Clave**:*
Interculturalidad, Salud, Indígenas, Inclusión, Política pública

INTRODUCTION

The intercultural approach is key to improve quality and equity of health care, this approach generates actions addressed to one of the population groups considered vulnerable: the indigenous peoples. To achieve this, the actors must be sensitive to national multiculturalism, recognizing and respecting cultural differences to plan and supply services. The Article 51 bis 1 of the Mexican General Law for Health (Ley General de Salud) says as follows: *"Right to receive sufficient, clear, timely, truthful information and orientation of your health, risks and alternative procedures, therapeutic and surgical diagnoses that are indicated or applied. When dealing with users of indigenous communities, they will have the right to get information in their language"*.[1]

When defining a health policy that allows identifying the limitations and/or particular barriers that hinder or weaken health education, a fundamental strategy of promotion and prevention could be proposed to improve health care, redirect and adapt the interventions of different actors to obtain an assertive response from population. By generating the conditions that guarantee the development of culturally inclusive health services, the self-management capacities of indigenous peoples will be strengthened for the precise dissemination of definitions, procedures and services applicable

to the relationship between health care staff and the indigenous population.

The public agenda for health care issues is broad and requires a committed inter-institutional and community participation, so the implemented actions have a positive impact on indigenous peoples health, considering social, economic and cultural variables in the health-disease process, so these interventions transcend their life quality and bring us closer to the inclusive Mexico suggested in the Sectorial Health Program (PSS) derived from the National Development Plan (PND) 2013-2018.[2]

INTERCULTURALITY

The United Nations Declaration on the Rights of Indigenous Peoples was adopted by General Assembly on September 13, 2007[3], which emphasizes the right of indigenous peoples to live with dignity, to maintain and strengthen their own institutions, culture, traditions and cultural survival. This constitutes the new minimum standard for the protection of the human rights of indigenous peoples and individuals, which represents a paradigm shift with respect to the traditional vision of human rights. As a result, governments have the obligation to protect them by adopting positive measures to facilitate the enjoyment of these basic human rights.[3,4]

The United Nations (UN) supports the concept of intercultural health, declaring the year 1993 as the International Year of the Indigenous Populations of the World *"with the goal of strengthening international cooperation for solving problems faced by indigenous peoples in areas such as education, health, human rights, environment and development"*.[4]

Different agreements, policies and projects have been focused on the development of indigenous peoples. It is important to mention that the Pan American Health Organization (PAHO) together with the Member States has made a commitment to work with indigenous populations in the areas of health and well-being; this was considered within the goals of the Decade of the World's Indigenous Peoples (1994-2004).[5] The proposal of the intercultural approach to offer equity and quality in health care attention of the indigenous populations of the Americas is continued by proclaiming the Second International Decade on December 20, 2004.[6,7]

The concept of Interculturality emerged precisely in the American countries and it was defined as: *"the process of communication and interaction between people and groups where one cultural group is not allowed to be above the other, favoring at all times the integration and coexistence between cultures"*.[8] It should not be limited to the rural/urban area (even when it is an example of its application) nor it is a controversial concept that is repeated only because it is a trend and that in recent years due to its nature has assumed great challenges[9] in terms of education and health.[4]

Interculturality has been widely known and spread in recent years, but this fact does not ensure its complete comprehension nor its use in areas of high density of indigenous population.[10] In practice, it has turned out to be a utopia in the absence of equity and balance derived from the social and economic hierarchies among converging cultures[12], therefore, it has been necessary to reconceptualize it to deal with situations where persistent inequalities and asymmetries are present.[13]

Being immersed in a confluence of cultures requires the acquisition of intercultural competence defined as *"an ability to interact which includes affective, cognitive and behavioral components"*.[14] Understanding it as an individual, social, professional and strategic ability of sub-competencies to link and communicate in an intercultural context, starting by knowing one's own culture and that of others.[15] It is required the availability to learn from other cultures, reflecting, accepting, developing empathy and understanding, which will lead to communicate effectively, to leave a mark on the participants.[4]

Density and composition of the indigenous population

The indigenous population is formed by a group of indigenous peoples whom, given their culture, history and language, give a sense of belonging and identity to the country. It is important to have figures about it, its location and sociodemographic characteristics, in which the criterion to identify it is being speakers of an indigenous language.[16]

According to the Intercensal Survey 2015, in Mexico there are 7,382,785 people of 3 years old and older who speak an indigenous language, a figure that represents 6.5% of the national total; of which 51.3% are women and 48.7% are men; of which 45.3% of the population that speaks an indigenous language is younger than 30 years old. The proportion of children and young people who speak indigenous languages is lower with respect to the national population; for the case of speakers of indigenous language between 3 and 14 years old, it represents 20.4% and for young people between 15 and 29 years old, 24.9%.[16]

A relevant fact about the population that speaks an indigenous language is that only 13 % can only communicate in their native language. This situation is more evident among women than men, since 15% of indigenous women are monolingual, compared to 9% of men.[17] Monolingualism, according to some organisms, indicates that the indigenous people have a greater attachment to the worldview and traditional culture, besides being a population that is closer to unfavorable conditions of marginalization in terms of access to resources, education, health and justice.[18]

A strong feeling of ethnic belonging is detected among Mexican population; the Intercensal Survey 2015 results estimate that, regardless of whether they speak an indigenous language or not, there are 24.4 million people of 3 years-old and older who recognize themselves as Mexican (21.5 %) indigenous people in that age range. This percentage is three times higher than the population who speak an indigenous language (6.5 %).[16]

Health in the indigenous population

According to the National Council for the Evaluation of Social Development Policy (CONEVAL), seven out of ten indigenous speakers are in a situation of poverty.[18] The vulnerability that this situation implies, among other things, is the difficulty accessing health services. This fact is also revealed in the Intercensal Survey 2015, since 15% of indigenous speakers in the country are not affiliated to health care services; the most unprotected in terms of non-affiliation are men: 57.7 % do not have any, compared to 45.3 % of women with no affiliation.[16]

Of all the affiliates to a health care institution, almost everyone (98.8%) is affiliated to a public sector institution, mainly *Seguro Popular*: 72.6% of the indigenous language speaker population is affiliated to that institution and less than one percent (0.5 %) to a private institution.[16] Bearing in mind that this program faces "ancestral lags", in terms of human resources, infrastructure, services and supplies.[19]

Interculturality in Health

In order to defend and empower ethnic groups in our country, the National Indigenous Institute (INI) emerged in 1948; nowadays it is called the National Commission for the Development of Indigenous Peoples (CDI)[20], which during the following two decades promoted actions in favor of the indigenous population together with institutions and intellectuals . Due to this process, proposals and actions emerged regarding intercultural health, demonstrating respect for cultural diversity, which proves imperative for the health team to develop strategies that facilitate quality care, avoiding that the ethnic and cultural identity of users constitute barriers to this process.[21]

In various Latin American countries where Intercultural health has been applied, strategies of hegemony have been carried out, with actions aimed at the knowledge of traditional medicine, its scope and applications[7], posing these hegemonic models, these countries have faced the challenge of getting traditional therapists accredited, in order to avoid malpractice and trickery in its execution.[22]

The institutionalization of traditional therapists and their empowerment within the health system will place them in a legal framework so that these new social agents have the possibility of exercising in a legitimate manner[23], respecting the knowledge of other's and generating spaces of trust in which both medicines converge and create human resources with intercultural competence and sensitivity.[24] By doing so, professionals will develop a broad, comprehensive epidemiological vision of the ways of understanding the health-disease process by indigenous people, as their perception of reality, ideology and life have been generated in the knowledge of nature and the environment that surrounds them. The indigenous worldview is very different from western culture[25], which is considered the *"dominant"* culture and this could endanger indigenous autonomy by subordination in to a set of regulations and hierarchies.[22]

Mexico has a significant lag in health conditions, due to the dispersion and geographical isolation as there is limited access to services in many states in the country, adding to this the discriminatory treatment towards the indigenous population, leaving them with unsatisfied needs and demands. This population seems invisible to institutions, hence the need for strategies that are generated in the population itself[26], this will set the standard for applying them successfully in a collective way, where the intercultural approach contributes to the impact that can be measured in the current health of the population.

Among the intercultural strategies applied in our country stand out those arising from the creation of the Health and Nutrition Program for Indigenous Peoples (PROSANI), for example: health care staff training in interculturality, the complementarity of traditional medicine with allopathic medicine and promoting communication according to the sociocultural characteristics of each ethnic group[27], which have had limited success due to the poor understanding of the indigenous worldview by health care services.[28]

This favors the claim of the indigenous population about the indifferent and discriminatory treatment when they go to Health Care Institutions, they are even disrespect when they express their opinions regarding their conception of health and disease.[29] Therefore, it is expected that the strategies generated in the communities where they are intended to be applied respecting their worldview[30], will have a positive impact on the indigenous population. By following these recommendations, we will have a successful health care system in its attempt to reduce the existing gaps in health and respect the rights of all Mexicans.

CONCLUSIONS

It is essential to promote a public policy to prevent diseases, promote and give health care services to indigenous peoples through strategies with an intercultural approach. These must be implemented by human resources committed to the provision of quality services that meet the needs of users within a framework

of respect, by aligning national programs and resources in chain up to the community level to adapt them to the cultural context, setting specific goals and impact assessment indicators to overcome the barriers that this population faces.

REFERENCES

1. Secretaría de Servicios Parlamentarios. Ley General de Salud. Diario Oficial de la Federación. 2017.
2. United Nations. The United Nations Declaration on the Rights of Indigenous Peoples. 2010.
3. United Nations. Resolution adopted by the General Assembly 61/295 United Nations Declaration on the Rights of Indigenous Peoples. 2007.
4. Diez ML. Reflexiones en torno a la interculturalidad. Cuad. Antropol. Soc. 2004; 1(19): 191–213.
5. United Nations. Resolution adopted by the General Assembly 48/163 International Decade of the World's Indigenous People. 1994.
6. United Nations. Resolution approved by the General Assembly 59/174. Second International Decade of the World's Indigenous Peoples. 2005.
7. Mayca J, Medina A, Niño de Guzmán A, Silva J, Salas C. Salud intercultural. Rev. Peru. Med. Exp. Salud Pública. 2003; 20(100): 1–4.
8. Pech C, Rizo M. Interculturalidad: miradas críticas. Barcelona: Institut. de la Comunicació; 2014.
9. Aguilar MJ, Buraschi D. El desafío de la convivencia intercultural. Rev. Interdiscip. da Mobilidade Humana. 2012; 20(38): 27–43.
10. Universidad de Playa Ancha, Chile. Concepto de interculturalidad. Cuad. Intercult. 2003; 1(1): 1–2.
11. Castillo E, Guido SP. La interculturalidad: ¿principio o fin de la utopía? Rev. Colomb. Educ. 2015; 1(69): 17–44.
12. Zárate A. Interculturalidad y decolonialidad. Tabula Rasa 2014; (20): 91–107.
13. Dietz G. Interculturalidad : una aproximación antropológica. Perfiles Educ. 2017; 39(156): 192–207.
14. Rehaag I. Reflexiones acerca de la interculturalidad. CPU-e Rev. Investig. Educ. 2006; 1(2): 1–9.
15. Chávez P. Razones para una perspectiva intercultural en bioética. Rev. Peru. Med. Exp. Salud Pública 2012; 29(4): 566–9.
16. El Instituto Nacional de Estadística y Geografía. Encuesta Intercensal 2015. México: INEGI; 2015.
17. García LM, García JE, Acevedo E, Arteaga E. Las mujeres indígenas de México: su contexto socioeconómico, demográfico y de salud. Primera edición. México: Talleres Gráficos de México; 2006.
18. Consejo Nacional de Evaluación de la Política de Desarrollo Social. La pobreza en la población indígena de México. Primera edición. México: CONEVAL; 2014.
19. Leal G. ¿Protección social en salud? Ni ¨seguro¨, ni ¨popular¨. Estud. Políticos. 2013; 9(28): 163–93.
20. INI/CDI. Instituto Nacional Indigenista-Comisión Nacional para el Desarrollo de los Pueblos Indígenas 1948 - 2012. Primera edición. México; 2012.
21. Goicochea E. Interculturalidad en salud. UCV- Sci. 2012; 4(1): 52–5.
22. Loza CB. Las medicinas tradicionales en la encrucijada intercultural. História, Ciências, Saúde - Manguinhos. 2015; 22(1): 303–7.
23. Boccara G. La interculturalidad como campo social. Cuad. Intercult. 2012; 10(18): 11–30.
24. Hasen FN. Interculturalidad en salud: competencias en prácticas de salud en población indígena. Cienc. Enfermería 2012; 18(3): 17–24.
25. Ortega H. Interculturalidad simulada en Jalisco, México. Cuad. Intercult. 2014; 1(22): 103–33.
26. Ruvalcaba JC, Cortés SY. El contexto socio-ambiental y la educación para la salud en San Andrés Paxtlán, Oaxaca, México. Rev. Xihmai. 2013; VIII(16): 7–28.
27. La salud de los Indígenas. Programa Nacional de Salud 2001-2006. La democratización de la salud en México. Primera Edición. Secretaría de Salud, 2001.
28. Menéndez EL. Salud intercultural: propuestas, acciones y fracasos. Cienc. Saude Coletiva 2016; 21(1): 109–18.
29. Espinoza YL. Experiencias exitosas en la implantación de las políticas y modelos interculturales. In: Almaguer JA, Vargas V, García H, Lara Z, Blanco I, Lugo N, Mondragón R, editors. Interculturalidad en salud. Experiencias y aportes para el fortalecimiento de los servicios de salud. Tercera edición. México, DF: Impresión y diseño; 2014. 227-257.
30. Hita SR. Salud, globalización e interculturalidad: una mirada antropológica a la situación de los pueblos indígenas de Sudamérica. Cienc. Saude Coletiva 2014; 19(10): 4061–9.