Health Service Provision in a Huichol Community in Mexico: an issue of Intercultural Communication

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Abstract

In Mexico, there is a high incidence of health-related problems among indigenous ethnic groups that are otherwise prevented and have a low impact in non-indigenous rural communities. The Mexican Ministry of Health acknowledges that this problem may be in part due to the fact that the vision of the indigenous patient regarding health issues has been omitted from official programmes. In this paper we show that although understanding cultural aspects is crucial in the development of a culturally-sensitive view of health care service provision, it is also of paramount importance to observe aspects concerning intercultural communication issues, such as differences in expectations regarding interaction patterns. The case of the Huichols, an indigenous ethnic group in Mexico, is presented.

Key words: intercultural communication, healthcare provision, Huichol

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Introduction

Mexico is blessed with riches of many kinds. One of these is its ethnic diversity, and related to this an impressive array of languages. It is not widely appreciated that despite repeated attempts by a succession of centralising governments to homogenise society there are 67 officially recognised indigenous ethnic groups and that the number of spoken languages far exceeds that figure. According to the most recent national census (INEGI 2005), 6.7 % of the population in Mexico speak an indigenous language. By law, the languages spoken by these people are accorded the status of *national languages*, but in reality their use for official purposes is extremely limited.

The disparity between what is written in law and what occurs in reality can be seen when one looks at the operation of the health services. We find that the provision of the health services is limited and constrained by cultural and language boundaries. Consequently, one observes there is a high incidence of health-related problems among indigenous ethnic groups that are otherwise prevented and have a low impact in non-indigenous rural communities. These include infectious diseases of various kinds, cancer, high-risk child-delivery, poisoning caused by scorpion bites, the incorrect use of herbicides and pesticides, illnesses that stem from poor sanitation as well as a high level of preventable malnutrition.

The Mexican Ministry of Health acknowledges that such high incidence of preventable health problems and the low impact of current health programmes may be in part due to the fact that the vision (Weltanschauung) of the indigenous patient regarding health, disease, life and death has been omitted from official programmes and what we can call a western vision has been substituted and imposed. In their national plan of development for the period 2001 – 2006, for the first time, the Ministry of Health promotes an intercultural program of health which is expected to promote the pertinent changes both in the structure and operational

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mechanisms of the different entities involved in offering health services to indigenous and multicultural societies in the country. Some of the recommendations offered in this document to health service providers are:

- Find information about the characteristics of the target population regarding language, traditions, target population's vision of health and disease, and the way they deal with them.
- Learn a few words and expressions in the target population's language.
- Seek the assistance of interpreters.

We believe that understanding the vision of the indigenous ethnic groups regarding health and disease is an important step towards an intercultural health system; however, an area that has been neglected, perhaps involuntarily, is that of communication in intercultural settings, that is, intercultural communication. In this article we present an analysis of intercultural aspects of the consultation that occurs between health care providers (both in rural communities and in an urban hospital) and indigenous patients that arises as a result of our research. We hope to justify the need for further investigation and a re-thinking of how health services are provided.

The Huichol people

Huichol people (although they prefer to be referred to as *wixaritari*, plural of *wixárika*) dwell in the *Sierra Madre Occidental* range, in the Midwest region of Mexico. Their language, *Wixárika*, belongs to the Uto-Azteca language family. Unlike other ethnic groups, Huichol people have been able to maintain a certain level of autonomy. They have been able to adapt themselves to changes that society and the government have introduced because they cherish their own values and explore "with dignity" other cultures (Negrin 2006). Nonetheless, Huichol people, like the rest of indigenous ethnic groups in Mexico, are socioeconomically disadvantaged, have low levels of education, and live in areas where there are great environmental hazards.

According to the 2005 census report, there are 35 724 speakers of Wixárika, which represents the 0.59 % of the indigenous population in Mexico (6 011 202 speakers of an indigenous language). Fewer and fewer communities are exclusively monolingual Wixárika speakers. In fact, only 11.4 % (4 070 speakers) of the Huichol population is Wixárika monolingual, although the level of bilingualism varies, with a strong tendency for younger people to be more fluent speakers of Spanish, even at the expense of *Wixárika*. Most indigenous communities in Mexico have a functional specialization of their L1 and Spanish. Spanish is used in the so-called higher functions such as 'national' government issues, 'national' health care system, the media and education. Interestingly, the use of *Wixárika* is not only confined to the home and other personal domains of interaction between community members; it is also used in higher functions such as 'traditional' government issues, the performance of rituals including those related to health service provision via traditional healers or *mara'akate* (plural of *mara'akame*, Huichol shaman).

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