

Research Paper Presentations

Theme 1: The Health of Indigenous People

Chair: Dr Carolyn Stephens

Factors Influencing Condom Use Among Aboriginal Youth: A Systematic Review

Devries, K. London School of Hygiene and Tropical Medicine, United Kingdom

Slides Appendix 2.1

Abstract

Objectives: To determine which factors are associated with condom use among Aboriginal people.

Methods: A systematic review of published and unpublished literature was undertaken. Searches of databases and indexes, and direct contact with authors yielded 17 analyses on 10 independent samples. Studies reporting on associations between any independent variables and a condom use outcome were included. Data on the quality of each study was extracted, and the strength of evidence for associations between risk factors and condom use outcomes was assessed by counting the number of studies and sample size of each study.

Results: The quality of many of the studies was poor. Evidence was insufficient to judge associations between most risk factors and condom use. Moderate evidence was obtained showing no relationship between condom use and: low educational attainment, and community size and location. Moderate evidence also supports an association between non-assortative sexual mixing (specifically White male- Alaska Native female pairs) and condom non-use.

Conclusions: Evidence regarding the predictors of condom use in Aboriginal populations is extremely limited. In order to effectively promote condom use amongst Aboriginal people, robust research regarding the facilitators and barriers to condom use in Aboriginal populations is urgently needed.

Comprehensive Development Approach towards Sustainable Health and Development of Tribal Communities in Maharashtra, India

Kudale, Abhay M and Agashe, Purushottam S. The Maharashtra Association of Anthropological Sciences (MAAS) and the Comprehensive Rural Health Project (CRHP), Jamkhed, India

Slides Appendix 2.2

Abstract

In India tribal people - the indigenous people- constituting 8.08% of the total population, are the poorest and the most vulnerable of the social groups. Historically, the tribal people as hunters, gatherers and shifting cultivators have moved to settled agriculture. As novice farmers tribal people still practise primitive methods of production giving low yields. This results into food security problems and migration. Chronic poverty, undernutrition, lack of personal hygiene and sanitation, absence of safe drinking water, poor maternal and child health and ineffective coverage by national health and nutritional services, have been identified as responsible for poor health status of the tribal people.

The government has provided larger budget outlays for health and development but this has not made significant dent in the tribal situation. Inaccessibility to existing health facilities and referral services are the major hurdles in health care.

The comprehensive development approach of intersectoral coordination, enablement and use of appropriate technology has been adopted by the recently started "Adivasi Utthan Karyakrama" - Tribal Human Development Programme - undertaken by 'The Maharashtra Association of Anthropological Sciences', Pune and 'The Comprehensive Rural Health Project', Jamkhed for attaining sustainable development of tribal communities in Maharashtra State. The programme aims to propagate enablement of local tribal human resources and grass-root level functioning institutions namely "Anganwadi" - village level delivery centre for Integrated Child Development Services- and "Ashram School" - residential schools for tribal children. In this programme tribal village volunteers - women and men- representing the community are being selected and trained. They are given inputs in areas of health care especially about infant, children, pregnant and lactating mother care; education; livelihood activities; community development and strengthening of cultural identities. These volunteers will act as facilitators for social change and are expected to transform the lives of tribal people. Other local resource persons like herbalists, trained birth attendants and grassroot level development functionaries will also be trained in useful skills. Traditional and statutory self government bodies are to be strengthened. These activities are expected to ensure sustainability of social change.

Research Paper Presentations

Theme 2: Policy and the Right to Health

Chair: Clive Nettleton

Rights, Neocolonialism and the Health Agenda for Indigenous Australia

Anderson, I. University of Melbourne, Australia

Slides Appendix 2.3

Abstract

This paper reviews the development of health strategy and Indigenous rights over the last decade for Indigenous Australians. It reviews such developments against a broader landscape of policy in Indigenous affairs and compares health outcomes and trends for Indigenous Australians relative to Indigenous peoples from other settler colonial contexts such as New Zealand and North America. Whilst there have been some gains with respect to the development and implementation of Indigenous health strategy - significant health gain is yet to be realised and there are disturbing political developments winding back many Indigenous rights won over the last four decades.

The World Health Organisation and Indigenous Health

Galbraith S. Department of Ethics, Trade, Human Rights and Health Law, World Health Organisation, Geneva, Switzerland.

Transcript Appendix 1.1

What influence did the decade of Reconciliation (or that of Indigenous Peoples) have in Australia?

Jackson Pulver, L and Fitzpatrick S. School of Public Health and Community Medicine, Faculty of Medicine, University of New South Wales 2052

Abstract

It is now 2004, four years since the conclusion of Australia's ten-year formal process of reconciliation that slightly pre-empted the International Decade of Indigenous People and Australia's Indigenous people have been shown to have standards of health that are below Third World Countries such as Sudan, Sierra Leone and Nepal.

With no formal treaty or national bill of rights, Australian policy makers must be constantly reminded of the human rights principles that underpin rights-based reconciliation, not the least of which is the right to the highest attainable standard of health. For Aboriginal and Torres Strait Islander peoples, human rights are indissolubly linked to the right to self-determination and the right to development.

During the decade, there was formal commitment from governments at all levels 'to co-operate and to coordinate with the then nationally elected Indigenous representative body, the Aboriginal and Torres Strait Islander Commission, as appropriate, to address Aboriginal disadvantage and aspirations in relation to land, housing, law and justice, cultural, education, employment, health. Contemporaneous recommendations of the Royal Commission into Aboriginal Deaths in Custody included 20 that dealt with health and emphasised the need for governments to apply principles of access and equity.

The Australian decade of reconciliation has seen remarkable swings of fortune. From its hopeful inception in 1991 with several strong supporters in the incumbent Labor Government, a National Aboriginal Health Strategy and the acknowledgment by the High Court of continuing native title; the tide turned at the close of 1995, with the rise of right wing radical philosophies such as Hansonism and the election of John Howard in 1996. The conservatives sidelined hard won commitments to Social Justice reform, amended the legislation governing native title so that it is now racially discriminatory and crushed aspirations towards achieving substantive equality for Aboriginal and Torres Strait Islander peoples.

The decade was not successful in convincing the wider population of the importance of land rights and concomitant human rights of First Peoples. Nor has the public and political will been secured to obtain the funding to address infrastructure shortfall and health service provision. The Aboriginal & Torres Strait Islander Social Justice Commissioner has annually tabled reports calling the Australian government to account for human rights failings. Australian has also been censured by the UN. For the grass roots People's Movement for Reconciliation, the National Convention of 1997, where the Prime Minister refused to apologise on behalf of the government to those affected by policies of forcible removal, was probably the lowest point. An apology remains outstanding.

Research Paper Presentations

Theme 3: Traditional knowledge

Chair: Professor Jeff Reading

“... I render service for science, don't I? ... and I am an indigenous descendant...”

Simplified Medicine Auxiliaries in Amazonas, Venezuela.

Sánchez, G. L. Centro Amazónico para la Investigación y Control de Enfermedades Transmisibles (CAICET), Universidad Central de Venezuela (UCV), DrPH Candidate London School of Hygiene and Tropical Medicine (LSHTM).

Full Text Appendix 1.2, Slides Appendix 2.4

Abstract

Venezuela is undergoing constitutional, political, and health sector changes that have immediate effects on health care delivery for the poor in urban and rural areas. Amazonas is one of the poorest states in the country, with the lowest density population being 49% indigenous. Most of the indigenous population lives in scattered periurban and urban communities that have been served for more than 40 years by Community Health Workers called *Auxiliares de Medicina Simplificada*. The fact that community-based health workers live the reality of health practices in their communities and that they work and are trained with biomedical references make them actors that convey both contradictions and possibilities for integration of different forms of knowledge and practices. The integration of health practices has recently become a Right for indigenous people in the country.

What we present here are issues related to the self identification or identity building process of the indigenous Auxiliaries from the perspective of the workers themselves. The better understanding of this identity is intended to help in more effective design and implementation of current health interventions for Primary Health Care for the indigenous population, as a way to effectively exercise the achieved Rights.

For the purpose of this presentation we will focus on aspects found to be relevant for the understanding of how Auxiliaries are socially and politically positioned in the Amazonas Health System, addressing our attention to their personal and professional identity, as indigenous and as health workers. We will first give some aspects of the Auxiliaries' program background, then make reference to the training course in Amazonas and illustrate the self identification of these workers in relation to the people they serve, to doctors and to traditional healers. We'll finally give preliminary conclusions and recommendations.

Indigenous culture, socioeconomic change and health. Reflections after medical-anthropological fieldwork in the Amazon region of Ecuador.

Knipper, M. Institute for the History of Medicine, University of Gießen, Germany

Full Text Appendix 1.3

Abstract

How can the “culture” of indigenous people be recognized in health care? This is one of the main questions related to the struggle for indigenous peoples’ right to health. But what are the relevant aspects of indigenous “culture” for health care, and how can they be addressed? Is it enough to think in the apparently “medical” features of indigenous culture (like local concepts of disease, magic rituals, herbal therapy, etc.), when the goal is to develop health care programs able to solve the manifold health problems of indigenous people in times of dramatic social, economic and ecologic changes?

Based on the results of an extensive medical anthropological fieldwork in the Amazon region of Ecuador (mainly between 1997 and 1999), this paper presents very different aspects of “indigenous culture” relevant in the context of health and health care, transcending the narrow limits of “traditional medicine” and the dichotomies related to common concepts of “medical pluralism”. Special attention will be given to the following questions: How can “indigenous culture” be included into the daily practice of health care projects? How can “culture” be recognized, when “traditional” features of “indigenous culture” seem to be going lost in situations of social and economic changes? Are there, finally, essential differences in the health care needs and priorities of peasant populations defined as “indigenous”, and other residents of the same geographical areas, suffering equal social and economic calamities and poor health conditions as the “indigenous”?

The basic argument of this paper is that the recognition of “indigenous culture” in the context of health and health care has to be based on a suitable and explicitly defined theoretical concept of “culture”. If the goal is to take seriously the people and to support individual agency, conceptual limitations especially on the “medical” aspects of “indigenous culture”, on “tradition”, “medical folklore” and overvalued “ethnic” categorization, should be overcome.

Indigenous Traditional Medicine among the Hupd’äh- Maku of Tiquié River (Brazil).

Athais, R. Universidade Federal de Pernambuco, Brasil

*Full Text Appendix 1.4,
Slides Appendix 2.5*

Dr Renato Athais



Relationship between Health and Traditional Medicine - Did the loss of traditional medicine among indigenous people in the Ecuadorian Amazon make a difference?

Lacaze, D. Independent Public Health Specialist, Ecuador

Full Text Appendix 1.5, Slides Appendix 2.6

Abstract

In this presentation I would like to show that the loss of traditional medicine (TM) - as a consequence of socio-cultural and economic change - is a key contributing factor to explain the actual deterioration of the health conditions among indigenous people in Ecuadorian Amazon.

More specifically, I suggest that the breakdown of moral and social norms has in turn led to a weakening of the preventive role of traditional medicine, further increasing the effect of certain health problems, such as malaria, gastritis and alcoholism.

Because, for indigenous people “health” and “medicine” include broader and more complex socio-cultural concepts than the more focused system of western medicine, I suggest that living conditions cannot be significantly improved without revitalizing their traditional medical systems.

I conclude that, even though a great deal of work has been done during the past decade to support the indigenous people in Ecuador and in other parts of the Amazon, the recuperation, strengthening and defense of their traditional medicine still remains a significant, and largely unresolved, issue.

Western science and traditional knowledge - no gap to bridge.

Dowie, J. London School of Hygiene and Tropical Medicine, United Kingdom

Full Text Appendix 1.6

Poster Presentations

Tuberculosis amongst indigenous population in Latin America (LA)

Chacare M, Ortega D, Duarte C, Cabulla,W, Jiménez B and Sánchez GL

Amazonic Centre for Research and Control of Tropical Diseases (CAICET), Universidad Central de Venezuela (UCV)

Abstract

Existing information from many countries in LA consistently shows an unjust health gap between non-indigenous and indigenous population (IP). This retrospective study with ecological approach relying on secondary data from national TB programs showed that countries with highest proportion of IP in LA have the highest TB incidence rates and within countries TB is higher in areas of highest IP concentration. There is a need of epidemiological and demographic data disaggregated by ethnic origin in LA.

Evaluations of interventions targeting life-style risk-factors implemented in Indigenous Australian communities: are they adequate?

Anton Clifford, Lisa Jackson Pulver, Robyn Richmond, Rowena Ivers, Anthony Shakeshaft, Dennis McDermott, Richard Mattick.

School of Public Health and Community Medicine, Faculty of Medicine, University of New South Wales, Australia 2052

Abstract

Background: Diseases associated with lifestyle risk-factors such as alcohol misuse, tobacco use, poor nutrition and inadequate physical activity, contribute substantially to mortality and morbidity among Indigenous Australians, are disproportionately higher than in the general population and there is a greater likelihood of multiple risk-factors occurring simultaneously. In order to optimally reduce mortality and morbidity associated with such diseases, it is critical that Indigenous health research identifies best-evidence interventions targeting lifestyle risk-factors, to increase the likelihood that these will be implemented and those with little or no evidence for their effectiveness will not be implemented. This poster presents the results of a methodological critique of intervention research conducted in Indigenous Australian populations, published from 1989 to 2003 inclusive, aimed at reducing harms associated with smoking, nutrition, alcohol and physical activity (SNAP) risk-factors.

Methods: Publications relating to Indigenous health and either smoking, nutrition, physical activity or alcohol from 1989 to 2003, were identified through the following databases: Medline, Embase, PsychInfo, Cochrane and the Indigenous Australian Alcohol and other Drugs, National Drug Research Institute (NDRI). The title and abstract of publications were reviewed and those relating to Indigenous Australians were retained. Of these, those representing intervention research were identified and subject to methodological critique.

Results: Most published articles reported interventions targeting discrete SNAP risk-factors, with few targeting multiple SNAP risk-factors concurrently. Remote or rural Indigenous Australians were the targeted populations for most of the interventions, with very few interventions targeting urban Indigenous Australians. Although some attempt was made to evaluate the effectiveness of all interventions, the majority of these were of poor methodological quality, failing to yield robust and reliable measures of the cost-effectiveness of the interventions. Specific areas for methodological improvement in future evaluations are identified and discussed.

Conclusions: Evidence-based health care practice requires intervention evaluation studies of strong methodological quality if the findings are to have sufficient credibility to advocate identification, and dissemination, of cost-effective interventions. In the absence of such studies, interventions targeting Indigenous Australians will be developed from a weak evidence base, making it unlikely they will prove effective. More concerted efforts are required on the part of researchers and funding bodies to ensure that intervention evaluation research concerning Indigenous Australians is of a strong methodological quality and provides robust evidence on the cost-effectiveness of interventions, informing health professionals working in Indigenous health as to what might reasonably constitute best practice.

The prevalence of Tuberculosis infection amongst indigenous communities, Amazonas Venezuela

Desai S. London School of Hygiene and Tropical Medicine (LSHTM) and Amazonic Centre for Research and Control of Tropical Diseases (CAICET)

Abstract

This study aims at investigating the characteristics of tuberculin skin test sensitivity in the communities and documents the prevalence of TB infection through Community-based PPD surveys. The prevalence of TB infection increased in both sexes with age and peaked at 30-40yrs. The highest prevalence of TB infection was found among the Piaroa and lowest among the Yanomami living in the municipal Alto Orinoco. Differences in prevalence are more strongly related to geographical area than ethnicity. The high prevalence among the Piaroa is a probable reflection of their reduced living conditions and increased contact with TB. The improvement of health in relation to TB requires that indigenous peoples have equal opportunities for health, which includes access to immunisation, early detection and treatment.

Health status and development among Aboriginal infants in an urban community

Lisa Jackson Pulver, Elizabeth Comino, Dennis McDermott, Pippa Craig, Elizabeth Harris

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Abstract

Compared with non-Aboriginal Australian children of the same age, Aboriginal children aged less than 12 months have lower birth weights, slower growth, greater mortality, higher hospital admission rates and are more frequently born prematurely. Yet there is little information on the health outcomes of Aboriginal infants in urban communities in Eastern Australia, with most Australian research focussed on the outcomes for Aboriginal infants in remote communities. Data are needed to inform the development of services for Aboriginal infants and their families in urban regions.

The University of NSW research group have worked closely with an outer urban Aboriginal community in the Sydney region for a number of years. Health services for this community are provided through an Aboriginal Medical Service, the regional Health Service, and other agencies. The authors have been involved in evaluating the Aboriginal community's health needs and advocating for the establishment of an Aboriginal Home Visiting (AHV) Team, specifically to work with Aboriginal families, in collaboration with the local Aboriginal community. The AHV regularly visits mothers of Aboriginal infants at home before and after birth until the infant reaches 2 years of age.

This nationally funded research program is building on these existing relationships to describe in detail the health status, use of health services and growth and development of 150 Aboriginal infants born to mothers who reside in the region. Further, the research team is working with the Aboriginal community to identify the implications of the research for ante- and post- natal service development and to advocate for the ongoing development of services for Aboriginal families in the region.

All mothers who deliver at the regional hospital will be approached and a brief questionnaire used to establish the Aboriginal status of newborn infants. Mothers of Aboriginal infants will be invited to participate in the research. Participation will involve completion of postnatal interviews with project staff at 2-3 week, 6-months and 12-months and a paediatric health and development assessment at 12 months. The interview will be based on instruments that have previously been used for these purposes and acceptable to the local Aboriginal community. During the study mothers and their infants will receive usual health and medical care.

This paper will describe our approach to this research and will outline the progress to date in establishing the research.

Health of isolated indigenous people and extractive industries: Some Peruvian examples

Dora A. Napolitano, Shinai, Peruvian NGO

Abstract

The remote headwater areas of the Amazon rainforest (in Peru, Bolivia, Brazil, Ecuador and Colombia) are home to many “isolated peoples”, indigenous groups who continue to prefer not to encounter and establish relationships with outsiders. These people have not been exposed to many every day infectious diseases such as flu and some diarrhoeal diseases and are therefore particularly vulnerable to their introduction, with extremely high fatality rates.

The current Peruvian government has a new policy drive for the large-scale exploitation of gas and petrol in the Peruvian Amazon which is opening previously remote areas not only to outsiders but to high impact infrastructure and extraction projects. Many of these areas are home to indigenous people, including those who chose to avoid interactions with outsiders.

We describe the situation in the Urubamba Valley in south east Peru where the Camisea Gas Project recently went into production. We explain what we mean by isolated people, their demonstrated vulnerability, and some case studies of impacts over the last 20 years, and some working ideas on the how to protect these peoples’ rights to health without violating their right to self determination and to chose how and when they establish relations with outsiders. We question the possibility of major extractive projects that do not violate the rights of isolated peoples who have chosen to avoid interactions with outsiders.

Auxiliares de Medicina Simplificada en Amazonas: su papel en momentos de cambio

(Simplified Medicine Auxiliaries in Amazonas, Venezuela: Their role in a shifting context)

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Imposición, cooperación o respuestas innovadoras? El caso de los Auxiliares de Medicina Simplificada en Amazonas

(Co-option, cooperation or innovative responses? The case of Simplified Medicine Auxiliaries in Venezuela)

Sánchez G. L. ¹⁻² González J.S. ³ Kielmann K. ⁴

Abstract

Auxiliares de Medicina Simplificada (AMS) is a Community Health Workers Program launched in 1962 by the Venezuelan Ministry of Health with the specific goal of delivering basic health services to rural population. The Program was conceived in the context of an Agrarian Reform to improve the living conditions of peasant population contributing to remove possibilities for the emergence and spread of guerrilla movements. After 43 years the context has changed but AMS remain the most lasting element of the Venezuelan Health System in remote communities particularly in indigenous areas. These studies explore the current roles of AMS in PHC in Amazonas and their situation within discourses of medical pluralism and indigenous rights. In the current climate of political change and social mobilisation, AMS can provide important roles that can not be replicated by biomedically trained doctors in the creation and development of primary health care policies for indigenous people. Through their accumulated experience as intermediates between: a) local health beliefs and biomedicine, b) families and health posts, c) communities and the state, AMS can provide an essential contribution to the recognition of pluralistic medical system and indigenous people's right to health.

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