

Breaking Barriers: Health Services to Rural Indigenous Communities

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Oaxaca is simultaneously one of the most culturally diverse and poorest states in Mexico. There are 16 official indigenous groups in the state, most of which live in rural communities prone to poverty and with limited access to health care services. Extreme poverty, lack of education, and a shortage of medical facilities present many health challenges that particularly affect indigenous women. For instance, health clinics are concentrated in the city of Oaxaca, preventing a large population from seeking medical attention. According to the World Bank report from 2011, 75 percent of indigenous peoples in the country were living below the poverty line, and in 2009, 39 percent were living in extreme poverty.² These statistics are most pronounced in the state of Oaxaca, where extreme poverty affects more than half of the population. This problem is apparent in the high infant and maternal mortality rates and low doctor to citizen ratio in the state of Oaxaca.

Project Overview/Objective:

In order to address rural women's limited access to health care services, this project aims to facilitate collaboration between urban health clinics and rural indigenous communities. We will be working closely with Fundación En Vía, an Oaxacan organization dedicated to providing impoverished women with the tools they need to improve their business endeavors and enhance their quality of lives. En Vía has successfully aided women from a number of villages surrounding Oaxaca City, including Teotitlán, Tlacoahuaya, Abasolo, Tomaltepec, and Díaz Ordaz. As part of their program, En Vía provides various workshops on business management, finance, computer technology, and English as a second language to the women who receive microfinance loans from the organization. We will travel to Oaxaca and work with En Vía to broaden the scope of their workshops to include classes on personal health and hygiene.

The main issues facing indigenous women living outside of Oaxaca City stem from the stark rural-urban divide and the lack of modernization in rural communities. Many indigenous families still hold very conservative family views and consequently distrust the modern health care system.³ Modern health clinics are often not compatible with indigenous traditions. For example, women commonly refuse to see male doctors, who dominate the healthcare field. Our goal is to involve more female health practitioners in rural areas, where they can attend to female patients and hold informational workshops to field a variety of health related questions. These sessions will demystify modern health practices and create an informal health knowledge network in the villages. Additionally, informational pamphlets will be available at each session and will be placed in central community spaces for all to access.

Details and Timeline:

Located in every neighborhood in Oaxaca City, Primary Healthcare Clinics provide services such as the diagnosis and treatment of diseases, prenatal care and family planning, and primary care services including vaccinations and well-child check-ups. Physicians and nurses educate patients about chronic conditions like hypertension and diabetes, and infectious diseases including dengue, malaria, and tuberculosis. These facilities also offer vaccinations, pap smears, and cancer screenings. We will bring healthcare representatives and other resources to the rural village centers, where basic health classes will be given and patients will be attended to.

² http://www.ifad.org/operations/projects/regions/pl/factsheet/mexico_e.pdf

³ <http://pulitzercenter.org/articles/plight-mexicos-indigenous-women>

Classes will be held one day each weekend beginning in June. One session will be dedicated to each area of basic public health. These include water purification, basic hygiene, family planning, pregnancy complications, nutrition, prevention of communicable diseases, response to domestic accidents, and indoor air pollution. Further sessions will respond to women's requests. The tenth and final session will be a review of previous workshops in an interactive setting. About 20 to 30 women are expected to attend each session, compelled to come because of En Vía's workshop offerings in relation to receiving their microloans. After the initial set of workshops concludes, the women who attended will be informal spokespersons for the workshops and resources for their communities in terms of healthcare information. This method of information sharing will ensure that information that was previously inaccessible to the women can now be shared in the village. The workshops will, both on an immediate and long-term scale, improve the health of the communities effected by reducing the prevalence of communicable disease and illness and decreasing maternal and child mortality rates.

Methods:

1. Reach out to Primary Healthcare Centers in Oaxaca City, secure female doctors willing to lead workshops for a stipend
2. Collect information about health care needs in the villages through En Via and local clinics
3. Organize logistics for public health workshops, advertise workshops
4. Facilitate public health workshops catering to women's needs
5. Disperse informational pamphlets in the five villages
6. Reflect on successes with healthcare workers to plan long-term outreach workshops
7. Evaluate project impact to create a long-term comprehensive plan uniting the villages, En Vía, and partner clinics

Qualifications:

Zoe Kasperzyk is a senior majoring in Environmental and Urban Studies with a focus in Community Development and a minor in Latin American Studies. In June 2013, she became acutely conscious of the distressing effects of rural poverty on indigenous women in Mexico when she spent a month living and volunteering in Oaxaca through Fundación En Vía. This not only gave her a solid, research-backed plan of action but also developed a strong relationship with the community, as well as an understanding of the nuances of the local culture and relations. Currently leading an urban planning and community development club and working with Hispanic immigrant populations in Kingston, NY, she has dedicated her undergraduate studies to building networks between her college and the surrounding cities in order to facilitate collaborations that are imperative to empowering underserved populations. Zoe possesses an enthusiasm for education, entrepreneurship, and leadership, which gives her the passion to develop health initiatives in Oaxacan villages.

Julia Vunderink is a senior majoring in Art History with a concentration in Latin American Studies. Her thesis focuses on tourism and expatriate communities in Mexico and their impact on traditional Mexican crafts. Julia is currently a co-leader of the Nicaragua Education Initiative, where students travel to a small rural community to teach English each January, and fundraise to support a year-round English teacher. During her past month-long visits to Nicaragua, she has cultivated a lasting relationship with the community, her host family, and the students. Julia has traveled extensively through Mexico and Spain, and spent a semester studying in Mendoza, Argentina, cultivating her ability to travel and live in all types of communities. Julia is fluent in Spanish, and wants to use her intrapersonal skills to develop health workshops and partnerships that could forever improve the health of rural Oaxacan women.