

Health Care in Latin America

An Introduction

In the past, Latin America has been a victim of Western globalization, however in the last half century, Latin America has taken its economy into its own hands. Economic success recently has been great for the overall quality of life in Latin America, but it has led to major inequalities between the wealthy and poor. These discrepancies in income manifest themselves particularly harshly in health care. The high level of inequality has led to a social structure that resembles a pyramid, with most of the people at the bottom, and the very wealthy few at the top. An individual's access to health care corresponds inversely to this pyramid. The top part of the pyramid has the most access to health care, while the bottom base has the least.

The urban and rural populations also fit into this pyramid system. The wealthy tend to live in cities, and so there is a disproportionate concentration of health care professionals here. The rural population does not have ready access to health care. In fact, 21% of the entire population of Latin America cannot access health care because of geographic reasons.ⁱ There has been a push for universal health care in the past decade in many Latin American countries; however, rural populations are still so physically far from hospitals or medical professionals, while 30% of the population cannot afford health careⁱⁱ, even if they are close to a hospital.

Another problem that this region is facing is very differing needs for each country. Many professionals approach Latin America as a homogenous region where "one size fits all" in terms of health care. These countries, though, are all at different stages of development and have varying traditions that lead to very different health issues. For example, respiratory health in Peru is a major issue because of pollution and the social habit of smokingⁱⁱⁱ. As previously "developing" countries have become more "developed", the health issues have also changed. There used to be high levels of infectious and acute diseases, but as the economy has become more stable, there are more health issues associated with globalization like diabetes and hypertension. This transition to new health issues is another problem that Latin American countries that are developing faster than others will need to contend with in the future.

Despite the stark differences in need between countries, the one common thread seems to be which subpopulations are most adversely affected by the health care systems: women and indigenous populations. A health care report put out by Tulane and UNICEF explore the ways that each of these populations are losing out with the current health care systems in Latin America.

The first indicator of gender inequality in health care is the birth rate of Latin America. This region has the highest birth rate in the world, stemming from the lack of access to contraceptives and opportunities for girls. The sale and distribution of contraceptives are literally forbidden in Honduras. Poor rural girls also do not have access to good schools, and in turn, end up dropping out to work in order to provide an alternate income for their families. These girls get pregnant earlier than urban girls who have better education prospects.

Because of the dismal availability of health resources in rural areas, mothers and children are both at greater risk for complications. In countries such as Haiti, Honduras, and Peru, caesarian sections are given in less than 10% of births^{iv}, despite the fact that there is a greater need for them to protect the mother and child. This relates back to the access that wealthy families have compared to poor. In Latin America, there is a 41% difference in the utilization of a skilled birth attendant between wealthy and poor^v. There is also limited access to post natal care in rural settings putting babies at risk for health complications further down the line. To make matters worse, a lot of babies in rural areas are never registered at birth and so have a hard time accessing health care later on. This is a vicious cycle that is unique to the rural poor.

The problems with indigenous populations are a lot more challenging to quantify. This is because most countries do not bother collecting data from these populations and lot of the countries that do, collect the data only collect from the head of the household. However, it is not an unfounded conclusion that indigenous populations receive less access to healthcare. The Americas in general have a horrendous track record of abusing the indigenous populations. From Hernan Cortes and Christopher Columbus, to the Trail of Tears, to systematic destruction of native tribes in Brazil, and most recently the attempted pipeline at Standing Rock, indigenous populations in the Western hemisphere have constantly been subjected to mistreatment and attack.

The abuse of indigenous populations in the health care industry manifests themselves in many different ways. For starters, there is no effort made to accommodate cultural differences between the mainstream culture of that population and the indigenous population. This can be simply refusing to find translators to make up for the language differences. In many cases, this leads to a misdiagnosis of health issues for the indigenous patient. Many health care providers are sometimes less subtle in their discrimination and flat out deny or ignore indigenous patients. Even if they traveled long distances to the closest hospital, ill or pregnant patients are often denied from entering.

Sometimes if these patients make it inside, they are worse off than if they were denied. Doctors have been known to subject their indigenous patients to verbal and physical abuse. They sometimes publicly humiliate or shame them for certain medical problems. Other times, they hit their patients or deny them pain medication.

Action for Education is working to ameliorate some of the health care problems facing Honduras in particular. With their newest project, they are building a nursing school in the rural setting of Trinidad. The students who are selected to attend this school have to pay very minimal tuition, if any at all. In return, they are expected to work in rural areas for two years after graduation. The tendency for nurses and other health care professionals is to move to big cities after graduating to earn more money. Action for Education is hoping to slightly combat this problem by offering an incentive to stay local. This school will have an amazing impact once completed. The students will be given a great education and prospects for future employment. The local communities will also have access to health care, something that would have been a lot more challenging to come by without this school.

This new school will be one small step in fixing Latin America's issue with health care, however there is still so much to be done in Honduras and across the region. The best way to level the playing field and abolish discrimination is by spreading education. Tolerance and acceptance stem from a well-rounded education. Education is also able to open so many doors for students to earn a better way of life for themselves and their families. The work that Action for Education and other similar organizations are doing is the first step.

ⁱ Ramirez, Jorge Alejandro Garcia. "These are the 5 health challenges facing Latin America." *World Economic Forum*. N.p., 16 June 2016. Web.

ⁱⁱ Ramirez, Jorge Alejandro Garcia. "These are the 5 health challenges facing Latin America." *World Economic Forum*. N.p., 16 June 2016. Web.

ⁱⁱⁱ "Brightspot: Health Care in Latin America." *WorldCity Inc*. N.p., 22 Nov. 2016. Web.

^{iv} *Health Equity Report 2016: Analysis of reproductive, maternal, newborn, child and adolescent health inequities in Latin America and the Caribbean to inform policymaking*. Rep. Panama City: United Nations Children's Fund, UNICEF, 2016. Print.

^v *Health Equity Report 2016: Analysis of reproductive, maternal, newborn, child and adolescent health inequities in Latin America and the Caribbean to inform policymaking*. Rep. Panama City: United Nations Children's Fund, UNICEF, 2016. Print.