Structural Issues Affecting the World's Indigenous Peoples

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According to the World Health Organization, social determinants of health (SDOH) are defined as "the fundamental structures of social hierarchy and the socially determined conditions these structures create in which people grow, live, work and age"[1]. Canada is widely considered to be a leader in health promotion and population health, yet approaches adapted by these efforts have at times served to shift focus away from the importance of addressing the broader problem of SDOH[2]. Canadian reports state that socioeconomic circumstances are equally, if not more, important in determining health status than medical care or individual health behaviours[3]. Yet many health interventions have a primarily clinical focus on individual behaviours (e.g., diet, condom use, exercise, tobacco control, etc.) despite the fact that these interventions are largely ineffective for those at higher risk when structural issues such as poverty are not addressed[2]. Therefore, it is clear that a trans-theoretical approach of addressing the individual in context is ideal as a way of recognizing and honouring Indigenous views of health as a natural by-product of strong social organization, environmental purity and resource security and not an end to a complicated array of services, programs or machines that go 'beep' in the night. While remedial and clinical interventions may save a life, they rarely change it. No matter how well designed and effective clinical or programmatic efforts are in the short term, environmental factors have enormous power to override gains. After all, individuals develop in "niches"[4,5,6,7] and evidence strongly points to variation in risk between Indigenous communities.[8,9,10] Examination of the individual in context ensures that the inherent weaknesses of a singular analytic focus (either clinical or social) are cancelled. [11]To be clear, the following factors must be taken into consideration:

1. Poverty

Indigenous people comprise 5% of the world's population, yet they account for 15% of the world's poor.[12] In addition, Indigenous peoples account for approximately one-third of the world's extremely poor rural dwellers. Thus, there is a very strong correlation between belonging to an Indigenous group and being poor.[13] In addition, Indigenous peoples benefit much less than other individuals when overall declines in

poverty occur. Lower socio-economic status has been shown to be associated with various unhealthy behaviours, such as smoking, poor diet and physical activity level, which put individuals at risk for numerous health problems, including chronic diseases such as CVD and diabetes.[14] Constraints may be placed on lower income families' abilities to obtain food considered necessary for a healthy diet (e.g. dairy, fruit and vegetables).[15] The effects of living in poverty are often long-lasting and cyclical, with subsequent generations reporting similar health and economic disadvantages as previous generations.[16]

2. Social Exclusion / Marginalization

Indigenous peoples have been the victims of societal and institutional racism since colonial times, and the denial of their rights as distinct cultures is largely responsible for the appalling state of affairs.[17] Discrimination, both explicit and implicit, has worked toward eliminating cultural diversity over time via various legal and policy approaches in many different countries. With regard to dominant cultures, these approaches promoted outright exclusion, inclusion with inferior conditions, or assimilation (i.e., loss of individual, unique culture).

Many Indigenous peoples (e.g., in Thailand and Central Africa) do not possess citizenship, national identity cards or basic civil rights.[18] In locations where such basic rights are in place, lack of democratic participation continues to be a major cause of social exclusion. Despite the existence of the formal right of Indigenous peoples to decide their priorities, this right is continuously ignored and violated by political institutions. Failure to use Indigenous languages in administrative and day-to-day matters may further exclude Indigenous peoples from participation in the democratic process and hinder them from utilizing public services effectively.

Indigenous groups often exist under a layer of invisibility in their own countries. Few countries collect data on the socio-economic status of Indigenous peoples on any sort of regular basis, and data that is collected often uses varying definitions of "Indigenous" and thus the data is of limited utility.[19] Many governments are in fact wary of even using the term "Indigenous" for fear of future implications, including financial obligations and the bestowing of rights upon the groups. Refusing to acknowledge the existence of Indigenous groups is in many ways the ultimate act of social exclusion.

3. Education

When formal education is available (which it often is not), it is often ill-adapted to meet the needs of Indigenous children.[20] Resultantly, Indigenous children often have low enrolment rates, poor school performance and a high dropout rate which elevates their vulnerability to becoming child labourers. Some Indigenous children are highly vulnerable to certain types of debt bondage, sexual exploitation and human trafficking, often as a result of lack of education for them and their families.[21] Since the mid-nineteenth century, there has been an understanding that child labour is harmful to child development and thus should be replaced with universal primary education.

The importance of traditional Indigenous education must be acknowledged and valued.[22] Literacy for many Indigenous peoples includes being proficient in their own languages in addition to the national language. Traditional forms of education include engagement in long-established forms of livelihoods that usual involve the land (e.g., forest, sea, fields). This engagement transmits basic skills that permit children to survive in the often harsh environments that they will be faced with when they are adults.

Traditional competencies are also frequently required for socialization with the group. Forcing Indigenous children into non-culturally sensitive formal education may threaten children's ability to survive and make a sustainable living as adults. Participation in this type of education may also create intergenerational conflict, particularly when the discriminatory practices that exist within many educational systems are taken into account. Formal education is a double-edged sword that may empower Indigenous peoples, but may also be used as a tool to further marginalize communities and promote foreign values and knowledge.

4. Health Care

Underinvestment in health care in the areas in which Indigenous peoples live is common due to their rural/remote nature.[23] In the Americas, for example, 40% of Indigenous peoples lack access to orthodox health care services and 80% rely on traditional healers as their primary health care provider.[24] The provision of health services is of poor quality in many developing countries, although the problem is more acute in areas inhabited by Indigenous populations. Service provision in these rural/remote areas is plagued by limited staff competency, noncompliance with evidence-based treatments, medication shortages, and poor staff retention. Geographical barriers prevent access to services provided to other populations due to distance, lack of affordable transportation and seasonal geographical isolation. Even health care that is provided free-of charge has many costs associated with it in practice, such as transportation, accommodation, family care, medication and lost productivity.

In addition to issues with physical and financial access to care, Indigenous populations face a number of cultural barriers that prevent access to adequate health care.[25] The cultural barriers are the most complicated to overcome due to the lack of understanding of the sociocultural factors that influence the knowledge, attitudes and practices of health in Indigenous peoples. The Western medicine bias can be inappropriate or even offensive, and finding health staff that speak and understand Indigenous languages is often difficult, if not impossible, leading to poor communication which derogates the quality of care. When Indigenous peoples do access service, they may experience discrimination by the staff and may have difficulty receiving care due to their fear and distrust of non-Indigenous peoples due to these types of experiences. The lack of accurate statistics and information regarding Indigenous peoples makes the generation and implementation of effective, culturally-sensitive policies and programs very difficult.

5. Gender Inequality

Indigenous women face the same inequalities as Indigenous men, yet they also encounter barriers based on age and gender.[26] In this way, Indigenous women live under two levels of subordination: that of the dominant cultural group, and that of the elites (generally men) within their own culture.[27] This subordination may bring with it a certain level of privacy in which the majority of the broader culture is not necessarily aware of the experiences of these women. Some customary laws particularly discriminate against women, such as "widow inheritance", in which the brother of the deceased husband marries the widow, even if full consent is not given. While many Indigenous people are faced with violence and discrimination, in the case of Indigenous women, this violence takes the form of sexual violence that is unique to them.

6. Global Warming / Environmental Degradation

For many Indigenous groups, traditional land is a vital source of material and spiritual well-being, and serves as a crucial resource for their reproduction as distinct societies.[28] In addition to loss of land that occurred due to the policies of dominant cultures, large-scale development projects (e.g., mining, logging, oil, infrastructure) have further contributed to the erosion of their resource base, livelihood systems, and culture, which has led to the creation of social problems.

Climate change is a very real problem for Indigenous peoples in all areas of the world. Although Indigenous peoples likely contributed least to the climate change, it poses a real threat to the survival of their communities. The government response to this problem has been notably slow, despite scientific consensus that a real danger exists.[29]

7. Globalization / Impact on Subsistence Economies

An increasing number of Indigenous peoples are turning away from traditional ways of life, not only for purely economic reasons, but for the new ideas of social status that are being created by globalization and the concomitant "need" for material consumption, status, money and recognition.[30] Indigenous peoples are increasingly being pressured into wage- or labour dependent economies from traditional independent subsistence livelihoods, due to a number of factors, such as environmental damage and increased pressures on traditional resources.

At last, adapted from recent discussions on the social determinants of Indigenous health, the following points reflect an Indigenous voice regarding the structure issues of central importance in improving and addressing Indigenous health globally.[31]

- A restored relationship to the land is central. Toxification or complete disconnection with country foods is often replaced with high fat, sugar laden western fare and the physical exertion of harvesting and hunting has been usurped with more sedentary lifestyles. To restore a sense of identity, social status, and political power as well as improve economies and food security, more safeguards and rehabilitation of degraded land and other compensatory measures are necessary. Indigenous people should be able to say no to intrusion on their land.
- Visibility and outcome orientation can and should be created through a disaggregated human development or quality of life index.
- Involve Indigenous communities as agents in the research enterprise. Meaningfully engage communities in the research process and gather information that is congruent with a conceptual framework agreed to or developed by Indigenous researchers and organizations.
- Health care service providers should have a high degree of cultural competence and be able to functionally blend or work with traditional healing modalities.
- Indigenous health initiatives are well advised to address the contemporary effects of colonial history by supporting self-determination, reinforcing cultural integrity and rebuilding trans-generational relations and the well-being of Indigenous women.

- Strengthen internal moral authority by responding to community initiative to address chronic disease while respecting traditional governance structures and customary laws in the process. It is becoming increasingly clear through rigorous systematic review that greater Indigenous control and institutional completeness at the community level results in different health outcomes.
- Reform of institutions and services in ways that guarantee a United Nations Declaration on the Rights of Indigenous Peoples as well as Aboriginal representation within government. Similarly recognition of customary law is needed.
- Independent monitoring of Indigenous health through global vehicles could report on government compliance with laws, international conventions or other instruments, standards or benchmarks. Supporting international Indigenous collaboration is particularly relevant in this regard as it could offer a means of ensuring that policy implications and their health consequences are shared and that scarcely accountable large transnational corporations or rogue governments might be exposed.
- Advocate for a more even distribution of wealth and resources as well as increased Aboriginal participation in sustainable economies.
- Arrest racism through the promotion and support of cross cultural understanding and communication training initiatives for health professionals specifically and for the masses.
- Efforts that emanate from an appreciative model that highlights resilience and promising practice are best.

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