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Importance of the Implementation of HIV Prevention Strategies: Case of Indigenous Population

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Editorial

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Editorial

Since the beginning of the HIV epidemic, the indigenous population has been affected, due to marginalization, vulnerability and other social and economic determinants [1]. In addition, relatively little has been written about what drives the rising HIV rates among indigenous peoples and, more than three decades after HIV detection, it is clear that HIV has become a critical health problem for these historically oppressed populations [2,3].

Indigenous peoples have long-standing connections to their ancestral lands, which date back many generations and predate colonization. Although cultural, linguistic and geographical differences exist within and among indigenous populations throughout the world, to a large extent, colonialism, racism, social exclusion and the repression of self-determination act as determinants of the construction of indigenous health [4].

The last decade has seen considerable emphasis and recognition of the social determinants of health: the economic and social conditions that influence differences in health status. These include social exclusion, early life experiences, education, stress, social support, employment factors, housing, addictions, food and transportation [5].

The work of Marmot and his colleagues in this area has revealed the great individual and group differences in the health outcomes generated by the disparities between these various determining factors [6]. In some countries, research now clearly indicates a link between the different social inequities experienced by indigenous peoples and higher HIV rates than non-indigenous peoples. Likewise, disparities at the time of diagnosis and treatment outcomes between indigenous and non-indigenous peoples in the same country pose significant challenges for health services and government agencies as we enter the fourth decade of the HIV epidemic [7].

Communication for behavior change (CCC) is an interactive process with communities to develop personalized messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain the change in individual, community and society behavior; and maintain appropriate behaviors.

In the context of the AIDS epidemic, CCC is an essential part of a comprehensive program that includes both services (medical, social, psychological and spiritual) as basic products (for example, condoms, needles and syringes). Before individuals and communities can reduce their level of risk or change their behavior, they must first understand the basic facts about HIV and AIDS, adopt key attitudes, learn a skill set and be given access to appropriate products and services, At the same time, they should perceive their environment as support for behavioral change and the maintenance of healthy behaviors, and as an aid to the search for appropriate treatments for prevention, care and support [8].

Based on the foregoing, it is important to evaluate the applicability of the CCC methodology in this population, with a view to promoting non-formal education as a teaching strategy on prevention of preventable diseases and urging the different countries to create health strategies for achieve greater inclusion of the indigenous population in health policies and with a view to better access to health services.

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