Objective: To analyze the influence of indigenous condition on essential health care among Mexican children, older people and women in reproductive age.

Methods: The influence of indigenous condition on the probability of receiving medical care due to acute respiratory infection (ARI) and acute diarrheal disease (ADD), vaccination coverage; and antenatal care (ANC) was analyzed using the 2012 National Health Survey and non-experimental matching methods.

Results: Indigenous condition does not influence per-se vaccination coverage (in <1 year), probability of attention of ARI’s and ADD’s as well as, timely, frequent, and quality ANC. Being indigenous and older adult increases 9% the probability of receiving a fulfilled vaccination schedule.

Conclusion: Unfavorable structural conditions in which Mexican indigenous live constitutes the persistent mechanisms of their health vulnerability. Public policy should consider this level of intervention, in a way that intensive and focalized health strategies contribute to improve their health condition and life. (Ethn Dis. 2014;24[4]:423–430)

Key Words: Health Services, Indigenous Population, Inequity, Socioeconomic Conditions

INTRODUCTION

Mexico has recently achieved important progress in reducing mortality for preventable causes, one of the most sensitive indicators of inequity in access to health services, particularly in three sectors of the most vulnerable population: children, pregnant women and older people.

Some strategies that have contributed to this reduction are: a) among children, existence of a universal vaccination program and interventions focused on prevention, diagnosis and timely treatment of acute diarrheal disease (ADD) and acute respiratory infections (ARI’s); b) in women, several initiatives aimed to improve the access to antenatal care (ANC); c) in older people, intensive vaccination campaigns, especially in the most economic vulnerable sectors, have had a key role against infectious diseases such as pneumococcal pneumonia, seasonal influenza, diphtheria, and tetanus.

Despite these achievements, there still remain population groups where high mortality rates endure. Such is the case of indigenous population (IP) (~7% of the total population in 2010). Similar to other Latin-American countries and around the world; in Mexico, this group is exposed to high social and health vulnerability (Table 1). Municipalities considered indigenous (vs non-indigenous) exhibit 2.2 more times illiterate population; 78.6% earn <2 minimum salaries; 83.3% are below the poverty line, 75.6% live in localities with high or very high marginalization degree; 22% (vs 9.8% non-indigenous) of dwellings have an earthen floor; 26% (vs 18.0%) do not have running water and 45.6% (vs 18.2%) lack a drainage system (Table 1).

Additionally, the risk of maternal mortality is 9 times higher in highly marginalized and geographically isolated indigenous municipalities than in those with better communication infrastructure; child mortality rate is slightly less than twice in indigenous municipalities compared to those non-indigenous. Furthermore, three out of every four elder indigenous individuals do not have medical services coverage.

Some comparative studies support this context suggesting differences in the access and status of health among IP with respect to non-indigenous; nevertheless these studies attribute these differences to the ethnic condition without considering that this condition determines such differences. Other studies suggest that these differences derive from barriers to education, limited economic resources, and the persistence of social deprivation, which in turn, impact negatively on the access to health care services.

Universal health coverage in Mexico has been a key aim on the health agenda for reducing these inequalities, focused in three relevant aspects for the system: equity, financial protection and quality of care. Seguro Popular and the Arranque parejo en la vida programs, are some of the strategies that have been implemented in the last decade, the IP being one of the target populations. As a result, a considerable rise of the Seguro Popular coverage has been observed on this population, scaling up from 14% in 2006 to a 61.9% in 2012.

Even though there are clearly targeted efforts, universal health coverage for IP remains a pending challenge. Hence, it is necessary to discriminate the structural conditions of life or social determinants.