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Barriers in the Implementation of Health Public Policies for the Mennonite Community

Patricia IS

Autonomous University of Ciudad Juarez - Cuauhtemoc Division, Chihuahua, Mexico

Abstract

The object of this research is to describe the public policies for health in México, principally at Chihuahua state, to analyze the obstacles for their implementation between the members of the Mennonite community in Cuauhtémoc.

The study was realized with Mexican Mennonites, members of a religious group of European migrants, living in this region since 1922. This group has a different culture of the rest of inhabitants of México. They live isolated from the dominant community and preserve a living style inherited for more than 500 years.

Under a qualitative focus methodology, it was made a documental research of the public policies for health in México, using as a basis the ethnic groups under which the Mennonites are catalogued. The ethnographic method was used so as to know the perceptions of the study subjects through deep interviews.


The data analysis was made taking as a base a dense description, trying to deep in the ideology, uses and meanings of the Mennonites, and their perceptions about health, sickness and the health services that the Mexican government offer.

As a result the conclusions indicate that the health public policies in México are effective on the Tarahumara Indians and mestizos, but there are no policies about groups such as the Mennonites, because, even though they were born in this country, they have so different points of view that they consider themselves as Mennonites, but not as Mexicans. As a response, the health politics do not have a special way of treating their traditions and uses.

Keywords: Mexico; Mennonites; Public Policies; Health

Corresponding author:

Islas Salinas Patricia

 patricia.islas uacj.mx

Autonomous University of Ciudad Juarez - Cuauhtemoc Division, Chihuahua, Mexico.

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Introduction

The health politics in México have the task of preserve the public health of the population, through the basic hospital and pharmaceutical services, trying to generate welfare as far as health is related, both socially and in the working areas, so as to cover the health area through an economic sustainable system [1].

This health services are for the persons who have acquired the right to receive medical assistance in public or private health institutions, as a result of a laboral right, or being retired or having the benefit by means of being part of the family.

In the Mexican United States the right of the health care is guaranteed by the 4th Article of the National Constitution, which says: "...every person has the right to the protection of his health and the law will define the basis and forms of access... [2].

The Mennonites living in Cuauhtémoc's region are Mexicans, because they were born in México, therefore they have this constitutional right. Nevertheless the lack of interest of the members of the community about the knowledge of their rights and also their reject to the medical attention and the public politics has as a result that the government has little or no interest in covering the health necessities of this group, even though from some time ago, the government is changing these politics.

Backgrounds of the region

Chihuahua's state is one of the thirty one states, that in addition to de Distrito Federal, form the thirty two México federative entities. It is located at the northern part of México and is the largest state of the Republic.

Cauhtémoc is one of the 67 municipalities of the state, located at the center of it and is one with a large population. One of its characteristics is being multicultural; on its streets you can find representatives of different ethnicities, as Chinese, Japanese, Spanish, etc., not to say the two important ethnicities co-living with the mestizos (actual Mexicans). Those two groups are the Tarahumaras, original inhabitants of this part of the country, and the Mennonites, migrant group who arrived 93 years ago.

The region's principal economical activities are related to agriculture. It is a large producer of oat, corn, beans and about 60% of the apple of the whole country. Situated at the Sierra Madre Occidental it has also the exploitation of lumber and in addition a large production of cattle. Ciudad Cauhtémoc is the largest commercial center of the occidental region of Chihuahua's state, as well as an important industrial and service center, being as it is the largest geographic space in the entity [3]. Being the Mennonites part of the general population their work signifies a good part of the demographic and economic prosperity at Cauhtémoc.

Context approach to the Mennonites

The Mexican Mennonites are a community that lives in Cauhtémoc's region, at the northern part of Chihuahua's state in México. They are the descendants of a migrant group that had their origin in Holland, Europe, with a religious Anabaptist formation, during the Reform period, in XVIth century. They were pursued and forced to immigrate to other nations. The group that arrived here came from Canada, where they were approximately 50 years, until their beliefs, traditions and style of life were menaced. They decided to settle in Mexican lands, in 1922, where the Mexican president, Álvaro Obregon, sold them lands to be cultivated and granted them privileges that have been honored since today, such as the right to build their towns (colonies) outside the city limits of Cauhtémoc, have their own education system and religion, do not swear fidelity to México and not to do the military service.

The Mennonites are hard farm workers, and they keep the clothes, religion, language and education system that give them their identity, faithful in maintaining a close community strange to the country that give them shelter, and taking only from it what is necessary to their development.

They are distributed throughout the whole country, mainly at Chihuahua state. At Cauhtémoc there are two large colonies: Manitoba and Swift Current, formed by twenty "campus" (that's the name they give to their little towns), with a population of 14,380 inhabitants, from a total of 22,650 distributed in the state, which indicates that more than 63% of them live in Cauhtémoc's area [4].

They are basically divided in two groups: traditional and liberals, based in the church they attend and the way they follow their beliefs and uses. That influences in their perceptions of the process health-sickness and in their decisions of using or not the health care services at which they are entitled as Mexicans [5].

Mennonites idiosyncrasy

All their decisions are based on their religion. Their beliefs about

health-sickness are by a number of symbolic representations, feeling that if they obey the Bible commandments they will be in good health and free of sickness. If a member of the community refuses to follow those commandments he or she is destined to sick in a spiritual way and that will lead the person to a physical sickness. Only by repentment and return to the correct way of life they can heal themselves by the way of prayer. Most of the Mennonites do not use de health services because they hope to recover their welfare by rectifying their attitude toward sins, hoping therefore to be healed by God. This is a real obstacle for an early medical attention for the majority of the population [6].

It is very common the use of home remedies to cure some aches, minor work injuries, as well as calling for empiric chiropractic's and midwives from their own communities, before they decide to go to a public or particular hospital.

The Mennonite culture is very rich in uses and traditions, and of course the genre roles are well defined. Women attend everything related to the home labors; take care of the children and the family orchard and cattle, helped by their daughters since they are very young. Men work at the fields, with their boys, and also are the members of the community that have commercial or necessary contact with the dominant culture, the mestizos, because they speak Spanish, while women don't. This lack of knowledge of the language in the women causes great vulnerability and shortage of social participation in the mestizo community.

One of the privileges that the Mexican government gave to the Mennonites is the right to have their own educative system and own schools. Their education, for most of the population is based in learning to read and write, having the Bible as a basic book, and also the basic mathematics, and is called "traditional school". The children attend these schools during 6 years and after that they begin to work at home or at the fields, depending on their genre.

Some of the liberals groups have schools with a better academic level and a few of them are incorporated to the national educational system, but generally speaking their school level only goes up to the 6th grade. Most of the schools do not receive health education, or any instruction on the prevention of sickness and addictions.

Of course they have great values in their society, such as religion, family and work, everything based on the study and obedience of the Bible commandments.

The Mexican Mennonites living in Chihuahua are an autogestive micro society in every aspect. They do not require nor accept support in almost any social, economical or political aspects. They manage their own cooperatives and their own credit union, so they do not depend from the local banks or the government institutions [4].

During the last years a small percentage of the population has promoted great advances in agrotecnology and metal mechanics, as well as commerce. They play an important role in the economical growth of Cauhtémoc's region. It is worthwhile to mention that even without high grades in study matters, they

have a great ingenuity and facility to develop working machines. Their deficiencies rely on the health care.

Methodology

For this study there were a huge research of documents found in the web to analyze the public health politics in México, focusing in the state of Chihuahua, and mainly in Cuauhtémoc city. All the information was classified with work cards, in order to design an organized and pertinent inform about the investigation.

It was used the qualitative and ethnographic focus to obtain information through deep interviews, so as to know and describe the social phenomena happening in the Mennonite society and their relationship with the Mexican government public policies on their own context, since the perception of the population that causes this investigation.

The subjects studied were 65 people, at random, and they talked of their perceptions about the sectorial programs created by the state government, the health services and the departments that work on them. They also talked of their beliefs and uses about the process health-sickness.

The interviews also were with personnel from the health sector involucrate with the direct attention to the Mennonites, they commented the different obstacles they find during the process of giving health services.

It was made a categorization of the obtained data, using the program atlas ti, version 2006, to arrive to the results and conclusions of the study, based in three main categories: 1) the influence of the uses and beliefs) language barrier and 3) lack of knowledge of their health services rights.

Results

1. Influence of the uses and beliefs in the acceptance of the health services

Nowadays a high percentage of the Mennonite population does not accept the government scheme of vaccination for their children, because they consider illness a divine penance. Their church ministers tell them not to receive the vaccination because it is against God's will.

Most of the government efforts through the vaccination campaigns door to door have very little results, because they receive a NO for an answer. That is one of the reasons why the government programs walk at a very slow pace.

In relation to the use of health services for delivery, a high percentage of the Mennonite women prefer to use the services of midwives from their community. These midwives have empirical knowledge, used through generations, and have scarce information about the risks of a home attendance. Nevertheless the patients prefer them because they are from their own ethnic, do not have the language barriers and understand their religious vision. Of course if they go to a city hospital all the personnel is mestizo. So, the authorities of the public health services is trying to provide capacitation courses to the Mennonite midwives to diminish the risks of mother-child death.

2. Language barrier

Generally speaking the vulnerable groups of the Mennonite community, such as the Elder, the women and the children do not speak Spanish. They have very little or no contact at all with persons of the dominant community, so they depend of the family male members to receive medical services.

Most of them feel insecure and not understand when they arrive at a hospital or a medical cabinet, because they know that it will be difficult to have a good communication with the personnel in charge, so the uncertainty they feel is overwhelming. The really go to the hospital when their health problems is extreme, and in many cases it is too late [6].

The lack of sickness prevention and opportunity attention has raisen the percentage of incidence in dental, ocular, skin, diabetes, obesity and cardiac problems [5]. It is very difficult for the health services to reach this part of the community with their preventing programs, because they refuse to accept the preventing education.

3. Lack of knowledge of the health services

This category is complexly linked to the last one, because it is due to this language barrier that a great percentage of members of this community do not receive any information about their rights as Mexicans. They ignore the possibilities that different government programs offer in health promotion and prevention areas. The Spanish speaking men do not tell their wives about them because they are not interested.

Most of the women live isolated of the dominant community, both socially and by the language, so they do not have possibility to hear about these programs. On the other side, inside their communities there are no instances promoting some kind of health education and prevention. That's why most of the population know nothing about these themes

Analysis of the health public politics of Chihuahua's state and their implementation in the Mennonite community. In this part of the work an analysis is made of the public politics objectives respecting health in Chihuahua's state and its relationship with the Mennonite community, based in the Chihuahua 2010-2016 state development plan [7]. The attention is enhanced to those that directly or indirectly have a relation with the person's total health. In the first term the objective is announced and then it is analyzed as related to the Mennonite community.

The health public politics in Chihuahua's state have these objectives:

"Aware the institutions of the different government departments and the general society about the importance and transcendence of all demographic matters, and their impact in improving the life quality" [7].

This objective does not consider the minor ethnic groups from European origin (Mennonites), because they are implicit en the health public politics, because they are Mexican, being borne here. Nevertheless in the present studio they do appear as a vulnerable group, because ever since their ancestors arrived

to this country they have lived isolated, making it difficult the information and social communication, as well as the health attention proportioned by the public institutions.

“Try to make easy the family wellbeing and the mothers and children health, through the complete exercise of the rights every person has to the number of children they want, as well as the intervals between them. Promote the appropriate social and institutional conditions for exercising the sexual and reproductive rights in a responsible and well known way [7].

Speaking of Mennonites it is not easy to achieve these objectives, because they do not accept an education related to reproduction health; they consider that as a tabu theme, that is why the attention to young women is not given. Spanish is the official language of Mexican government and all their information about this matter is in the official language, but as it has been mentioned most of the women of this group only speak, write and read their own language, a kind of Low German. As a result all the written or verbal information the Mexican government distributes is of no use between the Mennonites.

The analysis of the government program also says:

“Promote that the women have a total and effective participation on every aspect of the economic, social, political and cultural of the state and the country, in order to have the necessary conditions to be active in all the decisions, responsibilities and benefits in the same conditions than men. Try to make conscience to every social actor of the importance and right, from a genre perspective in all aspects, individual, familiar and collective” [7].

In this aspect the Mennonite woman also stays unprotected. She is multifunctional and sometimes also helps his husband in Agricola work. On the other side, her social participation is not valued, in and out her community. Her undervalue, the language barrier and her lack of knowledge of her human rights puts her in a disadvantage position, not only inside her own community, also in the dominant community.

As it is seen in these last paragraphs the objectives planned by the government of Chihuahua’s state in his health program do not apply in the Mennonite culture, because of their idiosyncrasies.

The sectorial health program 2011-2016 considers as very important the mental health and wellbeing of the population, that’s why one of it’s objectives is to take care of the people that are in need of that program, trying to promote healthy habits that help to maintain the mental health.

In this sense, Mennonite population is also unprotected. Depression inside the vulnerable groups, such as women, is very common among them. This is explained by the Trans generational migrant ¿duel? Explained by Furnham and Bochner, and cited by Islas [8]. It has been studied in groups of displaced persons, as an effect of the crisis and causes, both physical and emotional, of this situation in these individuals. The migratory duel is a phenomenon that may occur individually and influence in the person’s personality. But in the case of a whole community is usual to observe that this affects the whole migrants group,

causing emotional upsets that don’t easily disappear y may stay for a long period with anxiety and other both mental and behavior symptoms. That posttraumatic stress, as an example, may stay for as along a 3, 10 or even 50 years [9].

The women need for support on these cases is notorious, but the mental health programs are not accessible for them. In their communities the church ministers try to help them by means of prayer.

Next objective:

Promote institutional attention to the migrant communities with the purpose of improving communication and organization, in order to strengthen families integration, stimulate regional development and increase their sense of staying where they were born.

In this plan there is a small part addressed to the Mennonite community, with specific objectives made by the present government. It is a development state program that tries to get closer to the Mennonites, by studying their beliefs, uses and needs. It is being developed by different investigators. The following are the objectives, and then there is an analysis about it.

“Objective: 1 - Strengthen the coordination schemes with the Mennonite community, in order to create channels so that the population has accer to the health services.

Involve the population of the different communities in the Preventing and Reproduction Line of Life Health Program. - Inform and capacitate the Mennonite community in the prevention measures and the risk of use of anti-depressives, addictions, use of agrochemicals, meal habits, sports, work and home accidents, etc. – Capacitate a group of persons as Health Agents and Chiropracticals to keep a control [8].

This last paragraph has been prepared by the planning office of Chihuahua’s state because of the problems observed in the Mennonite community, although its implementation has been very slow and with a lot of difficulties caused by the lack of interest of the population and the lack of appropriate accommodations and prepared personnel, needed to fulfill these objectives, so the advance is complicated and ungrateful.

Discussion

There are some programs for the different groups of Indians living at Chihuahua State, designed in a way of respect for their traditions and language. Nevertheless, the Mennonites, even though also form part of a different ethnic group, are not considered the same way. Although they have different roots and beliefs, they are not contemplated as different, because of their European origin, and do not have a different treatment, in accordance with their idiosyncrasy, at the moment of programming their health attention.

Studying their health problems it has been found that are principally related to the osteomuscular system, eyes, diabetes mellitus, obesity, arterial hypertension and malignant tumors.

This information can be found in the State Inform of Health Services, but has scarce investigation and very poorly described.

In the Development State Plan of Chihuahua's Government there have been some approaches to the Mennonite community through a sectorial program known as Chihuahua Vive con los Mennonites. This program organizes health fairs, trying to approach the population to the Prevention and Vaccination Program, altogether with health caravans of the health instances.

Chihuahua's state is working with public politics attending in the first place the population with a high vulnerability, trying to reduce the unevenness in health attention, promoting campaigns and also the use of medical service that offers the Popular Service, so that the Mexican health rights are properly attended, no matter the culture, genre, religion or age.

The most important initiative proposed by the alternative governments as to the health department in México has been called Seguro Popular de Salud (SPS) (Popular Health Insurance). It gives health protection to the population who is not affiliated to the IMSS, through a free insurance and a prompt attention. The Mennonites have preferred this type of insurance when it is inevitable to go to a hospital or health center. At the moment they do not have hospitals of their own and also because degenerative illness requires a very expensive treatment. As the popular insurance has attracted a great deal of persons, Mennonites as well as Mexicans, there is a lot of work for the personnel that works there [10].

As for the women health attention, the government pretends to pay attention to them through all their reproductive life. That has provoked some problems between the Mennonites referring to the family clarification. Nevertheless there have been advances in this matter, because the young couples nowadays have a promedy of three children, in comparison with their parents who

sometimes had a family of eighteen children. Different health jurisdictions at Chihuahua continue their efforts to fulfill their goals with the Mennonite community.

Conclusions

Even though the public health politics at Chihuahua's state include the Mennonite community, because they are Mexican by birth, a great percentage of this community has still traditional uses. Not all know their rights, because they do not speak, read or write Mexico's official language. Their religious leaders do not enhance the need to use the public health services and the fact that they may not be understood by the Mexican health personnel make them even more vulnerable.

The program per se is a good one, but in the practice there is a great lack of hospitals and qualified health personnel. The proposal of this study is to achieve a necessary work in order to give attention, specifically meant for the Mennonite community, knowing the holistic origin of their illness, and the way they face the health-illness process.

It is necessary to pay attention to this cultural group to give a proper health attention, respecting their way of life. There is a need of qualified translators, so that there can be a correct interaction through the knowledge of the Mennonites' Cosmo vision.

Another recommendation of this study is the development of specific investigations about the Mennonite community in the health field, and in that way have statistics that promote different aspects for designing public politics for the attention, health and education in the prevention of these populations' characteristic illness.

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