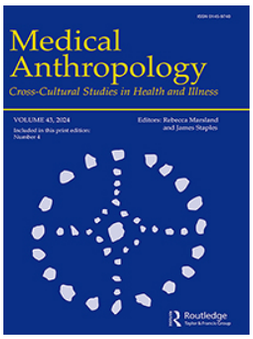

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Medical Anthropology
Cross-Cultural Studies in Health and Illness

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/gmea20

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To cite this article: Laura Montesi, María Guadalupe Ramírez-Rojas & Jesús Elizarrarás-Rivas (12 Jun 2024): Health Care Delays and Social Suffering Among Indigenous People with Diabetic Foot Complications in Mexico, Medical Anthropology, DOI: 10.1080/01459740.2024.2364241

To link to this article: https://doi.org/10.1080/01459740.2024.2364241

Published online: 12 Jun 2024.

MEDICAL ANTHROPOLOGY
https://doi.org/10.1080/01459740.2024.2364241

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Health Care Delays and Social Suffering Among Indigenous People with Diabetic Foot Complications in Mexico

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ABSTRACT

Diabetic foot (DF) is a leading cause of nontraumatic lower-extremity amputations, premature death, and a sign of social inequality in diabetes treatment. In Mexico, the incidence of DF is on the rise yet little is known about its impact among indigenous people, a disadvantaged group. Based on ethnographic research conducted in Oaxaca and analysis of institutional health-data, in this article we show the health care delays that rural indigenous people face when dealing with DF. Indigenous people's uncertainty regarding their right to health and the structural barriers to medical care favor DF complications, a phenomenon that should be read as social suffering. Since health data concerning indigenous health care service users is patchy and imprecise, indigenous people's social suffering is invisibilized. This omission or partiality in the official records limits public health decision-making and undermines the human rights of the population.

KEYWORDS

Diabetes; Diabetic foot; health services; indigenous peoples; Mexico; social suffering

Diabetes population disparities in incidence, disability-adjusted life-years, and deaths are an embodied sign of social inequalities. Worldwide, indigenous and other historically colonized people are profoundly impacted by diabetes, a result of colonial legacies that keep reproducing themselves in the guise of high poverty rates, elevated exposition to diabetogenic toxic environments, and continued transmission of intergenerational traumas linked to violence (Bunkley 2021; Ferreira and Lang 2005; Moran-Thomas 2019). In high-income countries, the meanings, experiences, statistical information, and effects of diabetes on indigenous people and socially subaltern ethnic minorities have been extensively documented, with strong evidence of a higher prevalence of this disease as well as of peripheral circulatory complications (PCC henceforth) linked to diabetic foot (DF) and eventually amputations (Weiss et al. 1989; Pollak 2018; Naqshbandi 2008; Shoen et al. 2016). DF refers to foot problems commonly seen in people with diabetes as a result of neuropathy and poor circulation. It can have a significant impact on the health and quality of life of patients and can severely decrease their life-expectancy. Infections and amputations limit mobility, contributing to substantial psychological and social issues.

In Mexico, an upper-middle-income country with wide social inequalities, high diabetes incidence rates, and a large indigenous population, there is little information on diabetes, PCC and DF among this population group. This is partly due to a historical invisibilization of indigenous people's health needs and an institutional tendency to dismiss the collection of health data based on ethnicity premised on the idea of equality and nondiscrimination, a tendency that has started to change especially during the last decade (Pelcastre-Villafuerte et al. 2020:811). The scientific literature focused on diabetes *and* indigenous people has concentrated mainly on qualitative research, carried out

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