






Bilingual guides: a strategy to decrease cultural barriers to health care access in the Wayuu communities of Maicao, Colombia


Guías bilingües: una estrategia para disminuir las barreras culturales en el acceso y la atención en salud de las comunidades wayuu de Maicao, Colombia


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ABSTRACT The article examines the use of bilingual guides to decrease cultural barriers to health care access in the Wayuu indigenous communities of Colombia. Within a larger project on HIV carried out between 2012 and 2014, 24 interviews were conducted with key actors in the administrative and health areas, including Wayuu bilingual guides. As a result of the qualitative analysis, the study identified three cultural barriers to health care access: a) language; b) the Wayuu worldview regarding the body, health, and illness; and c) information about sexual and reproductive health and HIV not adapted to the Wayuu culture. The study identifies the bilingual guides as key actors in reducing these barriers and concludes with a discussion of the role of the guides, the tensions inherent to their work, and the complexity of their contributions as cultural mediators.

KEY WORDS Indigenous Health; Health Care (Public Health); HIV; Equity in Access Culturally Competent Care; Colombia.

RESUMEN Este artículo estudia la función del guía bilingüe como actor en la disminución de la brecha en el acceso y la atención en salud de las comunidades indígenas wayuu de Colombia. En el marco de un proyecto de VIH llevado a cabo entre los años 2012 y 2014, se realizaron 24 entrevistas a actores claves del área administrativa y de salud, incluyendo guías bilingües wayuu. A partir del análisis cualitativo se identificaron tres barreras culturales respecto al acceso a la atención en salud: a) idioma; b) cosmovisión wayuu sobre el cuerpo, la salud y la enfermedad; c) información sobre salud sexual y reproductiva y VIH culturalmente no adaptada. El estudio identifica al guía bilingüe como actor clave en la disminución de estas barreras y finaliza con una discusión sobre el rol de los guías, las tensiones inherentes a su labor, y la complejidad de su aporte como mediadores culturales.

PALABRAS CLAVES Salud Indígena; Atención a la Salud; VIH; Equidad en el Acceso; Asistencia Sanitaria Culturalmente Competente; Colombia.

INTRODUCTION

The health level of the Indigenous communities is comparatively lower than the health level of the general population of the Americas, according to different indicators such as maternal and infant mortality.⁽¹⁾ According to the Pan American Health Organization, the most common causes of death in the Indigenous communities are: malaria, tuberculosis, malnutrition, alcoholism, drug addiction, HIV/AIDS and suicide.⁽²⁾ These poor health conditions are connected to situations of poverty and social inequality as well as to barriers to health care access. This article introduces an initiative of Indigenous health for the Wayuu communities of Colombia that, through the use of bilingual guides, attempts to reduce the cultural barriers to health care access. For such purpose, this study analyzes the role of these guides, the tensions inherent to their work and the complexity of their contribution as cultural mediators.

The Wayuu community inhabits La Guajira, Colombia, and the east of Venezuela, in localities close to the Caribbean; it is one of the 84 Indigenous ethnicities of Colombia, according to the 2005 census. It is an Amerindian community that belongs to the Arawak⁽³⁾ language family. It is estimated that the Wayuu population amounts to 402,279 people in Colombia, which represents 19.98% of the Indigenous population of all the country and 45% within the Department of La Guajira. Most of them live in rural communities throughout the entire region. The communities present little variation in their dwelling conditions. The dominant housing style is houses with wooden frames (*yotojoro*) and mud walls. The majority of the dwellings lack running water and electricity, although several houses have electric generators. The access to drinking water and sanitation is a serious concern in the Wayuu communities.⁽⁴⁾

The illiteracy rate of the Indigenous population in Colombia is 28.6% in people over the age of 15, against 7.4% registered in the national population.⁽⁵⁾ Regarding formal education, only 46% of Indigenous people

manage to complete the primary school.⁽⁶⁾ In the particular case of the Wayuu, 33% of the children who start school finish the eleventh grade of secondary school while approximately 18% of the children who live in the rural area are illiterate or functionally illiterate.⁽⁷⁾

Regarding the health conditions of the Wayuu in Colombia, their epidemiologic profile is linked to cultural and socioeconomic factors such as poverty, lack of resources, geography, social organization and economic activity. The most common illnesses within this context include: respiratory, gastrointestinal and sexually transmitted infections; uterine/cervical cancer; and illnesses related to malnutrition.^(8,9) Moreover, there are factors that affect the access to health care, such as the geographic distances between the communities and the health care facilities, and the cultural differences that limit the interaction with the health care personnel.

Although the knowledge of traditional medicine contributes to the communities' health status due to its wide variety of treatments, which result from the knowledge and practices based on Indigenous experiences and beliefs,^(10,11) the access to Western medicine (a right expressly set forth in the Colombian Constitution) has serious limitations.⁽²⁾ Among other factors, to make the access to health care effective, its personnel – especially those working at the basic level of health care, which is the closest to the communities – must know and respect the notions of health and illness of the Indigenous people as well as the resources that the culture itself has to support the health care process. Cultural and language barriers between the health care personnel and the Indigenous patients make the situation more difficult.

In 1993, the government of Colombia passed Act 100, which created Health Promotion Entities (EPS) [*Empresas Promotoras de Salud*]. This resulted in the implementation of a decentralized system of health insurance, with the explicit purpose of achieving universal health coverage by the end of the decade. However, such universal and equitable coverage took a while to be achieved and it is still argued

whether this purpose was achieved or not. Although the figures are questioned, the official statistics show that, currently, 96% of the population has health insurance coverage.⁽⁴⁾

The EPS are financed through two different systems. There is a contributory system for those population segments that can afford it. The subsidized system covers the low-income populations. Those employed in the formal sector contribute with 4% of their salary and the employer contributes with 8.5%. The self-employed contribute with 12.5% out of 40% of their gross income. The subsidized system is funded through the input of the contributory system and by government resources. The legislation stipulates a Mandatory Health Program, to be managed by the EPS, which covers a set of health interventions. Such interventions include prevention and promotion services as well as low, medium and high complexity health care services. For the assistance of their members, the EPS hire medical and health promotion services with Health Service Provider Institutions (IPS) [*Instituciones Prestadoras de Salud*] (profit-seeking or non-profit private health care entities).⁽¹²⁾

In 1997, the Indigenous organizations from different regions of Colombia created six Indigenous EPS (EPSI) [*EPS indígenas*] of the subsidized system (nonprofit organizations). One of them is Anas Wayuu, based in the Colombian municipality of Maicao, located in the Department of La Guajira. This EPSI was established by two associations representing 120 Indigenous communities: the Association of Cabildos and/or Traditional Authorities of La Guajira (Asocabildos) [*Asociación de cabildos y/o Autoridades tradicionales de la Guajira*], and the Sumuywajat Association. Currently, Anas Wayuu has 129,098 members, 80% of whom are Indigenous and 20% are non-Indigenous people. This EPSI is responsible for providing coverage for primary, secondary and tertiary health care services, as well as prevention and promotion programs. Most of the employees are Wayuu and can speak Wayuunaiki (the language of the Wayuu) and Spanish. Anas Wayuu also offers bilingual guide services for Wayuu families.

With the creation of the EPSI, there were certain expectations: to reduce the barriers to health care access and to leverage the intercultural health initiatives that include the Indigenous peoples' worldview in the health-disease-care process.⁽⁷⁾ An essential factor in this process is the bilingual guide or, as they are called in other regions, intercultural mediator. Although bilingual guides are usually present in most intercultural health care models, detailed descriptions regarding their profile are scarce. Generally, the two essential requirements are to be bilingual and to be a community leader.⁽¹³⁾ Bilingual guides are Indigenous people with outstanding communicative skills in listening, speaking, reading and writing in Spanish, and who are fluent in their native language, although they are not necessarily skillful in reading and writing it, given the fact that not all Indigenous languages have an established grammar. In most cases, they had received a Western education and managed to become professional assistant nurses, physicians, social workers, among others. In other cases, due to the permanent interaction with non-Indigenous people and their role within the community – traditional authorities, for instance – they managed to acquire good communicative skills. Regardless of how they learned the second language, all of them share an essential feature which is the ability to communicate with the health and administrative personnel due to their Spanish being more specialized. This is what makes them key actors both inside and outside health care facilities.⁽¹⁴⁾

The bilingual guides of Anas Wayuu work alongside the health and administrative personnel. Within the institution, they collaborate with the areas related to users' assistance, appointments, laboratory, emergencies, internal and external consultations and they even cooperate with doormen if they are not Wayuu. In addition, they are involved in the triage of Indigenous patients in order to guarantee the proper access to health care services. These guides not only work in the main municipalities but also in the rural areas to provide support to and raise

awareness among the traditional authorities, leaders and the community in general. They are in charge of supporting the health care personnel with talks on prevention and promotion. Bilingual guides also accompany the patients who temporarily stay in foster houses (hostels for the accommodation of the Indigenous patients in order to make the access to the different levels of health care easier and to enable the continuity of timely and culturally adapted health care) providing assistance in their interaction with health personnel. They provide support in the identification of the potential beneficiaries and help the Wayuu patients who require specialized health care outside La Guajira to overcome the language and the cultural barrier. Within the medical environment, these guides are in charge of advising the Wayuus who do not speak Spanish or who simply choose to talk with physicians in their own language. They help with the patient's documents, which are written in Spanish. Furthermore, they act as interpreters during medical consultations and are in charge of explaining to the patients each of the prescribed medications, the duration of the treatments, and the way of administration.

This article analyzes the data collected in the project *Prevention, diagnosis and treatment of HIV/AIDS of Wayuu communities in Maicao-La Guajira (2012-2014)* [Prevenición, diagnóstico y tratamiento del VIH/sida con comunidades wayuu de Maicao-La Guajira (2012-2014)] in order to make an in-depth study of the role of bilingual guides when working with Indigenous populations. This project was carried out in 55 Wayuu communities located in the rural area of the municipality of Maicao, in La Guajira, and in health institutions located in the urban area of this municipality.

The bilingual guide figure is not new; for many years it has been utilized in different countries on a variety of fields, such as education⁽¹⁹⁾ and mental health,^(16,17) health care of immigrants⁽¹⁸⁾ and Indigenous people.⁽¹⁹⁾ Studies regarding bilingual guides in health care have confirmed their positive impact when properly trained.⁽²⁰⁾

Former studies have shown that bilingual guides do much more than merely translating words. They are rather cultural interpreters⁽¹⁸⁾ as they have the capacity to observe what cannot be observed by people from other cultures.⁽²¹⁾ Their job consists in conveying subtle emotions, idiomatic expressions, implicit meanings, voice tones and facial expressions, as well as verbal ones.⁽²²⁾ Moreover, these guides are also tasked with the understanding of directly opposing systems of knowledge and beliefs due to their capacity to walk between two worlds: in this case, between the world of the Wayuu beliefs and the world of the Western-regulatory-physician. This article studies the role of bilingual guides in reducing the gap existing in the access to health care of Indigenous communities. In addition, it also analyzes their role as mediators to overcome the cultural barriers to address issues such as sexual and reproductive health and HIV/AIDS within the Wayuu context.

METHODOLOGY

The project *Prevention, diagnosis and treatment of HIV/AIDS of Wayuu communities in Maicao-La Guajira (2012-2014)* combined strategies of quantitative and qualitative research to respond to two big challenges: the epidemiological analysis of HIV/AIDS, and the design and implementation of a community intervention program for HIV prevention. The study was supported by the Ethics Committee of the National School of Public Health of the Universidad de Antioquia and by an Indigenous committee with representatives of Anas Wayuu and other Indigenous entities in partnership with the project. The study was funded by the Administrative Department of Science, Technology and Innovation (Colciencias) (an entity of the national government of Colombia that finances scientific research) and further developed at the invitation of the EPSI Anas Wayuu and other associated IPS (Asocabildos, Sumuywajat and Mediser) along with researchers of the Universidad de Antioquia, Medellin, Colombia

and the University of Manitoba, Winnipeg, Canada. The Indigenous entities also provided economic and logistic support as co-executors. The team worked hand in hand with Indigenous authorities and 55 communities given that this research was based on the community. Research protocols were established and followed to ensure that the voices of the different entities were respected. The results of the study were shared, although the interpretations included here are the authors' responsibility.

This article seeks to reflect on the cultural barriers that may arise during the interaction between the patients or Indigenous users and the health care personnel; how these barriers may widen the gap in the access to health services, especially those related with sexual and reproductive health; and, finally, how, in this scenario, bilingual guides may help reduce such gap. Usually, this type of barrier appears when the relationship between a person and the health system is hindered by beliefs, language, behaviors, symbols or traditions,⁽²³⁾ consequently affecting the access to health care services.

With prior informed consent, in 2012, semistructured interviews with the health care personnel of different institutions that are part of the network of health service providers of the EPSI Anas Wayuu were carried out. In addition, observation guides were used during the visits and the meetings with the health care personnel and the communities.

A convenience sampling was used and was taken to the point of data saturation,⁽²⁴⁾ taking into account the availability of the people to participate and the quality of the information provided by them. Nine health institutions were visited, five of which were Indigenous. Interviews were carried out with a total of 24 participants, who were key actors in the administrative and health care area; their ages ranged from 23 to 48 years, with 14 women and 8 Wayuu bilingual guides.

Afterwards, the 24 interviews were analyzed under the perspective of emerging categories, using the software Atlas ti version 6.2. Once the interviews were transcribed, the data was checked in a general way, and

then organized, first according to the key actor and, then, according to their position within the context. As a result, the following groups were created: one for non-Indigenous health personnel, one for Indigenous people, one for administrative non-Indigenous personnel, and one for bilingual guides. Both the internal relationships within each group and the relationship among the groups were analyzed. This helped identify agreements and disagreements among the different actors. The emerging categories were identified as well as their relevance in the stating of the problem. Later, the relevance of these categories was described and interpreted, and the categories bearing similarities were grouped.

RESULTS

The categories that came up during the analysis process helped organize and assess the data. This enabled the identification of three cultural barriers to health care access: a) language; b) the Wayuu worldview regarding the body, health, and illness; and c) the information on sexual and reproductive health and HIV not being adapted to the Wayuu culture. We introduce these barriers hereafter, highlighting the role of the guides as the actors attempting to reduce them.

The language as a cultural barrier and the bilingual guide as a mediator in the communication

As explained by one of the interviewees, language is a two-way barrier between the patient or Indigenous user and the physician or administrative personnel:

I think that one of the greatest barriers appears when they don't speak Spanish at all, that's one of the biggest barriers, because when there's help and interpretation, there are less difficulties. (Woman, non-Indigenous, Physician. Interview, September 2012)

However, the issue is not only the lack of communicative skills of the Indigenous people but also of the Western health care personnel, who do not fluently speak Wayuunaiki given that most of them come from other areas of the country and have not had any contact with the Wayuu culture before. Similarly, the Western personnel that come from La Guajira do not know the language either, although they regularly interact with Wayuu people. Nevertheless, some of those who have been working in the area for several years have learned a few phrases which, although helpful, may not be enough to carry out a medical consultation.

After some time, you learn to ask in Wayuu, and it's because they generally, well, they tell you "ais tekii," so "ais tekii" look they're saying I've a headache "ais tekii," "ais tanut" I've neck pain, "ais toú" I've eye pain, so they do this and the physician starts learning that, and in the next "ais tekii" the physician knows what's bothering the patient. We have to learn how to understand each other, that's essential, but if possible, well he understands, "ais supula tashituin," the patient feels pain while urinating, so well that becomes repetitive and the physician starts associating things. (Man, non-Indigenous, Business Manager. Interview, October 2012)

Conversely, although the Wayuu are in permanent contact with the *alijunas* (non-Indigenous people), a great deal of them lack language skills in Spanish or, if they have, they are limited. For example, they can speak Spanish but not read it. Teenagers and kids mostly speak and write Spanish due to their bilingual education but among the older age groups, language gaps are significant. This scenario gains even more complexity when the Wayuus who do understand Spanish do not want to speak it out of shame, fear or lack of interest. Finally, there are Wayuu patients who communicate in Spanish but lack the skills to understand the specialized language used by the physician.

Wayuus come here with their mediator, that is, with a helper if, suddenly, the Wayuu doesn't speak Spanish very well and feels scared, because Wayuus have a lot of that, they feel scared. (Woman, Wayuu, Social Worker, Bilingual Guide. Interview, September 2012)

The linguistic barrier between the Indigenous people and the health care personnel becomes very clear in the physician-patient relationship. Patients attempt to verbally express the pain or physical discomfort that they are suffering, turning the word into the beginning of the healing process. However, this ideal scenario is blocked when communication is limited. The Wayuu patient who does not speak Spanish, or can barely speak it, finds themselves in the need of a mediator who could interpret what the physician says and, at the same time, who could communicate the discomforts the patient suffers from. Similarly, the health care personnel also feel this need:

I don't have the expression to communicate with them and many things are lost and I've to call the guide to interpret. (Man, non-Indigenous, Physician. Interview, October 2012)

Language's a barrier, I mean not everybody can understand some of it's words. (Woman, Wayuu, Physician. Interview, October 2012)

Some Western physicians managed to become familiar with several Wayuu expressions, for instance: "*kasaichi pünülia*"? What is your name? "*Püshakata*" Get down! "*Püjülerra*" Lay down! However, this knowledge is not enough and they need the help of bilingual guides. The linguistic barrier and the absence of a guide during the medical consultation cause many patients to misunderstand the type of condition they suffer, how and when they have to take the medication or what the lab examination is about, among other procedures. A Wayuu physician said:

Wayuu women didn't know a single word of Spanish, one of them sensibly came to pick up her contraceptive pills blister, her little box, so when it was injectable she came and told me look I'm bleeding, this I don't know what, so someone explained to her in Wayuunaiki and I was saying: Oh my God! But if this [physician] didn't explain it to her, of course, then...no, she didn't take it, the truth is that he didn't explain it to her, he didn't explain it to her. (Woman, Wayuu, Physician. Interview, October 2012)

Many Wayuu who turn to Western medicine know a little Spanish. Those who do not mostly arrive at the health care facilities accompanied by bilingual relatives. However, the medical language is usually so specialized that their command of Spanish (both the patient's and the family's) is not enough and they find themselves in need of a bilingual guide, who serves as a specialized interpreter. Regarding the physician-patient relationship, bilingual guides mention that the users appreciate their intervention as they generally are not able to understand the physician. In fact, even those who understand and speak Spanish fluently sometimes request their presence. The standard bilingual Wayuu cannot speak the specialized Spanish used in health-related issues, so the guide's help is a plus during the medical consultation.

In some cases, [they ask for] one's help because it'll be very hard, he won't understand her, in most cases they say: no, come with me, I need you to come with me, even pregnant women have asked me to go in with them. (Man, Wayuu, Social Worker, Bilingual Guide. Interview, October 2012)

The Wayuu worldview regarding the body, health and illness, and the bilingual guide as a bridge between ancient culture and the work of physicians

The Wayuu worldview regarding the health-disease-health care process or the cultural construction of the body are unknown for most of the health care personnel. For the Wayuu, health is directly connected to the balance between the body, the spirit, the deities, the relationships with others and the territory; a breach or imbalance of any of these elements results in illness. Illnesses are classified according to their origin, whether natural (*ayuulee*) or supernatural (*wanülüü*). Among them, those that stand out are illnesses caused by water or air, which do not cause distress – for example a flu – or by exposure to dirty things like skeletons and animals; the “distressful,” caused by exposure to evil; and “the external,” which are caused due to the interaction with *alijunas* (non-Indigenous people), such as HIV. The traditional Wayuu medical system has traditional physicians (*piachis*) specialized on different areas who carry out therapeutic rituals and practices aimed at the recovery of the lost balance and curing illnesses, relying on medicinal plants, dreams and protective spirits.^(3,11,25,26)

There are differences between Wayuu patients and non-Indigenous patients. One of the most outstanding characteristics is the physical manifestation of pain. Among the Wayuu, particularly women, shouting and/or complaining are frowned upon. Pain must be tolerated in silence and young girls are taught about it since the *enclosure* (the ritual of passage from girlhood into womanhood). For instance, there may be a non-Indigenous woman screaming during labor in the emergency room and, next to her, in complete silence and without physical manifestations of pain, a Wayuu woman undergoing the same situation. This trait will make the health care personnel overlook the Wayuu woman and

therefore assist the non-Indigenous woman first. Consequently, this has caused several Wayuu women to give birth in the waiting room. This cultural feature, and many others, are well-known by bilingual guides. Such cultural trait, among many others, is very well known by bilingual guides, and it is what makes their role next to the physicians so important when triaging patients, helping to ensure timely access to health care. In line with this, the cultural constructions of the body and sexuality, as well as the social role of Wayuu women, shape to a great extent the physician-patient relationship. These constructions may create barriers in the access to healthcare.

When a Wayuu woman's with the physician, he says: "you have to pull down your underwear so I can do the pap test," so she's reluctant to this, so I tell her: "don't worry, he's not going to see you." And I tell the physician: "Doctor, do it but without looking at her," so what he does is put a small sheet between her legs and she feels more comfortable because nobody'll see her parts and what the physician does is to introduce his hand and do the pap test looking the other way so she stays calm. (Woman, Wayuu, Social Worker, Bilingual Guide. Interview, September 2012)

This is why bilingual guides are essential in such relationships; their own cultural and institutional knowledge allows them to easily move between the ancient cosmogony and the Western medical institution, favoring culturally adapted health care. Therefore, apart from having an outstanding role in facilitating the access to the medical institution, the guide favors the exchange between the Wayuu and the administrative health personnel. Outside the office, the guide is in charge of counselling the user by helping with the paperwork, the appointment of visits, the proper delivery and administration of medication, and helping in temporary foster houses, among other responsibilities. This familiar relationship with the users helps in the development of close

relationships with the guides; thus, the guide becomes a social agent, a reliable person for the Indigenous patient who suffers from any discomfort. Such is their importance in the access to health care that many patients prefer to visit the medical center another day so as to be personally helped by them.

In this way, it becomes clear that the knowledge the bilingual guides have about the Wayuu as well as the trusting relationship they establish with the physician or the health professional are essential to enable exchanges between Indigenous patients and physicians because, as it can be seen in the previous testimony, the guide is not only an interpreter but also a mediator of the care process.

Non-adapted information about sexual and reproductive health and HIV and the bilingual guide as provider of culturally adequate information

There are gaps in the access to information about sexual and reproductive health. On the one hand, the health care personnel indeed have the information, but not always the cultural and the idiomatic knowledge. The bilingual personnel is able to communicate with their communities, but their beliefs may hinder the conveyance of that information:

There's like a little gap, as the person giving that information, like the physicians who're the ones dealing with sexual health and the nurse, don't speak Wayuu at all. (Woman, non-Indigenous, Medical Assistance Coordinator. Interview, September 2012)

The growing closeness of bilingual guides toward the communities to address issues related to sexual and reproductive health (and specifically, HIV) is relatively new. In the past, guides used to have more operative functions, even administrative; they would contribute in workshops on prevention or hand out brochures, but these topics were not

openly addressed with their communities. As a result of the training process carried out by the HIV project, the guides acquired pedagogical and research tools to deal with these issues, which are a taboo within their culture. Bilingual guides had to face the dilemma between the information they must provide to users as health professionals and their own cultural and religious beliefs about sexuality, which are quite deep-rooted. Dealing with such conflict was challenging:

The use of condoms is always a bit difficult to address and even more so if we have something to put it on, I myself feel a little like...Damn! Am I going to grab that thing? [Synthetic penis model] I don't know if it's a cultural issue, but at the beginning when I saw that...Damn! That thing and everybody looks at me like this. (Man, Wayuu, Social Worker, Bilingual Guide. Interview, October 2012)

I told [the person who lives with HIV] about the disease, about the risks involved, about the infection itself, they take it in pretty well, I mean, this isn't a person who's going to get depressed, no! This person's very different from many things one'd see on TV. (Man, Wayuu, Social Worker, Bilingual Guide. Interview, October 2012)

The permanent guidance in the communities offered by the HIV project team (physicians, epidemiologists, psychologist and anthropologist) experienced in dealing with Indigenous groups and their own field experience made it possible for bilingual guides to address more openly the issues that “are not well looked upon” to be spoken in public in the Wayuu culture. The guides had an active and fundamental role during the educational meetings with the communities; they led conversations in their language about the use of condoms, general knowledge about sexually transmitted diseases and delved into the prevention of HIV. It was possible to compare the different attitudes among

Wayuus in the acceptance of these issues; generally, when the Western health care personnel arrives at the communities to address sexual and reproductive health, Wayuu men and women laugh and make funny comments in Wayuunaiki; however, when this information was provided by a guide in their own language the attendees took a more active role, participated and share their own experiences.

These talks were enriched with the previous experiences of the guides in community work and with the oral tradition of their culture. For instance, the talks started with the usage of mythical characters such as *Pulowi* (a lagoon mermaid) and *Kashí* (the moon) as well as with others related to the Wayuu daily life, like the goat shepherd or the bag weaver, so as to create a scenario where self-care and prevention practices were central to the narrative. A new task of the intercultural guides is to support people living with HIV. The training process provided them with tools to take an active role with this population. Their task was focused on guaranteeing that the people living with HIV accepted the treatment – to attend medical examinations, to administer and use antiretroviral drugs, and to receive psychological counseling, among other activities – and on actively looking for new cases by means of rapid tests.

About the institutional part, what's related to social work and psychology, they've already talked about the issue [to the person living with HIV] but I wanted, I mean, I felt, I felt I had to speak, but in my language, in my culture, to see how he was feeling. (Man, Wayuu, Social Worker, Bilingual Guide. Interview, October 2012)

With the different testimonies, it was made clear that bilingual guides become active players within the health care system; that they not only help their Indigenous fellows but also health care professionals who acknowledge their flaws and their limitations when faced with a culture they barely know.

DISCUSSION

The role of the bilingual guide is part of a bigger topic: intercultural health. Researchers have been studying this issue for years in the Americas.⁽²⁷⁾ Among the social determinants of health and the different barriers of access to health care of the Indigenous communities, the sociocultural factor is one of the most prominent aspects.⁽²⁸⁾ Recent research studies propose that the best initiatives regarding intercultural health are those designed and managed by Indigenous organizations.⁽²⁹⁾ If intercultural health is understood as the health care practices that bridge traditional Indigenous medicine and Western medicine,⁽²⁹⁾ the bilingual guide plays a key role in this process. In the specific case of the Wayuu, the studies carried out in the region agree on the fact that language does not allow for the effective and fluent communication within the field of health education. Moreover, the possibility to have access to two types of medicine triggers indecisiveness, anxiety and attrition, which translates into incomplete preventive and therapeutic processes.⁽¹¹⁾ These and other cultural barriers are inherent to many Indigenous groups in the region and add to the factors that widen the gap in access and health care. This article assessed the role of bilingual guides as key actors in the decrease of this type of gaps and, at the same time, as mediators that help overcome other cultural barriers in order to address issues related to reproductive and sexual health and HIV/AIDS within the Wayuu context.

The study suggests that the culture itself provides the resources that may enable scenarios of health and well-being, bilingual guides being an example of such resources. Guides are actors who play an essential role in overcoming these barriers. They do so from their position of bridges between the communities and the institutions due to their cultural as well as normative and institutional knowledge, which help them get along in both worlds. Although being bilingual does not imply having a better knowledge of health

and illness than the non-bilingual Indigenous people, it does have benefits when it comes to understanding messages conveyed by health agents.⁽³⁰⁾

As stated by the Pan American Health Organization: "each Indigenous community has its own beliefs and unique practices regarding health, as well as its own community resources to promote health, prevent illnesses or treat common diseases."^(2 p.33) Such beliefs and practices are usually overlooked by physicians. One of the tasks of the bilingual guide is to interpret words or gestures that cannot be understood by non-Indigenous people and that are key to understanding the health condition of the Indigenous patient. Particularly inside the health care practitioner's office, a clear communication in which both verbal and non-verbal languages converge is necessary since it will help the physician make the correct diagnosis.

Although the EPSI are attempting to build an intercultural model of health culturally closer to the Indigenous user, they are within the framework of Western medicine, and the institutions providing health services are not always Indigenous. Therefore, the EPSI are subject to a series of codes, norms and conditions typical of the non-Indigenous medical institution which is alien to the Wayuu. One of the strengths of an Indigenous EPS, when compared to a non-Indigenous EPS, is the possibility of receiving health care in their mother tongue. This implies a certain level of knowledge of their customs and cultural practices, thus, understanding what "being ill" means and the consequences it has within their cosmogony. However, Colombian guidelines and protocols on health care are not adapted to the different cultural environments. The institutional challenge is to adapt them to their context and, in this particular case, bilingual guides may be a great help.

The goal of the EPSI is to have qualified Indigenous medical staff in order to improve communication with Indigenous patients and therefore improve the health care services provided as well. Nevertheless, Wayuu physicians and nurses are scarce in La Guajira, whereas there is a larger number of assistant nurses that

are Wayuu. However, it is still not enough for the high demand of Indigenous users. This is why the presence of bilingual guides is highly important. On the other hand, Indigenous professionals are trained in a Western system that pays very little attention, or no attention at all, to the reality of ethnic groups during professional training or practice.

Over the years, the role of bilingual guides has been operationalized. Anas Wayuu has found more ways to incorporate guides in the dynamic of provision, promotion and prevention of health. At present, bilingual guides leave the institutional sphere and travel to the communities or settlements in line with the extramural program so as to carry out those actions in their own language. Bilingual guides represent a strength in the health care model of the EPSI, given that they help reduce the barriers between the patients and the provision of health care services. Guides articulate the immediate provision of institutionalized health services. However, it was noticed that their role was not originally proposed with the characteristics and functions they now offer, but the transformation guides have undergone and the role they have acquired in practice made health institutions value them more.

Throughout this article, the role of bilingual guides in the promotion of health has been emphasized; however, in the sexual and reproductive health sphere, counseling for their training and qualification is required. This complies with the idea that "sexuality is a construction which results from social and cultural systems that shape both the sexual expression as well as the ways in which we understand and interpret it."^(31 p.86) This means that "each society creates customs and norms, practices and beliefs, which regulate sexual expression, when to have sexual intercourse, who to have sexual intercourse with, how often, in what way, their purpose and, mainly, what type of intercourse."^(31 p. 82) Bilingual guides cannot avoid the sociocultural constructions of what is *positively or negatively perceived* in their culture, and those "mandates" directly affects the information regarding sexuality provided to their

community and the means used to this end, as in the case of HIV.

The training process of bilingual guides in our project took into account this aspect, as we aimed at providing information about sexually transmitted diseases and HIV in Wayuunaiki, to both men and women of different ages. To guarantee an effective communication, we needed guides to be sensitive to and aware of their role in the conveyance of new knowledge without putting them between a rock and a hard place regarding their beliefs and customs. For this reason, a training process addressing issues related to sexual and reproductive health with bilingual guides requires recognizing the emotions that surround sexuality and accepting that a dialogue where researchers are also trained along with bilingual guides is required. For instance, a key point for both researchers and guides was to talk about this issue with the "*antiguos*," as they call the elderly, without considering it a lack of respect. In addition, other key factors were knowing how to explain the use of condoms individually or collectively, as well as identifying which topics of conversation were discussed among men and which among women. Furthermore, it was also important to learn how to properly introduce the issue of homosexuality and how to live with people suffering from HIV. Finally, after that deconstruction of taboos and personal bias, the transfer of new knowledge aimed at having healthier communities.

The importance and gravitas of the Wayuu bilingual guides in the relationship between the Indigenous user and the physician shows certain characteristics of bilingual guides that imitate the role of the orator (*palabrero*) or *pütchipü'ü* of the Wayuu culture. Possibly, those familiar features resulted in some Indigenous people visiting health care facilities to take advantage of them in order to "carry the word" when facing the medical institution, represented by the physicians or the administrative personnel. According to Guerra,⁽³²⁾ within the Wayuu culture, the orator is a person who "has gained prestige due to their having a way with words," this

person knows the Wayuu law very well and has outstanding skills to peacefully solve conflicts or disagreements. "They are generally respected and have the legitimacy to act as intermediaries and, in more complex situations, as mediators."⁽³²⁾

Such privileged position in the intermediation is also found in bilingual guides. For instance, users look for the most experienced ones to speak on their behalf before the physician or the administrative personnel in case of a problem or inconvenience related to the provision of a health service. The guide's actions imitate the Wayuu negotiation, but within the health care institution. Bilingual guides master the dimension of norms and mandates, the medical institution, in this case; guides know the culture and the hierarchies,

they have a position of power, and to the eye of patients, they are their spokesperson.

An outstanding feature of Wayuu users within health care institutions, if compared to non-Indigenous patients, is that they never complain. It is not usual to see a Wayuu at the health care user support office talking about their dissatisfaction regarding the health care system. This feature bears a cultural foundation given that, within the codes of Wayuu negotiation, there is a person in charge of "carrying the word," who can convey disagreements or report the things that are not right. For this reason, the guide becomes that specialized spokesperson who, from a more equal power relationship with the physician, is able to express the patient's discomfort, disagreement or discontent.

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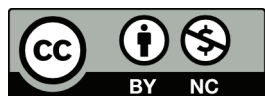
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