

Intercultural Health Reform in Ecuador: Exploring Effectiveness in Addressing Sexual & Reproductive Inequities

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Introduction



By the numbers, Ecuador boasts a rich multicultural population.¹ Yet for many years, social, economic and health inequities contributed to poor sexual and reproductive outcomes among rural and indigenous populations.² In 2008, Ecuador underwent significant revision of its constitution to officially include intercultural health as a pillar within the health system, and outlined access to health care as a right for all individuals.³ Yet despite the transformation, it is unclear to what degree this policy has translated to practice and influenced outcomes over the past twelve years.

Research Question

In Ecuador, did the integration of intercultural health and associated social factors within the 2008 constitutional reform effectively impact sexual and reproductive health outcomes?

Methods

A literature search for primary research articles was conducted utilizing PubMed as the database. The search was refined by using combinations of MeSH Terms including “Ecuador,” “intercultural health,” “sexual health,” “reproductive health”. Dates of data collection within each study determined pre-reform (prior to 2008) or post-reform (during or after 2009) timeframe. Results from pre- and post-reform outcomes were grouped according major themes, including delivery care, family planning, and adolescent fertility.

Discussion

Modest improvements in sexual and reproductive health outcomes are noted following the 2008 national reform in Ecuador. However, the current situation remains far from equitable, particularly for marginalized and disadvantaged populations such as rural communities, indigenous populations, and individuals with low education levels. Barriers including inconsistent stock of family planning supplies at healthcare facilities, lack of knowledge of obstetric warning signs, and negative prior experiences limit further success.

Recommendations

Recommendations to continue moving towards health equity in sexual and reproductive health outcomes for all in Ecuador include:

1. Reliable access to culturally appropriate care and supplies
2. Consistent integration of intercultural practices and sensitivity across systems
3. Health education accessible for all literacy levels

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Summary of Research Findings

A total of 6 articles were included in the analysis. National trends with commentary on socioeconomic inequalities are outlined in Figure 1. Overall integration of traditional practices within sexual and reproductive care post-reform is varied based on health facility site and staff members.⁹

	Pre-Reform Outcomes	Post-Reform Outcomes
Delivery Care	Low skilled birth attendance among rural, indigenous populations ⁴	National increase in obstetric complications and C-sections ⁶
		National increase in MMR; increase in inequality among provinces according to wealth gap ^{6,7}
		Modest inequality reduction for skilled birth attendance ⁸
Family planning	High proportion of unwanted pregnancies among rural, indigenous populations ⁴	Slight increase nationally in modern contraception use; regionally, persistent inequalities among rural, indigenous, low education level groups ⁸
	High proportion of unintended pregnancies among young, single women with 2+ children ⁵	
	Low modern contraception use among indigenous populations ⁴	National increase in abortion complications ⁶
Adolescent fertility	High adolescent pregnancy rates among all groups (demographic, socioeconomic) ⁴	National decrease in adolescent fertility; decrease in inequality among provinces according to wealth gap ⁶

Figure 1: Sexual and reproductive health outcomes in Ecuador relative to the 2008 implementation of its revised national constitution.