Linguistic Barriers to Healthcare in Ecuador:  
Moving Past Assumptions and Toward Understanding

Healthcare disparities are a significant and well known international social justice issue. It is also recognized that social and cultural factors play an important role as well. While there is research on health disparities in general, there are not many studies that address the role language plays in the delivery of healthcare and even fewer that address how to solve these inequalities. In order to expand upon the current literature this research underway is a comparative investigation of language and culture as they relate to healthcare disparities in Ecuador the U.K. and the U.S.A. For the sake of brevity, this presentation focuses on the study of interventions used by healthcare professionals to address linguistic contributions to health disparities for indigenous communities studied in Ecuador. More specifically, this presentation will explore a challenge faced during the research process and the lessons learned from that experience.

In preparation for this project, a literature review was conducted that emphasized linguistic epidemiological data, studies on health inequalities, and cultural aspects of healthcare. From this initial review, the indigenous communities of Ecuador were chosen as the target population. From there a research proposal was designed for a short, one-week trip to Ecuador for anecdotal observations. The proposed study was a content analysis of any media or communication between healthcare professionals and indigenous communities, with the goal of assessing how those professionals integrated indigenous languages into their communications. During the trip various field notes were taken on various observations and lectures which were then used to reflect on the research question and methods.
Anecdotal findings from the trip showed that in most cases there were few examples of health professionals reaching out to indigenous communities and little use of indigenous languages in those communications. Other findings include that many indigenous languages did not have medical terminology that is translatable to Spanish and that several medical students in Ecuador are expected to be bilingual, but in Spanish and English (or another European language).

From what I observed in the short time I spent in Ecuador, there was minimal to no multilingual communication between health professionals and indigenous communities. However, these results, based on my methodology fail to fully represent the efforts being made by health professionals to solve this issue. The framework used for this study makes various assumptions about countries’ linguistics based on the literature and was challenged immediately once data was being collected. While my research process was challenged, it was productive because valuable insights were gained. A major lesson learned from the experience was that when investigating socio-cultural factors, rigid models for research may not be the most appropriate. Moving forward I will tailor my research to focus on studying how health professionals, linguists, and indigenous community members are holistically cooperating to solve the issue. This experience is valuable to share because it can help future researchers avoid making the mistake of assumption that was made when designing this project.