BARRIERS TO RENAL CARE IN THE ABORIGINAL COMMUNITY FROM CHACO, ARGENTINA

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Introduction

KDOQI, published in 2002, introduced the concept of Kidney disease' as a process that could be interfered and opened the possibility to study proteinuria, with a urine strip as a non-specific marker of renal disease. We have been struggling with some of these barriers for over fifteen years working in Chaco, one of the poorest provinces of Argentina, with the 4% of 1.142.963 inhabitants (2022 Census) who identify as First Nations. These include the Toba, -now known as Qom as ' Toba' implies that they have a big forehead-, Wichi and Mocoví. The objective is to describe barriers to renal care in these groups.

Methods

Implementation Research was applied. The informed consent was translated to each lenguage. The Institutional synergic compromise of Minister of Health, Non-Governmental Organizations like UNICEF and the Northeastern University of Argentina was needed.

Results

We found:

1. Cultural Barriers:

a) Introducing the concept of prevention: Prevention is a concept not only difficult for First Nations people to understand but also for politicians to invest in. b) Semiotic meaning of words like Hypertension, Diabetes Mellitus, Obesity, and kidney damage. c) Revitalize and honour their culture: Sometimes, the conventional messages about healthy lifestyles sound inappropriate.

2. Accessibility:

a) Primary Health Care: A survey
demonstrated they feel a friendly place.
b) Hospitals: They refused to go to hospitals.
c) Pharmaceutical drugs: They have access easily to treatment and renal replacement therapy is free in Argentina. They showed low adherence to hypertension treatment.
d) Lack of registries about ethnic origin on their birthday certificates, death certificates, and medical registries. They think they should be discriminated against.

3. Ethical appraisal: Renal disease detection may begin at low birth weight. Cardiovascular risk factors that might be treated before CKD is plausible.

4. The big global framework:

a. Epigenetics: Nutritional transition is an inexorable path of these communities.
b. Genetics: the level of diversity found in South America and this region's male founders did not carry a restricted gene pool.

5. Sustainability: It requires continuous management concerning political authorities (as they change frequently).

Conclusions

The barriers to kidney care in Chaco First Nation people can be overcome within a framework of respect for their culture. Renal care must be adapted to global situations such as nutritional transition.

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