Relevant ethical consideration in research with indigenous people in Peru

Gabriela Minaya¹

Received: 25 November 2015 / Accepted: 17 January 2016 / Published online: 27 February 2016
© Springer-Verlag Berlin Heidelberg 2016

To the Editor:

The letter by Zavaleta et al. (2016) challenges our opinion (Minaya and Roque 2015) referring to ethical weaknesses of their research (Zavaleta et al. 2007). They considered that the ethics requirements were fulfilled under the authorization of the Ministry of Health of Peru, the approval of the ethics committee of the Cayetano Heredia University, and the consent of the Chayahuita community leader. They also stated that asserting the high prevalence of syphilis and HIV in the Chayahuita community was due to homosexuality, early initiation of sexual activity, and lack of condom use could not be considered stigmatization.

We differ from those views (Zavaleta et al. 2016) and reiterate our comments (Minaya and Roque 2015). We welcome this opportunity to discuss the ethical issues that should be respected particularly in indigenous communities. We recognize the value of their research (Zavaleta et al. 2007); however, once a public health issue has been identified, it is essential that researchers suggest possible solutions to address the identified problem.

Research on indigenous communities should be participative. Using a participatory approach is indispensable and will ensure that community members identify problems and meaningful measures themselves by means of listening to their voices and understanding their needs and perspectives. This is in accordance with the categorical imperative of Kant's ethics of acting "in such a way that you treat humanity, whether in your own person or in that of another, always at the same time as an end and never merely as a means" (Kant 1969).

By the time Zavaleta et al.'s research was undertaken (2007), the antiretroviral therapy was available in Peru, either provided by the Ministry of Health or from other sources. Prior to the research or intervention, researchers who are carrying out studies involving vulnerable communities, particularly when including participants who may require medical treatment, should consider to increase awareness of preventive measures and ensure timely therapeutic management for infectious diseases (such as HIV and syphilis). We consider the researchers should take this responsibility when the access to healthcare services in remote locations is limited. Living in remote areas is one of the factors influencing illness conditions in indigenous communities, which may lead to the occurrence of infectious diseases and social marginalization among them (Almaguer and Mas 2009). Furthermore, indigenous peoples encounter discrimination and social exclusion as a result of social inequalities in health, even when they are living in urban areas (Duque 2012).

The indigenous community studied by Zavaleta et al. (2007), which calls itself the 'Shawi' or 'Chayahuitaes,' is located in the Loreto region of Peru, and its population data is publicly available (Instituto Nacional de Estadística e Informática and Fondo de Población de las Naciones Unidas 2010). The research findings by Zavaleta et al. (2007) tend to stigmatize the studied community with respect to homosexual behaviors, early initiation of sexual activity and polygamy, and the high frequency of syphilis and HIV in Chayahuitaes. However, these results may not be representative of the whole community, as the number of study participants was only 162, which is 0.78 % of the total Chayahuita population of 20,540 inhabitants (Instituto Nacional de Estadística e Informática and Fondo de Población de las Naciones Unidas 2010).

Finally, we take this opportunity to motivate policymakers, researchers, and the public in general to build up an intercultural policy including the national legal framework and ethical

✉ Gabriela Minaya
gminayam@ins.gob.pe; gminayam@gmail.com

¹ Instituto Nacional de Salud, Cápac Yupanqui 1400, Jesús María, Lima, Peru

and sociocultural qualifications of the investigators. This will contribute to the improvement of human wellbeing, while respecting cultural diversity, obtaining mutual benefits, and sharing responsibilities.

Compliance with ethical standards The author ensures compliance with ethical standards.

Conflict of interest The author declares that she has no conflicts of interests.

References

- Almaguer G, Mas J (2009) Interculturalidad en salud: experiencia y aportes para el fortalecimiento de los servicios de salud. Universidad Autónoma de México y Secretaria de Salud, Mexico
- Duque M (2012) Beyond diversity in indigenous health: developing research that reveals inequities and promotes social justice. *Investigación en enfermería: imagen y desarrollo* 14:11–31
- Instituto Nacional de Estadística e Informática (INEI), Fondo de Población de las Naciones Unidas (UNFPA) (2010) Perú: Análisis Etnosociodemográfico de las Comunidades Nativas de la Amazonía, 1993 y 2007., INEI Web, Available at: <http://proyectos.inei.gob.pe/web/biblioineipub/bancopub/Est/Lib0902/index.htm>; accessed Feb 2015
- Kant I (1969) Foundations of the metaphysics of morals. Bobbs-Merrill, the University of Michigan, Indianapolis, United States, p 54
- Minaya G, Roque J (2015) Ethical problems in health research with indigenous or originary peoples in Peru. *J Community Genet* 6: 201–206. doi:10.1007/s12687-015-0240-6
- Zavaleta C, Fernández C, Konda K, Valderrama Y, Vermund SH, Gotuzzo E (2007) High prevalence of HIV and syphilis in a remote native community of the Peruvian Amazon. *Am J Trop Med Hyg* 76:703–705
- Zavaleta C, Konda K, Valderrama Y, Gotuzzo E (2016) Health research: working with Indigenous People in Peru. *J Community Genet*. doi:10.1007/s12687-016-0264-6.