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ABSTRACT

Understanding how Indigenous populations perceive HIV/AIDS is of high relevance for the implementation of culturally appropriate interventions. The study analyzed the ways in which Indigenous Wayuu communities of Colombia socially perceive and respond to HIV/AIDS from their sociocultural realities and their knowledge of the illness. It analyzed qualitative data from 9 focus groups and 29 semi-structured interviews. The Wayuu think of HIV/AIDS as “the illness”, that it is incurable, fatal, transmitted from alijunas (non Wayuu), and beyond their understanding. They seem to perceive HIV/AIDS similarly to the ways Western societies perceived unknown or misunderstood epidemics in the past.

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HIV/AIDS research among Indigenous peoples has substantially increased in a number of countries (Bowden, 2005; Negin, Aspin, Gadsden, & Reading, 2015; Zambrano, Castro, Lozano, Gómez, & Rojas, 2013). However, in most Latin American countries the lack of an ethnicity identifier makes it difficult to obtain reliable incidence and prevalence figures of HIV/AIDS among Indigenous peoples (Ponce et al., 2016). In Colombia, between 1983 and 2013 there were 94,000 new identified cases of HIV. In 2013 alone there were 8,200 new cases, 72% of which were males (Ministerio de Salud y Protección Social, 2013). The epidemic in Colombia is concentrated among high risk men who have sex with men, although the numbers among women are increasing. The national prevalence in 2012 was of 0.5% of the population between the ages of 15 and 49 (UNAIDS, 2015). Despite Indigenous peoples in Colombia representing 3.5% of the total population, distributed among 87 Indigenous ethnic groups, the HIV incidence or prevalence rates among Indigenous peoples are unknown (Quiroz, Guilhem, La Valle, & Pires, 2010). To date, there have only been two studies in Colombia with two distinct...
Indigenous groups, the Embera Chamí and the Wayuu (Rojas, 2015; Zambrano et al., 2013). Mortality associated with HIV/AIDS has been mostly related to late diagnoses, barriers to access to care, and lack of awareness of HIV/AIDS among community members. The studies showed a prevalence of 1% in 2011 among the Embera Chamí of Cristiánia (Antioquia), and of 0.6% in 2012 among the Wayuu population of Maicão (La Guajira) (Rojas, 2015; Zambrano et al., 2013). These studies have suggested an increase of HIV/AIDS cases since 2000. Consequently, it is important to understand the perceptions, knowledge, and attitudes related to HIV/AIDS among Indigenous peoples in Colombia, to implement socioculturally relevant prevention and treatment initiatives.

Studies have suggested that risk factors for sexually transmitted infections (STIs), including HIV/AIDS, specifically among Indigenous communities are associated to inequities in social conditions, geographic location that hinder access, border locations with neighboring countries, and rural areas with limited public health and education infrastructure (Negin et al., 2015). Quintal López and Vera Gamboa (2015) state that health and illness are conditioned by poverty, marginalization, difficult access to health care and education, and in the case of Indigenous peoples also by racism. The evidence suggests that the health of Indigenous communities has been negatively impacted by colonization and acculturation (Chagnon, 2006). Despite national policies and programs to protect the rights of Indigenous peoples in Colombia, the reality is that they are a minority population immersed in poverty, and with difficulties to access education and health. The Wayuu are no exception.

The Wayuu are the largest Indigenous group in Colombia, representing almost 19.5% of the Indigenous population in the country. They live in La Guajira, a peninsula located in the northeast of Colombia, bordering the northwest of Venezuela and the coast of the Caribbean. The border location between two countries makes mobility across borders very common. Although there is constant mobility (Pérez, 2004) due to commerce and job opportunities, the Wayuu maintain their roots with their communities of origin. According to the 2005 Colombian census, there were 270,500 Wayuu (18,200 families) living in rural communities in La Guajira (DANE, 2007).

Despite a process of acculturation, the Wayuu maintain numerous cultural characteristics, such as traditional clothing, language, and rituals of passage and death. People living in the communities speak Wayunnaiki, and a high percentage is bilingual (also speaking Spanish) (Polo Figueroa & Ojeda Jayariyu, 2015). In the Wayuu territory there is a significant influence of non-Indigenous people (alijunas) mostly Colombians, but also foreigners drawn to the area because of jobs in the coal and gas industries, border smuggling, and legal and illegal armed groups. (Orsini, 2007).
The majority of the Wayuu live in small rural villages and hamlets spread across La Guajira. Housing conditions vary little across and within communities. The main building style is a wood frame plastered with mud, and less commonly constructions of concrete blocks and cement. A majority of the villages lack running water and electricity, although some households have generators. Access to clean water is a major concern in most Wayuu communities. The size of the villages and hamlets vary. However, all have traditional authorities that can be a man or a woman. Each community has several family units, and aside from the residences they also have collective corrals, vegetable gardens, and cemeteries. The may also share windmills for water and small water reservoirs for animals and plants (ODPP, 2013).

Among the main sources of income is the production and selling of handwoven hammocks or bags. Livestock (mostly goats) is of central importance, and the amount and type of livestock owned serve as indication of a family’s wealth (Boily-Larouche et al., 2013). Other informal sources of income are for instance the sale of gasoline obtained in Venezuela. Furthermore, there are people working across the border in Venezuela, and families with households in both Colombia and Venezuela who travel back and forth. Agriculture is limited, because the dry land landscape of the region and the scarcity of water restrict its practice.

In relation to family lines, the Wayuu are matrilineal in assigning the name and membership to a clan. For instance, Apushaina, Epiayu, Uriana, Ipuana, are some of the 28 to 30 clan names that exist among the Wayuu. More so in the past, the clans were associated with socioeconomic status of families or groups (Simons, 1885). Presently, poverty is more generalized and differences between clans are not as apparent as before. Marriage is a form of external social and political alliance, consequently it is considered positive that people marry among those with dissimilar ascendants. Over time, marriages with alijunas (nonindigenous) have become more common.

Previous studies on how HIV/AIDS is perceived have, for the most part, focused on the purpose of prevention initiatives for specific population groups and in relation to risk perception (Li et al., 2004; MacKellar et al., 2005; Ramos, Munive, Calderón, Velazco, & Velazco, 2009). There have been a number of studies from Brazil, Chile, and Mexico on perceptions, understood as cultural notions and social representations (Lozano González, Torres López, & Aranda Beltrán, 2008; Torres López, Reynaldos Quinteros, Lozano González, & Munguía Cortés, 2010). These have focused especially on adolescents and university youth. We have not identified studies related to Indigenous peoples and their views about HIV/AIDS. Authors such as Betancourt and Pinilla (2011), Núñez Noriega (2011), and Zavaleta, Mujica, Ypanaque, and Cueva (2007), have called for studies with an anthropological focus to gain a better understanding of the sociocultural and gender contexts of Indigenous peoples to design culturally appropriate initiatives. The present
study sought to understand how the Wayuu perceive HIV/AIDS in relation to their sociocultural characteristics, and their social responses to the disease.

**Methodology**

The study was part of a larger research and intervention project implemented in partnership by several organizations. The two main partners were Facultad Nacional de Salud Pública, Universidad de Antioquia, Colombia, and Empresa Promotora de Salud Indígena Anas Wayuu, La Guajira, Colombia. The initiative combined a series of quantitative and qualitative methodologies to achieve an epidemiological and social epidemiological understanding of the HIV/AIDS situation among the Wayuu population in the region, and to design and implement HIV prevention programs. The study received ethical approval from the Research Ethics Board of the Universidad de Antioquia and from a Wayuu committee that included Wayuu traditional authorities representing Anas Wayuu (a Wayuu non-profit health insurance organization) and eight other Wayuu organizations.

Field work took place between 2012 and 2015 in 55 Wayuu communities of the Maicao region of La Guajira. The data sources were 9 focus groups, 29 semistructured interviews, and field notes. The focus groups and interviews were conducted in Spanish and/or in Wayuunaiki. In the latter situation, they were conducted with bilingual guides as interpreters. The audiotapes were than reviewed by a Wayuu teacher and translator to verify (and rectify when necessary) the quality of the translations. The audiotapes were transcribed verbatim.

Seven Wayuu leaders that are bilingual guides in Wayuu health organizations received training in research methodology and worked as research assistants with the main researchers (Castro et al., 2013). They assisted in all stages of the interview and focus group process. Study participants were recruited by convenience sampling from the 55 Wayuu communities that were part of the study. Consent for the interviews and focus groups were provided at two levels. Firstly, community consent via traditional authorities of each village, and then individual consent from each study participant.

Eighty-six individuals participated in the study, the youngest being 17 years of age (56% female and 44% male). Fifty-seven of these individuals took part in the 9 focus groups; 29 were interviewed individually face-to-face. The inclusion criteria were to be: over 15 years of age; a resident of a Wayuu community; and sexually active currently or in the past. The average age was 43.5, ranging from 17 to 64 years of age. All were fluent in Wayuunaiki and 60% were also fluent in Spanish. In terms of occupation, 16 were teachers and the remaining from various occupations such as craft person, shepherd, agriculture worker, and
homemaker. The field notes consisted of journals written by 20 Wayuu and non-Wayuu research assistants and main researchers.

The sample achieved saturation. The study used a qualitative inductive paradigm, from the perspective of social constructionism as a way of understanding the perceptions of HIV/AIDS by Wayuu people. The data was analyzed using NVivo 10 by identifying emerging codes using codification theory as formulated by Strauss and Corbin (2002). Two of the researchers independently identified emerging categories using grounded analysis of the transcripts. After the categories were independently identified, these two researchers shared their analyses and developed the major themes. These were then presented to two other researchers of the team and final thematic adjustments were made.

**Findings**

The findings suggested four main themes: HIV/AIDS as “the illness”; Disease that is not of earth or wind; Dangerous, incurable and mortal disease; and Talechee alijuna: a “gift” from the non-Indigenous.

**HIV/AIDS: “the illness”**

All study participants talked about HIV and AIDS as if they were synonymous, and they considered both to be bad illnesses, incurable, and deadly:

[... ] it is the same, they are bad (Interview, craft person, female, age 47, Pushaina Clan, 2012)

They are the same, because they are transmitted by blood or sexual relations … (Interview, craft person, female, age 29. Uriana Clan, 2012)

Same as HIV, AIDS is an illness that kills the person (Interview, homemaker, female, age 26, Pushaina Clan, 2012)

In our language the Word HIV mmm, but it is the same for us HIV and AIDS, as some alijunas say it is the virus but we don’t know how they call the virus, for us it’s the same. (Focus group, traditional authority and teacher, male, age 47, Ipuana Clan, 2013)

When talking about HIV and AIDS study participants referred to them as “the illness” and used the Wayuunaike term talechee, a word that is used to denote adverse conditions that have the same result: the loss of “well-being” (anaa). Aanaa is what the Wayuu consider as health. The Wayuu refer to talechee as both the cause and the particularity of a symptom and an illness. It alludes directly to the presence of pain and discomfort in the body. Some of the quotes that follow exemplify this:

Disease for me is when one has a headache, back pain or general discomfort caused by a “virosis” that the wind brings, an evil spirit because the disease does not come from nothing. (Focus group, community leader, female, age 23, Uriana Clan, 2013)
Disease for the Wayuu is when we have the flu, measles or when possessed by an evil spirit. That brings lots of sadness because you cannot continue your normal life and you must lie down because you have no strength. (Interview, teacher, male, age 54, Jayariyü Clan, 2012)

These narrations suggest that the relationship between health and illness is seen from a perspective that integrates natural, cultural, spiritual and environmental aspects. The discourse includes a mix of biomedical elements such as a “general discomfort caused by a ‘virosis,’” and aspects associated with cultural beliefs such as “the wind and the rains” that bring disease. As well, they suggest a notion of health that transcends the absence of disease:

I believe that health is being well, to not have something, to not have problems, to not have disputes with anybody, having good relations with others, without discrimination … being kind to others. (Interview, shepherd, male, age 40, Jayariyü Clan, 2013)

Health is being well, being calm even if one is hungry, the important thing is to be well, without problems, without having a disease in our body. (Interview, traditional authority and shepherd, male, age 64, Uriana Clan, 2012)

Disease appears to be considered a series of symptoms that are felt in the body, that hinder community life and that put well-being (anaa) at risk.

**Disease that is not of earth or wind**

When asked about HIV/AIDS and how it is transmitted, responses varied suggesting lack of clear understanding. Many interviewees kept silent, maybe not wishing to acknowledge that this was something new to them. Several named it as a new disease, saying that it did not exist before and that it was external to their disease classification system:

I haven’t heard anything about this, how this disease is, I don’t know what happens to a Wayuu when they have it or what shape it takes on the body or inside, and if it is the man. (Interview, shepherd, male, age 65, Pushaina Clan, 2012)

When he finds out that he has the disease he feels shame and says he has another type of illness so as not to be embarrassed, they know that the disease attacks people that are not clean. (Focus group, traditional authority and teacher, male, age 47, Ipuana Clan, 2012)

One person says that HIV/AIDS is like an abscess on the skin and others say that they don’t know what HIV/AIDS is, they said they wanted to learn everything about this infection or disease. (Field notes, Wayuu leader and bilingual guide, male, age 28, 2013)
[Against that disease] we have no remedy, even if we look for the plant it is not a remedy, like the ones before for which we have a plant, because this is a disease that came not long ago, it is not old. (Focus group, homemaker, female, age 58, Sapuana Clan, 2013)

The expressions used by interviewees suggest that they consider HIV/AIDS as a talechee that has not been among them a long time, and consequently transcends or escapes the possibility of comprehension within the framework of their cultural system. It is characterized as being a novelty and unknown, and that they have no “remedy” for it and that it “came not long ago”. Consequently, the symptoms are not clear and the criteria of a disease brought by land, rain and wind do not apply, and neither do supernatural criteria. The lack of knowledge emerges in the discourse, not only when they mention not knowing much about it, but also when identifying the imaginary about the transmission of the virus. Frequently, it was related to what little they had heard about the topic:

Disease that people have said that is transmitted by greeting or talking with a person …. It is a disease that is transmitted through clothing, I believe, that is what I have heard from people (Interview, Craft person, female, age 65, Jayariyü Clan, 2012)

I have not heard about it, I only know that it is among the alijuna and that it is transmitted in bathrooms, that is what I hear. (Interview, homemaker, female, age 56, Sapuana Clan, 2012)

It is talked about as being “transmitted through clothing” or “in bathrooms,” and was compared to measles because it is a transmissible disease related to physical contact. These expressions suggest fear of infection and of being close to someone that is HIV positive.

Dangerous, incurable and mortal disease

Study participants perceived HIV/AIDS as a disease that puts not only their lives at risk but also their path to Jepirra. Jepirra is the place where the Wayuu believe they go when they die, and the passage to Jepirra depends on the form and type of death:

Yes, I’ve heard that it is a disease of great fear that has killed many people and has no cure. (Interview, student, female, age 16 años. Epieyu Clan, 2013)

They commented that HIV is a non-curable disease [ … ] that it is a disease that can last even 10 years, basically a wasted life. (Fieldnotes, health leader and bilingual guide, male, age 28 años de edad. 2013)

Death is the second life, it is rest in Jepirra. Jepirra is like Paradise where the souls rest [ … ] it de depends on the kind of death [ … ] the person who dies from bullets has a different place, the one that dies hanged has another place and from natural
The disease is the one that is in Jepirra because it was his/her day. The others do not enter in Jepirra. So those that die of HIV cannot go to a Jepirra because it was not a natural death that is why we the Wayuu think it is a very bad disease. (Interview, health leader and bilingual guide, female, age 26, Epiyu Clan. 2014)

The qualifiers of dangerous, incurable and mortal show a direct relation between the disease (talechee) and fear because it not only means confronting an unknown disease charged with imaginaries and stigma, but also because of what it means to die of it risking the passage to Jepirra. It is not the same to die of a disease that can be explained by the Wayuu disease classification system, than to die of a “strange,” “unknown” disease associated with behaviors “morally reprehensible” from a social perspective:

The fear of this disease is because one will not have the same life and will be signaled out by the community. Also if a person dies of HIV it’s possible that they not be provided with the same ritual than a person that dies a natural death, that they bath them, dress them and cry […] if a person dies from AIDS or another similar disease almost nobody will want to bath him, touch, they would prefer to hire an alijuna for that. So according to the culture they may lose the right because they do not leave clean and purified. (Interview, health leader and bilingual guide, age 26, Epiyu Clan, 2014)

Within the Wayuu belief system, life and death are a continuum where one determines the other. A lifestyle that is consistent with the principles of coexistence and of well-being (anaa) open the passage to jepirra. Consequently, HIV/AIDS becomes a talechee with high moral and emotional implications that creates and sustains fear.

**Talechee alijuna: A “gift” from the non-Indigenous**

For some study participants, HIV/AIDS is part of natural or common disease that can be caused by thorns, worms or contamination. However, for most it is considered an alijuna disease, not Wayuu, and that comes from far away. Consequently, the non-Indigenous are considered responsible for its transmission. Foreign alijunas and sex workers are in general perceived as the main threat for the expansion of this talechee:

Oh for me the disease comes from far away and it was brought by alijunas … (Interview, homemaker, female, age 60, Epiyu Clan, 2013)

I mean that the alijunas were the ones that brought [the disease], but over there in Maracaibo there is plenty. (Focus group, traditional authority, male, age 56, Pushaina Clan, 2013)

If one is infected with this disease, where does it come from? It comes from there far away from there where the gringos are that have brought this disease here […] I tell my children that they have to be careful with this disease and even husbands because we don’t know with how many women they are with over there. (Interview, homemaker, female, age 60, Epiyu Clan, 2013)
When I hear about this disease, I think how bad it is and I know that it is a disease that comes from far away, it is not a Wayuu disease and was brought here and it goes to people that do not take care of themselves and when they have relations with women that are not judicious. (Interview, homemaker and traditional authority, female, age 52, Pushaina Clan, 2012)

Locating HIV/AIDS as an alijuna disease offers the possibility of finding an explanation of something that has not been part of their world. Furthermore, it can be a way of delegating responsibility for its transmission as well as treatment, possibly as result of impotence in relation to something that is unknown. This form of perceiving HIV/AIDS is consistent with the idea that the alijuna brings the disease and as such is who knows about it and can provide treatment. Consequently, it has become one of the diseases that motivate the Wayuu to go for Western medicine consultation, because it is the alijuna doctor who can provide the treatment and the orientation to work with those in the communities that are HIV positive. The tendency to seek alijuna medicine for HIV/AIDS is a response re-enforced by the outsu (traditional healer) who considers that traditional Indigenous medicine is not competent to treat this disease:

There is no traditional medicine because the Wayuu do not know about it, because it if were a Wayuu illness the Wayuu would have a cure. (Focus group, traditional authority and bilingual guide, male, age, Ipuana Clan, 2013)

I don’t say anything […] or I look for an alijuna that knows about the subject, because they are the ones that know, because they study that issue and that disease and what it is. (Interview, craftperson and homemaker, female, age 28, Epieyu Clan, 2012)

[If my wife gets infected […] I would take her to the alijunas to ask them with what to cure the disease or to a Wayuu. (Interview, male, shepherd, Pushaina Clan, 2012)

**Discussion**

Research that have studied perceptions of HIV/AIDS have done so in relation to specific population groups such as migrant youth (Eguiluz-Cárdenas, Torres-Pereda, & Allen-Leigh, 2013), women (Ramos et al., 2009), Roma from Spain (Otegui, 2006), and HIV positive individuals (Nyamathi et al., 2010), among others. Nonetheless, there has been little progress on this in relation to Indigenous peoples in general, and none specifically in relation to the Wayuu. The present article provides some elements for the formulation and implementation of intervention prevention and holistic care HIV/AIDS programs, not only for the Wayuu but for other Indigenous communities with similar cultural characteristics and practices. Recent studies from our research group showed that among the Wayuu 83% of those surveyed in 2012 believed that HIV was transmitted by using public bathrooms, and 79% thought or were unsure that it could be transmitted by mosquito bites. (Rojas, 2015).
This suggests the importance of designing culturally relevant educational and prevention initiatives. Consequently, understanding the perceptions of HIV/AIDS of specific population groups is of crucial importance. The Wayuu identify HIV/AIDS as “the illness,” and consider that it is incurable, fatal, transmitted from *alijunas* (non-Wayuu), and beyond their understanding. Aspects of these notions are similar to how the general population perceived HIV/AIDS in earlier years of the epidemic. As Otegui (2006) states, the perceptions and ways of naming HIV/AIDS “articulate knowledges, representations and practices that allow individuals and social groups to confront and deal with suffering.” Identifying it as “the illness” conveys notions of HIV/AIDS as a non-Wayuu disease, associated with fear of infection and death due to personal interactions and sexual relations with *alijunas* from distant places.

Poverty, inequity and marginalization of Indigenous communities, as well as ongoing acculturization of Indigenous peoples have made them more vulnerable to epidemics (Consejo Regional Indígena del Cauca, 2004; Díaz et al., 2005). HIV/AIDS became something new, current, and dangerous for the well-being the Wayuu consider to be health. Consequently, the notion of HIV/AIDS as an *alijuna* disease is understandable because it came from non-Indigenous people, jointly with social and cultural transformations that are a continuation of new forms of colonization.

Twenty years after the arrival of HIV/AIDS in Colombia, Indigenous people in the country are potentially highly vulnerable to the epidemic. HIV/AIDS has generated fears and imaginaries which heightened by the lack of knowledge about ways of transmission, have fostered attitudes of stigmatization and discrimination (Uribe-Rodríguez, 2005) within Indigenous communities. Different populations refer to HIV/AIDS with terms that help them understand and assimilate that which is new, unknown, and fearsome. For instance, Otegui (2006) discusses how Roma communities in Spain use the word “bug” to refer to HIV, a term that makes an intangible virus tangible. In the case of the Wayuu, they use the term “illness” to refer to something that puts their well-being at risk. It appears to be a generalizing view of HIV/AIDS because it departs from their traditional classification of disease. The meanings that communities give to diseases are influenced by factors such as social inequality, power structures, and cultural models (Martínez Hernáez, 2008). Consequently, it is necessary to transcend the biological view and understand the meanings ascribed by different social groups. The Wayuu classify diseases as common or natural, and supernatural. Among the latter are those related to the spirits (*yaluja*), and they classify them according to causes and symptoms (Paz Reverol et al., 2010). Our study also found that the Wayuu consider diseases holistically, insomuch that they not only have an impact on the body, but also on community life and the passage to *jepirra*. As such, life-death, health-illness, are processes of reciprocal relationships.
Among the Wayuu, the term “illness” has gained meaning of high moral content (Sontag, 1996), to the point that friends and family avoid contact with those infected. It is as if having contact with the person is some form of infraction or violation of a taboo. Similarly, naming it would also be a taboo violation. This seems to be particularly the case with HIV/AIDS because it is a novel and unknown disease that is directly linked to death and with sexual practices that are “out of the ordinary” and that are considered wrong. This coincides with Farmer’s (2002) view of how people construct their understanding of HIV/AIDS, especially as a new disease. Among the Wayuu, the fact that HIV/AIDS may result from extra-marital sexual relations or and/or with non-Wayuu individuals, is considered a punitive disease that risks the passage of spirits to Jepirra.

Consequently, mentioning HIV/AIDS simply as “the illness” locates it as something that is better not mentioned, something that comes from outside, and that others are responsible for (including its treatment). The Wayuu consider HIV/AIDS as a menace that can attack them through person-to-person contact, and also mosquito bites. This is similar to notions that the general population had in the early years of the epidemic, including the moral panic and stigma (Cueto, 2001). As well, the notions of the Wayuu in relation to HIV/AIDS are somewhat similar to that of past decades in relation to tuberculosis and cancer (Martínez Hernáez, 2008).

The study has several implications for social services. First and foremost, consistently with how the study was conducted, any programmatic interventions should be a result of consensual decisions among the Indigenous partner organizations (in this case Wayuu). One major issue that emerged was the notion of HIV/AIDS as “the illness that is incurable, fatal, transmitted from the alijunas and beyond their understanding.” This perception may impact transmission dynamics and thus should be a focus of preventive efforts (which should include the issue of stigma in relation to HIV among community members). As such, Wayuu partner organizations can play a significant role within the realm of social work initiatives to address this potential fatalism that may promote inaction and decrease the sense of locus of control. From a social services perspective, Wayuu organizations can take charge of sharing empirical evidence and discuss implications with community leaders and community members. This would promote collective agency in relation to the development and implementation of preventive efforts in a culturally appropriate manner. Anas Wayuu is a not-for-profit health insurance company that provides health care coverage through a wide network that includes small health centers, clinics, and hospitals in the department of La Guajira (Mignone & Gómez Vargas, 2015). For health promotion and illness prevention, as well as for primary care, it contracts services with Indigenous and nonindigenous health and social agencies. Many of these include social workers and social work programs. Consequently, the feasibility of
implementing culturally appropriate social service initiatives to foster collective agency in relation to prevention of HIV transmission and the reduction of stigma is high.

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