

**INTER-AGENCY  
SUPPORT GROUP  
ON INDIGENOUS  
PEOPLES' ISSUES**

**THEMATIC PAPER towards  
the preparation of the  
2014 World Conference on  
Indigenous Peoples**

**SEXUAL AND REPRODUCTIVE  
HEALTH AND RIGHTS OF  
INDIGENOUS PEOPLES**

## **Thematic Paper on Sexual and Reproductive Health and Rights of Indigenous Peoples**

The United Nations Inter-Agency Support Group (IASG) on Indigenous Issues aims to strengthen cooperation and coordination among UN agencies, funds, entities and programmes on indigenous peoples' issues and to support the UN Permanent Forum on Indigenous Issues. It also seeks to promote the effective participation of indigenous peoples in relevant international processes.

At its annual meeting held in October 2013, the IASG decided to develop a set of collaborative thematic papers to serve as background information and analysis on key issues to contribute to the process and preparations for the World Conference on Indigenous Peoples.

The preparation of each paper was led by one or more agencies with inputs from other IASG members. The papers do not present or represent formal, official UN policy positions. Rather, they reflect the collective efforts of the Inter-Agency Support Group to highlight selected key issues and to provide substantive materials to inform the Conference, with a view to contributing to the realization of the rights of indigenous peoples.

*\*The chair of the IASG rotates annually amongst the participating agencies. The Support Group has been chaired by the United Nations Children's Fund (UNICEF) until the end of the 13th session of the Permanent Forum on Indigenous Issues in May 2014. The Office of the High Commissioner for Human Rights (OHCHR) is currently holding the chair of the Group. The Secretariat of the Permanent Forum on Indigenous Issues acts as co-chair of the Support Group.*

# Contents

Key messages.....	1
Summary .....	2
Background and analysis .....	3
Appendix .....	10
Acronyms .....	11

## Key messages

Indigenous peoples' marginalization is the result of historic processes of discrimination, exclusion, cultural assimilation and deprivation of their resources, including land and traditional knowledge. The constitutional recognition of indigenous peoples and the legal protection of their culture and identity is a fundamental pre-requisite towards achieving a more equitable and sustainable development respectful of diversity and the specific and collective rights of indigenous peoples. Supporting the collective rights of indigenous peoples to maintain and utilize their health systems in pursuit of their right to health, as well as upholding state obligations to provide available, accessible, acceptable and quality care, without discrimination is the correct approach to promote sexual health and reproductive rights.

Disempowerment and discrimination, including indirect discrimination through inattention in public policies and budgets, are two main structural factors preventing many indigenous peoples from enjoying sexual and reproductive health and rights.

The design and delivery of culturally appropriate health models and services, with full participation of indigenous peoples in their design, has contributed to an increased use of, and a higher degree of satisfaction with, public services. The formulation of concrete and objective sets of intercultural health standards has helped to integrate indigenous perspectives into health models as well as in monitoring and evaluation systems, thereby making more operational and measurable government policy efforts and commitments in this field. These interventions have reduced maternal mortality, HIV/AIDS prevalence and incidence among women and female adolescents.

Increased access to family planning, skilled birth attendants and emergency obstetric care have proven to be amongst the most cost-effective interventions to improve the maternal and sexual health of indigenous women and girls.

Peer-education programmes which involve indigenous adolescents and youth are effective ways to tackle the issue of sexuality and transmit knowledge and skills on sexual and reproductive health and how to reduce the risks associated with unsafe sex, even though they are traditionally considered to be taboos in many communities. These risks include unwanted teenage pregnancies and the contraction of HIV and other sexually transmitted infections. Moreover sexual health is about prevention of violence, abuse and sorrow related to unrequited broken relationships.

The active engagement with indigenous peoples in the design of policies and programmes, as well as in implementing community-based interventions has contributed to an increase in access by indigenous women, girls and youth to critical packages of sexual and reproductive health, HIV prevention and gender-based violence services, particularly in rural and underserved areas.

## Summary

Indigenous peoples confront considerable obstacles to the realization of their human rights worldwide. Not only do they face disparities in nearly every measure of human development from income to health to education, but their rights are insufficiently acknowledged in mainstream development paradigms. Furthermore, entire indigenous cultures are under threat from a range of social and environmental factors, from climate change and land degradation to loss of traditional knowledge, lands, territories, resources, languages and practices. Despite these challenges, indigenous traditional knowledge and holistic development concepts are key to addressing a host of interlinked development priorities, from tackling poverty to improving maternal health to ensuring environmental sustainability. The sexual and reproductive health and rights of indigenous peoples is not only a critical development challenge in its own right, but it is also instrumental for the achievement of an equitable and sustainable development and gender equality.

As defined in the International Conference on Population and Development Programme of Action in 1994, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction, free of discrimination, coercion and violence, as expressed in human rights documents.<sup>1</sup>

---

<sup>1</sup> ICPD Programme of Action 1994, Paragraph 7.3.

# Background and analysis

Sexual and reproductive health and rights encompass a constellation of civil, political, economic, social and cultural rights of relevance for each individual to have control over his or her own sexuality and to enjoy a satisfying sexual and reproductive life. This constellation of rights can be found in international human rights instruments, including in many of the articles in the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). In particular, but not exclusively, articles 21, 22, 23 and 24 of the UNDRIP are directly relevant to the reproductive rights of indigenous peoples.

## **1. Indigenous peoples' access to sexual and reproductive health information and services**

The International Conference on Population and Development (ICPD) Programme of Action underscores that reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives.<sup>2</sup> All these factors, which apply to many population groups in situations of disadvantage, are also critical to explain the poorer sexual and reproductive health outcomes of indigenous peoples. In addition to these general factors, some specific issues relating to the collective rights of indigenous peoples such as the principle of free, prior and informed consent, and the cultural views of indigenous peoples, need to be respected, protected and fulfilled in order to ensure the realization of the sexual and reproductive health and rights of indigenous peoples.

In many parts of the world indigenous peoples are invisible, either because national statistics systems do not disaggregate information, or simply because their indigenous identity is not recognized. Where data is available, indigenous peoples usually lag behind in most economic and social indicators, whether it is in income, poverty, political participation, nutrition, education, sexual and reproductive health or other determinants of health challenges.

High maternal mortality rates are fairly consistent among indigenous women, and although data on reproductive health and voluntary family planning among indigenous people is far from complete, there is evidence of lower rates of voluntary contraceptive usage among indigenous women.

A recent UN interagency statement led by WHO ( May 2014) on eliminating forced, coercive and otherwise involuntary sterilization, highlights that Indigenous peoples are particularly vulnerable to acts of violence including coercive sterilization. Population policies of some countries have targeted indigenous women from the most deprived sector of society with the result of thousands indigenous women being sterilized without consent. Human rights bodies have affirmed that the failure to provide reproductive health information and ensure free and

---

<sup>2</sup> Ibid, Paragraph 7.3.

informed consent for sterilization procedures for indigenous women or belonging ethnic minorities is a violation of basic human rights and a manifestation of multiple discrimination on the grounds of gender and race.

Lack of access to sexual and reproductive health services exposes both indigenous women and female adolescent to HIV/AIDS with economic, social and sex exploitation as contributing factors, although there is also a serious gap in reliable data on sexually transmitted infections and HIV/AIDS.

Despite a general perception that indigenous communities are at lower risk due to cohesive factors, where data is available, indigenous people are disproportionately affected by HIV. Although there is a lack of disaggregated data in many countries, HIV is a serious problem affecting indigenous people as it comes associated with stigma, discrimination, lack of sexuality education, lack of contraception and high levels of sexual violence, alcoholism and drug use.

Lack of data should not be an excuse for inaction. More effort should be placed in preventive measures that target indigenous people, yet indigenous people tend to be forgotten in global and national responses to the pandemic.

Indigenous people affected by HIV have a long and enduring history of mistrust of health services which results in poor access to health care, late testing for HIV and poor or no care and support for people living with HIV.

After three decades of HIV, indigenous communities are taking charge of strategies to prevent the ongoing transmission and to provide care and support. The international networks that have come together in response to HIV are fundamental to overcoming challenges and ensuring the realization of self-determination and the ongoing viability of indigenous people's communities for generations to come.

Challenges to access sexual and reproductive health services and bring down these barriers require decisive action such as providing medical professionals with comprehensive culturally appropriate medical training; providing indigenous communities with health services in their language; giving decisive support to health care initiatives promoted by indigenous communities; and adequate information to guide health policies, plans and programmes concerning the full participation of indigenous peoples in the development of comprehensive strategy and delivery of services.

## **1.1 Combatting inequality and marginalization of indigenous peoples**

It has generally been accepted that the marginalization of indigenous peoples is due primarily to structural factors of economic, social, political and cultural nature coupled with historic patterns of exclusion and discrimination, including the non-recognition of the indigenous status and the non-recognition of their specific and collective rights.<sup>3</sup> The legal recognition of Indigenous People and their status as rights-holders with specific rights is a pre-condition to end inequality and exclusion. By way of illustration, the adoption of national

---

<sup>3</sup> Post 2015 online consultation on inequality, December 2012.

law on the promotion and protection of indigenous peoples' rights can be cited as an exceptional milestone in the African context, where the whole concept of indigenous peoples' rights is still being debated.<sup>4</sup> The passing of this law has had an immediate effect in the formulation and implementation of policies and programmes to meet the specific needs of indigenous peoples and in promoting their social and political inclusion.

While the structural causes of inequality remain important, targeted programmes are still needed to address the specific and collective rights of indigenous peoples, including their right to non-discrimination. The exclusion and marginalization of indigenous peoples, especially of women and girls, is often the result of multiple forms of discrimination. In addition to their ethnic status indigenous women and girls are also discriminated against on the grounds of sex and age, social and economic status, and location. These intersecting forms of discrimination are often perpetuated by underlying factors such as inattention to the sexual and reproductive health needs of indigenous women and girls in public policies and budgets.

While discrimination and exclusion can be a nation-wide challenge, in particular, attention has to be paid to the situation of indigenous peoples living in rural, remote and underserved areas by giving priority proposals to combat discrimination on the provision of sexual and reproductive health information and extending the coverage of sexual and reproductive health goods and services.

## **1.2 Promoting intercultural sexual and reproductive health, with emphasis on maternal health, including family planning**

Intercultural health implies and requires the development and incorporation of health models and best practices that bridge indigenous and Western medicine, with practices considered complementary. These processes must be based on mutual respect, equal recognition of knowledge, the willingness to engage in democratic exchange and the commitment to move towards an integrated health system.<sup>5</sup>

In recent years, culturally sensitive reproductive health policies, programmes and guidelines have been developed, integrated and rolled out in healthcare systems, especially, but not exclusively, in the Latin American region. Indigenous peoples have lobbied for the development and implementation of equitable and inclusive public policies on the right to health, which their governments have endorsed through health and human rights-related commitments, such as the Declaration of Latin American Ministers of Intercultural Sexual and Reproductive Health for Indigenous Women (Lima, June 2011).

Based on these policies and programmes, health services are being adapted and expanded to include symbolic and meaningful cultural elements and practices that contribute to enhancing indigenous women's access, and ensuring their right to respectful and quality

---

<sup>4</sup> For further information:  
[http://countryoffice.unfpa.org/republicofcongo/2011/05/27/3365/proteger\\_les\\_peuples\\_autochtones\\_de\\_la\\_republique\\_du\\_congo/](http://countryoffice.unfpa.org/republicofcongo/2011/05/27/3365/proteger_les_peuples_autochtones_de_la_republique_du_congo/)

<sup>5</sup> See UNFPA and Family Care International brief on intercultural health models, UNPFII 2013.



health care. Many of these trends have focused on strengthening sexual and reproductive health, and in particular maternal health services in rural areas.

In addition, with the support of indigenous women's networks, some innovative community monitoring processes are being set up to track these changes and ensure that indigenous women are well represented in this process. In some countries and contexts, governmental health systems are beginning to understand, respond to and engage more with indigenous people's notions of health and illness, and the traditional medicinal knowledge and conceptual framework that links their biological, spiritual and emotional lives.

Components of an intercultural approach in the indigenous context include a woman's right to be accompanied by a family member; to determine birthing position; to have the placenta delivered to the family; to consume food and teas during labour; to use traditional markings, language and equipment, such as robes and hammocks; and to have spiritual and religious support. Other issues include respectful dialogue with traditional doctors and midwives and avoiding the use of unnecessary practices during labour.

The ICPD reflected the demand for intercultural health by recognizing the respect for cultural diversity, the need to ensure their active and meaningful participation. The UN Declaration provides a framework for the recognition of indigenous people rights to both modern and traditional health systems, comprising access to health information, medicines and services, as well as the recognition and development of the health systems of indigenous peoples

### **1.3 Prioritizing the sexual and reproductive health of indigenous adolescents and youth**

Adolescence is a period characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; the gradual building up of the capacity to assume adult behaviours and roles; new responsibilities; and requires new knowledge and skills. The various forms of discrimination indigenous adolescents and youth face –both in society and within their own communities— makes them particularly vulnerable to health challenges as manifested in higher rates of alcoholism, suicide, sexual violence, early pregnancy, and the risk of contracting HIV and other sexually transmitted infections.

In a regional research<sup>6</sup> conducted by the Pan American Health Organization (PAHO) and PAHO and the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) in some Latin American countries in 2011, it was found that indigenous adolescent and youth experience sexual initiation earlier than their non-indigenous counterparts. In some countries, indigenous young mothers frequently drop out of school, which negatively affects their right to education and access to information on health, including sexual and reproductive health.

---

<sup>6</sup> PAHO and ECLAC, *Salud de la Población Joven Indígena en América Latina: Un panorama general*, 2011.

Another study by PAHO<sup>7</sup> shows the limitations in the education and health infrastructure to cover the specific needs of indigenous peoples. This contributes to the lack of access by indigenous youth to information, early diagnosis of sexually transmitted infections and prevention of early pregnancies. Moreover, adolescents and youth have a limited knowledge of HIV, its modes of transmission, prevention and access to diagnosis and treatment. The lack of bilingual medical staff is compounded by the persistence of discriminatory attitudes towards indigenous women and youth.

Discriminatory practices are also found within indigenous communities based on gender, HIV status, gender identity and sexual orientation and sex work. There is a tendency to blame and stigmatize women for HIV transmission, even in cases where women get infected as a result of sexual violence or abuse. Gender diversity, sexual orientation and sex work are often perceived as 'alien' to the community and the indigenous culture, which negatively impacts the ability to have a proper understanding of HIV prevention policies and results in the exclusion of certain groups within their communities.

## **2. Indigenous peoples participation, women's empowerment and gender equality**

Participation of indigenous peoples is both an integral component of a human rights-based approach and key to realizing the rights of indigenous peoples worldwide. The right to participation requires meaningful involvement of indigenous peoples in all stages of development, from planning and design, to implementation and monitoring and evaluation. It goes further than just consultation, instead offering indigenous communities ownership of activities and programmes that affect them. Furthermore, participatory processes must be mindful of which peoples are actually participating, and whether gender, and age balances are being maintained. Mechanisms must be developed and institutionalized to seek out participation of indigenous communities and ensure their knowledge and worldviews are incorporated into planning and monitoring processes.

Gender equality and women's empowerment in the indigenous context are fundamental goals, as well as the key to improving indigenous sexual and reproductive health. Furthermore, indigenous women often have limited participation in decision making in country level political systems, as well as in traditional decision-making forums, in order to address these structural inequities.

### **2.1 Addressing violence against women inside and outside of indigenous communities**

The pervasive nature and high prevalence of gender-based violence in its diverse forms is one main factor explaining the multiple human rights deprivations many women, including indigenous women and girls, experience. Violence hinders the ability of adolescent girls to

---

<sup>7</sup> PAHO, Sexual and Reproductive health and HIV of Indigenous adolescents in Bolivia, Ecuador, Nicaragua, Guatemala and Peru, 2010.

know and exercise their rights, participate as equal and active members of society and, ultimately, realize their full potential.

Gender-based violence, including physical and structural violence, may be perpetrated by states themselves against indigenous women on the basis of group membership or as part of ongoing colonialism and militarism. Violence is also perpetrated, often with impunity, within their own cultural context. This includes practices such as child marriage, forced marriage, domestic violence, acceptance of co-wives, bride price, widow cleansing, dispossession of property, limited access to land ownership and other forms of male patriarchal domination. Indigenous women are increasingly exploited as domestic, agricultural, or sex workers, and may have limited access to maternal and reproductive health services. In some countries, indigenous young women and girls, in particular, represent the most disadvantaged groups, their lives characterized by early marriage, limited schooling, frequent childbearing, social isolation, and chronic poverty.

A joint study on violence against indigenous girls, adolescents and young women conducted by UNFPA, ILO, UNICEF, UN-Women and the Office of the Special Representative of the Secretary-General on Violence against Children was done in response to a call made by the United Nations Permanent Forum on Indigenous Issues (UNPFII) to United Nations agencies to contribute to the state of knowledge on violence against indigenous girls, female adolescents and young women.

Despite data limitations and information related challenges, the study provides good evidence from Latin America, Africa and South Asia and the Pacific on the higher prevalence of harmful practices affecting indigenous young women and girls (such as child marriage, forced marriage, and FGM/C). Indigenous women and girls also face labour exploitation and harassment: for example, those employed as domestic workers have a higher level of exposure to sexual violence.

The study provides some evidence indicating that indigenous young women and girls are less likely to access or benefit from Gender-based violence prevention and response measures taken by the State. Furthermore, when these services are available, they are often not designed in ways that meet the cultural requirements of indigenous women and girls, or prevailing discriminatory attitudes and negative stereotyping by service providers usually inhibits indigenous women and girls from accessing these services.

## **2.2 Creating mechanisms for accountability to monitor and protect the sexual and reproductive rights of indigenous peoples**

The principle of accountability, particularly in the development field, is often narrowly understood as a monitoring and evaluation exercise. However, from a human rights perspective the principle of accountability is a continuum across the entire policy process, which must start with full recognition of indigenous peoples as a distinct group with its own status and specific rights. This legal recognition is a fundamental pre-requisite to ensure the visibility of indigenous peoples in political processes, public policies, and budgetary choices and to safeguard their status as rights-holders with the ability to claim rights and hold governments accountable.

Human rights sensitive monitoring and evaluation systems require the availability of reliable, periodic, disaggregated and community owned data. Guided by these parameters, national statistic systems in some Latin American countries have developed partnerships with indigenous organizations and other national stakeholders to bring to the surface the development challenges and deprivations faced by indigenous peoples through the generation of national data and statistic.

The UN system including ECLAC, UNFPA and the Indigenous Fund, has provided support for States to cooperate with indigenous peoples in compiling data on their demographic characteristics as well as to integrate this population and social data into national data collection systems. This support has included the development of a disaggregated database on indigenous peoples' indicators and the generation of methodological instruments for the inclusion of an ethnic perspective in the 2010 Round of Population and Housing Censuses. This process has highlighted the value of creating commissions for institutionalizing indigenous peoples' issues into national statistical institutes and data collection processes. Such commissions must include permanent agreements with indigenous peoples. The primary functions of these commissions is to: design and implement training workshops for indigenous peoples' organizations and statisticians on census processes, including discussion on worldviews and the main human rights instruments; and to form working groups for discussion and decision-making regarding the application of international standards on census concepts, operations, logistics, and organizational issues. The protection of the rights of indigenous peoples is often hampered by limited access to justice and other redress mechanisms including courts, national human rights institutions and other administrative bodies. Some countries have established national institutions with a mandate to deal specifically with the rights of indigenous peoples or to address cases of racially based discrimination. While these efforts are commendable, these institutions are usually unable to fulfil their mandates effectively due to inadequate funding and the lack of human and technical resources.

# Appendix

## Examples of good practices

### Intercultural Health

A programme based on strategic partnerships between the Continental Network of Indigenous Women of the Americas (Enlace Sur), the Indigenous Fund, the Andean Health Commission (ORAS-CONHU) and UNFPA at both the regional and national levels was implemented in four countries of the Andean Region (Bolivia, Ecuador and Peru) and in Guatemala in 2008-2011. This initiative focused on strengthening the capacity of indigenous women's networks to conduct advocacy on maternal and reproductive health for the provision of quality and culturally acceptable maternal health services. Among its results in the five different countries, the programme contributed to legal reforms and the framing and adoption of public policies and protocols on intercultural reproductive health; the recognition of the role of traditional birth attendants within the official health system; the generation of knowledge and of methodological and advocacy tools on intercultural reproductive health; and the development of health models aimed at increasing indigenous women's access to reproductive health services in selected regions. In addition, with the collaboration of Enlace Sur, tools were developed to foster increased knowledge of maternal health rights and use of health services among indigenous women.

Between 2011 and 2012, based on requests from Ministry of Health partners and the recommendations from a review of existing national norms on the maternal health services using a cultural lens, the programme developed a set of basic standards for intercultural maternal health services. These basic standards define objective requirements necessary in order to provide and monitor quality and acceptable intercultural maternal health services. The standards were originally developed with extensive input from national Ministries of Health of Bolivia, Ecuador and Peru, and from regional partners including UNFPA and other regional technical partners such as Family Care International and the South American Network of Indigenous Women. The draft standards have been submitted for final endorsement by the Commission on Intercultural Health of the ORAS-CONHU before their regional roll out in 2014.

### Reproductive health of indigenous adolescents and youth

One example of a good practice in working with indigenous girls and young women at country level is the Abriendo Oportunidades ("Opening Opportunities") project, supported by UNFPA Guatemala. Components of this initiative, which supports indigenous girls and adolescents in their transitions through adulthood, include: education with a focus on timely enrolment, retention and completion; information on sexual relations which addresses consensual, informed and safe sex; work that is safe, productive and valuable, and a focus on planned and consensual marriage and pregnancy.

The initiative aims to strengthen rural communities and local institutions and create "safe spaces" for girls and young women to gather in their communities, gain practical skills and build social networks. Furthermore, once such local infrastructure for reaching indigenous girls is developed, it can be used to offer a vast array of new information, skills, and services.

## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ECLAC</b>	Economic Commission for Latin America and the Caribbean
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>GBV</b>	Gender-based Violence
<b>HIV</b>	Human Immunodeficiency Virus
<b>ILO</b>	International Labour Organization
<b>PAHO</b>	Pan American Health Organization
<b>UNDRIP</b>	United Nations Declaration of the Rights of Indigenous Peoples
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNPFII</b>	United Nations Permanent Forum on Indigenous Issues