



INDIGENOUS PEOPLES INDIGENOUS VOICES

BACKGROUND

Indigenous Peoples' Sexual Health and Reproductive Rights

Thirteenth session of the UN Permanent Forum on Indigenous Issues

Discussion on Monday, 12 May 2014

Despite a pervasive lack of information on the health of indigenous peoples, there is strong evidence around the world that indigenous peoples are still disproportionately affected by maternal mortality, lack of access to voluntary family planning and modern methods of contraception, and lack of access to treatment for HIV and AIDS.

Maternal and infant mortality rates are high among indigenous women. A study conducted by the United Nations Population Fund (UNFPA) in the Republic of Congo showed that 41.9 per cent of Batwa women giving birth at home are likely to die compared to 33 per cent of Bantu women. Similarly, the infant mortality rate is likely to amount to 48.8 per cent compared to around 35 per cent in the Bantu population in cases of deliveries taking place in households.¹

Child mortality (years 1-4) rates in 2005, for example, were twice as high for American Indian and Alaska Natives than for the total population in the United States, while in Australia for the period 1999-2003, the indigenous infant mortality rates were almost three times that of non-indigenous infants, and child mortality twice as high. Infant mortality rates in New Zealand are 1.5 times higher for the indigenous Maori than for non-Maori, whilst similar trends are visible in Canada.² In Viet Nam, access to maternal health care services ranges from 90 per cent in urban areas to as low as 20 per cent in remote areas of the Central Highland and Northern Uplands regions inhabited by indigenous peoples.³

HIV/AIDS is one of the most urgent challenges faced by indigenous women, with economic, social and sex exploitation as contributing factors. A regional study conducted by the Pan American Health Organization (PAHO) in some Latin American countries showed that lack of access to information, early diagnosis of sexually transmitted infections and prevention of early pregnancies are some of the major causes of indigenous youth

¹ UNFPA (2013), *Etude des déterminants de l'utilisation des services de santé de la reproduction par les peuples autochtones en République du Congo*, pp. 77 and 79.

² United Nations (2010), *State of the World's Indigenous Peoples*, ST/ESA/328, pp. 164-165.

³ UNICEF. 2003. "Ensuring the Rights of Indigenous Children". *Innocenti Digest* no. 11. Florence, Italy: UNICEF Innocenti Research Centre, p. 10



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vulnerability. Discriminatory practices are also found within indigenous communities, where gender diversity, sexual orientation and sex work are often perceived as ‘alien’ to the community and the indigenous culture.⁴

The UN Declaration on the Rights of Indigenous Peoples contains specific articles that promote indigenous peoples’ right to health intended as the well-being of an individual as well as the social, emotional, spiritual and culture well-being of the whole community. At a time when discussions at the United Nations are intensifying on the design and implementation of the International Conference on Population and Development beyond 2014 (22 September 2014) and on the post-2015 development agenda, there is an opportunity to emphasize the centrality of sexual and reproductive health and rights in population and development policies, especially for indigenous peoples, women and youth.

The Permanent Forum, on Wednesday 14 May, will consider the report of the Expert Group Meeting on “Sexual health and reproductive rights: articles 21, 22 (1), 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples”, held in January 2014.

The Permanent Forum will also follow up on the priority themes of indigenous youth and children, on Friday 16 May. A report on the living conditions of indigenous children and adolescents in Mesoamerica and compliance with their rights will be presented. The study shows the gaps between indigenous children and the rest of the population, with the differences starting from birth. The prevailing economic model in the sub-region creates additional problems. For example, in Guatemala there are more than 291,000 children between 10 and 15 years of age, mostly indigenous, who participate in the labour market. Finally, the incidence of trafficking of indigenous girls and adolescents, conscription by organized criminal groups and family disintegration, due to migration and compounded by loss of cultural identity, are becoming more and more prevalent in the region.³

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For more information on the thirteenth session of the United Nations Permanent Forum on Indigenous Issues, please see: <http://undesadspd.org/IndigenousPeoples.aspx>

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⁴ PAHO, Sexual and Reproductive health and HIV of Indigenous adolescents in Bolivia, Ecuador, Nicaragua, Guatemala and Peru, 2010.

