



INDIGENOUS PEOPLES INDIGENOUS VOICES

MEDIA ADVISORY

Indigenous Peoples' Sexual Health and Reproductive Rights International Expert Group Meeting

15 - 17 January 2014, UN Headquarters, New York

The United Nations will hold the first international expert group meeting on the theme "Sexual Health and Reproductive Rights: Articles 21, 22 (1), 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples", from 15 to 17 January 2013 at United Nations Headquarters in New York.

The meeting itself is closed, but six indigenous experts from around the world will be available for interviews:

Mr. Clive Aspin is Maori and his tribal affiliations are to Ngati Maru. He has worked for many years in public health research in universities in New Zealand and Australia, and he now works as an independent public health consultant. With a special interest in the impact of HIV on indigenous populations, both personally and professionally, his work focuses on developing and implementing strategies to reduce HIV disparities among indigenous populations. He is a Founding Member of the International Working Group on HIV and AIDS and a Board Member of INA, Maori, Indigenous and Pacific AIDS Foundation.
(Language: English)

Ms. Larisa Abrutina is an indigenous Chukchi. After graduating from medical school she worked as a doctor in her native village. She worked for seventeen years as a physician, head of a mobile medical unit in one of the districts of Chukotka, in the Russian Federation, providing preventive and curative care to nomadic herders and their families, as well as other residents of remote villages in Chukotka. Larisa has endeavored to constantly improve the quality and proximity of primary health care and as a result the Ministry of Health initiated a pilot project entitled "Optimization of mobile medical units of the Magadan Region" which provided services for herders and residents of the tundra. She has also served as the Vice President for Health of the Russian Association of Indigenous Peoples of the North (RAIPON). Currently Larisa is a specialist in the Office of Indigenous Peoples of Chukotka, Office of the Governor and the Government of Chukotka. *(Language: Russian)*.



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Ms. Mirna Cunningham Kain is an Indigenous Miskita woman from the community of Waspam in Nicaragua. Being the first female Miskita doctor, with the victory of the Sandinista Revolution she began work in the Ministry of Public Health. When the armed conflict began Ms. Cunningham Kain once again returned to Waspam as a community health organizer, and later, to become the first female Miskita governor of the autonomous region's regional government. As governor she played an important role in the consultation process on the autonomy of the multi-ethnic region and the negotiation of peace agreements that resulted in the approval of the Law of Autonomy of the Indigenous Peoples and Ethnic Communities from the Atlantic Coast of Nicaragua (1987) and the establishment of the first autonomous regional governments. Ms. Cunningham Kain was a member of the Permanent Forum on Indigenous Issues from 2011-2013 and served as a Chair of the Forum from 2011 to 2012. *(Languages: Spanish and English)*

Ms. Jessica Danforth is the founder and Executive Director of the Native Youth Sexual Health Network, an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights, and justice throughout the United States and Canada. She is also the National Youth Coordinator at the Canadian Aboriginal AIDS Network where she coordinates the National Indigenous Youth Council on HIV/AIDS. She is currently a board member of Women on Web/Women on Waves and SisterSong: Women of Color for Reproductive Justice. Jessica is the editor of two books and writer of several articles on themes related to sexual health. *(Language: English)*

Ms. Agnes Leina is the Founder and Executive Director of Il'laramatak Community Concerns, an organization in Kenya whose name denotes care givers, or pastoralists, whose main objective is to restore dignity among indigenous people, with special emphasis to women and girls, and which envisions a society of indigenous peoples of Kenya that is free from all forms of discrimination. She has worked for the last 8 years to date as a women human rights activist, fighting all forms of discrimination against women, at the national, regional and international levels. Agnes has been involved in fighting violence against indigenous women, especially Female Genital Mutilation, among pastoralist girls. *(Language: English)*

Ms. Tuku Talukder belongs to the Chakma Community in the Chittagong Hill Tracts (CHT) of Bangladesh. A university graduate, Tuku is currently involved with a local NGO named Green Hill, which is working on poverty reduction, water and sanitation, maternal health, agriculture, etc. She is also the Executive Director of Himawanti, a women's led NGO in Rangamati district of the CHT. Tuku has an extended experience on gender sanitation, gender equality and women empowerment, gender and health. Tuku is involved with various networks, such as Chittagong Hill Tracts Women Organization's Network (CHIWON) and Movement for stopping violence against women in the CHT and Women against Violence in Elections Advisory Group. *(Language: English)*





BACKGROUND:

Despite a pervasive lack of disaggregated data on the health situation of indigenous peoples, there is strong evidence around the world that indigenous peoples are disproportionately likely to have poor access to healthcare, including to sexual and reproductive health services, and to be subjected to violence, including sexual violence.

High maternal mortality rates are fairly consistent among indigenous women. A recent study conducted by UNFPA in the Republic of Congo shows that 41.9% of Batwa women giving birth at home are likely to die compared to 33% of Bantu women, mainly because of the difficult access to sexual and reproductive health services due to remoteness, poverty and shame for being indigenous. Similarly, the infant mortality rate is likely to amount to 48.8% compared to around 35% in the Bantu population in cases of deliveries taking place in households.¹

Where disaggregated data is available, indigenous infant mortality rates are always higher than those of the total population. 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. In Latin America, indigenous infant mortality rates range from 1.11 times higher in Chile to 3.09 times higher than the general population in Panama.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. Indigenous adolescents and youth are particularly vulnerable to health challenges as manifested in the higher rates of alcoholism, suicide, sexual violence, early pregnancy, and the risk of contracting HIV and other sexually transmitted infections.

A regional study⁴ conducted by the Pan American Health Organization (PAHO) in some Latin American Countries unveils that lack of access to information, early diagnosis of sexually transmitted infections and prevention of early pregnancies, paralleled by limited

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

² Economic Commission for Latin America and the Caribbean (ECLAC) 2007. Panorama Social de América Latina 2006. Santiago: United Nations. P. 180.

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

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





access to treatment and compounded by the persistence of discriminatory attitudes towards indigenous women and youth, are some of the major causes of indigenous youth 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.

In recent years, culturally sensitive reproductive health policies, programmes and guidelines have been developed and integrated in healthcare system. In some countries and contexts, governmental health systems are beginning to understand, respond to and engage more with indigenous peoples’ notions of health and illness.

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. Additionally, the 1994 Programme of Action of the International Conference on Population (ICPD) emphasizes the centrality of sexual and reproductive health and rights in population and development policies. Universal access to reproductive health is also part of the Millennium Development Goals framework but, according to a recent report of the UN Secretary-General, “intensified efforts are needed to reach the most vulnerable women and children and ensure their sexual and reproductive health and reproductive rights, including full access to basic health services and sexual and reproductive education.”⁵

The Expert Group Meeting will analyze how international human rights standards and policies could be more responsive to advancing sexual health and reproductive rights. The meeting also represents an opportunity to exchange information, analysis and good practice. The final report and recommendations of the Expert Group Meeting will be submitted to the thirteenth session of the UN Permanent Forum on Indigenous Issues, in May 2014.

To schedule an interview, please contact Ms. Martina Donlon, tel: +1 212-963-6816 or email: donlon@un.org – United Nations Department of Public Information

To contact the Secretariat of the United Nations Permanent Forum on Indigenous Issues, please get in touch with Ms. Nilla Bernardi, tel: +1 212-963-8379 or email: bernardi@un.org – UN Department of Economic and Social Affairs

For more information on the Expert Group Meeting, please see:
<http://undesadspd.org/IndigenousPeoples/EGM2014SexualHealthandReproductiveRights.aspx>

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⁵ United Nations, Report of the Secretary-General on A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015, United Nations, New York, 2013, para. 27.

