# 5 Incorporating a Gender Perspective in the Work with Indigenous Peoples

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## INTRODUCTION

The incorporation of a gender perspective in the work of PAHO/WHO is an ongoing challenge for the Women, Health and Development Program of the Division of Health and Human Development. To work from a gender perspective implies responding to the particular needs in health of both sexes, taking into consideration that these needs are determined by the interaction of biological characteristics and psychosocial factors. This interaction of biology and socially constructed roles and responsibilities largely determine the degree to which men and women have access to and control over the resources necessary to protect their health and the health of others.

The following document refers to PAHO's initiative to promote the health of indigenous peoples of the Americas (SAPIA) and offers some insights as to how a gender approach might be incorporated into health policies and programs that seek the participation of indigenous populations, not just as passive beneficiaries of outside actions, but as catalysts and shapers of their own health maintenance and care.

This document was discussed during the XVth Meeting of the Special Subcommittee on Women, Health and Development, and the following recommendations for the Secretariat ensued from that discussion:

- promote the work outlined in the SAPIA initiative emphasizing the incorporation of a gender perspective and the systematic inclusion of indigenous women as active co-participants alongside men in the elaboration, implementation and evaluation of programs and projects emanating from this initiative;

- assist Member Governments in disaggregating data by sex and, where possible, ethnicity, so as to better understand the particular health situation of indigenous men and women in different communities of the Region and promote studies that shed light on gender disparities in those populations;

- act as a bridge between indigenous women and the health sector, ensuring that the practical health needs of the former be met with respect for their beliefs and practices. This is seen as critical in minimizing the cultural barriers that impede access to health services by indigenous women and men.

A gender perspective does not entail the erosion of the unique nature of gender relations that might characterize different ethnic groups, nor does it mean imposing a vision of what those relations should be, as viewed from the dominant population group. Rather, through a gender lens one can analyze the critical moments during which specific social constructions that define masculinity or femininity act to protect the health of either sex, or, conversely, to place them at risk for illness and/or death. Thus, a gender perspective

contributes to PAHO's ability to provide technical cooperation to countries in a manner that enhances equity and efficiency.

## SUMMARY

This document presents the procedures for facilitating the incorporation of a gender approach into PAHO's programs and projects for the promotion of the health of indigenous peoples.

The first part of the document briefly describes the Initiative on the Health of the Indigenous Peoples of the Americas making reference to the situation of women, health, and development, as defined in the 1995-1998 Strategic and Programmatic Orientations (SPOs). The second part presents the procedures necessary for guaranteeing the incorporation of the gender approach into the promotion of the health of indigenous peoples, emphasizing the importance of diagnosing the problems related to gender, the need for indigenous women to participate in the entire process, and the special implications for PAHO's programs and projects that are geared towards indigenous peoples. Finally, a number of conclusions are presented and recommendations put forward for consideration by the Subcommittee.

## 1. BACKGROUND

This document is a response to the request from the 14th Meeting of the Special Subcommittee on Women, Health, and Development to include in the agenda of its next meeting the incorporation of the gender approach in PAHO's current programs for the promotion of the health of indigenous peoples.

The objective of the document is to present the procedures for facilitating the systematic incorporation of the gender approach, emphasizing the Initiative on the Health of the Indigenous Peoples of the Americas (SAPIA) and the programs and projects being prepared at PAHO to promote the health of indigenous peoples, using as a framework the Organization's 1995-1998 Strategic and Programmatic Orientations (SPOs).

PAHO began giving special attention to the health of indigenous peoples in April 1992 when, at the 18th Meeting of the Subcommittee on Planning and Programming of the Executive Committee of PAHO, it was agreed that a subregional Meso American Workshop on Indigenous Peoples and Health would be held *(1)*. Subsequently, the Working Meeting on Indigenous Peoples and Health was held in Winnipeg, Canada, in April 1993. In September 1993, at the XXXVII Meeting of the PAHO Directing Council, Resolution V on the Health of Indigenous Peoples was passed and the Initiative on the Health of the Indigenous Peoples of the Americas (SAPIA) was adopted *(2)*.

The Governing Bodies of the Organization have established two key areas for cooperation activities under the SAPIA initiative:

- the participation of indigenous peoples in the operation and implementation of the SAPIA initiative from its initial stage;

- the mainstreaming of a program of cooperation activities within SAPIA, through the regular divisions and programs of the Organization.

The five basic principles of the SAPIA initiative guide PAHO's technical cooperation:

- the need for a holistic approach to health;

- the right to self-determination of indigenous peoples;

- the right to systematic participation;

- respect for and revitalization of indigenous cultures;

- reciprocity in relations.

It should be pointed out that indigenous women have been participating actively in the preparatory activities of the SAPIA initiative; for example, one of the two consultants who prepared

the basic document for the initiative was an indigenous woman. Also, an equal number of women and men participated at the Winnipeg meeting.

At the Winnipeg Working Meeting on Indigenous Peoples and Health *(2)*, it was recognized, with regard to the health of indigenous women, that:

> The health profile of indigenous women is largely determined by the subordination they face on two fronts: in their couple relationship and in relation to the dominant sectors of local and national society.

Referring to the main health problems of indigenous men and women, it was stated, moreover, that women, in addition:

> . . .suffer from problems related to reproduction (e.g., pregnancy at an early age, complications of pregnancy and delivery, and iron-deficiency anemia) and others related to mental health (for example, sexual abuse and violence, alcoholism, and drug abuse). And there are other more specific problems deriving from hazardous working conditions in agriculture, in the informal urban or services sector, or in industry.

The 1995-1998 Strategic and Programmatic Orientations of the Pan American Health Organization indicate that both women in general and indigenous peoples are considered priority groups and have been recognized as such by the Governing Bodies of the Organization *(3)*. This same document refers to women, health, and development as one of the Organization's principal areas of work:

> More prominence must be given to the role of women in, and the relation of women's health to, human development. Gender should be one of the categories of analysis in the planning and programming of activities in all sectors and this should have repercussions for public health programs in all countries.

## 2. INCORPORATING THE GENDER APPROACH INTO THE PROGRAMS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE PROMOTION OF THE HEALTH OF INDIGENOUS PEOPLES

Several PAHO programs and projects, at both the regional and country levels, have actively encouraged the participation of indigenous women in the activities related to the health and development of indigenous peoples.[1] However, they have not always incorporated the gender approach.

The general framework for the incorporation of the gender approach into PAHO's programs and projects is sustainable development and health through equity.

> At the center of the nexus between gender, health, and development is the notion of an egalitarian society in which men and women participate equitably in the distribution of the benefits of development and in the production and channeling of this process *(4)*.

Working from a gender approach means analyzing inequity in social relations between men and women. The goal is to achieve balance and equity in gender relations and to satisfy the specific health needs of each sex, taking into account the fact that these are not general needs but needs that are determined by ethnicity, social class, religion, and geographical location. It cannot be assumed that gender relations in a certain indigenous population have the same characteristics as those of non-indigenous populations in the same society. Using diversity in gender relations as the point of departure implies recognizing that there is no single prescription for the incorporation of the gender approach.

Since the gender approach implies a change in attitudes and social transformation, incorporating it involves negotiation and debate since it necessitates the redistribution of power and resources within households, civil society, the State, and the system as a whole.

Although incorporating the gender approach is not an easy task, the SAPIA initiative contains several elements that facilitate this task: decentralization and the resulting work at the local level and, as a fundamental and central element, the participation of indigenous peoples in directing and implementing the initiative. Moreover, respect, one of the five basic principles of the initiative, is a requirement for incorporating the gender approach into PAHO's programs and projects that promote the health of indigenous peoples: respect for their vision of the cosmos, their lifestyles, and the way they think, relate, formulate, and conceptualize the health-illness process. Moreover, it is necessary for health workers and PAHO staff to respect the diverse gender relations that exist among indigenous peoples.

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[1] It should be stressed that this document limits itself to using as an example only some of the projects in progress in the Organization for promoting the health of indigenous peoples.

## 2.1 Gender Relations in Indigenous Populations: The Voices of Women

Despite the fact that some indigenous women have protested against the inequity in gender relations among indigenous populations, there is a great deal of hesitation on the part of PAHO staff and health workers to initiate discussion of this inequity, since they believe gender relations are an integral part of a culture in which they have no right to interfere. Nevertheless, the inequity denounced by indigenous women deserves the same action taken by PAHO in any claim of inequity that is unnecessarily and unjustifiably detrimental to the health status of a population group.

Colonization and its subsequent history in the Region have had an important influence on the way in which gender relations have been transformed among indigenous peoples. One indigenous woman of Ecuador states:

> Before the Spanish Invasion, women were considered as having the same rights as men, and their workload was equal *(5)*.

The current reality is different. As another indigenous woman in Peru points out:

> But in our communities today there exists the same type of mistreatment of women that exists in the rest of Peru. (...) But this isn't our way, and it is a dangerous path. Now, thanks to our organizations and experiences we realize how we have been humiliated and deceived by so many things that came from outside. Now that we are regaining our self-pride, we can't let ourselves be tricked again. Machismo, abuse, lack of respect, and the marginalization of Indigenous women is a new cultural invasion that affects us today, one that our men are accepting because they are petty-minded and ashamed to show our reality, which is much more dignified. Machismo has, just like religion and culture, been imposed upon us from outside. It divides us, weakens us, and humiliates us *(5)*.

The Report on the First International Conference of Indigenous Women, organized by the Commission of Indigenous Women of the World Council of Indigenous Peoples in 1993, concludes that women are doubly marginalized: both as indigenous peoples and as women.

> It was noted that indigenous women suffer from discrimination at every level, from the individual to the national. Often, our traditional social status as women within our communities is eroded by external norms of gender relations, opening the door to machismo and lack of respect for women *(6)*.

There is a clear awareness on the part of indigenous women that current gender relations are inequitable. There is thus an urgent need to analyze the impact of this inequity on the health status of women and, for this reason, the gender approach must be incorporated in a structured manner.

## 2.2 Procedures for Incorporating the Gender Approach into PAHO's Programs and Projects for the Promotion of the Health of Indigenous Peoples

Incorporating the gender approach consists of implementing procedures that employ methodological tools derived from the principles of planning using the gender approach *(7)*.[2]

At the beginning of any activity, a gender analysis must be integrated into the planning process so as to identify the particular implications of specific contextual problems of health and development for women and men, and for relations between them. The gender analysis is an ongoing activity conducted at the key points of a project's planning cycle. Gender-related objectives deriving from this analysis can be formulated, providing the basis for a specific agenda.

It should be underscored that the incorporation of the gender approach will not be achieved without the consultation and participation of women in all the phases of the project. The objective is to strengthen their capacity to participate in directing and implementing PAHO activities related to the health of indigenous peoples, a principle that was established by the Governing Bodies for the SAPIA initiative.

Once the gender analysis has been carried out with the consultation and participation of women and the objectives have been defined, an initial strategy will then be formulated.

The principles and tools necessary for undertaking the gender analysis and the relationship of gender to the health status of indigenous peoples are presented below.

### 2.2.1 *Gender Analysis*

The collection and analysis of information, with a breakdown by sex and ethnic group, is essential for a gender analysis. Information on differences in the health profiles of indigenous women and men at the national or regional levels is usually not available. Due to this lack of information, it is difficult to analyze the health status of indigenous women in the Region. In this regard, one of the principal tasks of the Indigenous Women's Health Project in Guatemala is to ensure that the health services collect and analyze the data obtained, with a breakdown by sex and ethnicity *(8)*.

The gender analysis is carried out through the identification of gender roles, the definition of access to and control of resources, and the evaluation of practical needs and strategic interests, starting with a breakdown of data by sex.

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[2] The general framework for the gender planning in development activities is taken from Caroline Moser. Please note that WHD is in the process of adapting this framework to the field of health. The guidelines developed to date by WHD have been incorporated into this document.

*Gender Roles*. Gender roles refer to the existing division of labor, as evidenced by the different roles performed by women and men. The identification of gender roles is the tool that makes visible the multiple roles of women and the relative values socially assigned to each of these roles. In general, only the productive role of women, i.e., activities that generate personal and household income, is valued as work. The reproductive role is not. In other words, neither biological reproduction and all the activities necessary to guarantee the well-being and survival of the individuals that make up the household, nor the community management role of women, which consists of work generally done on a voluntary basis to contribute to community development or organization, are valued. The purpose of identifying gender roles is not only to distinguish the different tasks performed by women and men, but also to ensure that equal value is assigned to these tasks.

Once the differences between the roles performed by men and women have been identified, it is necessary to respond in different ways to the needs of each, since the division of labor involves different risk protection factors in the health-illness process for women and men. In the case of women, who are usually assigned a triple role, the burden of simultaneously balancing these roles severely limits them, and this is often overlooked. In order to respond appropriately to the needs of women in light of their triple roles, there should be intersectoral planning that incorporates their various activities. It is important to recognize the existence of a widespread belief by PAHO staff and health workers that indigenous women have free time to perform volunteer work or participate in training courses, without taking into account their triple roles.

This is not a contradiction of PAHO's intention to involve indigenous women in its activities. On the contrary, this participation is very important to these women, who are seeking greater well-being and health for both their families and themselves. Thus, the analysis of gender roles provides the information necessary for better planning of activities and avoids placing too heavy a burden on women.

Failure to perform a gender analysis with respect to the division of labor poses the real danger that health workers will use stereotypes of the division of labor as their point of departure, without recognizing that cultural diversity influences the way in which gender roles have evolved. Thus, for example, consideration is seldom given to the role of indigenous women in agriculture and the cultivation of medicinal plants, their role as religious leaders at festivals and rituals, or their role in community work, such as in community vegetable gardens.

Since indigenous women often have special responsibility for protecting health and undertaking domestic chores based on the division of labor by gender, they are more aware than men of practical needs in the area of health.

> In the area of health, it is indigenous women as primary caregivers who bear the physical, emotional, and economic brunt of the burden when our children are ravaged by curable diseases and malnutrition *(6)*.

Unfortunately, several initiatives have undermined the role of indigenous women in health promotion, due to the failure to take into account or attach value to their role as educators and transmitters of culture, health, and respect for the environment. The revitalization of indigenous cultures, one of the principles of the SAPIA initiative, is of utmost importance for the incorporation of the gender approach. It is therefore recommended that an attempt be made to strengthen the role of women through training that seeks to enhance their knowledge, using an approach that avoids overburdening them any further, as pointed out earlier.

In 1994, PAHO provided assistance for the Regional Symposium on Latin American Policies and Traditional Public Health Systems, where there was widespread recognition of the important role of indigenous women in health matters. According to the World Council of Indigenous Peoples, which was represented at the symposium, most practitioners of traditional medicine are women. The Council, furthermore, pointed out that women occupy a central position in the family and community insofar as their knowledge of health and medicinal plants are concerned *(9)*.

The process of strengthening the role of women should also involve men, in order to arrive at co-responsibility in matters of health. In this regard, through the analysis of a division of labor by gender, it would be possible to define, in conjunction with indigenous women, the manner in which indigenous men would be mobilized to promote equitable social transformation and improvement in the health status of women and men. The Indigenous Women's Health Project in Guatemala includes the development of a strategy carried out by women's groups to involve indigenous men in health promotion. It is hoped that, in addition to guaranteeing the autonomy of the women's groups, it will create a climate of co-responsibility for health between men and women and reduce men's reservations about the participation of women in the activities of the project *(8)*.

Encouraging participation and respect for indigenous cultures also implies reciprocity in relations between the workers of the Western health system and workers in traditional health: learning and mutual support, to arrive at reciprocity in relations–another basic principle of the SAPIA initiative–requires a change of attitude on the part of health workers. Technical cooperation has generally been unilateral. However, cultural diversity, in addition to respect, requires that the sharing of information and learning take into account the wealth of knowledge on health possessed by indigenous peoples.

In addition to strengthening the technical capability of indigenous women–who are the traditional health workers–it is suggested that consideration be given to the knowledge they possess, their special cosmic view of the health of the indigenous women, and the interrelationship between gender variables and the health of indigenous peoples. The inclusion of indigenous women in the training of health workers is recommended, both in formal education and at the local level, to sensitize these workers to the condition and specific position of indigenous women. In some of the countries of the Region, PAHO has actively promoted this idea.

*Distribution of intra-household resources*. The second principle of gender analysis pertains to the intra-household distribution of resources in terms of ensuring balance in the control of resources

and decision-making ability between men and women. To this end, information on intra-household distribution of resources is needed. It is necessary to identify the differences between women and men with respect to access to and control of resources (such as time, money, information, and decision-making power) *(10)* in order to ensure that women, like men, have access to and control of the resources necessary for health protection.

The analysis prevents the stereotypes about the distribution of resources within the indigenous domestic unit from leading to actions that are detrimental to indigenous women because they fail to take into account the special way in which resources are distributed in different ethnic and cultural contexts. For example, an analysis would be necessary of whether there is equity in the home in the distribution of food and medical care among sons and daughters.

*Gender needs and interests*. Practical health needs are formulated on the basis of the actual conditions of men and women, respond to the perceived immediate and specific needs, and are met through the provision of goods and services. In addition to shared health needs, women have health needs that are different from those of men, not only for biological reasons but also because of the division of labor and existing gender roles.

Improving the condition of women by meeting their practical needs does not necessarily lead to the achievement of greater equity in gender relations. For this reason, it is necessary to identify, with the women, their strategic interests in order to achieve a balance in the power relationships between women and men, that is, the interests that affect the position of women vis-à-vis men, which, if addressed, would lead to equitable and sustainable development of the health of both women and men.

In the activities conducted to date with PAHO assistance, it can be observed that programs and projects respond to the practical needs of indigenous women. A new challenge for the SAPIA initiative is the incorporation of a line of action that helps reduce gender inequities in health between men and women through the inclusion of a response to strategic interests, while at the same time meeting practical health needs.

One of the characteristics common to the various indigenous populations in the Region of the Americas is their holistic vision of the cosmos with respect to health. The gender approach will facilitate this comprehensive treatment and, while serving the urgent practical needs, will also respond to strategic gender interests in health connected with the position of indigenous women in relation to men and to society, which creates situations of inequity due to ethnic and class discrimination.

### 2.2.2 ***Participation***

The final component refers to equity between the sexes in the planning of technical cooperation, through the inclusion in the entire process of women and organizations that are aware of

the gender problem, in order to ensure that the practical needs and strategic interests of women are identified and incorporated.

PAHO is seeking to strengthen the SAPIA initiative in the context of the local health systems (SILOS), since community participation is one of the central elements of these systems, which have made evident the need to develop a close and balanced relationship with indigenous organizations and communities. Local implementation of the SAPIA initiative provides a forum and an opportunity to conduct a gender analysis, with the participation of the beneficiaries in the entire process. Moreover, it provides an opportunity for planning that responds to both the practical needs and the strategic interests of men and women.

The testimony of the indigenous women who are members of the Women's Committee of the South and Meso American Indian Information Center *(5)* indicate that women's organizations have, until now, been very isolated from the mass media, support networks, and resources that could assist in strengthening their organizations. Moreover, they point to an almost total absence of women in the governing bodies of indigenous organizations, in the congresses, and at meetings, and they view that lack of representation and participation as one of their chief problems.

In PAHO projects and programs at the regional and country levels, several projects have been developed that include the participation of indigenous women. For example, training courses have been conducted for midwives and folk healers, and indigenous women have been involved in maternal and child health promotion activities. Without a doubt, these activities have contributed to the promotion of the health of indigenous peoples.

The participation of indigenous women in PAHO's projects could be a factor in building a more equitable relationship between men and women, as well as in improving the health of both. However, this result is not always automatic. If women's participation is not planned on the basis of a gender approach, there is a real danger that their time and effort could be used as a means of achieving a different objective, such as improving the nutritional status of their children, without improving their own state of health or without creating greater equity.

In order to ensure the genuine participation of indigenous women in the entire process, the different skills of women and men with respect to participation and organizational capacity, their forms of expression and communication, and in particular their negotiating styles, must be evaluated. Women's groups are often less organized than those of men, and specific training for women should be considered in order to strengthen their abilities in these areas. It would be advisable to find out whether there are organizational traditions for indigenous women before initiating new approaches. Using the gender approach as the point of departure, women have access not only to participation, but also to control of decision-making throughout the process, which is precisely one of the key elements of the SAPIA initiative.

In the Indigenous Women's Health Project in Guatemala, an attempt is being made to establish a permanent role for women's groups, with decision-making powers, within the technical

group responsible for health planning at the local level in the communities where the project is under way. So far, the participation of indigenous women in the health services has often been limited to a support role. Health service providers have not involved women's groups as co-participants in the task of identifying health problems *(8)*.

Implementation of the project to extend health services to ethnic groups in the Department of Tarija, Bolivia, is under way, but it appears that indigenous women, despite their participation, did not automatically achieve greater control in the entire process. One of the reasons for this could be that health workers were not prepared to view women as agents of development. Based on an analysis of the project's progress, it is clear that it is no easy task to achieve the full participation of women in development processes *(11)*.

PAHO can cooperate in the promotion of the health of indigenous women by strengthening women's organizations, with a view to facilitating effective participation in decision-making in the field of health. As a first step, the strengthening of the degree of organization of indigenous women at the local level is recommended by facilitating the sharing of experiences among women of different communities or regions of the country. Given the diversity of indigenous peoples and the diversity of organizations, it is essential for PAHO to contact and consult with as many organizations as possible. Work at the local level, within the SILOS framework, makes this task easier.

## 3. CONCLUSIONS AND RECOMMENDATIONS

The incorporation of the gender approach is a process recently initiated in the Region and within PAHO. Several of the Organization's programs and projects have included indigenous women in health promotion activities, but the actions taken have generally responded to their practical needs. For PAHO, incorporating into its activities lines of action for the reduction of gender inequities—the root of the health gap between men and women—represents a new challenge, which at the same time responds to practical needs in health. To date, the Women, Health, and Development Program has provided technical cooperation to several PAHO programs and projects that have requested assistance in incorporating a gender approach into their activities with indigenous peoples.

A more structured type of technical assistance being provided at the field and Headquarters level by the Women, Health, and Development Program involves training in the gender approach to health. This process will contribute to a greater awareness among PAHO staff and health workers and will offer the tools to enable them to incorporate a gender perspective in their work.

It is essential for indigenous women and men to participate equally in decision-making throughout the entire process to ensure that PAHO's programs and projects geared towards the health promotion of indigenous peoples include the gender approach.

The Special Subcommittee on Women, Health, and Development is being asked to take note of these observations and to consider the following recommendations:

- That PAHO staff and health workers who launch a program or project with indigenous peoples begin by conducting a gender analysis, in conjunction with indigenous women, identifying the division of labor between the sexes and the work roles assigned to women and men, and evaluating the access to and control of resources, as well as the practical needs and the strategic interests of each sex.

- That PAHO and the health systems collaborate in collecting and analyzing information on the health of indigenous peoples, with a breakdown of data by sex and ethnicity, in order to analyze and utilize the information with a view to incorporating the gender approach, as recommended in the Organization's 1995-1998 SPOs. They should also identify the sectors in which support for research initiatives is urgently needed, in order to gather information on the current health profile of indigenous women and men, and the impact of inequity in gender relations.

- That the focal points of the SAPIA initiative and the Women, Health, and Development Program in field offices, together with their counterparts in the ministries of health, coordinate activities to include the gender approach in work with indigenous populations.

- That the incorporation of the gender approach in the entire process of decentralization and strengthening of the local health systems that operate in areas with indigenous populations be taken into account in policy-making and the activities proposed.

- That the active participation of the focal points in the field offices of the Women, Health, and Development Program be requested for the formulation of the General Plan on the Health of Indigenous Peoples of the Americas. The Monitoring Commission of the SAPIA initiative is responsible for this plan. It should be pointed out that four of the seven elected members of the Commission are women *(12)*.

- That PAHO assist with financial and technical resources in order to guarantee the participation of indigenous women's organizations in the design and the implementation of the General Plan on the Health of Indigenous Peoples of the Americas. At the regional level, active participation by the Women, Health, and Development Program is recommended in the technical cooperation provided for this plan.

- That PAHO support the holding of meetings for information exchange and training in the areas of health, gender, and the strengthening of the organizational capacity of indigenous women at the local and regional levels. That PAHO and health workers incorporate training in skills such as methods of negotiation and communication into their educational work with indigenous women. Furthermore, that it strengthen the networks of indigenous women, and their networks with those of other women.

- In light of the above, that the Women, Health, and Development Program develop a proposal that offers guidelines for strengthening indigenous women's organizations in the health sector.

- That the Women, Health, and Development Program prepare a document that provides a detailed outline of the steps to be followed in the incorporation of the gender approach into PAHO's programs and projects for the promotion of the health of indigenous peoples.

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