

INVESTING IN INDIGENOUS YOUNG PEOPLE TO ACHIEVE HEALTHY POPULATIONS

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- **Good Afternoon, distinguished delegates of UN missions, specialized agencies of the UN, UN staff members and friends. On behalf of the Pan American Health Organization (PAHO) I would like to thank you so much for coming to this important and exciting side event “INVESTING IN INDIGENOUS YOUNG PEOPLE TO ACHIEVE HEALTHY POPULATIONS” which is a reality thanks to the collaboration of the Permanent mission of Spain to the UN, Ecuador and Guatemala. I am Javier Vasquez, Human Rights Law Advisor of the Pan American Health Organization and I will moderate the panel which is comprised of very distinguished and knowledgeable colleagues. Before we hear from our group of experts and as a way of introduction to this important topic,**
- I would like to summarize some of the results that PAHO and the Economic Commission for Latin America and Caribbean of the United Nations (ECLAC) obtained in a research that was conducted in Latin America in 2011 among indigenous young people and I will complement those results with some observations of the Special Rapporteurship of indigenous peoples' rights of the Inter-American Commission on Human Rights with which PAHO works very closely.
- Indigenous adolescents and youth represent more than 50% of the total adolescent and youth population and they live in rural areas (between 67% and 90% of indigenous young people live in rural areas) and in poverty, have higher illiteracy rates (which have implications with regard to the enjoyment of their right to education and access to information on health) and have poorer health, including in some areas limited access to sexual/reproductive health information which have implications with the enjoyment of reproductive rights and other related human rights;
- Indigenous adolescent and youth have also, in some countries of the Americas, poorer mental health outcomes and higher rates of disability due to injuries and accidents than their non-indigenous counterparts. These poor outcomes, **inequalities and social disparities** are interrelated and have negative implications with regard to the enjoyment of the right to health (access to health services, goods and facilities, including traditional medicine, clean water, sanitation and sufficient number of trained health workers in indigenous communities) and other related human rights such as their right to physical and mental integrity, security of person, the right to education in their own language

and their right to benefit from scientific progress on an equal basis regarding other populations, among others;

- I would like to underscore the issue of **mental health** in indigenous young people. And in this area two major health problems came out in the study: one is **unipolar depression and the other is suicide**.
- With regard to depression amongst indigenous young people, the information is insufficient and more research is necessary; however, the data that is available in the region of the Americas shows that the prevalence of depression is higher amongst indigenous communities than non-indigenous communities. Racism, cultural and ethnic marginalization, tension between traditional and western values, limited access to resources and information put indigenous young people at a greater risk of depression and in some cases suicide. National mental health policies, plans and laws very often have not included specific measures to promote and protect the right to mental health of indigenous youth and adolescents, including suicide prevention strategies and the establishment of community based services tailored for this group.
- Suicide rates amongst indigenous young people can peak as high as four times the rate of suicide amongst non-indigenous young people and these rates are higher amongst young men than amongst young women. The study of PAHO and ECLAC show that there has been an upward trend of suicide rates amongst indigenous young people in some countries of South America and Central America. Suicide rates amongst indigenous populations are related to social stress, historical traumas passed from generations to generations and sexual abuse.
- **Regarding sexual and reproductive health**, the findings of PAHO and ECLAC show that indigenous adolescent and youth experience sexual initiation earlier than their non-indigenous counterparts and age specific fertility rates are usually higher amongst indigenous adolescents and youth than amongst non-indigenous youth. Indigenous youth (between 15 and 24 years of age) are at greater risk of becoming mothers than their non indigenous counterparts. Early motherhood is often linked to education, lack of access to the right to information on sexual/reproductive health, poverty, economic and social determinants of health and inequities, among other factors. And in some countries indigenous young mothers frequently drop out of school which negatively affects their right to education and access to information on health.
- In order to address some of the issues that the report of PAHO and ECLAC has identified, PAHO with the financial support of the Embassy of Norway in Guatemala has facilitated the establishment of a network entitled “the Pan American Indigenous Youth who work for health work” (created in 2011). The network is a youth organized regional network that has members from Bolivia, Ecuador, Honduras, Guatemala, Nicaragua and Peru) and has been developed to function virtually. The youth formulated their mission, vision and objectives.

- The main objectives of the network are: to exchange good practices that can contribute to adopt national measures and actions to protect the health and wellbeing of indigenous and afro descendant youth and adolescents, respecting their cultural identity and knowledge. The network also promotes the rights of indigenous youth and adolescents and the protection of the environment. Thank you very much.