



**United
Nations**

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Addressee: UNICEF, UNFPA, WHO, Regional Health Organizations, Member States

Paragraph #48 Session #5 (2006)

Full Text

The Permanent Forum, reaffirming the recommendations on health made at its first, second and third sessions, further recommends that all relevant United Nations entities, especially WHO, the United Nations Children's Fund (UNICEF) and UNFPA, as well as regional health organizations and Governments, fully incorporate a cultural perspective into health policies, programmes and reproductive health services aimed at providing indigenous women with quality health care, including emergency obstetric care, voluntary family planning and skilled attendance at birth. In the latter context, the roles of traditional midwives should be re-evaluated and expanded so that they may assist indigenous women during their reproductive health processes and act as cultural brokers between health systems and the indigenous communities' values and world views

Comments

UNICEF continues to promote culturally sensitive health care. In Ecuador, UNICEF entered into an agreement with other partners to ensure that indigenous mothers and children are systematically protected in their right to safe delivery and childbirth in line with their cultural traditions. Under the agreement, and within the framework of the Minimum Agenda for Indigenous Children and Adolescents, pregnant women are free to choose the type of childbirth they wish. In Peru, the

Fund supported the reinforcement of access to maternity services for mothers in rural communities by adapting the practices used at health centres to the cultural patterns of the country's indigenous peoples. In the area of reproductive health, increased attention was given to addressing the spread of HIV/AIDS in indigenous communities. In Venezuela, UNICEF supported the training of health-care staff and municipal committees to promote the prevention of HIV in indigenous communities. UNICEF Reports (2010): In Guatemala, where indigenous women have the highest maternal mortality rates as a result of discrimination, the Ministry of Health is implementing a strategy to reduce maternal deaths, and UNICEF Guatemala, in cooperation with UNICEF Peru, provided technical assistance through international experts on that country's experience. The most important topic was vertical childbirth assistance for indigenous women. The national authorities believe that this methodology can be adapted and adopted in the country. ECLAC reports that in September 2006, CELADE launched a project entitled "Progress with respect to health policies and programmes for indigenous peoples in Latin America since the International Decade of the World's Indigenous People". UNFPA reports that in order to promote human rights, in particular the reproductive rights of indigenous peoples, and to contribute to the reduction of maternal mortality, UNFPA has been implementing intercultural reproductive health programmes for indigenous women in Bolivia, Ecuador, Guatemala, Mexico and Panama, identifying the main elements of intercultural maternal health. A detailed account of these programmes is available in the document E/C.19/2007/3/Add.3 UNICEF reports (2011): An intervention developed by UNICEF Peru in 2002 demonstrated that intercultural approaches to obstetric care increase coverage of institutional obstetric services, reduces maternal and perinatal mortality and establish a more sustainable relationship between the service provider and the user. A participatory study undertaken by that office in 2000 also showed that resistance to institutional birthing is mostly cultural in nature. Four strategies were instituted to overcome that barrier. They included maternity waiting houses to resolve the difficulty posed by geographic distance; family and community support to make maternity and the mother's condition a priority; comprehensive health insurance to cover the cost; and the cultural adaptation of maternity services to overcome the fear of cultural differences that prevent indigenous women from seeking maternal health care. Traditional practices were systematized on the basis of universal know-how and several research projects conducted at the local operational level. Finally, UNICEF Peru identified the health facilities where staff were most committed to this intervention and provided them with training. Universities that provide training for the health sector now have a more open approach to culturally sensitive health care. Overall, the experience transformed everyday service by promoting cultural

changes in the approach to care and in its routine elements. For more information and country specific examples see UNICEF's report to the Tenth Session of the Permanent Forum (E/C.19/2911/7).

Area of Work

Health, Indigenous Women and Girls