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**Commentary: Health, gender, and culture**

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Achieving the highest attainable level of health for all people is an objective shared by all the countries of the Hemisphere and that therefore should not be affected by gender or cultural differences. The reality, however, is that gender and culture constitute enormous barriers to health for millions of people.

Indigenous or Afro-descendant women, migrants and displaced persons, and female heads of household are over-represented in pockets of poverty and extreme poverty –where they account for a greater percentage than would correspond to their proportion of the population. There are indigenous women who, simply because of their ethnicity, have a life expectancy that is 17 years shorter than their country's national average and who are at triple the risk of maternal mortality.



**Mirta Roses-Periago is the Director of the Pan American Health Organization (PAHO).  
AFP PHOTO**

Similarly, the human immunodeficiency virus (HIV) has had a heavy impact on Afro descendant communities and certain indigenous populations such as the Garifunas. Mothers in some indigenous and Afro-descendent communities see their children die two or three times more often than the average mother. Violence against women is an invisible scourge in ethnic communities.

All this is evidence that culture and gender powerfully influence health indicators. Thus, at the commemoration of International Women's Day, we declared that culture and gender count in the achievement of health for all.

Precisely because they count, we must redouble our efforts to ensure that gender and culture are variables considered in the design and operation of public health systems and in the health and social policies of our countries. Our strategic work plan therefore makes gender and ethnicity two of the cross-cutting priority areas in which technical cooperation to achieve equity in health must be stressed. We must make problems visible and change the way our health systems operate to eliminate exclusion stemming from gender or cultural barriers.

Here it is encouraging to know that nongovernmental organizations, universities, local Governments, and Ministries of Health or related institutions in many countries are working hard in that direction. In PAHO, we held a regional competition for the second straight year to reward good practices in the area of gender or ethnic equality in health, and 44 projects

in 19 countries in South America, North America (including the United States), Central America, and the Caribbean vied for recognition.

We had to select two winners from among five very good finalists from Bolivia, Brazil, El Salvador, Ecuador, and Mexico. In the end, the winners were a project in the city of São Carlos, Brazil, run by the Federal University of São Carlos, the School Health Unit, and the Analytical Laboratory for Violence Prevention, that works with Afro-descent families –which are also migrant and poor– to combat domestic violence; and a primary health care program with a gender approach known as “Star Health Services,” promoted by the La Paz Departmental Health Service, the municipio of La Paz, and the Ministry of Health and Sports of Bolivia, that is transforming health service delivery and the participation of poverty-stricken Aymara women living in urban areas.

Today we have women presidents and indigenous and Afro-descendant presidential candidates, ministers, and lawmakers. Numerous grassroots organizations and countries in the Region are working to ensure that culture and gender count in their policies, programs, and health monitoring systems. Inclusion and the elimination of unjust gaps are the way to achieve health for all in the Region.