

Global Circumstances of Nutrition and Health of Indigenous Peoples

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Numbers and distribution of indigenous peoples globally

- Depends on definitions
- Various estimates place the number of persons globally at 257-350 million, 80% in Africa, Asia and Latin America
- Latin America and the Caribbean alone- 400 different groups, making up ~10% of the population
- In many societies, represent relatively small minorities; in others, the majority population would classify themselves as indigenous

Health and Nutrition Status of Indigenous Peoples: Uneven Information Available

- Ambiguity and disagreement over criteria for identification of indigenous peoples
- Varied governmental approaches to identification or non-identification of indigenous groups within health statistics
- In some places, self under-reporting of indigenous affiliation due to past or ongoing social discrimination
- Where indigenous groups are small minorities, large surveys fail to capture adequate information even when identified

Status of published or publicly available health and nutrition information relative to indigenous groups

- Most thorough documentation from North America, Australia and New Zealand
- Africa, Asia, Latin America – include 80% of the world's indigenous peoples and most of the distinct groups – most of the available information is from case studies or very small studies

General trends in health status

- Health status and problems for indigenous peoples generally reflect those of the larger societies of which they are a part, but
- Often significant disadvantages due to current and/or past economic marginalization, relative geographic isolation, and/or lack of access to or utilization of effective health services
- Where documented, generally poorer health indicators than the larger societies
- Where land and other resources that provide traditional subsistence are being lost, diet-related health problems are increasing

- 4-fold excess age-adjusted mortality in Australian Aborigines compared to non-Aboriginal Australians
- 8-fold gap in life expectancy between Maori and non-Maori in New Zealand
- Canadian indigenous peoples have 5-7 years shorter life expectancy than non-indigenous Canadians; for Inuit, the gap is 13 years
- US American Indians and Alaska Natives have life expectancies 4.6 years lower than general population

Overall themes....

- Food security
- Under-nutrition
- Vulnerable groups within the population
- Emergence of obesity and related morbidities

Food Security

- Currently used definitions of food security rely on assessment of economic access to market food, whereas indigenous peoples also may consume traditional foods that do not pass through market channels
- Gathering, hunting, fishing, subsistence agriculture, pastoralism and processing/preserving of traditional foods not only contribute to food security but to maintenance of cultural identity and indigenous cultural systems
- Various processes not mediated by cash flow contribute to erosion of access to traditional foods
- We propose that a definition of food security for indigenous peoples should include *maintenance of predictable access to desired traditional foods*

- Climate change threatens environments and traditional food supplies – especially small island communities, far northern communities, and those dependent on ecosystems that are changing rapidly or threatened by interventions directed at goals of the larger society
- Relatively poor economic status puts indigenous groups worldwide at risk from rising food prices and declining revenue sources for households and families (e.g., in Canada, unemployment and poverty rates are 2x higher among Aboriginal Peoples than in non-Aboriginal Canadians)

Under-nutrition

- Continuing and relatively severe problems particularly in the Asian, African and Latin American contexts
- Anemia, vitamin A deficiencies, and poor child growth are common even when obesity is emerging or present
- Loss of key nutrient-rich traditional foods produces unanticipated and difficult-to-remedy deficiencies

Protection of vulnerable groups

- Children, pregnant women
- The elderly
- Those managing chronic disease
- Families without hunters, fishermen, farmers, or others skilled in exploiting the environment
- Communities with limited access to food distribution systems for market foods

The Emergence of Obesity and Related Diseases

- Historical declines in indigenous populations have provided the possibility of “founder effect” regarding susceptibility to various diseases
- Changing lifestyles and diets throughout the world produce energy imbalance
- In many indigenous groups, obesity and related diseases co-exist with endemic micronutrient deficiencies
- Where health services are limited or poor, management of chronic disease is poor and complications are common

- Various problems of mental and social health in some groups
- Accidents, injuries, trauma
- Health problems reflecting poor availability, access or utilization of preventive health care:
 - Dental disease
 - Complications of diabetes, high blood pressure, heart disease
 - Late-stage diagnoses of preventable or treatable cancers

Loss of traditional food systems is intricately tied to loss of traditional medical systems and to loss of traditional languages

Knowledge of traditional foods, medical practices, and language is in many groups the intellectual property of elders, and reclaiming it for future generations requires their engagement

The way forward.....look to the past!

- Many if not most indigenous groups have healthy histories, particularly compared to the larger societies in which they live
- Maintaining and reclaiming cultural identities contributes to overall physical, social and often spiritual health
- Food provides a common, intuitively understandable focus and link between generations
- A focus on traditional foods has proved empowering and health-promoting in these varied contexts and cultures

- *“Cultural diversity is as important as biologic diversity; they both guarantee the wealth of life forms...”*
– *(Baron et al., 1995)*