

A Global Snapshot of Indigenous and Tribal Peoples' Health

The Lancet–Lowitja Institute Collaboration

Kate Silburn, Hannah Reich & Ian Anderson (eds)



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ISBN: 978-1-921889-50-9

First published November 2016

This work is published and disseminated as part of the activities of the Lowitja Institute, Australia's national institute for Aboriginal and Torres Strait Islander health research, incorporating the Lowitja Institute Aboriginal and Torres Strait Islander Health CRC (Lowitja Institute CRC), a collaborative partnership funded by the Cooperative Research Centre Program of the Australian Government Department of Industry, Innovation and Science.

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For citation: Silburn, K., Reich, H. & Anderson, I. (eds) 2016, A Global Snapshot of Indigenous and Tribal Peoples' Health, *The Lancet-Lowitja Institute Collaboration*, The Lowitja Institute, Melbourne.

Design and Layout: Carbon Creative, Brisbane



Australian Government
Department of Industry,
Innovation and Science

Business
Cooperative Research
Centres Programme

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Acknowledgments

This work would not have been possible without the contributions of people from 23 countries across the world that participated in *The Lancet*–Lowitja Institute Global Collaboration. Members of this Collaboration and their colleagues provided and analysed the data presented in a paper published in *The Lancet* in April 2016. A full list of collaboration members and their colleagues who assisted with data gathering can be found in the author list and the acknowledgements section of *The Lancet* paper.¹

To put these data into context for this report, some Collaboration members contributed further information about each of the Indigenous and Tribal groups represented—their history, culture, legal and political status, social and demographic situations. The task of doing this in less than 600 words was challenging to say the least. We thank each of you for your generous contribution, commitment and good humour. We are also grateful to *The Lancet* for their vision in supporting this project and to the Lowitja Institute for funding the work and for their expert production of this report.

¹ Anderson, Ian et al. 2016, Indigenous and Tribal Peoples' Health (*The Lancet*–Lowitja Institute Global Collaboration): A population study, *The Lancet*, vol. 388, issue 10040, pp. 131–57.

Foreword

The purpose of the Lowitja Institute—Australia's national Institute for Aboriginal and Torres Strait Islander health research—is to value the health and wellbeing of Australia's First Peoples. As members of an international global Indigenous family we extend that purpose to our Indigenous brothers and sisters around the world. In that sense, to us, a small Indigenous organisation in Australia, the opportunity to collaborate in this landmark study with *The Lancet* and make a global contribution meant a great deal.

The findings of the report show that, in the main, wherever they are, Indigenous peoples experience poorer health and social circumstances than the wider population, and that the relative wealth of their country makes little difference. For example, in Australia, the health and wellbeing of Aboriginal and Torres Strait Islander peoples are poorer across all indicators investigated by this research.

While it is clear that understanding the outcomes for particular populations requires local analysis, it is also clear that the outcomes indicate a common experience that must be understood and redressed. We must pay close attention to the social and cultural determinants of health and develop targeted policies and programs that create firmer pathways to social and cultural empowerment that are the basic human rights of Indigenous peoples globally. The social and cultural determinants of health are a particular focus of the Lowitja Institute's work.

At the same time, the legacy of colonisation—racism, discrimination, social exclusion—that so negatively affects the health and wellbeing of our peoples deserves a particularly critical look, together with a committed focus on empowerment and self-determination.

In Australia, the National Health Leadership Forum—consisting of the national Indigenous health and wellbeing organisations—has come together with a clear purpose to negotiate with governments strategies that address social inequalities. The bedrock of this work is recognition of our rights as Indigenous peoples to live a healthy, safe and empowered life with strong connections to culture and country.

The results of *The Lancet*–Lowitja Institute global collaboration will considerably assist in our understanding of the work that needs to be done. We thank the collaborators in this work, in particular Professor Ian Anderson from the University of Melbourne, and call on all governments to adopt the study's recommendations. These include the bringing together of Indigenous health leaders, academics and policymakers who can provide the expert knowledge to advance the health and wellbeing of Indigenous and Tribal peoples.

The Lowitja Institute is proud to contribute, through this collaboration, to strong and vibrant Indigenous futures across the world.

Mr Romlie Mokak
Chief Executive Officer
The Lowitja Institute

Glossary

AI	all indicators
AIAN	American Indian and Alaska Natives
BM	benchmark population
BMI	Body Mass Index
BW	birth weight
CO	child obesity
EA	educational attainment
ES	economic status
FATA	Federally Administered Tribal Areas
HIV	Human immunodeficiency virus
ILO	International Labour Organization
IMR	infant mortality rate
IN	Indigenous population
LEAB	life expectancy at birth
MMR	maternal mortality ratio
NH	Native Hawaiian
NHOPI	Native Hawaiian and Other Pacific Islanders
ONIC	National Indigenous Organisation of Colombia
TAR	Tibetan Autonomous Region
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
US/USA	United States of America
WHO	World Health Organization

Introduction

A Global Snapshot of Indigenous and Tribal People's health: *The Lancet*–Lowitja Institute Collaboration.

In 2012 it was estimated that there were more than 300 million Indigenous peoples living across the globe. A 2009 UN report found that Indigenous peoples came from approximately 90 different countries. There is enormous diversity amongst Indigenous and Tribal groups who speak more than half of all living languages and practice more than 5,000 distinct cultures. Indigenous cultures have evolved over thousands of years based on deep connections with their environments. Many Indigenous peoples have maintained a strong belief in the relationship between people, land and nature while resisting and surviving the impact of colonisation and other forms of dispossession.

In May 2014, a group of international experts in Indigenous health led by Professor Ian Anderson, an Indigenous Australian, met in New York to collaborate on a project that would look at the state of Indigenous health across multiple countries and regions. *The Lancet* commissioned this piece in collaboration with the Lowitja Institute, Australia's national institute for Aboriginal and Torres Strait Islander health research. Since that meeting many more local experts and collaborators joined the project and after a lengthy process of gathering, analysing and drafting, *The Lancet* published in April 2016 a paper titled 'Indigenous and Tribal Peoples' Health (*The Lancet*–Lowitja Institute Global Collaboration): A population study'.

The final *Lancet* paper included contributors from 23 countries and data from 28 Indigenous and Tribal peoples. Populations covered come from all of the World Health Organization regions and ranged from countries classified by the World Bank as low income to high income. This project sought to compare data within countries, comparing results for Indigenous groups against 'benchmark' populations (either the non-Indigenous people or the total population of a locality or country), to understand within country inequalities.

It is not possible to compare across countries as data is not gathered in a uniform way. Making cross-country comparison also ignores the unique and specific context and history of each Indigenous and Tribal population.

The project ultimately drew on ten indicators for both health outcomes and determinants of health. These were: life expectancy at birth, infant mortality, maternal mortality, low and high birth weights, child malnutrition, child obesity, adult obesity, educational attainment and economic status.

This is the first time this many indicators have been systematically assembled across so many countries. There are still gaps, both regionally (especially for Asia, Africa and Latin America) and within the countries included as some could only provide data on a few indicators. Data on other important topics, such as mental health and measures reflecting Indigenous models of health and wellbeing were unfortunately not widely available. Data quality was also a concern.

What is clear from the paper is that countries must work on their data systems, especially their methods of collecting and monitoring data about Indigenous peoples. Some countries do not identify Indigenous groups in their data collection and some Indigenous groups are remote or nomadic which makes collecting data difficult. In order to better understand the health situation of Indigenous peoples we must prioritise the collection of good quality data and endeavour to include and identify Indigenous communities in data collections and in analyses and reporting.

The data that we do have provides an invaluable understanding of a pattern of inequality that affects Indigenous populations across the globe. Indigenous and Tribal peoples generally have lower levels of health and wellbeing than other people living in the same countries and regions. The degree of these inequities and the size of the gaps between Indigenous and non-Indigenous populations varies greatly.

There are many reasons for these inequities. Many Indigenous and Tribal groups share a history of colonisation or other types of territorial dispossession. These incursions have resulted in significant loss of Indigenous lives and whole communities through violence or disease. Traditional lands and territories have also been taken, depriving Indigenous peoples of their homes as well as resources for daily life and disrupting long standing cultural and spiritual systems. Colonising practices through the implementation of government policies that harm Indigenous communities continue around the world today. Industrialisation, globalisation and climate change have often had negative effects on Indigenous and Tribal peoples. Poverty, limited access to education and healthcare services, and exposure to racism and discrimination are also major concerns for many Indigenous communities. Poor access to political representation coupled with the inadequate legal recognition of Indigenous sovereignty and lands have meant that many groups have little course for redress. These social, political, economic, cultural and environmental experiences have all influenced the health and wellbeing of Indigenous peoples.

Social inequities and health outcomes are closely linked and must be addressed concurrently in order to close the gaps between Indigenous and non-Indigenous peoples. Data systems also need to be improved so that progress towards improvements in the conditions of people's lives and their health and wellbeing can be better tracked. Just as Indigenous peoples must be included in the processes of choosing indicators, collecting and analysing data, they must participate in decision making about strategies to improve the status of their communities. What *The Lancet* paper and this companion report demonstrate is that this is a global issue which will require global action. Addressing Indigenous health is also integral to meeting the United Nation's Sustainable Development Goals concerning poverty, nutrition, health, education and inequality within countries as well as strengthening global partnerships.

This report

The purpose of this report is to provide a more detailed understanding of the context of each population included in *The Lancet* paper. Our contributors have endeavoured to provide a summary of the history, culture, legal and political status as well as socio-demographic factors of each Indigenous or Tribal group. Unfortunately the political situation in some countries has meant that in some cases authors have not been able to include important facts pertaining to their Indigenous peoples.

We have then provided an infographic that summarises the data from *The Lancet* paper. Please note that while we have provided general statements on the results of each Indigenous population and benchmark, the specific groups and age measured for each indicator vary. Please refer to Appendix 1 for more detail on this.

In presenting these short summaries we caution the reader to heed Chimamanda Ngozi Adichie's warning about the dangers of relying on single stories as definitive statements about peoples or places. Each piece is intended to provide a very brief context for the reported data and can in no way do justice to long, rich and complex histories and cultures of the groups described.

For more information about each group we urge readers to refer to Appendix 3 with sources that provide a more nuanced understanding of each of the populations.

For full information on methods, sources and data analysis, please consult *The Lancet* paper and online materials: Anderson, Ian et al. 2016, 'Indigenous and Tribal Peoples' Health (*The Lancet*–Lowitja Institute Global Collaboration): A population study', *The Lancet*, vol. 388, Issue 10040, pp. 131–57.

Who are Indigenous peoples?

There is no internationally agreed definition of the term 'Indigenous'. This is in part because of the great diversity amongst Indigenous peoples and the contexts in which they live. It is also influenced by agreement about the importance of Indigenous peoples' self-definition and identification. Instead, the United Nations Permanent Forum on Indigenous Issues has described seven criteria to assist in understanding Indigeneity. These characteristics include:

- Self-identification as Indigenous peoples at the individual level and accepted by the community as their member
- Historical continuity with pre-colonial and/or pre-settler societies
- Strong link to territories and surrounding natural resources
- Distinct social, economic or political systems
- Distinct language, culture and beliefs
- Form non-dominant groups of society
- Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities.

These criteria were used as the basis for including Indigenous and Tribal groups in this report.

Not all countries recognise the term Indigenous and in some, Indigenous peoples are referred to by other terms such as Tribal peoples, ethnic minorities or original peoples and/or by local words with these meanings.

Reference

United Nations Permanent Forum on Indigenous Issues (n.d.), Who are Indigenous Peoples? Viewed on 4 May 2015 at: http://www.un.org/esa/socdev/unpfi/documents/5session_factsheet1.pdf

Aotearoa New Zealand: Māori people

Bridget Robson (Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago, Dunedin, New Zealand)



History and culture

Māori people lived in Aotearoa New Zealand for at least 1,000 years prior to colonial settlement by the British in the 19th century. Early accounts of Māori by Pākehā (New Zealanders of European descent) described a healthy, robust population, but during the 1800s colonisation resulted in the significant decline of the Māori population. This was due to environmental degradation, new diseases, land confiscations, wars, land dispossession through forced individualization of title, and language banning. From the early 20th century, Māori public health and economic development measures have supported the gradual recovery of the Māori population.

Māori culture, developed in Aotearoa from its roots in the islands of the tropical Pacific, is kinship based, underpinned by relationships between the human, physical and spiritual realms. The economy was based on fishing, cultivation, harvesting from a managed natural environment, and trading. Core concepts of *tapu*, *noa*, *whakapapa* and *whanaungatanga* governed practices in the social, economic, health, and justice systems. There is a common language, with differences in dialect between *iwi* (nations or 'tribes' that operate at the strategic or political level). Oratory and the arts are highly valued, along with empirical knowledge of the natural world.

Legal and political status

The Treaty of Waitangi between Māori and the British was first signed in 1840 allowing certain public power to be shared with the British Crown, while protecting Māori rights to self-determination and other rights. However, for much of the following century the Treaty was largely ignored by the British. Māori political activism and protest eventually led to the establishment of the Waitangi Tribunal in 1975, which could investigate Treaty breaches. Since then, a number of settlements for Treaty breaches have enabled some *iwi* to develop economic assets and new co-governance arrangements such as shared management of rivers and conservation estates.

The inclusion of Treaty principles in some domestic legislation has also provided (limited) leverage for Māori participation, for example, in resource management by local authorities, health governance and health service provision.

The British-style parliamentary system which was established in 1852 allowed only four seats for Māori electorates. In the 1990s, a change to a mixed-member proportional electoral system and a change in the way Māori electorates were determined resulted in an increased number of Māori in Parliament. In the current parliamentary term (2014–17) 25 of 121 members of parliament identify as Māori. Seven represent Māori electorates.

Social and demographic factors

In the 2013 New Zealand Census of Population and Dwellings almost 670,000 people (15.8 per cent of the total population of Aotearoa New Zealand) stated they were of Māori descent. The Māori population has a younger age structure than the non-Māori population. In 2011, one in four of all live born infants were Māori.

In 2013, a third of Māori aged 15 years and over had no formal qualification and 10 per cent had a bachelor's degree or higher. Unemployment is higher amongst the Māori than the Pākehā population. Thirty per cent of Māori children were from households defined as 'poor' compared to 15 per cent of Pākehā children.

During the 1980s and 1990s restructuring of the state sector and of the economy alongside reductions in welfare increased socio-economic gaps between Māori and non-Māori New Zealanders and slowed improvement in Māori life expectancy. Since then there has been substantial development of Māori providers in education, social services and comprehensive primary health care. Culture and language revitalisation initiatives have increased the number of young Māori language speakers. Two Māori television channels, national Māori news, and local *iwi* radio stations broadcast daily. Although gaps in social and health outcomes remain, there has recently been some reduction in inequality and Māori life expectancy continues to increase.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2012–14
Rate difference: -7.0

75.1



82.1

The life expectancy at birth of Māori people was seven years less than non-Māori people.

INFANT MORTALITY RATE

Year: 2009–11
Rate difference: 2.9

7.4



4.5

Three more Māori infants than non-Māori infants died per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2006–12
Rate difference: 21.7

33.9



12.3

22 more Māori women than non-Māori women died per 100,000 pregnancies.

LOW BIRTH WEIGHT

Year: 2011–13
Rate difference: 1.1%

6.8%



5.7%

Low birth weight is more prevalent in Māori babies (by 1.1%).

HIGH BIRTH WEIGHT

Year: 2011–13
Rate difference: -0.3%

2.3%



2.6%

High birth weight is less prevalent in Māori babies (by -0.3%).

CHILD MALNUTRITION

Year: 2012–13
Rate difference: -0.6%

3.4%



4.0%

Child malnutrition (underweight) is less prevalent in Māori children (by -0.6%).

CHILD OBESITY

Year: 2013–14
Rate difference: 9.5%

17.9%



8.4%

Nearly one in five Māori children are obese while less than one in 10 non-Māori children are obese.

ADULT OBESITY

Year: 2013–14
Rate difference: 20.0%

44.7%



24.7%

Nearly half of Māori adults are obese (45%) compared to 1/4 non-Māori adults (25%).

EDUCATIONAL ATTAINMENT

Year: 2013
Rate difference: -18.5%

49.8%



68.3%

Māori adults are less likely to have attained a year 12 qualification (49.8% compared to 68.3% in the benchmark).

LOW ECONOMIC STATUS

Year: 2012–13
Rate difference: 12.0%

24.0%



12.0%

Almost one in four Māori households had low income compared to one in nine non-Māori households.

Australia: Aboriginal and Torres Strait Islander Peoples

Fadwa Al-Yaman (Australian Institute of Health and Welfare, Canberra, Australia)



History and culture

Aboriginal people have occupied Australia for at least 60,000 years and have the oldest continuous culture on earth. Prior to British colonisation in 1788 between 300,000 and 750,000 people are estimated to have occupied Australia. The population declined significantly in the years following colonisation due to infectious diseases, frontier wars and actions associated with policies of assimilation such as the forced removal of children.

Prior to British occupation there were approximately 600 different Indigenous groups with distinct cultures and beliefs, speaking hundreds of different languages and dialects. Aboriginal peoples practiced semi-nomadic hunter-gathering, agriculture and aquaculture, while Torres Strait Islanders had a distinct maritime culture. Land is at the centre of Aboriginal and Torres Strait Islander societies and each cultural group has strong spiritual links to their country. Kinship underpins relationships within communities and music, song, dance and visual art continue to be important parts of both Aboriginal and Torres Strait Islander culture and custom.

Legal and political status

The Australian Constitution (1901) presents Australia as unoccupied prior to British settlement and was written when Aboriginal and Torres Strait Islander peoples were considered a 'dying race.' The Australian Constitution still does not recognise Indigenous people as the original occupants and constitutional recognition is currently being debated.

For much of the last two and a half centuries, state laws and regulations severely restricted movement, employment and educational opportunities for Indigenous Australians. Aboriginal and Torres Strait Islander people have struggled for justice since colonisation and in the 1920s a movement for Indigenous rights was established. Legislative reform after the Second World War removed some barriers to

Aboriginal and Torres Strait Islander civil rights. An Aboriginal political movement that increasingly focused on issues such as land rights, Aboriginal sovereignty and community control emerged. This has resulted in Commonwealth and State land rights legislation, and the acceptance of Aboriginal management of some Indigenous-specific programmes delivered by Aboriginal community controlled cooperatives and health services.

The legal definition of an Aboriginal or Torres Strait Islander person in Australia is 'a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he [or she] lives'.

Social and demographic factors

Indigenous Australians include Aboriginal peoples from the Australian continent and the island of Tasmania and the people of the Torres Strait Islands between Australia and Papua New Guinea. In the 2011 census almost 670,000 people identified as Aboriginal and/or Torres Strait Islander, representing approximately 3 per cent of the total population of Australia. Approximately 10 per cent of Indigenous Australians are Torres Strait Islanders. The Aboriginal and Torres Strait Islander population has a much younger age structure than the non-Indigenous population. Approximately 20 per cent of Indigenous Australians live in remote areas and about one third live in major cities.

In 2012–13 just under half of Indigenous Australians between the ages of 15 and 64 were employed and a similar percentage earned less than 80 per cent of the Australian population. Over half reported that they and/or a relative had been removed from their natural family and almost one third reported high or very high levels of psychological distress. Aboriginal and Torres Strait Islanders comprise 30 per cent of the prison population.

There are approximately 137 Aboriginal Community Controlled Health Services which are key providers of comprehensive primary health care to Indigenous Australians.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2010–12
Rate difference: -10.0

71.4



81.4

The life expectancy at birth of Aboriginal and Torres Strait Islander people was 10 years less than non-Aboriginal and Torres Strait Islander people.

INFANT MORTALITY RATE

Year: 2009–13
Rate difference: 2.6

6.3



3.7

2.6 more Aboriginal and Torres Strait Islander infants than non-Aboriginal and Torres Strait Islander infants died per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2008–12
Rate difference: 7.2

13.8



6.6

7.2 more Aboriginal and Torres Strait Islander women than non-Aboriginal and Torres Strait Islander women died per 100,000 births.

LOW BIRTH WEIGHT

Year: 2012
Rate difference: 5.8%

11.8%



6.0%

Low birth weight is more prevalent in Aboriginal and Torres Strait Islander babies (by 5.8%).

HIGH BIRTH WEIGHT

Year: 2012
Rate difference: -0.1%

1.6%



1.7%

High birth weight is slightly less prevalent in Aboriginal and Torres Strait Islander babies (by -0.1%).

CHILD MALNUTRITION

Year: 2012–13
Rate difference: 3.2%

8.0%



4.8%

Child malnutrition (underweight) is more prevalent in Aboriginal and Torres Strait Islander children (by 3.2%).

CHILD OBESITY

Year: 2012–13
Rate difference: 3.7%

10.2%



6.5%

Obesity is more prevalent in Aboriginal and Torres Strait Islander children (by 3.7%).

ADULT OBESITY

Year: 2012–13
Rate difference: 14.8%

41.0%



26.2%

Two in five Aboriginal and Torres Strait Islander adults are obese compared to one in four non-Indigenous adults.

EDUCATIONAL ATTAINMENT

Year: 2012–13
Rate difference: -27.6%

58.5%



86.1%

Nearly 60% of adults Aboriginal and Torres Strait Islander have attained a year 12 qualification or equivalent compared to 86% of non-Indigenous adults.

LOW ECONOMIC STATUS

Year: 2011
Rate difference: 18.0%

55.8%



37.8%

Aboriginal and Torres Strait Islander households are more likely to have low equivalised income (by 18.0%).

Brazil: Indigenous Peoples (multiple groups)

Carlos E. A. Coimbra Jr., James R. Welch and Ricardo Ventura Santos
(Escola Nacional de Saúde Pública, Fundação Oswaldo Cruz, Rio de Janeiro, Brazil)



History and culture

There is archaeological evidence of people, potentially from multiple migrant populations, living in Brazil almost 15,000 years ago. Prior to European colonisation around 1500 AD there were millions of Indigenous people speaking as many as 1000 distinct languages. The advance of non-Indigenous people, mainly from Portugal, first occurred along the coast and later into the interior of Brazil. Throughout the 16th and 17th centuries, slavery on sugarcane plantations and missionisation by religious organisations contributed to drastic depopulation and the extinction of numerous Indigenous societies. Subsequent gold, rubber and cattle booms in the 18th–20th centuries further impacted groups in Brazil's interior regions through warfare, spread of disease, dispossession of land, and economic integration.

The Portuguese words *indígena*, *índio* and *ameríndio* are commonly used for Brazil's Indigenous peoples. With as many as 305 Indigenous groups speaking 274 distinct languages, Brazil has among the highest Indigenous ethnic and linguistic diversity in the world. These Amerindian peoples have diverse histories and cultures derived from thousands of years of migration, diversification, and interaction. Historical modes of subsistence varied from hunter-gathering and seasonal trekking; diversified strategies involved swidden agriculture, fishing, hunting, and gathering. Kinship relationships that include animals and other non-human beings are common across many Amerindian peoples. In recent decades, Indigenous political activism has resulted in greater visibility, reaffirmation of Indigenous identities, and participation in political discourse.

Legal and political status

To protect the Indigenous population from massacre, slavery, forced settlement and discrimination, the legal principle of *tutelage* was first recognised in 1831 and later expanded with specific legislation in 1916 and 1973.

The 1988 Constitution of the Federative Republic of Brazil established Indigenous peoples' rights to cultural heritage and land and provided a framework for the recent expansion of Indigenous autonomy and self-advocacy. Currently, federal responsibility for Indigenous peoples' wellbeing and land rights is overseen by the National Indian Foundation, although its authority is being challenged by a strong political force that seeks to undermine the constitutional human rights of Indigenous peoples. Since 1973 federal law has based the definition of Indigeneity on a combination of self-identification and identification by one's local community regarding ethnic belonging.

Social and demographic factors

Brazil's total population in 2010 was almost 191 million of which 0.4 per cent is Indigenous. Brazil has one of the lowest proportions of Indigenous people in Latin America and anthropologists initially predicted the demise of these peoples. However since the 1960s the Indigenous population has increased due to strengthened human rights protections, traditional land recognition, policies to address health inequity and access to education. This growth is reflected in the National Census which recorded growth in the Indigenous population from just over 294,000 in 1991 to almost 818,000 in 2010. Most Indigenous people reside in rural areas and federally recognised Indigenous lands. Today, Brazil has 588 Indigenous reserves with a total area of nearly 114 million hectares, or about 13 per cent of the Brazilian territory. Most of this land is located in the Amazon region. The Indigenous population has a much younger age structure than the non-Indigenous population.

Although the overall Brazilian population has experienced marked improvements in many health and social indicators in recent decades, the Indigenous population suffers from pronounced disparities and continues to experience high rates of morbidity, mortality and infectious diseases. The Indigenous population is also still transitioning from traditional to Western foods.

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2009-10
Rate difference:
25.3

40.6



15.3

25.3 more Indigenous infants died than infants in the benchmark population per 1000 live births.

LOW BIRTH WEIGHT

Year: 2008-9 (IN)
2006 (BM)
Rate difference:
0.7%

7.5%



6.8%

Low birth weight prevalence is similar for both Indigenous and benchmark babies.

CHILD MALNUTRITION

Year: 2008-9 (IN)
2006 (BM)
Rate difference:
18.7%

25.7%



7.0%

Stunting is significantly more prevalent in Indigenous children (by 18.7%).

ADULT OBESITY

Year: 2008-9 (IN)
2006 (BM)
Rate difference:
-0.3%

15.8%



16.1%

Adult obesity prevalence is similar for both Indigenous and benchmark populations.

EDUCATIONAL ATTAINMENT

Year: 2009-10
Rate difference:
-18.2%

22.1%



40.3%

Only one in five Indigenous adults have attained a year 12 qualification or equivalent compared to two in five of non-Indigenous adults.

LOW ECONOMIC STATUS

Year: 2009-10
Rate difference:
21.8%

63.3%



41.5%

Over three in five Indigenous households have income below the Brazilian minimum wage compared to two in five non-Indigenous households.

Cameroon: The Baka

Asahngwa Tanywe (Cameroon Centre for Evidence-Based Health Care, Yaounde, Cameroon)



History and culture

The Baka people of Cameroon are part of a larger population, sometimes known as 'pygmies', found in central Africa including in Gabon, the Central African Republic and the Democratic Republic of the Congo. It is believed that they are amongst the first forest settlers and longest continuous inhabitants of Cameroon.

Historically, the Baka were hunter-gatherers who lived in the forest with the men hunting animals and the women gathering fruits. Traditionally nomadic, they still go on hunting and gathering expeditions deep into the forest. In the 1950s, the French colonial government saw the Baka as primitive and a threat to the cocoa and coffee trade and became determined to integrate them into Cameroon culture and economy. They began forcing the Baka to become sedentary and settle down.

The Baka have a complex and intimate relationship with the forest which is the basis of their identity, culture and livelihood. They live in groups of small huts built from grass, plants and trees. They see themselves as completely different (economically, socially, culturally, politically and ideologically) from their Bantu (the majority ethnic group) counterparts. They have their own language and continue to practice distinct rituals and initiations. They have a rich culture of traditional medicine which is also used by the Bantu population. It is common for Bantu people, including politicians, to seek charms from Baka practitioners to assist them achieve their goals (such as to gain or remain in power).

Legal and political status

The Constitution of the Republic of Cameroon uses the term 'Indigenous' in the preamble but does not define who the term 'Indigenous' includes. However, the government recognises two groups—the Pygmies (which includes the Baka, Bakola/Bagyeli and Bedzang) and the Mbororos. The government has ratified the UN Declaration on the Rights of Indigenous Peoples but has not ratified the International Labor Organization (ILO) Indigenous and Tribal Peoples Convention 169.

Social and demographic factors

Pygmies make up around 0.4 per cent of the total Cameroon population. The Bakas are the largest Pygmy group with an estimated population of about 40,000. The Bakas face discrimination and marginalization from the Bantu. They suffer from deep poverty and a lack of basic social services like schools, hospitals, roads, electricity and housing. They also have high rates of infectious diseases, malnutrition and other health concerns. Alcohol abuse is emerging as a problem. As most Baka lack identity cards they are unable to vote in elections, do not have access to democratic representation and have no participation in political decision making processes.

The Baka have lost almost all of their traditional lands to logging and mining companies as well as to the Bantu. Forest degradation is a major threat to their culture and livelihood, depriving them of the fruits and animals which they depend on for food and limiting the income they can raise from selling forest and non-timber products. Baka rely exclusively on traditional medicine but the loss of forest has deprived them of much of their needed resources. Despite this the Baka still maintain a rich cultural tradition, encapsulated by their traditional dance ensemble, 'Group Patengue' which has toured the world and brought tourism to Baka communities.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2001 (IN)
2013 (BM)

Rate difference:
-21.5

35.5



57.0

The life expectancy at birth of Baka people was 21.5 years less than Cameroonian people.

EDUCATIONAL ATTAINMENT

Year: 2001 (IN)
2005 (BM)

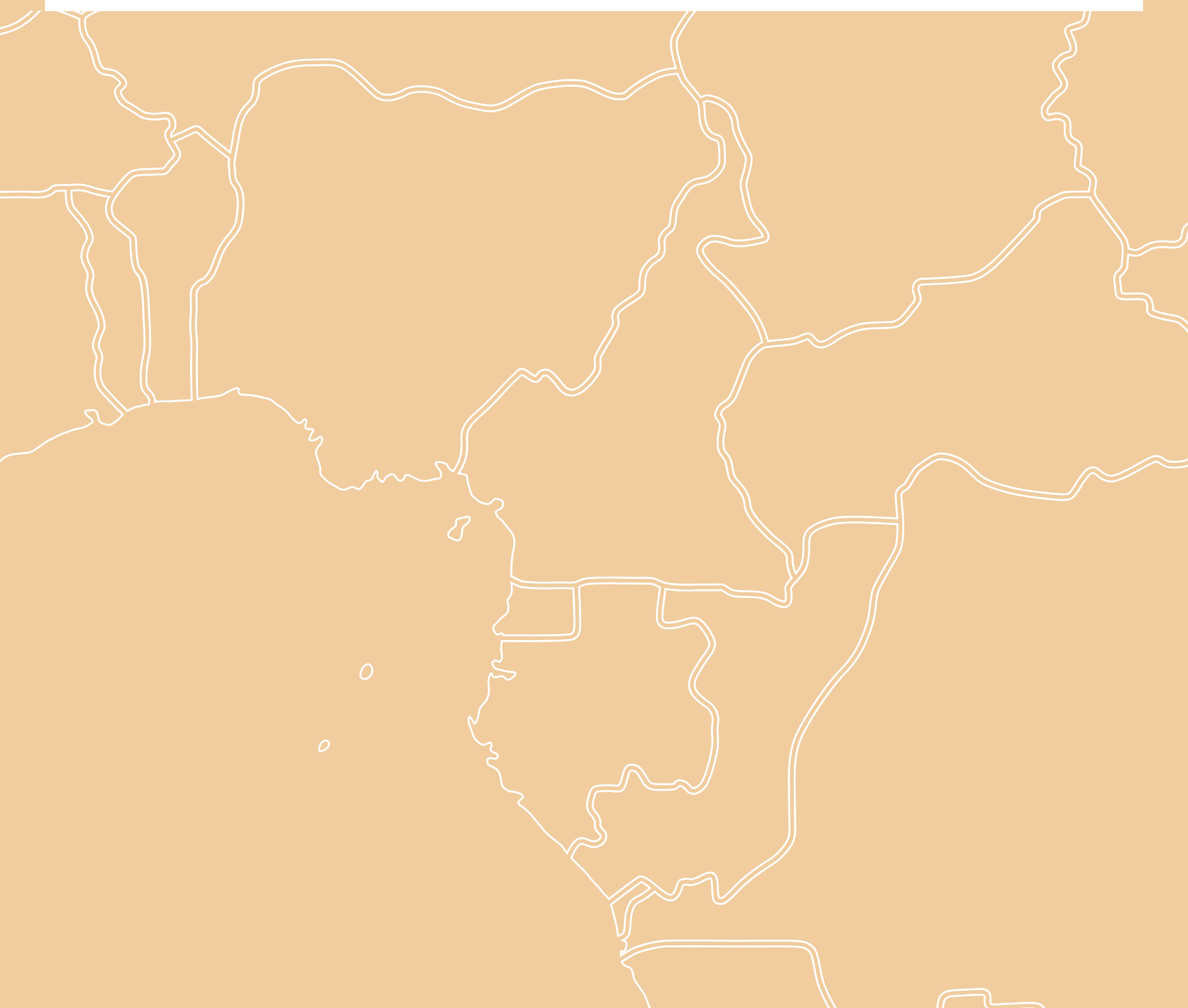
Rate difference:
-22.7%

33.0%



55.7%

Only one in three Baka children compared to over half of Cameroonian children attend school.



Canada: First Nations, Inuit and Métis Peoples

Alexandra King and Malcolm King (Simon Fraser University, Burnaby, BC, Canada)



History and culture

First Nations, Inuit and Métis have lived in Canada for 15,000 years. Canada was colonised by the French in the 1600s and later by the English, becoming independent in 1867. Colonisation resulted in the acquisition of vast Indigenous territories. In the late 19th and early 20th centuries Canada underwent intensive treaty-making with First Nations, resulting in First Nations people being restricted to reserves constituting a small fraction of their original lands. During this period the residential school system was developed primarily to substitute Indigenous language, culture and values with those of white settlers. Ultimately this was unsuccessful but thousands of Indigenous children were taken and spent their formative years in these schools. The resulting transgenerational trauma continues to this day.

Early European settlers observed that Indigenous people lived healthy lives. Their ways of life varied widely with the territory and included farming and hunting cultures in south-eastern areas, the buffalo culture of the Great Plains, the salmon culture of the west coast and the Inuit hunting and gathering culture of the arctic regions. There was immense cultural and linguistic diversity with more than 60 language groups across Canada. Today several Indigenous languages remain strong but many are at risk of disappearing.

Many Indigenous people view North America as one unit, known as 'Turtle Island'. The imposed international border, creating Canada and the United States, crosses many tribal territories. The Inuit of Canada's arctic are closely related to the Inuit of Greenland and Alaska. The Métis are a unique Indigenous group, with their own language and culture, being descendants of European men and First Nations women in western Canada.

Legal and political status

First Nations, Inuit and Métis are recognised as 'Aboriginal peoples' in the Canadian Constitution Act of 1982. This Act recognizes and affirms existing Indigenous cultural,

social, political, and economic rights, but does not define them. Indigenous rights are generally based on continued occupation of lands since before European settlement.

First Nations peoples are subject to the Indian Act, originally passed in 1876 ostensibly for their protection. Until 1951 they were considered minors in law and were under the control of 'Indian Agents' appointed by government. Although this Act has been amended there is no agreement on whether or how it should be replaced. The government of Canada controls who has First Nation (Indian) status.

Social and demographic factors

There are 633 First Nations with a population approaching 900,000. Métis number about 450,000 and Inuit about 60,000. Indigenous people represent over 4 per cent of the total Canadian population, which in 2011 was almost 33.5 million. Between 2006 and 2011 the Indigenous population increased by about 20 per cent compared with 5 per cent for the non-Indigenous population. The largest numbers of Indigenous people live in Ontario and the western provinces and make up the largest proportion of the population of Nunavut and the Northwest Territories. In general, they have higher birth rates and shorter life spans than non-Indigenous people.

First Nations and Inuit peoples receive a variety of services from two Canadian government agencies. These include health and social services on 'reserve lands' and funding towards education, housing and water. Métis people are not eligible for similar funding although this is likely to change.

Indigenous peoples are challenging governments to respect the constitutionality of Indigenous rights and the principle of self-determination. The resilience of the First Peoples of Canada is demonstrated through such initiatives as the 'Idle No More' movement. The 2015 Truth and Reconciliation Commission report highlights the importance of re-setting the relationship between First Peoples and Canada, broken through colonisation and neo-colonialism. Through reconciliation will come healing for all Canadians.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2017 (projected)

Rate difference:

First Nations -5.5

Inuit -12.5

Métis -4.0

First Nations

75.5

Inuit

68.5

Métis

77.0



81.0

The life expectancy at birth of Inuit people was 12.5 years less than the Canadian population. It was 5.5 years less for First Nations people and four years less for Métis.

INFANT MORTALITY RATE

Year: 1997–2007

Rate difference:

5.0

First Nations

10.7



5.7

Five more First Nations infants than Canadian infants died per 1000 live births.

LOW BIRTH WEIGHT

Year: 2001–02

Rate difference:

0.1%

First Nations

5.7%



5.6%

Low birth weight prevalence is similar for both Indigenous and benchmark babies.

HIGH BIRTH WEIGHT

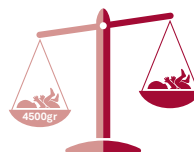
Year: 2001–02

Rate difference:

6.6%

First Nations

20.8%



14.2%

High birth weight is more prevalent in First Nations babies (by 6.6%).

CHILD OBESITY

Year: 2004

Rate difference:

7.8%

First Nations,
Inuit, Métis

15.8%



8.0%

Obesity is more prevalent in First Nations, Inuit and Métis children (by 7.8%).

ADULT OBESITY

Year: 2004

Rate difference:

15.2%

Aboriginal

37.8%



22.6%

Obesity is more prevalent in Aboriginal adults (by 15.2%).

EDUCATIONAL ATTAINMENT

Year: FN (2008–12)

Inuit + Met (2012)

BM (2011)

Rate difference:

First Nations -23.0

Inuit -47.0

Métis -12.0

First Nations

66.0%

Inuit

42.0%

Métis

77.0%



89.0%

While nearly 90% of Canadian adults have attained a year 12 qualification or equivalent, only 42% of Inuit, 66% of First Nations and 77% of Métis adults have.

LOW ECONOMIC STATUS

Year: 2009 (IN)

2008–2010 (BM)

Rate difference:

15.9%

First Nations

32.5%



16.6%

One in three First Nations individuals are earning less than CAN\$10,000 per year compared to about one in six Canadian individuals.

Chile: The Mapuche

Hugo Amigo, Patricia Bustos and Macarena Lara (Universidad de Chile, Santiago, Chile)



History and culture

The Mapuche are one of the nine officially recognised Indigenous peoples of Chile. They are from central and southern Chile and speak the Mapuche language, known as Mapudungun. In Mapudungun, Mapuche means 'people of the earth'. It is generally accepted by historians that the territory known today as Chile was occupied for a very long time by groups of nomadic hunter-gatherers and that prior to colonisation by the Spanish it was inhabited by about one million people. The Mapuche occupied a vast territory known as 'Araucanía', and were not conquered by the Inca. When the Spanish arrived in South America in the 16th century, they met with resistance from the Mapuche. During the colonial period much of their land was seized to create *latifundios* (large estates) and the Mapuche were forced into labour and restricted to living in 'Indian villages'. This process, known as the 'Pacification of the Araucanía Region', was essentially a military occupation of Mapuche territory in which land was confiscated and given to private companies and Chilean and foreign colonisers.

Land ownership in Mapuche territory today is the product of occupation, dispossession and confiscation encouraged by the state as well as private interests. Between 1968 and 1973 some agricultural lands were returned to Indigenous communities only to be repossessed by the previous occupiers after 1973 when the military dictatorship was installed. The Mapuche have recovered very little of their territory.

The Mapuche have continued to pass their beliefs on to younger generations through rituals and oral traditions. The *Machi*, or shaman, leads Mapuche ceremonies. The best known of these rituals are the *nguillatún* (prayer in times of drought) and the *machitún* (which has a magical-therapeutic function). These rituals include dances, prayers and singing. The *Machi* mediates between the spirits and the people, enabling the community to communicate with the cosmos through dream experiences and shamanic dances. The ritual is a kind of dialogue that creates an atmosphere of emotion and respect between the two worlds.

Legal and political status

The Mapuche are recognised in Chile's 1993 'Indigenous Law' (*Ley Indígena* No 19.253) which officially recognises nine Indigenous peoples: Alacalufe (Kawaskar), Atacameño, Aymara, Colla, Diaguita, Mapuche, Quechua, Rapa Nui, and Yámana (Yagán). However, there is no constitutional recognition of the Mapuche. The government has ratified, but not implemented the ILO Indigenous and Tribal Peoples Convention 169. Chile is a signatory to the UNDRIP.

Social and demographic factors

In 2013 Chile had an Indigenous population of over 1.5 million people, 84 per cent of whom were Mapuche. The Mapuche are concentrated in the Araucanía and Metropolitan Regions—while there are still significant numbers living in rural areas, many have moved to urban centres.

Most Mapuche land is now in the hands of forestry companies, which have caused significant damage. The Mapuche have fought a long-running battle with these corporations and against hydroelectric dam projects. In 2007 there were 500 Mapuche communities in conflict with forestry companies.

Poverty among the country's Indigenous people is higher than among the non-Indigenous population and they have lower rates of post-high school education and poorer health outcomes (including alcoholism and tuberculosis).

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2011

Rate difference:
1.0

8.7



7.7

One more Indigenous baby than Chilean baby died per 1000 live births.

LOW BIRTH WEIGHT

Year: 2004

Rate difference:
-0.5%

5.2%



5.6%

Low birth weight was slightly more prevalent in non-Mapuche babies (by -0.5%).

HIGH BIRTH WEIGHT

Year: 2004

Rate difference:
1.6%

10.8%



9.1%

High birth weight was slightly more prevalent in Mapuche babies (by 1.6%).

CHILD MALNUTRITION

Year: 2005

Rate difference:
1.1%

3.7%



2.6%

Stunting was slightly more prevalent in Mapuche children (by 1.1%).

CHILD OBESITY

Year: 2005

Rate difference:
-1.1%

17.5%



18.6%

Obesity was slightly less prevalent in Mapuche children (by -1.1%).

EDUCATIONAL ATTAINMENT

Year: 2002

Rate difference:
-4.2%

91.8%



96.9%

Non-Indigenous adults are more likely to be literate than Indigenous people (by -4.2%).

LOW ECONOMIC STATUS

Year: 2011

Rate difference:
5.0%

19%



14%

While nearly one in five Indigenous individuals have an income below the Chilean poverty line, that number is lower among non-Indigenous peoples (nearly 15%).

China: Dai People

Jiayou Chu and Zhaoqing Yang (Chinese Academy of Medical Sciences, Kunming, China)



History and culture

The Dai people are descended from the ancient Baiyue people who lived in the south-eastern coastal areas of China. After the Spring and Autumn Period of ancient China (around 746–770 BC) the Baiyue people began migrating toward south-western China. It was during the Han Dynasty (206–220 BC) that the ancestors of the Dai people settled in Yunnan province.

The Dai are closely related to Zhuang, Dong, Shui, Buyi and Li ethnic groups of China, and also share common origins with some populations living in Myanmar, Thailand and Laos. During their migration they partially integrated with other ethnic peoples from neighbouring areas. The Dai are mostly farmers and have been farming for over 1000 years. They have their own calendar that has been used for over 2500 years. Dai people have a unique system of medicine, legends, dance, song, art, architecture and literature. Most Dai practice Theravada Buddhism and worship a number of totems. The Dai language belongs to the Sino-Tibetan language family and includes several dialects. There are four kinds of alphabetic writing all of which originate from Sanskrit. School education for Dai people is conducted in both the Dai language and Mandarin.

Legal and political status

The Dai people are officially recognised by the Chinese government as one of 56 Chinese ethnic populations—which include the Han Chinese and 55 ethnic minorities. However, the term 'Indigenous' is not used in China because most of the ethnic groups have a very long history of living in the country and of migrating and mixing with other groups. Dai people often play a major role in their local government administrations including the Xishuangbanna Dai Autonomous Region and the Dehong Dai-Jingpo Autonomous Prefecture where the majority of Dai people live.

Social and demographic factors

In the fourth population census of China undertaken in 2000 there were 1.15 million Dai people. By 2010 when China's sixth population census was conducted, 8.5 per cent of the total population were from ethnic minority groups. There were 1.26 million Dai people who accounted for almost 0.1 per cent of the total Chinese population. Most Dai people live in Yunnan Province where they are the sixth largest ethnic group and make up almost 3 per cent of the population. Small proportions of the Dai population also live in more than 30 other Chinese counties.

Many Dai people live in river dam areas with rich natural resources, convenient transportation and developed agriculture which results in them having the highest average annual income among the ethnic populations living regionally. As they live in tropical and subtropical regions, infectious diseases such as malaria, cholera and plague were historically epidemic but since the 1950s these diseases have been either better controlled or eliminated. This, coupled with establishment of regional hospitals, maternal and childcare services and centres for disease control has resulted in significant improvements in the health of Dai people. Both the physical health and the life expectancy of Dai people is in the mid-high range when compared with other Chinese ethnic groups.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2000

Rate difference:
-1.3

67.2



68.5

The life expectancy at birth of Dai people was 1.3 years less than Han people.

INFANT MORTALITY RATE

Year: 2010

Rate difference:
5.1

13.2



8.1

Five more Dai infants than Han infants died per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2010

Rate difference:
23.6

64.0



40.4

24 more Dai women than Han women died per 100,000 live births.

LOW BIRTH WEIGHT

Year: 2013

Rate difference:
2.6%

7.1%



4.5%

Low birth weight is more prevalent in Dai babies (by 2.6%).

CHILD MALNUTRITION

Year: 2013

Rate difference:
3.2%

13.4%



10.2%

Stunting is more prevalent in Dai children (by 3.2%).

CHILD OBESITY

Year: 2013

Rate difference:
-0.6%

2.7%



3.3%

Obesity is less prevalent in Dai children (by -0.6%).

EDUCATIONAL ATTAINMENT

Year: 2010

Rate difference:
-16.9%

25.4%



42.3%

Only a quarter of Dai adults had attained a year nine qualification or equivalent compared to 2/5 Han adults.

LOW ECONOMIC STATUS

Year: 2014

Rate difference:
-6.5%

0.6%



7.1%

Dai individuals are less likely to be earning below China's poverty line than Han individuals (by -6.5%).

China: Tibetans

*Espen Bjertness (University of Oslo, Institute of Health and Society, Oslo, Norway);
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Xia Wan & Gonghuan Yang (Chinese Academy of Medical Sciences
and Peking Union Medical College, Beijing, China)*



History and culture

Tibet is called Bod in Tibetan, and in Chinese the name is Zang. This can refer to all three traditional parts of Tibet, including U-Tsang, Amdo and Kham. The Tibetan Autonomous Region (TAR), or *Xizang* in Chinese, is situated in south-west China, bordering Myanmar, Bhutan, Nepal and India and includes U-Tsang and parts of Kham (Chamdo). Other areas are part of the four provinces of Qinghai, Sichuan, Gansu and Yunnan. Most of Tibet's population lives at altitudes of 3500 meters and above.

The Tibetan economy is based on agriculture and animal husbandry. Most Tibetans practice Tibetan Buddhism and the Bod religion but Islam and Catholicism are also practiced. Both Standard Tibetan or Lhasa Tibetan and Mandarin (Han-Chinese) are the official languages of the TAR and there are numerous dialects.

Legal and political status

In the Chinese government document *The Ethnic Nations of China*, Tibetans are listed and officially recognised as one of the 56 Chinese ethnic populations.

Social and demographic factors

Tibetans constitute 0.5 per cent (6,282,000 people) of the total population of China and are the 9th largest ethnic group.

The TAR, demarcated by the Chinese government, consists of the central-western Tibet Plateau areas covering 1.2 million square kilometres, the second-largest province-level division of China by area. Forty-eight ethnic

groups were registered within the TAR in the 2010 census and at that time the total population of the TAR was just over three million. The proportion of native Tibetans in the TAR has dropped from 92.8 per cent in 2000 to 90.5 per cent in 2010, with the proportion of Han Chinese increasing from 6.1 per cent to 8.2 per cent.

Income, housing conditions, education, health care and other public services have improved for Tibet and rural Tibetans over the last 50 years. By 2012, there were approximately 1400 health care institutions, more than 13,600 medical workers and 1500 schools in Tibet. China has experienced demographic and epidemiological transitions in a much shorter time than many other countries. The speed of such transitions might be similar in the TAR, especially in urban areas as there have recently been enormous economic investments from the central government. However, the effect of social and economic advances may be modified for Tibetans as compared with other populations, due to a unique physical environment, including the tough high altitude climate, exposure to hypobaric hypoxia, and poor access to medical facilities for isolated rural mountain populations. Although the life expectancy in the Tibetan Autonomous Region is the lowest in China it increased sharply from 55.2 years in 1990 to 68.4 years in 2013.

There remains a significant disparity between urban and rural populations in the TAR. The majority of the population live in rural areas, and mostly practice agriculture. One third of Tibetans older than 15 years do not read and write. The disparities in health and socio-economics within Tibet appear to reflect demographic (urban-rural) differences more than ethnic (Tibetan-Han Chinese) differences.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2010

Rate difference:
-2.2

72.6



74.8

The life expectancy at birth of Tibetan people was 2.2 years less than Chinese people.

INFANT MORTALITY RATE

Year: 2010 (IN)
2012 (BM)

Rate difference:
8.7

19.0



10.3

8.7 more Tibetan infants than Chinese infants died per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2009

Rate difference:
75.7

107.6



31.9

75.7 more Tibetan women than Chinese women died per 100,000 births.

LOW BIRTH WEIGHT

Year: 2005

Rate difference:
-5.9%

12.2%



18.1%

Low birth weight is less prevalent in Tibetan babies (by -5.9%).

CHILD MALNUTRITION

Year: 2005

Rate difference:
-2.2%

1.0%



3.2%

Stunting is less prevalent in Tibetan children (by -2.2%).

CHILD OBESITY

Year: 2005

Rate difference:
0.5%

1.0%



0.5%

Obesity is slightly more prevalent in Tibetan children (by 0.5%).

ADULT OBESITY

Year: 2006 (IN)
2002 (BM)

Rate difference:
-1.1%

4.6%



5.7%

Obesity is slightly less prevalent in Tibetan adults (by-1.1%).

EDUCATIONAL ATTAINMENT

Year: 2010

Rate difference:
-13.6%

10.9%



24.5%

Only one in ten Tibetans adults had attained a year 12 qualification or equivalent compared to one in four Chinese adults.

LOW ECONOMIC STATUS

Year: 2010

Rate difference:
21.9%

34.4%



12.5%

Tibetan individuals are more likely to have earnings below China's poverty line than Chinese individuals (by 21.9%).

Colombia: Indigenous Peoples (multiple groups)

Daniel Ayala Obando (Pontificia Universidad Católica de Chile, Santiago, Chile);
Ana María León Tabora and Ana María Peñuela Poveda
(Ministerio de Salud y Protección Social, Bogotá, Colombia)



History and culture

The earliest recorded human occupation in Colombia dates from 9,790 BC. In ancient times people migrated to this region from Mesoamerica, the Antilles and the Amazon jungle. Colombia's Indigenous peoples are descendants of three main groups: the Quimbayas, Chibchas and Caribs. Originally these peoples were hunter-gatherers and nomadic farmers who then developed societies practicing agriculture, metallurgy and ceramics. Prior to Spanish colonisation in 1509 there were approximately 1.5 to 2 million Indigenous people and several hundred tribes—with complex social structures and advanced knowledge of hydraulic and agricultural techniques.

After the arrival of the Spanish many Indigenous peoples succumbed to diseases and violence. Some accounts suggest that during the 16th century almost 90 per cent of the Indigenous population disappeared. By the mid 16th century the colonizers had established Indigenous reserves throughout the country. At the end of the colonial era, Indigenous people still accounted for half of the total Colombian population.

Due to their refusal to choose sides in long-standing internal conflicts between the government, paramilitary groups, crime syndicates and left wing guerrilla groups, the Indigenous peoples became victim to violence from all sides. Since the 1970s indigenous organizations have fought for their rights which include the recovery of land and the strengthening of their own authorities and own cultural traditions.

Despite displacement and conflict, the Indigenous peoples of Colombia maintain strong cultural, economic and spiritual ties to their land. Some groups in the Amazon continue to live as nomadic hunters and fishers with little contact with outsiders; other groups are settled farmers who also produce handicrafts.

Legal and political status

In 1991, the Colombian Constitution recognised and protected Indigenous people. Indigenous people are defined by distinguishing social, cultural and economic

conditions, descent from peoples who inhabited regions pre-colonisation, self-identification and other measures. In 1993, the National Government issued Decree 1088, which created and regulated associations and councils of Traditional Indigenous Authorities. The Decree recognised 292 organizations representing different Indigenous peoples. The National Indigenous Organisation of Colombia (ONIC), recognizes 102 indigenous peoples (15 of whom have not yet been recognised by the State). Despite this recognition Indigenous peoples have significant issues in achieving political participation. The government ratified the ILO Convention 169 and supported the UNDRIP in 2009.

Social and demographic factors

The 2005 census recognised 87 indigenous groups, all with a relatively young population. In the 20 years between the censuses of 1885 and 2005 the recorded number of Indigenous peoples grew from just under 238,000 to almost 1.4 million (or 3.4 per cent of the national population). There are 710 *resguardos* (reservations) covering approximately 34 million hectares which is almost a third of the nation's total area. The majority of Indigenous peoples live in remote areas including highlands and forests, mostly in the Orinoquía and Amazonía Regions. The environmental degradation of the Andean area is greatly affecting the Indigenous population there. Most reservations are in conflict with oil and mining companies and other corporations. These conflicts have led to Indigenous peoples being forced off of their lands. Between 2002 and 2009 more than 1,400 Indigenous people were murdered as a result of internal Colombian conflicts.

In 2009, the Colombian Constitutional Court warned that at least 34 indigenous groups were in danger of extinction because of armed conflict and forced displacement. The ONIC identified another 30 Indigenous groups at risk. Indigenous peoples experience high levels of poverty, overcrowding and illiteracy and food insecurity is a major issue. They lack access to basic services, including healthcare and there is little promotion of traditional Indigenous medicine. However the Colombian state has a policy and a law in place that aims to protect and strengthen the native languages of Colombia.

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2012

Rate difference:
20.4

32.5



12.1

20.4 more Indigenous infants than Colombian infants died per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2012

Rate difference:
172.1

237.9



65.8

172 more Indigenous women than Colombian women died per 100,000 births.

LOW BIRTH WEIGHT

Year: 2012

Rate difference:
-1.2%

7.7%



8.9%

Low birth weight is less prevalent in Indigenous babies (by -1.2%).

HIGH BIRTH WEIGHT

Year: 2012

Rate difference:
0.1%

3.4%



3.3%

High birth weight is essentially the same for both Indigenous and Colombian babies.

CHILD MALNUTRITION

Year: 2010

Rate difference:
17.2%

29.5%



12.3%

Stunting is significantly more prevalent in Indigenous children (by 17.2%).

CHILD OBESITY

Year: 2010

Rate difference:
1.7%

6.8%



5.1%

Obesity is slightly more prevalent in Indigenous children (by 1.7%).

ADULT OBESITY

Year: 2010

Rate difference:
-1.5%

15.1%

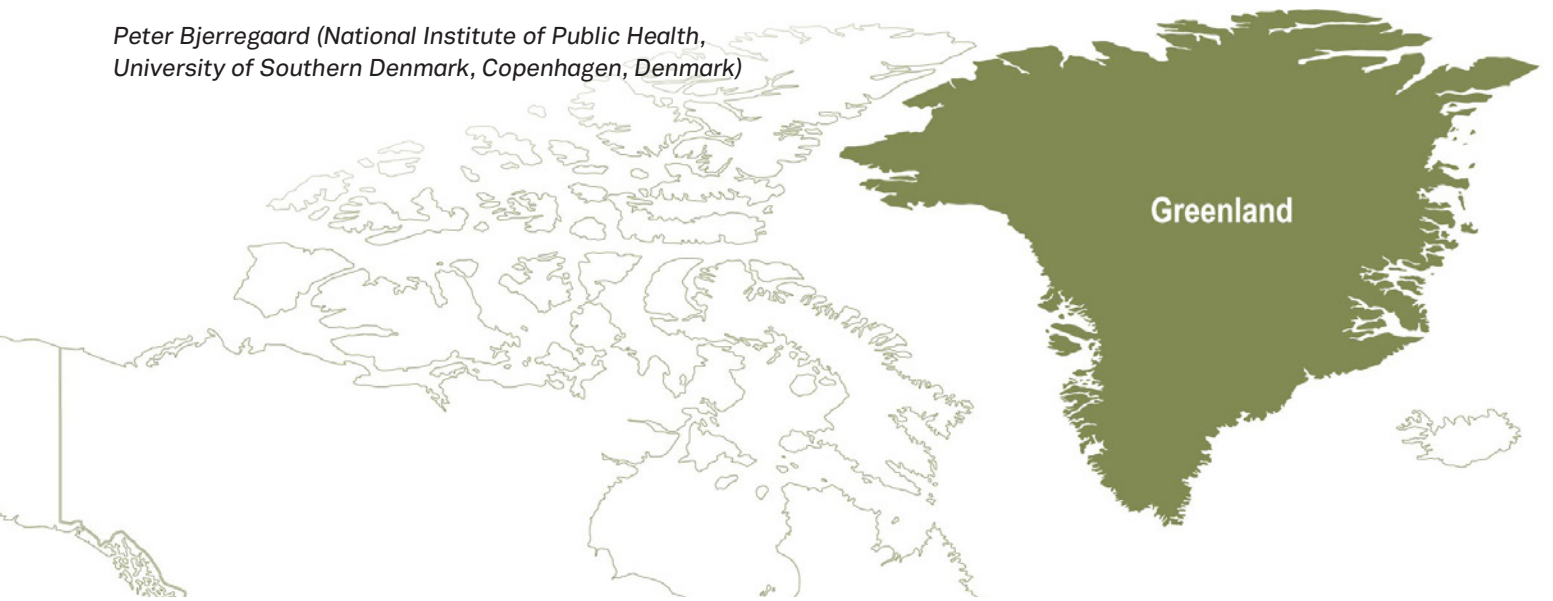


16.6%

Obesity is slightly less prevalent in Indigenous adults (by -1.5%).

Greenland: The Inuit

Peter Bjerregaard (National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark)



History and culture

The Inuit are the Indigenous and majority population of Greenland. For over 4,000 years Greenland has been settled on and off by groups of Arctic peoples. In 985 the Norse occupied the south-western parts of the island. They maintained a viable society for more than 500 years but perished due to ecological pressure and diminishing trade with Europe. In about 1200 the Inuit migrated to Greenland from Canada and spread along the coast eventually coming into contact with the Norse. After the demise of the Norse community in the early 16th century, Greenland was inhabited solely by the Inuit while European whalers and explorers paid infrequent visits. In 1721 the Danish-Norwegian King colonised Greenland in an attempt to make contact with the Norse communities thought still to be in existence. As a result of colonisation, the Inuit population on the west coast converted to Christianity and began trading with the Danes and Norwegians. The small populations on the east coast and in the far north were integrated into the main Greenland community in the late 19th and early 20th century.

Prior to colonisation the Inuit were subsistence hunters of marine mammals and other marine and terrestrial species. After colonisation hunting of marine mammals continued and the Inuit began selling whale and seal oil/blubber. Today the majority of Inuit work in western type government roles or private enterprises and commercial shrimp fishing is an important source of revenue. A few Inuit still hunt for the local market and hunting and fishing remain important leisure time activities. Inuit speak Kalaallisut (the official language of Greenland) but many also speak Danish. In Kalaallisut the name for Greenland is *Kalaallit Nunaat*, 'The Land of the People'.

Legal and political status

In 1953 colonisation ended formally and Greenland became an integral part of the Kingdom of Denmark. In 1979, Greenland attained Home Rule with the local population gaining control of most areas of government, and in 2009 Self Rule within the Kingdom of Denmark was obtained. However, Greenland is still financially reliant on Denmark and there are no concrete plans for independence. The recognition of Inuit as Indigenous is implicit as Greenland and Denmark participate in the UN Permanent Forum on Indigenous Issues. Denmark ratified the ILO Convention 169 in 1996 at Greenland's request.

Social and demographic factors

The Inuit number around 50,000 in Greenland and make up a majority (about 90 per cent) of the population. In addition some 10,000 Inuit live in Denmark. The Inuit inhabit the long coastline of the large island although the population is concentrated on the south-central west coast. There are more than 80 communities with populations ranging from 17,300 in the capital of Nuuk to less than 50 in the smaller villages. There are no roads or railroads between the communities and all travel is by air or sea. The Inuit are a relatively young population but with an increasing proportion of elderly people.

Amongst the circumpolar Indigenous peoples (including Inuit from Greenland, Canada, USA and Russia) there is a high incidence of infectious diseases and chronic diseases such as obesity and diabetes are on the increase. Injury and suicide are among the most serious health issues affecting the Inuit; many injuries are alcohol related and substance abuse is a major determinant for poor mental and physical health. Life expectancy is considerably shorter than in Denmark largely due to tobacco related diseases and youth suicides. There are secondary schools and a university in Greenland, and education—in Greenland and Denmark—is free for all citizens.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2009–13

Rate difference:
-9.2

70.3



79.5

The life expectancy of Inuit Greenlanders was nine years less than Danish people.

INFANT MORTALITY RATE

Year: 2005–11

Rate difference:
11.8

15.2



3.4

Nearly 12 more Inuit infants than Danish infants died per 1,000 live births.

LOW BIRTH WEIGHT

Year: 2005–10

Rate difference:
-0.4%

4.8%



5.2%

Low birth weight was less prevalent in Inuit babies (by -0.4%).

CHILD MALNUTRITION

Year: 1997–2005

1.8%



(no benchmark result)

CHILD OBESITY

Year: 1997–2005

Rate difference:
6.4%

10.5%



4.1%

Obesity is more prevalent in Inuit children (by 6.4%).

ADULT OBESITY

Year: 2005–10

Rate difference:
7.0%

23.1%



16.1%

Obesity is more prevalent in Inuit adults (by 7.0%).

EDUCATIONAL ATTAINMENT

Year: 2005–10

Rate difference:
-16.0%

46.0%



62.0%

Inuit adults are less likely to have obtained a year 12 qualification (by -16.0%).

India: Scheduled Tribes

Abhay Bang (Society for Education, Action and Research in Community Health, Maharashtra, India); Jitendra Gouda, Faujdar Ram, Chander Shekhar (Deemed University, Mumbai, India); Rachakulla Harikumār, Mallikharjuna Rao Kodavanti, Avula Laxmaiah, Indrapal Meshram, Balkrishna Nagalla and Arlappa Nimmathota (Indian Council of Medical Research, Hyderabad, India)



History and culture

Indigenous people have lived in India since prehistoric times and groups have settled across the country. Indigenous people are also referred to as 'Adivasi' which means original inhabitant. The Scheduled Tribes are listed in the Constitution and include diverse groups. Some Tribes are located across international boundaries, for example in China (including Tibet), Bhutan, Myanmar and Bangladesh.

The British occupied India from 1858 to 1947 and took a range of approaches towards Tribal peoples. In areas physically difficult to govern, administration was often left to local landlords or the region was left out of colonial administration. Despite this, the British Government legislated to take ownership of forests, which were the main source of livelihood for Tribal people. Social, educational and economic development programs for Tribal peoples were meagre or non-existent during British occupation.

There are officially 705 different Scheduled Tribes and great diversity between them with respect to culture, traditions, knowledge systems, language, environments in which they live, livelihood, population size, political structures and engagement with non-Tribal populations. Traditional occupations included hunter-gathering, shifting cultivation, pastoralism, collection of forest produce, nomadic herding and artisanship (such as tool, basket and rope making and spinning and weaving) and farming.

Legal and political status

After colonisation the British identified many groups and communities they referred to as 'tribes'. While there is a complex legal history, these groups were listed in the Indian Constitution adopted in 1950 and became known as 'Scheduled Tribes'. There are some groups which consider themselves to be Scheduled Tribes but are not listed. In some areas with majority Tribal populations there are specific provisions which allow separate institutional and legal mechanisms for Scheduled Tribes, such as a Tribes Advisory Council.

Post 1950 there has also been a range of legislation introduced to address injustices and/or strengthen the legal status of tribes. However, many of the protections specified in the law have not been reflected in policy and practice or safeguarded in the Indian State's pursuit of economic development. The government does not consider the term 'Indigenous people' to be relevant to India, because non-Tribal people have also been living in India for thousands of years.

Social and demographic factors

The 2011 Indian Census recorded almost 104 million people (or 9 per cent of the total population) as from the Scheduled Tribes. Based on their socio-economic status, education levels and limited population growth, 75 of these are considered to be 'particularly vulnerable Tribal groups'. Some Tribes have populations of more than one million (e.g. there are almost 13 million Bhil people) while others are very small.

Most Scheduled Tribes (90 per cent) reside in rural areas, with the majority living in the eastern, central and western states. Tribal lands, which are often resource-rich (incorporating almost 60 per cent of India's forest and about half of the nation's largest mineral producing districts) continue to be appropriated for development. Tribal populations are disproportionately displaced by the activities of industrialisation e.g. the building of dams and mines. There is an increasing number of Tribal people moving into the informal labour market. In some areas Tribal resistance to the imposed models of development has resulted in violence.

Tribal peoples have a younger age structure, a more equal sex ratio and higher rates of population growth than the non-Tribal population. They are amongst the poorest people living in India and have less access to education and consequently lower levels of literacy than other groups. However they have a rich tradition of community life, oneness with nature and unique cultural heritages.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2011

Rate difference:
-3.1

63.9



67.0

The life expectancy at birth of Scheduled Tribes people was three years less than the non-Scheduled Tribes population.

INFANT MORTALITY RATE

Year: 2008

Rate difference:
12.6

74.3



61.7

12.6 more Scheduled Tribes infants than non-Scheduled Tribes infants died per 1000 live births.

CHILD MALNUTRITION

Year: 2008–09 (IN)
2011–12 (BM)

Rate difference:
8.0%

51.1%



43.1%

Stunting is more prevalent in Tribal population children (by 8%).

CHILD OBESITY

Year: 2008–09 (IN)
2011–12 (BM)

Rate difference:
-0.3%

0.1%



0.4%

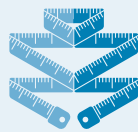
Obesity is less prevalent in Tribal population children.

ADULT OBESITY

Year: 2008–09 (IN)
2011–12 (BM)

Rate difference:
-1.5%

0.2%



1.7%

Obesity is less prevalent in Tribal population adults (by -1.5%).

EDUCATIONAL ATTAINMENT

Year: 2011–12

Rate difference:
-7.1%

6.7%



13.8%

Scheduled Tribes adults are less likely to have attained a year 12 qualification or equivalent than the non-Scheduled Tribes population (by -7.1%).

LOW ECONOMIC STATUS

Year: 2011–12

Rate difference:
20.1%

40.6%



20.5%

While two in five Scheduled Tribes people earn less than the poverty line, one in five of the non-Scheduled Tribes population earn less than the poverty line.

Kenya: The Maasai



History and culture

The Maasai are found in southern Kenya and northern Tanzania. Historical/socio-linguistic accounts trace their ancestry to ancient Egypt, however the Maasai believe they originated in the area which is presently South Sudan. The Maasai speak Maa, which belongs to the Nilo-Saharan language family. Traditionally a nomadic pastoralist group the Maasai have steadily lost their grazing land, first to the British who evicted them to create ranches in the early 1900s and subsequently to African governments, corporations and local politicians. In Kenya, politicians frequently take Maasai grazing land without compensation. Most of the largest national parks and reserves in Kenya are on traditional Maasai territory. In the late 19th century the Maasai were almost exterminated by rinderpest, smallpox and other epidemics and it is estimated that two-thirds of their population died during this time.

Livestock, particularly cattle, and land are central to Maasai society and worldview. Until recently, the notion of private ownership of land was foreign to the Maasai. In Maasai communities, political authority resided in spiritual leaders and healers rather than chiefs or overlords. Maasai believe in the existence of an ever-present god and some Maasai have now converted to Christianity. They have long traditions of singing and dancing, including a 'jumping dance' or *adumu* practiced by warriors. The core of Maasai social organization is the age-set which is a system where people (often men) of similar age become part of a formally organised group that then passes through a series of defined age-related social stages each with specific roles. Both boys and girls undergo circumcision as part of gendered rites of passage. Maasai marriages are traditionally polygynous.

Legal and political status

The Kenyan government has no legislative or policy definition for the Maasai or any Indigenous group in Kenya. Maasai are recognised as an Indigenous population by the Working Group on Indigenous Populations/Communities, established by the African Union of which Kenya is a member and signatory.

Social and demographic factors

Kenya has a number of Indigenous groups including hunter-gatherers, pastoralists, fisher peoples and small farming communities. About 25 per cent of the total Kenyan population are Indigenous pastoralists, including the Maasai. Although folklore and legend hold that they were widely distributed throughout East Africa, the Maasai are currently only found in southern Kenya and northern Tanzania. In 2009 the population of the Maasai in Kenya was estimated as being just over 840,000—an increase from approximately 377,000 in 1989. However, the Maasai have historically distrusted national censuses and often deliberately lie to enumerators.

While Maasai mobility, low levels of education and cultural practices such as polyandry make them very vulnerable to HIV, there is little accurate data on HIV prevalence among them. Maasai communities lag behind the national average in school enrolment. Rates of infant mortality among the Maasai are higher than the national average and they are less likely to use formal health care services than other groups. All of Kenya's Indigenous groups struggle with land security, poor access to services and political representation and experience discrimination and exclusion.

An increasing number of the Maasai grow crops, do paid work, or own their own businesses. Some hitherto Maasai homelands such as Kajiado and Narok are urbanizing rapidly. With increasing urbanization, growing access to education, massive loss of grazing land, and industrial livestock farming, the future of the Maasai and their unique culture is unclear.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2001 (IN)
1991 (BM)

43.5



56.6

The life expectancy at birth of Maasai people was 13.1 years less than the Kenyan population.

Rate difference:
-13.1

MATERNAL MORTALITY RATIO

Year: 2008-09

500.0



488.0

Twelve more Maasai women than Kenyan women died per 100,000 live births.

Rate difference:
12.0

LOW BIRTH WEIGHT

Year: 2011 (IN)
2013 (BM)

16.4%



8.0%

Low birth weight is significantly more prevalent in Maasai babies (by 8.4%).

Rate difference:
8.4%

CHILD MALNUTRITION

Year: 2011-12 (IN)
2009 (BM)

20.7%



16.4%

Child malnutrition (underweight) is more prevalent in Maasai children (by 4.3%).

Rate difference:
4.3%

EDUCATIONAL ATTAINMENT

Year: 2007 (IN)
2010 (BM)

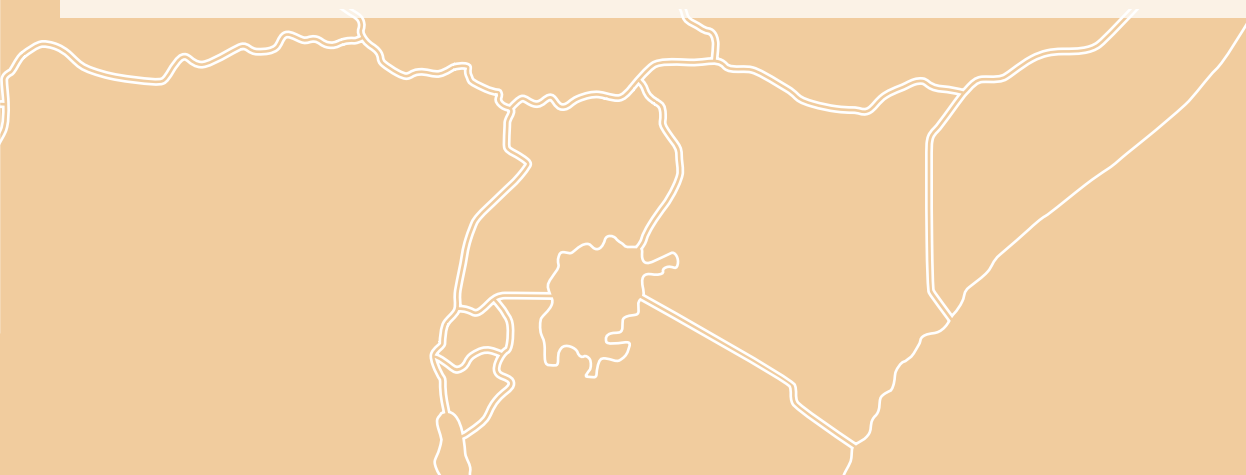
48.0%



86.4%

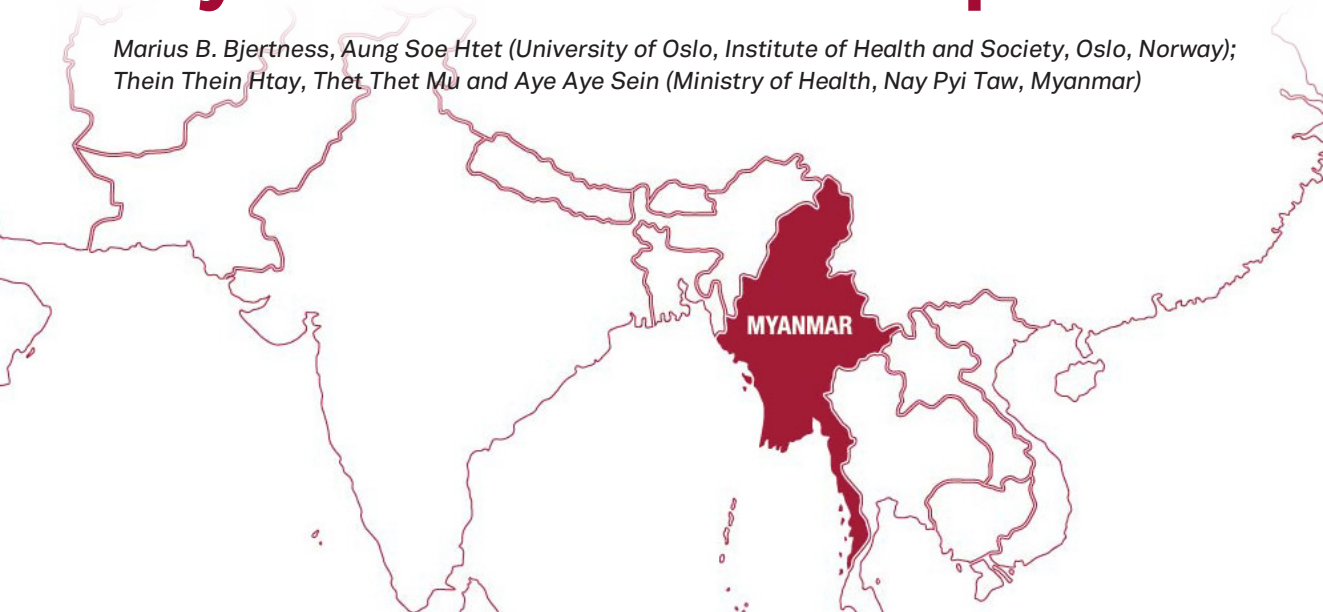
Only half of Maasai adults are literate compared to more than 85% of Kenyan adults.

Rate difference:
-39.4%



Myanmar: Mon People

Marius B. Bjertness, Aung Soe Htet (University of Oslo, Institute of Health and Society, Oslo, Norway);
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History and culture

The Mon are one of the first peoples of Indochina with more than a millennium of recorded history. They founded some of the earliest civilizations in the area. The golden age of Mon history was during the Kingdom of Hongswatoi (14th–16th centuries) and there was a Mon resurgence prior to colonisation in the 18th century.

Following a series of wars Myanmar was annexed by the British in 1886. Mon nationalism developed in the final period of British rule. In 1948 Myanmar became independent from British colonial rule but after the assassination of most of its first cabinet, the country descended into civil war with a number of minority groups (including the Mon) fighting for autonomy and self-determination. From 1962–2010 Myanmar (then known as Burma) was governed by a military dictatorship with the Mon state party negotiating a ceasefire with the military government in 1995.

The Mon were the first receivers of Theravada Buddhist missionaries from Sri Lanka and were instrumental in disseminating it in the region. Today the majority of people living in Myanmar are Buddhist. The Mon adopted the Pallava alphabet and the oldest form of the Mon script dates back to around 550 AD. Mon language is based on the Mon-Khmer group of Austro-Asiatic languages but spoken Mon usage has diminished. The Mon culture is very rich and ancient and is thought to have had an important influence on the dominant culture of Myanmar. The Mon script was incorporated into the unified Myanmar language.

Legal and political status

The majority ethnic group in Myanmar are the Bamar while the other ethnic groups or nationalities are usually considered to be Indigenous peoples. Myanmar is divided geographically into seven regions with majority Bamar populations and seven states, (including Mon State),

each of which is named after the large ethnic minority group primarily residing there. Under the most recent Constitution adopted in 2008 there is a central *hluttaw* (parliament), as well as one for each region and state.

The Mon state was established out of the Tanintharyi region in 1974. The Constitution does not mention ethnic minorities but instead refers to 'national races' which it does not define. However, the 1982 Myanmar Citizenship Law describes the 135 national races as including the Kachin, Kayah, Karen, Chin, Bamar, Mon, Rakhine or Shan peoples as well as ethnic groups that settled permanently within Myanmar prior to 1823 A.D.

Social and demographic factors

Mon state is on the western coast of south-east Myanmar. According to the 2014 Census the population of Mon State, where the majority of people are Mon, was just over 2 million, representing 4 per cent of the total population of Myanmar. There are also many ethnic Bamar, as well as members of the Kayin and Pa-O groups and a small Anglo-Burmese community. Significant numbers of Mon also live in other parts of Myanmar and many Mon were displaced and fled to Thailand in the 1990s. The return of Mon refugees from Thailand has not been well managed.

Mon State has a cultivated area of nearly 4.5 million acres (18,000 km²), much uncultivated land and large areas of forest. The Mon people have traditionally depended on agriculture but there is also a significant fishing industry and the production of related products. Other industries include production of timber, paper, sugar, rubber tyres, and minerals. Mining and tourism are emerging industries. The public sector, education and health services are well established in the Mon state. Physical infrastructure is well developed compared to the Mon's neighbouring states. Mon people are under-represented in political institutions and face discrimination.

Indigenous Population vs Benchmark Population

LOW BIRTH WEIGHT

Year: 2009–10

Rate difference:
0.7%

9.1%



8.5%

Low birth weight is slightly more prevalent in Mon children (by 0.7%).

CHILD MALNUTRITION

Year: 2009–10

Rate difference:
-5.4%

29.7%



35.1%

Stunting is less prevalent in Mon children (by -5.4%).

CHILD OBESITY

Year: 2009–10

Rate difference:
-1.1%

1.5%



2.6%

Obesity is less prevalent in Mon children (by -1.1%).

ADULT OBESITY

Year: 2009–10

Rate difference:
1.6%

8.0%



6.4%

Obesity is more prevalent in Mon adults (by 1.6%).

EDUCATIONAL ATTAINMENT

Year: 2010

Rate difference:
10.9%

63.4%



52.5%

Net enrolment rates for secondary education are higher for Mon children (by 10.9%).

LOW ECONOMIC STATUS

Year: 2010

Rate difference:
-9.3%

16.3%

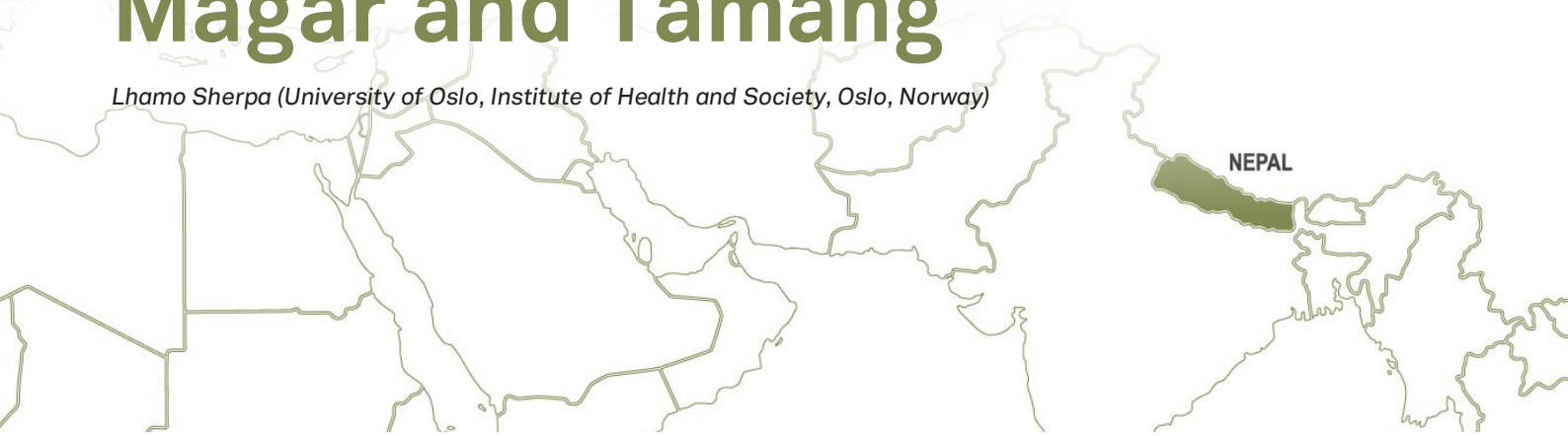


25.6%

While one in four people in Myanmar earn less than the poverty line, poverty is less prevalent among the Mon (by -9.3%).

Nepal: The Sherpa, Rai, Magar and Tamang

Lhamo Sherpa (University of Oslo, Institute of Health and Society, Oslo, Norway)



History and culture

Nepal has more than 60 Indigenous groups including the Sherpa, Rai, Magar and Tamang. The Sherpa, thought to have originally come from Tibet, primarily migrated to the mountainous regions of the Solukhumbu District and were nomadic herders. The Solukhumbu District includes Mount Everest and is in the north of Nepal. The Rai, Magar and Tamang were originally agriculturalists and lived in the lower mountains and hilly areas. In 1848, the rulers of Nepal started controlling the Solukhumbu District and collecting taxes.

The Indigenous people in the mountain ranges of Nepal have always lived in harmony with nature and its surroundings. In Buddhist belief, Solukhumbu is considered to be a 'Beyul' or hidden land/refuge for Buddhists in times of strife. Beyuls are also sacred spaces and safe refuges for wild animals and plants.

The Sherpa language and script originate from Tibetan. Sherpas are Buddhist and have a major festival known as Lhosar. Sherpas cremate their dead and have a distinct style of dress and architecture. Traditionally, they grew potatoes and raised yak for dairy products, hides, wool and load carrying. Living and working at high altitudes has long been part of their way of life. The Sherpa conserve community forests through practices that reduce timber and firewood use, and manage the high rangelands through zoning and rotational grazing.

The Rai and Magar are nature worshippers and the Tamang practice Bod Lamaism, a form of Buddhism. While the Rai, Magar and Tamang originally lived in hilly regions they now also live in the mountains. Many people from these groups were recruited for the British Gurkha Army and the Indian Army.

Legal and political status

Since the Sino-Nepal Treaty was signed in 1960, Solukhumbu has remained a district of Nepal. The *Nepalese Government Indigenous Act 2002* defines Indigenous peoples as: having a distinct collective identity; their own traditional egalitarian social structures; a written or oral history; their own language, religion, tradition, culture and civilisation; and traditional homelands and geographical areas. Nepal has ratified the ILO Convention on Indigenous and Tribal Peoples and supported the UN Declaration on the Rights of Indigenous peoples but the new 2015 Constitution of Nepal is not supported by Indigenous groups who argue it does not enshrine the rights of Indigenous peoples.

Social and demographic factors

According to the 2011 census, almost 36 per cent of the Nepalese population are Indigenous, although Indigenous organisations claim this population is at least 50 per cent. The same census recorded 125 caste and ethnic groups including 63 Indigenous peoples. In 2011 the Solukhumbu District had 6.7 per cent of Nepal's population, 70 per cent of whom are Sherpa, Rai, Magar and Tamang.

Poor access to health services, lack of quality education and job opportunities in the region has led to the emigration of the elderly and college-going population from the district. The one-language policy of the Nepalese government has resulted in significant high school dropout rates for Indigenous language speakers. These education limitations coupled with isolation has led to high levels of alcoholism and associated medical problems in the Sherpa, Rai, Magar and Tamang communities.

For many decades, Sherpas traded with Tibet until it was impossible to make a living from trade. Eventually, with the arrival of large scale trekking in the 1970's, Sherpas made trekking the pillar of their economy. Tourism has provided many Sherpas with wealth, but the boom of tourism has resulted in serious environmental damage. Inflation, economic reliance on tourism and the migration of wealthy Sherpas to Kathmandu are all bringing change to Sherpa society.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2011

Rate difference:
0.1

66.7



66.6

Indigenous and Nepalese population life expectancy at birth is essentially the same.

MATERNAL MORTALITY RATIO

Year: 2009–10

Rate difference:
80.9

645.9



565.0

80.9 more Sherpa, Rai, Magar and Tamang women than non-Indigenous women died per 100,000 live births.

LOW BIRTH WEIGHT

Year: 2009–10

Rate difference:
0.3%

2.6%



2.3%

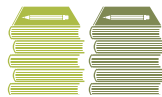
Indigenous and non-Indigenous low birth weight prevalence is essentially the same.

EDUCATIONAL ATTAINMENT

Year: 2011

Rate difference:
-20.9%

24.5%



45.4%

Only one in four Sherpa adults has up to 12 years of education while almost half of Brahmin adults have up to 12 years of education.

LOW ECONOMIC STATUS

Year: 2010

Rate difference:
6.0%

23.7%



17.7%

There are more Indigenous households than non-Indigenous households with expenditure below the poverty line (by 6.0%).



Nigeria: Fulani Nomads

Chidi Ugwu (University of Nigeria, Nsukka, Nigeria)



History and culture

The Fulani were predominantly pastoral nomads found across West Africa, with the largest population now settled in Nigeria. The Fulani also live in Mali, Guinea, Cameroon, Senegal and Niger. It is not clear where the Fulani originated from although it is thought they may be descendants of mixing of west and north African populations. Interactions with diverse groups in the course of their pastoral nomadic movements have resulted in cultural absorption particularly in northern Nigeria where many Fulani have adopted the Hausa language and culture and have assumed sedentary (or settled) lifestyles. This is despite the Fulani having waged a jihad and conquered the kingdoms they met in this area in the early 19th century.

Fulani Nomads are those who have maintained their pastoral nomadic lifestyle and are seen as the most representative of the original Fulani cultural identity. However, their capacity to continue practicing their traditional culture, including pastoral nomadism, is threatened by desertification, urbanisation and state expansion.

The Fulani language, known as Fula or Fulfulde, is classified within the Niger-Congo family. Although many Fulani Nomads are now Muslim, they are frequently non-practicing. The influence of Islam on their kinship patterns is evident in their marriage practices. The concept of *pulaaku*, which incorporates modesty, reservedness, self-control and honour preservation, is practiced amongst the Fulani.

Legal and political status

There is no legislative or policy definition of 'Indigenous' or Indigenous peoples used by the Nigerian state. The Nomadic Fulani, Ijaw and Ogoni are the three Nigerian groups recognised as Indigenous peoples by such bodies as the United Nations, ILO and the World Bank. In Nigeria the Settled Fulani are politically aligned with the Hausa, pursuing common regional political interests. Those who maintain the pastoral nomadic life remain a distinct category, often called

Fulani Nomads. Beyond public identification of them on the platform of their Association of Cattle Herders (also known as *Miyetti Allah*), the nomadic Fulani are not statutorily distinguished as a separate ethnic nationality.

The current Nigerian president is a Settled Fulani who was overwhelmingly supported by Hausa to attain that position. A number of Settled Fulani hold other important public offices in Nigeria. Despite this, there have been increasing disturbances and clashes between the various settled groups in central and southern Nigeria and the nomadic Fulani. A bill is being considered by Nigeria's national parliament seeking to establish grazing reserves for the pastoralists across the country, though this faces opposition.

Social and demographic factors

In the Nigerian official population records, the Hausa are grouped with both the Settled and Nomadic Fulani into 'Hausa/Fulani' and estimation is difficult for nomadic populations. In 2007 there were an estimated 5.3 million nomadic Fulani in Nigeria. While the Fulani generally lived in the country's northern states, reduction of pasture in the north due to encroachment of the Sahara desert has forced pastoral nomads to migrate southwards. Nomadic Fulani hamlets now dot almost all states of southern Nigeria. Resistance from southern communities who seek to protect their farms continue to challenge the sustained stay of the pastoral nomads in southern and central Nigeria.

Although economically vibrant, producing meat and milk (and dung for farming) from cattle, the Nomadic Fulani live an austere life with suboptimal nutrition which causes low immunity, predisposing them to infections. A migrant lifestyle and interactions with potentially high-risk groups, such as commercial sex workers, expose the Fulani Nomads to risks of sexually transmitted infections including HIV. The Fulani Nomads have high fertility rates but there is also high child mortality, stunting, malnourishment and low literacy among them. They rely mainly on herbal remedies and private clinics for health care.

Indigenous Population vs Benchmark Population

CHILD MALNUTRITION

Year: 2003–04

Rate difference:
-2.6%

38.7%



41.3%

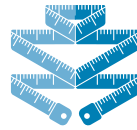
Stunting is less prevalent in Fulani nomad children (by -2.6%).

ADULT OBESITY

Year: 2001 (IN)
2001–03 (BM)

Rate difference:
-2.2%

17.4%



19.6%

Obesity is less prevalent in Fulani nomad adults (by -2.2%).

EDUCATIONAL ATTAINMENT

Year: 2008

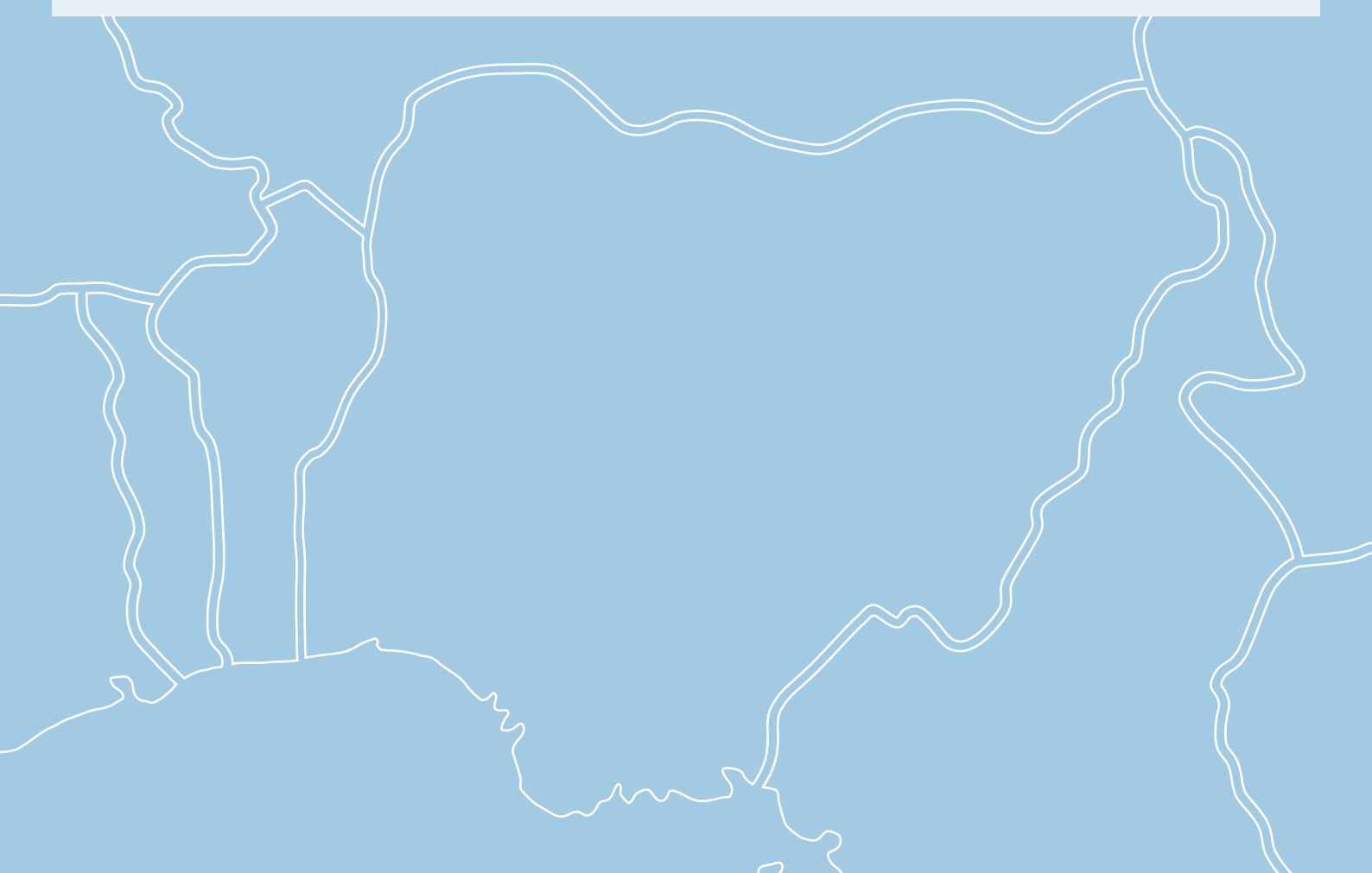
Rate difference:
-49.1%

2.0%



51.1%

Literacy among Fulani nomads adults is significantly lower than the Nigerian population (by -49.1%).



Nigeria: The Ijaw

Fabian Ugwu (Federal University, Ndufu-Alike, Ikwo Nigeria)



History and culture

The Ijaw peoples include a number of sub-groups indigenous to the Niger Delta region of Nigeria, where they have lived for millennia. Their oral tradition holds that their ancestors dropped from the sky and were later joined by other ancestors from the land. The Niger Delta is a rich aquatic environment and the Ijaw primarily engaged in fishing and farming. The Ijaw developed ways of controlling the movement of fish and of trapping them and are skilled carvers—they had the reputation as the best canoe builders in Nigeria. They were well connected to sea trade routes as early as the 15th century and exported fish, timber, palm oil, palm kernels and other products.

The British colonised Nigeria in the 19th century. Full independence was achieved in October 1960 and the country became a republic in 1963. The Ijaw are marginalised by and in conflict with the Nigerian state. Despite this marginalization, Goodluck Jonathan, an Ijaw man, was president of Nigeria from 2010 to 2015.

Traditionally, water spirits were central to Ijaw culture and spiritual practice. Veneration of ancestors was also important. There are nine closely related languages, from the Niger-Congo language family, spoken amongst Ijaw peoples. Izon, spoken by about four million people, is the most widely used.

Legal and political status

There is no legislative or policy definition of 'Indigenous' or Indigenous peoples used by the Nigerian state. The Fulani, Ijaw and Ogoni are recognised as Indigenous peoples by such bodies as the United Nations, ILO and the World Bank.

Social and demographic factors

There are more than 250 different ethnic groups in Nigeria. With a population of almost 15 million, the Ijaw is the fourth largest of these groups and the most populous of the Indigenous people, comprising over 10 per cent of the Nigerian population. They mostly live in the forest regions of the Bayelsa, Delta and Rivers States in the Niger Delta region and some also live in Akwa Ibom, Edo and Ondo states.

The Niger Delta region is rich in oil and gas. Over the last four decades the exploitation of these resources by multinational companies, without environmental protection measures, has resulted in extreme contamination and degradation of Ijaw land and waters. This, along with military action by the Nigerian state, has seriously undermined Ijaw livelihoods and resulted in deterioration of their health, economy and culture. The Ijaw continue to fight for self-determination, justice and control of the resources from their lands.

In addition to the destruction of their environment, the Ijaw face many challenges. For example, in 2014 it was estimated that over 9 per cent of the population living in the Niger Delta was infected with HIV. A 2004 study found that almost 40 per cent of adults were not literate and in Bayelsa, the only exclusively Ijaw state, almost a fifth of the population lives in poverty.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2000

Rate difference:
-0.1

46.8



46.9

There is very little difference between the life expectancy of Ijaw people and Nigerian people.

CHILD MALNUTRITION

Year: 2013

Rate difference:
-18.5%

18.3%



36.8%

Stunting is less prevalent in Ijaw children (by -18.5%).

CHILD OBESITY

Year: 2013

Rate difference:
0.5%

4.5%



4.0%

Obesity is slightly more prevalent in Ijaw children (by 0.5%).

EDUCATIONAL ATTAINMENT

Year: 2000-06 (IN)
2013 (BM)

Rate difference:
-13.5%

57.0%



70.5%

Ijaw adults are less likely to be literate than Nigerian adults (by -13.5%).

LOW ECONOMIC STATUS

Year: 2004 (IN)
2013 (BM)

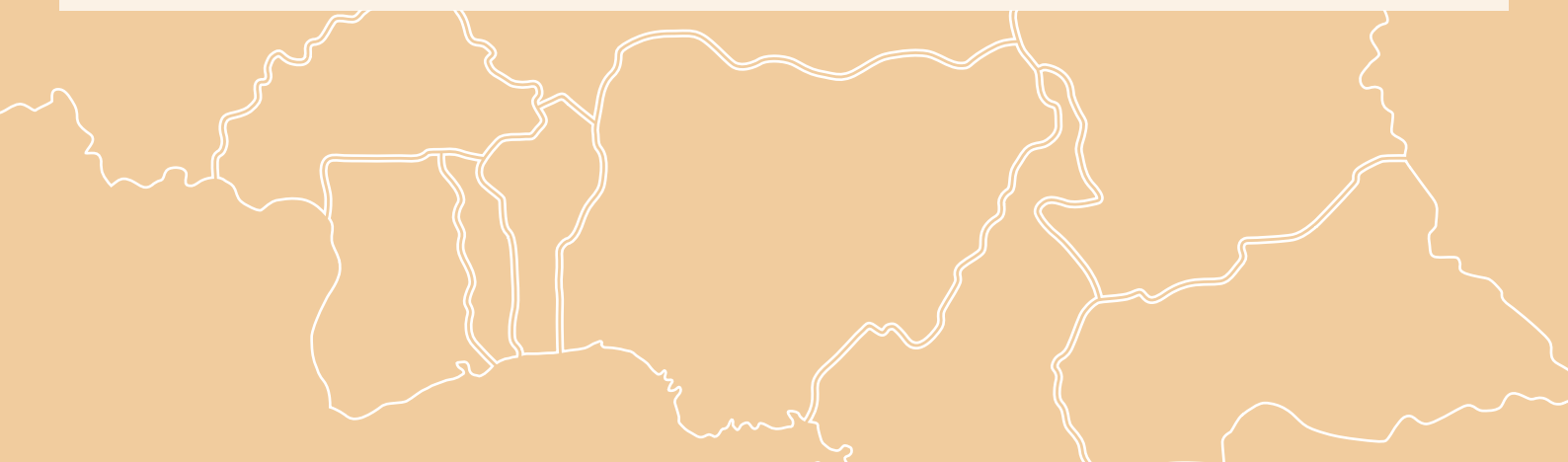
Rate difference:
-11.2%

42.9%



54.0%

Ijaw people are less likely to earn less than the international poverty line than Nigerian people (by -11.2%).



Norway: The Sami

Ann Ragnhild Broderstad and Marita Melhus (Centre for Sami Health Research, Faculty of Health, UiT The Arctic University of Norway, Tromsø, Norway)



NORWAY

History and culture

The traditional Sami settlement area in Norway stretches from Finnmark county in the north to Engerdal in Hedmark county in the south. The Sami inhabited these areas long before the modern Norwegian state was formed. The Sami were originally semi-nomadic hunters and gatherers, who primarily herded reindeer but also practiced hunting, sea fishing and agriculture. There are three Sami languages spoken in Norway — North, Lule and South Sami — all of which are in danger of disappearing. Joik, the Sami song tradition, is one of the oldest song traditions in Europe and lives on in Sami communities today.

From the late 1500s the Sami were subject to tax collection from a number of states including Denmark/Norway, Sweden and Russia. In 1751 an appendix to the border treaty between Sweden and Norway acknowledged the rights of the Sami to use cross-border areas. From approximately 1850 the Norwegian government carried out an assimilationist policy towards the Sami which was discontinued in 1959. This included restricting the use of the Sami language and teaching in Norwegian that greatly damaged the Sami language.

After this time, the Sami movement which had been strong in the early 20th century gained strength. A conflict over the building of a hydroelectric power station on the river Alta in Finnmark in the late 1970s produced a new era of Sami activism. In the 1980s the Sami Rights Commission and the Sami Cultural Commission were established and a change in government policy resulted in constitutional protection of the Sami.

Legal and political status

A Sami Parliament was established in Norway in 1989. The Sami Parliaments of Sweden, Finland and Norway together constitute the Sami Parliamentary Council. In 2005 the Finnmark Act was adopted which resulted in the transfer of a large portion of the land of Finnmark county to its inhabitants. A consultation agreement was also signed between the Sami Parliament and the Norwegian government.

Sami people are recognised through Norwegian legislation including the Sami Act, which defines them as being people who declare they are Sami, and who have: Sami as their domestic language; a parent, grandparent or great-grandparent with Sami as their domestic language; or are the child of a person who is or has been registered in the Sami electoral register. The Norwegian Parliament has ratified the ILO Convention 169 and the UNDRIP.

Social and demographic factors

Norway has the greatest proportion of the total Sami population. The majority Sami areas in Norway are in the innermost part of Finnmark County and in the northern part of Troms County. While there is no reliable record of the Sami population there is an estimated 55,000 Sami in Norway who make up just over one per cent of the total population.

Across Norway there has been a long-term trend of urbanization which has affected rural Sami, many of whom have relocated to urban areas for employment and education. Occupations amongst Sami people are changing from primary trades to service professions. Due to the work of the Sami Parliament, new legislation and national policies integrate Sami concerns and rights. However, increasing pressure on land and natural resources have led to conflicts between government, industry and Sami communities. Areas for reindeer herding and other traditional land use are threatened by large-scale industries like mining and renewable energy. New research has shown that Sami experience ten times more discrimination than ethnic Norwegians.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2010–12 (IN)
2012 (BM)

Rate difference:
-1.6 Years

79.8



81.4

The life expectancy at birth of Sami people was 1.6 years less than non-Sami people.

ADULT OBESITY

Year: 2012–14

Rate difference:
6.2%

32.3%



26.1%

Adult obesity is more prevalent in the Sami (by 6.2%).

EDUCATIONAL ATTAINMENT

Year: 2012

Rate difference:
-1.5%

68.6%



70.1%

More non-Indigenous Norwegian adults have attained a year 12 qualification or equivalent than Sami (by -1.5%).



Pakistan: Federally Administered Tribal Areas (FATA) Tribes

Zaid Shakoor Bhatti (The Aga Khan University, Karachi, Pakistan) and Zulfiqar Ahmed Bhutta (The Aga Khan University, Karachi, Pakistan and SickKids Center for Global Child Health, Toronto, Canada)



History and culture

The Tribal Peoples of the Federally Administered Tribal Areas (FATA) include some of the many Indigenous groups of Pakistan. The Indigenous people of Pakistan are also known as the *Adi Vaas* or 'the original people'. The Pashtuns/Pakhtuns are the most numerous of the Tribal populations and are the main Indigenous group of the FATA. Historians and ethnologists are divided about whether the Pashtuns originate from Qais, a 7th century Afghani warrior, or whether they originate from Aryans from 1500 BCE.

The FATA area and the Pashtuns have struggled against invaders for centuries. At times the Pashtun were able to establish small empires and independent rule over their Tribal groups but the area has been part of India, Persia, Afghanistan and British India. The FATA was a frontier between British India and Afghanistan and a threat to British rule. Between 1849–1939 there were approximately 58 military interventions by the British against Pashtuns in attempts to control the area. After partition in 1947, Pakistan mostly kept the same political arrangements as the British, which were rejected by Indigenous groups. In the last decade, conflict between Afghanistan and Pakistan has spread to the FATA and the Pakistan Taliban has emerged from the FATA population.

There are about a dozen major FATA Tribes with several smaller Tribes and sub-Tribes. There is much ethnic diversity amongst them and they have very strong tribal structures and rich cultural heritage. The Pashtun are Muslim farmers and herders. They practice a traditional justice system or *Jirga*. The cultural heritage of FATA is very rich in terms of hospitality, tribal arts and crafts, historical places, ethnic diversity and natural beauty. The Tribes are accustomed to looking after their own resources and solving local problems.

Legal and political status

The Government of Pakistan ratified the ILO Convention on Indigenous and Tribal Populations in 1960 and in 2007 adopted the UNDRIP. The government does not recognize the term 'Indigenous' and instead uses the term 'Tribal People' for their Indigenous groups. Using laws in place since British rule (which are a mix of colonial-era law and traditional customs) and under a special administrative arrangement of the constitution, the government recognizes Tribal Areas including the Federally Administered Tribal Areas. This makes the Pakistani Government administrators of the area but also recognizes the FATA as semi-autonomous.

Social and demographic factors

Estimates suggest that the population of Indigenous/Tribal people in Pakistan is about 15 per cent of the total population of 126 million. The lack of political recognition of Tribal peoples complicates the task of identifying and enumerating them.

The FATA covers 27,220 square kilometres of northern Pakistan adjacent to Afghanistan. In 1998, the population of FATA was 3.2 million or 2.4 per cent of the total Pakistani population. The FATA groups are among the most marginalised and excluded groups in Pakistani society, although considerable diversity exists between them. The population is young and has relatively high rates of unemployment, limited opportunities for education as well as little participation in governance and democracy. There are also few opportunities for local economic development. The FATA face higher incidences of poverty, environmental degradation, lack of access to government services and infrastructure, water and sanitation shortages and gender inequalities. The lack of legal protection has also meant that Indigenous people have lost huge tracts of land to the State. Together, these conditions have created circumstances ideal for radicalization and there is ongoing militancy in the area that aids the Taliban in Afghanistan. There is a significant gap between education and employment opportunities for women and men in the FATA.

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2007 (IN)
2006-07 (BM)

86.0



78.0

Rate difference:
8.0

Eight more FATA infants than Pakistani infants died per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2007 (IN)
2006-07 (BM)

380.0



276.0

Rate difference:
104.0

104 more FATA women than Pakistani women died per 100,000 live births.

CHILD MALNUTRITION

Year: 2011

57.6%



43.3%

Rate difference:
14.3%

Stunting was more prevalent in FATA children (by 14.3%).

ADULT OBESITY

Year: 2011

10.0%



11.3%

Rate difference:
-1.3%

Obesity was slightly less prevalent in FATA adults (by -1.3%).

EDUCATIONAL ATTAINMENT

Year: 2011

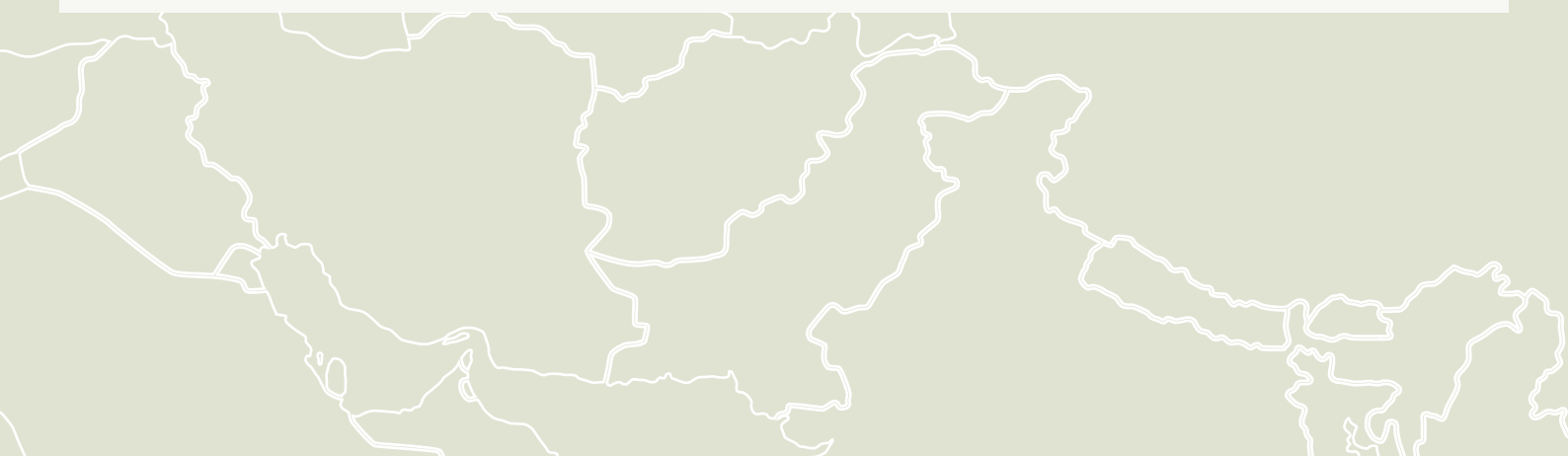
49.3%



58.6%

Rate difference:
-9.3%

Half of FATA adults were literate while nearly 3/5ths of Pakistani people were literate.



Panama: Kuna Yala, Emberá-Wounaan, Ngäbe Buglé Peoples

Blas Armién (The Gorgas Memorial Institute for Health Studies, Universidad Interamericana de Panama, Panama City, Panama)

History and culture

Archaeological evidence indicates there were people living in the Panama area at least 12,000 years ago. These people are likely to have come from multiple migrant groups and lived on large and small animals, plants and marine resources. Prior to European colonisation, which began in 1500 along the Atlantic coast and indirectly impacted the country's interior regions, the Indigenous peoples varied from dispersed hunter-gatherers to populous and politically integrated agricultural chiefdoms. Spanish colonisation caused drastic depopulation and the extinction of numerous Indigenous societies. There are seven Indigenous ethnic groups (of which, three are focused on in this report): the Kuna Yala, Ngäbe, Buglé, Teribe/Naso, Emberá-Wounaan and Bri Bri.

The terms *indígena*, *indio*, and *amerindio* are commonly used for people who identify themselves as Indigenous. Each of the seven Indigenous groups speaks their own language. The Kuna Yala have significant political influence. Kuna Yala and the Emberá-Wounaan make their livelihoods through agriculture, fishing, handicrafts and tourism. The Emberá-Wounaan were traditionally seminomadic, though from 1968 at the behest of the Panamanian government they have settled like the Kuna Yala. The Ngäbe-Bugle are from mountainous western regions of Panama where they grow crops and work on plantations. Each Indigenous group has maintained its distinct language, customs and cultural expressions.

Legal and political status

Indigenous people are identified by geographical location and self-identification. This is supported by the Constitution and the laws creating reservations and is reflected in Census documents. Five of the seven Indigenous groups have reservations or *comarcas* (Kuna Yala, Emberá-Wounaan, Ngäbe-Bugle, Kuna Madungandi and Kuna Wargandi) which are recognised by independent laws based on constitutional rights. Those reservations experience relative autonomy and collective ownership of land. However many Indigenous groups and territories are yet to be recognised.

The government has not ratified ILO Convention 169 but voted in favour of the UNDRIP in 2007.

Social and demographic factors

In 2010, all Indigenous groups in Panama numbered more than 400,000 people, or approximately 12 per cent of the total population. The Kuna Yala, Emberá-Wounaan and Ngäbe-Buglé made up half of the Indigenous peoples. The Indigenous population has a much younger age structure than the non-Indigenous population. They mostly live in rural areas, (although many are moving to the city to improve their economic situation) and just over half live on Indigenous reservations. These reservations cover an area of 1.76 million hectares.

Indigenous groups are engaged in conflict with mining corporations and hydroelectric projects and have to contend with damage caused by drug trafficking on the border with Colombia. Despite the existence and protections of reservations, Indigenous populations continue to lose land to private farmers, tourism companies, miners and loggers.

The Panamanian government is committed to bilingual and intercultural education for Indigenous communities on reservations. However there is a shortage of schools on the reservations and school attendance and literacy is lower in Indigenous communities, although this is improving. By law, on reservations Indigenous peoples also have access to free health care, including traditional medicine. Despite this Indigenous people continue to have poorer access to basic services, education and health compared to the non-Indigenous population. Poverty levels remain high and access to clean drinking water and sanitation is a problem. Indigenous peoples suffer from higher rates of infectious diseases and higher rates of infant and maternal mortality. The state has attempted to address these inequalities through subsidies and government programs targeting housing, education, maternal and child health, nutrition and agriculture.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2012

Rate difference:
-7.6

69.7



77.3

The life expectancy at birth of Indigenous people was 7.6 years less than non-Indigenous people.

INFANT MORTALITY RATE

Year: 2013

Rate difference:
6.3

20.7



14.4

6.3 more Indigenous infants died than non-Indigenous infant deaths per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2013 (IN)
2012-13 (BM)

Rate difference:
199.4

236.7



37.3

Nearly 200 more Indigenous women than non-Indigenous women died per 100,000 live births.

CHILD MALNUTRITION

Year: 2008

Rate difference:
42.9%

62.0%



19.1%

Three in five Indigenous children are stunted compared to one in five non-Indigenous children.

EDUCATIONAL ATTAINMENT

Year: 2010

Rate difference:
-28.5%

8.3%



36.8%

Significantly more non-Indigenous adults have attained a year 12 qualification or equivalent (by -28.5%).

LOW ECONOMIC STATUS

Year: 2010

Rate difference:
36.3%

63.1%

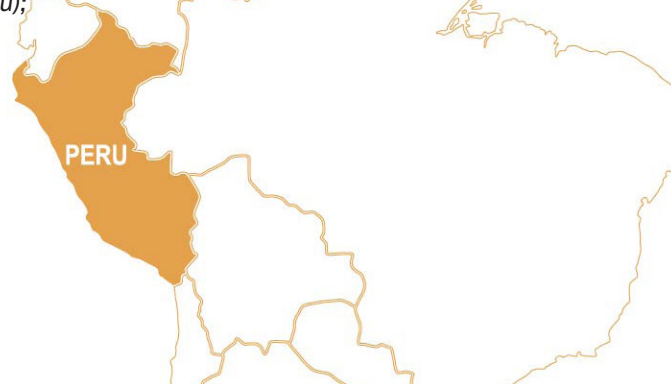


26.8%

While more than three in five Indigenous households had low income, only one in four non-Indigenous households experienced low income.

Peru: Indigenous Amazonians

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History and culture

There are many Indigenous groups in Peru including the Indigenous Amazonians. People arrived in lowland South American (or Amazonian) forests for the first time between 10,000 and 12,000 years ago. This area was inhabited by between an estimated five and 8.6 million people before European colonisation. Since then, the introduction of new diseases, slave raids, warfare and the presence of extractive industries have greatly diminished the Indigenous Amazonian population across South America.

After independence in the early 20th century the demand for rubber led to the continued invasion of the Amazon area. The consequent mass murder, forced migration and spread of disease led to a significant decline in Indigenous populations and in some areas, such as the Putumayo, less than a quarter of the original inhabitants remain. Since the mid 20th century cattle ranchers as well as extractive and agricultural industries have continued to enter into Indigenous territories and damage Indigenous livelihoods, health and wellbeing. Many Indigenous groups in the Amazon have chosen to live in voluntary isolation as a result of the damage caused by these invasions. These isolated groups mostly live by hunting, fishing and gathering.

There is great cultural diversity amongst Indigenous Amazonians who live across ten South American countries. There are almost 400 distinct languages, although several are on the verge of extinction. In Peru, there are more than 50 different Amazonian Indigenous ethnic groups, speaking languages from 12 linguistic families. Despite this great diversity there are a number of common cultural traits such as female initiation rites, the presence of shamans and the idea of a cyclical time.

Legal and political status

In Peru, Indigenous people received the right to be consulted about any legal or administrative action that may affect their livelihood in the 2012 *Law of the Right to Prior Consultation to Indigenous or Native Peoples*. Such law required an official definition for identifying Indigenous

people. Criteria for identification include that they: are direct descendants of Indigenous populations native to the national territory; have lifestyles and spiritual and historical ties with the territory they traditionally use or occupy; have social institutions and customs of their own; and have cultural patterns and lifestyles that are different from other sectors of the national population.

Peru has ratified ILO Convention 169 and voted for the UNDRIP in 2007.

Social and demographic factors

Four million people, or 14 per cent of the population of Peru, are Indigenous. This includes 55 different Indigenous groups, the main group being the Quechua. The Amazon region covers 7.9 per cent of Peruvian territory and in 2007, 4.1 per cent of Peru's Indigenous population lived there in 1,786 Indigenous communities. The Peruvian government has created some reserves in the Amazon region to protect the lands of isolated groups but nearly 75 per cent of the Peruvian Amazon is allocated to oil and gas companies.

Diseases introduced by colonisation continue to affect Indigenous peoples today, especially people making contact for the first time. Logging, gold, gas and oil companies are threatening the survival of the remaining isolated groups. Extractions have led to deforestation and contamination of drinking water. Small communities are at risk of disappearing both physically and culturally.

The rise of Indigenous activist movements across Latin America has led to important political and social changes. In Peru, Indigenous Amazonians have organized under one umbrella organization (Interethnic Association for the Development of the Peruvian Rainforest, or AIDESEP) to protest the continued violation of their rights since colonisation, rights that are now being threatened by multinational corporations. They have successfully achieved the right to bilingual education and the Peruvian Ministry of Health is beginning to recognize the value of culturally appropriate health services for Indigenous peoples to reduce health inequalities.

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2007

Rate difference:
30.7

49.2



18.5

30.7 more Indigenous Amazonian than Peruvian infants died per 1000 live births.

LOW BIRTH WEIGHT

Year: 2007

Rate difference:
1.6%

8.0%



6.4%

Low birth weight is more prevalent in Indigenous Amazonian babies (by 1.6%).

CHILD MALNUTRITION

Year: 2009 (IN)
2007 (BM)

Rate difference:
17.0%

22.0%



5.0%

Stunting is significantly more prevalent in Amazonian children (by 17.0%).

EDUCATIONAL ATTAINMENT

Year: 2007

Rate difference:
-39.0%

39.0%



78.0%

Only two in five Indigenous Amazonian adults have attained a year 12 qualification or equivalent compared to nearly four in five non-Indigenous Peruvians.

LOW ECONOMIC STATUS

Year: 2007

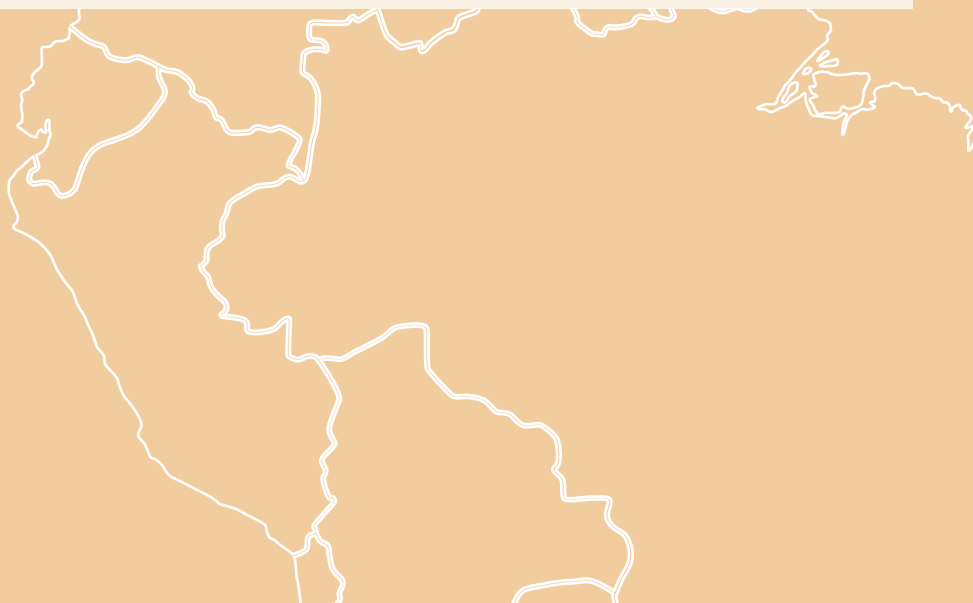
Rate difference:
52.0%

81.0%



29.0%

While 4/5ths of Indigenous Amazonians live in poverty, under 1/3 of non-Indigenous Peruvians live in poverty.



Russia: The Nenets

*Sergei Andronov, Andrey Lobanov and Andrey Ivanovich Popov
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History and culture

The Nenets people are one of the many Indigenous groups that live in the Northern Arctic. It is believed that the Nenets ancestral home was in the Sayan-Altai mountains and that they were forced to migrate north by Nomadic Huns. Traditionally the Nenets are nomadic and travel more than a thousand kilometres a year with their reindeer herds, hunting and fishing. Temperatures in the Northern Arctic can reach minus 50 degrees Celsius, making it a very challenging living environment. The Nenets language is related to Estonian and Finnish and there are two main language groups—Forest Nenets and Tundra Nenets. The Tundra Nenets language has 11 dialects. The Nenets have a unique culture and traditions including an animistic belief system that emphasises respect for the land and its resources. Reindeer are central to Nenets culture and are important to both their spiritual and social life as well as important sources of food, shelter, clothing and transport. The Nenets also practice shamanism and have a network of sacred sites. They maintain their ancient knowledge and folklore through legends and song.

The Nenets have survived and maintained their culture through Russian colonisation and the Soviet era. During the latter period reindeer herding was collectivised and made into a state industry. Under Stalin, many Nenets communities were divided up and Nenets people were forced to live on farms and in villages. Many Nenets children were sent to boarding schools where they were forced to learn Russian. As a result of Stalinism many skills, customs and language were lost which has significantly impacted on traditional Nenets culture. Following the dissolution of the Soviet Union, Nenets reindeer ownership was partially restored and today they own 80 per cent of reindeer herds in Russia.

Legal and political status

More than 100 ethnic groups are recognised in Russia and 41 of these are officially acknowledged as 'Indigenous small-numbered peoples of the North, Siberia, and the Far

East'. The criteria defining these groups include that they: live in their historical territory; preserve their traditional way of life, occupations and trades; self-recognise as a separate ethnicity; and number less than 50,000.

The Constitution of the Russian Federation adopted in 1993 recognises Indigenous peoples and their rights. Russia has not ratified ILO Convention 169 and did not vote on adopting the UNDRIP.

Social and demographic factors

There are almost 30,000 Nenets people living in Russia. They mostly reside in three districts—the Nenets Autonomous District, the Yamalo-Nenets Autonomous District and the Taimyr (Dolgano-Nenets) Autonomous District—as well as the Novaya Zemlya Archipelago in the Arkhangelsk Region.

The Nenets territory is resource rich. The Yamalo-Nenets Autonomous Okrug in the far north of the West Siberian Plain has about one third of the world's gas reserves, almost half of Russia's oil reserves, significant metal deposits and large areas of forest. Industrialisation associated with resource extraction, combined with climate change, has resulted in both loss of territory and the degradation and pollution of Nenets land.

In regions where Nenets make up a high proportion of the population their language is taught in schools and used on television, radio and in books. However Nenets families are changing as they increasingly mix with non-Nenets people. There is also a significant share of single-parent Nenets families. Communities are still struggling with the impacts of the forced removal of children to Russian boarding schools as many of those who were removed are reluctant to return to the nomadic Nenets way of life of reindeer breeding and fishing. The nomadic way of life, remoteness of villages and absence of roads make ensuring good access to health and education services challenging for Nenets communities.

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2012

Rate difference:
41.2

47.8



6.6

41 more Nenets infants than Russian infants died per 1000 live births.

MATERNAL MORTALITY RATIO

Year: 2013

Rate difference:
122.0

146.4



24.5

122 more Nenets women than Russian women died per 100,000 live births.

EDUCATIONAL ATTAINMENT

Year: 2012

Rate difference:
-9.4%

90.2%



99.6%

While nearly all Russian adults have attained a year 12 qualification or equivalent, only nine in ten Nenets adults have.



Sweden: The Sami

Per Axelsson, Peter Sköld and Sofia Tano (Umea University, Umea, Sweden)



History and culture

The Sami have lived in Sápmi, the northern part of Fennoscandia (the arctic region) for thousands of years. This region is now divided between four countries—Finland, Sweden, Norway and Russia—and Sami living in each of these countries share many cultural traditions. In Sweden Sami land rights were legally protected until the early 19th century when the state introduced a national administrative system that replaced the Sami traditional division and use of land. Until recently, Sami culture and language were suppressed.

The Sami were originally semi-nomadic hunters and gatherers, primarily herding reindeer but also practicing hunting, sea fishing and agriculture. However, colonial pressure resulted in full-scale reindeer farming which thereby reduced herding. The Sami languages have been spoken in northern Europe for thousands of years and belong to the Finnu-Ugric language group. They are commonly divided into three main language groups: Eastern, Central and Southern Sami. The Sami had their own shamanistic religion but were forcibly Christianised by the state at the end of the 17th century. Joik, the Sami song tradition is one of the oldest song traditions in Europe and lives on in Sami communities today.

In the late 19th century Sweden's Sami policy was greatly influenced by eugenics—Sami were considered to be inferior people not capable of determining their own future. In contrast to Norway, the Swedish state policy focused on preserving Sami people as reindeer herders, believing it was the only way for the Sami to avoid extinction. At the same time, colonisation of Sami traditional areas for agriculture, industries and infrastructure increased competition for limited land and resources. A number of Sami families were forcibly relocated south of their traditional lands by border closings in the 1920s. A political Sami movement emerged in the early 20th century, which resulted in the establishment of the Swedish Sami Parliament in 1993.

Legal and political status

The Sami Parliamentary Council brings together the three Sami Parliaments of Sweden, Norway and Finland. Sweden recognised the Sami as a people in 1977 and today there are 19 Swedish municipalities in Sápmi recognised as belonging to the Sami administrative area. In these municipalities the Sami people have the right to speak Sami languages when dealing with public authorities. There is an official definition of Sami from the Sami Parliament Act 1992. This definition states that Sami refers to a person who considers him/herself to be Sami and: ensures that he/she has had the Sami language spoken at home; or ensures that any of his/her parents or grandparents have had the Sami language spoken at home; or has a parent who is, or has been, listed on the electoral roll of the Sami Parliament. Sweden has ratified the UNDRIP but not ILO Convention 169.

Social and demographic factors

In Sweden the majority of the Sami live in northern areas covering about 35 per cent of Sweden's surface area. According to the electoral register for the Sami parliament there are Sami living in all parts of Sweden. Swedish law prohibits the collection of ethnic statistics hence crude estimations of population size are 20,000 to 50,000—constituting 0.2–0.5 per cent of the total Swedish population. Sami are at a lower cancer risk than the non-Sami Swedish population however there are higher rates of discrimination and anxiety, depression and suicide among Sami than non-Sami. Sami people work in all occupations, although reindeer husbandry is a primary Sami industry alongside tourism, handicraft and food production. Sami have their own media including magazines as well as TV and radio that are broadcast and streamed daily.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2013

Rate difference:
-0.3

81.2



81.5

Sami and non-Sami have similar life expectancy at birth.

INFANT MORTALITY RATE

Year: 2009–13

Rate difference:
0.7

2.8



2.2

Almost one more Sami baby than non-Sami died per 1000 live births.

LOW BIRTH WEIGHT

Year: 2012

Rate difference:
0.0%

4.1%



4.1%

Prevalence of low birth weight is the same in Sami and non-Sami babies.

HIGH BIRTH WEIGHT

Year: 2012

Rate difference:
-0.2%

3.6%



3.8%

Prevalence of high birth weight is essentially the same in Sami and non-Sami babies.

EDUCATIONAL ATTAINMENT

Year: 2013

Rate difference:
-1.0%

71.0%



72.0%

Sami and non-Sami are just as likely to have attained a year 12 qualification or equivalent.

LOW ECONOMIC STATUS

Year: 2012

Rate difference:
0.5%

11.9%



11.4%

Sami individuals are slightly more likely to be low income earners.



Thailand: Ethnic Minority Groups

Virasakdi Chongsuvivatwong, Tippawan Liabsuetrakul (Prince of Songkla University, Songkhla, Thailand);
Patama Vapattanawong (Mahidol University Salaya, Nakhon Pathom, Thailand)



History and culture

There are many Indigenous groups across Thailand including the Hill Tribes, Original People and Sea People. These peoples are commonly referred to as *klum chat tiphon* (ethnic groups) or *chon klum noi* (ethnic minorities) although Indigenous groups have promoted the use of *chon phao phuen mueang* (Indigenous groups). They mainly live in three regions: in the highlands of the north and north-west where the largest populations belong to groups known as 'Hill Tribes' (*Chao Khao*); along the borders with Laos and Cambodia and in the south near the border with Malaysia where there are hunter gatherer groups (*Orang Asli* or original people); and fishing communities (*Chao leh* or sea people). These Indigenous groups speak a range of languages and have unique knowledge systems, beliefs and ways of life. Groups living in the highlands practice farming, swidden agriculture (which involves crop rotation), hunting and gathering. Before 1900 when they were incorporated into the Thai State, the Hill Tribes were autonomous. Borders drawn during and post-colonisation have resulted in members of the same Indigenous groups being located in different countries.

Legal and political status

Indigenous people are not recognised in Thai laws or in the new Thai Constitution adopted in 2016. Thailand has ratified a number of United Nations conventions including the Convention on the Rights of Indigenous Peoples. Nine Hill Tribes are officially recognised by the Thai government. These are the Hmong, Karen, Lisu, Mien, Akha, Lahu, Lua, Thin and Khamu.

People from Indigenous groups can be granted Thai citizenship if they were born in Thailand and if their parents are Thai nationals. However, there are many impediments to obtaining citizenship and Indigenous groups have long been advocating to improve the situation. Limited success means that there are still large numbers of Indigenous people who do not have Thai citizenship.

Social and demographic factors

Official figures from 2002 indicated that there were 3,429 Hill Tribe villages with a total population of almost one million people, accounting for approximately 1 per cent of the total Thai population. The number of people from other Indigenous groups is not known.

Lack of citizenship means that many Indigenous people do not have access to public services such as healthcare and education, have limited freedom of movement, cannot own land so can be subject to forced eviction and are more vulnerable to atrocities such as human trafficking.

Generally, Indigenous groups in Thailand lack political representation and participation, experience economic marginalization and poverty and have limited access to social and health services.

A range of government policies to limit forest, land and water use has resulted in almost 30 per cent of Thailand being declared a protected area. This has had significant impacts on Indigenous peoples, particularly the Hill Tribe groups. Loss of land for practice of traditional forms of agriculture has resulted in displacement of many groups who have had to seek other forms of employment and have experienced reduced food security.

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2010

Rate difference:
2.5

6.6



4.1

2.5 more Indigenous infants than non-Indigenous infants died per 1000 live births.

EDUCATIONAL ATTAINMENT

Year: 2010

Rate difference:
-17.6%

19.0%



36.6%

Only one in five Indigenous adults have attained a year 12 qualification or equivalent, compared to nearly 37% of non-Indigenous adults.

LOW ECONOMIC STATUS

Year: 2010

Rate difference:
30.8%

49.4%



18.6%

Almost half of Indigenous households have wealth in the lowest quintiles compared to nearly one in five non-Indigenous households.



United States of America: American Indians and Alaska Natives

Michele Connolly (International Group
on Indigenous Health Measurement, USA)



UNITED STATES

History and culture

The Indigenous population of the United States of America (USA) includes American Indians and Alaska Natives (AIAN). American Indians and Alaska Natives have lived in the USA for tens of thousands of years. Alaska Natives include people from American Indian Tribes, Aleuts from the Aleutian Islands and Eskimos.

Beginning in the 1500s many European nations, including Britain, France, Spain, the Netherlands, Sweden and Russia colonised what is now the USA. In the 19th century reservations were established under treaties between American Indian Tribes and the US Congress. There are about 618 AIAN areas, which include 326 reservations, and Alaska Native Villages, Oklahoma Tribal areas, trust lands and other designated areas. Indigenous people often refer to AIAN areas as Indian Country. Reservations are often very small portions of a Tribe's original Territories and in some cases Tribes were relocated onto reservations distant to their traditional lands. Not all Tribes have a reservation and some Tribe's lands are divided by the Canadian or Mexican borders.

There is a rich diversity of AIAN Indigenous cultures. The way AIAN peoples lived and their traditions depended on their environment which included: the plains, desert southwest, woodlands of the east and south, swamps, Pacific Northwest, California, mountains, tundra and the Arctic. For example, Tribes of the plains were dependent on buffalo, while those in the Pacific Northwest were reliant on fish. Farming was an integral part of many Indigenous cultures, with the environment and climate determining what could be grown, hunted or fished.

There are more than 200 Indigenous spoken languages in the USA. In 2014, more than a quarter of AIAN peoples over the age of five spoke a language other than English at home. Although many AIAN languages are disappearing, some major languages remain, including Navajo, Yupik, Dakota and Blackfeet.

Legal and political status

The US government recognizes 567 Tribes, Alaska Native Villages, Pueblos and other entities as federally recognised sovereign nations. Tribal sovereignty, based in the US Constitution, consists of a government-to-government relationship between each recognised Tribe and the US government, thereby largely ensuring self-governance. Federal recognition is determined by treaties, Congress, courts or administrative procedures. In addition, about 65 Tribes are state recognised, because they have similar relationships with an individual state.

American Indian identification is based on Tribal membership with each Tribe setting its own criteria. Federal services, like the Indian Health Service, are often limited to members of federally recognised Tribes. In 1924, the American Indian Citizenship Act gave most American Indians the right to vote. The Alaska Native Claims Settlement Act (1971) set aside lands for residence and subsistence for Alaska Natives.

Social and demographic factors

According to the 2010 census, about 5.9 million people, or just under 2 per cent of the total US population of almost 309 million, reported being AIAN. Approximately half of these people (2.9 million) identified AIAN as their only race, while half reported being of mixed race. In 2014, the median age of the AIAN population was more than six years younger than for the US population.

The AIAN population is concentrated geographically with about half living in the western USA or Oklahoma. About 33 per cent of AIAN people live on reservations or other American Indian areas or Native Alaska Villages. The AIAN people come together regularly for Intertribal powwows, celebrations and environmental causes.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2007–09 (IN)
2009 (BM)

73.7



78.5

Rate difference:
-4.8

The life expectancy at birth of AIAN people was nearly 5 years less than for the US population.

INFANT MORTALITY RATE

Year: 2010

Rate difference:
2.2

8.3



6.1

Two more AIAN infants than US infants died per 1,000 live births.

LOW BIRTH WEIGHT

Year: 2010

Rate difference:
-0.5%

7.7%



8.2%

The prevalence of low birth weight was slightly less among AIAN babies (by -0.5%).

HIGH BIRTH WEIGHT

Year: 2010

Rate difference:
0.7%

1.7%



1.0%

The prevalence of high birth-weight babies was about 1/3 higher among AIAN babies than for the USA.

CHILD OBESITY

Year: 2008 (IN)
2007–08 (BM)

Rate difference:
12.9%

31.0%



18.1%

Obesity among children occurred in about one in three AIAN children compared to nearly one in five US children.

EDUCATIONAL ATTAINMENT

Year: 2012

Rate difference:
-7.6%

78.8%



86.4%

86.4% of US adults graduated from high school after 12 years of schooling compared to 78.8% of AIAN adults.

LOW ECONOMIC STATUS

Year: 2012

Rate difference:
13.2%

29.1%



15.9%

AIAN individuals had nearly twice the poverty rate of US adults.

United States of America: Native Hawaiians and Other Pacific Islanders

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History and culture

Native Hawaiians are the Indigenous people of Hawai'i. 'Other Pacific Islanders (OPI)' refers to the original peoples of Guam, Samoa, or other Pacific Islands of Polynesia, Melanesia and Micronesia and incorporates hundreds of unique cultures, ethnicities and languages. This section focuses on the three largest Indigenous Pacific Islander populations in the United States of America (USA), Native Hawaiian (NH), American Samoan (AS) and Chamorro (CH) from Guam in the Mariana Islands.

Pacific Islanders were sailing throughout the Pacific for thousands of years prior to European contact. The Mariana Islands (Micronesia) were settled around 2000 BC, Samoa (Polynesia) around 1000 BC and Hawai'i (Polynesia) around 1000 AD. After European contact in 1521, Guam was alternately colonized by Spain, Japan and the USA. In Samoa, European contact began in 1772 with numerous countries subsequently vying for control. In Hawai'i, British contact in 1778 led to American colonisation.

Traditionally, Pacific Islander culture emphasized communalism, collectivism and a close spiritual relationship with nature reflected in prudent resource management and advanced sustainable practices. Polynesians share a common culture and similar languages whereas Micronesians have many different cultures and languages.

Due to foreign diseases, NH and CH populations declined more than 90 per cent. Colonisation brought Christianity, capitalism and conflicting values causing health and social disparities. Becoming minorities in their homeland compounded NH losses of land, language and culture. The 1970s cultural renaissance revived NH cultural practices, language and connection to land. Chamorro endured more than 300 years of colonisation. Extended families and a deep respect for elders help maintain core cultural values. In contrast, American Samoan people make up over 90 per cent of the population of American Samoa, land remains largely communally owned and village life endures with extended families guided by *fa'a Samoa* ('the Samoan way').

Legal and political status

King Kamehameha first united the Hawaiian Islands to form the Kingdom of Hawai'i which was overthrown in 1893 by American missionary descendants with US assistance. An illegal annexation by the USA in 1898 resulted in Hawai'i becoming a US territory, and in 1959, the 50th US state. Many NHs maintain that Hawai'i is an independent nation. Despite a Presidential apology for the overthrow (Apology Resolution 1993), NHs have no legal status or special rights as Indigenous people. Multiple conflicts for control over Samoa involving Germany, Great Britain and the USA led to a division into American and Western Samoa in 1899. American Samoa was ceded to the USA by its High Chiefs and the treaties of cession were ratified by the US Congress in 1929 making it a US Territory and its people, US nationals (not citizens). The USA took over Guam from Spain after the 1898 Spanish-American War. Japan captured it during World War II but US forces reclaimed it in 1944. The 1950 US Organic Act for Guam made Guam an unincorporated territory and granted residents US citizenship.

Social and demographic factors

The Hawaiian Islands span 1500 miles across the north-central Pacific Ocean. In the 2010 US Census, there were 527,077 NHs making up 0.17 per cent of the US population. There are 289,970 NHs living in Hawai'i (22.4 per cent of the population). The south Pacific islands and atolls of American Samoa have a population of 55,519. Another 184,440 Samoans live in the USA. Guam, a 212 square mile island, is located in the western Pacific on the southernmost end of the Mariana Islands. The Chamorro population numbers 69,098 out of a total population of 159,358. The Chamorro diaspora has resulted in 147,798 living in the USA. The relative size of the NH/OPI populations means that data about their health and wellbeing is usually grouped together which makes it difficult to see differences between NH/OPI groups.

Indigenous Population vs Benchmark Population

LIFE EXPECTANCY AT BIRTH

Year: 2000

Rate difference:
-2.5

74.3



76.8

The life expectancy at birth of Native Hawaiians (NH) was 2.5 years less than for the US population.

INFANT MORTALITY RATE

Year: 2013 (IN)
2010 (BM)

Rate difference:
-0.3

5.8



6.1

Infant mortality rate was essentially the same for Native Hawaiians and US infants.

LOW BIRTH WEIGHT

Year: 2010

Rate difference:
0.1%

8.3%



8.2%

Low birth weight prevalence was essentially the same for Native Hawaiians and US babies.

HIGH BIRTH WEIGHT

Year: 2013

Rate difference:
0.0%

0.9%



0.9%

No difference was found between Native Hawaiian and all US babies.

ADULT OBESITY

Year: 2013

Rate difference:
19.8%

39.0%



19.2%

Obesity is twice as prevalent in Native Hawaiian adults as it is in the US population.

EDUCATIONAL ATTAINMENT

Year: 2012

Rate difference:
-1.0%

85.4%



86.4%

The rate of graduation among Native Hawaiian and Other Pacific Islander (NHOP) adults was 1% less than for all Americans.

LOW ECONOMIC STATUS

Year: 2012

Rate difference:
5.4%

21.3%



15.9%

NHOP had a poverty rate 5% higher than the US population.

Venezuela: Indigenous Peoples (multiple groups)

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History and culture

People were living in Venezuela at least 15,000 years ago. They were semi-nomadic hunter-gatherers and fishers and are thought to have originated from central Asia. Indigenous communities were formed by families who were self-sufficient and independent both politically and economically.

The Arawak and Carib were the most prominent Indigenous groups when the Spanish arrived in 1492. The Indigenous peoples were experts in hunting and cultivating crops. Many died as a result of disease and war while resisting Spanish colonisation. Indigenous groups also suffered a loss of cultural identity, including loss of language, from integration with both the European colonizers and African slaves. This led some Indigenous groups to relocate to more remote areas to ensure their survival. The colonial government established *resguardos* (reserves) that allowed Indigenous communities to maintain their communal property system. After the war of independence (1810–23) there was conflict over whether the new republic would maintain separate Indigenous communities or integrate them, with the former position reflected in the Constitution of 1858.

The Venezuelan Indigenous movement is active across Venezuela, campaigning for ancestral lands, human rights and improved health and education services. Indigenous foods are central to the Venezuelan diet. The Wayuu (or Guajiros), the largest of the Indigenous groups, speak their own language and continue to practice their own distinct rituals, ceremonial dances, traditional medicine, arts and crafts.

Legal and political status

Venezuela has had 26 Constitutions. While the Constitution of 1858 treated Indigenous people as separate and under 'special laws,' the 1901 Constitution stated that they were ineligible to vote in elections. In the 1947 Constitution special laws seeking to both integrate the Indigenous population while also keeping them as distinct groups were introduced.

The 1961 Constitution included Indigenous populations in the *campesinos* (peasants) group.

The current Constitution of the Bolivarian Republic of Venezuela, adopted in 1999, recognised the rights of Indigenous peoples over their territory as a primary law, however conflicts over land ownership continue. The government ratified the ILO's Indigenous and Tribal People's Convention in 2002 and has passed laws to implement Indigenous rights. There are three positions for Indigenous representatives in the National Assembly (parliament) who must speak their language and be able to exercise traditional authority functions in their community. All citizens have the right to vote in the election of these representatives.

Social and demographic factors

Venezuela has more than 40 Indigenous ethnic groups. In 2011 Indigenous groups numbered over 725,000 people, or 2.7 per cent of the total Venezuelan population. In 30 years of census data collection the reported Indigenous population increased fivefold as a result of both improvements in data collection and incentives to identify as Indigenous offered by increased rights, especially access to land. The Wayuu people make up more than half of the total Indigenous population and live in the dry lands and coastal areas of both Venezuela and Colombia. Indigenous people also reside in Amazonas state where they represent over 50 per cent of the total population. Indigenous people are increasingly urbanized with over 60 per cent currently living in urban areas.

The Indigenous population has lower levels of literacy and poor access to safer drinking water and health services. Health indicators in Amazonas state where 20 distinct Indigenous peoples live are significantly lower than the rest of Venezuela—with poor infrastructure and high levels of malnutrition and infectious diseases. The Department for Indigenous Health was established by the Venezuelan government in 2003 but has had varying degrees of success in recognizing the cultural practices and traditional medicine of Indigenous groups and increasing access to comprehensive health care.

Indigenous Population vs Benchmark Population

INFANT MORTALITY RATE

Year: 2001

Rate difference:
24.5

44.1



19.6

24.5 more Indigenous infants than non-Indigenous infants died per 1000 live births.

EDUCATIONAL ATTAINMENT

Year: 2011

Rate difference:
-25.0%

35.0%



60.0%

Indigenous adults are less likely than non-Indigenous adults to have attained a year nine qualification or equivalent.

LOW ECONOMIC STATUS

Year: 2011

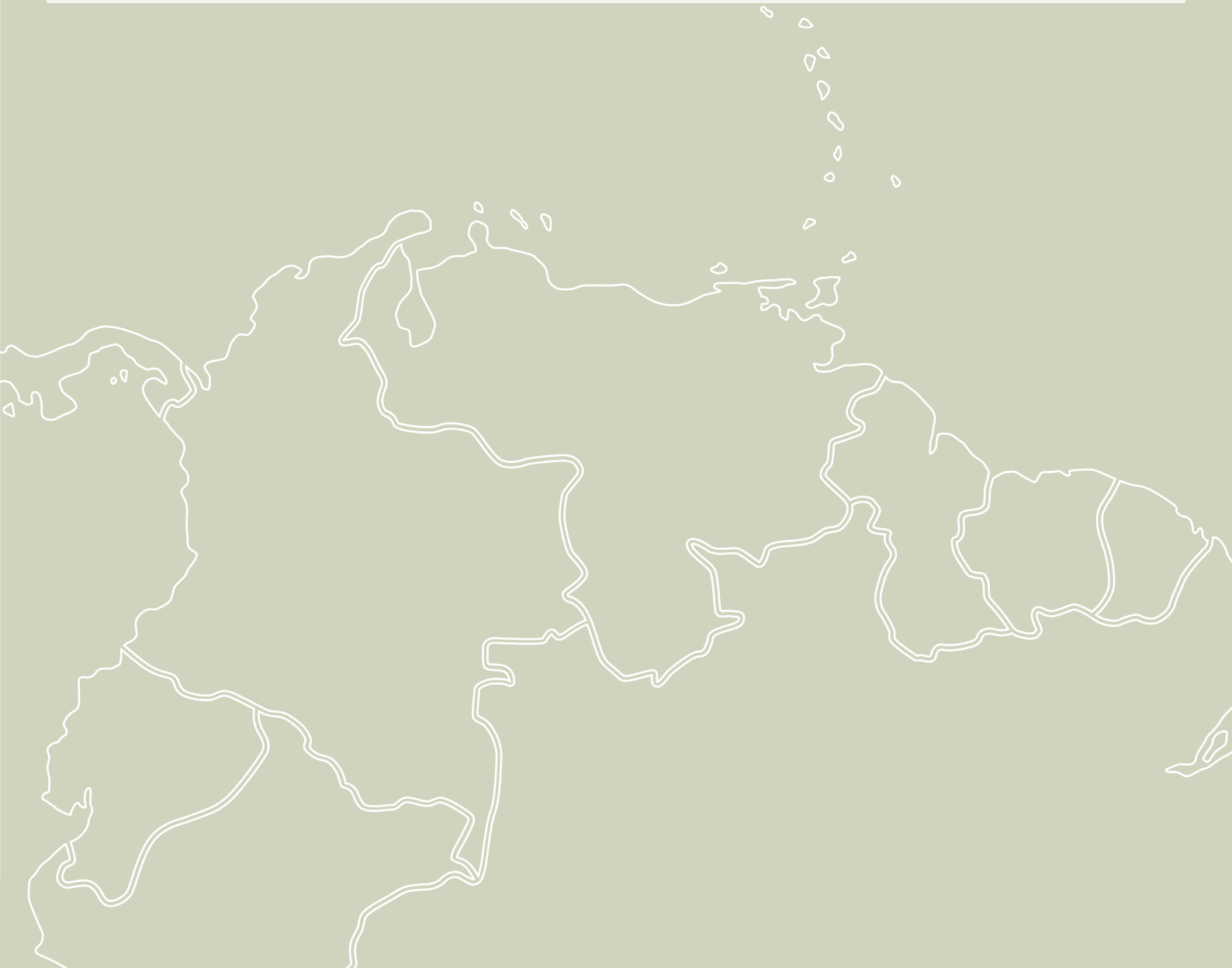
Rate difference:
42.3%

69.7%



27.4%

Nearly 70% of Indigenous households have income below the poverty line compared to less than 30% of non-Indigenous households.



Appendix 1:

Available Indicators and the Groups Measured by Country

Country and Indigenous groups included	Indigenous populations		Benchmark populations	
	Available indicator	Group measured	Available indicator	Group measured
Aotearoa New Zealand: Māori People	AI	Māori	AI	Non-Māori population of New Zealand
Australia: Aboriginal and Torres Strait Islanders	AI	Aboriginal and Torres Strait Islanders	AI	Non-Aboriginal and Torres Strait Islanders
Brazil: Indigenous groups	AI	Indigenous groups	IMR, BW, CM, AO	Total population of Brazil
			EA, ES	Non-Indigenous population of Brazil
Cameroon: Baka	AI	Baka	AI	Total population of Cameroon
Canada: First Nations, Inuit, Métis	LEAB, EA	First Nations, Inuit, Métis (separate)	LEAB, IMR, BW, EA, ES	Total population of Canada
	IMR, BW, ES	First Nations		
	CO	First Nations, Inuit, Métis (one result)	CO, AO	Non-Aboriginal population of Canada
	AO	Aboriginal		
Chile: Mapuche	IMR	Mapuche in Araucania	IMR	Total population of Chile
	BW, CM, CO	Mapuche in Chile	BW, CM, CO	Non-Mapuche population of Chile
	EA	Alacalufe, Atacameño, Aymara, Colla, Mapuche, Quechua, Rapanui, Yamana/Yagan	EA	Population of Chile excluding Alacalufe, Atacameño, Aymara etc.
	ES	Aymara, Rapanui, Quechua, Mapuche, Atacameño, Coya, Kawesqar, Yagan, Diaguita	ES	Population of Chile excluding Aymara, Rapanui, Quechua etc.
China: Dai	LEAB, BW, CM, CO	Dai in Yunnan province	LEAB, BW, CM, CO	Han in Yunnan
	IMR, MMR	Dai in Dehong Dai-Jinpo Autonomous Prefecture and in Dehong Xishuangbanna Dai Autonomous Prefecture	IMR, MMR	Han in Kunming
	EA	Dai in China	EA	Han in China
	ES	Rural Dai in Dehong Dai-Jinpo Autonomous Prefecture and in Dehong Xishuangbanna Dai Autonomous Prefecture	ES	Rural Han in Kunming
China: Tibet	LEAB, IMR, MMR, EA, ES	Population of Tibetan Autonomous Region	LEAB, IMR, MMR, CO, AO, EA, ES	Total population of China
	BW, CM, CO	Tibetans in Lhasa	BW	Non-Tibetans in Lhasa
	AO	Population of urban and rural Lhasa	CM	Han in Lhasa

	Indigenous populations		Benchmark populations	
Country and Indigenous groups included	Available indicator	Group measured	Available indicator	Group measured
Colombia: Indigenous peoples	AI	Indigenous peoples	IMR, MMR, BW	Total population of Colombia
			CM, CO, AO	Non-Indigenous population of Colombia
Greenland: Inuit	AI	Inuit	LEAB, IMR, MMR, BW, CO, AO	Total population of Denmark
			CM	Benchmark excluded
India: Scheduled Tribes	LEAB, IMR, EA, ES	Scheduled Tribes population of India	LEAB, IMR, EA, ES	Non-Scheduled Tribes population of India
	CM, CO, AO	Tribal population of India	CM, CO, AO	Rural population of India
Kenya: Maasai	AI	Maasai	AI	Total population of Kenya
Myanmar: Mon	BW, CO, CM, EA, ES	Population of Mon state	AI	Total population of Myanmar
	AO	Mon in Myanmar		
Nepal: Sherpa, Rai, Magar and Tamang	LEAB	Total population of Solukhumbu district	LEAB	Total population of Nepal
	MMR, BW	Sherpa, Rai, Magar and Tamang population of the Solukhumbu district	MMR, BW	Non-Indigenous population of the Solukhumbu district
	EA	Sherpa in Nepal	EA	Brahmin in Nepal
	ES	Indigenous people in the hill and mountainous regions of Nepal	ES	Non-Indigenous Brahmin and Chettri population in the hill and mountainous regions of Nepal
Nigeria: Fulani	AI	Fulani Nomads	AI	Total population of Nigeria
Nigeria: Ijaw	AI	Ijaw	AI	Total population of Nigeria
Norway: Sami	LEAB	Population of Sami settlement areas	LEAB	Population of the non-Sami settlement areas north of the Arctic
	AO, EA	Sami	AO, EA	Non-Indigenous population of Norway
Pakistan: FATA	AI	Population of the FATA area	AI	Total population of Pakistan
Panama: Kuna Yala, Emberá–Wounaan, Ngäbe Buglé	LEAB, IMR, MMR, CM	Population of Kuna Yala, Emberá–Wounaan, Ngäbe Bugle regions	LEAB, IMR, MMR, CM	Population of Panama except Kuna Yala, Emberá–Wounaan, Ngäbe Bugle regions
	EA, ES	Kuna, Ngäbe Bugle, Teribe/Naso, Bokota, Emberá–Wounaan, and Bri Bri peoples	EA	Population of Panama except Kuna, Ngäbe Bugle, Teribe/Naso etc.
			ES	Non-Indigenous population of Panama
Peru: Indigenous Amazonians	IMR, BW, EA, ES	Amazonian speakers of Peru	IMR, BW, EA, ES	Spanish speakers of Peru
	CM	Total population of the Amazonian region	CM	Total population of the Lima/Metropolitan region
Russia: Nenets	AI	Nenets in the Yamalo–Nenets Autonomous Okrug	AI	Total population of the Yamalo–Nenets Autonomous Okrug
Sweden: Sami	AI	Sami	LEAB, IMR, EA, ES	Population of Sweden excluding communities with high proportion of Sami
			BW	Population of Sweden outside of the Sami administrative area

	Indigenous populations		Benchmark populations	
Country and Indigenous groups included	Available indicator	Group measured	Available indicator	Group measured
Thailand: ethnic minorities	AI	Ethnic minorities	AI	Thai speaking population of Thailand
USA: American Indians, Alaska Natives	AI	American Indians and Alaska Natives	AI	Total population of USA
USA: Native Hawaiians and Pacific Islanders	LEAB, IMR, BW, AO	Native Hawaiians in Hawai'i	LEAB, BW, EA, ES	Total population of USA
	EA, ES	Native Hawaiians and other Pacific Islanders	IMR, AO	Non-Indigenous population of Hawai'i
Venezuela: Indigenous groups	AI	Indigenous groups	AI	Non-Indigenous population of Venezuela

Appendix 2:

Description of the Health Related Measures Used

Life expectancy at birth

The average number of years that a group of newborn babies would be expected to live if current death rates remain unchanged (data for the calculation of life expectancy was generally derived from life tables).

Infant mortality rate

The number of infant deaths (at less than 12 months of age) per 1000 live births.

Maternal mortality ratio

Maternal deaths per 100,000 live births. Maternal deaths were defined as deaths directly or indirectly relating to a pregnancy or its management, which occur during pregnancy, delivery, or within 42 days of giving birth.

Exceptions

Australia, China (Dai and Tibet) and Colombia measured maternal deaths per 100,000 women who gave birth. New Zealand measured maternal deaths per 100,000 pregnancies.

Birth weight

Low birth weight is defined as being less than 2500g. High birth weight is defined as 4500g or more.

Exceptions

Canada, Chile and Colombia defined high birth weight as 4000g or more.

Child malnutrition

Measured either stunting or underweight. *Stunting* was defined as being below minus two standard deviations from the median height for age of the reference population described in the WHO recommended guidelines (WHO 2006). *Underweight* was defined as when the body-mass index [BMI] of the child was less than Cole's Cutoff (Cole et al. 2000).

Child obesity

A range of measures was used including the following;

- Australia, China/Tibet, Greenland and New Zealand used Cole's Cutoff (Cole et al. 2000).
- Canada, China/Dai, Colombia, India, Myanmar, Nigeria/Ijaw and USA used the WHO standard (WHO 2006).
- Chile used the National Center for Health Statistics, Centers for Disease Control and Prevention growth charts (NCHS/CDC n.d.).

Adult obesity

Measured BMI greater than 30.0 kg/m²

Exceptions

Nigeria/Fulani measured BMI greater than 25.0 kg/m²

Educational attainment

Measured either literacy or school completion. Literacy was defined by the ability to read and write. School completion was defined by completing year 12 or equivalent years of schooling.

Exceptions

- Cameroon measured primary school attendance.
- China /Dai and Venezuela measured attaining year 9 qualification equivalent.
- Myanmar measured secondary school net enrolment rates.

Economic status

Measured either household income or individual income. *Low household income* was defined when households had income less than the national minimum wage or the poverty line. *Low individual income* was defined as the number of individuals living below the national poverty line.

Exceptions

- Peru measured poverty based on meeting basic needs.
- Sweden measured individuals earning less than SEK100,000 (US\$12,138) in annual earned income.
- Thailand measured households with household wealth index in the lowest quintile.

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