

**Sexual and Reproductive Rights and Health:  
Perceptions, Problems, and Priorities Identified by Asháninka Women  
of the Río Ene Region**

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**(This summary is adapted from the Executive Summary of the full study)**

The Association for the Conservation of Cutivireni Heritage (ACPC) has been working with the Asháninka communities of the Rio Tambo district of the Peruvian Amazon since 1987. As part of its larger women's program, ACPC's reproductive health program aims to improve Asháninka women's health using a culturally sensitive, human rights approach. Basing their work on the philosophy that women must recognize their fundamental right to adequate health before they can live truly healthy and productive lives, the program's goal is to reconcile Asháninka women's health needs with the principles that structure their natural and social environments.

ACPC launched its reproductive health program in 2002 with a participatory research project supported by IWHC. The results of this project are discussed in detail in the full report, entitled "Salud y Derechos Sexuales y Reproductivos: Percepciones, Problemas y Prioridades Definidos por Mujeres Asháninkas del Río Ene" ("Sexual and Reproductive Rights and Health: Perceptions, Problems and Priorities defined by Asháninka women of the Rio Ene"). A link to the full report (in Spanish), as well as a Spanish version of this executive summary, are available at the links below.

Recognizing the significance of the knowledge gleaned from the project, ACPC was motivated to share their findings with a broader audience. It is ACPC's hope that their experience with Asháninka women will serve both as a model for future work with indigenous populations on sexual and reproductive health, as well as proof that such work need not undermine or disrespect traditional beliefs and practices related to health.

Following is a brief description of the research methodology, the results obtained, and a list of preliminary actions to improve indigenous women's reproductive health and protect their rights, based on the knowledge gleaned from the women of Rio Ene:

Objective

The principal objective of the research was (1) to identify and analyze Asháninka women's health practices and priority concerns and (2) to use the knowledge obtained to develop and implement local projects and initiatives aimed at improving women's reproductive health.

Workshop Structure

A total of 107 women between the ages of 12 and 55 from four Asháninka communities (Cutivireni, Camantavishi, Quempiri, and Anexo Yotayo) participated in the two-day research workshop. First, participants retraced their personal life histories to gain insight

into their own reproductive life cycles and gender identities. Through the information shared, workshop leaders were able to determine how the participants understood broader concepts such as health, illness, and wellbeing.

To determine the women's most pressing health needs, workshop leaders showed overheads with illustrations of health-related issues (for example, early pregnancy, hemorrhaging, and vaginal infections) and asked the participants to prioritize them by vote. Using a "tree of causes and consequences," workshop leaders then determined women's depth of knowledge about these health issues: their causes, consequences, and potential solutions, as well as what resources were available for addressing them.

### Summary of Results

The Asháninka understand wellbeing as the maintenance of equilibrium between the community and its surroundings, encompassing the individual's relationship to family members, the community, and the natural environment. Illnesses are understood as physical manifestations of a disruption in the spiritual and supernatural forces that maintain this equilibrium. Recovering from illness is understood not only as an end in itself, but also as a means of reestablishing this equilibrium.

The phases of a woman's reproductive life cycle are based in ritual and myth, with great significance placed on the transition from childhood to young adulthood. The Asháninka mark this transition with a series of initiation rites that recognize not only physical changes in the woman, but also the expectation that she will now assume a new set of roles and responsibilities within the community. The average age of marriage for women is between 15 and 19, but it is not uncommon for girls as young as 12 to be married shortly following their first menstrual cycle. Considering that many of the health problems identified by Asháninka women result from early sexual activity, and that 48 percent of the Asháninka population is under the age of 15, a clear need exists to educate adolescents about the intertwining themes of health, sexuality, and gender.

When asked to identify their most pressing health concerns, women mentioned early marriage and pregnancy, sexual violence (including marital rape), high number of children, and internal pains and hemorrhaging. Among the Asháninka, women's sexuality is understood in terms of men's needs and expectations. Women "please" men and provide them with children for fear that if they fail to do so, they will be abandoned. Women put their desired number of children at 4 or 5, but given difficulties associated with contraception and men's desire for large families, the average number of children per woman is 7 or 8. Women acknowledge that children constitute a valuable extra labor force for the family and the community, but they also recognize that having so many pregnancies does not allow for an adequate standard of health and nutrition within the family. They also point out that frequent pregnancy and childbearing accelerates the deterioration of their own health.

Violence against women is both physical and psychological, a by-product of the power imbalance in married couples. Men decide how many children women will have and often coerce women into sexual relations or accuse them of infidelity if they resist sexual

advances. Women internalize this behavior as legitimate given their subordinated roles in the social structure of the communities.

Although women have access to a range of modern contraceptives, they avoid them, fearing adverse health effects and opting instead to use traditional methods of contraception based on medicinal herbs and plants. The community suffers from a marked lack of information about the variety of contraceptive methods available, their side effects, and their appropriate use. The women use the public health system as a last resort, primarily because they are not accustomed to being examined and often feel ashamed. Other reasons include language and cultural barriers with local medical staff, who are primarily Spanish-speaking and male, and the high cost of prescription drugs.

#### Future Actions

These findings indicate a clear need for investments in Asháninka women's health at both the community and policy level, and IWHC is supporting preliminary programs and initiatives designed by ACPC in response to this need. As a first step, women from within the communities who speak both Asháninka and Spanish will be trained to be sexual and reproductive health promoters, and organized to plan and execute small-scale projects and local initiatives. Based in Asháninka villages and intimately aware of their community's health need and concerns, these health promoters will help to bridge the linguistic and cultural gaps between Asháninka women and local service providers, who are primarily Spanish-speaking and male. They will also be in an ideal position to advocate for Asháninka women at the local policy level.

In order to raise awareness of indigenous women's perspectives on their own sexual and reproductive health needs, ACPC will share their research findings with local health providers and decisions makers. It is ACPC's hope that this increased awareness, combined with pressure from Asháninka health promoters, will help generate the necessary political will among decision makers to design programs and policies that are sensitive to gender and culture, and informed by women's own perspectives on their health.

#### **Related Resources**

To read a Spanish version of this Executive Summary, please visit <http://www.geocities.com/acpcweb/prmujer.htm>.

To read ACPC's full report in Spanish, please visit <http://www.geocities.com/acpcweb/salud.htm>.