

# The Sociodemographic Situation of Indigenous Peoples in Latin America and the Caribbean

Analysis in the context of aging and COVID-19





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The purpose of the series is to provide regular updates on the different areas of action of the Decade of Healthy Aging (2021–2030) in the Region, as well as on other related aspects.

The collaboration of the experts from PAHO, the United Nations and the Inter-American System, and the academic world who participated in the initiative and formulated essential feedback and recommendations for the project to see the light is appreciated.

## Introduction

The complex situations and unique characteristics of indigenous peoples in Latin America and the Caribbean merit this special edition, which analyzes their current status and the outlook for their future. Despite the progress made in recent years in terms of formal recognition of their rights, indigenous peoples are still unable to exercise all these rights. This makes them some of the most socially, economically, demographically, and culturally vulnerable groups.

Indigenous peoples have many distinctive characteristics that require special consideration for an understanding of healthy aging: different populational aging processes, intertwined structural problems (including marked inequalities compared to the non-indigenous population), conflicts over land and territories, and cultural aspects related to how old age, aging, health and healthy living are envisaged and interpreted.

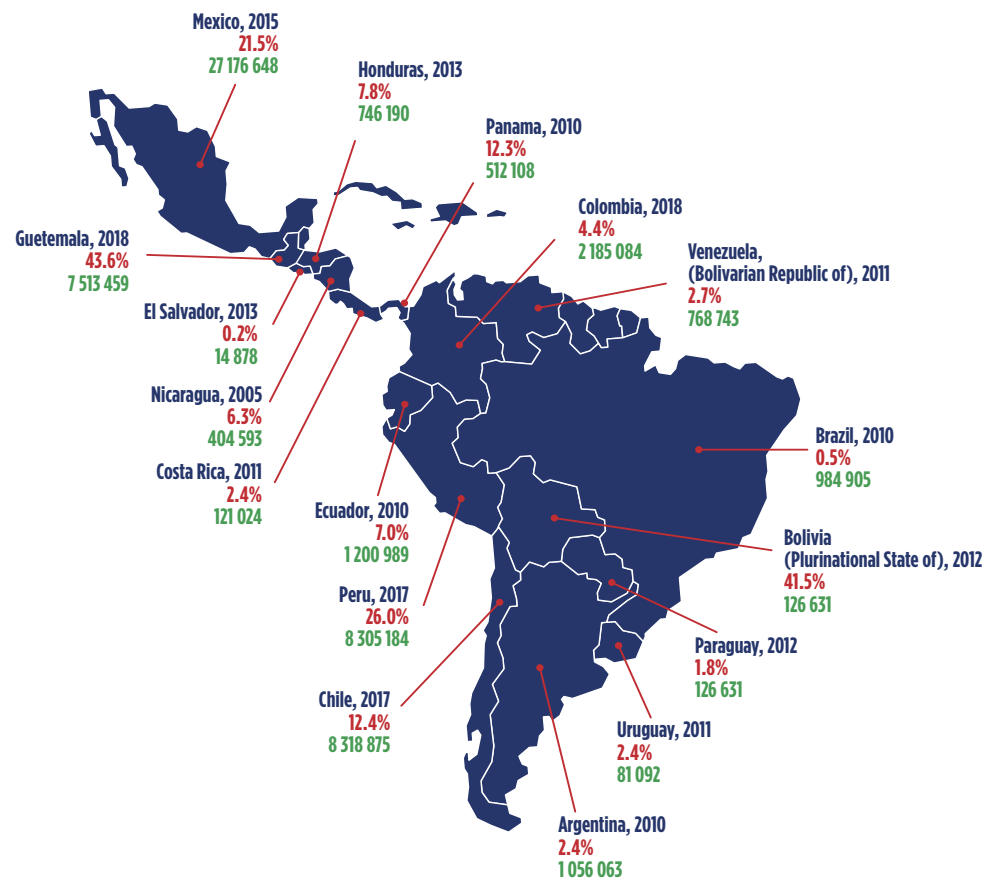
The following chapters address these topics. The second chapter summarizes contextual information regarding the size, location, and distribution of the population, in addition to structural inequalities affecting women. The third chapter presents the conceptual specifics on healthy aging and the fourth chapter presents the demographic aging of indigenous peoples. The fifth chapter focuses on the social, economic, and cultural situation of older indigenous people. It includes sections devoted to the role of older people in indigenous societies, their households, and their participation in the labor market, as well as a section on older people and disability. Finally, conclusions are presented.

## Sociodemographic context of indigenous peoples in Latin America

Based on the most recent population censuses, in 2018 there were about 58 million indigenous people in Latin America, equivalent to 10% of the total population of the subregion. In each country the situation varies widely, both in terms of the number of people (Mexico is the country with the largest indigenous population, with around 27 million) and relative weight (Figure 1). In countries such as the Plurinational State of Bolivia and Guatemala, the indigenous population represents more than 40% of the population. These are followed by Peru (26%) and Mexico (21%). In the rest of the countries, the indigenous population is less than 10% of the total population (7).

In most countries, indigenous people continue to primarily live in rural areas associated with their ancestral territories, but there is marked heterogeneity between countries and between indigenous groups. The 2010 censuses showed that in four of 12 of the countries with available information, the majority of indigenous people lived in cities, often in extreme poverty in marginal areas, with trouble accessing basic services and decent jobs. All of this is evidence of the structural discrimination they experience (7).

**Figure 1.** Population that self-identifies as indigenous



*Note:* Data from 17 Latin American countries, based on the latest available census and 2018 estimates.

*Source:* Economic Commission for Latin America and the Caribbean, Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean. The Indigenous Peoples of Latin America - Abya Yala and the 2030 Agenda for Sustainable Development: Tensions and Challenges from a Territorial Perspective. Santiago, Chile: Economic Commission for Latin America and the Caribbean. 2020. Available from: <https://repositorio.cepal.org/handle/11362/45664>:

The more than 800 indigenous groups in Latin America also live in heterogeneous demographic, social, territorial, and political situations (7). There are indigenous communities that remain eminently rural; others comprise large settlements in urban areas; there are transnational peoples and even peoples living in voluntary isolation. In addition, in Latin

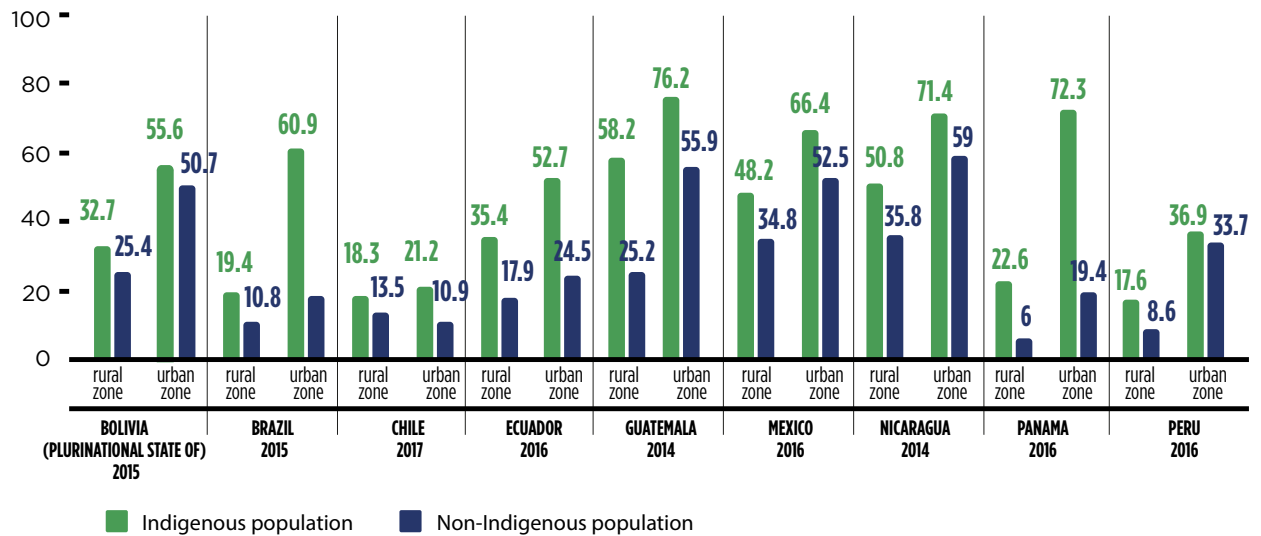


America there are peoples who “exhibit great fragility and are in danger of physical or cultural disappearance” (2). Despite their differences, the following situations are characteristic of indigenous populations in the subregion, which differentiate them from non-indigenous populations and are relevant when addressing healthy aging.

First, indigenous peoples suffer the greatest structural inequalities in Latin America as a result of complex social, economic, cultural, and political situations that began during the Conquest and colonial period. This is when discriminatory practices were naturalized, jeopardizing these peoples’ relationship with their territory, the exercise of their rights and, therefore, their individual and collective well-being (1). These realities are reflected in, among other issues, levels of material poverty, literacy and schooling, and access to quality health care and good jobs, which are significantly different from those of non-indigenous populations, as shown in various studies (1, 3, 4).

In this regard, the proportions of the population living in poverty, including extreme poverty, are higher among the indigenous population than among the non-indigenous population in all countries, even those where the incidence of poverty is relatively low. The gaps between the two populations vary from country to country, with Panama having the greatest inequalities between the indigenous and non-indigenous populations (1).

It is common to think that indigenous populations have higher levels of poverty than the non-indigenous population because they reside primarily in rural areas. However, when inequalities are analyzed considering the area of residence (Figure 2), we see that gaps between indigenous and non-indigenous populations persist, although poverty levels in cities tend to be lower.

**Figure 2.** Indigenous and non-indigenous population living in poverty, by area of residence

*Note:* Data from nine Latin American countries.

*Source:* Adapted from the Economic Commission for Latin America and the Caribbean, Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean. The Indigenous Peoples of Latin America - Abya Yala and the 2030 Agenda for Sustainable Development: Tensions and Challenges from a Territorial Perspective. Santiago, Chile: Economic Commission for Latin America and the Caribbean. 2020. Available from: <https://repositorio.cepal.org/handle/11362/45664>

Previous studies have also shown how these ethnic inequalities are aggravated when territorial, gender, and generational factors intersect, and how these in turn accumulate throughout life and ultimately impact indigenous people during old age. Therefore, an intersectional analysis that emphasizes the situation of women is essential.

## Discrimination and violence against indigenous women

It is important to highlight the serious situation of indigenous women as a consequence of the intertwining of gender and ethnic discrimination historically, in “a system that has marginalized them from the economic, social, and political spheres, giving them an identity of impoverishment and victimhood” (5). The structural inequalities they experience manifest themselves in different areas:

- in poverty, with gender and ethnic gaps in their participation in the labor market, income levels, retirement age, access to pensions, and pension amounts;
- in education, with barriers to accessing education, educational coverage, and the quality of education;

- in health care, due to the difficulty of accessing it and the lack of culturally appropriate services in indigenous territories;
- in the exercise of power and decision-making, since indigenous women have historically been relegated to the domestic sphere;
- in the different forms of violence they experience, perpetrated by both indigenous and non-indigenous people (see Box 1).

Regarding the latter, the Inter-American Commission on Human Rights (IACHR) has described the different forms and contexts in which violence against indigenous women occurs (6). This can be summarized as follows:

- In armed conflict and the militarization of indigenous lands, women are victims of sexual violence, trafficking, slavery, disappearances, and killings perpetrated by both State and non-State actors.
- Development projects that involve the commodification of land are marked by sexual violence and the trafficking of women.
- At the household level, although domestic violence is difficult to quantify since it is generally not reported, the IACHR states that “indigenous women are much more likely to be victims of domestic violence than non-indigenous women” and emphasizes that “the consequences of domestic violence are likely to be more acute for indigenous women due to the lack of access to support and justice services because of their unique cultural and economic circumstances” (6).
- In the area of economic, social, and cultural rights, indigenous women’s access to health care, education, good jobs, and political participation is compromised by the discrimination they experience, among other factors.

The historical absence of information and data on the problems affecting indigenous women has contributed to their invisibility. However, indigenous women, through perseverance and constant work, have managed to organize and achieve a common position to fight in defense of their rights and those of their peoples. They have achieved recognition from the international community and their demands are included in development agendas. However, progress in the exercise of both individual and collective rights is less promising (1, 5, 7).

### **BOX 1.** Gender-based violence in indigenous communities

Interview of Tarcila Rivera Zea, member of the United Nations Permanent Forum on Indigenous Issues and founder of the non-governmental organization Chirapaq, Center for Indigenous Cultures

#### **What types of gender-based violence are most significant and recurrent within indigenous communities?**

We prefer to speak of “violences” in the plural. We speak of “violences” because of the urgent need to link the violence that indigenous women repeatedly experience with violence against our individual and collective rights. In this plurality, discrimination and racism is the violence that acts as an umbrella covering other forms of violence, since States and citizens often make us invisible and ignore us.

We indigenous women suffer physical, psychological, spiritual, sexual, and economic harms caused, among other things, by sexual violence used as a strategy of war; exploitation or enslavement for domestic work; female genital mutilation; forced recruitment of our sons and daughters; criminalization of protest for the defense of our lands and territories; theft of our children in contexts of dictatorship; and forced displacement from our territories, which intensifies in contexts of armed conflict and climate change.

Among the problems faced, I would mention that when attempting to provide care for victims, there are recurrent obstacles in record-keeping that does not register ethnicity, and in the absence of a comprehensive approach. There is an absence of in-depth analysis of the immediate and forces that perpetuate these violences, and basic services are not sufficiently staffed with sensitized personnel.

Similarly, the dialogue between ordinary and customary law is weak and uncoordinated. Despite the recognition of ancestral justice by some States in the hemisphere, respect for traditional structures of justice is still a challenge. Similarly, States do not uphold their international commitments or enforce national laws in favor of indigenous peoples and women, reflecting the interests of major economic players.

Violence against indigenous women, youths, and girls is directly or indirectly linked to poverty, hunger, health, education, water availability, gender inequality, economic growth, sustainable consumption and production, climate change, sustainable use of terrestrial ecosystems, and promotion of peaceful societies.

(...)

The issue is serious not only because of the numbers, but also because of impunity and indifference, although society has begun to much more vigorously express its repudiation of this in recent years.

The prostitution of Wayuu girls in Venezuela, cases of female mutilation in Colombia, femicide, high numbers of early pregnancies in Peru and other countries in the region, and the murder and persecution of indigenous defenders of collective rights require concrete actions and decisions.

**Source:** UN Women. Latin America and the Caribbean. Para las niñas y Mujeres indígenas las violencias se tienen que abordar en plural: Tarcila Rivera Zea [Internet]. New York: UN Women; 2017. Available from: <https://lac.unwomen.org/es/noticias-y-eventos/articulos/2017/04/las-violencias-en-plural-tarcila-zea>

## Specific concepts regarding healthy aging

The World Health Organization (WHO) defines healthy aging as “the process of developing and maintaining the functional ability that enables well-being in older age.” Functional ability reflects a person’s physical and mental capacities, the environments they inhabit, and the ways in which people interact with their environment (8). To understand the situation of older indigenous people and be able to discuss healthy aging, we must approach it from the standpoint of indigenous people themselves. It is essential to know when old age and aging begin, how health and being healthy are defined, and how this is related to people’s environment. In this document, as we highlight the importance of territory for indigenous peoples, a key concept emerges: living well (“buen vivir” in Spanish).

There are different definitions of old age and aging and these have different meanings in different cultures. Sandra Huenchuán summarizes what the aging process means from an indigenous perspective. She draws a distinction among three elements to explain these differences: one’s conception of age and old age, one’s role, and one’s social position (9). One’s role and social position are discussed in the second section of the fifth chapter.

As for when old age begins, the author points out that, unlike Western cultures that go by chronological age, generally set at 60 years, for indigenous peoples physiological age prevails; this is related to the loss of certain instrumental and functional capacities required to maintain autonomy and independence:

For many indigenous people, old age truly begins when they can no longer carry out tasks or activities for the maintenance of their families or the material reproduction of the community. It becomes time to assume new functions, but in no case will this mean the loss of a sense of belonging or inclusion in the community. Rather, it will draw new responsibilities and thus require the ability to adapt, not only for the individual, but also in the way the family and the larger community are organized (9).

To understand how indigenous people view well-being and healthy aging, one cannot ignore the *buen vivir* (living well) paradigm.<sup>1</sup> *Living well* contains a wide variety of interests and meanings. In the Andean version, it is a concept that understands well-being in community (rather than individual) terms, including ancestors, subsequent generations,

<sup>1</sup> In the original languages, this concept is called *sumak kawsay* (Quechua), *suma qamaña* (Aymara), *kume mongen* (Mapuche), *utz k’aslemal* (Maya), *ñande reko* (Guarani), *lekil kuxlejal* (Tzeltal), and *shiir waras* (achuar), among many others (1).

and nature, given the interdependence of human beings with the land. This implies a departure from individual and universalist thought, and from colonizing and European ideologies. Instead, it pursues an ecocentric or biocentric concept, with a future horizon that seeks to achieve present and future well-being between humans and non-humans (1, 10, 11), governed by the principles of reciprocity, cooperation, and complementarity, where economic growth is subordinated and approached with a view to conservation and appreciation of life.

According to David Choquehuanca, there are four fundamental principles of living well (*suma qamaña*) (1):

- knowing how to listen, that is, listening to human beings, listening to Pachamama and nature;
- knowing how to share, which implies being able to distribute wealth in a balanced way among all, as an alternative to competition;
- knowing how to live in harmony and complementarity as human beings and, especially, with Mother Earth; and
- Knowing how to dream to defend identity and to achieve complementarity.

Among the main aspects of living well are (1, 12):

- living life in balance with all beings within a community, which can be understood as building equitable social relationships without exclusion;
- considering and treating the Earth as our mother and not as a commodity, means of production, or object of speculation;
- rationally using and distributing natural resources; and
- prioritizing cosmic rights over human rights.

Living well gives rise to a concept of health which, for indigenous peoples, includes harmony among individuals, communities, and their territorial, social, cultural, spiritual, environmental, and cosmic surroundings. Indigenous medical systems understand health

as the balance between natural and spiritual forces, between individuals

and communities. Consequently, disease is viewed as an alteration of that balance, and healing as its restoration. This holistic vision implies that the right to health is directly related to other rights, including cultural integrity, territorial rights (which, for example, enable the practice of traditional medicine), and food autonomy (13).

Returning to the WHO definition of healthy aging and “the ways that people interact with their environment,” it is important to highlight the meaning of territory and the value it holds for indigenous peoples. In recognition of this link/unity, the IACHR affirms that “for indigenous communities, the relationship to the land is not merely a matter of possession and production, but a material and spiritual element that they must fully enjoy, including to preserve their cultural legacy and transmit it to future generations” (14). Along the same lines, the main international rights treaties establish that survival, organized survival, identity, and cultural integrity of indigenous peoples “are based on the collective right to access and control the territories they have historically possessed, including the natural resources available there” (7). Despite this recognition and legal advances made in recognizing the territorial rights of indigenous peoples, the exercise of these rights remains limited.

In fact, several studies have shown implementation gaps with respect to territorial rights and an increase in the criminalization and militarization of territories, which has a direct impact on the well-being of indigenous peoples and older people (7). Moreover, the survival of some indigenous peoples is endangered by a confluence of multiple factors stemming from a development model based on the expansion of mining and agribusiness, which spoils territories, contaminates waters, diverts rivers, and degrades soils, etc. (7). This threatens the health of indigenous peoples, which is manifested in indicators of malnutrition, high mortality, and persistent infectious and contagious diseases along with an increase in chronic and degenerative diseases (1, 4).

## Demographic aging of indigenous peoples

The demographic situation of indigenous peoples is heterogeneous, as they display different levels, patterns, and trends in the variables that define demographic dynamics such as fertility, mortality, and migration. One common factor is a trend toward reduced fertility and reduced early child mortality, indicators that help increase life expectancy. These processes are reflected in the age structure of the indigenous population, with a reduction in the relative weight of young people and an increase in the proportion of the population aged 60 and over, who are reaching increasingly advanced ages. Thus, although in most

countries indigenous populations still have younger age structures than non-indigenous populations, it can be said that indigenous peoples have already begun the aging process (1).

This reality is depicted in Figure 3, in which the percentage of the indigenous and non-indigenous population aged 60 and over is shown in comparative perspective,<sup>2</sup> revealing different trends:

- Uruguay and Chile stand out as the most aged countries, with the highest percentage of indigenous population aged 60 and over. The high percentage of people aged 80 and over is particularly striking. While the non-indigenous population in these countries is older than the indigenous population, it is interesting to note that the indigenous population in these two countries exceeds the levels of aging of the non-indigenous population in most of the remaining countries.
- The Plurinational State of Bolivia and Costa Rica are in a very unique situation since they are the only ones in which the aging of the indigenous population exceeds that of the non-indigenous population. However, data for the Plurinational State of Bolivia should be treated with caution, as potential problems in indigenous self-identification have been detected (1).
- In Ecuador, the level of aging of the indigenous population is similar to that of the non-indigenous population.
- In the rest of the countries, there is greater aging of the non-indigenous population than of the indigenous population, although to different degrees: in Argentina, Brazil, and Colombia (in that order), indigenous populations have advanced the most in the transition, followed by Guatemala, the Bolivarian Republic of Venezuela and, finally, Panama, where the proportion of indigenous population aged 60 and over is close to 5%.

When interpreting these data, it is important to remember that in each country the age structure of peoples is different, primarily due to fertility, a variable that is linked to the cultural and social patterns of each group (see Box 2). In addition, the trends observed in countries at the aggregate level (total indigenous) reflect the trends in larger indigenous groups, obscuring the situation of smaller indigenous groups.

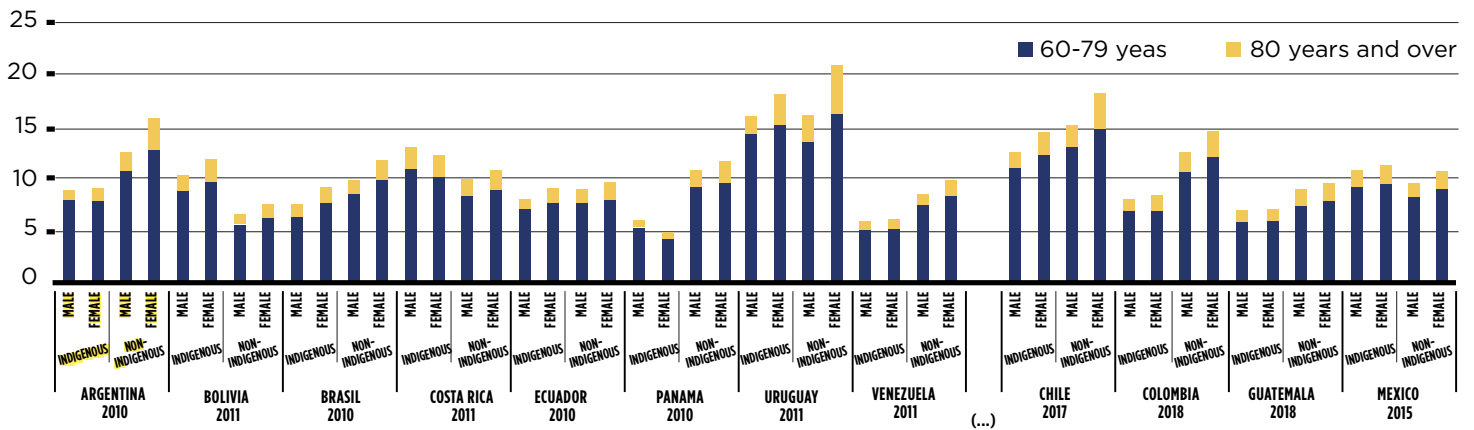
Likewise, if the data were analyzed according to area of residence,

<sup>2</sup> Data comes from the last available census in each country; when making comparisons, it should be noted that the graphs reflect different moments in time.



differences would also be seen, mainly in cities, where the age structure is affected by migration and displacement from the territories of origin. In these urban contexts, there is generally a higher proportion of indigenous people of reproductive and economically active age (between 15 and 59 years of age) and a lower proportion of children and adolescents under 15 years of age compared to the relative weight of these age groups in rural areas (15). The counterpart to this phenomenon is rural indigenous communities with a large presence of older people, women, and children.

**Figure 3.** Indigenous and non-indigenous population aged 60 and over, by sex and age group



**Note:** Data from 12 Latin American countries.

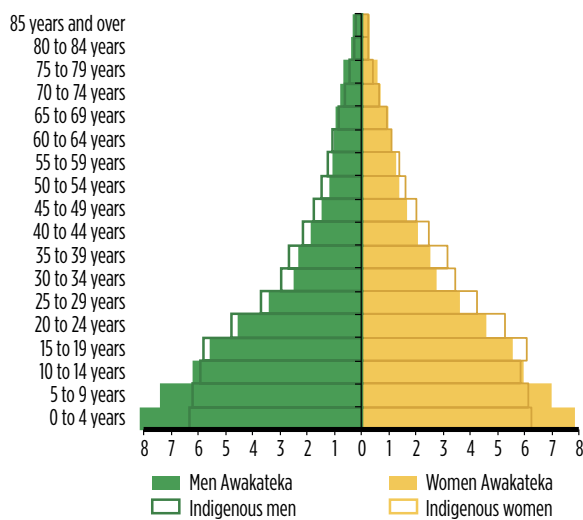
**Source:** Data processed by the Economic Commission for Latin America and the Caribbean, based on the most current population and household censuses available.

## BOX 2. Example of the demographic dynamics of indigenous peoples in Guatemala

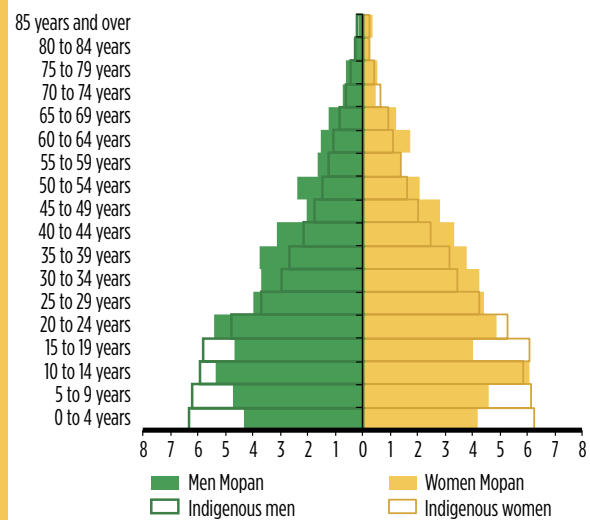
The demographic dynamics of different indigenous peoples must be analyzed in each country, since country-level outcomes are determined by the largest indigenous groups. As illustrated in the graph of four linguistic communities from the Maya people of Guatemala, there is great heterogeneity in the various peoples or communities. From the last census it can be seen that the Awakateka people have a very young population structure compared to the rest of the selected communities (Q'eqchi', K'iche' and Mopan). In addition, the aging pyramid of the Mopan community, with a census population of 3,360 people in 2018, serves as an alert to the demographic fragility that this population could be experiencing, and the need to analyze the factors underlying these results, including possible problems with self-identification.

### Guatemala: Population pyramids of the indigenous population and selected Mayan linguistic communities

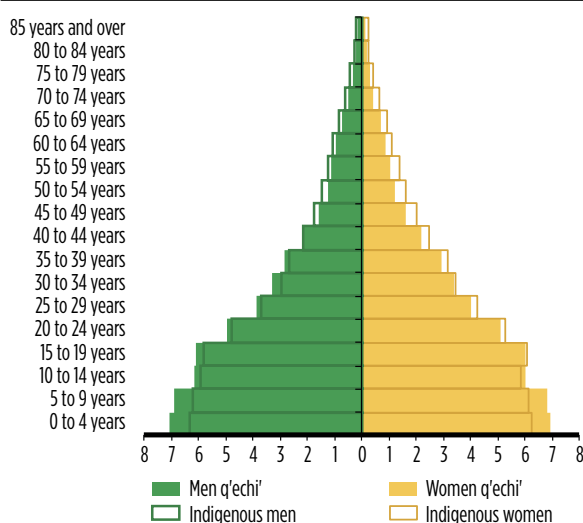
**A. Awakateka people and total indigenous population**



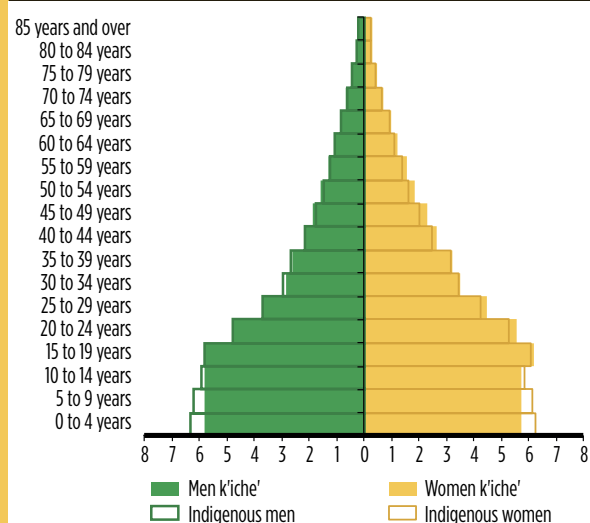
**B. Mopan people and total indigenous population**



**C. Q'eqchi' people and total indigenous population**



**D. K'iche' people and total indigenous population**



**Source:** Economic Commission for Latin America and the Caribbean, Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean, The Indigenous Peoples of Latin America - Abya Yala and the 2030 Agenda for Sustainable Development: Tensions and Challenges from a Territorial Perspective. Santiago, Chile: Economic Commission for Latin America and the Caribbean. 2020. Available from: <https://repositorio.cepal.org/handle/11362/45664>

In terms of public policy, it is not only important to know the degree of aging and the relative weight of the population of older adults (an issue analyzed in previous paragraphs), but also the composition by sex. The general trend in the populations reveals a phenomenon known as the 'feminization' of old age, that is, a greater number of women than men, which increases with age. The explanation lies in the longer life expectancy of women. To measure this behavior, the femininity index of a population is used, which represents the number of women for every 100 men. For the above reasons, their values are expected to be greater than 100.

Figure 4 shows the femininity index of the indigenous population for two age groups: 60 to 79 years old and 80 years and over. In all countries, with the exception of Costa Rica and Panama, values greater than 100 are observed and as expected, the difference becomes greater as age increases due to excess male mortality.<sup>3</sup>

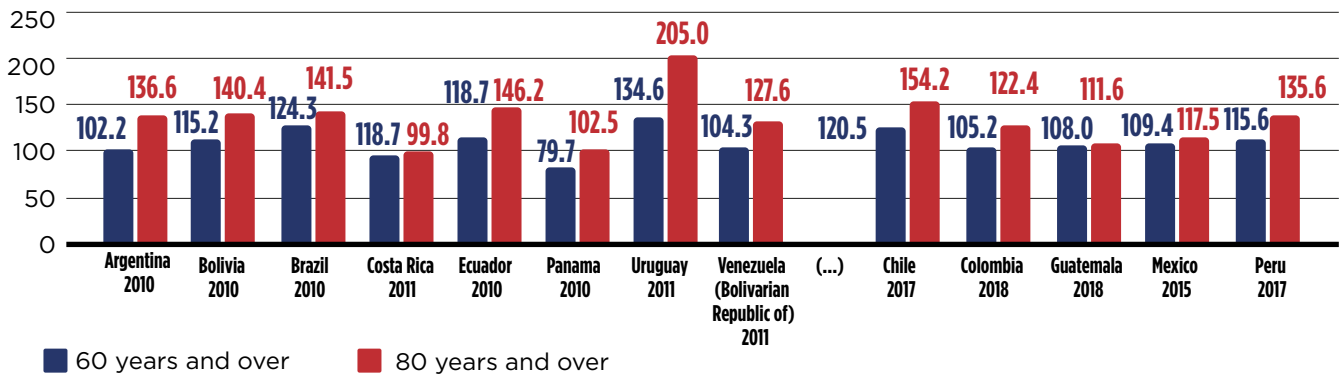
When behavior moves away from this pattern, as is the case in Costa Rica and Panama, it may be a consequence of significant differential mortality (for example, very high maternal mortality that is then reflected in old age or differential migration by sex). However, in the case of indigenous populations, taking into account that the data come from censuses, it is possible that the explanation is also related to biases in differential ethnic self-identification by sex and age. Thus, the analysis of these issues requires a more detailed look.

Notwithstanding the above, and returning to the general trend in the countries, Figure 4 shows different levels of feminization in the 60 to 79 years age group. According to the 2010 census round, the indigenous peoples of Argentina and the Bolivarian Republic of Venezuela have more similar numbers of men and women (with rates of 102 and 104 women per 100 men, respectively), along with Colombia (105). At the other extreme is Uruguay, with 134 women for every 100 men.

Figure 4 also shows that, in countries with more recent censuses, such as Colombia, Guatemala, and Mexico, the increased feminization of old age among indigenous peoples is less pronounced than in other countries. This could be a consequence of a reduced gap in indigenous life expectancy between the sexes. These possible scenarios need to be examined more carefully. Undoubtedly, these different structures and dynamics in the composition of the population of older adults must be considered in public policies within the framework of the cultural specificities of indigenous peoples.

<sup>3</sup> This is analysed by comparing the feminization index of the 60 to 79 years age group with that of 80 years and over.

**Figure 4.** Femininity index of the indigenous population aged 60 to 79 years and 80 years and over



**Note:** Data from 13 Latin American countries.

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

## The social, economic, and cultural situation of older indigenous people

### Availability of information

First of all, there is a lack of systematic, updated information to determine the number of indigenous people living in Latin America and their realities, mainly because there are not enough data sources that include questions about ethnic identification. The number of countries that include questions on indigenous identification and the indigenous group to which one belongs has increased in the latest rounds of population and household censuses, especially since 2010. This has been possible thanks to the involvement of indigenous organizations, the support of international organizations and academics, and positive responses from the countries.

In this context, it is also worth noting that household surveys in some Latin American countries include the variable of ethnic identification. Based on a sample of households, these surveys complement the census information and provide data on various sociodemographic and economic issues more regularly than censuses. Mention should also be made of the significant lags that persist in terms of continuous record-keeping, which is reflected in the paucity of disaggregated health information for indigenous peoples, an issue that was clear in the context of the coronavirus disease (COVID-19) pandemic.

Therefore, this section mainly uses data from the censuses of five countries (Chile, Colombia, Guatemala, Mexico, and Peru), selected for

having the most recent census information and also accounting for 80% of the indigenous population of Latin America (15, 16). Data from recent household surveys conducted in 10 Latin American countries (2015 and 2016) are also presented. Due to the special interest in showing inequality when compared to the non-indigenous population, comparable indicators are used for the two populations, based on the chronological age of 60 years.

## Role of older people in indigenous societies

In indigenous communities, each person is assigned a role within the family, according to their stage of life and sex. In these family- and culture-centered societies, the role of older people is to pass on their knowledge and culture to younger generations (9). These people are moral authorities and spiritual guides, valued for their knowledge and wisdom. Unlike in Western societies, where older people many times assume a passive and dependent role, older people in indigenous communities have a participatory and consultative role in problem-solving and decisions that affect the whole community. They are the ones who have the last word.

In this regard, traditional healers stand out. Theirs is a function exercised by certain older people—men or women, depending on each culture—according to patterns passed down from generation to generation. They are the ones who preserve ancestral knowledge and practices and have the power or authority to choose their successors. In the current context of COVID-19, both traditional healers and indigenous elders in general have played a central role in the multiple actions carried out to mitigate the effects of the pandemic, including initiatives related to the generation of data on infections and deaths in their communities; launching information and awareness-raising campaigns on how to prevent spread of the virus; adopting containment and mitigation measures, such as cordons sanitaires, prohibition of access to communities, surveillance, community supervision, and creation of movement and isolation protocols; use and promotion of traditional medicine; and adoption of measures to ensure food security (16). As for social position in old age, “in families, both men and women generally increase their status with age, and the transition to old age often marks the pinnacle of the social position that an individual—at least a man—can attain” (9). Some authors have pointed out that as the demographic transition advances, migration and social transformations take place, and there is greater contact with the hegemonic culture, this status has been relativized (17) (see Box 3).

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**BOX 3. Male Old Age in Mexico**

Indigenous older men are generically perceived to hold power in the community through political institutions such as the Council of Elders; understand the oral tradition and rituals of the community; control the means of production; act as counselors; serve as “leading” citizens who exercise social control through their knowledge and experience; and be the shamans, who know the secrets of medicine, magic, and sorcery, making them potentially harmful or healing, depending on the circumstances. As “idealized” figures, they are feared, protected, loved, obeyed, and respected not only by their own families, but by the community as a whole, because time has crowned them with a high social status as revered older men. We do not know if such an idyllic old age ever existed. The social reality is much too complex to have such a uniform notion of “traditional” indigenous old age.

We note that the supposed “authority” that the indigenous elder has over the family and society is rapidly disappearing, due to changes in the family structure from extended to nuclear, and from endogamous to exogamous, and due to changing lifestyles, all propitiated by the demographic transition. In society’s spheres of power, political spaces are conquered by young people and middle-aged adults.

**Source:** Based on Reyes Gómez L. *Envejecer en Chiapas. Etnogerontología zoque*. México: Programa de Investigaciones Multidisciplinarias sobre Mesoamérica y el Sureste de la Universidad Nacional Autónoma de México, Instituto de Estudios Indígenas de la Universidad Autónoma de Chiapas; 2002. Available from: <https://www.cimsur.unam.mx/index.php/publicacion/obra/120>

In the case of older indigenous women, usually only those who have served as healer or midwife or who share a civil or religious position with their husbands maintain their status (18) (see Box 4). The rest of the women, who have had a lifetime of unequal opportunities, are ignored in their old age. This is even more true in cities, where there is less respect for older people and traditional roles are disappearing (16). Therefore, when studying indigenous aging, analysis must be contextualized to the sociocultural and territorial realities of each people.

#### **BOX 4.** Old age in indigenous women in Mexico

In ethnographic studies, old age in indigenous women is described tangentially, subordinated to the male social role. In other words, there are few studies that examine the aging of women; in this research, indigenous women play a secondary role. With the exception of their activity as healers, midwives, or skilled craftswomen, older women do not have an impact on community political decisions.

Generally, the role of older indigenous women has been circumscribed to domestic work, while they are excluded from inheriting material goods. The subordinate role of older women is perceptible from an early age in aspects such as the imposition of marriage, submission to the husband, and less access to schooling, among other limitations. And when a woman reaches old age, these restrictions are exacerbated, especially in widowhood. (...)

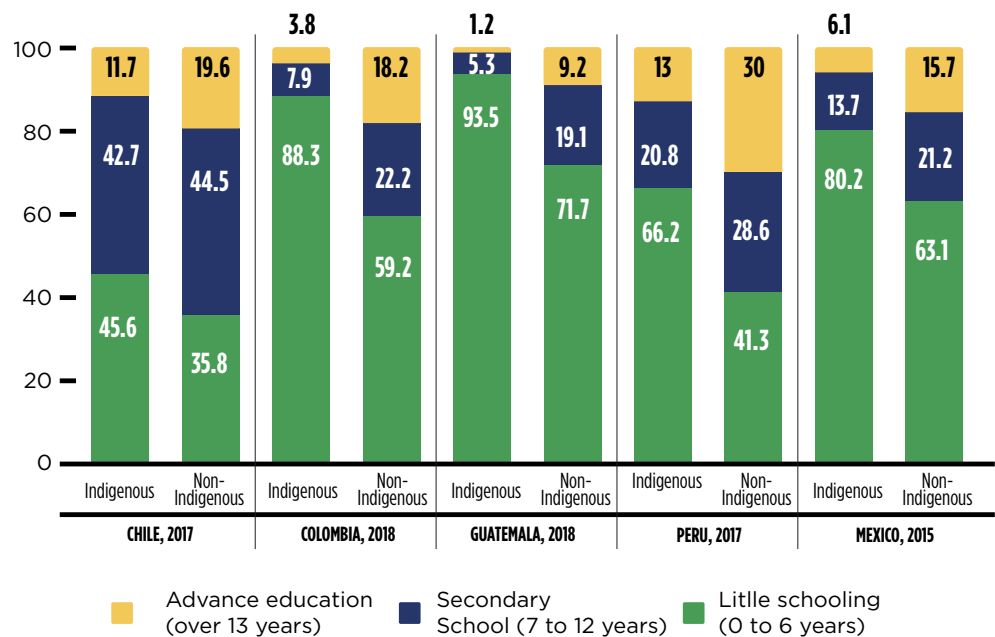
In communities where craft traditions are still practiced, such as pottery, weaving, etc., rites of initiation and teaching are entrusted to older women, that is, to the “old ladies.” In the therapeutic field, only a few older women who practice as healers and midwives are recognized, especially in the care of pregnancy, childbirth, and the puerperium.

Source: Villasana Benítez S, Reyes Gómez L. Diagnóstico sociodemográfico de los adultos mayores indígenas de México. México: Comisión Nacional para el Desarrollo de los Pueblos Indígenas del Programa de las Naciones Unidas para el Desarrollo; 2006. Available from: [https://www.researchgate.net/publication/323202590\\_Diagnostico\\_Sociodemografico\\_de\\_los\\_Adultos\\_Mayores\\_Indigenas\\_de\\_Mexico](https://www.researchgate.net/publication/323202590_Diagnostico_Sociodemografico_de_los_Adultos_Mayores_Indigenas_de_Mexico).

## **Households of older indigenous people**

### **Educational level of the head of household**

One way to find evidence of the socioeconomic status of the household—a factor that can influence the well-being of older people—is by looking at the number of years of schooling achieved by the person who heads the household. Of the countries with the most recent census information (Figure 5), Guatemala, Colombia, Mexico and Peru (in that order) have high percentages of older people living in indigenous households headed by a person with between 0 and 6 years of schooling (93.5%, 88.3%, 80.2% and 66.2%, respectively); there are significant gaps compared to non-indigenous older people. At the opposite end of the spectrum, Chile has higher levels of education and smaller differences between the indigenous and non-indigenous population.

**Figure 5.** People 60 years of age and over, by years of schooling of the head of household

**Note:** Data from five Latin America countries

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

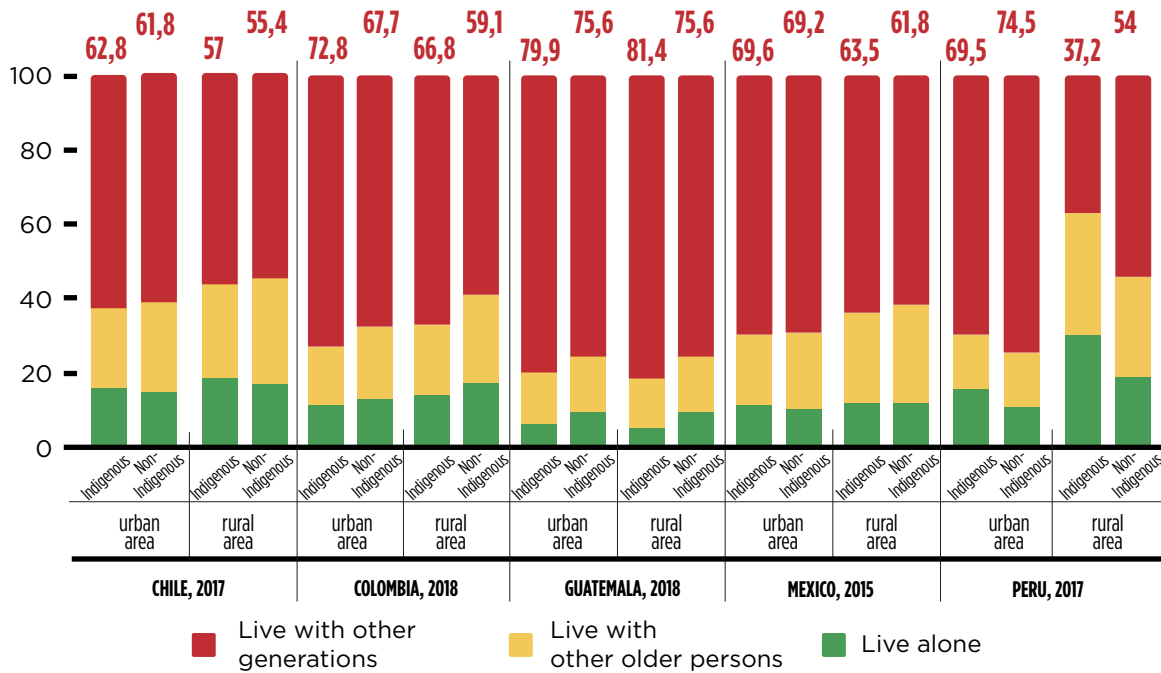
## Living arrangements

Depending on their household configuration, indigenous older people must use different strategies to carry out their daily activities and ensure their survival. A key issue affecting the well-being of older people is with whom they share their household. Some older people live alone, others share their home only with other seniors, and some with other generations. Figure 6 highlights the high proportion of indigenous older people who belong to multi-generational households. The highest levels are found in Guatemala (79.9% in urban areas and 81.4% in rural areas), followed by Colombia (72.8% in urban areas and 66.8% in rural areas) and Mexico (69.6% in urban areas and 63.5% in rural areas). In addition, the general trend indicates that intergenerational living arrangements are higher in cities than in rural areas, with the exception of Guatemala.

It is also important to note that the values observed in indigenous populations are always higher than those of non-indigenous populations, perhaps due to cultural differences. In Latin America it is known that indigenous households are bigger than non-indigenous ones due to high fertility rates and the preservation of larger family structures. However, it may also be due to socio-economic survival strategies in situations of scarce resources and the lack of social protection in old age (19).



**Figure 6.** Indigenous and non-indigenous population aged 60 years and over, by intergenerational cohabitation and area of residence



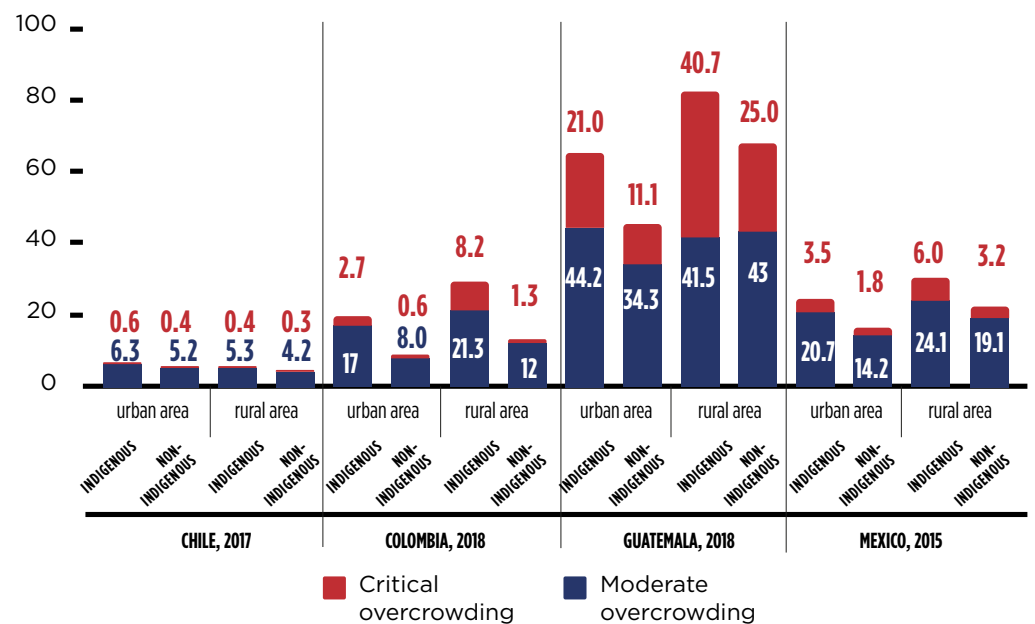
Note: Data from five Latin American countries.

**Source:** Adapted from the Economic Commission for Latin America and the Caribbean, et al. The impact of COVID-19 on indigenous peoples in Latin America. Abya Yala: between invisibility and collective resistance. Project Documents (LC/TS.2020/171). Santiago, Chile: Economic Commission for Latin America and the Caribbean. 2020. Available from: <https://repositorio.cepal.org/handle/11362/46543>

It bears mention that living arrangements may pose one of the highest risks associated with COVID-19. Although cohabitation can be beneficial for older people when isolating themselves from public spaces and obtaining assistance for basic care, it can also contribute to overcrowding, particularly when there are no housing policies to ensure the well-being of indigenous peoples, much less appropriate cultural patterns (15).

In this sense, Figure 7 shows that in all countries where information is available, the percentage of adults in overcrowded homes is higher in indigenous populations than among non-indigenous ones. This not only indicates lower levels of well-being, but also a greater vulnerability to intra-household infection (see Box 5). Guatemala stands out in this figure, where more than 80% of indigenous older people in rural areas and more than 65% of those in urban areas live in conditions of overcrowding. This is followed by Colombia (20% in urban areas and 29.5% in rural areas) and Mexico (24.2% in urban areas and 30% in rural areas). Chile is different: this is the country with the lowest levels of overcrowding, and also the one in which the trend between urban and rural areas is reversed (7% in urban areas and 6% in rural areas).

**Figure 7.** Indigenous and non-indigenous population aged 60 and over living in overcrowding, by area of residence



**Note:** Data from four Latin American countries.

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

### BOX 5. Overcrowding and vulnerability to the spread of coronavirus disease

One of the factors that inevitably favors the spread of coronavirus disease (COVID-19) among indigenous peoples is poverty. For example, in the indigenous communities of the Caribbean Coast (Nicaragua), normally three to five families (15 to 20 people) live in a single household. These family clusters make distancing and isolation measures impossible, both before and after contracting the disease. Many families and individuals in indigenous communities have acute symptoms of COVID-19 and are even believed to die from it, although this cannot be said with certainty, since the cause of death cannot be scientifically proven. Low-income people are also forced to move in labor camps or in cities to buy basic groceries, such as soap, salt, and oil. On these trips they are exposed to the virus, and they cannot afford the most common and recommended hygiene supplies to prevent contagion, such as hydroalcoholic gel, soap, and masks.

**Source:** Based on Larry Salomon P. La Coronavirus en los Pueblos Indígenas de la Costa Caribe (Tagusgalpa) de Nicaragua [Internet]. Nicaragua: Plataforma Indígena Regional frente al COVID-19; 2020. Available from: <https://indigenascovid19.red/archivos/12011>.

## Material living conditions

The material conditions in which indigenous older people live reveal their level of well-being. These are also key factors for ensuring the health and survival of people, particularly in the context of the COVID-19 pandemic. Based on the available information, there are high proportions of indigenous populations aged 60 and over without access to water and sanitation in all countries. This is systematically accompanied by large gaps between indigenous and non-indigenous populations, inequalities that persist in both urban and rural areas (Figures 8 and 9). These inequalities, coupled with overcrowding, highlight the greater risk of infection and spread of the virus in the indigenous population than in the non-indigenous population.

Another important issue is the quality and frequency of access to water, as well as sanitation. The Economic Commission for Latin America and the Caribbean (ECLAC) says:

It is important to note that indicators on adequate access to water and sanitation, taken from censuses or surveys, usually only capture information on how access is available in homes, and do not measure the quality of water or the daily frequency with which it reaches households. Nor do they report whether there is adequate treatment of waste before it returns to nature, often contaminating water systems that will later be the source of water for many people (19).

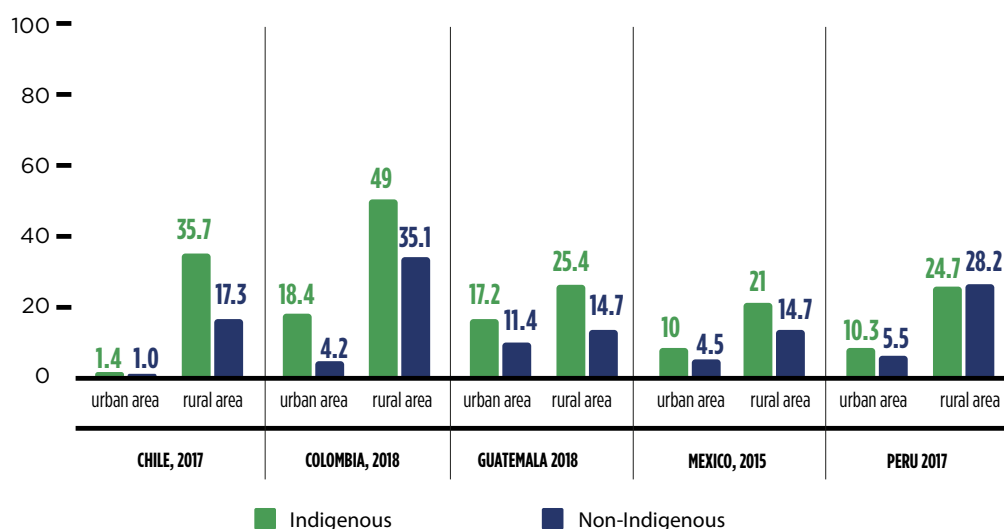
If these aspects were considered, the vulnerabilities identified in this section would perhaps be even greater. It should also be mentioned that conflicts over territories, mining activities, and agribusiness that continue to spread in indigenous territories increasingly threaten access to water, representing unacceptable setbacks in the exercise of rights.

### Drinking-water

It is widely known that water is very important for hygiene, cleaning, and the disinfection of hands, objects, and surfaces to prevent the spread of COVID-19. The greatest deprivations are in rural areas (Figure 8), particularly rural areas in Colombia and Chile, where the proportion of indigenous population aged 60 and over without access to drinking water is 49% and 35.7%, respectively. In the rest of the countries, the values range between 21% and 25%. In urban areas, the greatest deprivations occur in Colombia (18.4%) and Guatemala (17.2%). In Mexico and Peru, levels are close to 10%. In Chile, the situation is more favorable, with only 1.4% of the urban indigenous population lacking

access to drinking water. Inequalities between indigenous and non-indigenous populations are observed in all countries. The only case where this gap does not exist is rural Peru. However, there the levels of deprivation are high for both populations (in the indigenous population aged 60 and over it is almost 25%, while for the same age group in the non-indigenous population it is 28.2%).

**Figure 8.** Indigenous and non-indigenous population aged 60 and over living in homes without access to drinking water, by area of residence



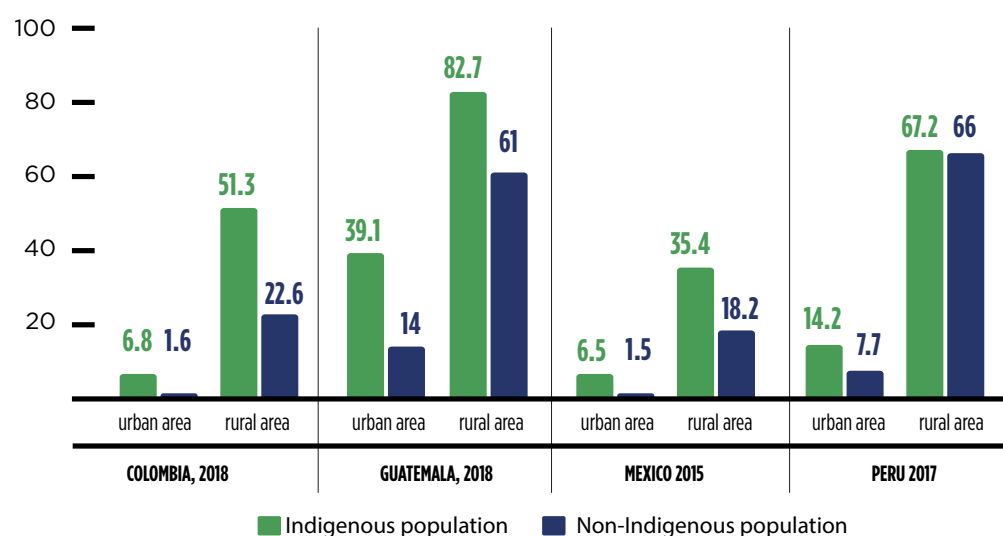
**Note:** Data from five Latin American countries.

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

## Sanitation

The percentage of older people without sanitation services is even higher than those without access to safe drinking water. In rural areas, Guatemala stands out with 82.7% of indigenous people over 60 years of age lacking this service, followed by Peru (67.2%), Colombia (51.3%) and Mexico (35.4%). In urban areas, the countries with the biggest gap in sanitation services are Guatemala and Peru, with rates of 39.1% and 14.5%, respectively (Figure 9).

**Figure 9.** Indigenous and non-indigenous population aged 60 and over living in homes without access to sanitation services, by area of residence



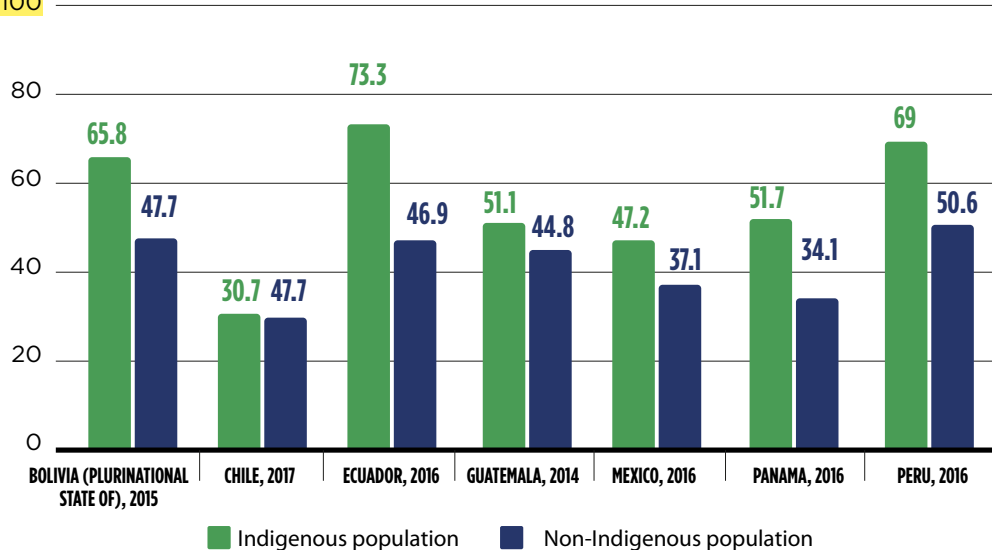
**Note:** Data from four Latin American countries.

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

## Participation of older indigenous people in the labor force

Figure 10 shows an interesting situation with regard to the labor market. The indigenous population aged 60 and over has higher levels of labor participation than the non-indigenous population in the seven countries with available information. This phenomenon, which is growing in rural areas, may have different explanations. The first is that, among indigenous peoples, older people play a very active role in the dynamics of production, working until older ages than non-indigenous people (7). In addition, as will be seen below, the lack of social protection also obliges these people to remain active in the labor market.

**Figure 10.** Labor participation rate of indigenous and non-indigenous population aged 60 and over

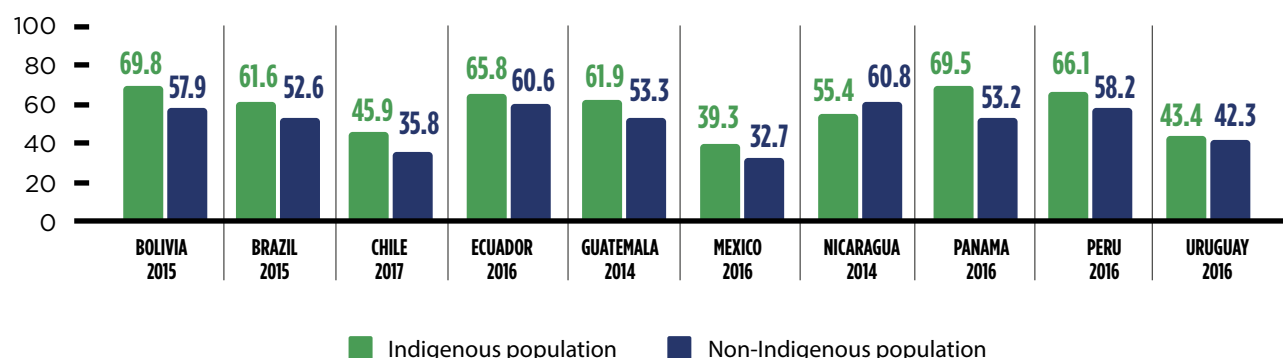


**Note:** Data from seven Latin American countries.

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

Although it is not possible to determine to what extent labor participation responds to traditional patterns or survival needs, studies show greater job insecurity among indigenous people in general. The available figures show that a high proportion of older people are self-employed, ranging from 39.3% in Mexico to almost 70% in the Plurinational State of Bolivia and in Panama. These rates are always higher than among the non-indigenous population, with the exception of Nicaragua (Figure 11). However, self-employment is linked to traditional indigenous activities. Therefore, working as an employee may mean that traditional activities have been abandoned, while one has no guarantee of better working conditions (see Box 6). In addition, the income received by employed people reveals discrimination and structural racism: a comparison of data both by area of residence and by hours worked and educational level shows that indigenous people systematically earn less than non-indigenous people. These differences are more pronounced at the highest levels of education and to the detriment of indigenous women, who receive the lowest wages (7).

**Figure 11.** Indigenous and non-indigenous population aged 60 and over who are self-employed



*Note:* Data from 10 Latin American countries.

*Source:* Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

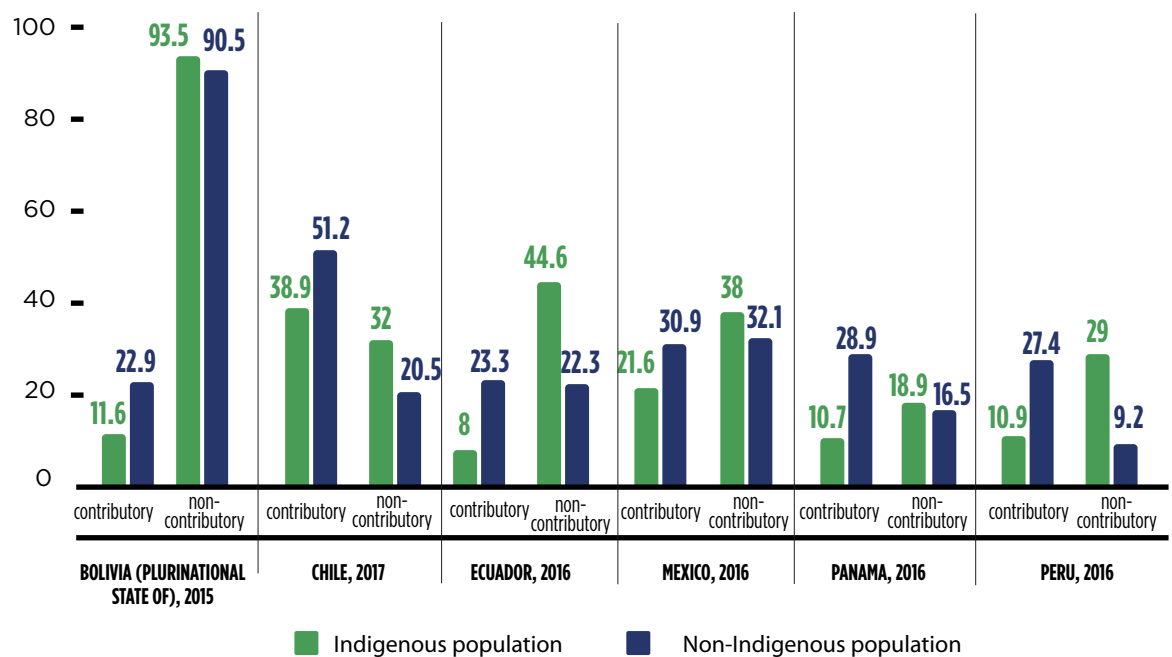
## BOX 6. Dynamics of indigenous wage labor

Although significant numbers of indigenous workers are self-employed, it should be noted that rural economic dynamics in Latin America and their impact on indigenous lands and the resources used for traditional forms of production has caused many of them to become wage laborers. This is particularly true in the agricultural sector, which is not only often informal but also has seasonal variations that impact the demand for labor. In addition, the rise of intensive agriculture in many countries has increased rural-rural migration among indigenous farm workers, who leave their communities of origin and are subjected not only to precarious working conditions, but also to generally undignified living conditions in their new surroundings. This is just one example of the multiplicity of factors behind the “positive” indigenous unemployment figures in rural areas.

**Source:** Based on Economic Commission for Latin America and the Caribbean, Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean. *The Indigenous Peoples of Latin America - Abya Yala and the 2030 Agenda for Sustainable Development: Tensions and Challenges from a Territorial Perspective*. Santiago, Chile: Economic Commission for Latin America and the Caribbean; 2020. Available from: <https://repositorio.cepal.org/handle/11362/45664>.

As is to be expected in contexts of job insecurity, access to social benefits is also affected. Figure 12 shows how older indigenous people have less access to contributory pensions in all countries. Despite the expansion of these systems, they continue to display low coverage, unequal access (19), and are unable to address the needs and vulnerabilities of rural life, as well as specific cultural and geographical characteristics (19, 20). This situation particularly affects indigenous populations and, especially, older indigenous women (Figure 13), who systematically receive contributory pensions less often than men.

**Figure 12.** Indigenous and non-indigenous population aged 60 and over receiving contributory and non-contributory pensions



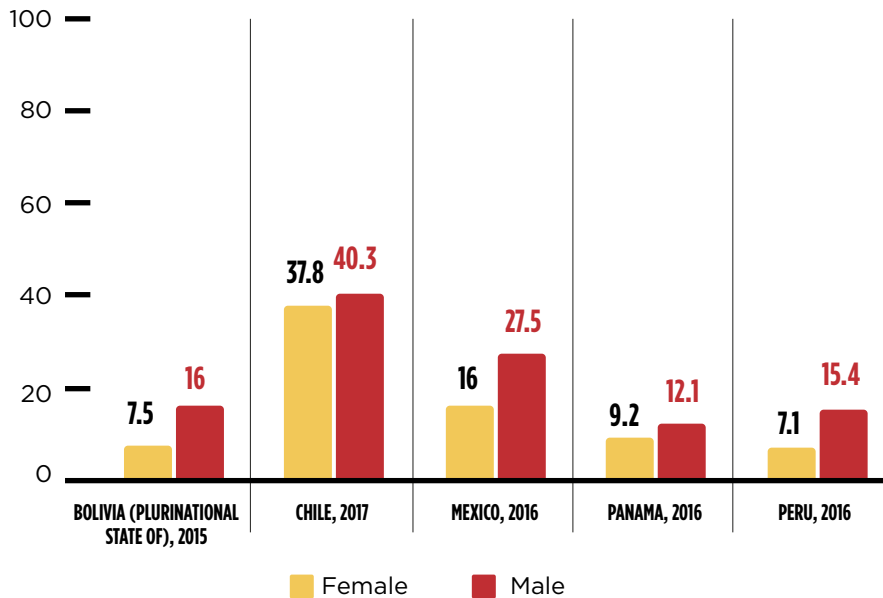
*Note:* Data from six Latin American countries.

*Source:* Adapted from the Economic Commission for Latin America and the Caribbean, Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean. The Indigenous Peoples of Latin America - Abya Yala and the 2030 Agenda for Sustainable Development: Tensions and Challenges from a Territorial Perspective. Santiago, Chile: Economic Commission for Latin America and the Caribbean; 2020. Available from: <https://repositorio.cepal.org/handle/11362/45664>

It is also important to mention that having more and predominantly informal participation in the labor market, as well as low coverage of social protection, increases the vulnerability of older indigenous people to the COVID-19 pandemic. In this regard, lockdowns imposed to prevent the spread of the virus make it difficult if not impossible to work, which jeopardizes access to resources needed to ensure at least the provision of food. However, this reality affects older indigenous people in urban contexts differently from those who remain in their ancestral territories.



**Figure 13.** Indigenous population aged 60 and over receiving contributory pensions, by sex



**Note:** Data from five Latin American countries.

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

## Older indigenous people and disability

The concept of disability is constantly evolving. Interpretations of disability vary among indigenous communities, to the point that some societies do not have the term “persons with disabilities” (21). In some villages, indigenous people with intellectual disabilities are valued and respected members of the community, recognized for their contributions rather than their impairments. Their characteristics are considered natural and part of the person, rather than a limitation in their functioning or abilities (22). In other cultures, this positive view of disability may have evolved into a negative perception as a result of the adoption of the Western model of development.

Beyond the cultural interpretation of the concept, as age increases, so does the likelihood of disability. In addition, disability is associated with poverty in a complex relationship, making disability both a cause and a consequence of poverty (3). It causes poverty in the sense that those with disabilities have fewer opportunities for quality labor participation. It is a consequence of poverty because poverty carries with it problems accessing health care and healthy food. Poverty means poor sanitation conditions at home (drinking water and sanitation), and exposure to hazardous work and violence, issues that may increase the likelihood of developing a disability (23).

From this perspective, one would expect the percentage of older people with disabilities to be higher in the indigenous population than in the non-indigenous population. The following table shows the proportion of indigenous and non-indigenous people aged 60 and over with different types of disability, disaggregated by age group and sex. It should be clarified that the information is not fully comparable between countries since each country records disability differently. Key findings include:

- As is to be expected, disability increases with age: the proportion of people with disabilities is markedly higher in the population aged 80 and over than in the population aged 60 to 79.
- The proportion of the population with visual and hearing impairment is higher in the indigenous population than in the non-indigenous population, with the exception of the population aged 60 to 79 in Guatemala. Men and women have similar rates of visual impairment, or at least there is no clear difference between them. Hearing impairment is more prevalent among men (indigenous and non-indigenous).
- Motor impairment is lower in the indigenous population than in the non-indigenous population in Colombia and Guatemala. A possible explanation may be found in the lifestyles of the indigenous population, which extend working life into older ages, allowing them to keep their bodies active, as opposed to the more sedentary life style of the non-indigenous older population. However, in Peru, the proportion of the population with motor impairment is higher in the indigenous population. A higher proportion of motor impairment is observed among women across all countries, age groups, and populations (indigenous and non-indigenous).

**Figure 14.** Indigenous and non-indigenous population aged 60 and over with disabilities, by type of disability, age group, and sex

country	age	sex	VISUAL IMPAIRMENT		HEARING IMPAIRMENT		MOTOR IMPAIRMENT	
			Indigenous population	Non-indigenous population	Indigenous population	Non-indigenous population	Indigenous population	Non-indigenous population
COLOMBIA, 2018	60 to 79 years old	Male	6.3	4.9	4.0	2.5	4.6	4.6
		Female	6.8	5.5	3.2	1.8	6.0	5.7
	Ages 80 and older	Male	15.1	12.8	14.6	10.9	14.7	15.3
		Female	15.7	12.9	12.7	9.1	18.3	20.3
GUATEMALA, 2018	60 to 79 years old	Male	4.7	4.9	3.7	2.8	3.5	4.6
		Female	5.1	5.7	3.2	2.0	4.4	5.8
	Ages 80 and older	Male	16.8	15.6	17.9	14.9	15.7	17.4
		Female	16.6	15.3	15.7	12.0	17.7	21.6
PERU, 2017	60 to 79 years old	Male	19.5	15.9	11.3	6.7	10.6	7.7
		Female	22.7	21.5	9.8	5.3	15.5	10.2
	Ages 80 and older	Male	36.5	29.9	32.5	25.0	23.5	21.0
		Female	35.2	30.5	27.7	20.2	30.5	27.3

**Note:** Percentages from three Latin American countries.

**Source:** Data processed by the Economic Commission for Latin America and the Caribbean based on the most current population and household censuses available.

It is clear that disability undermines autonomy, thus increasing the need for caregivers. In the context of the COVID-19 pandemic, the risks are exacerbated in two ways. First, there is greater risk of infection due to the need for contact with caregivers and the lack of information on accessible formats, among other reasons; second, there is a greater risk of a decline in well-being, since preventive isolation can make it harder to access care, medical attention, treatments, and food to treat the disability.

## Conclusions

Although progress has been made in recognizing the rights of indigenous peoples and in State commitments to regulate this, significant lags persist in the exercise of these rights. This is reflected in the living conditions of indigenous peoples, including older indigenous people. The figures presented in this publication show the vulnerabilities and structural inequalities impacting older indigenous people, particularly women.

As the United Nations Expert Mechanism on the Rights of Indigenous Peoples recently stated:

The spread of COVID-19 has exacerbated and will continue to exacerbate an already critical situation for many indigenous peoples: a situation already rife with inequalities and discrimination. Rising recessions at the national level and the real possibility of a global depression will further aggravate the situation. This raises fears that many indigenous people will die, not only from the virus itself, but also from conflicts and violence linked to the scarcity of resources, particularly clean water and food (24).

In this context, increasing conflicts and militarization in indigenous territories impacts life in these communities and seriously limits the chances of progressing toward healthy aging. Therefore, it is essential to improve the legal protection of indigenous territories and allow lands and natural resources to be governed by indigenous peoples.

Although the indicators analyzed here may appear somewhat better in cities than in rural areas, older indigenous people in urban settings experience other deprivations as a result of being separated from their communities. These include loneliness, abuse, and racism, and are difficult to quantify. Without neglecting territorial rights, it is also necessary to establish policies for older indigenous people in urban areas.

In the area of health and within the framework of laws governing the collective rights of indigenous peoples, policies should be considered to strengthen traditional medicine and those who practice it. Older indigenous people (men and/or women, depending on the group) occupy a central role in the processes of health, disease, and healing, and in the practice of traditional indigenous medicine. All actions aimed at ensuring the well-being of older indigenous people need to coordinate individual rights with collective rights, so as to strengthen traditional roles that value old age and incorporate the entire body of

ancestral knowledge and practices for the protection of biodiversity, health and food systems, and sustainable economies. This may not only facilitate successful responses to the COVID-19 pandemic but may also help mitigate its medium-term consequences. In the long-term, it can lead to a rethinking of the development model, leading to one that is truly sustainable, egalitarian, inclusive, and diverse.

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In order to understand healthy aging, it is important to consider the different processes of population aging. Intertwined structural problems, ranging from marked inequalities between indigenous peoples and the non-indigenous population, territorial conflicts, and cultural aspects that include the way of perceiving and interpreting old age, aging, health, and healthy behaviors must be taken into account. This publication provides a summary of contextual information about the size, location, and distribution of the indigenous population in Latin America and the Caribbean. It focuses on the demographic aging of indigenous peoples and describes the social, economic, and cultural situation of older persons in those groups. The data, drawn from the most recent national censuses available, indicate that progress has been made in terms of recognizing the rights of indigenous peoples, and in the commitment of governments to uphold their rights. However, significant gaps persist in the exercise of rights, an issue that is reflected in the living conditions of indigenous peoples, including older persons. The figures presented in this publication highlight the vulnerabilities and structural inequalities impacting indigenous older persons, particularly women. Indigenous peoples are among the most vulnerable groups in terms of social, economic, demographic, and cultural issues; the Decade of Healthy Aging is a good time to call for action and effective work to promote the healthy aging of indigenous populations.

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