

# Examining Women's Health Issues Among Quechua Speakers in Peru

## Introduction

With a population of around 2.5 million, the Quechua of South America are the largest of any indigenous peoples in the Americas today.<sup>1</sup> Quechua is an indigenous language derived from the Incans, and is the second most common language in Peru. According to the 2007 National Census, the number of Quechua speakers in Peru is estimated at over 3 million, approximately 13% of the total population.<sup>2</sup> Although it is recognized as an official language by the Peruvian state, most services are offered in Spanish. As a result, Quechua speakers are left with limited access to proper medical care and suffer poorer health outcomes.

Indigenous women in Latin America have poorer reproductive health outcomes than the general population and face considerable barriers in accessing adequate health services. Quechua women face heightened discrimination due to their gender, indigenous status, and low socioeconomic status.<sup>3</sup> This report will present critical women's health issues among Quechua populations and examine the structural and cultural barriers that affect this outcome. Since this topic is a reflection of issues across other indigenous communities in Latin America, it is imperative that we understand the underlying factors that shape the problem.

## Background

In Peru, Quechua people comprise the poorest of the poor, and most reside in the rural Andean highlands, living below the poverty line.<sup>4</sup> Consequently, there has been a large migration of Quechua populations from rural to urban areas in order to seek opportunities for socioeconomic advancement. These migrants are then placed in institutions that favor the adoption of Spanish. "As younger generations migrate to cultural centers such as Lima for educational and professional opportunities, they may face pressure to abandon their linguistic tradition in favor of their assimilation into the Spanish-speaking majority."<sup>5</sup> This phenomenon perpetuates the marginalization of the Quechua language, and disincentives the creation of services for monolingual Quechua speakers. At

the same time, Quechua speakers continue to constitute a significant portion of the population. From 1993-2007, the number of Quechua speakers in Peru has dropped from 16%-13%.<sup>2</sup> Therefore even though the use of Quechua has diminished, the needs of a significant proportion of the Peruvian population remain ignored. There are hardly any Quechua speakers in urban medical facilities. Quechua speakers are left with compromised care or no care at all as they face obstacles to accessing care and difficulties communicating with their physician.

## Women's Health Issues

The main health issues among Quechua speaking women are **adolescent pregnancy, unsafe abortions, and domestic violence**. The Ministry of Health collected data from Cuzco, Peru, the most prominent area of Quechua speakers, and estimates among youth between the ages of 15-25 that the most frequent reasons for hospitalization among this group are obstetric causes, abortion complications, and violence.<sup>6</sup> Since Cuzco contains the highest proportion of Quechua speakers, these estimates further reflect the reoccurring problem of these particular health issues among this group.

## Adolescent Pregnancy

Government data suggests that the rate of pregnancy among Quechua teenagers in Peru is especially high. Nationally, more than 13.4 percent (about 175,000) of girls between the ages of 15-19 are already mothers or pregnant. In the Inca region, 31 percent of the same age group are mothers.<sup>6</sup>

## Contributing Factors

This high incidence is largely due to the lack of sexual education and contraceptives available.<sup>7</sup> Without proper sexual education, young Quechua girls are more likely to engage in risky sexual behavior, and the lack of sufficient contraceptive options increases their likelihood of becoming pregnant.

The traditional ideas among Quechua women exacerbate this problem. In a study done by Tucker on Quechua speaking Indians in the

Peruvian highlands, barriers to contraceptive use included the women's traditional desire for a large family and their reliance on their reproductive role to maintain their self esteem.<sup>7</sup> Many Quechua women are pressured to become pregnant, and start having large families at a young age. This cultural pressure generates higher rates of adolescent pregnancies. The belief also suggests that there are not many abortion services offered in Quechua communities, resulting in another harmful practice: unsafe abortions.

### **Unsafe Abortions**

Often, unwanted pregnancies among Quechua speaking women are terminated by induced abortions.<sup>7</sup> Hammer's research among Quechua women suggests that due to the risks of childbirth and the strains of poverty, women welcomed natural term abortions and sometimes tried to induce them.<sup>8</sup> Among Quechua speaking populations in Peru, it is estimated that there are more than 270,000 induced abortions per year, five for every 100 women of reproductive age.<sup>6</sup>

### *Contributing Factors*

There is a shared belief among many indigenous groups that abortion is not a harmful practice. Studies conducted among Indigenous women reveal that "methods used to induce an abortion in early gestation were not viewed by women as abortifacients but, rather, as ways to restore a delayed period".<sup>9</sup> This finding suggests that the manner in which abortion is conceptualized normalizes the incidence of unsafe abortions. Additionally, it reveals a lack of understanding Quechua women have about their reproductive physiology. Tucker supports this idea through her fieldwork in Peru on Quechua-speaking Indians' knowledge of female anatomy. Her findings reveal that Quechua women actually have less knowledge about the female reproductive organs than men do, due to the fact that men receive more schooling and women are expected to fulfill their caregiver roles.<sup>10</sup>

Additionally, Quechua people heavily rely on traditional healing practices such as shamanism, divination, and herbal remedies. Wurtz notes that herbals, teas, and poisonous plants are commonly used as abortifacients. The use of these abortifacients often results in dangerous induced abortions.

### **Domestic Violence**

In a qualitative research study on Aymara and Quechua women in Peru, the respondents

identified domestic violence—and particularly spousal abuse resulting in miscarriage—as one of their main reproductive health problems.<sup>11</sup> Tucker notes that poverty and an abusive partner are central causes of reproductive health problems among indigenous women in South America. This notion is backed by a survey completed in several Peruvian Quechua communities, in which 44% of women interviewed reported at least one incident of rape.

### *Contributing Factors*

Quechua women are subject to higher rates of domestic violence because of poverty, low education, and lack of economic opportunity. Tucker found that women in this culture rely more on men because men receive more schooling, speak better Spanish, and are more aware of modern life. As a result, Quechua women are not prepared to challenge male authority and are more prone to domestic violence. Women heavily depend on their husbands for economic support for their families, and are thus not likely to report or fight back against domestic violence.

### **Policy Implications and Recommendations**

The conditions unique to Quechua women reveal the need to develop culturally competent care to improve health outcomes among this population. The most fundamental barrier is the inability for patients to communicate. Very few medical services are offered in Quechua. In comparison, Ecuador and Bolivia are significantly further along in implementing bilingual education and providing government services in indigenous languages, while in Paraguay, over 90% of the population can speak both Guaraní and Spanish.<sup>12</sup> Increasing the number of translators in medical facilities would not only help assuage the fears of the patients, but also facilitate the level of care by the doctor. It is also important to be cognizant of the cultural values and beliefs of Quechua communities, especially in regards to their traditional medical practices. As an example, physicians should work with local shamans to provide a hybridized form of care. Quechua women will often seek the advice of shamans first. If doctors can form partnerships with local healers, the shaman can refer these women to a physician as well. Research has indicated the success of medical pluralism in Peru, which involves the integration of traditional medicine with biomedicine.<sup>13</sup> This collaboration can ease

the fears of Quechua communities by taking away an element of the unknown in the clinical setting.

The issues of adolescent pregnancy and reproductive health indicate the severe need for greater access to sexual education and modern contraceptives. It is essential that culturally sensitive sexual education programming be provided to both males and females at a young age, since pregnancy is likely to occur by adolescence. Therefore it would be best for these programs to occur during secondary education. They can be implemented in classrooms or in popular youth gathering spaces like the church. They should educate on sexual anatomy, contraceptive use, and address cultural norms that create gender expectations. It is also important to increase access to contraceptives, keeping in mind those that align with cultural beliefs about the body.

Lastly, the condition of Quechua women is inextricably linked to their economic dependence on men. Policy should be implemented to provide indigenous women with greater economic opportunity, encouraging them to stay in school and teach them skills outside of their traditional agrarian and household duties.

While this document offers a succinct presentation and analysis of the health problems disproportionately affecting Quechua women, further research is necessary on these communities to better understand what interventions would be optimal to produce the health outcomes desired. Additional links are provided below that present further information about Quechua and its relationship with medical care.

#### **Additional Sources of Interest**

- Cultural Depreciation of Quechua  
<http://www.culturalsurvival.org/publications/cultural-survival-quarterly/peru/can-quechua-survive>
- Quechua Language as a Barrier to Healthcare  
<http://www.worldbank.org/en/news/feature/2014/04/16/discriminados-por-hablar-su-idioma-natal-peru-quechua>
- Modern Role of Traditional Medicine  
<http://www.theglobalist.com/health-in-the-andes-the-modern-role-of-traditional-medicine-part-i/>

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#### **References:**

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- <sup>2</sup> *Censos Nacionales 2007*. Lima, Peru: Instituto Nacional de Estadística e Informática; 2007.
- <sup>3</sup> Wurtz, H. Indigenous Women of Latin America: Unintended Pregnancy, Unsafe Abortion, and Reproductive Health Outcomes. *Pimatisiwin*. 2012: 271.
- <sup>4</sup> International Fund for Agricultural Development. Enabling Poor Rural People to Overcome Rural Poverty in Peru. IFAD Operations Web site. [http://www.ifad.org/operations/projects/region/pl/factsheet/peru\\_e.pdf](http://www.ifad.org/operations/projects/region/pl/factsheet/peru_e.pdf). Published July 2013. Accessed May 20, 2015.
- <sup>5</sup> Rosado, AE. Urbanization, Migration and Water Management in Trujillo, Peru. *Development*. 2008: 279.
- <sup>6</sup> Cornejo, MF, Rosalinda, BS. Culturally appropriate information, education and communication strategies for improving adolescent reproductive health in Cusco, Peru. *Frontiers in Reproductive Health, Population Council*. 2004.
- <sup>7</sup> Tucker, G. Barriers to modern contraceptive use in rural Peru. *Studies in Family Planning*. 1986; 310: 308-316.
- <sup>8</sup> Hammer P. Quechua abortion: Hidden paths toward desired fertility. Unpublished paper presented at the Society for Applied Anthropology 1996 Annual Meetings. Baltimore, Maryland: 1996.
- <sup>9</sup> Newman, L. *Women's Medicine: A Crosscultural Study of Indigenous Fertility Regulation*. New Brunswick, NJ: Rutgers University Press; 1985.
- <sup>10</sup> Maynard-Tucker, G. Peru. *Studies in family planning*. 1989; 216: 215-224.
- <sup>11</sup> Bruyn, M. Violence. pregnancy and abortion: Issues of women's rights and health. *Violence, pregnancy and abortion: Issues of women's rights and health*. 2003.
- <sup>12</sup> Rosen, Nick. Peru's Quechua Language Is worth Preserving. Living in Peru Weblog post. <http://www.peruthisweek.com/blogs-peru-quechua-language-is-worth-preserving-60071> Published April 11, 2012. Accessed March 12, 2015.
- <sup>13</sup> Borja, Ashley. *Medical Pluralism in Peru—Traditional Medicine in Peruvian Society*. Diss. Brandeis University, 2010.