

MEDICINAL PLANTS

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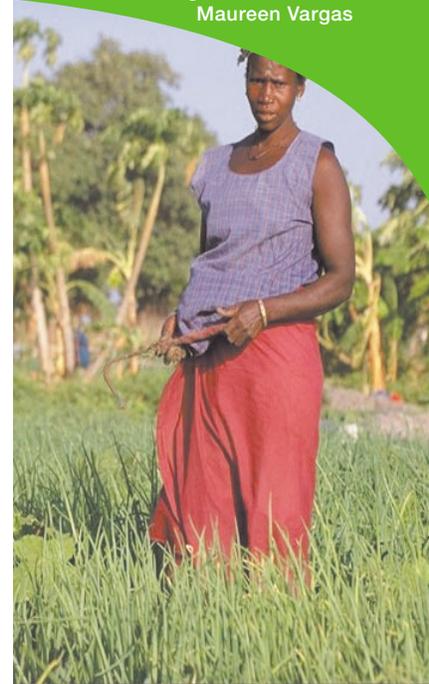
Gender Makes the Difference

- According to the World Health Organization, 80% of people from developing countries rely mainly on traditional medicine for primary health care.
- Traditionally, women have been the main producers of plant-based medicinal products through household micro-enterprises. Women often can procure and assemble ingredients as part of their established routines and work schedules.
- At least 25 percent of the drugs in modern pharmacies are derived from plants, and ingredients of many others are synthetic replacements built on related plant compounds.
- Medicinal and aromatic plants provide crucial livelihood options for millions of rural people in South Asia, especially tribal peoples and the very poor, many of whom are women. The collection, simple processing, and trading of medicinal plants contribute significantly to the cash income of the poor in general and of women in particular, in all countries of South Asia.
- Many communities in Latin America rely on herbal medicines for health care and traditional women healers.
- The production and processing of medicinal plants provide many jobs and economic benefits in poor areas, which lack educational opportunities, infrastructure, and health care facilities. In certain rural areas of Costa Rica, the industrialization of medicinal plants has created job opportunities for women, which has contributed to increased family income.
- Because many plants and their chemical components have not been patented by the countries or cultures that first discovered their healing properties, many poor and indigenous peoples do not always benefit fully from the marketing and sale of plant products. For example, in 1995, 726 tons of cat's claw (*Uncaria tomentosa*) were harvested in Peru and exported to foreign countries. The price for bulk unprocessed cat's claw in the United States in January 1999 was approximately US \$11/kilogram.

The Convention on Biological Diversity recognizes the role of women in the conservation and sustainable use of biodiversity resources and reaffirms the need to guarantee their full participation at all levels of policy making and execution. Nevertheless, women's ethnobotanical knowledge and medicinal knowledge are often unexplored and undervalued. Special attention should be paid to the significant value of the ancestral knowledge possessed by women. Local medicine specialists and herbalists are often women, especially in Africa and Asia.

Note from Editor:

The term "traditional medicine" describes the use of natural remedies (usually plant- or mineral-based) discovered and developed over thousands of years to cure illnesses of the mind and body.



FURTHER INFORMATION ON THIS TOPIC CAN BE FOUND AT:

IUCN-Gender and Environment
www.genderandenvironment.org

Herbal Gram. The Journal of the American Botanical Council
Issues in the Commercialization of Medicinal Plants.
www.herbalgram.org/

Medicinal and Aromatic Plants Program in Asia
web.idrc.ca/en/ev-19908-201-1-DO_TOPIC.html

Gender Dimensions in Agro-Biodiversity Management: Sri Lanka
www.mssrf.org/fris9809/srilanka-ch2.html

SOURCES:

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The Complete German Commission E Monographs — Therapeutic Guide to Herbal Medicines.
Austin American Botanical Council. Integrative Medicine Communication. Boston, U.S.A. 1998.

Howard, P.
Women in the Plant World: The Significance of Women and Gender Bias for Biodiversity Conservation.
IUCN-ORMA.
San José, Costa Rica. 2001.

Karki, M., *et al.*
Creating Livelihoods Enhancing Medicinal and Aromatic Plants based Biodiversity-Rich Production Systems: Preliminary Lessons from South Asia.
Oral Paper Presented at The 3rd World Congress on Medicinal and Aromatic Plants for Human Welfare (WOCMAP III). Chiang Mai, Thailand. 2003.

Rodríguez, G., *et al.*
Diversity Makes the Difference: Actions to Guarantee Gender Equity in the Application of The Convention on Biological Diversity.
IUCN-ORMA.
San José, Costa Rica. 2002.

Only when the knowledge and contributions made by women are clearly acknowledged and valued, will it be possible to promote effective participation of women in decision-making processes regarding the conservation and distribution of medicinal plants at the local and international levels.

The inequality between women and men has generated differing levels of access to medicinal plants and their genetic resources. And it diminishes the possibilities (legal, financial, etc.) of negotiating fair benefits-sharing arrangements. Enhanced visibility, valuation and effective participation of women are essential to create more equitable conditions for women's and men's access to biodiversity resources.

WHY GENDER MAKES A DIFFERENCE IN MEDICINAL PLANTS INITIATIVES

- Recognition of gender roles and responsibilities contributes to a better understanding of women's roles in knowledge generation, care, harvesting, production and marketing of medicinal plants. This will promote a more equitable distribution of benefits derived from biodiversity and its genetic resources.
- Consideration of gender issues highlights the key role of women farmers at medicinal gardens, and the contributions women have made to plant conservation. For example, women's work has conserved a wide spectrum of germplasm of economically important plant species (such as plants used for food, medicine, and dyes) and has prevented their possible extinction.
- Conducting gender-sensitive research generates more complete and more diverse information on the use of medicinal plants. Men and women not only have different knowledge of medicinal plants, but their knowledge is also structured in a different way, reflecting the division of labor and inequality of social power. Gendered knowledge also varies by class, age, ethnicity and length of residence.
- Explicit consideration of gender can lead to the use of more innovative forms of participatory research in the study of medicinal plant biodiversity, the medicinal qualities of plants in general, and marketing potential. For example, a gender-sensitive research study in South Africa found that Zulu women who collect medicinal plants had enough ethnobotanical knowledge to allow them to substitute the scarce bark of the *Ocotea bullat*, for that of two trees of the same family having similar scent and medicinal properties.
- Adherence to gender equity principles ensures that equitable arrangements between and among drug and health-care companies and community-based organizations (CBOs) are developed to guarantee fair marketing for the producers, while at the same time, ensuring that a quality supply of medicinal plants or plant compounds are available to the industry. In Chile, a campaign has started to strengthen a network of CBOs of rural and indigenous women farmers (ANAMURI), helping to protect seeds, medicinal plants and the traditional knowledge associated with them, to guarantee fair marketing practices through multinational industries.
- Consideration of gender can help health care systems to recognize and value the role that women play in the delivery of informal health alternatives based on medicinal plants.

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