



Beliefs, Cultural Practices, and Experiences Related to Childbirth among Indigenous Women of the La Gabriela Community in Neiva - Huila

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Abstract: Childbirth in indigenous communities is shaped by cultural beliefs, ancestral practices, and lived experiences. Understanding these dynamics is essential for culturally sensitive maternal care. **Objective:** To describe beliefs, cultural practices, and childbirth experiences among indigenous women of La Gabriela, Neiva-Huila. **Methods:** A descriptive, observational study with qualitative ethnographic design and complementary quantitative characterization. Seven indigenous women were selected through purposive sampling. Data were collected via semi-structured interviews and field diaries, analyzed thematically with Atlas.ti Web and triangulation. **Results:** Three categories emerged: cultural beliefs, traditional practices, and childbirth experiences. Beliefs included symbolic meanings of placenta and colostrum. Practices involved medicinal plants, massages, dietary restrictions, and participation of traditional midwives. Experiences highlighted pain, autonomy, family support, and coexistence of hospital care with cultural traditions.

Keywords: Indigenous peoples, Childbirth, Culture, Maternal health, Transcultural nursing.

INTRODUCTION

In Latin America, various studies have documented the persistence of indigenous cultural practices surrounding childbirth, which respond to ancestral knowledge systems and specific cultural meanings. In Ecuador, Carpio-Arias et al. (2022) describe the relevance of traditional practices such as the ritual handling of the placenta within the childbirth experience [1]. Similarly, in Peru, Maquera-Maquera et al. (2022) reported the use of practices such as vertical childbirth and the use of herbal infusions as part of the traditional care process [2].

In Colombia, the 2018 National Population and Housing Census identified 115 indigenous peoples, with an approximate population of 1,905,617 people (4.4% of the national total). These communities face structural disadvantages related to access to basic and health services, as well as limitations in the generation of statistical information, which makes it difficult to characterize their living and health conditions [3]. From a public health

perspective, the coexistence of biomedical and traditional care practices in these contexts is recognized [4,5].

In the department of Huila, this diversity is expressed in the presence of indigenous communities distributed across at least 14 municipalities, with a predominance of the Nasa, Yanacona, and Misak peoples. The territorial concentration and the richness of ancestral knowledge make this department a strategic setting for the analysis of beliefs and cultural practices related to childbirth and motherhood. However, studies that comprehensively explore these practices from the experience of indigenous women are scarce and have mainly focused on traditional quantitative indicators, which limits the understanding of the phenomenon [6,7].

In this context, a relevant knowledge gap is identified that perpetuates the limited understanding of indigenous realities in relation to childbirth. In response to this issue, the present study poses the following research question: What are the beliefs, cultural practices, and experiences related to childbirth among indigenous women of the La Gabriela community in Neiva-Huila? In this way, a descriptive study is proposed to provide elements for understanding childbirth from an intercultural perspective.

Maternal health, from the international perspective of the World Health Organization. (WHO), encompasses the physical, mental, social, cultural, and spiritual well-being of women during pregnancy, childbirth, and the postpartum period [9,10]. Therefore, it should not be evaluated through morbidity and mortality indicators or institutional coverage, but rather guided by multidisciplinary approaches, especially in vulnerable populations such as indigenous people. From this perspective, maternity should be linked to conditions of dignity, autonomy, clinical safety, cultural continuity, and respect for indigenous care systems [11]. The WHO recognizes that indigenous health concepts often integrate individual and collective dimensions, relationships with the territory, spirituality, traditional medicine, and community balance, elements that go beyond the biomedical perspective focused solely on the absence of disease [12].

Indigenous maternal inequalities are linked to geographical and social conditions, among which rurality, poverty, insufficient service availability, language barriers, discrimination, and limited cultural adaptation of care stand out [13,14]. In low- and middle-income countries, obstacles are commonly described in six different dimensions: affordability, geographical accessibility, availability, organizational adequacy, acceptability, and awareness of services. Social exclusion and structural marginalization permeate these dimensions, so the lower institutional utilization should not be simplistically attributed to individual cultural decisions [15-16].

THE EXISTING RANKING METHODS

Rigorous Research Design

The present study corresponded to a descriptive, observational research with a qualitative approach and complementary quantitative characterization. It was developed through an ethnographic approach, aimed at understanding the beliefs, cultural practices, and experiences related to childbirth among indigenous women of the La Gabriela community, municipality of Neiva (Huila), recognizing the influence of the sociocultural context on these experiences.

The quantitative component was exclusively descriptive and was limited to the characterization of the sociodemographic and gynecological-obstetric conditions of the participants, without constituting a mixed design or integrating analytical procedures typical of quantitative research.

From its purpose, the study was descriptive, as it aimed to document and understand the beliefs, cultural practices, and experiences related to childbirth, without establishing causal relationships or testing hypotheses. From the methodological design, it corresponded to an observational, non-experimental, and cross-sectional study, as the information was obtained at a single point in time through individual interviews.

The ethnographic approach allowed for an understanding of the meanings attributed to pregnancy, labor, childbirth, and the postpartum period from the perspective of indigenous women, also incorporating the community context recorded through field diaries. The quantitative characterization allowed for the contextualization of the sociodemographic and gynecological-obstetric profile of the participants, while the qualitative analysis delved into understanding their experiences, knowledge, and traditional practices related to childbirth.

Procedures and Techniques for Data Collection

The information was collected through semi-structured interviews designed to explore the beliefs, cultural practices, and experiences related to childbirth in indigenous women.

The instrument was organized into five dimensions: sociodemographic characteristics, gynecological-obstetric history, cultural beliefs, cultural practices related to childbirth, and experiences during the childbirth process. Before its application, the instrument underwent a content validation process through expert judgment, who evaluated the clarity, relevance, coherence, and cultural appropriateness of each dimension. Subsequently, a pilot test was conducted to adjust the wording and comprehension of the questions before their final application.

The interviews were conducted individually in spaces that ensured privacy and confidentiality. The information was recorded through field notes and, with the prior authorization of the participants, through audio recording to facilitate its literal transcription. As a complementary technique, field diaries were created, in which observations related to the conditions of the territory, the characteristics of the community context, the interaction with the participants, and other elements considered relevant for the interpretation of the information were recorded.

Statistical Analysis Plan

The sociodemographic and gynecological-obstetric variables were analyzed using descriptive statistics, employing absolute frequencies, percentages, and summary measures, according to the nature of the variables. The results were presented through characterization tables.

The qualitative information obtained from the interviews and field diaries was analyzed using computer-assisted thematic analysis (CAQDAS) with the support of the Atlas.ti Web software, with a student license acquired by the student researchers for research purposes.

Initially, a thorough reading of the documentary corpus was conducted to identify the units of meaning present in the participants' narratives. Subsequently, an open coding was developed, creating a preliminary codebook based on the specific objectives of the research, the dimensions of the instrument, and the emerging elements identified during the analysis. The codes were reviewed, compared, and grouped through an axial coding process, allowing their organization into categories and subcategories related to cultural beliefs, cultural practices, and lived experiences during the childbirth process. This organization facilitated the interpretation of the data and the construction of the final analytical categories. As support for the organization and interpretation of the information, the analytical tools available in Atlas.ti Web were used, including Sankey diagrams, conceptual networks, and code frequency tables, which allowed for the graphical representation of the distribution of codes among the participants and strengthened the traceability of the analytical process.

EXPERIMENTS AND ANALYSIS

Sociodemographic and Gyneco-Obstetric Characterization of the Participants
The sociodemographic characteristics of the seven indigenous women included in the study are presented in Table 1.

Table 1: Demographic Characteristics.

Variable	Category	n	%
Age	Median	30 (26-38)	
Marital Status	Common-law marriage	6	85,7
	Divorced	1	14,3
Schooling	Completed Primary School	1	14,3
	Completed Secondary Education	5	71,4
	Completed Technical/Technological Education	1	14,3
Occupation	Housewife	3	42,9
	Housewife and Artisan	1	14,3
	Farmer	1	14,3
	Nursing Assistant	1	14,3
	Another	1	14,3
Insurance Regime	Subsidized	6	85,7
	Contributory	1	14,3
Mother Tongue	Spanish	6	85,7
	Indigenous Language (Cubeo)	1	14,3
Travel Time to Healthcare Services	<30 minutes	5	71,4
	30-60 minutes	2	28,6

The median age was 30 years (range: 22-52 years). The marital status of cohabitation predominated (85.7%), as well as complete secondary education (71.4%). Regarding occupation, the most common condition was housewife (42.9%), although women dedicated to agricultural, artisanal, and health-related activities also participated. The majority of the participants were affiliated with the subsidized health regime (85.7%), while only one belonged to the contributory regime. Regarding the mother tongue, six participants stated

that Spanish was their main language and one referred to an indigenous language. Likewise, 71.4% reported a travel time of less than 30 minutes to the nearest healthcare service (Table 1).

The gynecological-obstetric profile of the participants is summarized in Table 2. Multiparous women predominated (85.7%), with a median of two pregnancies (range: 1-5); 28.6% had a history of abortion and 28.6% had a history of cesarean section, with no stillbirths recorded. The majority began prenatal care during the first trimester (57.1%), with a median of nine check-ups (range: 4-12). Regarding the last delivery, hospital care predominated (71.4%), mainly provided by healthcare personnel (85.7%), and vaginal delivery was the most common mode of birth (71.4%). The accompaniment was mainly provided by the partner, the mother, or the mother-in-law, and only one participant (14.3%) experienced a complication during pregnancy, specifically gestational diabetes.

Table 2: Obstetric Characteristics.

Feature	Category/Measure	N (%) o Summary
Number of Pregnancies	1	1 (14,3)
	2	4 (57,1)
	≥3	2 (28,6)
Classification by Gravidity	Primigesta	1 (14,3)
	Multigesta	6 (85,7)
History of Abortion	Yes	2 (28,6)
	No	5 (71,4)
History of Caesarean section	Yes	2 (28,6)
	No	5 (71,4)
Stillborn	Yes	0 (0,0)
	No	7 (100,0)
Prenatal Check-Ups	Median (range)	9 (4-12)
Start of Prenatal Care	First quarter	4 (57,1)
	Second quarter	3 (42,9)
Place of the Last Birth	Hospital	5 (71,4)
	Health post/center	2 (28,6)
Type pf the Last Delivery	Vaginal	5 (71,4)
	Scheduled cesarean section	1 (14,3)
	Emergency cesarean section	1 (14,3)
Person who Attended the Birth	Healthcare personnel	6 (85,7)
	Family	1 (14,3)
Support During Labour	Couple	3 (42,9)
	Mother/mother-in-law	3 (42,9)
	Midwife, mother, and mother-in-law	1 (14,3)
Complications During Pregnancy	Yes	1 (14,3)
	No	6 (85,7)

Cultural Beliefs Associated with Pregnancy, Labor, and Childbirth

The thematic analysis of the interviews allowed for the identification of a set of cultural beliefs that guide the understanding of pregnancy, labor, and birth within the indigenous community. These beliefs encompassed aspects related to the conception of childbirth, protective and risk factors, the meaning attributed to the placenta and colostrum, highlighting the permanence of ancestral knowledge passed down through generations.

Traditional cultural practices related to childbirth before, during, and after birth. The thematic analysis allowed for the identification of a set of traditional cultural practices that accompany the childbirth process in the participating indigenous women. These practices were distributed across four main dimensions: preparation for childbirth, practices developed during childbirth, post-birth practices, and the participation of family and traditional actors, highlighting the permanence of ancestral knowledge that coexists with institutional care.

Experiences lived by indigenous women during the childbirth process. The analysis of the interviews allowed for the recognition of the experiences lived by indigenous women during the childbirth process, identifying aspects related to the experience of pregnancy and birth, the care received in health services, respect for cultural practices, autonomy during the care process, and the recommendations made based on their experiences. These elements were organized into thematic categories that allowed for an understanding of the diversity of perceptions expressed by the participants.

DISCUSSION

This project integrates the beliefs, cultural practices, and experiences related to pregnancy and childbirth in indigenous women of the La Gabriela community, demonstrating that these processes retain meanings that transcend their biological dimension. The findings related to the understanding of childbirth, the elements considered protective, the meanings attributed to the placenta and colostrum, and the presence of spiritual components align with recent studies in Latin American indigenous populations, where birth remains linked to their own systems of knowledge, family relationships, and particular ways of understanding the body and motherhood.

In indigenous women from Mato Grosso, Brazil, childbirth has also been described as a natural and culturally significant event, accompanied by knowledge passed down through generations. These similarities should be interpreted by recognizing the existing diversity among indigenous peoples and avoiding the assumption of a uniform worldview [17].

Overall, the results show a process of cultural continuity and transformation in which ancestral beliefs and practices remain present while being articulated with institutional forms of care. This behavior is consistent with Leininger's cultural care approach and allows us to understand that the use of biomedical services does not necessarily represent a loss of cultural identity.

At the same time, the differences observed among participants and in comparison, to other indigenous communities reinforce the need to interpret these experiences from the territorial, familial, and cultural particularities of each population.

CONCLUSION

The study allowed for the description of the beliefs, cultural practices, and experiences related to childbirth among the indigenous women participants of the La Gabriela community, recognizing birth as a process influenced by the sociocultural context, ancestral knowledge, support networks, and interaction with health services. The sociodemographic

and gynecological-obstetric characterization allowed these findings to be contextualized according to the particular conditions of the participants.

The identified beliefs evidenced the persistence of meanings and cultural knowledge related to pregnancy, labor, and childbirth, transmitted mainly within the family and community environment. These knowledges served as references to understand the reproductive process and guide some of the participants' care decisions.

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