Reducing Maternal Mortality in a Colombian Indigenous Community

Introduction

This case study examines an initiative implemented in Morales, a predominately rural municipality in Colombia that had a large indigenous population (mostly the Nasa people) and possessed a low level of socioeconomic development. There was a clear disparity in maternal mortality between indigenous and non-indigenous women. In the 42 days following childbirth, indigenous women died at a notably higher rate than non-indigenous women (Health Department of Morales 2010). In 2018, Silvio Villegas, the mayor of Morales, decided to address this grave challenge for a community of Nasa who lived in a resguardo (traditional indigenous territory) called Honduras (named for a local creek).

Morales was located in the department of Cauca (Colombia’s 32 departments were equivalent to the state or provincial level of government). Cauca was home to 18 percent of Colombia’s indigenous population. Of the indigenous people in the department, 79 percent lived in rural areas, which had been heavily affected by armed conflict between the Colombian state and illegal armed groups.

The Colombian state struggled to provide public services such as security, roads, education, and health care to marginalized minorities such as indigenous peoples. Maternal mortality rates were usually higher in rural areas, primarily because of the country’s high disparity in income and in access to health services (WHO 2018). Poor service delivery led indigenous people to lose trust in the public sector and feel isolated from the state.

In 2019, the Health Department of Morales initiated a new project that aimed to guarantee satisfactory maternal health care for the Nasa in the Honduras resguardo. To overcome the Nasa’s distrust of the state, the project intended to

---

1 Mayor Silvio Villegas is the author’s father.
to improve maternal health care through cooperation between the government health care system and the Nasa’s traditional practices, which valued giving birth in their own community, close to family, and incorporating rituals that reflected the Nasa belief system (Ortiz 2018).

At the core of the project was continuous dialogue between the resguardo’s leaders, the Nasa’s traditional birth attendants, and the town’s public servants. The subjects of these discussions included initiatives such as bilingual (Nasa Yuwe and Spanish) maternal health care booklets and visual materials like posters that would be available in Morales’ hospital and at the Health Department office and given out to all birth attendants, mothers, and women of childbearing age in the resguardo. The project also included capacity building for culturally-sensitive and high-quality care during pregnancy, both in the resguardo and at the hospital, and the creation of a spiritual space in the town hospital, enabling indigenous patients to feel safe and included. After undergoing training, hospital staff and resguardo birth attendants would receive a certificate from the departmental health secretary of Cauca, recognizing their knowledge in ancestral techniques and in clinical medicine.

Delivery Challenges
Social and Cultural: Culture, Religion, or Ethnicity

Despite a Colombian law (ley 21 of 1991) that aimed to implement the Indigenous and Tribal People’s Convention, an international convention to guarantee recognition for institutions and cultures of these minority groups, it was rare for Colombian decision makers to implement public policies or programs that took into account indigenous cosmologies and social institutions.

Historical exclusion of indigenous peoples contributed to Nasa underutilization of public health services and to their unfamiliarity with methods that promoted health during pregnancy, childbirth, and the postpartum period. This in turn led to complications throughout these periods that were too complex to be managed by community birth attendants, who often lacked vital equipment and necessary medical instruments. At the same time, Nasa skepticism of the public sector hindered the Villegas administration’s attempts to reduce maternal mortality rates. Staff at government hospitals lacked information about what Nasa considered to be the right way to manage pregnancies and postpartum care.

Coordination and Engagement: Stakeholder Engagement

In the resguardos, the local government (cabildo) vested authority in male elders, and men had more authority than women in crucial decisions like where and how to give birth and how to spend their wife’s income. Thus, even if a woman would rather be taken care of by the hospital’s staff, she often could not decide for herself (Ortiz 2018). Therefore, the project had to be shaped by dialogue with the community as a whole; targeting only birth attendants and women would be insufficient.

Environment and Geography: Geographic Access

Even if it resolved these cultural barriers, the project confronted challenges related to geographical access, which discouraged Nasa families from going to the hospital. It took about eight hours by car or motorcycle to get from the Honduras resguardo to the hospital in Morales.

Conflict and Instability: Civil Unrest and Armed Conflict

The cultivation and trade of illegal drugs contributed to the Nasa’s isolation from the state. Many parts of Cauca had historically been subject to the intertwined effects of state marginalization and the presence of armed actors. Morales was strategically located in a place that allowed illegal trafficking of drugs and weapons via the Pacific Ocean. This attracted armed actors and narcotraffickers, who provided the Nasa with incentives to replace their traditional economic activity, cultivating corn and potatoes as a source of income, with more lucrative coca leaf cultivation. Coca leaf production allowed people to receive payment directly on Nasa territory, which reduced incentives to transport products outside the resguardo, increasing the community’s isolation.

---

2 The Indigenous and Tribal People’s Convention (C169), implemented in 1989, was a legally binding international instrument ensuring that states territory take action to guarantee indigenous and tribal peoples social recognition and respect for their own institutions, culture, and beliefs.

3 Author interview with project director Francisco Ortiz, 2019
Addressing Delivery Challenges

The heart of the Morales government’s project was to catalyze dialogue between Nasa authorities, Nasa birth attendants, and the doctors and nurses at local hospitals and bring them to an agreement on trainings, materials, and processes that would encourage the provision of high-quality, culturally-respectful care during pregnancy, childbirth, and the postpartum period.

Meeting with health workers

The intended goal of the project was greater Nasa acceptance of public health institutions. Since the beginning of implementation in January 2019, there were meetings between members of the Health Department of Morales and indigenous leaders.

The first meeting was organized with staff of the Morales government hospital to teach them about the importance of the project, how to communicate with Nasa patients, and the Nasa’s own legislation and culture. The specific objective of this meeting was to ensure that nurses and doctors treated Nasa people appropriately. After this, the project manager and his colleagues began to plan future meetings with the resguardo’s authorities and the Nasa birth attendants.

Managing local resistance

The Health Department’s project implementation team (consisting of the project director, an auxiliary nurse, an anthropologist, a speech pathologist, a translator, and a public health specialist) faced two major obstacles related to culture and political unrest.

The first complication occurred when the project director, Francisco Ortiz, was surprised by the rejection he experienced when he visited the resguardo with his team. He had received authorization from the resguardo’s previous governor, who was the highest authority in the community, to enter the territory and implement the project. But upon arriving, Ortiz found out that there had recently been a change in the local governor and that their previous authorization was no longer valid. Furthermore, they were told that they had to get the consent of other men of authority in the community to go through with the project. Because the social organization on the resguardo was horizontal, every step of implementation had to be discussed with these men.

Dealing with unforeseen political challenges

The team had begun meeting these members of the Nasa community, but the frequency of these meetings decreased in mid-March of 2019. This was due to confrontations related to a movement for indigenous peoples’ rights in Colombia. Nasa leaders disagreed strongly with the way in which the Colombian government was implementing the 2016 peace accords that saw the demobilization of the Fuerzas Armadas Revolucionarias de Colombia (FARC; Revolutionary Armed Forces of Colombia). These sentiments gave rise to a protest movement, initially spearheaded by indigenous groups, but increasingly encompassing Afro-Colombian groups, campesino (peasant) groups, and others. In mid-March 2019 a minga (a traditional indigenous form of protest that in this case included a blockade of the Panamerican Highway) was called, in an attempt by the protest movement to bring the government to the negotiating table. Growing protest and unrest made it difficult to meet, and by the end of March, the project meetings had to be completely suspended. Indigenous authorities had informed the project director about the suspension of the meetings 15 days before the national minga.

Creating safe spaces for Nasa women

After more than a month of protests and negotiations with the Colombian government, the meetings resumed...
on April 24, 2019, when the project team met with Nasa birth attendants. As his team understood more about the cultural and social dynamics of the resguardo, consensus about the project began to emerge. Yet the project director still sensed distance from the Nasa when interacting. To help build acceptance for the project, the project team learned to work with these cultural dynamics and not force the intervention. The time and day of the meetings was entirely left to the Nasa. Initial meetings allowed the team to become closer to the Nasa and understand a baseline for sharing and adapting knowledge. Once this was achieved, the two groups started to share their knowledge and build consensus on a strategy for maternal and perinatal health care in Nasa women.

When the project director mentioned the need for more indigenous-inclusive health care in the hospital, the director of the hospital was so open to the idea that he proposed a new approach: reorganizing the hospital’s physical layout to create a spiritual safe space for indigenous patients. The director embraced this concept because poor maternal mortality rates among indigenous women affected the town hospital’s reputation. Similar safe places had been created in two other municipalities in Cauca (Toribío and Jambaló) where indigenous peoples were a majority and it resulted in higher usage of the hospital’s services by this community (Municipality of Toribío Cauca 2019). Implementing this at the Morales hospital would ensure that indigenous patients knew they were welcome to come to the hospital and to use its services. The project director and the director of the hospital also agreed that this space should be designed in consultation with indigenous leaders.

Meetings between the project team and the Nasa helped the team understand the Nasa’s beliefs and expectations. Generally, the meetings lasted a whole afternoon. Nasa birth attendants explained that, according to their beliefs, everything that represented coldness was bad for the baby and the mother. When Nasa women gave birth in the resguardo, birth attendants did two things that some doctors struggled to understand: they cut the baby’s umbilical cord and buried it near the family’s house so the baby would never abandon its home, and they buried the placenta near the kitchen so it stayed warm, helping the mother and her baby during the postpartum period. The community also viewed giving birth as a social event. This was why the Nasa resisted the idea of giving birth at the town’s hospital, far away from their homes and loved ones. After the Nasa and the project team had shared and explained their points of view, they made agreements about how the spiritual spaces proposed by the hospital director should be organized and about how Nasa women should be treated at the hospital.

**Agreeing on new maternal care procedures**

The project team and members of the Nasa community came to an agreement that Nasa birth attendants would manage the initial processes of pregnancy care. If the birth attendants decided that there were any complications, mothers could then decide whether they wanted to give birth at the hospital, and the Nasa community leaders would facilitate their contact with the hospital staff.

The identification of complications could be done in conjunction with the hospital staff because, to the project team’s surprise, Nasa birth attendants were open to receiving help from the hospital employees using modern medical instruments. This openness resulted in part from the team’s explanations of why the hospital engaged in practices that were unfamiliar to the Nasa, such as using cold ultrasound gel (which ran counter to the Nasa’s prioritization of warmth in maternal care).

Another agreement was that Nasa women would have the option of asking for the umbilical cord and placenta so they could take them back to the resguardo and continue with their traditional practices.

**Formalizing the system and sharing information**

After coming to an agreement about how to integrate Nasa into the government health system, both the project team and the Nasa leaders could start developing booklets and posters about care and treatment during pregnancy and the postpartum period. The meetings also had led to agreements on the production of booklets about sexual and reproductive care. To ensure that women understood this material, the project team offered five trainings to improve reading in Spanish and six classes about sexual and reproductive health. These were offered to all women of child-bearing age, the majority of whom were already mothers.

Another achievement was the creation of a way for the resguardo to communicate with the hospital. Delegates from the community, the hospital, and the Health

---

5 Author interview with project director Francisco Ortiz, 2019
Department of Morales facilitated communication and shared information about women who had suffered pregnancy complications. This allowed doctors to have reliable information about the patient when a woman decided she would give birth at the hospital and not at home.

The project team provided certificates to Nasa birth attendants and hospital staff who had participated in the meetings and gained greater understanding of each other’s cultures and practices. Now, hospital staff could say that they knew how to use intercultural tools to treat the Nasa and Nasa birth attendants could say that they were fully prepared for any complications that arose during a pregnancy.

To incentivize visits to the hospital for antenatal care, the mayor decided to provide kits that included diapers, baby wipes, shampoo, and soap to pregnant women who came to the hospital for check-ins. The Health Department was in charge of distributing the kits.

The town administration identified the birth attendants in Nasa territory to collect data on how many there were and where they were located. This allowed for better understanding and monitoring of the opportunities Nasa women had to access quality maternal health care in their own territory. The administration found that there were 32 birth attendants, distributed throughout the resguardo.

Assessing results

After project implementation began, more Nasa women were going to the hospital for antenatal care. This was principally because birth attendants now saw the hospital as an ally and not as a threat to their culture and traditions. The project helped overcome barriers to communication and cooperation between Nasa and non-indigenous people. The meetings provided a channel for continuous feedback and understanding of the community’s needs.

Nonetheless, geographical barriers remained a big challenge for the project, which worked to address the problem of maternal mortality, but was not directed towards resolving the obstacles that arose when Nasa decided to make use of the hospital’s services. Roads were not paved, distances were large, and not all the members of the resguardo had enough money to pay for transportation every time they needed to go to the doctor. Moreover, the ongoing instability in the area created challenges for mobility. The Villegas administration was aware that it had to complement this project with other actions that aimed to resolve maternal mortality among the Nasa community.

Lessons Learned

In general, understanding the population’s needs and worldview is essential when attempting to implement a program or a public policy. In this case, pre-analysis of the target community, along with the creation of a strong communication channel between the government and community members and the presence of continuous feedback, was key.

The administration’s willingness to understand Nasa culture and political and economic structures made the difference and opened the door to real sustainable change. Without the strong communication channel that emerged from the meetings, the intervention would not have been well-received by the community. Even more importantly, the project was not just accepted, but shaped by the Nasa, who exercised ownership over the project and its results. Their interest in the project and openness to the intervention generated transparency and helped with sharing information when the minga protest was about to happen and the meetings had to be suspended.

The project structure was designed in an inclusive way that took into account the educational inequities between Nasa women and men, their economic situation, and the lack of roads to connect them with urban areas. The necessary step to accomplish this was the many meetings that took place to allow an understanding of the community’s specific context and needs.
References

Health Department of Morales. 2010. *Maternal mortality rate by ethnicity (Tasas de mortalidad materna por etnicidad).* Cauca, Colombia: Town Hall of Morales.

Health Department of Morales. 2019. *Final report: Design and implementation of an integral and intercultural intervention strategy to guarantee maternal wellbeing during the 1000 days after pregnancy (Informe final: Diseño e implementación de una estrategia de una intervención integral e intercultural para garantizar el bienestar en los primeros 1000 días en la mujer generadora de vida).* Cauca, Colombia: Town Hall of Morales.


Ortiz, F. 2018. Health department of Morales. *Design and implementation of an integral and intercultural intervention strategy to guarantee maternal wellbeing during the 1000 days after pregnancy (Diseño e implementación de una estrategia de una intervención integral e intercultural para garantizar el bienestar en los primeros 1000 días en la mujer generadora de vida).* Cauca, Colombia: Town Hall of Morales.