

# Indigenous Pregnant Women from the Municipality of Iquira-Huila and Characteristics of their Newborns

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## ABSTRACT

**Introduction:** In Colombia, the 2018 National Population and Housing Census identified 115 native indigenous peoples. In the 2005 General Census, only 93 native indigenous peoples had been identified. The 22 additional villages in 2018 correspond to new ethnic recognitions or indigenous peoples of border areas. The four most numerous indigenous peoples in the country are (Wayuu, Zenú, Nasa and Pastos) which concentrate 58.1% of the country's indigenous population. According to the National Census, there are about 1,905,617 indigenous people who are distributed among the different peoples, representing 4.4% of the country's total population. **Objective:** To identify the gynecological-obstetric characteristics and newborns of indigenous pregnant women with deliveries attended in the 2021-2022 term of the municipality of Iquira-Huila. **Methodology:** A descriptive observational study was carried out in Iquira, Huila. **Results:** It was determined according to the analysis of the Vital Statistics (Births) databases that during the period 2021-2022 in the Nasa-Páez-Huila indigenous reservation, 135 births were evidenced, of which 73 births occurred in 2021 and 62 births in 2022, having an average of 68 births per year. In the same way, for the gynecological-obstetric profile of the indigenous pregnant women, an average of 3 pregnancies, 3 deliveries, and 1 cesarean section were obtained. Regarding the anthropometric measurements recorded of the newborns, an average height of 49 cm and weight of 3207 grams were found, of which 59% were male children.

**Keywords:** Neonates, Pregnant, Indigenous, Gynecology, Obstetrics.

## INTRODUCTION

In Colombia, the 2018 National Population and Housing Census identified 115 native indigenous peoples. Only 93 native indigenous peoples had been identified in the 2005 General Census. The 22 additional peoples in 2018 correspond to new ethnic recognitions or indigenous peoples in border areas. The four indigenous peoples The most numerous in the country are (Wayuu, Zenu', Nasa and Pastos) which concentrate

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58.1% of the population indigenous people of the country. According to the National Census, there are around 1,905,617 indigenous people distributed among different towns, representing 4.4% of the country's total population [1]. In the department of Huila, according to the last National Census carried out by DANE, it was identified that there are 6 recognized indigenous reservations such as Paniquita in Rivera, La Gabriela in Neiva, La Tatacoa in Villavieja, Bache in Palermo, La Gaitana in San Mateo, El Líbano, El Rosal and Bajo Rosal in La Plata, Guambia in Congress in La Plata and Campoalegre in Argentina, there are also 17 indigenous councils to which Nuevo Amanecer in Argentina, Yanacona in Pitalito, Yanacona in San Agustín, La Reforma in La Plata, Talaga la Estación in La Plata, San Miguel in La Plata, El Cabuya in Argentina, El Llanito in Argentina, Llanobuco in Nataga , Cshaw Páez in La Plata, Cabildo Huila in Iquira, Los Ángeles in La Plata, Potreritos in La Plata, Nueva Irlanda in La Plata, Avirama in Cauca, Malta in La Plata and Juan Tama in Tello belong. One of the recognized Indigenous Reservations of the department of Huila, belongs to Nasa-Huila, Rio Negro, which are located in the jurisdiction of the municipality of Iquira belonging to the department of Huila, at a distance of approximately 120 km from the city of Neiva [2].

Indigenous peoples are culturally distinct groups that maintain an ancestral link to the territory they inhabit. They play a fundamental role in the conservation and sustainable management of different natural resources. Indigenous peoples have certain food systems generally based on sustainable livelihood practices, which are adapted to the specific ecosystems of their inhabited territories. Therefore, they have their own bases in the economic, social and political aspects. In addition, the cultural knowledge of indigenous communities in terms of health has a different perception regarding sexual and reproductive health and motherhood. They consider that motherhood cannot be separated from the family, therefore the concept of family planning is very important and is the justification that pregnancy should not be considered an individual matter that concerns only the mother, but on the contrary, it should be considered as a process where the woman and her family converge. Among the practices that exist in traditional medicine, the most important and significant during motherhood are "la sobada" (soaking), a process by which a midwife adjusts the position of the baby, "agua de brevo" (water of brevo) consists of baths and ingestion of water from the leaves of this tree to which mothers are subjected to accelerate labor, and "planting of the placenta" which means connection between the earth and the family, and also allows to prevent diseases in the

mother and child. At the time of delivery, vertical delivery is the most used by indigenous mothers, where the woman is located perpendicular to the ground, either on her knees or squatting, holds on to a rope and in this way begins her labor, in addition to the position, the accompaniment of her family is also fundamental, due to the entire family and community context that is attributed to this stage of life [3].

The reservation is from the Cauca department that was displaced to the Huila department due to the avalanche of the Paéz River on June 6, 1994. The arrival to the Huila department was on March 23, 1995, with 324 families that added up to a total of 700 people between children, adults and elderly. They arrived in an area where the population was peasant and since then they settled in this territory. The reservation was legally established on June 22, 2003 with the endorsement of the Ministry of the Interior. Over the years the community adapted to the climate, the economy and other trades of the field, but without losing its characteristic uses and customs such as its Nasa Yuwe language. As the gestation processes retain their law of origin or the greater right according to the paths of the moons, there are customs such as practices, rituals and treatments from one's own health that must be carried out by both the couple and the indigenous pregnant woman in the gestation process that are framed in the lunar phases and in the paths of the sun which is the calendar by which they are governed [4].

In this project, researchers will describe the gynecological -obstetric and neonatal characteristics of pregnant women from the indigenous community of the municipality of Iquira-Huila who gave birth in the period 2021-2022.

## METHODOLOGY

A descriptive observational study was conducted in Iquira, Huila. This municipality was selected due to its representativeness due to its high proportion of indigenous population, and accessibility to the data studied was also taken into account. For this project, a sample was not calculated because the population studied was 100% of the pregnant women in the municipality of Iquira who are in the Vital Statistics (Births) database reported by the State Social Enterprise of Iquira - Huila. The source of information was secondary, since the information was collected from the Vital Statistics (Births) databases, reported by the State Social Enterprise of Iquira - Huila, during the period under investigation. For this, a letter was sent to the Health Secretariat of the municipality of Iquira-Huila, in which access to the anonymized data was requested.

The data were analyzed using the Excel 97-2003 statistical package. The analysis of the variables was carried out through descriptive statistics, where for the ratio variables, central tendency and dispersion measures were estimated; and for the nominal or ordinal variables, proportions and relative frequency measures were calculated.

## RESULTS

In the municipality of Iquira-Huila, a total of 380 births occurred in the years 2021-2022, of which 135 correspond to the Nasa-Páez Huila indigenous community, of which 73 births occurred in 2021 and 62 births in 2022, of which an average age of the pregnant women of 26 years is identified, the youngest being 15 years old and the oldest being 47 years old, which shows pregnancies mostly among young indigenous women.

Taking into account the gynecological and obstetric characteristics found in the Vital Statistics (Births) database, the average gestational age is 38.9 weeks, indicating that the newborns were full-term. In relation to the number of prenatal check-ups, it was found that 60% of indigenous pregnant women had less than 3 prenatal check-ups (CPN); and only 40% had more than 4 (CPN), which is a deficient number of prenatal check-ups in relation to those established in the maternal-perinatal route of the technical annex of resolution 3280/18. This is because in the department of Huila there is an indigenous IPS, which has coverage in three municipalities: Iquira, La Plata and La Argentina. It was found that the indigenous IPS provides care to indigenous pregnant women in the area through brigades, health days or with the support of the auxiliary who is in the area most of the time and who monitors them even at home, so it will be more preferable for indigenous pregnant women to attend their prenatal check-ups at these IPS, since access is easier in rural areas. For this reason, a very high percentage of indigenous pregnant women not attending prenatal check-ups at municipal IPSs, which in this case, in Iquira, was the María Auxiliadora institution, nor with the full information on the care they received from this indigenous IPS, from the Departmental Health Secretariat.

Regarding the Gynecological -Obstetric background of the population under investigation, it is noted that in the pregnancies for the year 2021; 59% had had 1 to 2 pregnancies, 14% 3 to 4 pregnancies, and 27% more than 5 pregnancies. In 2022, it was found that 50% had had 1 to 2 pregnancies, 31% 3 to 4 pregnancies, and 19% more than 5 pregnancies. In the two years analyzed, it was identified that

55% had had between 1-2 pregnancies, 21% between 3-4 pregnancies, and 24% more than 5 pregnancies.

Regarding births in 2021, it was found that 53% had had 1 to 2 births, 12% 3 to 4 births, and 25% more than 5 births. In 2022, it was found that 42% had had 1 to 2 births, 26% 3 to 4 births, and 18% more than 5 births. For the two years analyzed, it was identified that 55% had had 1-2 births, 21% 3-4 births, and 24% more than 5 births. Taking this into account, an average of 3 births was evident in the two years analyzed. However, there are women who deviate significantly from this average. It is striking that there were three indigenous pregnant women who had 10 to 12 births.

Regarding cesarean sections, in 2021 it was found that 5% had 1-2 cesarean sections, 1% 3-4 cesarean sections and 3% more than 5 cesarean sections. In 2022 it was identified that 8% had 1-2 cesarean sections, 5% 3-4 cesarean sections and 2% more than 5 cesarean sections. In summary, in the two years analyzed it was found that 7% had 1-2 cesarean sections, 3% 3-4 cesarean sections and 2% more than 5 cesarean sections, so it can be observed that it has been a small percentage that represents the women who have had cesarean sections, and that mainly the interval that is most relevant is that of 1-2 cesarean sections.

As can be seen, the average number of children among indigenous Nasa women is not significantly large, so despite their distance from urban areas and access to different information about PYP, they have an IPS that provides them with direct support in their reservation and brings them knowledge about family planning and the use of contraceptive methods. Another influential factor is their vision of motherhood and fatherhood, the predominance of the biparental nuclear family that is based on romanticism, in which affection and support prevail, giving them the freedom and opportunity to choose their partner. Due to their greater intercultural interaction, this has been added to the recognition of sexual and reproductive rights, and the female role in a society, and although relationships and behaviors within families continue to be regulated by the authority and internal laws of the reservation, any act of domestic violence or infidelity, etc., is punished.

Despite the progress made in women's participation and their right to decide for themselves, in indigenous communities the perception remains that women have the task and responsibility of prolonging the community in biological and cultural terms, which is why the three women who have had between 10 and 12 children can be associated.

**Table 1.** Gynecological -obstetric background of indigenous pregnant women of the Nasa Paez Community - Huila (Iquira) 2021 - 2022

Años	2021		2022		Total	%
<b>Gestas</b>						
	<b>n</b>	<b>(%)</b>	<b>n</b>	<b>(%)</b>	<b>n</b>	<b>(%)</b>
1 a 2	43	59	31	50	74	55
3 a 4	10	14	19	31	29	21
Mayores 5	20	27	12	19	32	24
<b>Partos</b>						
1 a 2	39	53	26	42	65	55
3 a 4	9	12	16	26	25	21
Mayores 5	18	25	11	18	29	24
<b>Cesareas</b>						
1 a 2	4	5	5	8	9	7
3 a 4	1	1	3	5	4	3
Mayores 5	2	3	1	2	3	2
<b>Abortos</b>						
1 a 2	0	0	0	0	0	0
3 a 4	0	0	0	0	0	0
Mayores 5	0	0	0	0	0	0

Information Source RUAF (live births 2021 - 2022).

The Río Negro reservation, which belongs to the jurisdiction of the municipality of Íquira in the department of Huila, is located 38.1 km, approximately 1 hour and 30 minutes, from the urban area, where there is a health center. From the above, it is concluded that there is probably a relationship between proximity to the urban area and the percentage of births attended in the health institution; conversely, there may be a relationship between distance from urban centers and traditional birth care.

Regarding the birthplace of the children of indigenous pregnant women from the Nasa-Páez del Huila community, it was found that 64% of these were born at home, of which 2% were attended by a doctor, 1% by another person and 97% by a midwife; 35% were born in a health institution, of which 100% were attended by a doctor and 1% in another place, being attended by a nurse.

**Table 2.** Place of delivery vs. Attended by indigenous pregnant women of the Nasa Paez Community - Huila (Iquira) 2021 - 2022.

Sitio del Parto Vrs Atendido Por	No	%
<b>EL DOMICILIO</b>	<b>87</b>	
MÉDICO	2	2
OTRA PERSONA	1	1
PARTERA	84	97
<b>INSTITUCIÓN DE SALUD</b>	<b>47</b>	
MÉDICO	47	100
<b>OTRO SITIO</b>	<b>1</b>	
ENFERMERO (A)	1	100
<b>Total</b>	<b>135</b>	

Information Source: RUAF (live births 2021 - 2022).

Regarding the recorded anthropometric measurements of the newborn, weight and height were recorded, for height it was found that the average was 49 cm, having that 4.5% were between 40 to 45 cm tall, 67.2% had a height between 46 to 50 cm, and 28.4% were taller than 51 cm, and for weight an average of 3207 grams was obtained with a standard deviation of 423 grams, with respect to weight it

was of vital importance to take into account their weeks of gestation at the time of birth, already having this in mind, according to the relationship of the weeks with the weight two key situations were found, the preterms which are all newborns under 37 weeks and the post-terms which are all newborns older than 37 weeks, which in turn were divided into newborns with a weight less than 2500 grams and



newborns older than 2500 grams. at 2500 grams, and it was found that 0.7% were premature newborns, 2.2% were full-term newborns with low birth weight, and 97% were full-term newborns with adequate birth weight. This is most likely due to the diet they maintain during their pregnancy,

which is based on their own agriculture, in this way all the food they consume is grown in their own territory, in which a lot of corn, potatoes, cassava, and vegetables are evident, thus avoiding processed foods, refined salts or foods that have some chemical processing.

**Table 3.** Anthropometric measurements (weight and height) of the newborns of indigenous pregnant women from the Nasa Páez Community – Huila (Iquira) 2021 - 2022

Peso del RN *		
Preterminos (menores de 37 SG)	1	0,7
Menor de 2.500 Gramos A Terminio (37 SG)	3	2,2
Mayores de 2.500 Gramos	130	97,0
Talla del RN *		
40-45	6	4,5
46-50	90	67,2
Mayores de 51	38	28,4
<b>Total</b>	<b>134</b>	<b>100,0</b>

Information Source: RUAF (live births 2021 - 2022).

## DISCUSSION

In a research carried out at the Basic Hospital of Saraguro, Ecuador for the year 2016, 151 newborns of indigenous and mestizo mothers were taken, of which 52% belonged to the female sex with an average gestational age of 39.2 weeks of gestation, which was greater than the present project where 41% belonged to the female sex, being lower than men with an average gestational age of 38.9. Regarding weight in this study they obtained an average weight of 3154 grams and a height of 49.1 [5]. Being lower in relation to the present study only with respect to weight where an average weight of 3207 grams was found, and with a very similar height in the two studies because in the present one an average height of 49 cm was found, being an almost insignificant difference between the two.

As can be seen, one of the variables that caught attention was the number of prenatal check-ups attended by NASA indigenous pregnant women, so according to a study carried out by Ríos GP Et al., in 2019, there are different determining factors for these pregnant women not to attend such as: the discomfort that certain procedures generate in them, the difficult displacement from their council to the nearest health center, the different customs and ancestral knowledge that govern their motherhood, all these determinants extremely in line with the reality experienced by the indigenous people of the NASA people in Iquira, Huila, thus reflecting the deficiency in the number of prenatal check-ups, however,

it is also important to highlight that this indigenous people has an important group of workers belonging to the health sector who work in the indigenous IPS that covers this municipality, which does a job with and for them, however not everything done by this IPS is notified or recorded in the Vital Statistics (Births) database reported by the Social Enterprise of the State of Iquira - Huila, this being an important event that may indicate that the follow-up with indigenous pregnant women, by health personnel trained and oriented in western medicine, could be closer and they can have greater education and prevention of different risk factors in pregnancy, procedures, screenings or others that are carried out at the time of prenatal check-ups.

When medical attention is required, women in the Embera and Wounaan communities - Chocó, as in other groups, show a certain reluctance to seek conventional medical help. This is because approaching Western health services can be interpreted as an intrusion into their privacy [6]. In this context, the primary option for receiving medical care in these communities is the traditional system, with midwives being a prominent example in the case of the Nasa Páez community - Huila. Midwives enjoy a high degree of recognition among women, families and the community at large. This pattern is also replicated in native communities such as the Awajun and Wampis, where these figures are recognized for the ancestral wisdom they treasure.

Through their traditional knowledge transmitted from

generation to generation, midwives play a central role in the care of pregnant women in their homes. This relationship of trust and mutual recognition means that women choose to place their well-being and that of their children in their care. This preference for traditional methods is clearly reflected in the present study, which details that 64% of births took place at home, of which 97% were assisted by midwives. In contrast, 35% of births took place in health institutions under the supervision of physicians, and the remaining 1% occurred in other places, with care provided by nurses [7].

## CONCLUSIONS

It was determined according to the analysis of the Vital Statistics (Births) databases that during the period 2021-2022 in the Nasa-Páez-Huila indigenous reservation, 135 births were evident, of which 73 births occurred in 2021 and 62 births in 2022, having an average of 68 births per year. Similarly, for the gynecological -obstetric profile of indigenous pregnant women, an average of 3 pregnancies, 3 births, and 1 cesarean section was obtained. It was evident that, although the average number of pregnancies was not high, it was found that there were quite a few indigenous pregnant women who had had more than 5 pregnancies, that in the majority they had their newborn through childbirth, and that cesareans were really very few, with a higher rate of 1 to 2 in pregnant women, which indicates that the low percentage of cesareans can be explained by the worldview they have of pregnancy and all the habits they carry out during this period.

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