



ORIGINAL ARTICLE

Knowledge of the staff of the San Luis de Otavalo Hospital about ancestral birth customs

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ABSTRACT

Introduction: the traditional ancestral knowledge of the women regarding pregnancy, childbirth and puerperium are practical vital transmitted in an intergenerational way, and they are determined by cultural factors. In and of itself it is implemented the Strategy of Health of the Woman and the Indigenous Boy (ESAMYN) to integrate practical ancestral care in the maternal care.

Objectives: to analyze the level of knowledge of the medical personnel of the Hospital San Luis de Otavalo has more than enough ancestral customs of the birth.

Methods: it was carried out a traverse descriptive study (July-December 2023) in the Hospital San Luis of Otavalo, by means of on-line surveys to the medical personnel. Knowledge were evaluated on practical ancestral.

Results: the personnel's 61,45 % showed high knowledge of the ancestral practices, 33,24 % it presented half level and 5,3 % low knowledge. Among the main causes that impacted in the knowledge and in the non-execution of the trainings he/she was lack of time for trainings (46,8 %) and demotivation (51,03 %). The results surpass those reported in similar contexts (as Peru or Colombia), highlighting the impact of the continuous trainings. However, breaches associated to labor load and pedagogic focuses persist.

Conclusions: most of the medical personnel possess a solid knowledge on the ancestral customs related to the birth, which reflects the advances achieved by means of the implementation of the ESAMYN strategy. However, breaches still exist in the understanding of these practices, influenced mainly by limitations in the readiness of trainings and motivational factors.

Keywords: Ancestral Customs; Intercultural Health; Training of the Personnel; Level of Knowledge.

INTRODUCTION

Beliefs and practices surrounding pregnancy and childbirth are determined by cultural factors, as demonstrated by medical anthropology, which maintains that changes in health, illness, and care are complex. Traditional ancestral knowledge of women regarding pregnancy, childbirth, and the postpartum period are vital practices transmitted intergenerationally, focused on the physical, emotional, spiritual, and community well-being of both women and the child born.⁽¹⁾

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) represents an international commitment to improving the health and well-being of these populations throughout the life cycle. This strategy has placed special emphasis on ensuring the right to health and life of the mother-child dyad, recognizing that the mother's well-being directly influences the child's development and survival. To achieve these objectives, universal access to comprehensive, timely, and quality health services that respond to the specific needs of women, children, and adolescents at all stages of their lives is promoted.⁽²⁾

The strategy also seeks to reduce equity gaps between different social groups by addressing the social determinants of health and promoting inclusive policies that prioritize the most vulnerable populations. This entails coordinated interventions at multiple levels, including improving health coverage, training health personnel, strengthening information systems, and community participation. In this way, the goal is to ensure that no woman, child, or adolescent is excluded from their fundamental right to enjoy the highest attainable standard of health, regardless of their social, economic, or geographic origin.⁽³⁾

The need to introduce a humanitarian, intercultural, and rights-based approach to maternal and newborn health in a clearer and more decisive manner, so that health care includes standards and procedures in accordance with the cultural needs of the population. At the San Luis de Otavalo Hospital, the Indigenous Women and Children's Health Strategy (ESAMYN) has been implemented with the aim of promoting ancestral practices and customs related to birth, which are fundamental to the cultural identity of Indigenous peoples. This strategy guarantees culturally relevant and humane care for Indigenous pregnant women and newborns, and includes respect for traditional beliefs, the participation of ancestral midwives, the use of appropriate spaces for vertical birth, and the preservation of practices such as umbilical cord and placental healing.

This implementation not only represents a step forward in terms of rights and recognition of cultural diversity, but also strengthens the identity and sense of belonging of the region's indigenous communities. By providing care in keeping with their ancestral traditions, the preservation of this ancient knowledge and customs is guaranteed, transmitting an invaluable cultural legacy to new generations.^(4,5)

In this context, a significant change has been achieved at the San Luis Hospital in Otavalo, through the adaptation of specific spaces for vertical birth, the inclusion of ancestral midwives in the care process, and the recognition of practices such as traditional management of the placenta and umbilical cord. Therefore, the present research aims to analyze the level of knowledge of medical staff of the San Luis de Otavalo Hospital about ancestral birth customs.

METHODS

An observational, descriptive, cross-sectional study was carried out at the San Luis de Otavalo hospital, from July to December 2023. The study population was the hospital's medical staff, and a non-probabilistic, convenience sample of 1,747 workers was selected, who met the selection criteria (medical staff who were working at the San Luis de Otavalo Hospital, who gave their Informed Consent to participate in the study).

Data collection was conducted through digital surveys distributed through online platforms to facilitate participant access and optimize the study's geographic coverage. The questionnaire was specifically designed to address the research objectives, and its content was previously validated by experts in the field. Once the information was collected, the data was processed and analyzed using descriptive and inferential statistical techniques and specialized software. The results were organized and presented in tables and graphs, allowing for a clear and systematic interpretation of the findings.

The Ethical Principles for Medical Research Involving Human Data of the World Medical Association Declaration of Helsinki and the WHO Guidelines for Research Ethics Committees were followed. The research was approved by the Research Ethics Committee of the Regional Autonomous University of Los Andes.

RESULTS

Table 1 shows the distribution of medical staff according to their level of knowledge of ancestral customs. 61,46 % of the staff evaluated showed a high level of knowledge.

Table 1. Level of knowledge of medical personnel about ancestral customs.

Level of knowledge	No.	%
High	1035	61,46
Half	614	33,24
Low	98	5,30
Total	1747	100

Factors related to training schedules are the main cause affecting staff knowledge levels, accounting for 46,8 %. The following factors are reflected in Table 2 staff interest factors (38,20 %) and, to a lesser extent, administrative factors (15,90 %). This suggests that adjusting training schedules and fostering staff interest could be key to improving knowledge.

Table 2. Causes that affect the level of knowledge of medical personnel about ancestral customs.

Causes that affect the level of knowledge	No.	%
Administrative factors	18	15,90
Staff interest factors	43	38,30
Factors related to the training schedule	54	46,80

The results in Table 3 show that 63,10 % of the staff evaluated met the training and knowledge of the strategy, representing 1,067 individuals. Although the majority of staff met the requirements, a significant percentage did not. This could indicate a gap in training and adequate knowledge. Compliance with this component is critical, as training and solid knowledge are essential for effective implementation and the achievement of desired goals in terms of quality and safety in healthcare.

Table 3. Training for medical personnel on ancestral customs.

Trainings	No.	%
Complies	1067	63,10
Does not comply	680	36,90

Among the underlying causes of non-compliance with this component, Table 4 shows that the most frequent factor was the lack of motivation on the part of medical staff (51,03 %), followed by the availability of training.

Table 4. Causes that influence the non-compliance of medical personnel training on ancestral customs.

Causes that influence non-compliance	No.	%
Training availability	258	37,94
Lack of motivation	347	51,03
Work overload	49	7,20
Other causes	26	3,83

DISCUSSION

Given the condition of indigenous peoples, the national government is seeking ways to provide the necessary support to these communities. Therefore, efforts have been made to train midwives to care for pregnant women in indigenous communities due to the cultural factors that are reflected during labor and birth, thus reducing the risk of maternal and fetal death. This has been possible through the following: The dialogue of knowledge; a mechanism that allows for the strengthening of ancestral midwifery, as it offers the opportunity to transmit ancestral knowledge from more experienced midwives to apprentice midwives. Therefore, in addition to exchanging knowledge between midwives and health personnel, it can also be a space for meeting and strengthening ancestral midwifery knowledge by engaging with the midwives themselves.⁽⁶⁾

A thesis defended at the National University of Chimborazo shows that diverse practices stand out across Ecuador's regions regarding ancestral birth customs. In the Andean highlands, techniques such as accommodation, blanketing, rubbing, and the use of various medicinal plants are used; on the coast, herbal infusions, massages, and specific dietary beliefs are incorporated; and in the Amazon, vertical birth positions and the assistance of traditional midwives are emphasized. The results suggest that these practices positively impact maternal satisfaction and well-being, but they can also carry risks when not adequately integrated with modern medical

practices, especially with regard to postpartum complications and neonatal respiratory problems.⁽⁷⁾

The level of knowledge about vertical birth, as well as its implementation has been the subject of study, such is the case of the research carried out by Juárez and cols,⁽⁸⁾ where it is stated that childbirth care on the gynecological table is highly criticized by aboriginal midwives, arguing that the horizontal position is not natural for childbirth, resulting in a "he wawa turns back" and a loss of strength for the mother. Therefore, it is believed that providing care in a horizontal position is one of the main barriers to access of aboriginal women to public health centers.

When compared with the international scope, we know of other studies carried out on the subject in Chile, where the authors investigate ancestral knowledge and care practices transmitted intergenerationally by Colla women in the Atacama region. The results of the study reveal that this knowledge is embodied in the bodies, oral traditions, and experiences of Colla women. The research process recognizes the profound ancestral wisdom of Colla indigenous medicine, recovered through the long memories of indigenous women. Colla women center body care and collective motherhood, the preservation of ancestry, and the demedicalization of feminine processes, thus transforming this into their principal strategy of decolonizing cultural resistance.⁽⁹⁾

In Colombia, women in the Boyacá region of Colombia have a significant peasant and indigenous heritage related to beliefs and practices of cultural care during maternity. Some of the most notable practices include taking herbal teas, performing massages, and using aromatherapy. Similarly, diet, quarantine, or abstinence are a set of practices and beliefs to protect the health of women in the postpartum period from their vulnerability to disease. They bathe in medicinal herbs and consume farm chicken broth.^(10,11)

Another study in Peru showed a significant relationship between the knowledge of pregnant mothers and their favorable attitudes toward vertical birth. Similarly, the authors assert that favorable or unfavorable attitudes toward vertical birth depend largely on the knowledge of the female population. For this reason, it is essential to disseminate the different types of births that pregnant women can undergo, so that they can choose the type of birth they consider most appropriate, taking into account their right to sexual and reproductive health.⁽¹²⁾

Carbonell,⁽¹³⁾ investigated the level of knowledge and attitudes towards vertical birth in pregnant women attended at the José Carlos Mariátegui Maternal and Child Center in Villa María del Triunfo. Among her results she observed that 53 % (64 women) had knowledge at an intermediate level, while 32 % (38 women) and 15 % (18 women) had high and low levels, respectively. These results do not coincide with the objectives of the present study, possibly because it worked with different populations; however, it is interesting that in this region there is a concern to know and disseminate knowledge on the subject.

A thesis from the National University of San Marcos studied the knowledge and attitudes related to vertical delivery in graduates of Human Medicine from the UNMS and found that 65,31 % of the graduates had a medium level of knowledge, 16,33 % a low level and 18,37 % a high level.⁽¹⁴⁾ This is not similar to what was found in the staff of the San Luis de Otavalo hospital, because the majority of the staff surveyed had several years of experience and continuous training on the subject.

According to Gamero,⁽¹⁵⁾ the majority of gynecologists-obstetricians and gynecology residents participating in his study had a moderate level of knowledge (93,4 %) about vertical birth, while a small percentage demonstrated a low level of knowledge (3,9 %). These results are similar to those compiled in Table 1.

Huamán,⁽¹⁶⁾ evaluated health professionals from a public hospital, but found a higher percentage of participants with low levels of knowledge (40,2 %) in contrast to high and medium levels of 46,3 % and 13,4 % respectively. As can be seen, unlike these studies, the percentages of knowledge levels categorized as low are relatively lower. In relation to the differences found in the results regarding the level of knowledge, it is important to highlight that there are several factors that can influence these findings. For example, the training context, the characteristics of the population studied and the methodology used can affect the results obtained. On the other hand, other studies used different methodologies, such as interviews or focus groups, which could explain the differences found in the results.

Among the causes that affect the level of knowledge, Cabezas,⁽¹⁷⁾ describes that independently of the lack of registered documentation on ancestral practices and customs, another added factor is the due to a lack of cultural identity, since in his study he found the existence of little appreciation of knowledge, ancestral practices in educational institutions, and little knowledge of cultural principles and cultural identity.

According to Benavides,⁽¹⁸⁾ a key aspect of intercultural health policies is the training of health professionals in cultural competencies, so that they can interact respectfully and effectively with patients from diverse backgrounds. This training should include knowledge of cultural practices and beliefs about health, as well as intercultural communication skills. The integration of these competencies into medical education and continuing education is essential to reduce barriers and improve the quality of care, ensuring that services are accessible and relevant to all population groups.

Fray,⁽¹⁹⁾ for his part, showed that in terms of the cultural competence of nursing staff, the data reflect a favorable disposition towards respect for cultural practices, although they also point to insufficient training in this aspect. Nurses in second-level units tend to have greater exposure to cultural competence training, while first-level nurses in non-type C units have less training in this aspect. The interviews revealed that most professionals consider that the training received in cultural competence was introductory and theoretical, lacking practical components necessary to adequately address specific situations in each indigenous community.

To the authors' consideration Measures are needed to strengthen training and improve medical personnel's knowledge of ancestral customs. This may include ongoing training programs, periodic assessments, and knowledge update strategies.

CONCLUSIONS

The study conducted at the San Luis de Otavalo Hospital reveals that the majority of medical staff have a solid understanding of ancestral birth customs, reflecting the progress made through the implementation of the ESAMYN strategy. However, gaps in understanding of these practices remain, primarily influenced by limited training availability and motivational factors. The research highlights the importance of integrating ancestral knowledge, such as vertical birth and traditional placental management, into medical care, recognizing their cultural value and impact

on maternal satisfaction. Comparing these findings with other contexts shows that the level of knowledge varies according to local characteristics and ongoing staff training.

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