



RESEARCH ARTICLE

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INFLUENCE OF CULTURAL AND HEALTH FACTORS IN THE PROCESS OF INDIGENOUS CHILDBIRTH

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ABSTRACT

To promote the improvement in the conditions of reproduction and birth of the indigenous population, one needs to understand that they have a different way to deal with their health needs, especially regarding maternity. This study aimed to identify the socio-cultural and health factors related to the process of indigenous childbirth. It is about an integrative review of studies published in the years of 2014 to 2019, in the following languages: English, Spanish and Portuguese, included in the database of LILACS, BDNF, and PubMed, which were selected in the website of Virtual Health Library. After the articles' reading, three categories emerged: access to health services, maternal mortality and the use of traditional medicine. And, inside each category, it was identified the cultural and health factors associated with the process of indigenous childbirth. The results of this integrative review support the need to execute new investigations about the theme because of the literature's remaining gaps. Therefore, one could promote the improvement in the quality of the care given to this population, which, many times, is ostracized by society and health professionals.

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INTRODUCTION

One of the great challenges faced all over the world is to have public politics able to ensure the coverage of social, cultural, ethical and epidemiological diversity of the indigenous population. The health of indigenous is closely related to modifications that occurred in their lifestyle and the historical process of changes associated with the demographic expansion over time influences the determinants and health profile of this population (Ribeiro et al., 2014). Consequently, one needs to create public politics that guarantee quality health care to this population, being oriented to promotion, protection and health recovery, thus, seeking these people's biopsychosocial balance.

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In Brazil, it was created the Decree n° 3,159 of 1999, which underlies the creation of politics in health aimed for the indigenous population by recognizing their cultural specificities (Brasil, 1999). In this context, it is known that the binomial health-disease for this population is considered as a historical and socio-cultural construction depending on each ethnical group. To promote the improvement in the conditions of reproduction and births it is needed to understand that these people have different ways to deal with their health needs, especially maternity. Therefore, it needs specific needs that must be effectively treated and, at the same time, must also suit the respective culture. The pregnancy, in indigenous culture, is considered as a dream, which transcends the supernatural world, and is attributed to an action of the gods upon the woman and the period of pregnancy and childbirth are moments quite celebrated in the villages (Ferreira, 2013).

The labor and childbirth are events considered to be distinct from the concept of disease, among this population because it involves the relation of health production, added to healing practices with the presence of midwives and traditional doctors. The childbirths take place inside the villages, they are considered as events to promote individuals and contributes to these people's biosocial reproduction, as an element of their ethnic identity (Athias, 2004). The incorporation of childbirth to the medical practice brought to this moment, that, at first, was only featured by the woman and her child, other actors that took for themselves the main role in the current act. They changed the scene and scenery: the home births started to occur inside health institutions and the act of giving birth started to be regulated by health professionals. The hospital was introduced as a safe and controlled environment and the health professional as this process' operator (Gonçalves et al., 2011). Such fact brought many cultural and ethnical conflicts to the assistance of the indigenous woman's childbirth; that withdrew her from the medical care and, consequently, the health centers. This excluded these populations from medical care, and it may directly contribute to the increase in maternal morbimortality.

Based on the considerations above, the study was guided by the following questioning: Which socio-cultural and health factors, found in the literature, can influence the process of indigenous childbirths?. The interest in studying this subject arose from worries that occurred during a discipline of the master's degree in nursing, which discussed the health of the indigenous and quilombola populations. One can notice that indigenous women are in poor conditions of healthcare, mostly, with children and unfavorable experiences of childbirth. Therefore, a reflection is needed in relation to the studies about the childbirth care of indigenous women. The objective of this investigation is to seek measures that can improve the quality of the given care by health professionals to this population with so many vulnerabilities, but at the same time, respecting their cultural, social and health aspects. In the face of this reality, the study has a standard objective, to identify in the literature the socio-cultural and health factors that can influence the process of indigenous childbirth.

MATERIALS AND METHODS

It is about an integrative review of the literature. It requires a gold standard concerning the methodological accuracy to obtain a product that brings significant contributions to the science and clinical practice. One must clearly define the hypothesis; the conditions to select the studies; the analysis of the chosen studies and the results' detailed presentation (Soares et al., 2014). The followed stages of the integrative review were: elaboration of the guiding question, definition of the sample and search strategies, definition of the inclusion and exclusion conditions, evaluation of the selected publications, analysis of the publications included in the review to produce original results (Soares et al., 2014). To compose the study's sample a mapping of articles in the database of LILACS (Latin American and Caribbean Health Sciences Literature), BDNF (Nursing Database) and PubMed ((US National Library of Medicine and National Institutes of Health) was made and they were selected in the website of the Virtual Health Library (VHL). The search occurred in May of 2019, using the association of the following descriptors of Ciências da Saúde (DeCS) and Medical Subject Headings (MeSH) via the Boolean operator *and*: indigenous (*Population,*

Indigenous), childbirth (*Parturition*) and culture (*Culture*). The lifting of data aimed to answer the following guiding question: Which socio-cultural and health factors, found in the literature, can influence the process of indigenous childbirth?

The following inclusion conditions were established: original articles, fully available and published in the time-lapse of 2014 to 2019, thus, seeking more recent studies about the theme; written in Portuguese, English or Spanish; and that discusses themes related to the indigenous population, childbirth, and culture. The following publications were excluded: duplicate publications, essays, integrative and systematic reviews, guidelines, articles with a method of narrated history and articles that did not answer the current study's guiding question. In the stage to evaluate the chosen articles, the included studies were individually analyzed, via critical reading and aggregation of the extracted data with the use of a data-gathering instrument. To collect the studies' information, a previously elaborated instrument was built, adapted from Ursi (2005), in Brazil, with the following items: title, objective, author, year, database, periodic and country of publication. Regarding the evidence level, the following levels were used: Level I, systematic or meta-analysis review; Level II, randomized controlled clinical trial; Level III, non-randomized controlled clinical trial; Level IV, cohort studies or well-delineated case-control; Level V, systematic reviews of qualitative and descriptive studies; Level VI, descriptive or qualitative studies; and Level VII, opinion of a competent authority or report from specialists (Melnik; Fineout-Overholt, 2011).

RESULTS

51 articles were identified inside the three consulted databases. After the data collection of publications, the titles and abstracts were read and categorized accordingly to pre-established conditions, such as the inclusion and exclusion conditions, thus, making up a final sample of nine articles, under Image 1. One observes that most of the publications about indigenous women's childbirth were accomplished in 2016 and 2017 with three publications each, accordingly with Chart 1. Regarding the language, four were published in English, three in Spanish and two in Portuguese. All articles are level VI, following the classification of the evidence level. After the reading of the studies' objectives, the categories were created and the indigenous cultural and health factors associated with the process of childbirth were identified, as shown in Chart 2.

DISCUSSION

In the face of the findings in the integrative review, one notices that the indigenous woman still endures many health problems because of the lack of assistance and adequate access to health services. Such a fact highlights the marginalization of this population and the need for new researches that put in motion national and international discussions. Concerning the education level, it was highlighted in one of the studies that indigenous women had a lower instruction-level over other ethnicities, and also lives in poor socioeconomic conditions (Castillo-Santana et al., 2017). The process of childbirth may be considered as unique for each woman and can suffer several connotations following the cultural aspects of the village. In this context, one observes that, in three studies, the family and the community have a central role in the pregnancy, which contributes for the birth to occur in their home, in a

Chart 1. Description of the studies included in the integrative review. Redenção, Ceará, Brazil, 2019.

Nº	Title	Objective	Authors / year	Database/ Periodic	Country of publication
01	Maternal health of the indigenous women, Nasa and Misak, Colombia: tensions, intercultural subordination and dialog between two medical systems.	To describe and advance in the comprehension of the elements that shapes the relation between the indigenous mothers Nasa and Misak and the traditional and western health services for the maternal health care, emphasizing the childbirth's moment.	Castillo-Santana <i>et al.</i> 2017	LILACS Saúde e Sociedade	Colombia
02	Analysis of Bororo's childbirth: cultural aspects of labor pain.	To comprehend the meaning and definitions of labor pain for the indigenous women of the Bororo ethnicity.	Medeiros <i>et al.</i> , 2016	LILACS Mundo saúde	Brazil
03	Inequality regarding the use of reproductive health services in Colombia in indigenous and afro-descendent women.	To analyze the use of reproductive health services (prenatal care, childbirth and postpartum) in line with the women's ethnicity, based on the National Research of Demography and Health for 2010.	Noreña-Herrera <i>et al.</i> 2015	LILACS Caderno de Saúde Pública	Colombia
04	Characterization of maternal mortality in the Colombian indigenous communities, 2011 to 2013.	To characterize the population that exhibited maternal mortality (MM) in Colombian indigenous population from 2011 to 2013.	Bello-Álvarez <i>et al.</i> 2017	LILACS Revista Colombiana de Obstetricia y Ginecología	Colombia
05	Maternal mortality in the indigenous and non-indigenous population in Pará: contribution to the monitoring of deaths.	To analyze the occurrence of maternal mortality in the standard and indigenous population in the state of Pará.	Santos <i>et al.</i> 2017	LILACS Escola Anna Nery	Brazil
06	Modeling the relationship between women's perceptions and future intention to use institutional maternity care in the Western Highlands of Guatemala.	To investigate the barriers and facilitators to give birth in a health unit through the use of a household survey between women in the fertile age of a predominantly indigenous rural population in the Western High Lands of Guatemala.	Peca <i>et al.</i> 2018	PUBMED Reproductive Health	Guatemala
07	The emergence of the vertical birth in Ecuador: an analysis of agenda setting and policy windows for intercultural health.	To explore how the birth's vertical practice has arrived at the local political agenda and the process that allowed the actors to seize a window of opportunity, allowing the birth's vertical practice to arise.	Lamas <i>et al.</i> 2016	PUBMED Health Policy and Planning	Ecuador
08	Traditional medicine used in childbirth and for childhood diarrhea in Nigeria Cross River State: interviews with traditional practitioners and a statewide cross-sectional study.	To examine the factors associated with the use of traditional medicine during childbirth and the handling of an infant's diarrhea.	Sarmiento <i>et al.</i> 2016	PUBMED BMJ Journals	Nigeria
09	Preventable perinatal deaths in indigenous Wixárika communities: an ethnographic study of pregnancy, childbirth and structural violence.	To seek a new perspective about reasons and solutions, considering how structural, cultural and relational factors intersect themselves to make women and babies more vulnerable to morbidity and mortality.	Gamlin <i>et al.</i> 2018	LILACS BCM Pregnancy Childbirth	Mexico

Source: Research data, 2019.

Chart 2. Categories and indigenous cultural and health factors associated with the process of childbirth. Redenção, Ceará, 2019

Category	Indigenous cultural and health factors	Articles included in the categories
Access to health services	Unavailability of health services in the village.	2,3.
	Unpreparedness of the professionals to deal with cultural questions and obstetric violence.	6,7 and 9.
	Sight of leaders regarding the use of health services.	1.
Maternal mortality	Causes of maternal mortality in the indigenous population.	4,5.
Use of traditional medicine	Presence of midwives.	1,2,3 and 4.
	Use of medicinal plants and rituals.	8

Search: Research data, 2019.

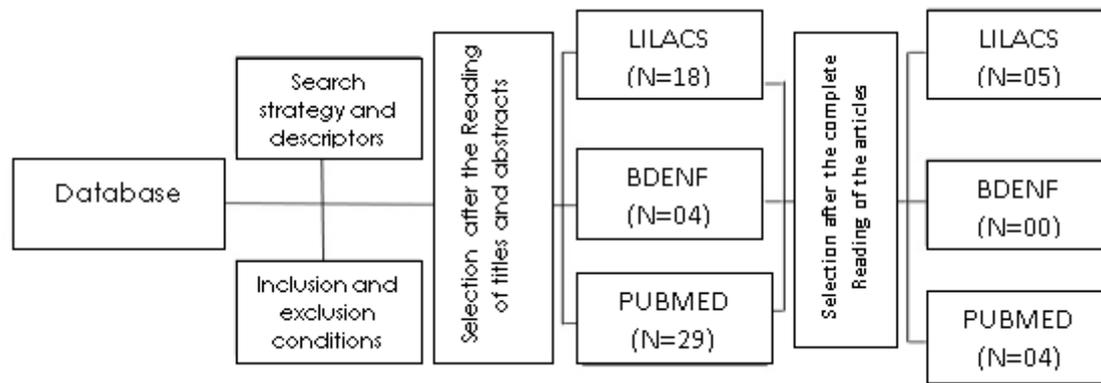


Image 1. Graphic diagram of the methodological process for the selection of studies Redenção, Ceará, Brazil, 2019

verticalized way, thus, obeying past experiences and cultural traditions (Castillo-Santana et al., 2017; Medeiros; Grando, 2016; Noreña-Herrera et al., 2015). In this perspective, Sarmiento *et al.* (2016) emphasize in his research that on several indigenous communities there are cultural care practices, marked by the conservation of a variety of ancient customs that aimed to assure its existence and maintenance, such cultural customs are transmitted to each generation, and the woman is the protagonist to preserve this heritage. Another aspect that must be taken in consideration, that one of the articles highlights, is that women have the need to show strength during the childbirth, by being in silence, without interferences or medications, due to the fact that this characteristic is appreciated in their group, and, by doing this, they reaffirm their value inside their community (Medeiros; Grando, 2016). In a study, it was emphasized that the cultural care practices in indigenous women are closely coupled to their worldly wisdom (Bula *et al.*, 2019).

Regarding the category “Use of traditional medicine”, it was found that, during labor, its use is based on the application of vegetables, of prayers and summoning to activate or potentialize their effect, showing itself as an evident practice in one of the studies (Gamlin; Holmes, 2018). Moreover, the presence of midwives is also massive (Medeiros; Grando, 2016; Noreña-Herrera *et al.*, 2015; Bello-Álvarez; Parada-Baños; Castillo-Santana *et al.*, 2017). Studies point out that the midwife denote a source of traditional practices to the pregnancy-puerperal cycle, showing herself as a wise woman for having cultural and special symbolic knowledge of how to handle the women during childbirth, care during labor, postpartum and care to the newborn child (Alonso; Galarza, 2017; Muñoz *et al.*, 2012). About the category “Access to health services”, regarding the care during labor, some reasons for the indigenous women to not seek hospital or maternities to give them support during labor were highlighted, among these, the most frequent were distance, cost of transportation and the lack of confidence in the professionals (Noreña-Herrera et al., 2015; Peca; Sandberg; Gamlin; Holmes, 2018; Llamas; Mayhew, 2016). Such data is in line with a study made in 2017, which highlighted similar findings to the current investigation (Bula *et al.*, 2019). In this context of care and “access to health services”, one also points out that mistreatments, abuses, poor service, lack of adequate communication are common barrier that compromises the care and the women’s demand for hospitals and maternities during the process of childbirth (Peca; Sandberg; Gamlin; Holmes, 2018; Llamas; Mayhew, 2016). On the other hand, in a study accomplished in Mexico, it was observed an increase of 12.6%, between 2006 and 2012, in the labor service in

hospitals of indigenous women. However, it is needed to emphasize that this data is remotely significant when highlighting that, concerning non-indigenous people, 9 on every 10 births occurs in hospitals (Leyva-Flores *et al.*, 2013). In addition to this, two studies showed the mortality rate increases in the indigenous population over the non-indigenous population (Santos *et al.*, 2017; Peca; Sandberg, 2018). The results of a study strengthen our findings showing that the risk of death is ten times higher in comparison with non-indigenous women (Alonso; Galarza, 2017). Inside the category “maternal mortality”, the main causes of death that were pointed out are postpartum bleeding, hypertension diseases and puerperal infections, the same found in the standard population all over the world accordingly to the World Health Organization (WHO, 2010). It is worth to highlight that the postpartum bleeding and the sepsis possess a higher impact on the indigenous population in comparison with other ethnicities (Bello-Álvarez; Parada-Baños, 2017). Such data goes against the findings in a research made in Brazil, which showed that, for the indigenous, the main cause of death was complications during labor, representing 27,2% of the maternal deaths in the studied population (Teixeira *et al.*, 2012). In face of this, it is indispensable that professionals inserted in the birth care comprehend the wide socio-cultural plurality present in the process of childbirth of indigenous women, prioritizing a holistic vision during pregnancy and respecting these patients’ singularities.

Conclusion

The indigenous women, although the low education level, are directly involved in the pregnancy and labor, together with their family and community. The births mostly used to occur in their homes in a verticalized way with the presence of midwives and making use of traditional medicine, which suggests the supremacy of cultural practices and values. One notices, that a few indigenous revealed the need of showing themselves as strong during childbirth with the purpose of self-affirmation to their society.

Concerning the lack of interest in seeking hospitals for the care during childbirth, there were several factors involved, such as distance, costs with transportation and insecurity about the professionals’ conduct. In addition to this, the obstetric violence is a common event perceived inside the context of professional care to the indigenous population process of childbirth. The access barriers to the health services are factors that directly influence the indigenous maternal mortality and it is mainly occasioned by postpartum bleeding, hypertension diseases, and puerperal infections. In conclusion, the results of

this integrative review sustain the need for new investigations, concerning the socio-cultural and health factors that influence the process of indigenous women childbirth, bearing in mind the remaining gaps in the literature. Therefore, it can promote an improvement in the quality of the given care to this population, which many times is marginalized by society and the institutions' health professionals.

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