

TRADITIONAL BELIEFS AND PRACTICES CONCERNING THE PUERPERIUM STAGE, CITY OF POPAYAN, 2005

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ABSTRACT

The puerperium, popularly known as “the diet”, is an important stage for the mother-child dichotomy, and has been influenced by multiple cultural practices and beliefs. For this qualitative, ethnographic study, 13 hospitalized mothers were interviewed; they were in the immediate puerperium stage at several health institutions in the city of Popayán. The practices and beliefs during the puerperium concerning the care of the mother and her newborn have been transmitted from generation to generation in order to maintain a good health condition. Many of these practices and beliefs are based on magical thoughts where there is a cause and effect that damages the organism. Consequently, it is important to know the cultural practices and beliefs regarding the puerperium, in order to determine which of them must be preserved, restructured, readjusted or reinforced.

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INTRODUCTION

The puerperium, commonly known as the diet, is one of the most important stages for the mother-child dichotomy, and has been influenced by multiple cultural practices and beliefs transmitted from generation to generation. This qualitative research analyzes the practices and beliefs of the puerperal mother and her newborn from two perspectives: the self-care of the woman and her baby during the puerperium stage; and the care given to them by their family. The objective is to reveal the prevalence of traditional care practices in puerperal women, in order to establish an interaction process between the traditional practices and beliefs that remain in the culture of the city of Popayán concerning the puerperium stage, and the facultative knowledge given in nursing care regarding the puerperium.

Several qualitative studies allow us to corroborate the prevalence of the traditional care that women receive during their puerperium stage (Acosta, 1997; Arévalo and López, 2003; Argote, 2004; Bedoya, 2001; Carvajal, 1997; Jurado, 2002; Muñoz Castro, 1984). The relevance of this study is based on the need to know about the care that women receive at their homes during the diet and the repercussions of these practices in the onset of complications related to this stage.

METHODOLOGY

Population

The research was conducted using the qualitative ethnographic method. The universe and sample was made up of 13 puerperal women who received attention at *Hospital*

Universitario San José, the clinics *Comsalud* and *La Estancia*, and *Hospital del Norte Toribio Maya*, located in the city of Popayán.

Procedure

Initially, we contacted the puerperal women and obtained their written authorization in order to conduct the interviews at the homes of the selected participants. In order to gather the information, we drew on participant observation, open and semi-structured interviews, and field diary, where we registered the significant phrases resulting from the observation of each of the participants, as well as the researchers' perceptions. Whenever possible, with the participants' consent, we took pictures and recorded all the interviews using an audio cassette recorder.

The data from the interviews and observations were analyzed in a general manner, consolidated into matrices in order to obtain the cultural aspects where we included the knowledge, beliefs or categories and the practices during the puerperium.

RESULTS

The findings consisted of traditional beliefs and practices concerning body care, based on magical thoughts and taboos, aimed basically at preserving the balance between heat and cold within the body and the balance of the body with the environment; also to maintain good eating practices, purify the body and receive special care the last day of the diet, with the goal of preserving the well-being and health of the mother-son dyad, and to practices based on scientific knowledge imparted by the health staff that supervised the labor.

Socio-demographic Characteristics

The age of the population that we studied ranged between 15 and 37 years of age. Regarding marital status, most of the subjects were living in domestic partnerships. Ten participants had been born in the city of Popayan and the remaining three were from the smaller towns of Cajibío, Inzá and Morales.

As for educational level, 7 of the participants had not finished high school and only one of them had a college degree. Regarding number of pregnancies, 9 women were in their first puerperium, and showed feelings of happiness and acceptance about their newborn.

As said before, the deliveries of the babies took place at different health institutions located in the city of Popayán; 3 women received third-level attention, 5 received second-level attention (at two of the city's clinics), and the remaining 5 received first-level attention.

Their dwellings had the basic public services: water, energy, waste management, and phone service. The roofs were made of *Eternit*¹, the floor had tiles, and the participants were affiliated the general system of health insurance. Most of the participants were homemakers.

Care during *the Diet*

We start from the conception that labor is a cold phenomenon, which is the reason to relate the puerperium with the thermal balance of the organism. The *diet* is considered to be a work period that almost always lasts for 40 days, time in which the mother is

¹ Brand of roofing materials made of fibers and cement.

secluded inside her home, preferably in her room and receiving the care of a woman, usually her mother, mother-in-law, or sister, avoiding exposure to situations that could be detrimental to her health. The rest that mothers must have after labor is absolute for some women and for others is relative.

Physical activities during that time are limited like, for example, walking, bathing and having sexual intercourse. All of this is geared towards her own care and her baby's.

Regarding the concept of the *diet*, the participants defined it as a period for care, for both the mother and her newborn, with emphasis on proper eating, special care in order to avoid damaging the mother's health, and an appropriate rest period during which it is expected that the organs that participated in the gestation of the baby return to their previous state.

Regarding this, they say: "When one is pregnant, the womb stretches too much and after one gives birth, it has to go back to how it was before" (native informant: Popayan, 2004).

The *diet* period is a time governed by different customs and beliefs, transmitted from generation to generation in order to preserve the health of the mother and her baby. The information provided by the mothers allowed us to find out the beliefs concerning body care, and the explanations as to why it is that these practices must be performed during the puerperium. It is necessary to have precautions with the head, eyes and ears, to bath with warm water, to avoid exposure to strong air currents, avoid the cold, the *sereno* (exposure during nighttime to outside air) and the sun, because contact with nature

causes, in the least severe cases, physical effects like decrease of breast milk production, headache, shivers, *pasmo*², fever, aching of the bones, lifelong menstrual colic, cooling of the womb, and, in the most extreme cases, mental effects like madness. Some forms of protection include covering the head with a cap, using cotton earplugs, and wearing wide and warm clothing like sweats and sweaters, in order to avoid the penetration of cold to the body through different routes.

The mothers said that after birth, the skin “pores get opened”, allowing the cold to get in, something that causes many of the diseases that mothers get during this period and, although the diseases do not occur immediately, they cannot be cured in the short or long term. The cold can penetrate, not only through direct contact with the woman, but also through objects that are exposed to nature’s effects.

In these beliefs, told by the mothers, it is possible to identify the existence of magical thinking, where there is a cause that produces damage to the organism, so that the woman needs to take care of herself with dedication, in order to protect herself. Therefore, during the diet, it is essential to keep a balance between the body’s cold and heat as well as with the environment and—depending of this care—the body will achieve total adjustment.

Feeding

For the puerperal woman, feeding is fundamental, and the objective will be to achieve optimal recovery in her state of transition. The analysis of beliefs and practices concerning feeding during the *diet* showed the following elements: the application of

² Local term for distress.

the concept of hot and cold foods, which relates to the harmony that people must keep with nature; and the classification of foods into two groups: the ones that are required and the ones that are forbidden. According to their characteristics, the mother must avoid foods considered irritating, acid and heavy, due to its harmful effects during this period. These foods are: salads, canned foods, coffee, fried food, grains, reheated food, and spicy and salty foods, which give colic to the baby, as well as foods that can hinder the healing of the umbilical stump, like manioc and yellow potatoes.

Since labor is conceived as a cold act, the most recommended foods during the diet are hot chocolate or *agua de panela*³, which are consumed in order to cause sweating and to eliminate the cold gathered during labor and childbirth, and afterwards as stimulants of milk secretion; these foods are part of the daily feeding during the forty days that, on average, the puerperium lasts. Other food that is preferred by the mothers is chicken broth since they say that it allows them to recover the strength lost during the pregnancy and labor, and enhances the quality of the breast milk.

Use of Medicinal Plants

The use of medicinal plants was found frequently, a resource that is important in man's life as a means for subsistence, as well as prevention and cure for diseases. The use of these herbs is under the concept of "hot herbs", which help to take out the cold received during labor and the puerperium, which must be avoided during this time. Its goal is consumption and body cleansing, in order to take out the cold from the body.

³ A drink made by dissolving a kind of sugarloaf in water and adding lemon juice.

As part of consumption we find fennel and aniseed, in order to stimulate milk ejection; the stem of *arracacha*⁴, helps soothe *dolores entuertos*⁵ caused by uterus contraction.

Plants are also used to take care of the mother's and baby's bodies. Baths are taken adding herbs to the water like rosemary, basil, chamomile, sour orange leaves, parsley, eucalyptus and rue in boiled water, in order to prevent headaches, *pasmo* and cold in the womb.

Other practice is to take *sitting baths*, by putting on the floor a container filled with boiling water; herbs are added to the water so that the genital area absorbs the plants' vapors, which are used in order to take out the clots and the cold from the womb. Regarding this, they express: "In general they are almost anti-inflammatory... on the third day, one adds little plants: sour orange, rue, basil. About seven aromatic herbs and with that one prepares the bath three days after" (native informant: Popayan, 2004).

For the genitals or *private parts*, they believe that additional, special care is necessary in order to avoid infection, and decrease bleeding or irritation. Regarding this, they say: "I bathe myself with warm water and *Isodine* in the vagina and water with herbs" (native informant: Popayan, 2004).

Clothes of the Puerperal Mother

As was mentioned before, during *the diet* one of the protection mechanisms against cold is to maintain the body temperature by using warm clothing, and garments like a hat or a headscarf and cotton earplugs, since the cold usually enters through the upper part of

⁴ Garden root vegetable from the Andes Mountains.

⁵ Stomach pains that women get shortly after giving birth.

the body. Other types of clothing like sweaters, jackets, sweats and socks should also be worn.

When it is very necessary to leave the house, like going to the doctor or taking the baby to a checkup, the puerperal mother must take extreme protection measures in order to avoid altering the thermal balance of the body. On this matter, they express: “I always wear blouses and wrap myself up and wear socks and long garments that cover me... I wrap myself up, wear a sweater, a hat, because the mornings are always very cold” (native informant: Popayan, 2004).

Rest during *the Diet*

The woman’s physical activity during the diet is limited, since they consider that they are very weak, that they lose blood, and even that the womb can separate from the body due to physical efforts like housework (moping, washing clothes). Therefore, it is recommended that the woman takes a rest, which can be absolute rest, staying in bed during the forty days of the diet, or relative, staying in bed during the first 8 to 15 days.

The participants considered rest as another essential requisite that contributes to their optimum recovery, allowing the organs that take part in the gestation to go back to their pre-conception state and avoiding risks that could jeopardize her future health. “...It is dangerous that something bad happens and the womb separates from the body” (native informant: Popayan, 2004).

Sexuality during the Puerperium

Sexual intercourse during the puerperium has some restrictions and bans. The mothers considered it forbidden, something uncomfortable and annoying, because the woman can bleed, she feels weak and there is the possibility that she gets pregnant. Regarding this they say:

...I have avoided it because it is dangerous, one is in the diet, then... I avoid it because a bad effort can provoke a hemorrhage, and right now, five days into the diet, I still feel frail...I believe that until I am not through with the diet, then yes, because it is dangerous to get pregnant during the diet, because I know women who have gotten pregnant during the diet. Then I prefer to avoid the fatigue (native informant: Popayan, 2004).

Even though this practice is not influenced by magical thoughts, it is remarkable that the participants refrain from sexual intercourse during this period.

The Last Day of *The Diet*

The last day of *the diet* has a very special significance, because it is reserved in order to dedicate it with more intensity to the woman's care, something that allows her to preserve her good health, and to return to her day to day activities, since the puerperium is considered to be more than a physiological state, but mostly a social process that implies several rituals. Among these, the rituals of the last day of *the diet* stand out. On this day, women take baths with special herbs and odorous smokes; these rituals are performed by most participants and are prescribed in order to take out *the cold* that the woman has gathered during labor and the diet, and also to close the pores that have been opened after labor, take out the *pasmo* and the bad influences.

In order to do this, the puerperal woman must remain in her bedroom with the doors and windows shut, while the person in charge of her care provides the water that she will use for bathing and, afterwards, releases the odorous smokes throughout the bedroom; she won't be able to go outside until the next day. Regarding this ritual, women say the

following: "...the last day, one must take some baths with plants like eucalyptus, chamomile and pine, and also odorous smokes must be released in order to take out the cold that one has in the body" (native informant: Popayan, 2004).

This ritual is fundamental for the culmination of this period, since it guarantees that the cold is expelled and that the mother reenters her day to day activities, with the certainty that she has fulfilled the requirements that will prevent future complications.

Care for the Newborn

The care given to the newborn is also a vital part of this period, since it will ensure the adjustment of the new being to his new environment and will strengthen the mother-son bond.

Regarding the practices and beliefs concerning the newborn, it was found that all mothers bathe their babies with warm water and in some cases they add herbs or medicinal plants like chamomile and celery, which favor the healing of the umbilical cord. The scientific basis of this practice is to prevent hypothermia in the newborn, since passing from the uterus to the outside world represents a sudden change of temperature that affects his metabolism and makes the adjustment to the extrauterine environment more difficult.

Women dress their babies with warm clothes, which include hat, mitten, or wool or cloth shoes. Another practice, that is becoming outdated, is the use of the *chumbe*, which consists of wrapping up the baby into a diaper or large blanket, held by a lace or

knitted whip, in order to prevent malformation of the lower limbs. Regarding this, they say the following:

- And why do you wrap her up (*enchumbas*⁶)?
- So that she doesn't grow up to be *chomeca*, opened up.
- And for how long will you wrap her up?
- 'Till she's two or three (native informant: Popayan, 2004).

Concerning skin care, in one of the interviews we found the application of sheep fat to the perineal area, and submersion of the diapers in water with lemon, both in order to prevent diaper dermatitis.

The belly button area is cleaned after the daily bath, using products like alcohol, Isodine, Johnson baby oil and a salty solution. Afterwards, the belly button is covered with the *ombliquero*, which is made of a piece of diaper cloth that is placed by applying pressure to the belly button around the abdomen, in order to avoid the protrusion of the umbilical scar and contact with urine and feces. After the umbilical stomp has fallen off, a puerperal woman talked about the use of a button made of bee wax in order to take out the cold from the baby and to sink the belly button.

Many of these practices entail a popular imagery that is dysfunctional for the baby's health. For example, the use of the *ombliquero* could favor the onset of omphalitis (umbilical infection), and the *enchumbar* practice prevents the adequate osteomuscular development of the lower limbs and, in some cases, predisposes the child to hip deformity.

⁶ *Enchumbar*: the act of wrapping up the baby with a *chumba*.

Taboos

The care of the baby is associated to multiple beliefs about magical thoughts, which guide different practices aimed at preserving the baby's well-being. Some of the practices that are still current are: the *pujo*, the *mal de ojo*⁷, the *susto*⁸ and the *lluvia de arco*.

The *pujo* is defined as a cultural disease, an involuntary force present in the newborn that puts him at risk of developing an umbilical hernia; this is produced by the visit or by the stare of pregnant or menstruating women. It is prevented by avoiding contact with such women and it is cured by applying, for three days, the saliva of a primigravida on the newborn's forehead, nose and belly button; if this does not work, the umbilical stomp should be kept and put into hot water, and the baby should drink this water.

The *evil eye* is a disease caused by the eye, and it can manifest itself in different ways, the most frequent being illnesses of the digestive system and the head. The disorders are characterized by symptoms like lack of appetite, lack of stamina, *lowered eyes* and headaches, among others. When the individual has been a victim of the *evil eye* what happens is that "the food stays still in the stomach", which is called *empacho* or *asiento*. The common belief says that this is caused by the stare of a person who visits or comes close to the child or by the visit of a pregnant woman. This is prevented by putting the

⁷ Evil eye

⁸ Scare

*azabache*⁹ on the baby's wrist, with a medallion of a religious image, or by preventing strangers from seeing the child. It is cured by taking the child to a *yerbatero*.

The *susto*, also known as *enfermedad del espanto*, means that the individual loses his spirit due to a strong emotion, scare, or by breaking a taboo; this provokes some alterations in a person's organism. The treatment consists of raising or calling the spirit through a ritual. One can say that a person is *espantada* when he or she is emotionally altered. It is produced by a strong noise that startles the baby, and it is prevented by keeping the baby away from sources of noise; it is cured by taking the baby to a *yerbatero*.

The *lluvia de arco*. When a rainbow appears, the drizzle that goes with it is called *miado de arco*, rainbow urine. Contact with this *miado* produces a rash in the baby. Therefore, the baby and his clothes should be kept from this drizzle. It is cured by applying an herb known as *hierba de arco* to the baby's skin.

The previous beliefs and practices do not jeopardize the baby's health and well-being, since they arise from legacies transmitted from generation to generation, and their main objective is to prevent certain diseases.

DISCUSSION

This study shows that in spite of the technical and scientific advances and the changing health system, the traditional care practices during the puerperium stage are still current, and are followed by women in different etary groups, most of them young.

⁹ Type of stone used in sculpture and in jewelry.

It is interesting to observe how the puerperal mother adopts a receptive and passive attitude towards the care provided by her family group, preferring to accept the traditional care, and avoid contradicting her family, or accepts this care as part of a ritual that does not harm her health and that encourages family integration.

This research allowed us to corroborate the results of other studies that state that the puerperium is not only a physiological fact, but also a social process that implies a ritual during the 40 days that follow the labor, and that in order to enter and leave this stage it is necessary to perform a series of interactions that promote the passage from an old social condition to a new one (Argote et al., 2004).

Among the main practices that we found in this research, we have three large groups: the feeding of the woman during the puerperium, the use of medicinal plants in order to care for her during this period, and the taboos and magical beliefs related to the non-fulfillment of the care guidelines for the mother and her newborn, which back the relevance of these attitudes without distinction of ethnicity or social status.

At the beginning, it is possible to observe the principle of balance between cold and heat, which is applied to feeding, personal hygiene, and dressing. Previously mentioned studies by Acosta (1997), Bedoya (2001) and Muñoz (1984), among others, stress the importance of the thermal balance that the puerperal mother must keep; for this reason, it is common to find the adoption of measures that prevent cold from entering the body.

For the yanacóna Indians the food staple is the hen broth and the consumption of *agua de panela*, which aid in the recovery and help preserve good health. In the city of Cali¹⁰ we found that the feeding practices follow the principles of cold and heat, and that this is important for the woman's thermal balance, something that is reflected by the consumption of warm foods like hen broth, *agua de panela*, and hot chocolate. On the other hand, there are the forbidden foods which, when consumed, will produce harmful effects on the puerperal mother and her newborn during the breastfeeding period, similar to what the women who participated in this research said.

In Ana Cecilia Jurado's work (2002), the use of medicinal plants was found to be useful for the mother's cleansing, by taking baths and providing beverages containing herbs recommended by the midwives. This practice is also mentioned in the research work conducted by Arévalo and López (2003), and Acosta (1996); in these studies herbs also are given great importance, based on the concept that warm plants have the purpose of preserving the cold-heat duality.

The taboos that we found when reviewing other studies agree with the findings of this study; some of them are: the evil eye, the *lluvia de arco*, the *scare* and the *pujo*, taboos that build up from a magical-cultural environment that contains the causes, effects and treatments for each of these ailments.

¹⁰ Colombia's third largest city

It has been observed that in the culture of care for the puerperal mother the prevailing view is that in order to achieve good health the woman must maintain harmony with herself and with nature; in case this harmony is broken or missing, this could cause alterations that in the long run will produce diseases or disabilities.

The sine qua non process of acculturation in human beings generates the openness for the transcultural dimension proposed by Leninger (1991), which constitutes an alternative in order to give a human and integral touch to nursing care, by acknowledging and promoting the patients' cultural perspective regarding practices, beliefs and attitudes.

Nursing professionals must strive to offer excellent care services for their patients and to raise their theoretical, practical and investigative level, in order to attain leadership and make an impact on the health of the mother-baby dyad (Tomey, 2000). Likewise, when educating a community, it is important to know which are the cultural beliefs and practices related to the care in order to determine, adjust, restructure, reinforce and negotiate the ones that have a negative impact on the community's health, and allowing to reach a point of equilibrium between the popular and traditional knowledge and the scientific knowledge consistent with the culture.

According to D. Orem's nursing theory, a nurse can employ five care methods: taking action in order to compensate for the deficit, guiding, teaching, supporting and providing an environment for the development (Tomey, 2000). These activities can be applied to the care offered by nursing professionals by using the teaching of practices

that are beneficial during this period and by supporting or providing an adequate environment for the woman to develop her traditional practices and beliefs, allowing her to take part in her own care and in the care of her child.

Implications for Nursing

Culture guides the patterns and lifestyles that influence people's decisions. Each individual internalizes and applies his or her care according to his or her customs and beliefs, and since the beginning these techniques have helped individuals to survive and to sustain themselves in time and space. The care of the puerperal woman and her newborn is not isolated from these concepts, especially since this practice is, perhaps, one of the most ancient.

Nursing professionals are notorious for reproducing a clinical paradigm of health based on knowledge and scientific power, supported on a care plan that lies within an orthodox and logical framework, which lacks the guidelines for dealing with the rationale that the emic point of view has of its own care.

This is why the nursing professional should not be immune to the social construction of the reality of the puerperal woman and her newborn; his or her task is to channel the different care processes that serve the traditional social order, respecting their emic vision. The professional must learn to integrate his or her own knowledge with the traditional cultural ideas of the woman and her family group, and build an alliance that includes an appropriation of scientific and traditional knowledge, in order to direct it to the promotion of health.

The distrust and fear gap will diminish as long as the family group does not perceive that its beliefs are being threatened. When this is done, the health professional is not reproducing the objectivity of a clinical paradigm, but he or she is creating a new clinical practice based on cultural reality. The goal of this theory is to provide responsible and culturally coherent care, adjusted in a reasonable manner to the needs, values, beliefs and ways of life of the puerperal woman and her newborn, in order to guide the actions and decisions and thus obtain positive and effective results.

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