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# Intersectionality and Birth in Latin America: A Research Protocol on Maternal Health of Indigenous and Afro-Descendant Women in La Guajira, Colombia

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**Abstract:** This article presents a research protocol focusing on the maternal health of Indigenous wayuu and Afro-descendant women in the region of La Guajira, Colombia. Following a decolonial approach and expecting the project to contribute to the field of sociology of birth, in this paper I propose to discuss the mobilized literature, methodologies, and ethical concerns critically and reflectively. This research aims to understand how the various paradigms of birth interact in contemporary times and how these interactions affect women's experiences and expectations; to contribute to knowledge about birth and maternity among the Indigenous and Afro-descendant people of Colombia; and to evaluate existing maternal health indicators while proposing new ones that respond to the criteria and needs of the population under study. An ethnography and narrative interviews will be conducted with Indigenous wayuu and Afro-descendant women and health professionals in La Guajira, a department of Northern Colombia. Additionally, statistical birth analysis using data available from the National Statistical System of Colombia will be implemented. The results will be combined, co-created with study participants, and disseminated to a variety of audiences.

**Keywords:** birth; maternal health; Indigenous Peoples; wayuu; Afro-descendant; decoloniality; intersectionality



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## 1. Introduction

In 2023, midwifery was considered an intangible cultural heritage of humanity by UNESCO, after a nomination proposed by Colombia with six other countries (El Tiempo 2023). This was an important step to combat what some authors have been calling an ethnocide of traditional midwifery in Latin America (Alarcón Lavín et al. 2021), appealing to a new dialogue between the women, midwives, and the state. The technological advances and the increasing medicalization of the body in Western society in the last two centuries (Foucault 1977) also reached maternal health and birth assistance, where the technocratic model of birth assistance was implemented and self-proclaimed as the most capable model of responding to the risks brought about by pregnancy, birth, and postpartum to women (Davis-Floyd 2003). Within this model, throughout the second half of the twentieth century, midwives were replaced by obstetricians in the assistance of birth, and there was an increasing number of medical interventions during this event. This did not only manifest itself in Western countries but was generalized to the health services in other regions of the world (Selin 2009). Although this paradigmatic change was accompanied by a decrease in the rate of maternal and neonatal mortality and postpartum complications, this model has been associated with greater control over women's bodies, less autonomy in their

choices during the process of birth (Oakley 1980; Davis-Floyd 2003; Martin 2003), excess of unnecessary medical interventions (Selin 2009; Odent 2013; World Health Organization 2018), and the loss of ancestral knowledge on midwifery (Davis-Floyd and Cheyney 2009; Alarcón Lavín et al. 2021). Furthermore, the reduction in the maternal mortality rate in the 20th century was mainly due to an improvement in hygiene conditions and a consequent reduction in infections (Davis-Floyd and Cheyney 2009), as well as better access to family planning and contraception, and increased availability of emergence care (World Health Organization 1999), and was not only due to the change in the birth care model.

Birth and maternity are some of the most important moments in a person's life (Gaskin 2012), and they are not only biological but also sociocultural, since their procedures, social norms, and other rituals entirely depend on the time and place where they happen (Jordan 1980). Therefore, it is essential to acknowledge all forms of ancestral knowledge on birth, contributing to their existence, while at the same time ensuring that these models fulfill care conditions that avoid postpartum complications and higher rates of maternal and neonatal mortality. This means stimulating debates between the different models of maternal health care, departing from an intercultural perspective (Alarcón M. et al. 2003). This perspective considers the cultural background of the pregnant or parturient woman, adapting biomedical health care to her beliefs, expectations, and choices. Despite attempts to mobilize intercultural policies in Latin America at the end of the 20th century, these proposals seem to have failed or been scarce in the field of health (Menéndez 2017). In recent years, this debate has reestablished itself again, linked to decolonial theories, which recognize that the colonial matrix continues to impact the production of knowledge, excluding non-Western epistemologies (Quijano 2000) and, therefore, eliminating ancestral knowledges on different fields. Walsh (2012) proposes a critical interculturality, which understands the relations of power and domination between epistemologies, recognizing coloniality as a factor in the exclusion of subaltern knowledge. Following Walsh's idea, that is, understanding that there are power dynamics between the different models of birth assistance, but they can coexist, I propose to understand how, in a culturally heterogeneous country, the different birth models interact, and how does this interaction affect women's expectations and experiences of birth and maternity. In this context, I consider birth as a process that goes beyond the moment of the childbirth itself, beginning with family planning and encompassing conception, pregnancy, birth, and postpartum (Pintassilgo 2019), as well as maternity as a transformative experience that can transform gender roles and prompt feminist identities (Fernández-Pujana 2014), highlighting the direct relationship between both concepts/events.

I took Latin America and the Caribbean as the focus region of this study, given the wide existence of different cultural models of birth assistance but, even so, with a strong presence of biomedical care, compared to other non-Western regions. Among the various countries located in this geographical area, some stand out with greater ethnic diversity, one of them being Colombia, which recognizes the Indigenous, Afro-Colombian, Raizal, Palenquero, and Gypsy/Roma populations as ethnic categories (DANE 2018). This ethnic and cultural diversity is strongly related to the country's history and diversity, which also affects the access to health care infrastructure. When we take a deeper look at Colombia's maternal health indicators, we realize that ethnic background and the place of origin of women and children are decisive factors for the quality of birth, with very dispersed values in different regions of the same country in almost all indicators on maternal health, available by the National Administrative Department of Statistics of Colombia (DANE 2022). In 2021, for example, the maternal mortality rate in Colombia varied between 0 per 100,000 births (in the San Andrés y Catalina Archipelago, in the Caribbean) and 264 deaths per 100,000 births (in Chocó, on the Pacific Coast). Cesarean section rates range from 8.6%

(in the Vaupés region, in the Colombian Amazon) to 71.4% (in the Córdoba region, on the Caribbean Coast) in the same national territory. These indicators call for an understanding of intersectionality as an important approach for analyzing maternal health in Colombia, as they are highly correlated with intersections of gender, class, and race/ethnicity. In fact, the departments with the highest maternal mortality rate have a large percentage of Afro-descendant and/or Indigenous populations (DANE 2023a): Chocó, La Guajira, Vaupés, and Nariño.

Viveros Vigoya (2018) has drawn attention to the importance of intersectionality in Latin American and Caribbean studies, precisely due to the diversity of this region, calling to produce situated knowledge for each social reality. When applied to the context of birth in Latin America, intersectionality can help to understand the complex experiences of individuals, particularly women, who navigate the health care system. In Latin America, the intersection of various identities can significantly impact the birthing experiences of women. Indigenous and Afro-descendant women may face different challenges than other groups due to systemic racism and discrimination, including limited access to quality health care, language barriers, and cultural insensitivity, which can lead to negative health outcomes for both the mother and the child. Following Viveros Vigoya's proposal, I decided to carry out a comparative study in Colombia between two distinct ethnic communities: an Indigenous wayuu community and an Afro-descendant community, both residing in the same geographic region (La Guajira). By working together with women from each of these communities, I hope to understand their expectations, beliefs, and birth experiences, to produce knowledge about the ancestral midwifery models in their communities, as well as to design new indicators that can measure their maternal health, which should also correspond to their expectations of "well-being" during maternity and birth.

Although other countries in Latin America and the Caribbean also stand out in terms of ethnic and cultural heterogeneity, Colombia deserves to be highlighted in this investigation due to its health model, the structured pluralism, which is characterized by the privatization of health care, conditioning its access to the most vulnerable populations (Hernández Álvarez and Torres-Tovar 2010; Chávez-Guerrero 2022). It is also worth highlighting Colombia due to the lack of studies that acknowledge ancestral birth models in the country. Most studies already carried about this topic in Colombia were focused on the Afro-Pacific region (see, for example, Losonczy 1990; ASOPARUPA 2015; Angola and Cano-Molina 2022), with some references in other regions of the country (for example, in Magdalena, by García et al. 2018, or in Caldas, by Cardona-Arias 2012). During the fifties of the twentieth century, Gutiérrez de Pineda (1950) wrote a detailed description of the social organization of La Guajira, including birth and familiar rituals among the wayuu communities. Although her research is fundamental to comprehending the cultural contexts of La Guajira, I also understand that it is important to produce new research on these topics in the region, applying new theoretical perspectives. Besides this one, no academic research so far has been found about ancestral midwifery in La Guajira, although there are some non-academic references about the existence of traditional birth attendants (hereafter referred to as midwives, as a literal translation of the term used by the local population, *parteras*) in the region (see, for example, Guayán 2018).

The focus of this study are the women: women who do not have children to understand their prospects and expectations on future family planning, and women who have already been mothers. Their perspective will be central to the research and, although other actors, such as health professionals, midwives, and professionals of (non-)governmental organizations will also be taken in account for interviews, women's experiences are the focus of this research. Therefore, we take a critical feminist perspective, listening to the women's perspectives on birth assistance. Although this research is not focused on the

midwives themselves, it is a project that hopes to contribute to critical midwifery studies (Critical Midwifery Collective Writing Group 2022), considering other forms of midwifery and giving account of ancestral practices of midwifery that still exist in Colombia.

## 2. Purposes of the Study

This research, which is expected to result in a doctoral thesis, has two main objectives, related to each other, and that will be answered departing from empirical and applied approaches. Furthermore, theoretically, it expects to discuss the possible colonial dynamics in the health care and birth assistance models in Colombia, contributing to the decolonial studies in the areas of health and maternity, following what has already been investigated in other health systems in Latin America (Basile 2020; Basile and Feo-Istúriz 2022).

The first main purpose of this study, conducted throughout the empirical approach, that is, data collection and analysis, encompasses two central and interconnected topics: (1) to contribute to the knowledge about birth assistance in the two communities in research in Colombia; (2) to understand the dynamics between the ancestral and the biomedical health care of these communities, as well as how their interactions are perceived and affect the birth and maternity experiences of the participant women. Hopefully, this shall contribute to the sociology and anthropology of birth, understanding interactions between different models of assistance, as well as for Indigenous and Afro-descendant studies in Colombia.

Throughout the applied approach, the remaining objective of this study proposes to rethink the indicators available and used to monitor maternal health in Colombia. Despite the relevance of these indicators to measure internationally the health of populations, I question whether the indicators themselves could have been constructed based on categories and criteria defined from Western matrices regarding "health" and "well-being". I intend to critically evaluate the available indicators and propose new indicators, which also respond to the criteria and needs of the populations under study, and to provide recommendations for intersectional data collection, analysis, and interpretation for the purpose of equality and human rights monitoring. This objective can only be achieved through strong collaboration with the women participating in the study, mobilizing critical and participatory methodologies. This objective should also contribute to Decolonial, Indigenous, and Afro-descendant studies.

## 3. Detailed Procedure

This research, which began in February 2023 and is expected to last until February 2027, will go through different phases, where different research methodologies will be summoned. The following research methods will be mobilized: secondary data analysis, ethnography, narrative interviews, and participatory methodologies. It is expected that the ethnographic method will be the one that contributes the most to this investigation, given its qualitative component, which makes it possible to understand the subjectivity of the social realities under study. Narrative interviews and participatory methodologies will be part of the ethnographic fieldwork itself, as a multi-technical methodology.

### *3.1. Conceptualization and Literature Review*

To help respond to the theoretical objectives of the study, a literature review will be carried out, focusing on the different theoretical axes mobilized: sociology and anthropology of birth; sociology of health and medical anthropology; feminist critical theories; decolonial theories; and history and society in Colombia. This review will aim to understand the state of the art for the different research questions, at global, regional, and national levels. To achieve the expected results of this project, it will be essential to understand the history of

this country's health system, as well as what international dynamics affected its construction. Although the literature review has a special focus on the first months of research, it does not end until the end of the research project, as new investigations will be produced over the four years, and Colombia's health care model itself may undergo transformations at that time.

It is important to mention that decolonial theories contribute to an immense dialogue in Latin American and Caribbean academia. Although my research project takes a decolonial approach, this is not its only theoretical dimension. Therefore, having understood the basic readings of decolonial studies (Quijano, Lugones, Walsh, Escobar, Mignolo, Segato, among others) and their main criticisms, it is important to establish a limit on the literature in this area, too, focusing on decolonial theories applied to health and midwifery in Latin America and, specifically, in Colombia.

### 3.2. Quantitative Data Analysis

The Colombian Administrative Department of Statistics (DANE) provides, in the format of anonymized microdata, all the statistical information regarding birth and mortality in Colombia, distributed across the country's departments. By crossing this data, I intend to search for correlations between maternal and neonatal health indicators, ethnic data, and departments in Colombia. Data related to births (DANE 2023b) and maternal deaths (DANE 2023a) in the country will be mobilized, and there should be a special analysis of these data for the department of La Guajira. Despite the risks associated with the analysis of secondary data, as they are not collected by the researcher herself (Bryman 2012), these data must be of high quality, as they supposedly represent the universe of the Colombian population. Therefore, they serve as an important complement to the collection and analysis of qualitative data, as they allow me to understand the terrain extensively, before departing into fieldwork. The analysis of secondary data will also serve to deepen knowledge about the department of La Guajira, and it will be possible during fieldwork to verify hypotheses established in the analysis of secondary data, avoiding "ecological fallacies" (Bryman 2012, p. 323), that is, situations where correlations between categories, statistically, make sense but do not correspond to the empirical reality.

### 3.3. Ethnographic Fieldwork

The most intensive data collection will be the ethnographic fieldwork, which is expected to last approximately twelve months, distributed over different periods over the four years of research, allowing longitudinal monitoring of the communities under study and the participating women, as well as allowing a continuous relationship with the participant women. It is expected to approach women who are at different stages of motherhood throughout the three years of data collection: women who are not yet mothers, women who have just been mothers, pregnant women, women during postpartum, and long-time mothers, among others. Ethnography or fieldwork involves a long-term stay with the community in research, using techniques such as participant and non-participant observation (Guber 2001; Restrepo 2018); writing a field diary (Sanjek 1990; Cachado 2021); open conversations; and, in this case, narrative interviews with women and midwives, as well as participatory dynamics (the latter developed in more detail in the next sub-items of this article).

As Bryman (2001) states, ethnography refers to the researcher's immersion in a community for a long period of time, collecting descriptive and qualitative data during the stay, with a special concern for understanding social reality from the perspective of the community (Geertz 1973). Due to the ethnography's colonial past, associated with evolutionary and functionalist theories, and with the interests of colonial states in the early 20th century

(e.g., Radcliffe-Brown 1922; Evans-Pritchard 1940), this method can be problematic in the development of the relationship between researchers and Indigenous communities, who might find the anthropologist as a stranger who comes to categorize and hierarchize their knowledge (Smith 2008). This is a problem that can only be overcome by developing a good and reciprocal relationship between the researcher and the community. Furthermore, ethnography has transformed over the years. In addition to no longer serving the interests of the colonial states, focusing increasingly on culturalist perspectives (especially since Boas 1982), it is no longer an exclusive method for social and cultural anthropology (Platt 2001; Costa 2008). More importantly, reflexivity about the method and the role of the researcher during data collection has become increasingly relevant. Although this reflexivity is not unique to the ethnographic method, the researcher's assiduous presence in their research placement brings several controversial questions to the debate, given the participation in the social life they study, probably influencing it according to their own perspectives, roles, and values, or, in other words, their social *habitus* (Bourdieu 2002). The relationships that the researcher creates with the participants have a strong impact on the development of the research project. For this reason, it is essential that a close relationship is maintained with participants, and that an open and safe space is created for them to communicate and share their knowledge without constraints. This means to stay, socialize, and be part of the communities' daily lives, participating and engaging in social and cultural activities, with their consent and invitations to do so. On the other hand, it is important that the researcher recognizes any return that they can bring to the participants, avoiding a merely extractive logic. In this process, and in accordance with ethical principles, the researcher must give back something to the community, through a process of participation–action–research (Fals-Borda 1987). For this reason, there is an intention to participate and collaborate in social movements and collectives that are present in the territory and that can benefit from the results of this research.

In the case of this ethnography, carried out in La Guajira, the arrival to the field will be accompanied by a research team that has been following this territory for years (Puerta Silva 2010), witnessing many of the social changes in the territory in the last decade (for example, Puerta Silva 2020) and actively participating in social movements and collectives, allowing an easier approach to the population and in articulation with other research projects. It is expected that prolonged engagement with the community, through long visits and non-participant observation, will reduce performance bias. A longer stay fosters stronger relationships with participants and provides a better understanding of the subjective conditions for social interactions in the field. Additionally, an extended period of fieldwork will allow me to engage with a more diverse sample of women, offering different insights for the research, rather than relying on a single, potentially biased group of participants (Hammersley 2005). The reflexivity of my role as a researcher (Bourdieu and Wacquant 1992) will be a continuous part of the investigation before, during, and after the ethnographic collection.

### *3.4. Narrative Inteviews*

Fieldwork and longitudinal monitoring of women in different stages of motherhood will provide a multitude of essential information for the data analysis. However, to obtain more specific information on certain topics, it is important to complement these data with results from narrative interviews carried out with women themselves (starting the age of fifteen, given the high rate of teenage pregnancy in Colombia); midwives; health professionals; and other actors who belong to (non-)governmental organizations and who work in the field, if they exist.

As the name suggests, narrative interviews have a specific focus on the interviewee's narrative of their life, which is told by them in a less guided and very flexible form, opening doors for the interviewee to feel free to talk and express their feelings and their story (Bertaux 2021) from their perspective and memories, giving space for the self-determination of the interviewee. Like ethnography (Geertz 1973), the idea is that these methodologies can go deeper into the narratives of the participants, something that would be limited in the case of semi-structured interviews. They also open the possibility of grounded theories (Strauss and Corbin 1994) emerging in the field, whenever they make sense within the objectives of the study, based on the participants' own speeches and narratives.

Narrative interviews will focus on the important contexts for the research questions. In the case of women, the focus of the interviews will be on their reproductive life. In the case of midwives, this will be their life trajectories, their experiences in monitoring pregnant and parturient women, and the combination of their knowledge with the biomedical health care available in the region. Finally, in the case of health professionals and/or specialists from (non-)governmental organizations, this will be in addition to their trajectory of arrival to that specific context; their role in the institutions or organizations they represent; and what difficulties or obstacles exist in the relationship between women, health professionals, and midwives. These actors, such as the women, will be recruited to interview during fieldwork.

In total, it is expected that around of 40 interviews will be conducted, which can be turned to more or to less in the case that data saturation (together with the data collected in observant-participation and other techniques) is not reached. This set of 40 interviews includes participants from all groups mentioned above (Indigenous wayuu and Afro-descendant women of different ages and profiles, ensuring heterogeneity in the sample; midwives, health professionals, and/or other specialists). Interviews will be carried out during the fieldwork periods, and therefore the participants will be women from these communities, with whom a good and friendly relationship has previously been developed, and who show interest and availability in deepening conversations about topics related to the research. The interviews, as well as ethnography, will respond to a series of ethical principles, detailed in the next subsection, such as guaranteeing safety and well-being for the participants and the investigation; informed and informed verbal consent; and anonymization of data.

### *3.5. Participatory Methodologies*

To guarantee the active participation of women in this research, I intend to rely on participatory methodologies during fieldwork, which can contribute to joint results with the community. Although the project design was carried out without the direct participation of the community, something that would be part of a truly active participation, I recognize that the project can still have a strong participation of women in other phases of the study, especially and during data collection (Vaughan and Jacquez 2020), as long as the perspectives and requests from women are taken into account during it. Within participatory methodologies, decolonial methodologies are particularly important (Chilisa 2019; Smith 2008), which consider coloniality and the power relationship between researcher and participants in the research itself. Some examples of research techniques that I intend to call upon, with the aim of achieving greater joint participation of women in the study, are the social autopsy (Kalter et al. 2011) and photo-elicitation (Kyololo et al. 2023), especially during the period where I am not physically present in La Guajira, allowing women to keep in touch with me and send me their reports on reproductive lives through photo; to pregnant women, that would allow us to understand their visual experience of pregnancy and birth; or body-mapping (Coetzee et al. 2019), as birth and pregnancy are experiences that affect one's body and that can be visually represented by women throughout this methodology.

These methodologies should be a helpful tool to incorporate participants' positions, perspectives, and ideas in a more horizontal type of research, allowing for their self-determination without guided questions on such topics. The techniques to be used during fieldwork will be decided once in the field, according to the relationship developed between the researcher and the participants and with local collectives that can benefit and help prepare such activities.

### 3.6. Data Analysis

By applying distinct methods in a mixed-methodology approach, that is, relating quantitative and qualitative data, I will have a huge density of results, which implies important steps of analysis so the information does not get lost, and so it can be useful in a crossover analysis. Since the fieldwork will be phased, so will the data analysis. After each stay at the field, there will be a return to the university of origin, with some months to analyze and categorize the collected data, reflect on the applied methodologies and techniques, and present some scientific results (by publishing articles, working papers, or preparing scientific communications in congresses). This process will allow me to organize, categorize, and analyze the data and produce results that will be helpful to synthesize and write the results by the end of the project.

Before preparing any scientific publication with results from fieldwork, the analysis will be presented and discussed with members of the Indigenous wayuu and Afro-descendant communities. This can occur in person during fieldwork periods or via WhatsApp video calls. The purpose is to achieve a collective interpretation of the data with the people from the field, following a horizontal approach.

Prior to leaving to the field, quantitative data analysis will be carried out using the microdata available by DANE, with a special focus on demographic data and birth assistance conditions in La Guajira. This data analysis, of a demographic and sociological nature, will be carried out with the support of two software programs (Excel and SPSS). The data resulting from qualitative information collection techniques will be analyzed using content analysis (Bardin 1977) suitable for this methodological approach. Excerpts from interviews and memos in the field diary will be analyzed thematically, based on categories constructed through literature review. The analysis of data should also consider an intersectional approach, considering the different categories that contribute to inequality and marginalization of the population in this context.

### 3.7. Results

As important as the doctoral thesis that should result from this research project are the distinct scientific products that should be published throughout the four years. Not only will these products be helpful to organize and analyze the data in phases, but they will share the current results with academic peers and participants, allowing an open-debate and external contributions to the project.

It is expected that the project will have a minimum of two participations in congresses by year (a total of eight scientific presentations in conferences). A total of three scientific articles should be published. These results will focus on different phases of the research: the project itself; methodological and ethical dimensions; and (quantitative and qualitative) data analysis. It is expected that at least three of these publications are published together with members of the community, who are the owners of their knowledge about these topics. I hope that accessible results to the participants can be produced. Their formats, besides the scientific results, shall be defined when in the field. Some options can be a co-joint book about maternity and birth written with the women of the communities; visual results that result from the fieldwork; or an informative flyer about maternal health that can be

distributed through the communities. It only makes sense to define this result with the participants when already in the field. I will make a strong effort to make sure women have an opportunity to share their wishes, needs, and expectations regarding joint publications.

As ethnography is the main methodology in data collection, ethnographic writing will most likely be part of the thesis, with some literary influence, as anthropology's history suggests (Clifford 1986; Restrepo 2018).

## 4. Ethical Considerations

The ethical dimension emerges as one of the most important aspects of this project, not only due to the importance of responding to the ethical principles established by the host universities, but above all, due to the theories mobilized within the scope of the research, and by the social groups that participate in it.

By establishing a decolonial focus on my project, I force myself to reflect on power dynamics that originate in colonial matrices and, therefore, on power dynamics between the Global North and Latin America. I am myself part of these dynamics, as a Portuguese researcher in Colombia. This leads to lots of reflection, discussion, and methodological vigilance, throughout the four years of research. This reflection will come with the great support of my supervising team, but also with colleagues from various academic backgrounds and experiences and, even more so, with the participants themselves.

On the one hand, I want to avoid reproducing coloniality during my data collection. On the other hand, I fear that I intend to fall into the "white savior syndrome" (Cole 2012), where, subconsciously, I find myself in a position of superiority in relation to the women I study, in a role of guaranteeing their well-being and improving their health conditions, with little active participation from the participants. To avoid these possible consequences of my study, I mobilize some strategies that can help me reflect on my role as a researcher (Évora et al. 2024) and that can give space for the participants to raise their voice (Ribeiro 2017) during research. Some of these strategies include the use of participatory methodologies and the accompaniment of the research project by supervisors who have previously worked within the same field. They also include an active participation in collectives or organizations that already work in the field, making myself useful during fieldwork, avoiding a pure extraction of knowledge.

Finally, addressing the most evident ethical issues, data collection must prioritize the well-being of participants. This involves, first, continuously negotiating informed consent with participants by clearly presenting, in Spanish and in an understandable manner, my research proposals and personal contact details before each interview. This approach ensures that participants can ask any questions and feel free to provide honest contributions. Second, it is crucial to guarantee the anonymization of data from the moment it is collected. The topic of research will be presented to local community leaders during a prior consultation, whenever requested by the population. These questions were submitted to the Ethics Council of Iscte- University Institute of Lisbon, having received a positive response in March 2024. As part of a project hosted in Colombia, it also addressed ethical considerations specific to this country, such as obtaining prior consent from Indigenous and Afro-descendant communities or elaborating a table of possible risks for the participants and myself and ways of mitigating them during fieldwork.

## 5. Expected Results

As a strongly qualitative study, I recognize the need to make its planning flexible, with the possibility of changing certain methodologies or reconsider the periods of time spent with the communities. The qualitative methodologies of this project depend on several social and institutional factors. For this reason, the timeline for the data collection and

analysis is not completely shut and has the possibility of being changed according to the course of events. Recognizing this flexibility is essential to produce honest and ethical research. The crucial aspect of the timeline is the need to have continuously published scientific results and answered the research questions that I initially set out to decipher, as well as to have brought results that are in some way useful for the reality of women and midwives in La Guajira, Colombia, by the end of January 2027. The expected results to have conducted by that time are as follows:

- Contributing to scientific knowledge in the thematic and disciplinary areas addressed by the research project.
- Addressing methodological and ethical concerns in social sciences, particularly in research involving Indigenous and Afro-descendant populations.
- Disseminating knowledge throughout the European and Latin American contexts, bridging epistemological concerns from different schools and paradigms.
- Recognizing, publicizing, and giving cultural significance to ancestral midwifery in Colombia.
- Improving birth conditions and experiences for Indigenous and Afro-descendant women in La Guajira, Colombia, and understanding their perspectives on well-being in motherhood.
- Designing a set of reproductive health indicators collaboratively with the communities under study.
- Producing joint scientific results with the communities involved.

This project operates within a macro–meso–micro research framework, as it begins with global dynamics to understand regional and individual experiences of birth and maternity. Although it is a project where the data collection is situated in Colombia, it hopes to contribute to worldwide information about reproductive health, with the possibility of informing public policies on these topics. The results, such as the project itself, should have the same macro–meso–micro approach, contributing to wide knowledge, but also to better individual and subjective experiences of birth. Scientific outputs, especially conference presentations, are intended to contribute to critical debates that will ideally inform public authorities and policymakers on improving birth conditions and outcomes. For instance, presenting evidence-based research at conferences can highlight critical issues and propose actionable solutions that policymakers can implement. I believe that as engaged academics, we have a responsibility to ensure our research reaches beyond academic and theoretical circles. By doing so, we can directly impact policy decisions and contribute to meaningful changes in society.

Intersectionality provides a framework for understanding the multifaceted experiences of individuals in Latin America, particularly in the context of birth, where various social determinants of health intersect to influence outcomes, including the maternal experiences. It is a call to action for researchers, health care providers, and policymakers to consider these intersecting identities when addressing the needs of diverse populations to ensure equitable and respectful care.

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**Data Availability Statement:** The original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author.

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