

Nancy Alvarez Urbina, Angela Katusca Lavalle, Veronica Yasmin Serruto Alvarez, Hania Carola Berroa-Garate, Agueda Muñoz Del Carpio Toia, Klinge Orlando Villalba-Condori. (2021). Young Children in Socio-Educational Methods in Postpartum in Quechua and Aymara Mothers in Parenting and Learning System. *International Journal of Early Childhood Special Education (INT-JECSE)*, 13(2): 1026-1035. DOI: 10.9756/INT-JECSE/V13I2.211146

Received: 08.06.2021 Accepted: 11.09.2021

Nancy Alvarez Urbina¹
Angela Katusca Lavalle²
Veronica Yasmin Serruto Alvarez³
Hania Carola Berroa-Garate⁴
Agueda Muñoz Del Carpio Toia⁵
Klinge Orlando Villalba-Condori⁶

Young Children in Socio-Educational Methods in Postpartum in Quechua and Aymara Mothers in Parenting and Learning System

Abstract

The purpose of our study was to understand the perception of the postpartum beliefs and customs among Quechua and Aymara mothers in Parenting System. The study is a young children in socio-educational analysis related to postpartum beliefs and customs among Quechua and Aymara mothers, specifically, the analysis was done in the cultural context of indigenous communities, seeking knowledge of the diverse cultural expressions, perceptions, and behaviors of the population around reproductive health processes of educational system, through observation and ethnographic interviews. The sample consisted of 118 mothers whose deliveries were attended in the health and parenting system establishment of the Quechua and Aymara areas, and the process was developed considering five aspects. The results show the presence of a complex cultural system in this stage of life and a set of social and cultural norms such as the use of medicinal plants and learning System in the prevention of encounters with spirits or beings of the Quechua and Aymara cultures. The conceptions of the puerperium in native communities regulate the behavior of its inhabitants, affecting maternal and child health in education system and Parenting System.

Keywords: Postpartum, Socio-educational, Quechua, Aymara, Indigenous Communities, Young Children, Parenting System.

Introduction

Post-partum care takes place within the home, in the family, and cultural context; therefore, this period requires comprehensive

care for the mother and her newborn (Ministerio de Economía y Finanzas, 2018). Living conditions determine maternal mortality, which is higher among poor and indigenous women; also,

Nancy Alvarez Urbina¹, Universidad Nacional Del Altiplano, Puno.

Email: nancyalvarezurbina@gmail.com

Angela Katusca Lavalle², Universidad Nacional De San Agustín, Arequipa, Perú.

Email: alavalle@unsa.edu.pe

Veronica Yasmin Serruto Alvarez³, Universidad Católica De Santa María, Perú.

Email: veronicaserrutoalvarez@gmail.com

Hania Carola Berroa-Garate⁴, Universidad Nacional De San Agustín, Arequipa, Perú.

Email: hberroag@unsa.edu.pe

Agueda Muñoz Del Carpio Toia⁵, Universidad Católica De Santa María, Perú.

Email: amunozde@ucsm.edu.pe

Klinge Orlando Villalba-Condori⁶, Universidad Continental, Arequipa, Perú.

Email: kvillalba@continental.edu.pe

there are geographical factors, cultural patterns that condition how women's lives and status in the country are valued and the access to health services (Ministerio de Salud, 2018).

From this perspective, the transcultural dimension proposed by Leininger (1981) constitutes an alternative by giving a humanistic, scientific and integral touch to care during pregnancy, maternity and postpartum, recognizing that these are not exempt from cultural constructions and that their values, customs, and beliefs have a direct influence on care practices at this stage, considered as natural and is framed in the continuity of the human species (Suman Rajest S, P. Suresh, 2018). In turn, it highlights the fact that each culture defines and typifies them from its particular vision of life, and these are transmitted and perpetuated in time.

Likewise, each individual internalizes and applies their care according to their customs, their beliefs; and since the beginning of the world these techniques have somehow served them to survive and maintain themselves in time; therefore, maternal health care must bear these postulates in mind (Castro, Muñoz, Plaza, Rodríguez and Sepúlveda 2006).

The care that women receive during pregnancy often involves values, beliefs, and practices that are born, and structured through cultural knowledge, social institutions, individuals and the family. The influence of the family, and especially Andean women, has demonstrated how cultural care practices are transmitted and preserved at this vital stage of life; moreover, the family is an important social support network for pregnant women and mothers to carry out the care defined by culture and society.

It is important to mention that the main complications causing maternal deaths are severe bleeding (mostly after childbirth), infections (usually after childbirth), gestational hypertension (pre-eclampsia and eclampsia) and complications in childbirth. It should be emphasized that poor women in Andean areas are who have the least probabilities to receive quality and warm health care, a situation that is due to several factors that impede the care required, such as poverty, distance, lack of information, lack of adequate health services and cultural practices (Rupapara, V., et.al., 2020).

Not to mention that the various ways of conceiving health, mainly in rural and indigenous areas, have to do with the worldview of their own beliefs, traditions, and norms related to health care or the treatment of disease (Kubiczek, J., & Hadasik, B. 2021). From this context, it is important to reflect on how postpartum care is impregnated with cultural practices that make it a unique and transcendent process for women and for the family itself (Suman Rajest S, P. Suresh,

2018). These practices were learned and understood, then, they were standardized by the people of a village, community, or ethnicity, which identifies them fully within the socio-educational systems (D.K. Sharma, et.al., 2021). In indigenous areas, care has to do with the worldview of their own beliefs, customs, traditions, and norms related to health or the treatment of disease (Andina 2015).

The health programs that have incorporated the intercultural component are based on the premise that the training and education of socio-educational agents can bring about a change in the preventive behavior of the indigenous population and increase their access to health services (Aizemberg 2013). A cultural heritage that includes values, traditions, and beliefs refers to the sense of belonging of the ethnic group of the Quechua and Aymara culture and this affects the behavior in its cultural and socio-educational context and has a positive impact (Sutantoputri and Evanytha 2016).

Both in the past and in the present times, absolutely nothing can be considered as absolute truth, definitive or even accepted by all without questions, controversies, and discussions (Roy Setiawan, et.al., 2020). To disagree is part of human nature and it is exactly this method that we find developed in Plato's Socratic method, where truth is born from the discussion and not from a previously declared, created, manipulated, or even falsified truth (Roth 2016).

At present, the indigenous women of the Quechua and Aymara zones use their ancestral practices and knowledge in the puerperium, so it is necessary to establish a general vision of the reality of our peoples, their customs, ideologies, and lifestyles, to be able to approach these ethnic groups and contribute to forging a change that benefits the relationship between the health personnel and the patient, leaving aside taboos and fears, understanding their Andean cosmovision and respecting their millenary way of believing -which includes their knowledge, customs, and traditions, to establish a warm environment and inclusive relationship that generates a more human and fraternal coexistence, in a process of construction of interculturality, to which we can contribute with a socio-educational analysis.

The Andean cosmovision is a set of knowledge, beliefs, values, customs and knowledge systems based on a perception deeply integrated with nature, which articulate the social life and socio-educational models of the Quechua and Aymara groups, whose knowledge on our part will help to understand the Andean woman within her context (Reeder, Martín and Koniak 2009).

The purpose of this analysis is to understand and review the cultural aspects and customs that influence the puerperium processes in the Quechua and Aymara zones, whose population has maintained a system of ancestral magical beliefs that have repercussions in the traditional sphere. About postpartum, the authors found that it is necessary to maintain the necessary care to avoid over partum, for which according to ethnic tradition guidelines measures and precautions must be taken related to the mother's diet, following diets with a series of restrictions on the intake of both animal and vegetable products; Besides the woman should not kill snakes, should not bathe in the river, but should do so with boiled water from herbs such as matico (*Piper angustifolium*), drago blood (also known as "sangre de grado" *Croton palanostigma* Klotzsch), which is an Amazonian herb that increases the body's defenses, and other herbs for two weeks every day; furthermore, should not have sex for three months.

Thus, a woman's motherhood transcends the biological sphere to become a socio-educational and cultural phenomenon, since, in the Quechua and Aymara areas of the region of Puno, Peru, pregnancy as well as childbirth and postpartum are viewed with respect and constitute a significant event for society, which has a normative order with defined rules of behavior and ritual and cultural systems that serve as the basis for the organization of the social life of a group of indigenous women (Monroy and Muñoz 2009).

Methods

Participants

The population under investigation were 68 mothers from the rural Aymara area in the postpartum stage from the rural areas of Puno, Yunguyo, Juli, and Ilave; and 50 mothers in the postpartum stage from the Quechua area, from the northern sector of Puno (Azángaro, Ayaviri, and Lampa), who were captured in the postpartum service of the health facilities of the mentioned areas.

These mothers went through the postpartum stage in the family context because their relatives were always close by taking care of them. Data were analyzed using the ethnographic methodology, which focuses on cultural care; and in this context influences from the cultural dimension and the social structure of cultural values, beliefs, and lifestyles were identified (Roy Setiawan, et.al., 2021).

The sample was obtained by the method of saturation of the information provided by the postpartum mothers and relatives who

participated voluntarily and spontaneously, who agreed to be interviewed. Births were attended in health centers. Sampling was obtained for appropriateness, pertinence, convenience, timeliness, and availability.

Data Collection

The open ethnographic interview was used, to deepen the topic and subtopics so that mothers and relatives in charge of direct cultural care could speak freely and widely. Also, two interviews were conducted for each puerpera; the first for informed consent and the second for the actual interview with the mother and the family, whose participation was considered appropriate (Suman Rajest S, P. Suresh, 2018). Data were collected at the health center at the time and hour of the family's visit, which made it possible to observe and document the postpartum care situation within the hospital in the gynecology service and/or joint accommodation.

For data collection, the in-depth interview guide was applied to the mother and/or the family caregivers, who were in charge of direct care. This semi-structured guide was designed according to the needs (food, hygiene, rest, activity, among others) of care of the mother and her newborn and allowed a broad and profound systematic interview on beliefs and customs in the course of cultural care in the postpartum stage; field notes were also used, which consisted in the use of notebooks for the collection and recording the data observed in the home, place of cultural care (Bieleń, M., & Kubiczek, J., 2020).

Data Analysis

Among the primary characteristics of ethnographic research is data collection through observation and interviews (Do Prado, De Souza, Monticelli, Cometto and Gómez 2013). Data were collected through the open interview technique, individual in-depth, face-to-face, and through direct observation of behaviors.

The field observation was carried out from the first contact, during the care provided during the visit to the mother, in the joint housing service of the health centers, where the mother was contacted, who was usually accompanied by the husband, mother or mother-in-law, in some cases by the sister or another relative.

This study, for being qualitative, was validated according to Leininger guidelines (Leininger and McFarland 2010), who have developed and used the following specific criteria for qualitative research: credibility, confirmation, recurrent patterns, meaning in family and natural context, saturation, and transferability. Within the

methodological rigor, the steps of the ethnographic qualitative research methodology were taken into account.

This research is qualitative, ethnographic and interpretative, which corresponds to a study of the socio-educational analysis of influential variables in the puerperium and the meaning of beliefs, customs or habits, values of cultural care during postpartum in puerperal of the rural areas Aymara and Quechua of the department of Puno.

In qualitative approaches, the process of interpretation is to give meaning to information - which without analysis has no inherent meaning (Avalio 2016), because this theory is what helps us to study the meaning and patterns of behavior from the ethnic point of view since it focuses on the discovery of the meanings of care according to the culture and the influence of the socio-cultural context; and discovering how people see the world and the different meanings they give, the different manifestations and beliefs of a community or human group arise in our eyes, which allows us, in this case, to profitably

observe the practices of values, beliefs and customs during the cultural care of mothers and their children in the Quechua and Aymara areas. During the study, the puerpera was approached to learn about their different actions and motivations, based on their testimonies (Leininger 1981).

Results

Characteristics of Interview Participants

The educational level in this study reflects education as part of the social determinants. The level of education in this study reflects education as part of the social determinants (López, Zuñiga and Ocampo 2015). Mothers have reached a level of education that makes their economic level low because they do not have the necessary preparation. This situation affects them, putting their health and nutrition at risk due to the lack of resources. Table 1 shows the level of education of the participants (see table 1).

Table 1.

Level of education of the participants

Educational level	Quechua mothers	%	Aymara mothers	%
Illiterate	0	0	2	3
Complete Primary	13	26	12	18
Incomplete Primary	7	14	10	15
Completed Secondary	17	34	32	47
Uncompleted Secondary	7	14	8	12
Complete Superior	3	6	3	4
Incomplete Superior	3	6	0	0
Technique Superior	0	0	1	1
Total	50	100	68	100

Note. The study population was 118 people, both from Aymara and Quechua.

Marital Status of the Participants

It was found that the civil status of the population studied in the Quechua zone was 66%, and in the Aymara zone 46%; married in the Quechua zone 24%, and in the Aymara zone 48%. On the other hand, the minority were single and widows. The union between couples is mostly not formal but by cohabitation (see table 2).

Table 2.

Marital status of the participants

Marital Status	Quechua mothers	%	Aymara mothers	%
Married	12	24	33	48
Cohabitant	33	66	31	46
Single	2	4	4	6
Widow	3	6	0	0
Total	50	100	68	100

Participants' Occupation

In the case of Quechua mothers, 92% are housewives; and among the Aymara mothers, 100% are housewives and it is the couple who are in charge of the family income, in both cases, in the Quechua and Aymara zones.

The average age for both groups was 33, with a minimum age ranging from 13 for Aymara mothers and 16 for mothers in the Quechua zone. Although in the results of the investigation the average age of the pregnant women is 33 years old, the presence of pregnancies in adolescents cannot be ignored, who each day become pregnant at a younger age, which leads to social and psychological problems and medical risks such as pre-eclampsia, eclampsia, low birth weight and a high probability of maternal death.

The lowest family burden in the study was 1 child for both Quechua and Aymara mothers; the

average is 3 children in both ethnic groups; the highest family burden was 13 children, which was seen among Aymara mothers. The result show the occupation of the participants (see table 3).

Table 3.

Occupation of the participants

Occupation	Quechua mothers	%	Aymara mothers	%
Agriculture and livestock	1	2	0	0
Housewife	46	92	68	100
Merchant	1	2	0	0
Daycare	1	2	0	0
Nursing Technician	1	2	0	0
Total	50	100	68	100

Categories

In the study, the main meanings known as categories have been found and these, in turn, contain cultural patterns with their respective codes, which are beliefs and cultural practices that most of the participant's evidence and that we present below:

- Category 1. Considering the balance between cold and heat.
- Category 2. Avoiding complications after childbirth.
- Category 3. Considering the use of medicinal plants.
- Category 4. Protecting us from physical and spiritual agents.
- Category 5. Protecting the child from disease.

Category 1. Considering the Balance between Cold and Heat

It has been observed that in the patterns of food they have several restrictions, sustained in experiences and experiences of their ancestors, related to the feeding. The meat consumed comes from warm-blooded animals, as seen in the broth of lamb or chicken, which provide heat and energy. On the cold side, during the puerperium, the meats of animals that live in the waters are not allowed in their eating habits. The preparation of their food is done in clay pots and consumes them preferably with wooden spoons, which are considered hot utensils, unlike metal utensils, which are cold. Moreover, the hen and lamb are bred especially for the puerperal. They prefer lamb broth with "chuño", without salt or garlic or onion, so they leave aside the food they are given in the hospital, and on many

occasions, it has been observed that it is the relatives present who eat it.

"I know how to take care of the cold and heat for a month because that way the pores close, I also take care of the wind ("wayra") and I don't leave the room because I get sick".

Lucia, 69 years old, from Pucara.

Category 2. Avoiding Complications after Childbirth

Cultural conceptions and habits after childbirth are cultural patterns of the Quechua and Aymara zones; they are what regulate the practices of people at this stage of their reproductive lives. Breaking with these patterns would lead to imbalance and would produce diseases and complications and even the person could die. Mothers take care not to become ill or die of over partum and cancer; for this, they have found codes such as not touching water after childbirth, nor bathing for a period of fifteen days to a month. They take care of themselves with a lot of warmth from head to toe. Within the manifestations of over partum, the most common are trembling of the whole body, heat, sweat, and headache. The cure includes tying the head for pain, taking a preparation of ash from the placenta or umbilical cord, yellow turnip blossom mate, minimum, and others.

"I wash my intimate parts every day with warm chamomile water, and my body after one week of childbirth to avoid over partum and other illnesses".

Natalia, 30 years old – from Rinconada

Category 3. Considering the Use of Medicinal Plants

Plant knowledge is a general domain, is part of the culture and has been passed down from generation to generation. The total of mothers interviewed and observed in the fieldwork refers to the use of plants for the cure of diseases, food, and hygiene, such as fennel tea, plantain, rosemary, chamomile, airampo, and many others, whose use is observed in all households visited. An informant says: "My mom gives me chamomile tea to keep my body warm." (Lucia, 69 years old, from Pucara).

Food plants also have duality: urqu-china or male-female, good-bad, and generate beneficial and beneficial effects. There are food plants linked to the disease, associated with life, discomfort, stability, health, and abundance (Yauri 2009). The results coincide with studies conducted during the three stages of gestation, where it is observed that the mother should not bathe in the river, should be bathed with boiled water and herbs such as matico, blood grade, for two weeks every day (Medina 2015). They also

coincide with the ethnographic study of Quechua ethnic groups carried out by MINSA, in which they say that to be cured of diverse ailments they resort to mates, baths, prayers, diets, rubbings; the inhabitants of the areas studied think that Western medicine does not cure these diseases.

In general, it can be said that Quechua and Aymara women have preserved the culture of hygiene after childbirth. They mainly use hot herbs and also use ointments to protect the skin and thus prevent the cold from entering the body. From the anthropology of the body, we can point out that in these cultures (Quechua and Aymara) there is a sanitary understanding of the body; precisely, for this reason, they take care of it and re-establish the necessary balance.

Category 4. Protecting us from Physical and Spiritual Agents

It has been observed that most mothers seek protection and physical and spiritual stability. They protect themselves from the cold, sun, darkness, winds, as well as from evil spirits, with the support of the family, which decisively influences the mode of care. For example, the room where the child is cared for is covered with black blankets so that strangers do not enter since such blankets mean that a pregnant

woman is there. This custom is sustained by the concept of balance between body and spirit, which also applies to medicinal plants used by women during pregnancy, childbirth, and postpartum. Above all, they try to find a situation of stability in the organism, because during pregnancy the body is perceived as "warm" and during childbirth as "cold" (Llanos 2009).

Category 5. Protecting the Child from Disease

It is observed that most of the participants take care of their children to avoid illnesses and maintain a close mother-child relationship. It was seen during the home visit that the children remain at all times at the mother's side; with the newborn baby, they sleep together, breastfeed, dress him, change him in the mother's resting bed. The husband is present and helps the mother adjust to breastfeeding. "It is observed that to breastfeed, she squeezes the first squirt and then starts breastfeeding. The mother says that "this milk is bitter and can cause stomach pain to your baby".

(Natalia, 30 years old, Rinconada)

Figure 1 outlines the beliefs and customs regarding health alterations during the puerperium in the Quechua zone (see figure 1).

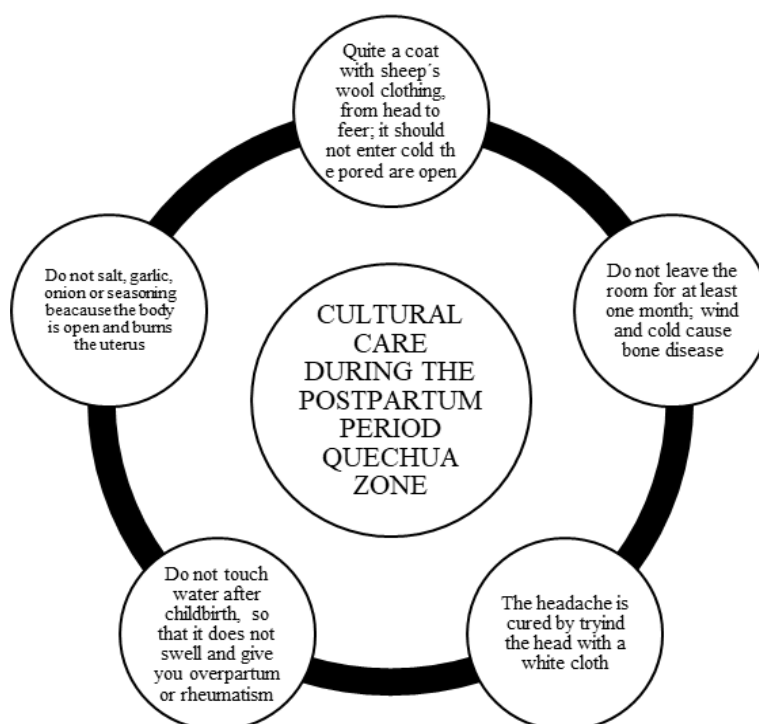


Figure 1.

Beliefs and customs regarding health alterations during the puerperium in the Quechua zone

Figure 2 schematizes the beliefs and customs of health alterations during the puerperium of the Aymara zone (see figure 2).

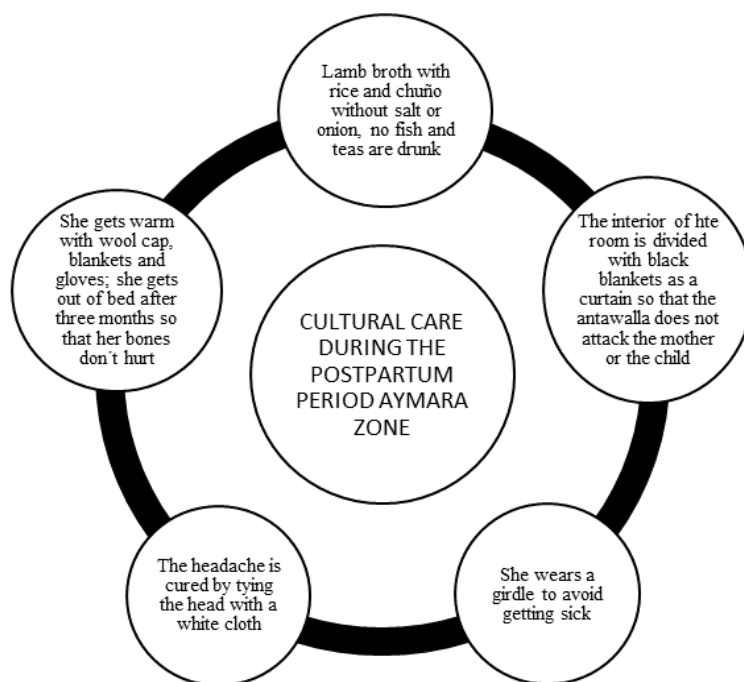


Figure 2.

Beliefs and customs regarding health alterations during the puerperium in the Aymara zone

Note. Antawalla is the name of an evil spirit that dwells in fountains or watercourses and appears threatening with a fuse or lighted torch.

Discussion

This study generated an understanding of the socio-educational process as the means for the transformation of consciences, attitudes, habits, and customs, in favor of behaviors that promote the maintenance of health on the part of the population, with the support of the health personnel who, from the understanding of the Andean cosmovision, will be able to improve health care and public health indicators (Acevedo, Pizarro, Moriel, González and Berumen 2016).

Health care in the domestic environment includes a set of interactions that can favor learning and exchange around knowledge and therapeutic practices (Morgante and Remonini 2016). For this reason, if we want to implement interculturality regarding the processes of health illness-care-prevention, the first thing that must be done is to detect and analyze the processes of interculturality that are already operating in daily life (Menéndez 2016).

The women's focus of concern changes over time: from the need to confirm that everything is going well, to needing more emotional support and confidence to face their fears regarding childbirth and childcare (Medina 2015). Therefore, the actions of the health personnel serve to support, facilitate, or train the user for the restoration of health or, as the case may be, to face death. There must be adaptation

and/or negotiation in cultural care; professional care sees the adaptation, adjustment, or negotiation of the service user to achieve a beneficial or satisfactory health outcome.

With this vision, the puerpera's care will adapt to their culture and thus there will be no incongruence between the health service user and the provider. The rising sun model describes human beings as entities that cannot be separated from their cultural background and social structure, their conception of the world, their life trajectory, and the context of their environment (Leininger and McFarland 2010).

Regarding the categories taken from what was said by the participants, there are coincidences (Calvo, Gómez, López and López 2016) for those who express concepts present in culture, tradition, and stories, which lack scientific interpretation and which have their origin in traditions and cultural contexts that are stereotypes of healthy living habits. In general, it can be observed that the cultural care of mothers during the puerperium is still strongly determined by the food customs or eating patterns of these communities, both Quechua and Aymara.

These results are consistent with studies (Mamani and Mendoza 1981) which indicate that the mother's diet is warm and that foods that are cold or considered cold by cultural perception are avoided (Castro et al. 2006). They indicate that for the indigenous Yanacóna these cold

foods produce harmful effects on the puérpera and the newborn. Partial bathing practices may be given after one week of childbirth or complete bathing after one month (Valdebenito, Rodríguez, Hidalgo and Cárdenas 2016). Official medical theory indicates that mothers who have no complications can bathe within a few hours after childbirth; and the first time the mother takes a shower, the nurse should be near her for her safety (Suman Rajest S, P. Suresh, 2019). Bathing in a bathtub for at least two weeks is generally not advised, and it is also advisable to help her bathe (Reeder, Martín and Koniak 1992).

Traditional medicine is a true health system, which is based on the ancestral Andean cosmovision, constituted in turn by a set of knowledge, practices, and beliefs that the human being possesses (Ordóñez and Oñate 2016). A fundamental concept in both the Aymara and Quechua cultures is the equilibrium produced by the opposing forces in the universe. the reference is made to the existence of two forces or currents that produce stability in the world. Hence, good is opposed to evil, day to night, health to disease, integration to disintegration, heat to cold (Oblitas 1963).

In Aymara conception, for people to be in good health there must be a balance between the qualities *junt'u* ('hot') and *thaya* ('cold'); since *usu* ('disease') is characterized by the predominance of one of these qualities. Also, there are studies in which they refer to the danger of other influences; it is said, for example, *antawalla katjata* ('seized by the evil spirit of the waters'). *Antawalla* is a spirit that dwells in the waters and opts for various forms of naked men and carries lighted wicks; it is considered to belong to *manqha pacha* ('world from below', 'hell') and the diseases it causes are sometimes incurable and require very special remedies (Pelcastre et al. 2005).

The Aymara cosmovision is also full of supernatural beings that can act as evil spirits: *supaya* ('devil'), *anchachu* ('evil spirit of caves and humid places'), *siren* or *serenu* ('siren of waters'), *antawalla* ('evil spirit of fountains and watercourses'), *larilari* ('evil spirit in the form of a feline lurking from roofs and roofs'), among others. There are also protective spirits: *achachila* ('protective spirit of the community or people, who live in large mountains or hills'), *uywiri* ('breeder', 'protective spirit of animals and living beings'), *illa* ('amulet of fertility and good luck'), among others (INDEPA 2011). According to the Aymara worldview, there is an order in the universe in which the physical, social and spiritual spheres are in reciprocal equilibrium.

The normal procedure for treating the placenta is to wash, burn, and bury it. The ashes of the placenta are usually buried in a corner of

the yard near one of the huts. The ashes of the placenta are not buried alone; on the contrary, they are accompanied by miniature implements, copied from those used for work. It is important to emphasize that all people and communities build their societies and institutions from the interpretation of their cosmic visions. Consequently, it is human beings who are recovering and rediscovering the energetic relations between men and the singular historical generational existence, based on the particularities of their daily lives (Zenteno 2009).

Conclusions

In the present study, we have the proposal of a qualitative ethnographic methodology to a certain deductive point, which has allowed us to relate and understand the problems of cultural features, customs, beliefs, and practices between the Quechua and Aymara zones. We consider that due to its academic significance and practical utility -in this case, to improve health care by better knowing the local culture-, it would be convenient to expand this type of studies with inductive logic, typical of the best practice of current anthropology and that it can bring together the aspects of health research required for topics such as interculturality.

Acknowledgments

The authors thank all the patients and their families who participated in and supported this study.

Disclosure statement

No potential conflict of interest was reported by the authors.

Additional information

Funding

The study was self-funded by the authors.

References

- Aizemberg, L. (2013). Indigenous health: a critical reflection and alternative views to the intercultural perspective. *Astrolabio Nueva época*, 11, 364-385.
- Andina, E. (2015). *Assessment of the participation of the domestic around childbirth. Popular beliefs and practices in Almanza and Cebanico (Sahagún, León) during the first half of the 20th century*, Ph.D. thesis. Alicante University, Spain.

- Acevedo, B., Pizarro, N., Moriel, B., González, E., & Berumen, L. (2016). Nursing educational process to promote self-care of women during the puerperium. *Journal of Nursing of the Mexican Institute of Social Security*, 24(3), 197-204.
- Kubiczek, J., & Hadasik, B. (2021). Challenges in Reporting the COVID-19 Spread and its Presentation to the Society. *Journal of Data and Information Quality*, 13(4), 1-7.
- Bieleń, M., & Kubiczek, J. (2020). Response of the labor market to the needs and expectations of Generation Z. *e-mentor*, 4(86), 87-94.
<https://doi.org/10.15219/em86.1486>
- Avalio, B. (2016). *Qualitative Research Methods: An Application to the Case Study*. Santa Fe: Cengage learnin, Inc Corporate Santa Fe.
- Calvo, S., Gómez, C., López, C., & López, B. (2016). *Feeding manual: feeding planning*. Madrid UNED.
- Castro, E., Muñoz, S., Plaza, G., Rodríguez, M., & Sepúlveda, L. (2006). Traditional practices and beliefs around the puerperium, Municipality of Popayan. *Revista Infancia, Adolescencia y Familia*, 1(1), 141-152.
- Do Prado, M., De Souza, M., Monticelli, M., Cometto, M., & Gómez, P. (2013). *Qualitative research in nursing*. Washington, D.C.: Pan American Health Organization.
- INDEPA. 2011. Relationship guide with Aymara settlers.
http://www.indepa.gob.pe/PDF/guia_aimara_avance.pdf.
- Ministerio De Economía y Finanzas. 2018. Budget Program Results Indicators, first semester 2018. Lima: Perú.
- Leininger, M. (1981). *Caring an essential human need*. Thoroufore. New Jersey: Charles B Slack publishing.
- Suman Rajest, S., & Suresh, D.P. (2018). Confrontation on Modernism or Postmodernism Changes after the World War” in *New Academia: An International Journal of English Language. Literature and Literary Theory*, 7, 50-76.
- Leininger, M., & McFarland, M. (2010). *Transcultural nursing. Concepts, theories, research & practices*. 3ra. edic. New York: McGraw Hill.
- Llanos, E. (1992). *Pregnancy in Aymara migrant women: A study in popular urban areas west of La Paz*. In *Women in the Andes*, edited by Anne-Claire Defossez, Didier Fassin and Mara Viveros, 111-140.
- López, A., Zuñiga, B., & Ocampo, S. (2015). *Social determinants of health in maternal mortality Thesis*. Catholic University of Manizales, Colombia.
- Mamani, B., & Mendoza, S. (1981). Aymara concept of diseases and their causes. *Puno: Boletín del Instituto de estudios Aimaras*, 2(8), 22-35.
- Suman Rajest, S., & Suresh, D.P. (2018). Impact of 21st century's different heads of learning skills for students and teachers. *International Journal of Multidisciplinary Research and Development*, 5(4), 170-178.
- Medina, O. (2015). *The conception of Leopoldo Zea about cultural identity*. Havana: University Publishing.
- Menéndez, E. (2016). Intercultural health: proposals, actions and failures. *Ciência & Saúde Coletiva*, 21(1), 109-118.
- Rajest, S. S., & Suresh, P. (2018). The “Four Cs” education for 21st century's learners. *Research Guru Online Journal of Multidisciplinary Subjects (RGOJMS)*, 12(1), 888-900.
- Monroy, M., & Muñoz L. (2009). Discovering the care practices of pregnant teens with vaginal infection. *Advances in nursing*, 27(2), 92-101.
- Morgante, M., & Remorini, C. (2016). Ethnographic analysis on intergenerational relationships and health care in rural communities of Molinos (Valles Calchaquíes Salteños). *IX Conference of Sociology of the National University of La Plata, Ensenada, Argentina*,
- Ordóñez, C., & Oñate, P. (2016). Principles of the Andean worldview related to the use of medicinal plants in the parish of Sayausí, Cuenca cantón.
<http://dspace.ucuenca.edu.ec/bitstream/123456789/25039/1/TRSIS.pdf>.
- Pelcastre, B., Villegas, N., De León, V., Díaz, A., Ortega, D., Santillana, M., & Mejía, J. (2005). Pregnancy, childbirth and the puerperium: beliefs and practices of midwives in San Luis Potosí. *Revista da Escola de Enfermagem*, 39(4), 375-382.
- Reeder, S., Martín, L., & Koniak, D. (1992). *Maternal and child nursing*. 16ª. ed. México DF: Harla.
- Suresh, P., & Suman Rajest, S. (2019). An analysis of psychological aspects in student-centered learning activities and different methods. *Journal of International Pharmaceutical Research*, 46(1), 165-172.
- Roth, R.L. (2016). The socratic method reloaded: a rereading to improve a technologically sound education. *International Journal of Learning, Teaching and Educational Research*, 15(6), 1-32.
- Sharma, K., Singh, B., Herman, E., Regine, R., Rajest, S.S., & Mishra, V.P. (2021). Maximum Information Measure Policies in Reinforcement Learning with Deep Energy-Based Model. *In International*

- Conference on Computational Intelligence and Knowledge Economy (ICCIKE)*, 19-24. <https://doi.org/10.1109/ICCIKE51210.2021.9410756>
- Ministerio De Salud. (2018). Sexual and Reproductive Health. Lima, Perú. http://www.minsa.gob.pe/portalweb/06prevencion/prevencion_2.asp?sub5=10.
- Sutantoputri, N., & Evanytha, E. (2016). The Role of Cultural Factors on Students' Social and Achievement Goals Motivation. *International Journal of Learning, Teaching and Educational Research*, 15(13), 43-51.
- Yauri, M. (2009). *Symbolism of native food plants in the Andean imagination*. Lima: Ricaldo Palma University
- Roy, S., Keshav, N., Luigi, P.L.C., Klinge, O.V., Dennis, A., Kartikey, K., Girish, B., & Suman Rajest, S. (2020). The Impact of Teaching Innovative Strategy on Academic Performance in High Schools. *Productivity Management*, 25(5), 1296-1312.
- Rupapara, V., Narra, M., Gonda, N.K., Thipparthy, K., & Gandhi, S. (2020). Auto-Encoders for Content-based Image Retrieval with its Implementation Using Handwritten Dataset. *5th International Conference on Communication and Electronics Systems (ICCES)*, 289–294. <https://doi.org/10.1109/icces48766.2020.9138007>
- Valdebenito, C., Rodríguez, M., Hidalgo, A., & Cárdenas, U. (2016). Intercultural health: Impact on the social identity of Aymara Women. *Acta Bioethica*, 12(2), 185-191. http://www.scielo.cl/scielo.php?pid=S1726-569X2006000200007&script=sci_arttext&tlng=pt
- Setiawan, R., Kumar, V.R., Chakravarthi, M.K., Villalba-Condori, K.O., Vera-Vasquez, C.G., Subramaniam, T.S., & Rajan, R. (2021). The Empirical Results of Conditional Analysis of Principals' Reasons in Bullying Teachers. *Turkish Online Journal of Qualitative Inquiry (TOJQI)*, 12(3), 2737-2756.
- Zenteno, H. (2009). Approach to the cosmic vision of the Andean world. *Punto Cero*, 14(18), 83-89.
- Myles, B.S., Grossman, B.G., Aspy, R., & Henry, S.A. (2009). Planning a comprehensive program for young children with autism spectrum disorders. *International Journal of Early Childhood Special Education*, 1(2), 164-180.