



GOOD PRACTICE

**CULTURAL INTEGRATION IN MATERNITY HEALTH  
SERVICES FOR THE NGÄBE BUGLE CROSS-BORDER  
INDIGENOUS POPULATION**



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# CREDITS

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# ABBREVIATIONS

<b>GP</b>	Good Practice
<b>CCSS</b>	Costa Rican Social Security Fund (CCSS by its Spanish acronym Caja Costarricense del Seguro Social)
<b>IOM</b>	International Organization for Migration
<b>NGO</b>	Non-governmental organization
<b>PAHO</b>	Pan American Health Organization
<b>PRM</b>	Bureau of Population, Refugees and Migration
<b>UNS</b>	United Nations System
<b>WHO</b>	World Health Organization

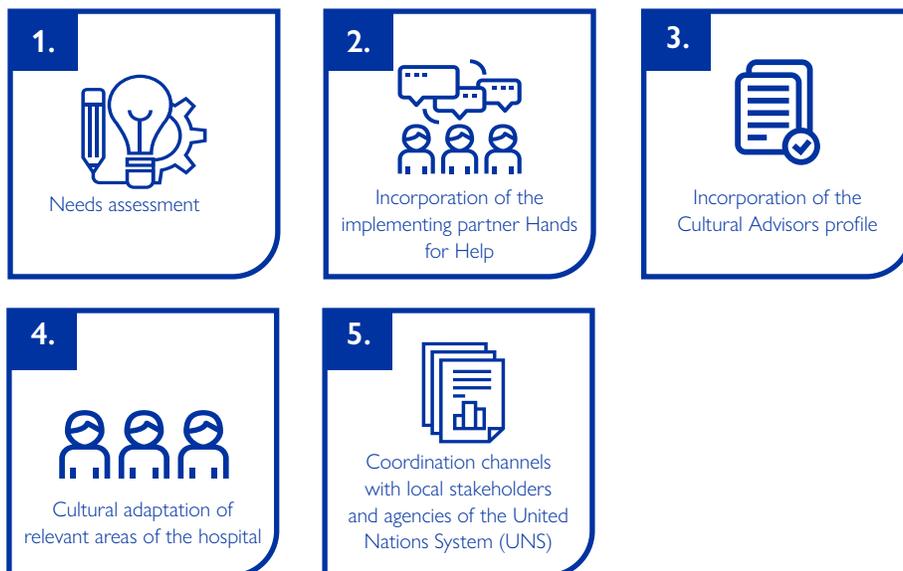
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# GOOD PRACTICE SUMMARY

<b>Good Practice</b>	Cultural integration in maternity health services for the Ngäbe Bugle cross-border indigenous population
<b>Description</b>	The Ngäbe Bugle cross-border indigenous population lives between Costa Rica and Panama moving seasonally between the two territories for harvesting, usually with their families. Faced with difficulties related to immigration status, nationality, gender, racism, and abuses of various kinds due to a lack of knowledge of the Spanish language, this population has limited access to national health services. Therefore, the local hospital and IOM incorporated Cultural Advisors services Ngäbe Bugle women who link the medical team and the indigenous population through support and translation to bring maternity health services closer to this population.
<b>Objective</b>	Guarantee access to maternity health services for pregnant indigenous women based on the model of qualified care in pregnancy, childbirth, and postpartum; focused on women, the pregnant family, the community, humanized services, and cultural belonging.
<b>Place</b>	San Vito de Coto Brus, Costa Rica
<b>Beneficiaries</b>	Ngäbe Bugle women and indigenous cross-border migrant population in general

## IMPLEMENTATION PHASES



# INTRODUCTION

The Good Practice (GP) focused on facilitating access to maternity health services for pregnant indigenous women of the Ngäbe Buglé population by incorporating Cultural Advisors who provided translation and accompaniment services at the San Vito Coto Brus Hospital. The GP was jointly developed by the Costa Rican Social Security Fund (CCSS by its Spanish acronym Caja Costarricense del Seguro Social), the implementing partner Hands for Health, and IOM country office in Costa Rica within the framework of the Regional Program on Migration, with the support of the Bureau of Population, Refugees and Migration (PRM) of the United States.

This GP was systematized thanks to the support of IOM team in Costa Rica Shirley Montealegre, Isis Orozco, and Theresia Keding.

*GP's contribution to the Sustainable Development Goals of the 2030 Agenda:*

- **Objective 10:** “Reduce inequality within and among countries”, that in its target 10.7 highlights: “Facilitate orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies”.

- **Goal 5:** “Achieve gender equality and empower all women and girls”, which in its target 5.6 states: “Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.”
- **Goal 3:** “Ensure healthy lives and promote well-being for all at all ages.”

*GP's contribution to the Global Compact for Safe, Orderly and Regular Migration:*

- **Objective -7:** “Address and reduce vulnerabilities in migration.”
- **Goal -15:** “Provide access to basic services for migrants.”

## CONTEXT

The Ngäbe Buglé population has historically inhabited and transited the plains of southeastern Costa Rica and the Panamanian regions of Chiriquí, Veraguas, and Bocas del Toro before the establishment of geographical borders between the two countries<sup>1</sup>. Therefore, due to its socio-cultural background and constant displacement, this indigenous community has been recognized as a cross-border population.

The settlements of this population are concentrated in the canton of Coto de Brus, in the south of Costa Rica. The country receives migratory flows of cross-border migrant workers on a seasonal basis for harvesting crops<sup>2</sup>. IOM estimates that the number of indigenous seasonal migrants is around 10.000 and 15.000 per year, and they usually move with their families.

Faced with persistent difficulties related to migration status, nationality, gender, racism, and various types of abuses due to a lack of knowledge of Spanish, the Ngäbe Buglé population has limited access to national health services. The population has high rates of maternal and infant mortality (mortality of 33 per 1000 live births), malnutrition, parasitism, and preventable pathologies<sup>3</sup>. Additionally, prenatal care services are limited<sup>4</sup> due to the language gap, remoteness, difficult access to health posts, as well as fear due to socio-cultural factors such as lack of knowledge, illiteracy, or sexism. Likewise, there are high fertility rates, higher than the national average, normally couples living in the indigenous territory have four children compared to the national average of 1-2 children.

Therefore, the Coto Brus health area of the CCSS developed strategies for the indigenous population, both settled and mobile, using intercultural approaches. San Vito's Hospital is characterized by advancing in affirmative actions for the implementation of the *Model of Qualified Care in Pregnancy, Childbirth, and Postpartum*<sup>5</sup>, which focuses on women, the pregnant family, the community, humanized management, and maternities' cultural relevance. Among these actions, the maternity space was culturally adapted, and the health personnel recognized cultural practices such as the exclusive attention of female personnel for sexual and reproductive health consultations, as well as during delivery and postpartum. However, despite these efforts, the language gap presented a limitation to the access of indigenous pregnant women and the overall Ngöbe-Buglé population to health services.

Whereas this context and based on the needs assessed in the study "Socioeconomic and health situation of the migrant population in Costa Rica during the COVID-19 pandemic: a mixed analysis from the Social Determinants of Health" (See Annex I), the organization promoted the implementation this GP at the Hospital of San Vito. This practice has facilitated access of the Ngöbe-Buglé cross-border indigenous population to maternity health services based on multicultural and ethnic integration.

## DESCRIPTION OF THE GOOD PRACTICE

Since 2021, the IOM, with the implementing partner Hands for Health and the San Vito Hospital, incorporated a Cultural Advisor role to collaborate with translation, interpretation, and counseling mainly in the maternity area. However, the role extends to other consultation areas serving as a liaison between the Ngöbe-Buglé population and the hospital staff.

As a result, incorporating the Cultural Advisor role has had a positive effect on the **empowerment of indigenous women** who have

increased the use of contraceptive methods. Also, the number of **pregnant indigenous migrant women visiting the hospital has increased** due to the assistance provided during prenatal care and childbirth. Generally, the **Ngöbe-Buglé community has shown greater confidence in visiting the hospital** since the Advisors also provide support in other areas such as the pharmacy, consultation rooms, and medical emergencies.

<sup>1</sup> Observatorio del Desarrollo de la Universidad de Costa Rica; Konrad Adenauer Foundation; Dirección General de Migración y Extranjería. Sistematización de información para la identificación de rutas migratorias de las poblaciones indígenas ngäbe y miskita en Costa Rica. (jul. 2020). Available in [this link](#).

<sup>2</sup> Ibid.

<sup>3</sup> Centro de Estudios para el Desarrollo Rural (CDR). Reporte sobre la situación actual de la oferta de servicios de atención integral para la población indígena en la primera infancia. (2010) UNICEF, San Jose, Costa Rica. Available at [this link](#).

<sup>4</sup> Ibid.

<sup>5</sup> This model is based on the principles derived from comprehensive care and safe maternity, centered on people, with a gender and rights approach, to strengthen health services. More information at [this link](#).

If you want to access to complete document of this good practice you can contact the mail:

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