

# CARE, CULTURE, AND PREVENTION: COMMUNITY SEXUAL HEALTH STRATEGY IN THE MONTES DE MARÍA, FOR ZENÚ INDIGENOUS YOUTH

## 1. SUMMARY

This scientific article describes the implementation and evaluation of a preventive and reproductive health project carried out by the Ecoceanos FOUNDATION in three Zenú indigenous communities in Montes de María, Sucre, Colombia. The project, developed between March 2024 and March 2025, addressed critical needs in adolescent sex education and in maternal health, family planning, and menstrual health for adult women. Through a participatory methodology and an intercultural approach, it was possible to directly impact **approximately 1,150 people**, of which 450 were adolescents and 700 adult women. The results indicate a **significant 65% increase in knowledge** about sexual and reproductive health in adolescents and a **58% increase in knowledge and adoption of healthy practices** in women, reflecting an estimated 20% reduction in unwanted adolescent pregnancies and a 35% increase in the use of family planning methods. The collaboration of **20 indigenous leaders** was instrumental, amplifying the message to an estimated network of **more than 3,000 people** by word of mouth. This project underscores

the effectiveness of a project management model that integrates cultural respect, community participation, and local leadership as pillars for the sustainability and success of health interventions in indigenous contexts.

**Keywords:** Preventive health, reproductive health, Zenú indigenous communities, Montes de María, sex education, maternal health, family planning, menstrual health, project management, intercultural approach.



## 2. INTRODUCTION

Health is a fundamental right intrinsically linked to the well-being and development of any society. However, for indigenous communities around the world, access to quality and culturally relevant health

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services remains a persistent challenge. In Colombia, the 1991 Constitution recognized the ethnic and cultural diversity of the nation, laying the foundations for the development of differential public policies. Despite this regulatory framework, indigenous communities, often settled in remote and impoverished territories, continue to face structural barriers that limit their effective enjoyment of the right to health.

## 2.1. Global and National Context of Indigenous Health

Globally, organizations such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) have documented health disparities affecting indigenous peoples, including higher rates of maternal and infant mortality, reduced access to family planning, and a higher prevalence of preventable diseases. These problems are exacerbated by discrimination, lack of investment in rural health infrastructure, and misunderstanding of ancestral health practices and knowledge. In Colombia, the situation is no different. Data from the National Administrative Department of Statistics (DANE) from 2018 indicate that,

although the indigenous population represents 4.4% of the national total, their health indicators are usually lower than national averages, especially in rural and dispersed areas.

## 2.2. The Zenú Indigenous Population in the Montes de María

Los Montes de María, a subregion of the departments of Sucre and Bolívar in the Colombian Caribbean, is home to a significant Zenú indigenous population. Historically, this region has been the scene of armed conflict, which has generated forced displacements, fragmentation of the social fabric and a profound impact on the mental and physical health of its inhabitants. The Zenú communities in this area, although rich in cultural heritage and social organization, have multidimensional poverty rates higher than the national and departmental average. In the area of health, there is a prevalence of adolescent pregnancies, difficulties in accessing information on family planning, and limitations in maternal health care, aggravated by traditional practices that are sometimes not adequately complemented by Western medicine.

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### 3. THREATS AND CHALLENGES OF THE ZENÚ COMMUNITY IN THE MONTES DE MARÍA

The Zenú communities of Montes de María face a host of interconnected challenges that directly impact their overall well-being and, in particular, their health. These challenges are not merely socio-economic, but have historical, cultural and political roots, deepening inequality gaps.

#### 3.1. Gap in Education and Access to Information

The lack of access to quality education is one of the main threats. Most schools in the region lack adequate infrastructure, relevant teaching materials, and teachers trained in bilingual intercultural education. This translates into low literacy rates and,

crucially, a limited understanding of basic health concepts. A study conducted by Ecoceanos in 2023 in the intervened communities revealed that only **35% of Zenú young adults (aged 18-30) had completed secondary education**, and less than **10% had regular access to the internet or written media**. This information disconnect makes it difficult to disseminate public health messages and perpetuates myths and misinformation, especially on sensitive topics such as sexuality and reproduction. Health information is often filtered through traditional channels, which may not be up-to-date or accurate, leading to suboptimal self-care practices.

#### 3.2. Gender-Based Violence (GBV) and its Health Implications

Gender-based violence (GBV) is an alarming reality in the region, exacerbated by cultural and economic factors and the historical presence of conflict. Indigenous Zenú women and girls are particularly vulnerable to sexual, physical and psychological violence, both within and outside their communities. It is estimated that, in the target communities, **approximately 45% of women over the**

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**age of 15 have reported having suffered some type of gender-based violence in their lifetime**, according to discrete pilot surveys conducted by Ecoceanos prior to the project. This violence has devastating health consequences, including psychological trauma, unwanted pregnancies, STIs, and a decrease in women's ability to make autonomous decisions about their own bodies and health. Stigma and fear of retaliation often prevent victims from seeking help, and traditional justice mechanisms may not be sufficient or overwhelmed.

### 3.3. Impact of the Armed Conflict and Illegal Groups

The Montes de María have historically been a strategic corridor for illegal armed groups. Although in recent years there has been a decrease in the intensity of the conflict, the intermittent presence of these actors continues to generate anxiety, forced displacements and restrictions on mobility. This situation has dismantled social support networks, limited access to health services, and contributed to an environment of fear and mistrust. Violence has left profound consequences on the mental health of the population, with an

increase in cases of depression, anxiety and post-traumatic stress, particularly in adolescents and women. The territorial control exercised by these groups has hindered the arrival of humanitarian aid and the implementation of social programs, including health programs. It is estimated that at least **70% of the families in the Zenú communities have been directly or indirectly affected by the conflict**, either by displacement, loss of property or the affectation of a family member, according to testimonies collected by Ecoceanos.

### 3.4. State Neglect and Deficiencies in the Provision of Public Services

The state presence in the Montes de María, and particularly in the rural areas where indigenous communities are settled, is precarious. This manifests itself in the lack of basic infrastructure such as aqueducts, sewers, paved access roads and, crucially, health services. The nearest health posts are often several hours away, understaffed and shortages of medicines and basic supplies. Ambulances, where they exist, are scarce and not equipped to deal with obstetric or other emergencies. This "state forgetfulness" generates a feeling of



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abandonment and distrust towards institutions, which makes it even more difficult to implement health programs. An analysis of the health infrastructure in the region revealed that only **15 per cent of rural health posts had permanent medical staff**, and less than **5 per cent had the capacity to perform institutional deliveries**.

## 3.5. Cultural and Linguistic Barriers in Health Care

Despite advances in the recognition of traditional indigenous medicine, a cultural and linguistic gap persists between Western health systems and the practices of the Zenú peoples. Health professionals, for the most part, are not familiar with indigenous worldviews, languages, and traditional medicines, which generates mistrust and limits adherence to treatments. The lack of interpreters in health centres is a fundamental barrier. Indigenous women often prefer to give birth at home, assisted by traditional birth attendants, due to the cultural discomfort and depersonalization they perceive in hospitals. This cultural barrier translates into less seeking prenatal and postnatal care, and less adoption of modern family

planning methods that do not align with their beliefs.

## 4. LEGAL AND REGULATORY FRAMEWORK

The implementation of health projects in indigenous communities in Colombia is based on a solid legal framework that seeks to guarantee their rights and promote their well-being, recognizing their ethnic and cultural diversity.



### 4.1. International Standards: ILO Convention 169

**Convention 169 of the International Labour Organization (ILO) on Indigenous and Tribal Peoples in Independent Countries (1989)**, ratified by Colombia through Law 21 of 1991, is the cornerstone of the recognition of the

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rights of indigenous peoples at the international level. This convention establishes the obligation of States to consult indigenous peoples on legislative or administrative measures that may affect them directly, including those related to health. It promotes the active participation of indigenous peoples in the formulation, implementation and evaluation of national and regional development plans and programmes that directly concern them. In the area of health, Convention 169 underscores the need for culturally appropriate health services that respect and promote traditional indigenous health practices, and that are accessible in their territories.

## 4.2. Colombian Constitutional Framework: Political Constitution of 1991

The **Political Constitution of Colombia of 1991** is a milestone in the recognition of the ethnic and cultural diversity of the nation. Articles 7 and 8 recognize and protect ethnic and cultural diversity, and establish the obligation of the State to protect the cultural and natural wealth of the Nation. Article 71 guarantees the right to cultural life and the development of

science, art and culture. More specifically, Article 330 recognizes the autonomy of indigenous territories in the management of their interests, and Article 49 establishes that health care and environmental sanitation are public services for the State, guaranteeing access to health promotion, protection and recovery services for all people. This constitutional framework creates the basis for differentiated health policies that respect the indigenous worldview.

## 4.3. Relevant Laws and Decrees on Health and Indigenous Rights

- **Law 1438 of 2011 (Reform of the General Social Security System in Health):** Although it does not focus exclusively on indigenous populations, this law introduces the Primary Health Care (PHC) strategy as the axis of the system, which is crucial for reaching out to dispersed communities and promoting health. It also establishes the need to unify the Benefits Plan for all residents and the universality of insurance, principles that must be applied

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with a differential approach in indigenous territories.

- **Law 1751 of 2015 (Statutory Health Law):** This law elevates health to the category of autonomous and inalienable fundamental right. It establishes the comprehensiveness of health services and the prohibition of administrative barriers. It is crucial for indigenous communities by ensuring access to health without discrimination and with quality, and by promoting the cultural adaptation of services. Article 11 of the Convention, which refers to persons with special protection, includes persons with disabilities, but its principles of comprehensiveness and universality are applicable to the indigenous population.
- **Decree 480 of 2025 (Indigenous System of Indigenous and Intercultural Health - SISPI):** This decree, recently issued, is of vital importance. Establishes and implements SISPI as a State health policy for the indigenous peoples

of Colombia. The SISPI seeks to guarantee the fundamental right to health from an autonomous exercise of self-government, coordinated with the National Government. It recognizes traditional medicine, ancestral knowledge and the participation of indigenous authorities in health management. It promotes the adaptation of services to cultural practices and the use of native languages in health communication.

## 4.4. Cultural Relevance in Health

Cultural relevance is a cross-cutting principle in all the regulations governing care for indigenous populations. It implies that health services must be designed and delivered in a way that respects the values, beliefs, practices and languages of indigenous peoples. This goes beyond simply translating materials; It requires a deep understanding of the indigenous worldview of health, disease, the body, birth, and death. The articulation between Western medicine and traditional indigenous health practices, under the principle of complementarity, is essential

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to generate trust and improve health outcomes. This Ecoceanos project was based on this principle, seeking to integrate Western knowledge with the richness of Zenú wisdom.

## 5. JUSTIFICATION OF THE PROJECT

The intervention of the Ecoceanos FOUNDATION in the Zenú indigenous communities of the Montes de María is based on a solid justification, rooted in the pressing needs identified and, in the opportunity, to generate sustainable and equitable change.

### 5.1. Urgent Need for Preventive Health Intervention

As detailed in the challenges section, the Zenú communities in Montes de María face a critical situation in preventive and reproductive health. The high prevalence of adolescent pregnancies, with an estimated rate of **28% among young people aged 15 to 19** in Zenú communities (compared to a national average of 19.5% according to DANE 2022), not only truncates life projects, but also implies significant risks to the health

of the mother and baby. Lack of access to reliable information on family planning and menstrual health in adult women leads to inadequate self-care practices and limited control over their reproductive health. It is estimated that less than **40% of Zenú women of childbearing age used modern family planning methods**, according to pilot surveys. This situation is aggravated by limited access to quality health services, the shortage of health professionals with a differential approach and the persistence of myths and stigmas around sexuality. An intervention focused on prevention, education and empowerment was not only necessary, but could not be postponed.



### 5.2. Differential Approach and Cultural Relevance



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One of the main failures of traditional health interventions in indigenous communities has been the lack of a differential approach and cultural relevance. "One size fits all" programs often ignore the linguistic particularities, worldviews, social structures, and ancestral knowledge of these peoples, generating rejection and failure. This project was justified by the need to address health from a perspective that values and respects the Zenú culture. This implied the adaptation of content, the incorporation of participatory methodologies that resonated with their ways of learning and communication, and the recognition of traditional leaders and knowers as key actors in the process. The Ecoceanos FOUNDATION understood that the success of the intervention depended on the ability to build bridges between Western knowledge and indigenous knowledge, generating trust and ownership.

### 5.3. Potential for Sustainable Impact through Community Engagement

The sustainability of any project in communities lies in local ownership and the ability of the community to continue

initiatives once external support wanes. This project was justified in the potential to generate a lasting impact through the active participation of community members and, in particular, their leaders. By training indigenous community health promoters and by involving traditional authorities in the design and implementation of activities, the aim was to build endogenous capacities and strengthen the social fabric. The idea was that knowledge and healthy practices would be disseminated organically, from Zenú to Zenú, ensuring that the messages were culturally relevant and endured over time, reducing dependence on external intervention. Ecoceanos' previous experience in the region had shown that the participation of **80% of key community leaders increased the success rate of projects by 40%.**

## 6. PROJECT METHODOLOGY

The project's methodology was designed under the principles of participation, interculturality and adaptability, which are fundamental to guarantee the effectiveness and sustainability of interventions in indigenous contexts. Planning and

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execution were divided into key phases, ensuring community ownership.

## 6.1. Participatory Diagnosis and Stakeholder Mapping Phase

This initial phase was crucial to fully understand the needs and realities of the Zenú communities. It was extended for two months (March-April 2024).

### 6.1.1. Identification of Needs and Priorities (Data Collected)

15 focus groups were conducted with an average of 8-12 participants per group (totaling approximately **150 people**) in the three selected communities (El Descanso, La Esperanza, El Progreso). These groups included adolescents, women of childbearing age, mothers, fathers, and traditional knowers. In addition, **200 pilot surveys** were applied to women and adolescents to quantify prior knowledge about sexual and reproductive health. The findings revealed:

- **55 % of adolescents were unaware of** modern contraceptive methods.
- **70 % of women** reported not having received comprehensive

information about family planning in the last year.

- **85 % of adolescent girls and 60% of adult women** expressed shame or taboo when talking about menstrual health.
- **40 % of pregnant women** did not attend the recommended minimum prenatal check-ups.
- Gender-based violence was pointed out by **75% of women** as a recurring problem that affected their mental and physical health.

### 6.1.2. Formation of Community Leadership Committees

Traditional authorities and influential leaders in each community were identified and contacted. Community assemblies were held with the participation of **more than 250 people** (representing approximately 30% of the adult population in the three communities) to present the project proposal and obtain their consent and endorsement. As a result of these meetings, three community leadership committees were formed, one for each community, made up of a total of **20 indigenous leaders** (10 men and 10

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women, including chiefs, elderly mothers and young promoters). These committees would be the co-managers of the project.

## 6.2. Design of Interventions with an Intercultural Approach

Based on the diagnosis, the activities were designed, ensuring their cultural relevance. This phase lasted one month (May 2024).

### 6.2.1. Development of Adapted Educational Materials

The Ecoceanos team, in collaboration with the leadership committees, developed bilingual educational materials (Spanish and Zenú language, where possible) that incorporated iconography and examples from Zenú daily life. Illustrated brochures on contraceptive methods, a "Moon Calendar" with information on the menstrual cycle, and guides for parents on how to talk about sexuality with their children were created. **500 copies of each material were printed, distributed free of charge.**

### 6.2.2. Training of Indigenous Community Promoters

**30 youth and adults from the communities (10 per community), who**

demonstrated leadership and a desire to learn, were selected to be trained as "Indigenous Health Promoters". The training, which lasted **2 weeks (60 hours of training)**, covered sexual and reproductive health, participatory pedagogical methodologies and intercultural communication techniques. These promoters would receive a small stipend and would be the multipliers of knowledge.

## 6.3. Implementation of Preventive Health Campaigns

The execution phase lasted for eight months (June 2024 - January 2025).



### 6.3.1. Component 1: Sex Education in Indigenous Adolescents

The campaigns targeted adolescents aged 12 to 19.

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## 6.3.1.1. Workshops and Recreational Activities

30 interactive workshops **were held** (10 per community, with a fortnightly frequency). Each workshop lasted 3 hours and used group dynamics, role plays, and open discussions. Topics included:

- Anatomy and physiology of the human and reproductive body.
- STI prevention: Correct use of condoms, warning signs.
- Contraceptive methods: Myths and realities, access to services.
- Sexual and reproductive rights.
- Prevention of gender violence and care route. The workshops were facilitated by the Ecoceanos team and the Indigenous Health Promoters.

## 6.3.1.2. Scope and Participation

The participation of **450 adolescents** (200 men and 250 women) was achieved in these workshops, which represents **90% of the adolescent population projected** for the three communities. The average attendance per workshop was 15-20 adolescents.

## 6.3.2. Component 2: Maternal Health, Family Planning, and Menstrual Health in Zenú Indigenous Women

This component focused on women aged 15 to 49 years.

### 6.3.2.1. Educational Conferences and Spaces for Dialogue

**20 educational days and spaces for dialogue** were organized (approx. 6-7 per community, with a monthly frequency). Each day lasted 4 hours and was attended by doctors and nurses from the Ecoceanos team, as well as traditional midwives from the community. The topics addressed were:

1. Importance of prenatal care and institutional delivery: Benefits, risks of home births without professional assistance.
2. Diversity of family planning methods: Hormonal, barrier, definitive, their use and access.
3. Hygiene and menstrual health management: Demystifying taboos, use of reusable pads, warning signs.

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4. Nutrition during pregnancy and breastfeeding.
5. Early detection of warning signs in pregnancy and the postpartum period. Hands-on demonstrations were conducted and questions were answered confidentially.

## 6.3.2.2. Distribution of Kits and Materials

700 menstrual hygiene kits (including reusable pads, soap and a care guide) and 3,000 units of male and female condoms were distributed during the days, along with information on their correct use.



## 6.3.2.3. Scope and Participation

It reached **700 Zenú indigenous women** of reproductive age, which represents **85% of the projected female population**

for these communities. The average attendance per day was 30-35 women.

## 6.4. Continuous Monitoring and Evaluation

Monitoring and evaluation were ongoing processes throughout the project, with a final evaluation phase in February-March 2025.

### 6.4.1. Management and Result Indicators

Clear indicators were established, such as the number of workshops held, participants, materials distributed (management indicators), and change in knowledge, adoption of healthy practices and reduction of unwanted pregnancies (outcome indicators).

### 6.4.2. Information Collection (Surveys, Focus Groups, Interviews)

- **Post-intervention surveys:** 200 post-intervention surveys were applied to a random sample of adolescents and women who participated in the project to measure the change in knowledge.
- **Focus Groups:** 9 additional focus groups (3 per community) were



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conducted to collect qualitative perceptions on the impact of the project, the relevance of the interventions, and the role of community leaders.

- **Semi-structured interviews:** 20 individual interviews were conducted with community leaders and indigenous health promoters to assess their perceptions of the collaboration, challenges, and sustainability of the project.
- **Participant Observation:** The Ecoceanos team kept a constant record of community interactions and dynamics.

## 7. DETAILED RESULTS AND ANALYSIS

The results of the Ecoceanos FOUNDATION project show a significant impact, both quantitative and qualitative, on the preventive and reproductive health of the Zenú communities of the Montes de María.

### 7.1. Quantitative Impact on Health Knowledge and Practices

#### 7.1.1. Adolescents: Sex Education

Pre- and post-intervention surveys showed a notable advance in knowledge about sexual and reproductive health in the adolescent population:

- **Increased Knowledge of Contraceptive Methods:** Prior to the project, only 35% of adolescents knew at least three modern contraceptive methods. After the intervention, this percentage shot up to **80%, which represents an increase of 128.5%.**
- **STI prevention:** Knowledge about the ways in which STIs are transmitted and prevented, including HIV/AIDS, improved from 40% to **85%, an increase of 112.5%.** Understanding of the correct use of condoms went from 25% to **70%.**
- **Reduction in Unwanted Adolescent Pregnancies:** During the evaluation period (March 2024 - March 2025), there was a **20% reduction in the rate of adolescent pregnancies** in the

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intervened communities compared to the previous period (comparison with data from the departmental Ministry of Health and community registries). This translated into a decrease of **approximately 15 unwanted pregnancies** in the impacted group of adolescents.

- **Decreased stigma:** Although difficult to quantify, 78% of teens surveyed reported feeling more comfortable discussing sexuality issues with their peers and trusted adults, suggesting a reduction in the stigma associated with it.



### 7.1.2. Women: Maternal Health, Family Planning, and Menstrual Health

The data collected from the Zenú women reflected substantial improvements:

- **Increased Knowledge about Family Planning:** Knowledge about the variety of contraceptive methods and their availability in nearby health services increased from 38% to **96%, an impressive growth of 152.6%.**
- **Adoption of Family Planning Methods:** The proportion of women who reported actively using a modern family planning method increased from 40% to **75%, representing an increase of 87.5%.** A preference was observed for the quarterly injection (30% of new users) and the condom (25%), followed by the IUD (15%).
- **Maternal and Prenatal Health:** The number of pregnant women who attended **four or more prenatal checkups increased from 45% to 80%, an increase of 77.7%.** In addition, **90% of births registered** during the project period were performed in professionally assisted health institutions, compared to 60% before the intervention.

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- **Menstrual Health:** 92% of women reported adopting at least one new proper menstrual hygiene practice. The taboo and shame around the topic was significantly reduced, with 75% of women indicating feeling more empowered to talk about their menstrual cycle. The distribution of menstrual hygiene kits was positively valued by 98% of the beneficiaries.

## 7.2. Qualitative Impact and Community Perception

Focus groups and interviews revealed an overwhelmingly positive perception of the project by the community.



### 7.2.1. Role of Indigenous Leaders: Collaboration and Empowerment

The participation of the **20 indigenous leaders** was a fundamental pillar of the project's success.

- **Key Facilitators:** These leaders, through their influence and knowledge of the community, were able to mobilize a sustained participation of **88% of the target adolescents and women** in the activities. Their presence in the workshops and conferences gave them legitimacy and confidence.

- **Co-facilitators and Cultural Translators:** Leaders acted as cultural bridges, adapting the technical language of health to the Zenú worldview and explaining complex concepts in terms understandable to the community. 95% of the participants interviewed stressed the importance of the information also coming from their own leaders.

- **Strengthening Self-Government:** The project strengthened the management capacity of community leaders on health issues, empowering them to advocate for the needs of their

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communities before local and departmental health institutions. 5 working groups were generated between leaders and representatives of local health.

### 7.2.2. Multiplier Effect: Word-to-Speech Information

The impact of the project transcended the direct beneficiaries. Indigenous Health Promoters and active participants became agents of change within their families and social networks. It is estimated that, through the word-of-mouth effect and informal conversations generated, **more than 3,000 additional people** in the surrounding communities and areas received information about sexual and reproductive health. This figure is calculated from interviews with promoters, who reported replicating the messages to an average of 10-15 people per week each.

### 7.2.3. Strengthening the Community Social Fabric

The project fostered social cohesion and intergenerational dialogue. Safe spaces were created where adolescents and women could openly discuss topics

previously considered taboo. Support networks among women and community solidarity around health were strengthened. The leaders stressed that the project generated a sense of "agency and collective responsibility" in the health of the community.

### 7.3. Challenges Faced During Implementation and Adaptation Strategies

Despite the successes, the project was not without its challenges, forcing the team to implement adaptation strategies:

- **Logistical and Access Difficulties:** Precarious access roads and geographical dispersion complicated the transport of materials and the movement of personnel. It was decided to use all-terrain vehicles and establish temporary base camps in the communities.
- **Myths and Initial Resistance:** Ingrained myths about family planning and sexuality were found, leading to initial resistance in a small percentage of the population (approximately 10%). It was

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overcome through patient dialogue, testimony from indigenous leaders, and the presentation of evidence-based information in a respectful manner.

- **Local Health Staff Turnover:**

High staff turnover at nearby health posts made it difficult to continue case referral and follow-up. Ecoceanos established a direct communication system with the municipal and departmental Secretariats of Health to mitigate this impact.

- **Extreme Weather Conditions:**

Intense rainy seasons affected attendance at some workshops. Activities were rescheduled and shorter and more frequent sessions were implemented when the weather allowed it.

management with an intercultural and participatory approach. Their results demonstrate that it is possible to generate significant and sustainable changes in health practices, even in contexts of vulnerability and complex challenges.

## 8.1. Key Achievements of the Project

- **Measurable Impact on Knowledge and Behavior:**

An outstanding increase in knowledge about sexual and reproductive health in adolescents and women was achieved, and an effective adoption of healthy practices, evidenced by the reduction of adolescent pregnancies and the increase in the use of family planning and attendance at prenatal check-ups.

- **Community Empowerment:** The project not only provided information, but empowered individuals and the community as a whole to make informed decisions about their health. Training indigenous health promoters created lasting local capacities.

## 8. CONCLUSIONS

The preventive and reproductive health project implemented by the Ecoceanos FOUNDATION in the Zenú indigenous communities of Montes de María represents a successful case of project



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- **Validation of the Intercultural Approach:** The methodology that integrated the Zenú worldview, the use of their language and the active participation of traditional leaders was fundamental for the acceptance and success of the project, demonstrating that cultural relevance is not a luxury, but a necessity.
- **Multiplier Synergy:** The word-of-mouth effect and the role of leaders as information multipliers amplified the project's reach far beyond the direct beneficiaries, laying the groundwork for a cultural transformation around health.
- **Participation is Non-Negotiable:** Involving the community from diagnosis to evaluation is essential. Shared decisions and respect for indigenous self-government are the key to ownership and sustainability.
- **Cultural Adaptation is Essential:** Materials, language, and methodologies must be molded to the local culture. Literal translation is not enough; A "translation" of concepts is required.
- **Indigenous Leadership is an Invaluable Asset:** Traditional leaders are the guardians of ancestral knowledge and the most effective agents of change. Their involvement legitimizes interventions and facilitates mobilization.
- **Flexibility is Crucial:** Projects in indigenous communities operate in dynamic and often unpredictable environments. The ability to adapt to logistical, cultural or climatic challenges is vital.

## 8.2. Lessons Learned and Best Practices

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- **Sustainability is Built from Within:** By strengthening local capacities and empowering the community to manage their own health, it ensures that the results last beyond the duration of the project.

### 8.3. Recommendations for Future Interventions and Sustainability

- **Continuity and Scalability:** It is essential to ensure the continuity of these interventions, exploring long-term sources of financing and the possibility of scaling the model to other Zenú or indigenous communities in the region.
- **Inter-institutional coordination:** Strengthen coordination with the Secretariats of Health, indigenous EPS, and other organizations to ensure the referral of cases, access to health services, and the provision of family planning methods.
- **Long-Term Monitoring:** Establish a community monitoring system led by indigenous health promoters themselves to assess the

long-term impact of changes in knowledge and practices.

- **Holistic Approach to Mental Health:** Given the persistence of trauma from the conflict, it is recommended to integrate a more robust component of mental health care, combining Western therapeutic approaches with traditional healing practices.

- **Ongoing Participatory Research:** Encourage participatory action research with communities to identify new needs and develop innovative and culturally relevant solutions in the future.

- **Advocacy for Differential Public Policies:** Use the learnings from this project to advocate for the formulation and implementation of public health policies that are truly differential and respond to the specificities of indigenous peoples, ensuring the allocation of adequate resources and overcoming state neglect.

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The experience of the Ecoceanos FOUNDATION in the Montes de María not only improved the preventive and reproductive health of the Zenú communities, but also demonstrated that, with a culturally sensitive approach to project management and a deep respect for indigenous autonomy and knowledge, it is possible to build a healthier and more equitable future for all.

## 9. BIBLIOGRAPHIC REFERENCES

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