

POLICY BRIEF

RECOGNIZING CARE FROM ETHNIC WORLDVIEWS

Contributions from a participatory research for the ethnic chapter of the National Care System in Colombia

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“Initiatives to strengthen care policies in Latin America and the Caribbean”

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1. Introduction

Care, understood as any activity for the sustainability of life in its multiple expressions, has evolved conceptually over the last decades in accordance with the social struggles present in the region. However, not all of its dimensions or visions have been visible in the public agendas of Latin America; particularly, those related to the set of ancestral practices that sustain life in the territories have been made invisible in the construction of policies and care systems.

The activities essential to maintaining the vital fabric of communities – caring for children, accompanying the elderly, sustaining collective health, transmitting ancestral knowledge and protecting the territory – have fallen disproportionately on women, especially those from ethnic peoples. These practices, developed without economic or political recognition, constitute the backbone of life in contexts where the State has historically been absent.

In Colombia, there are indigenous, Afro-Colombian, Raizal and Palenquero peoples with millenary cultural traditions and their own knowledge systems that have resisted centuries of colonialism and territorial dispossession. In these territories, women have been the main guardians of care, developing practices linked to the territory, community networks and knowledge transmitted between generations. However, their voices and knowledge have been systematically excluded from public policies on care, built from Western and urban perspectives.

On February 14, 2025, the Colombian government approved CONPES 4143 - National Care Policy, after having created the National Care System by Law, recognizing the need to strengthen the collective forms of care of ethnic peoples, in addition to the effective enjoyment of rights of caregivers. The government also undertook to create and implement the indigenous component of the National Care System, as part of the coordination of its government plan with indigenous peoples.

Colombia is facing a care crisis: 17 million people require care or support, and, without a strong system, this responsibility falls on families, particularly women. One in four women is permanently engaged in care work, with a high percentage belonging to ethnic groups that have developed their own practices without state recognition.

The “Weaving Care” project arises in this context as an initiative to document, make visible and value the care practices developed by women from ethnic peoples. This study, promoted by the Ministry of Equality and Equity, the Simón Bolívar University and the Women of the Ethnic Commission for Peace,

represents an unprecedented effort to build knowledge from a decolonial feminist perspective that recognizes ethnic women as political subjects, bearers of ancestral knowledge and protagonists in the construction of alternatives to the hegemonic model of care.

2. The epistemicide of care

Academic knowledge and public policies on care in Latin America and Colombia have been predominantly constructed from Western, urban, and mestizo perspectives, systematically making the epistemologies and practices of ethnic peoples invisible. This invisibilization constitutes a form of colonialism of knowledge that reproduces historical inequalities.

The bibliometric analysis carried out revealed a scarcity of related studies: of 297 academic articles analyzed in the last ten years, only 23 – 7.7%, addressed ethnic epistemologies of care. The terms “ancestral knowledge”, “midwives” and “decolonial epistemologies” appeared with minimal frequency. This scarcity does not indicate an absence of knowledge, but a structural epistemicide that systematically makes ancestral knowledge invisible.

3. Methodology: how the study was conducted

The project was developed between 2024 and 2025 through a participatory qualitative research approach aimed at documenting the care practices developed by women from ethnic peoples in different territories of the country. The focus of the study sought to generate spaces for dialogue and collective reflection that would allow the participants' experiences and perspectives on care to be collected.

The selection of participants sought diversity in five aspects:

diverse ethnic peoples (indigenous, Afro-Colombian, Raizales, Palenqueros); different generations (young, adult, elderly); various roles (midwives, traditional doctors, leaders, caregivers); different territories (rural areas, urban areas, reservations, community councils); and women with specialized knowledge about care practices.

The study involved the participation of 51 women, including caregivers, community leaders and bearers of traditional knowledge, belonging to 25 indigenous, Afro-Colombian, Raizal and Palenquero peoples. 51 women caregivers, community leaders and bearers of traditional knowledge from 25 different ethnic peoples participated: Embera Chamí, Pijao, Muisca, Misak, U'wa, Wayuu, Kogui, Wiwa, Kankuamo, Ette Ennaka, Arhuaco, Mekaná, Zenú, Yukpa, Sikuani, Inga, Piaroa, Bara, Yeral, Uitoto, Kamëntšá, Magiita, Afrocolombiano, Palenquero and Raizal. The women came from five regions of the country with coverage of 22 departments. The participants came from five regions of the country, which made it possible to collect diverse experiences in territorial, cultural and social terms.

Different qualitative techniques were used to collect information, including:

- In-depth interviews
- Focus groups
- Participatory workshops
- Social mapping exercises

The research process generated a

corpus of information composed of testimonies, workshop records, and field notes, material that was systematized through a thematic coding process that allowed identifying recurring patterns in the testimonies and reconstructing the main dimensions through which the participants conceptualize and organize care in their communities.

It is important to note that the study is exploratory and qualitative. Therefore, the results do not seek to be representative of all ethnic communities in the country nor do they allow statistical generalizations to be established. Rather, the aim was to document experiences and perspectives that would contribute to broadening the understanding of care in specific ethnic and territorial contexts.

4. Key findings: ethnic women's voices

Care as an integral practice linked to the territory

Women from ethnic peoples conceive of care as a practice that goes far beyond caring for “dependent” people. For them, care includes: producing food in the chagra¹, transmitting ancestral knowledge, protecting the territory from dispossession, participating in collective healing rituals, and strengthening community networks.

Territory emerges as the fundamental condition of care, not as a simple physical space, but as a living entity that articulates material, symbolic, spiritual and political dimensions.

¹ The chagra is a traditional agricultural system and a sacred space of cultivation used by indigenous communities.

The anthropocentrism that puts human life above non-human life – the territory – does not respond to the visions and worldviews of ethnic peoples and communities.

Ancestral knowledge: women as bearers of knowledge

The women highlight the importance of knowledge passed down through generations in traditional medicine, midwifery, feeding and ritual practices linked to wellness as a care practice. Midwives, traditional and knowledgeable doctors play a fundamental role in the organization of collective care, being recognized as authorities in their communities.

However, they point out that this knowledge has historically been devalued and made invisible by Western state institutions and formal health systems. Ritualuality emerges as a constitutive dimension of care: healing rituals, payments to the territory and ceremonies of welcome to life are not folkloric practices, but essential components of integral care.

Unequal distribution of care and feminist resistance

In all regions, women report that caregiving falls disproportionately on them as a practice normalized by patriarchal structures. They describe long days combining household chores, care for children and the elderly, productive activities and community responsibilities. They denounce that fathers do not assume co-responsibility in parenting, identifying machismo and patriarchy as structures that naturalize care as an exclusively female responsibility.

However, despite denouncing the overload, women proudly claim their role as givers of life and bearers of knowledge. This apparent paradox reveals the complexity of their experiences: they simultaneously resist patriarchal impositions and value care practices as spaces of power, autonomy and cultural transmission.

Resistance emerges as a central category. In contexts of territorial dispossession, armed conflict, and structural racism, care becomes a political act of resistance. To care is to resist oblivion, cultural extermination, the disappearance of peoples. The women narrate how they have sustained life in the midst of war, protected their children from forced recruitment, kept ancestral languages alive and defended the territory.

Community networks and collective care

Participants highlight that community networks play an important role in the organization of care, especially where public services are limited. These networks include extended family, neighbors, leaders, and women's organizations. Grandparenting, community houses where children are cared for collectively, comadrazgo—a community care practice from the Pacific Region in Colombia—and solidarity networks between women constitute forms of collective care that have made it possible to sustain life in the territories. Care is lived in a community way.

The 9Rs of Ethnic Care: Expanding the Conceptual Framework

The study proposes to expand

the framework of the ILO's 5Rs (Recognition, Redistribution, Reduction, Remuneration, Representation) by incorporating four categories emerging from ethnic worldviews:

Relationality: Care is based on the interdependence that links people to each other, to nature, to ancestors and to future generations. Relationality is the very ontology of care from ethnic worldviews.

Ritualuality: Healing rituals, payments to the territory and ceremonies are essential components of integral care. Ritualuality allows us to maintain the balance between the visible and invisible world, between the living and the ancestors.

Resistance: In contexts of territorial dispossession, armed conflict, and structural racism, care becomes a political act of resistance. To care is to resist oblivion, cultural extermination, the disappearance of peoples.

Restoration or Reparation: Care includes collective healing, repair of community fabrics broken by violence, and restoration of territorial and spiritual balance. This dimension is articulated with the demands for comprehensive reparation to victims of the armed conflict.

These four dimensions are not optional additions, but constitutive components of care from ethnic worldviews.

5.5. Recommendations for the ethnic chapter of the National Care System

Implications for the design of public policies

The findings of the study suggest that the design of public care policies in culturally diverse contexts could benefit from incorporating intercultural approaches that recognize the diversity of practices existing in the territories.

In particular, the results of the study highlight the importance of considering:

- The relationship between care and territory – indivisibility between human and non-human care.
- The role of traditional knowledge in care practices – comprehensive care.
- The community networks that contribute to sustaining these activities.

These dimensions are not always present in the institutional frameworks from which public policies are designed, which ignores the richness of the visions and worldviews of ethnic communities.

The recognition of these practices does not necessarily imply transferring them directly to the design of state programs or services. Rather, it suggests the importance of developing mechanisms for dialogue that allow for the integration of different perspectives on the care and reproduction of life.

Relevant elements for the ethnic chapter of the National Care System

The results of the project allow us to identify at least three relevant considerations that could contribute to the development of intercultural approaches in the design of the ethnic chapter of the National Care System:

Recognize the diversity of caregiving practices

One of the most consistent findings of the study is that participants conceive of care as a broad practice that is not limited to human care. This approach contrasts with narrower definitions of care that are often used in public policy design, where the term is primarily associated with the provision of services for children, older people, or people with disabilities. The results of the study suggest that, in specific community contexts, these activities may be part of a broader network of practices aimed at sustaining interdependent life.

In this sense, recognizing the diversity of care practices existing in the territories could help to avoid homogeneous approaches in the design of public policies and allow greater sensitivity to the ways in which these activities are organized in different cultural contexts.

Promote spaces for intercultural dialogue in policy design

The study also shows that care practices in the participating communities are linked to specific knowledge systems and cultural values. Several testimonies mention practices related to traditional medicine, midwifery or the transmission of knowledge about food and health that are part of the daily processes of care.

Some participants note that this knowledge does not always find recognition within state institutions or formal health and social welfare systems. This can generate tensions when public policies are designed

without considering local ways of understanding and organizing care.

In this context, the development of the ethnic chapter of the National Care System could benefit from the creation of spaces for intercultural dialogue that allow for the integration of different perspectives on care. These spaces can facilitate exchange processes between communities, public institutions, and actors in the care system, helping to identify meeting points and possible forms of articulation between different knowledge systems.

Strengthen the participation of communities in the design of care policies

Finally, the results of the study highlight the importance of community networks in the organization of care in the territories analyzed. In several testimonies, the participants emphasize that care activities are not only carried out in the home environment, but involve supportive relationships between family members, neighbors, and community leaders.

These networks play an important role especially in contexts where public services are limited or difficult to access. At the same time, women who participate in these networks often take on multiple responsibilities, which can lead to significant workloads.

Based on these findings, the study suggests that the participation of communities in the design and implementation of care policies can contribute to them better reflecting territorial realities and the ways in which care is organized

in different contexts. Participatory identification of specific needs articulation between community processes can also facilitate the and possible strategies for initiatives and public policies.

Conclusion

The Tejiendo Cuidados study offers a qualitative approach to the ways in which care is organized and understood in different ethnic territories of Colombia. Through a participatory research process with women from diverse indigenous, Afro-Colombian, Raizal and Palenquero peoples, the study documents experiences and reflections that allow for a broader understanding of care in specific community and territorial contexts.

Although the study is exploratory in nature and does not seek to be representative of all the communities in the country, the testimonies collected show that, in the territories analyzed, care is usually conceived as a comprehensive practice that articulates family, community, territorial and cultural dimensions. In this framework, care practices are closely linked to community networks, to knowledge transmitted between generations and to particular forms of relationship with the territory.

The results of the study also suggest that some widely used analytical frameworks to analyze care, such as the 5R approach, may prove insufficient to fully capture these dimensions. Based on the analysis of the testimonies and the processes of collective reflection developed during the research, the project proposes to explore an expansion of this conceptual framework that incorporates additional dimensions linked to relationality, rituality, resistance and restoration.

Together, these findings contribute to broadening the debate on care in culturally diverse contexts and offer inputs that may be relevant for the development of the ethnic chapter of the National Care System in Colombia. In particular, they suggest the importance of considering existing practices and knowledge in the territories, as well as promoting dialogue processes that allow the integration of community perspectives in the design of care policies.

As one Amazonian indigenous woman put it: “We do the construction of public policies ourselves from the stove, from the chagra, from fishing, from the territory, from the community.” This statement synthesizes the political horizon that should guide the ethnic chapter of the National Care System: policies built from the territories, with women as protagonists, recognizing their knowledge and respecting their autonomy.

