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# Meanings and Practices of Swaddling (*qillpu*) in Infant Care in Andean Communities

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**Abstract**

Swaddling, known in Quechua as *qillpu*, is an ancestral practice still in use in Andean communities, linked to cultural conceptions of health, protection, and appropriate ways of raising babies. The objective of the research was to analyze the sociocultural meanings and practices associated with *qillpu*, as well as the tensions that arise in relation to conventional medicine in the field of childhood. A qualitative ethnographic approach was used, involving in-depth interviews with mothers, participant observation, and interpretive analysis of the discourses collected in Andean communities. The results show that swaddling is perceived as a comprehensive care strategy that promotes rest, bodily symmetry, and the physical and spiritual protection of the child. The testimonies legitimize its use in the face of accusations of abuse, emphasizing its temporary and functional nature. It is concluded that the *qillpu* maintains a solid symbolic and practical relevance, and therefore its analysis requires an intercultural dialogue that articulates ancestral knowledge with biomedical approaches.

**Keywords:** baby sling; Andean community; Quechua; ancestral traditions; child health

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## 1. Introduction

In the Andean communities of Peru, a set of traditional customs continues to be practiced empirically to this day. This study takes place in the Ayacucho region, located in the Peruvian highlands. Among the deeply rooted cultural practices that have managed to survive in the face of modernity is the swaddling of children in early infancy, known in Quechua as *qillpu*: "it is the act of wrapping/tying the child's body with the *chumpi* (a band between five and ten centimeters wide), wrapping it three times. This practice occurs from birth until the first year" [1]. The practice of wrapping children is an ancestral Andean tradition that has been passed down through multiple generations, although its exact origin has not been determined. This form of childcare involves wrapping the newborn in a special blanket and securing them with a *chumpi*, a sash used to support the baby. The duration of this practice varies by family, generally continuing until around six months or up to the first year of life.

It is widely recognized that the care of newborns, especially during their earliest stage of life, is grounded in specific cultural practices. In Andean families, childrearing is conceived collectively, since "their members collaborate not only in the infant's growth, but also in stimulation through play" [2]. Child growth in the Andes has raised various concerns, particularly regarding high-altitude conditions, given that "one of the characteristics consistently associated with adaptation to high altitude is lower weight and reduced body size" [3]. According to the citation, there is a difference in the physical growth of children living in highland areas; however, this difference is not related to whether the children are swaddled, unlike those who grow up without the use of a fajo.

The practice of *qillpu* still persists in Andean communities and also continues in urban areas because of migration and internal movements within the country. It is common in Quechua-speaking populations, where *chumpi* is used because "*chumpi* prevents the body from moving when it falls, prevents the stomach from turning over. It serves to protect the body from these eventualities" [1]. It is conceived as a form of preventive bodily protection, stabilizing the child and reducing their vulnerability to falls and sudden movements. Its use is not limited to childhood, as it is also used by adults, as evidenced in the following testimony: "I knew my grandmother with a black akso or *chumpi*, in Isluga it is caído mismo, down to the ankle, wide and pleated (nothing more than regular). Then it started to rise little by little" [4]. The testimony shows historical and territorial changes in the clothing of Andean women. The testimony cited by the author indicates that adults also wear the *chumpi* as a way to keep the body upright.

The practice of this form of childcare for newborns, or during the early stages of childhood in the Andes, is fundamental, as it contributes to the physical and emotional stability of the child and promotes their proper development in future social life. The main objective of this research is to analyze the cultural meanings and practices of swaddling (*qillpu*) in the upbringing of babies in contemporary Andean communities. It is important to consider that "In the most remote areas of the city, the lack of access to medical or psychological information reinforces supernatural beliefs and ritual practices that remain almost intact, passed down from generation to generation" [5]. Although families accept medical advice, in its absence they maintain and practice their own ancestral wisdom linked to the *qillpu*. Mothers report a certain reluctance to show their swaddled babies to medical professionals, as they are the ones who attend health centers where professionals question the *qillpu* and regard it as a form of child abuse. On the other hand, grandparents and older adults criticize the free development of children without the *qillpu* and, when the child falls ill, attribute it to what they consider contemporary medical malpractice.

## 2. Materials and Methods

At weekly markets in district capitals and other towns, residents gather to shop and stock up on food. These spaces bring together mothers carrying their babies, who engage in group interactions related to infant feeding, where the use of *qillpu* for newborns is evident. The research aimed to understand the sociocultural meanings and practices associated with the *qillpu* from the perspective of the social actors themselves, within the context of their daily lives. In-depth interviews were conducted, mainly with mothers, grandmothers, and older people, with the aim of collecting stories, experiences, and cultural foundations related to swaddling newborns.

Young mothers who maintain a closer relationship with their parents were intentionally selected, as these parents influence the care of their grandchildren and, when the children fall ill, often place responsibility on the mother. According to the testimonies, the most common ailment is *manchari* (in Quechua), understood as a fright in which the soul leaves the body due to the movement of the hands, causing fear in the child. Older

adults who have practiced this form of child-rearing for generations and who transmit this knowledge both to their children and to the community were also identified.

Participant observation was carried out in various community spaces, allowing for direct recording of the techniques used to apply *qillpu*, the materials employed, and the moments of use in the daily lives of mothers. The information obtained was subjected to an interpretive analysis of the discourses, from which emerging categories related to childcare, health, protection, tradition, and tensions with conventional medicine were identified. This research methodology enabled a contextualized and intercultural understanding of swaddling as an ancestral practice still in use in the Andean communities of Peru.

Integration into communities and spaces with a high concentration of mothers, such as the so-called Mothers' Clubs, was essential for data collection and direct observation of these ancestral customs. The researchers, whose mother tongue is Quechua, were able to collect information in the participants' original language, which facilitated closer and more authentic communication. In the process, efforts were made to preserve the essence of the discourse, despite the inevitable linguistic interference arising from the interaction between Quechua and Spanish. In Peru, "linguistic interference" is commonly used to refer to the overlap of vowels, since Quechua has only three (a, i, u); this causes Quechua speakers to omit or add vowels (e, o), affecting the fluency of their speech. The translation was done as literally as possible based on the information collected, with the aim of remaining faithful to the participants' perceptions and understanding of childcare. The Supplementary Material can be found here.

## 3. Results

### *3.1. Cultural and Symbolic Meanings of qillpu*

The inhabitants of the Andean communities considered in this research transmit knowledge about swaddling (*qillpu*) in the upbringing of their children during the early stages of infancy orally, in the Quechua language. Andean inhabitants attribute various positive aspects to this practice, as evidenced in the following testimony: "Traditionally, parents, especially mothers, swaddled their babies so that they would sleep longer, gain strength, and not be weak; today, parenting has changed and many mothers no longer swaddle their babies to sleep". This idea is linked to the assertion that "the *chumpi* shapes the body and character of the infant so that a tightly swaddled child will be strong" [6], which means that swaddling, together with the support of the *chumpi* during the early stages of childhood, strengthens a slender body and contributes to the development of physical strength in adulthood.

In addition to this ancestral practice of *qillpu*, there is also traditional childbirth, in which the midwife plays a central role, since "the midwife is a symbol of collective identity, receiving and caring for the newborn through traditional practices and homemade objects that she uses to avoid risks to the baby" [7]. There is evidence of a constant struggle between tradition and modernity, as expressed in the following testimony: "Today, this practice [*qillpu*] is quite neglected, as many families have stopped believing in swaddling; in addition, pediatricians in hospitals tell them that they should not tie up their babies' arms or feet". There is agreement among the interviewees regarding the deep sleep of children, as can be seen in the testimony: "When the baby is swaddled, he sleeps more peacefully and for longer hours; without swaddling, he sleeps less, although both show normal development". The *qillpu* is perceived as a necessity for the child to achieve peaceful sleep and allow mothers to carry out their daily activities.

There are symbolic beliefs in the communities considered in this research that are closely linked to childrearing, as expressed in the following testimony: "We eat everything our farm produces"; "We eat noodle soup with cassava"; "Everything that has starch makes

good children, such as potatoes and cassava"; "We eat potatoes, cassava, wheat, squash, whatever was available" [8]. These expressions show a direct relationship between food traditions and child-rearing practices. There is a series of testimonies that highlight the fundamental importance of childcare as an essential value within the tradition: "With my last child, the doctor at the health center reproached me for swaddling him, saying that I should leave him loose for his development". This situation echoes the assertion that "children in urban areas enjoy higher levels of stimulation in their homes than children in rural areas" [2], suggesting possible limitations in the child's movement and early stimulation from a perspective external to their cultural context. The *qillpu* remains a generational tradition, as evidenced by an interview: "My mother had her maki *qillpu* [hand swaddling], which was thin with flowery edges", an accessory that fulfills a symbolic function as maternal guidance and material guide for care.

It is important to note that "in indigenous areas, care is related to the worldview of their own beliefs, customs, traditions, and norms related to health or the treatment of illness" [9]. This statement correlates with what was expressed in an interview: "Until they were two months old, I tied my children's hands together on my mother's advice [This refers to bringing the hands carefully together alongside the body; it should not be interpreted literally as "tying".], so that they would not be frightened when sleeping, would gain strength, and would not hunch their backs; after bathing or when they went to sleep, I would swaddle them in a thin blanket, a practice that I still do today with my grandchildren". This shows the continuity of this ancestral practice to the present day, even in dialogue and tension with modern science. It is necessary to consider specific aspects of Andean beliefs, given that "the care most susceptible to beliefs, ancestral practices, and myths that directly influence the health of the newborn, the purpose of care is the health and quality of life of the child" [10]. One interviewee adds a comment about traditional baby care practices: "Before, that was how they cared for them, but now they no longer pay attention; that is why children fall ill from fright and also from *sillki* [nasal discharge]; nowadays, they raise them carelessly". Care used to be better; now they don't care about the children.

### *3.2. Practices and Techniques of Swaddling in Everyday Parenting*

There are various ancestral practices that, although often questioned by health professionals, continue to be a priority for families, who consider them fundamental in the care and upbringing of children. This knowledge is transmitted orally and mainly in the native Quechua language. Thus, "from a public health perspective, it is important to develop intercultural initiatives that analyze the consensus on local knowledge and practices" [11]. These practices tend to be maintained even in the face of contemporary medical prescriptions, as expressed in the following interview: "In my case, my mother insisted on swaddling the baby so that he would sleep longer, not be scared, and gain strength; she would wrap him in a thin blanket, which would make him sleep for two to three hours, until the hospital told me to stop the practice for his development, so then he slept with his arms free and for less time". Ancestral traditions have a deep-rooted presence in Andean communities, which demand special attention from political authorities, especially in the educational sphere, in order to adequately understand their way of life.

There are several ways of using the *chumpi* in swaddling or *qillpu* (in Quechua) practiced by Andean people, which may have certain negative consequences for the newborn: "although children in permissive environments may feel free to express their emotions freely, the absence of a clear structure and defined boundaries can lead to difficulties in emotional regulation and social interactions" [12]. The need to examine these apparent contradictions becomes evident in the following testimony: "During the postpartum pe-

riod, her mother swaddled the baby to prevent fright, strengthen her, and promote sleep. Although it worked, an episode of near suffocation and a warning from the pediatrician led to a reduction and then questioning of this practice". This testimony highlights the complex and risky ways in which this ancestral technique, transmitted orally, is practiced, since the current generation does not carry it out with sufficient skill and it is questioned by people who believe the child should be released from the *qillpu*. Critical observations regarding the abandonment of the *qillpu* mainly come from individuals who reside in urban areas or who migrated for work or educational reasons and, upon returning to their communities of origin, question traditional childrearing practices.

The researchers identify consistencies between participant observation and interviews with key informants, indicating that the purpose of the *qillpu* is to promote the child's restful sleep, prevent them from being startled by their own movements, and contribute to the development of physical strength. These generational beliefs support the continued use of *qillpu* to this day, as evidenced by a study in which "mothers and fathers reported using inductive practices more frequently, especially those related to explanation/dialogue and negotiation/exchange" [13]; this suggests a dialogical and progressive style of childrearing, based on explanation and negotiation, although it requires theoretical articulation and empirical validation. The influence of grandparents in Andean childrearing is evident in the following statement: "My mother, well, it was really my mother who did it". It is a cultural transmission from mothers to children, in which the latter obey their instructions because of their expertise and the positive value contributed to their advice.

The influence of the media and the social transformations linked to interactions among community members and to processes of internal migration to cities have partially modified this ancestral practice. The direct influence of older adults, especially grandparents, highlights their role in the transmission and preservation of the guidelines, practices, and beliefs that sustain traditional childrearing, in contrast to the discourses of modernity and biomedicine. In this regard, the research supports that "parenting involves three psychosocial processes: parenting guidelines, parenting practices, and beliefs about parenting" [14]. This is revealed in one testimony: "Traditionally, children were raised according to inherited teachings, practicing swaddling and other care practices. Currently, nurses and pediatricians question these practices and consider them abuse, prioritizing the baby's freedom of movement". Another argument adds to the justification of tradition: "No, of course I don't consider it abuse, since they are only swaddled when they go to sleep and they are asleep at that time". The main concern of Andean mothers is that their children sleep better and longer than usual.

### *3.3. Oral Transmission of Parenting Knowledge*

In Quechua-speaking Andean communities, oral transmission is essential due to the absence of an official written form of Quechua, which has allowed them to survive for years without resorting to modern medicine. Mothers and grandmothers play a central role as the main transmitters of this ancestral knowledge; thus, "The calibration of content-related knowledge by mothers was associated with their children's oral language skills. One of the most important predictors of children's linguistic development is their knowledge base" [15]. One interview notes: "Nowadays, childcare is more liberal and young people no longer practice traditions. An example is a niece who does not swaddle her baby, who gets scared when sleeping, unlike her daughter". This highlights a constant questioning of the survival of oral tradition in the face of current parenting models, especially those based on medical prescriptions.

The forms of transmission of ancestral culture are fundamentally oral; for this reason, medical science questions them, citing a supposed lack of scientific objectivity, which

tends to undermine a millennial tradition that has allowed for harmonious survival: "the essential characteristic of Quechua culture is oral communication, transmitted from one generation to another. The official language is Runasimi (the Quechua language spoken in the area)" [16]. The questioning from a modern perspective is evident in the following interview: "In the past, hands and navels were wrapped for reasons of strength; today this is hardly practiced, as doctors prohibit it during baby checkups". This position is complemented by another testimony: "For health professionals, these practices are not appropriate, as they consider them a form of abuse; therefore, they prohibit them". Taken together, these discourses reflect the biomedical position that redefines cultural practices as abuse and legitimizes their prohibition based on technical and regulatory criteria.

There are a number of oral testimonies that attest to the effectiveness of the ancestral practice of *qillpu*, which has been passed down orally and is still in use today. Its cultural validity is based on shared experiences, as expressed in the following interview: "My mother taught me to swaddle my baby with the 'maki *qillpu*na' blanket so that he would sleep peacefully. After bathing him, his hands and feet were wrapped to avoid startling him and prevent deformities, a practice applied to all my children until they were three months old". This is ancestral knowledge deeply rooted in Andean culture: "specifically for the youngest children or guaguas, it refers to the actions of swaddling, girding, and wrapping, coinciding with the functions of the main female garments: the acso that wrapped and the *chumpi* that girded and swaddled" [17]. This perspective links infant swaddling with the symbolic and practical functions of Andean women's garments designed to wrap, gird, and protect babies.

An important aspect of preserving the cultural practice of fajado or *qillpu* is its current relevance as an element of customary transmission, especially in the Quechua language. Its preservation is essential due to the way in which Andean populations perceive it, since "cultural beliefs and myths are an inseparable part of a community and will necessarily influence the health practices of its members" [18]. It highlights that cultural beliefs and myths are an integral part of the community, inevitably influencing health practices. The intervention of health professionals, framed within the policies of the Peruvian state, generates a conflict that transgresses the cultural essence of the *qillpu*. In fulfilling their medical duties, they require that children be released and grow up without swaddling, which could affect their natural movement.

### *3.4. Qillpu Andean Conceptions of Child Health and Development*

The way in which Andean peoples perceive the world, particularly child development, has deep historical roots, since "after the invasion of America, a misnamed process of civilization began, in which the daily lives of indigenous children and their families began to be permeated by new customs" [19]. This process of colonization, together with digital modernity, operates as a cultural imposition that has transformed indigenous daily practices, altering child-rearing and traditional family routines. The interviews agree that babies should be wrapped in a special blanket that does not harm their body, with this practice carried out carefully after the bath: "In the past, babies were swaddled so they would sleep peacefully; it was believed that this practice made children stronger than those who were not swaddled". It is believed that people from previous generations were stronger, got sick less often, and did not have curvature in their bone structure.

Child health in the Andes is conceived as a form of spontaneous care grounded in traditional customs transmitted primarily through oral tradition, without written records. At first glance, the practice of *qillpu* can be interpreted as a form of child abuse from a modern Western perspective, "in line with this scenario, international studies point to major health inequalities between Indigenous and non-Indigenous peoples, even in Latin

America" [20]. From the local perspective, there is a strong defense that this practice is beneficial and does not require questioning by modern science, as expressed in the following interview: "In my case, my mother insisted on swaddling the baby so that he would sleep for hours, not be frightened, and gain strength. After bathing him, she wrapped him completely, and he slept for two or three hours, until the hospital recommended discontinuing the practice". Testimonies consistently indicate that health professionals tend to prohibit this custom without first conducting a specific scientific study on swaddling.

There are ancestral justifications for swaddling newborns in the Andes, primarily linked to magical–spiritual dimensions. This practice protects the child from negative energies from the mountains and from the earth as a natural element. In addition, the garments used are often passed down to younger siblings or grandchildren, providing them with spiritual protection while also contributing to their development as good individuals. The spiritual relationship of the newborn with the elements considered sacred in the Andes establishes a bond: "the magical-spiritual aspect, fabrics were used as protection against evil spirits and curses, which is why the '*chumpi*' was used, an ancestral fabric with a high cultural content and made by their own hands" [21]. It highlights the magical–spiritual dimension of Andean clothing, where the *chumpi* protects against spirits and reflects cultural heritage; another testimony that supports this discussion points out: "It is important for babies to move, because if they choke and are loose, they can move their hands and alert their mother. Today, I do believe it is abuse, as it is as if they were tied up". Similarly, there are various informal works circulated on social media that have not been studied; rather, they are images accompanied by traditional comments, captured by enthusiasts of the ancestral custom of *qillpu*, as shown in Figure 1.



**Figure 1.** Note: The traditional form of *qillpu*, better known as traditional fajado in the Andean communities of Peru. https://proyeccionessaraguro.blogspot.com/2019/08/el-por-que-del-fajado-de-los-wawas-en.html (accessed on 27 November 2025).

The forms of swaddling or *qillpu* show similar characteristics in the presentations of the children recorded during the interviews and observation. Thus, it is defined that "the posture adopted by the child when swaddled brings the trunk and limbs into bodily

symmetry and a position of extension and adduction, avoiding the flexor pattern during the periods when it is restrained" [22]. The collected testimonies indicate that, regarding the body, Andean men do not exhibit deformities in their physical structure, as they were raised with the appropriate *qillpu*, following ancestral custom. The testimonies indicate that this practice is not perceived as child abuse, unlike the interpretation often attributed to it by agents external to the ancestral culture, who describe it as outdated. In this regard, one of the interviewees states: "It is not abuse because they are only tied up so they can sleep, because afterwards their little hands and feet are untied". This discourse legitimizes the practice by differentiating it from abuse, emphasizing its temporary nature, its purpose associated with rest, and the absence of permanent restriction of movement.

### *3.5. Tensions and Dialogues with Conventional Medicine*

The presence of conventional medicine in Andean communities is necessary to contrast with ancestral newborn care practices and to propose reasonable alternatives to parents. Initial approaches toward intercultural dialogue are indispensable, considering that "political forces reinforced allopathic hegemony through the allocation of research resources, the provision of subsidies, and the granting of authority for decision-making inhospital settings" [23]. It is evident that traditional practices have a generational character and that the materials used are often inherited within families, as expressed in the following interview: "I still keep it, and now I tie it on my granddaughters". In Andean communities, it is common to preserve these materials for intergenerational use, which gives them symbolic and experiential value associated with the idea that they have demonstrated effectiveness and "good luck" in raising newborns. Adults who were raised using these materials become the reference that legitimizes their reuse with grandchildren, thereby perpetuating the practice across generations. An example of *qillpu* practices in other families consists of allowing some freedom for the feet, based on the belief that the hands should remain immobile (Figure 2).



**Figure 2.** Note: Current baby wrapped in a special gown and swaddled with a traditional blanket; in this case, the feet are left free to move. Photograph taken in November 2025 by the authors.

The incorporation of conventional medicine into the field of health and newborn care creates tensions within families, especially among mothers who take their young children to health centers. In these spaces, they face dilemmas related to care practices, where "attendings further criticized residents for failing to use specific communication strategies to convey recommendations" [24]. There is a resistance to accepting medical prescriptions, accompanied by a certain fear, as they are often reprimanded for the traditional care of their children, as expressed in this testimony: "Those children don't sleep well now, which is why they cry all the time when they get scared by their little hands". It is argued that children tend to get sick more often due to perceived inadequate care, attributed to the absence of *qillpu*, a situation that, according to the interviewees, is imposed by doctors who lack experience in these traditional practices, which would explain the constant illness of children today.

The tensions between traditional newborn care practices and the development of pediatric medicine are part of an ongoing dialogue. State intervention through more in-depth research on swaddling is urgently needed in order to determine whether it should be understood solely as an archaic tradition or as a survival practice that engages in dialogue and exchange with modern science. This issue even takes on a global dimension, given that "indigenous peoples have the right to their own traditional medicines, maintaining their traditional health practices, as well as the conservation of their plants, animals, and minerals of vital medical interest" [10]. This assertion emphasizes the contingent nature of scientific progress, highlighting conceptual disputes that open multiple possible trajectories within molecular medicine. The continuity of these practices over time is affected by constant criticism that questions their use as irrational. In this regard, one of the interviews notes: "Currently, child care is more liberal: younger people prioritize biomedical guidelines, while in communities traditional practices persist, albeit in a limited form". In collective memory, traditional forms of care endure, in which the swaddling process was an important event; nowadays, children are allowed to sleep with complete freedom.

Since ancient times, a constant tension has persisted around ancestral medical practices associated with newborn care, as well as with the processes of gestation and childbirth. These sensitive and highly valuable topics for research are part of child-rearing through *qillpu*, which employs specific materials and a particular technique transmitted orally. It is not appropriate to disparage or classify these practices as archaic or irrational, especially considering that "the newborn is perceived as an unfinished, fragile, and malleable human being; as if made of clay or wax, their body will take the shape imposed by the swaddle or *chumpi* during the first months, sometimes even beyond the first year of life" [6]. It reflects the cultural view of the newborn as fragile, emphasizing traditional practices of body shaping through swaddles or *chumpi*. Another interviewee comments on ancestral customs in daily life: "Swaddled babies get sick less from fear; babies who are not swaddled get sick more, while growth depends mainly on genetic inheritance". The mentioned illnesses are related to fright, caused by sudden movements from their involuntary hand motions, which lead to health problems.

## 4. Discussion

In Andean communities of the Peruvian territory, where the population is predominantly Quechua-speaking, various ancestral beliefs and practices linked to everyday life persist. These beliefs and the sustained use of traditions strengthen social cohesion among community members. Older adults, especially grandparents, assume the responsibility of transmitting and requiring their children to care for the upbringing of their grandchildren in accordance with the ancestral customs by which they themselves were raised. From their perspective, such practices—such as *qillpu*—do not generate physical or psychological

health problems; rather, they represent an appropriate form of child-rearing, in contrast to modernity, which they associate with a weakening of children's physical condition due to the promotion of excessive freedom.

The testimonies gathered through interviews and participant observation concur that this form of child-rearing seeks to promote the proper development of the child's physical condition and psychological well-being, preventing the child from being startled by the movements of their own hands. It is considered essential for the child to sleep well and for a sufficient length of time, protected from cold and sudden movements. This outcome—a prolonged and restorative rest—enables mothers to carry out domestic tasks with greater peace of mind, while the child remains still and fully protected through *qillpu* or swaddling, applied with a measured firmness that does not cause suffocation.

From the perspective of the interviewees, these practices contrast with those associated with a form of modernity perceived as careless, which they attribute to the emergence of children who are physically weaker and more prone to common illnesses. The materials used for swaddling, such as the *chumpi* and the special "small blanket", are preserved with great care, as they are reused with other children. Moreover, they should not be exposed to open air or washed with detergents considered harmful, but rather with special lotions intended to maintain their freshness and to protect the child's body.

The process of intercultural education is essential in areas where Andean communities maintain strong ties to their traditions. The incorporation of modern forms of newborn care that do not involve swaddling is perceived as an expression of neglect in child-rearing. For this reason, the State and health care providers require intercultural training that enables them to guide and, if necessary, re-educate mothers to gradually modify their child-rearing practices; according to testimonies, doctors prohibit *qillpu*, considering it a form of improper childcare practice. The abrupt imposition of changes on ancestral practices affects their worldview and generates fears about the future of their children, who are believed to be more prone to diseases that are currently common but which, according to the interviewees, did not exist when they were raised with the *qillpu*.

The limitations of this research are mainly related to the brief and, in many cases, monosyllabic communication of the mothers when they are informed that study is a research project and asked to give their consent. This attitude is explained by the fact that, according to them, nursing staff often question their child-rearing practices, while grandparents exert pressure to maintain traditional forms, arguing that these ensure the child's care and future. The participants defend their parenting style as a practice inherited from their mothers and grandmothers; however, they immediately modify their behavior when under the observation of medical staff. Once they return to their communities after the medical appointment, they resume the ancestral practice of *qillpu*, no longer under the professional pressure of the doctor. Additionally, a sense of uncertainty arises about whether the doctors' guidance is correct or if they should follow the baby care advice passed down by their ancestors. It is necessary to promote research in the field of health that analyzes both the possible benefits and the negative aspects of Andean swaddling. The tension between imposing changes in childcare based on medical recommendations and preserving a tradition perceived as healthier remains latent, largely due to the absence of information based on experimental and scientific studies that engage with the ancient knowledge passed down from generation to generation among Andean populations.

**Supplementary Materials:** The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/soc16030077/s1, Figure S1: Interview Data.

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S.B.M.-P.; resources, R.A.-T.; data curation, A.Q.-A.; writing—original draft preparation, E.G.-G.; writing—review and editing, R.D.A.-C.; visualization, R.R.-M.; supervision, R.A.-T.; project administration, E.G.-G.; funding acquisition, R.D.A.-C. All authors have read and agreed to the published version of the manuscript.

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**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

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