

Repercussions of Covid-19 on the Kaingang, Guarani and Xocleang People Situated in the Southern Region of Brazil: Narratives of Indigenous Students

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Abstract

Qualitative study, carried out with the aim of discussing the impacts of the pandemic on indigenous communities and understanding the dimensions of such phenomenon. Data were collected through semi-structured interviews, carried out with 26 students, who inhabit 9 different tribes and belong to three ethnic groups: Kaingang, Guarani and Xocleang. As a result, the study showed that there are many challenges that indigenous tribes face in the pandemic, such as: loss of income with consequent food insecurity; lack of access to health services; physical and emotional manifestations; violence and abuse of psychoactive substances. The conclusion shows how the pandemic has affected the indigenous tribes and remains extremely unfavorable for this entire population that experiences historical inequities.

Keywords: Health; Indigenous; Pandemic; Covid-19

Introduction

Brazil already counts 20,378,570 cases of deaths by Covid-19 since the beginning of the pandemic, despite continuing the immunization process throughout the territory. With the risk of collapse of the health system, the concern with the indigenous people, who depend on a health subsystem that already had weaknesses, increases [1]. Covid-19 arrived in indigenous territories in an overwhelming way. Data from August 12, 2021, released by the covid-19 panel built by the Articulação dos Povos Indígenas do Brasil (APIB), representative of the Indigenous Movement, account for 58,211 cases, 1,176 deaths and 163 indigenous peoples affected, which means more than 50% of the affected ethnic groups [2].

Monitoring the evolution of the corona virus among indigenous populations represents a major challenge because indigenous lives are being lost at a rapid and increasing rate. Although official figures provide information on notification dynamics, they do not necessarily reflect the extent of the pandemic [3]. Furthermore, the lack of disaggregation of data makes it difficult to recognize the regions and people most affected.

Another problem is the lack of data on the indigenous population living outside of approved indigenous lands, which includes both indigenous people located in urban contexts and populations awaiting the completion of the long process of demarcating their lands. Many indigenous people move to urban centers in search of better living conditions, access to higher education and other public policies historically inaccessible to these peoples. The last IBGE census showed that 49% of the total of Brazilian indigenous peoples live in urban centers and live basically from the craft trade [4].

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With the pandemic, its vulnerability was intensified, since, despite the National Policy for Health Care for Indigenous Peoples, instituting differentiated health care for these people, in practice it disregards indigenous peoples in an urban context and only guarantees the right to differentiated health for the peoples located in the villages, which has serious impacts. In the context of the pandemic, this has become even more evident, since these populations are notoriously more vulnerable to the risks to covid-19 and are not even counted when they inhabit urban spaces.

This issue has been demanded by indigenous peoples for many years, but it still constitutes a hiatus. Despite the seriousness of the pandemic, the priority of vaccination was not guaranteed to indigenous people located in an urban context, which means that, in the current context, precisely August 2021, almost half of the indigenous population is still not vaccinated [5].

In view of the notorious gaps of the Brazilian government in managing the pandemic, indigenous peoples organized themselves since the beginning of the health emergency, through coping strategies that included the development of action plans, sanitary barriers, guidelines, protection measures, their own production of health information, instituting proposals for popular health surveillance widely disseminated through indigenous communication, which has a strong role in the youth of different ethnicities in order to overcome the slowness of institutional responses [6].

In fact, indigenous youth have increasingly occupied new spaces of struggle and play a fundamental role in the Indigenous Movement, as well as establishing dialogues between indigenous communities and society in general, either through the creation of new strategies or through the affirmation of their cultures in spheres historically closed to these populations. In this sense, it is highlighted that affirmative action policies, widely adopted in the first decade of the 2000s, provided access to higher education for minorities, which promoted the social inclusion of indigenous peoples in Brazilian universities, after 500 years of exclusion [7].

Faced with this process, a portion of indigenous youth moves to urban contexts in order to carry out their training processes in higher education and maintain, throughout their journey, links with their indigenous communities, alternating periods of permanence in cities and periods of return to the villages, specifically on academic vacations and also during their respective sacred rituals.

With the pandemic and the consequent suspension of in-person university activities, a large number of indigenous university students returned to their respective communities for confinement and support to their peoples. Within the scope of the Federal University of Rio Grande do Sul, a group of indigenous students belonging to the Kaingang, Guarani and Xocleang Peoples narrated some of the repercussions of covid-19 on indigenous health and their ways of life, through social media. Based on the above, this study was carried out with the aim of discussing the impacts of the pandemic on indigenous communities, based on the students' own narratives, in order to understand the dimensions of this phenomenon.

Methods

Qualitative study, with analysis of narratives collected through semi-structured interviews, carried out with 26 students from the Federal University of Rio Grande do Sul. These students belong to three different ethnicities (Kaingang, Guarani and Xocleang), who inhabit 9 distinct villages distributed in the territory assigned to the Special Indigenous Sanitary District - DSEI Interior Sul. This DSEI covers areas located in the states of Rio Grande do Sul, Santa Catarina, Paraná and São Paulo.

In a broad understanding, narrative is the name given to a set of linguistic and psychological structures, culturally and historically transmitted, delimited by the level of domain of each individual and by the combination of socio-communicative techniques and linguistic skills [8].

Narratives are part of human experience, as human beings spend a large part of their lives telling stories. Through narratives, it is possible to understand the most complex texts and contexts of human experiences. According to Nogueira, *et al.* [9] the method of life stories

is part of qualitative biographical methodology, in which the researcher listens, through non-directive interviews, which may or may not be recorded, the story of someone's life. The life narrative allows the subjects who narrate to re-appropriate, retracing the paths taken, which the author points out as something that goes beyond the act of reliving them.

The interviews were conducted through social media, initially with the objective of seeking subsidies for the elaboration of a research project, to be developed. However, due to the richness of information in the narratives, they became part of their own object of study, based on the consent of the interviewees. Data collection took place between February and March 2021, after authorization from indigenous leaders from the Special Indigenous Sanitary District (DSEI) Interior Sul and approval of the study by the Research Ethics Committee (CONEP) under opinion number 4.279.173.

Finally, the interviews were transcribed and analyzed according to the content analysis technique, thematic analysis modality. This process begins when the researcher searches the data for patterns of meaning. This can already happen, even during data collection and ends with the report. It is a technique that values the constant registration of ideas, drafts and schemes. Writing is considered an integral part of the analysis, not just a post-research essay. This procedure values the active and fundamental role of the researcher in the data analysis process, in addition to demonstrating that it is, in fact, a process, with material in constant construction and transformation [10].

Results and Discussion

In the region where the indigenous students participating in this study come from, indigenous people of the Kaingang, Guarani and Xokleng ethnic groups live. These usually live in houses made of wood or mixed masonry and wood. Sustainability comes from family farming, hunting, fishing, raising small animals such as pigs and chickens. The main source of income is the trade in handicrafts made with materials collected in the forests by men and women, among the artifacts made are carved wooden animals, flutes, rattles, necklaces, earrings and baskets.

Each indigenous community is governed by a Cacique, who is the leader, together with a leadership team. In some of these communities there are elementary schools. In three of them, classes are taught both in Portuguese and in the local indigenous language. Access to secondary education and higher education, in some cases, is through displacement to non-indigenous areas. All communities have at least one Indigenous Health Agent (AIS). Some have a Basic Health Unit, with AIS and nurses, and larger communities have Health Centers, in which nurses, doctors and dentists normally work, in addition to technicians and health agents.

There are many challenges that indigenous communities face in the pandemic, the narratives of the students participating in this study dealt with various issues, such as: loss of income with consequent food insecurity; lack of access to health services; physical and emotional manifestations; violence and abuse of psychoactive substances. All described below and based on the interviewees' narrative.

Loss of income with consequent food insecurity

Loss of income was the most mentioned aspect in the narratives. In Brazil, unemployment in the face of the pandemic broke records, affecting the entire population. In the same way as other Brazilians, many indigenous people lost their jobs, in addition, due to social isolation, they were prevented from marketing their handicrafts, sharply reducing the income from family support:

- "Lack of money and food is very difficult, we can no longer sell our handicrafts and many were fired, we are a risk group so we would have to move away and continue paying, but then the boss found it easier to fire us" E8.
- "The situation of COVID-19 in Brazil is tense because there is a whole reality in which our society lives that is very difficult, precarious housing, lack of basic sanitation, health and even food" E16.

The lack or decrease in income has a direct impact on food insecurity. Indigenous peoples have been facing food insecurity for a long time, due to expropriation, invasion and/or lack of demarcation of indigenous lands, which makes their production methods unfeasible. This was accentuated by the pandemic, which made access to food even more difficult due to the loss of livelihoods:

- “(...) at the beginning we ran out of food, because we didn’t have money and because the government’s food baskets took a while to arrive, then the people who know us started bringing us food” E3.
- “(...) we made posters and banners on the roads asking for food and help” E9.

It is worth mentioning that several networks of movements and non-governmental organizations, triggered by the Indigenous Movement immediately after the emergence of the pandemic, distributed food baskets with the aim of avoiding food insecurity. In addition, due to the political pressure exerted by the movement, food baskets were also distributed by the National Indian Foundation (FUNAI) and emergency financial aid.

However, the pandemic highlighted the deep social and economic inequalities between the Brazilian social classes, which represents a gigantic barrier to the recommendations of prevention measures, social distance and staying at home. In a large number of indigenous communities, livelihoods are compromised, reinforcing the marks of inequalities and increasing vulnerabilities, which makes prevention and control of Covid-19 more challenging. In this context, the implementation of intersectoral strategies adapted to different scenarios is essential, as ensuring social protection for vulnerable populations is a central element to promote health and face covid-19.

Lack of access to health services

With the pandemic, access to healthcare was hampered by several factors. The narratives pointed to the reduction of health professionals in the services, due to leave due to contamination by the corona virus or due to belonging to risk groups, which resulted in losses in health services, given the inability to supply the strength necessary for this, which reflected in the maintenance of several actions relevant to Primary Health Care and other levels of care:

- “Particular conditions make us vulnerable, we have difficulty in accessing health services due to geographic distance or unavailability of health teams” E12.
- “Health personnel didn’t show up here anymore and we know that the indigenous health subsystem created to serve indigenous health suffers from a lack of resources, so we don’t even blame them” E8.

Indeed, the problems of access and accessibility to the Unified Health System (SUS) are historical challenges that were deepened with the emergence of Covid-19. The limitations in planning, management and, above all, in financing the SUS, became evident in the face of the pandemic. In this context, the fragile coverage of health services aimed at indigenous peoples has become emblematic. Most of the problems related to ensuring access and quality of care in indigenous lands are related to low coverage resulting from the lack of funding and retention of health professionals, in addition to gaps linked to the structure and construction of intercultural practices in health.

Corroborating Angel [11] states that the main obstacles are related to legal, logistical and operational difficulties for the installation of adequate infrastructure, displacement of teams, supply of inputs and medicines, in addition to the lack of preparation of professionals to work in intercultural contexts.

It is opportune to clarify that access means entry to the health care system and accessibility, despite being contained in access, as it is directly related to living conditions, it extrapolates and covers the economic, political, social, cultural and educational aspects [12].

Physical and emotional manifestations of indigenous peoples

Due to the pandemic, social isolation became necessary and this had a strong impact on indigenous communities that culturally live in collectivities. The narratives show the difficulty of adapting to the isolation and social distancing measures of these communities that are characterized by collective experience:

- “The way of life of our people can increase exposure to infectious diseases in a different way than that of non-indigenous people, as we live in collective houses that can increase contagion” E16.
- “What makes me sad the most is that we live in community, we always did everything together, we shared everything even the food and now we can’t anymore and this will make us sick from the virus or from the head” E11.

Faced with the uncertainties experienced during the pandemic, people are often expected to remain on alert, which may result in a psychosocial impact depending on the magnitude of the epidemic and the degree of vulnerability in which they find themselves at the time. In the case of indigenous peoples, it is necessary to consider that their cultural values and modes of social organization are intrinsically linked to the collectivity and, therefore, physical or emotional manifestations are mostly interpreted as collective manifestations and, as such, are treated in the collective. This poses major challenges to the perspective of non-indigenous reason and reiterates the ethical-political imperative to incorporate other rationales that explain and point to solutions for the existing gaps.

It is estimated that more than a third of the population exposed to an epidemic may suffer some psychopathological manifestation if no specific care intervention is made for the manifested reactions and symptoms [13]. Complications and worsening of pre-existing chronic morbidities permeated the narratives. Many of the indigenous people narrate their concerns regarding these issues, as they know that the high prevalence of risk factors, such as malnutrition, diabetes, hypertension, respiratory problems, among others, can lead to worse outcomes for COVID-19.

The narratives were permeated with fear, anxiety, anguish, feeling of impotence and lack of control in face of the uncertainties experienced during the pandemic, which can trigger harmful processes. Furthermore, the narratives signal the deep concerns and interrelationships between the conceptions of health and the ancestry carried by the elders:

- “I’m afraid of losing the elderly, they are the living history, they cannot die and they are the ones at the greatest risk” E7.
- “We do not want to be contaminated or to contaminate relatives, but it is an affliction, being isolated here makes us sick” E5.

Here it is worth noting that, in indigenous culture, the elderly occupy a central position, interfering in ancestral medicine, in the social and spiritual life of the community, as they carry with them the ancestral knowledge, memory and history of peoples, whose knowledge is transmitted orally from the older to younger:

- “... I see the elders understand about the pandemic and advise the younger ones, as is already tradition” (E5).
- “The elders know what to do to cure this disease the problem is that they are in isolation” (E6).

The indigenous cosmology and all other values and ancestral knowledge that explain their existence and ways of relating to the world, guide the decision-making of community members [14]. Therefore, to understand indigenous health and the impacts of covid-19 on these peoples, it is necessary to consider the cultural and social context of these peoples, consequently the values, beliefs, rituals and way of life of these communities. biomedical paradigm and understand the different dimensions that encompass the conceptions of life, health and well-living of indigenous peoples.

Violence against indigenous peoples and dissemination of alcohol

The COVID-19 pandemic, whether on a global scale or in each of the countries and regions where the virus circulates, has highly complex implications. Some narratives pointed out that with the pandemic, violence was accentuated, both at the macro and micro levels.

At the level of Brazil, the expropriation and invasion of indigenous lands, as well as the exploitation of natural resources in their original territories, have intensified, which has generated socio-environmental conflicts and high levels of violence against indigenous peoples. According to the analysis by Guajajara [15], only in the first six months of 2019 there were 160 cases of invasion, in 150 different indigenous lands, producing crimes ranging from homicides, land grabbing, illegal extraction of gold, timber and other natural resources.

According to the Report Violence against Indigenous Peoples in Brazil, prepared annually by the Indigenous Missionary Center (CIMI), in 2019 there were 256 cases of possession invasions, illegal exploitation of resources and damage to property, in at least 151 indigenous lands, from 143 peoples, in 23 states of Brazil. In addition, the report points out that in 2019 there were 277 recorded cases of violence against indigenous people, with emphasis on 113 murdered indigenous people, 33 death threats, 25 assassination attempts, among several others addressed in this document [16]. The states with the highest number of indigenous murders were Mato Grosso do Sul and Roraima. These data reveal the extremely high level of violence against indigenous peoples, mostly coming from the macro-political and social spheres, whose repercussions affect the micro [17]. As revealed in the narratives:

- “This all affects a lot the indigenous communities, the relatives start drinking, fighting, leaving the house and what was going on difficult gets worse” E3.
- “I think family quarrels have increased, the lack of money and food makes everyone nervous and angry, so there are fights” E17.

The situation of confinement of the indigenous population in the villages changes their social system. It is observed that the changes that have taken place affect the mode of economic production and the minimum conditions of access to food, a fact that consequently interferes in family relationships of the entire community and induces, as in other non-indigenous populations, psychological and alcohol consumption. In the case of indigenous peoples, it is known that the dissemination of alcohol and drugs has historically been used by non-indigenous society as a strategy for the expropriation and domination of their bodies and territories.

According to Santos, *et al.* [18] indigenous communities are severely affected by the entry of external agents, the group suffers changes in its internal relations due to the excessive use of alcohol and other drugs that are one of the causes of violence. The consequences of these processes evidently lead to other forms of violence linked to such phenomena, such as domestic violence. In this sense, the indigenous peoples themselves have created strategies to face these issues.

During the Covid-19 pandemic, indigenous women from the Upper Rio Negro, organized and supported by the Federation of Indigenous Organizations of the Rio Negro (FOIRN), an important organization representing the Indigenous Movement, prepared a booklet aimed at preventing domestic violence and sexual violence, which tend to intensify with home isolation [19].

It is evident that the implications of the pandemic involve issues that, in the case of indigenous peoples, arise from the history of lack of guarantee of their rights and lack of assistance from the State, whose repercussions include poor land demarcation, food insecurity, lack of access full health services, differentiated education and, above all, exposure to countless forms of violence. In the context of the pandemic, there is symbolic violence related to the impossibility of performing their traditional funeral rites, in the case of deceased persons resulting from COVID-19:

- “This disease is so bad that you can’t even say goodbye to dying relatives” E8.

- “You can’t bring the family together to do the rituals with prayers, prayers, to keep your faith firm in this very difficult time” (E4).

The narratives unquestionably show that the crisis caused by the COVID-19 pandemic highlights deep existing social inequities. However, it is worth noting that the pandemic, despite all the negative aspects, brought lessons and lessons. According to the narratives, in some communities there was an increase in family life, appreciation of indigenous culture and the partial maintenance of their traditions. The strengthening of culture is of paramount importance, as it constitutes a central element for the existence of these peoples. Furthermore, it is also a facilitating phenomenon in confronting Covid-19 and in the formation of sanitary barriers to access the villages:

- “The isolation increased my connection to nature, mother earth” (E2).
- “Despite the anxieties, it was possible to see even more how the villages are pure places and fully connected with the forests, with God and with the Enchanted of Light” (E3).

In this long period of pandemic in Brazil, the number of deaths is alarming and the more than a thousand indigenous deaths resulting from COVID-19 represent an additional risk of extinction for these peoples. An encouragement is that the Indigenous Movement, through its leaders, organizations and young indigenous students who organized themselves from the beginning and showed a dynamic and intense protagonism in presenting proposals to face such adverse conditions.

Considering that the United Nations has called for urgent actions to include the specific needs and priorities of indigenous peoples in tackling the Covid-19 pandemic, it is imperative to bring to light indigenous perspectives, understand their narratives, identify secondary impacts and assess effectiveness of pandemic prevention and control strategies. This will have a direct impact on the implementation of more effective strategies to mitigate damage [20].

In this sense, an important aspect of the study was to ensure that views of the indigenous world were reflected, which are centered on the connection between communities and nature, which culminated in narratives that provided contextual understandings about the impacts of the pandemic on these indigenous communities and some of their challenges.

Conclusion

Understanding the repercussions of Covid-19 on indigenous communities belonging to the Kaingang, Guarani and Xoc Leng Peoples, located in the southern region of Brazil, allows us to know, albeit partially, some of the various dimensions that impacted these peoples. The data show historical inequalities that have been evoked by the Indigenous Movement for decades and constitute guidelines for its struggles.

The pandemic has profoundly affected indigenous communities and remains extremely unfavorable for this entire population. The reasons are predominantly macro-political in nature and also have impacts at the micro-social level. The weaknesses of public policies, the absence of health teams in many communities, the distance of some villages from health services and the immunological vulnerability of this population, added to all other vulnerabilities and social violence, are some of the reasons that explain such impacts.

However, it should be noted that the gaps in Brazilian health management in the face of the pandemic are central determinants that led to the health crisis that could have been avoided. The magnitude of this phenomenon requires continuous efforts to understand the specificities of the repercussions on each of the indigenous peoples.

In this sense, there is that continue to seek scientific results that reflect the impacts of the pandemic on indigenous communities, the strategies adopted by peoples and health workers in responding to the pandemic, particularly in relation to the use of traditional knowl-

edge and practices, in addition to their perceptions of priorities for policy responses. Finally, data that have repercussions on strengthening actions, on the role of indigenous youth and, above all, on guaranteeing the rights of indigenous peoples.

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