GENERAL REPORT

Application of the Knowledge, Attitudes, and Practices survey (KAP) associated with COVID-19, in the Amazon Indigenous Health Route Project in Maranhão-Brazil, Madre de Dios-Peru, and the Ecuadorian Amazon

In collaboration with:

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CTI Centro de Trabalho Indigenista

With the financial support of:

The ROCKEFELLER FOUNDATION

The development of this document is part of the Amazon Indigenous Health Route.

AIR is an innovative model of care based on intercultural knowledge dialogues and facilitation of multi-stakeholder processes, bringing together health public servants, indigenous organizations, academia, and civil society organizations around joint activities designed to tackle the COVID-19 pandemic in the Amazon.

AIR is implemented by Hivos, in coordination with the Confederation of Indigenous Nationalities of the Ecuadorian Amazon (CONFENIAE) in Ecuador, the Native Federation of the Madre de Dios River and Tributaries (FENAMAD) in Madre de Dios, Peru, and the Center of Indigenist Work (CTI) in Maranhao, Brazil.

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1. Background

The survey on knowledge, attitudes, and practices associated with the answer to COVID-19 in the Amazonian territories where the Amazon Indigenous Health Route Project (AIR) works in Ecuador, Peru (Madre de Dios), and Brazil (Maranhão), was done to identify the perceptions associated with COVID-19, the topics where reinforcement may be necessary; as well as good practices to address the pandemic.

This report consolidates the information obtained in each of the three countries and highlights the similarities and differences in the aforementioned territories.

The process to gather and process the information took place in 2021; between the months of May and June in Ecuador and between June and August in Peru and Brazil.

2. Objective

To identify changes in knowledge, attitudes, and practices to address COVID-19; focused on health promotion and disease prevention measures, before and after the implementation of workshops associated with the management of COVID-19 as part of the Amazonian Indigenous Health Route project.

3. Target population

Leaders of the AIR implementation communities in Ecuador, Peru (Madre de Dios), and Brazil (Maranhão). This population was defined according to the role that they have in the different population segments since they are potential local opinion leaders and their criteria have a particular value in relation to the rest.

4. Selection criteria

- Representative of the community (authority or president)
- Leaders of the indigenous organizations associated with the project
- Strive for gender parity
- Those who can attend the survey by phone, zoom, WhatsApp, WhatsApp audio or skype

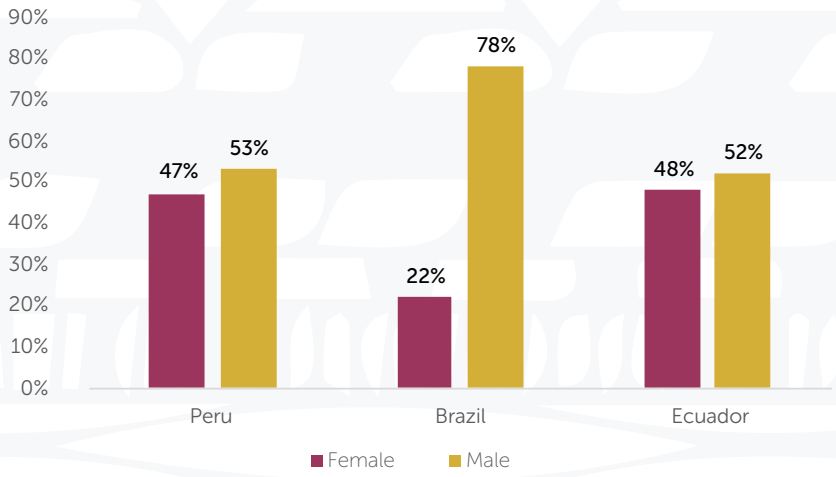
**Difficulty:* *in applying the selection criteria, it was possible to meet three out of four requirements, due to the connectivity in the Amazon, deficient and in many cases null. This forced an alternate plan to apply the surveys directly in the territory. It is important to note that those who applied the surveys are young people of different nationalities.*

5. Samples

COUNTRY	VILLAGE/ NATIONALITY	TOTAL RESPONDENT
Brazil 4 towns 25 communities	Povo gavião	50 persons
	Povo apankreja	
	Povo kanela	
	Povo kraho	
Ecuador 6 nationalities 341 communities	Siona	67 people
	Siekopai	
	Waorani	
	Cofán	
	Shuar	
	Achuar	
Peru 7 villages 36 communities	Harakbut	76 people
	Matsiguenka	
	Shipibo	
	Kichwa runa	
	Yine	
	Ese eja	
	Amahuaca	

6. General context of the survey

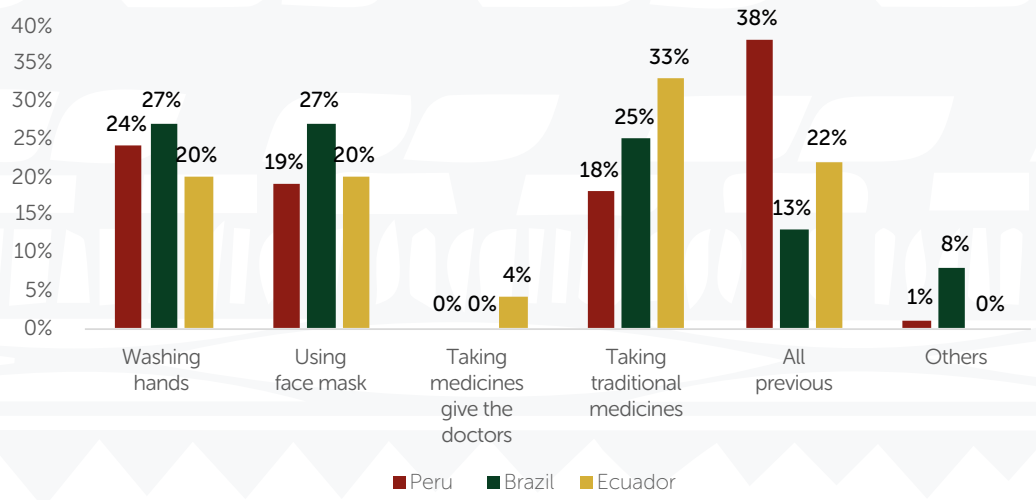
• Who were our interlocutors?



The survey included a sample population in the three countries with ages between 18 and 67 years, with a certain gender parity between Peru and Ecuador; however, in Brazil, there was a predominance of men in the surveyed population. All meet the outlined parameters, so at least three-quarters of the interviewees are leaders in their towns. 78% of the interviewees in Brazil are leaders, in Peru, 80% are community members who hold positions of authority and Heads of the Community, in Ecuador 85% of those surveyed also identify themselves as leaders and authorities.

7. General findings

- Which of the following options do you consider effective to prevent the spread of COVID-19?

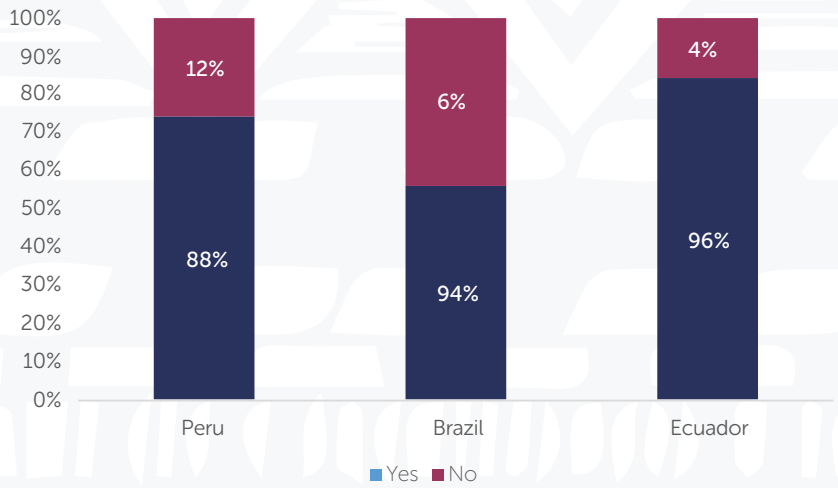


The analysis reflects that Peru finds that the combination of prevention measures and the use of traditional medicine is the better option representing 38% of the total responses, while hand washing and the use of masks are the preferred options for 24% and 19% of them. For Brazil, hand washing, the use of a mask, and the consumption of traditional medicines separately add up to a third of the options with 27%, 27 %, and 25% respectively, reflecting their combined use in 13% of the population. In Ecuador, 33% opt only for traditional medicines, 22% combine hand washing, the use of a mask, and the consumption of traditional medicines.

It is noteworthy that the consumption of Western medicine is null in the report from Peru and Brazil, however, in Ecuador, it reflects 4% of the responses collected.

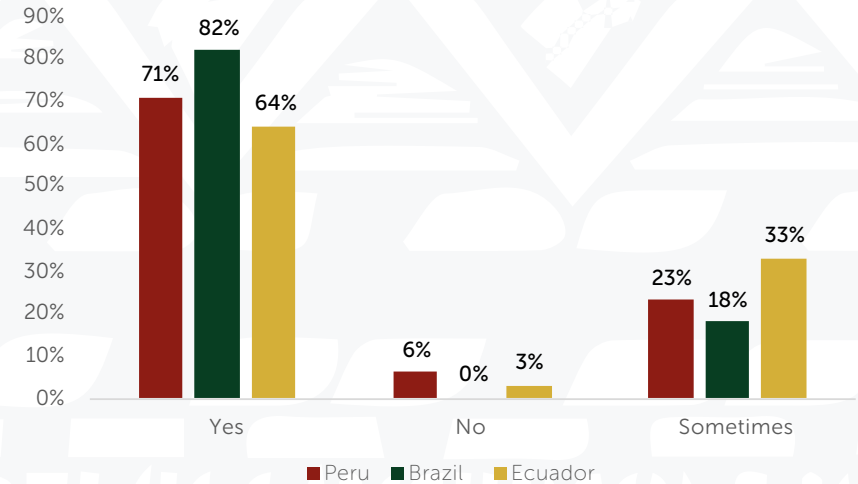
It is evident that in the three countries, prevention measures and the use of traditional medicine jointly or individually are practices that persist in the population as protection mechanisms against COVID 19.

- ## Do you think COVID-19 is dangerous?



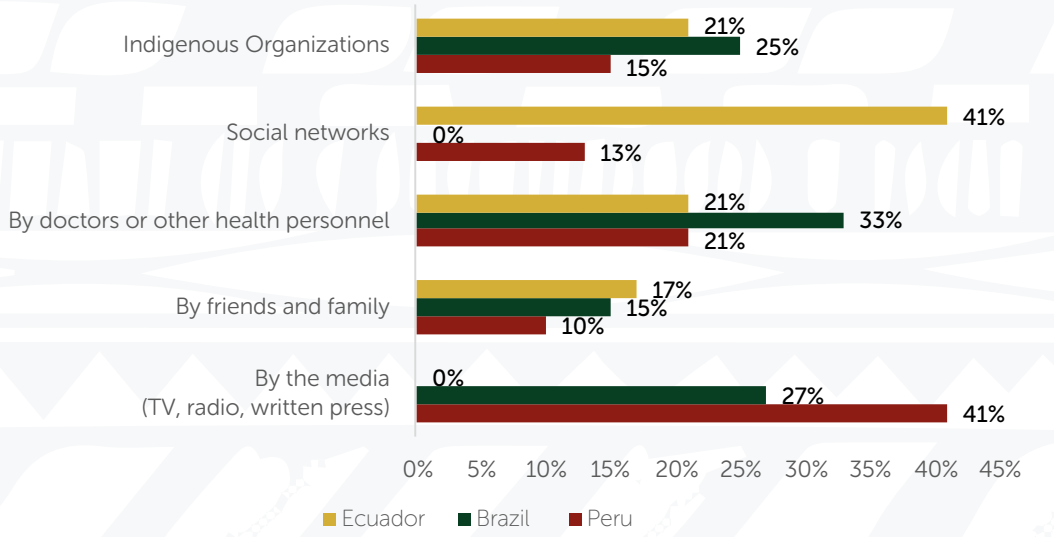
COVID is highly dangerous for the people surveyed in the three countries because they associate it with death or with affectations to the lungs and heart. In Brazil they particularly pointed out the consequences of the disease as a factor associated with danger; in Ecuador, it was pointed out that it is particularly dangerous for older adults.

- ## Do you put into practice the prevention measures that you know?



The survey indicates the level of implementation of prevention measures, which is evidently low within the communities, however, when they must go out to the nearby populated centers they do put them into practice, several times obliged by the norms that govern these other territories.

- **By what means did you learn about COVID-19**



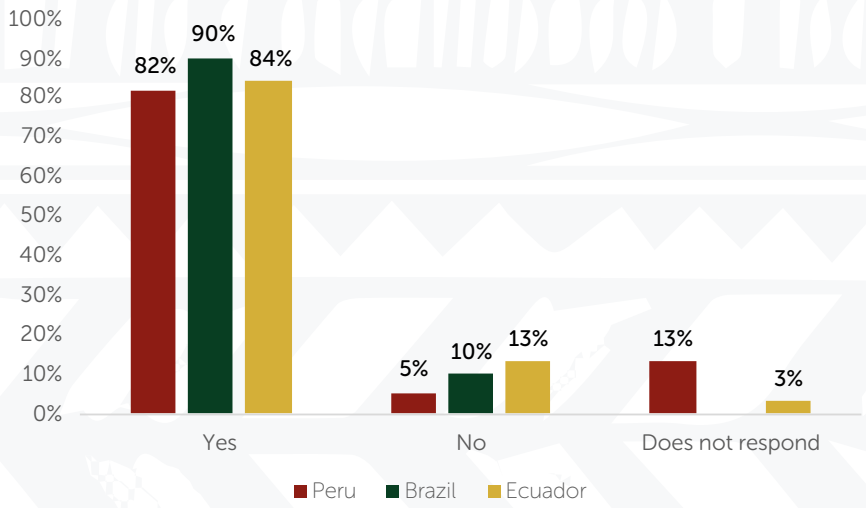
In Ecuador, information comes predominantly from social networks with a convincing 41% of the responses, the second and third sources of information in this country are indigenous organizations and medical brigades with 21% each.

In Brazil, the source of information is the health teams located in the territory, followed by the media and indigenous organizations with 33%, 27%, and 25% respectively.

While in Peru the media is the main source of information followed by health personnel and indigenous organizations with 41%, 21%, and 15%.

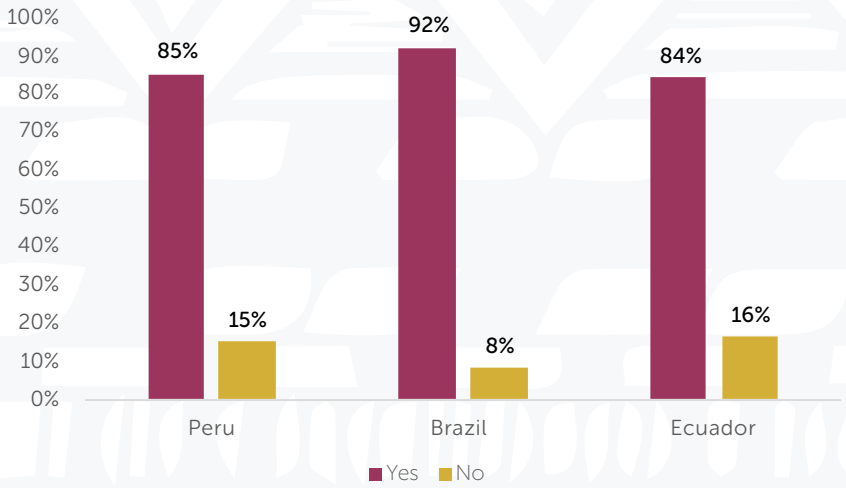
In Ecuador and Peru, most of the information on COVID-19 was acquired by the media, while in Brazil the information came from health personnel in the territory and indigenous organizations. This denotes the relationship and credibility of the health system in each of the countries, but also the accessibility to various communication mechanisms. The action and strength of Indigenous Organizations as references of information and structure for the communities is equivalent in the three countries.

- ## Did you put any of the acquired knowledge into practice?



Regardless of how the information reached each of the communities in the three countries, it is put into practice. Peru, Brazil, and Ecuador interviewees affirm to have welcome it with 82%, 90%, and 84% affirming. In Ecuador and Peru, a minimum of people do not answer the question, and in Brazil, all do, which could be due to the origin of the information and the credibility of who transmits the information, which leaves greater certainty to the population.

- Are you interested in learning more about COVID-19?



The need of the population to learn more and the openness to acquiring more knowledge about COVID is significant. Among the reasons for this is the need for the communities to better understand the disease and to disseminate accurate information.

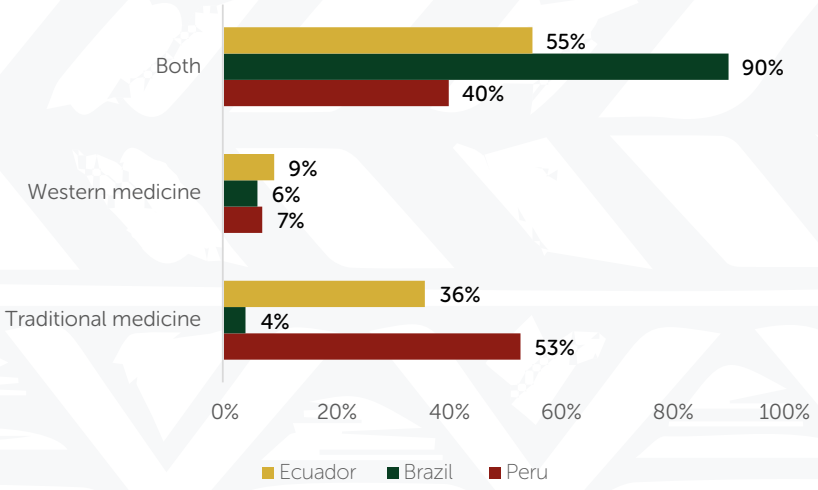
Regarding the symptoms that the surveyed people associate with COVID, we found the following in the three countries:

- ## What would you do if you learn that a family member has COVID-19 symptoms?

The interviewed people pointed out that in the face of the symptoms defined above, immediate action focuses on community care for the patient and afterward report to health personnel, said the report is based on the testimonies, more or less effective depending on the proximity to health personnel in the territory.

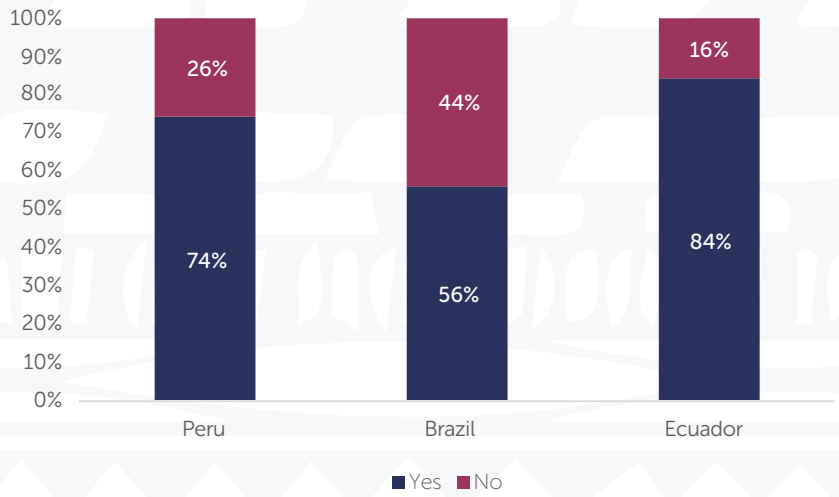
Community care also refers to a different system for addressing diseases where traditional knowledge associated with biodiversity, culture for health care, and symptom mitigation interact, as well as community articulation as the central axis for care and prevention of other infections because when reporting to the rest of the community the infected patient does not leave, but the presence of the virus in the community is alerted.

- ## When there are patients with COVID-19, what do you use?



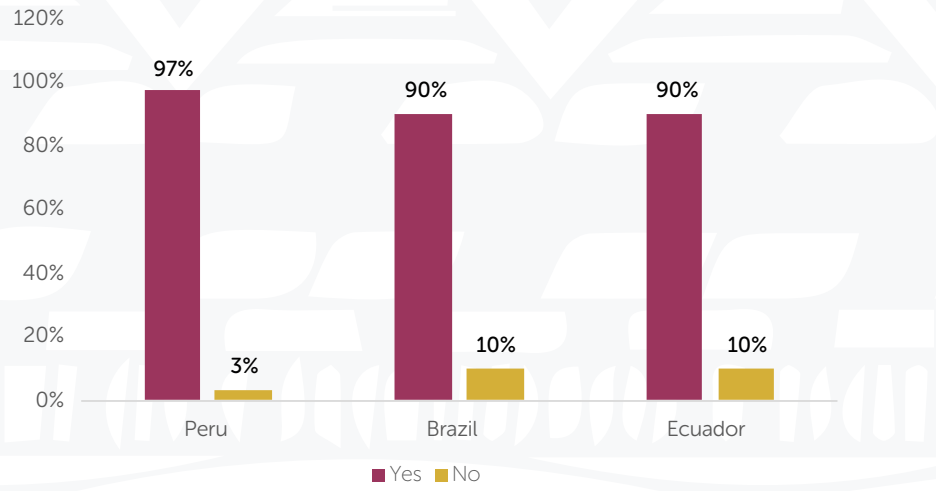
The population surveyed in the three countries shows the articulated use of traditional medicine and conventional or western medicine. Regarding the use of traditional medicine, the list of plants goes according to the knowledge associated with biodiversity, and this in turn to the proximity or distance of the populated centers, as well as sacred plants.

- **Did your management as an authority or representative person of the community allowed you to have greater knowledge about COVID-19 than the rest of the people in the community**



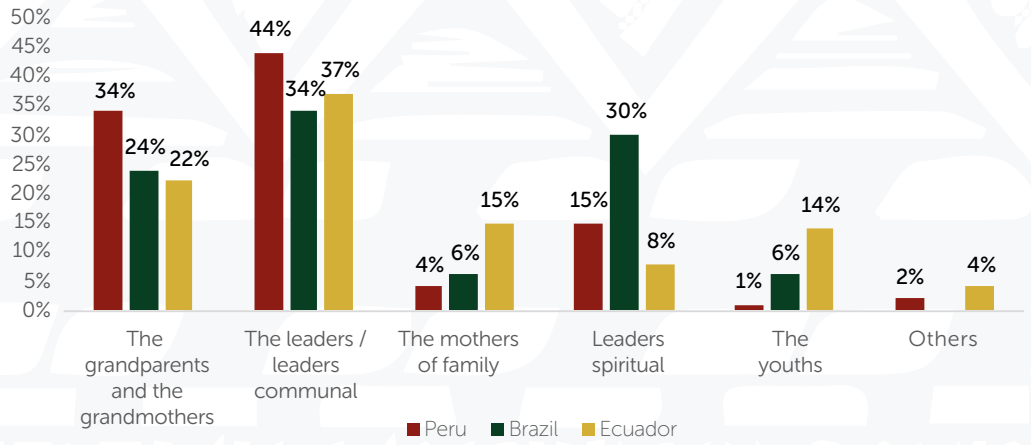
Regarding access to knowledge by people who have positions of leadership or authority in the community, the data shows that they are the ones who have had the greatest access to information associated with COVID, since they interact with other leaders, State officials, therefore in addition to having greater knowledge about the pandemic, they are the ones who can encourage the organization to face the pandemic through actions such as controlling income in communities, to transmit information to communities, to articulate the health system with the needs of the community in the context of the pandemic, among other actions.

- ## Is the knowledge you have acquired about COVID-19 useful for your community?



In the three countries, the answers about the usefulness of the knowledge acquired and therefore the need to deepen and strengthen said knowledge, in addition to improving the actions for community and family support to face the disease, among the various responses is recorded to be useful to prevent infections and to expand knowledge about medicinal plants.

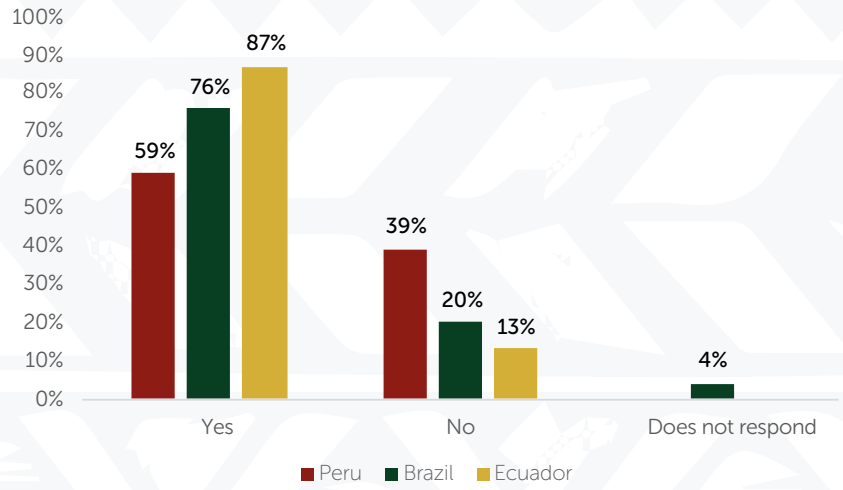
- ## Who knows more about COVID-19 in your community?



In Peru, grandparents and grandmothers are those who have the most knowledge for the respondents, followed by spiritual leaders with 34%, 44%, and 15% respectively; In Brazil, community leaders, spiritual leaders, and grandparents and grandmothers are the ones who have the greatest knowledge to face COVID with 34%, 30%, and 24% respectively; in Ecuador knowledge is concentrated in the leaders, grandparents, and mothers of families with 37%, 22%, and 15% respectively.

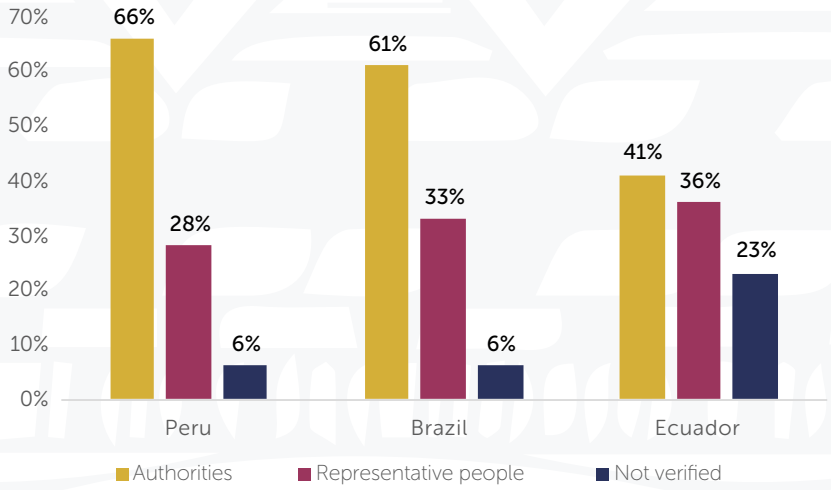
In general, the elders of the communities are important in terms of knowledge to face the pandemic, because they are the guardians of culture and traditional knowledge as well, so the approach to the pandemic in the communities has an important cultural relevance.

- ## Are those who know more about COVID-19 in the community updating their knowledge?



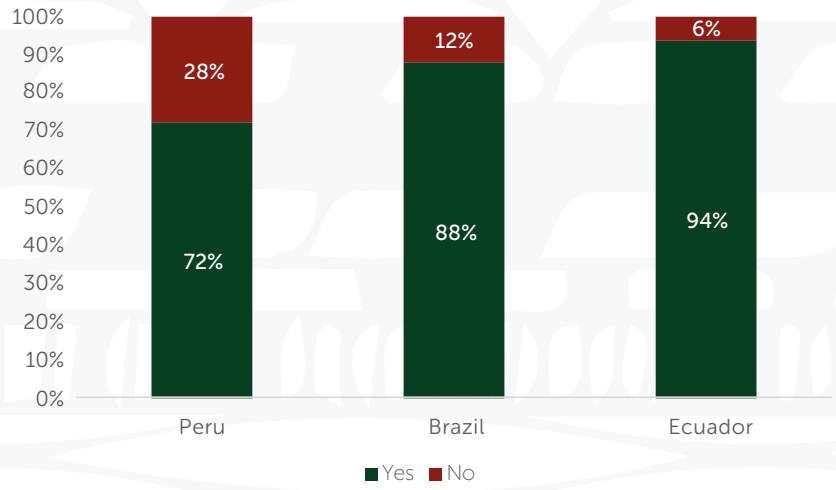
There is a perception among those surveyed that the people who have knowledge in the communities do update their knowledge and this has an impact on the transmission of knowledge about the uses of medicinal plants, so the sharing of knowledge in the communities towards the younger generations is important. When inquiring about that in Ecuador, 81% of knowledge holders share knowledge, in Peru, there is 53% acceptability to this practice, and in Brazil 94%.

- The information that reaches the community is verified with:



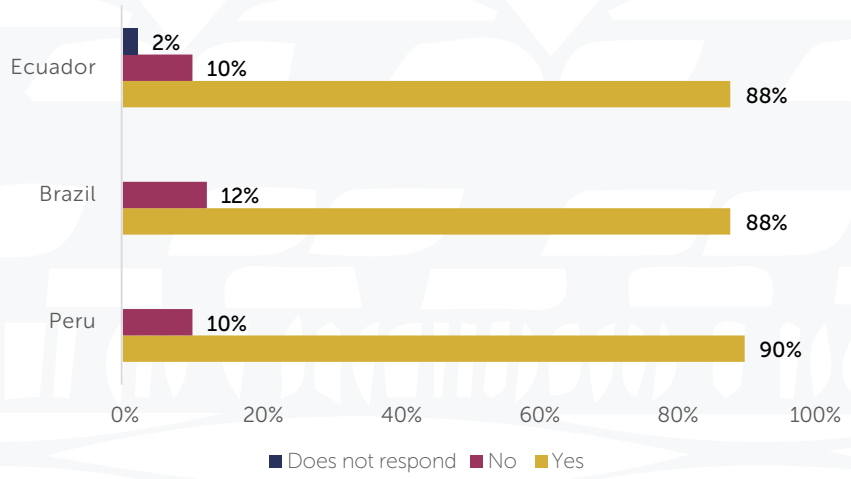
In the three countries, the information is verified with the authorities of the communities and with representative persons, in Brazil and Peru, there is a small percentage of people who do not verify the information that arrives, while in Ecuador this percentage is significant, reaching 23% of the surveyed population. This is directly related to the sources from which the information comes, analyzed previously, so the population in Ecuador is susceptible to misinformation.

- **Since COVID-19 appeared, do you think that ancestral knowledge has been strengthened?**



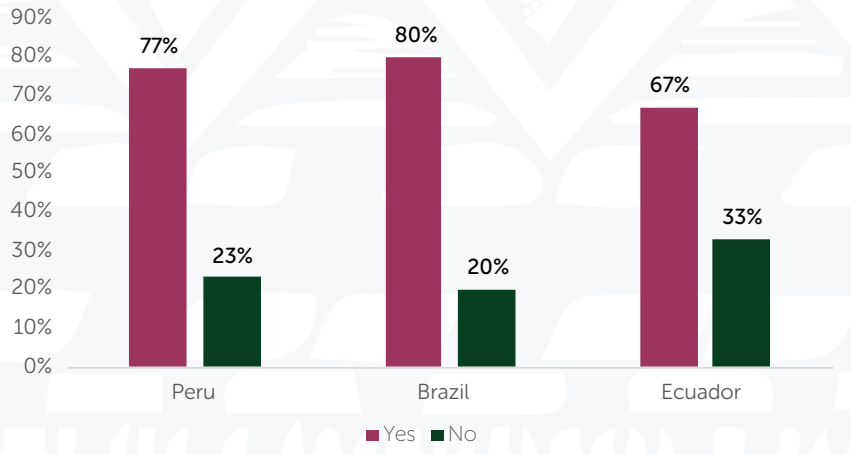
The autonomy of the communities, the generosity of the elderly when sharing their knowledge and the openness of the young people in the indigenous territories generated the perfect scenario for the strengthening of ancestral knowledge, although this knowledge is closely associated with Medicinal plants it is also related to cultural memory and the history of peoples to face diseases that in past times significantly diminished them, in this sense the pandemic has also been explained from a cultural perspective by weaving historical, spiritual and cultural relationships with the different dimensions and times of their history.

- **Is your community ready to work on ancestral knowledge to reduce the symptoms of COVID-19?**



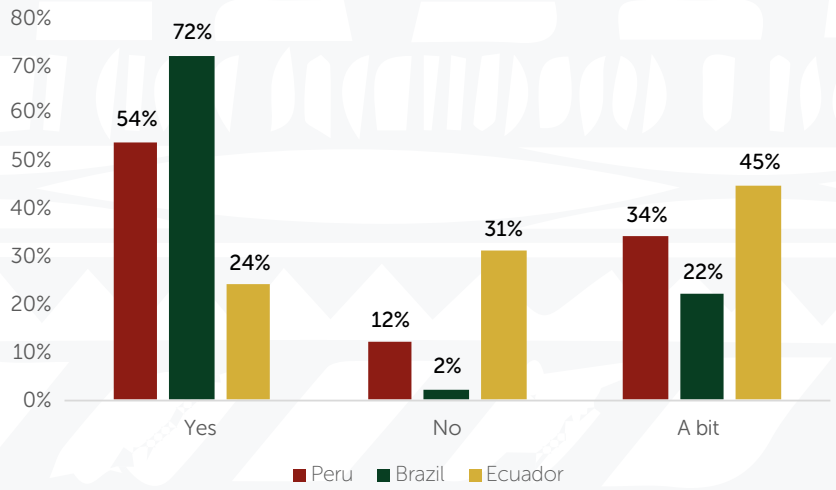
They respond affirmatively regarding the will to work on traditional knowledge to reduce the symptoms of COVID, as a response to the actions they took in the face of the pandemic in their territories. This statistic is being concomitant with the strengthening of traditional knowledge.

- **Do young people in the community have sufficient knowledge of culture, nature, and traditional health?**



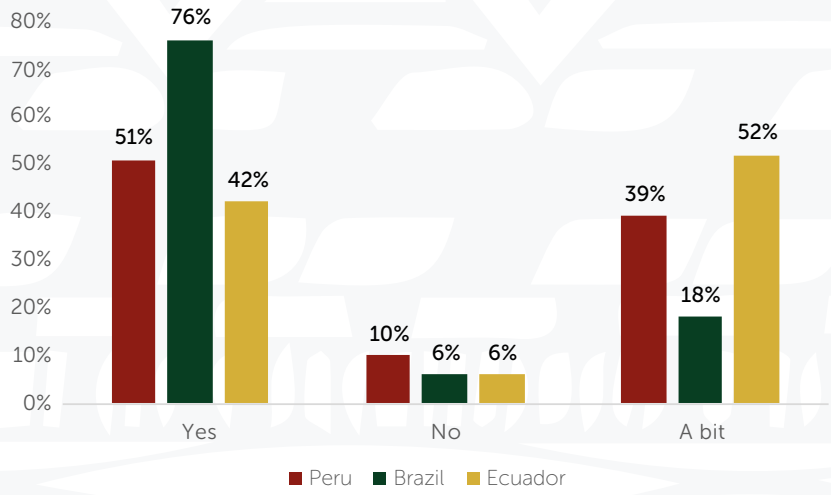
Young people currently have good knowledge about culture, nature, and traditional health, and in the context of the pandemic, traditional knowledge associated with community care was strengthened, and with it, the knowledge of young people and their interest in learning and coming back to traditional knowledge.

- **Do you believe that the knowledge of health personnel in your community helps face COVID-19?**



This question and the two subsequent ones will allow us to analyze the perceptions about health teams in the territory. Regarding what the teams know about the pandemic, the statistics by country denote that 72% of the respondents in Brazil consider that health teams know COVID, in Peru 54% and Ecuador 24%, followed by perceptions that partially place them in Ecuador with 45%, Peru with 34% and Brazil with 22%. Another population segment states that health teams do not know how to face the pandemic in Ecuador, Peru, and Brazil with 31%, 12%, and 2% respectively.

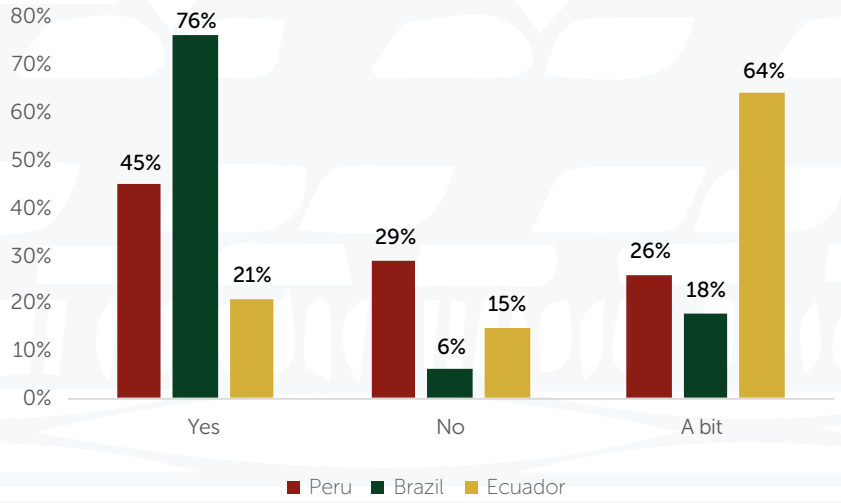
- **Do you believe that the knowledge of health personnel is well received by your community?**



In Brazil, there is a good acceptance of this knowledge with an affirmative answer of 76%, followed by Peru with 51%; in Ecuador, this perception is partial and reflects the criteria of 52% of the interviewees.

https://elperuano.pe/

- **Do you believe that the recommendations to prevent or treat COVID-19 given by health personnel in your community are used by people?**



Regarding the use of health personnel recommendations in the territories, the acceptance and use of this knowledge have a 76% positive responses in Brazil, as well as in Peru with 45%, while in Ecuador the doubts persist and cast 64% of people who partially accept and use this knowledge.

These three graphs point to the relationship and acceptance of the health teams with the population, since the coincidence between the generation of the recommendation/ knowledge by the health team, connected with the acceptance and implementation of those that are the result of articulation over time and of incidence in the generation of public policy for health care for indigenous peoples.

To finalize this report, topics on vaccination will be addressed. It is important to clarify that at the time of conducting this survey, Ecuador, Brazil, and Peru were experiencing different moments. In Ecuador there was no

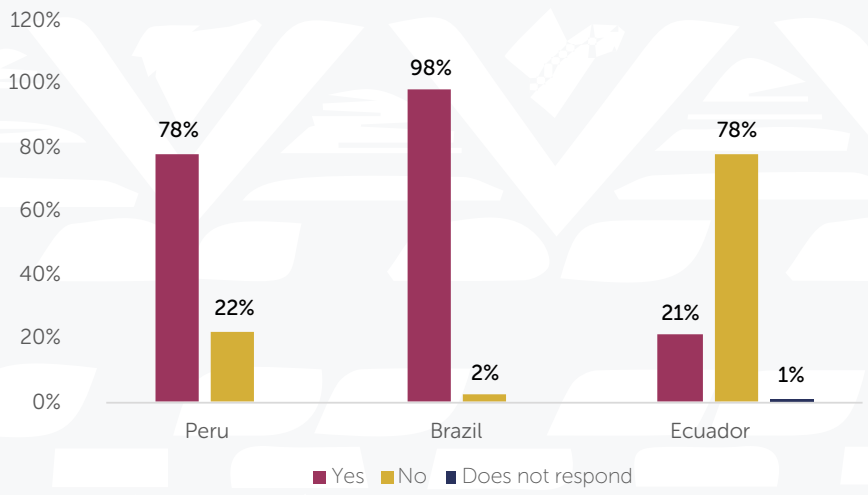
vaccination plan, the country was in Phase 0 with a questionable distribution of the few existing vaccines, while in Peru there was a vaccination plan and Indigenous peoples were on the priority list. Brazil's Indigenous peoples were within priority 1 for vaccination and resistance to it was given by religious groups that have a presence in the territory of incidence of the Amazon Indigenous Route.

- ## What have you heard about the vaccination for COVID-19?

In Ecuador 41% of the population associated vaccination with death, 21% said that it has side effects, and 19% that it is preventive. In Peru 52% say that it protects against covid, 18% that it kills and sterilizes, while in Brazil 26% believed that it is good, 24% viewed it with skepticism due to lack of information.

When asked about what they think about vaccines, Brazil 90% say it is good, 4% say they had a reaction when they were vaccinated and 6% still have doubts, in Ecuador 46% consider it to be bad, 41% do not need it, only 9% consider that it is good, while in Peru, 74% consider that it protects against the virus, 7% are afraid and mistrust and 19% consider that they require more information.

Subsequently, each respondent was asked if they would suggest the vaccination for their communities and the answers were the following:



8. Conclusions:

The KAP survey in each country marks differences in terms of the approach each Health system had about COVID, these differences are reflected in how the health teams responded, and how each approach was articulated in the territories.

Statistics are clear in identifying the credibility of health teams regarding the validity of their word as holders of conventional health knowledge, which was reflected in the listening and putting into practice of their reminders/ knowledge, this difference that is considered structural, is the result of the development of public health policy with the participation and active management of indigenous organizations for the construction of systems that guarantee access to the health system for Indigenous peoples.

Another of the great differences is found in the vaccination approach, which, as explained in previous lines, responds to different moments, although the world was being homogeneously affected by the pandemic, in each country, vaccination was diverse. Hence, the criteria on vaccination, knowledge of vaccines, and predisposition to take them differed enormously, showing those management scenarios, information, and awareness that directly affected the responses recorded.

Among the coincidences, it is pointed out the strengthening of traditional knowledge in indigenous territories, their revitalization from a somewhat more accelerated transmission of knowledge than it would be under normal conditions. This has several causes, which are indicated below:

- The need for responses to a historical moment in which, being a new event, no one has enough tools and knowledge to face the pandemic, for which the communities returned to historical memory to remember how they organized in the face of past major disease.
- The autonomy and governance of the territories from where they provided traditional medicine and even carried out internships in the jungle as their ancestors did to avoid contagion of unknown diseases.
- Community care as a strength, while the world asked to isolate them, according to their worldview, they collectively faced the pandemic.
- The interest of young people in traditional knowledge, as actors in their communities, the use of traditional knowledge, its transmission and strengthening was an action generated by default, contributing in the collection, accompaniment, and preparation of remedies of medicinal plants.

The need to articulate the conventional and traditional health systems is latent despite the positive or negative experiences that the pandemic leaves in this field, this articulation is the way to guarantee the rights of Indigenous peoples within the framework of autonomy and governance of the territories from their authorities.

The local response in each country made it possible to reduce the symptoms of COVID, and take care of life in the communities, this opens the possibility of thinking about health from its determinants to strengthen their processes to address the discussions of health, well-being, and disease from a culturally relevant perspective.

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