


TRANSFORMATION OF INDIGENOUS CULTURE: and its influence on health in the face of the COVID pandemic 19

TRANSFORMAÇÃO DA CULTURA INDÍGENA: e sua influência na saúde diante da pandemia de COVID 19
TRANSFORMACIÓN DE LA CULTURA INDÍGENA: y su influencia en la salud ante la pandemia de COVID 19


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ABSTRACT:

The objective of this study was to analyze in the scientific literature the influence of the cultural transformation of the indigenous population and its influence on health in the face of the COVID 19 pandemic. A bibliographic survey was carried out on the Virtual Health Library (VHL) website, using the descriptors: "culture in health "AND" indigenous population "AND" COVID 19 pandemic ". 13 articles were selected that met the inclusion criteria. From the studies analyzed, it was noted that indigenous peoples suffer a lot of cultural and health influences from the surrounding society, due to the intense contact with white men. Thus, the emergence of diseases until then did not exist among them: parasitic, pulmonary infectious diseases (tuberculosis, pneumonia, flu), STI / AIDS and COVID 19.

KEYWORDS: Indigenous Culture; Cheers; Pandemic; COVID 19.

Introduction

Indigenous peoples live in complex situations of health dynamics, as they involve the historical, social, cultural and environmental processes linked to the economic growth of society (BRITO, 2019).

Since the first contacts with society, indigenous culture has been affected, in their customs, traditions and beliefs. This may be the result of the interaction of some fundamental elements such as: access to land tenure, degree of contact with non-indigenous society and freedom to live its uniqueness (BRASIL, 2014).

According to Oliveira et al (2011) the changes in the cultural profile, contact with non-indigenous, inadequate food, insertion of industrialized foods, alcoholism, urbanization, few rituals and physical activities, gave rise to diseases unknown to date by indigenous people, such as obesity, hypertension and diabetes.

The indigenous contact with white men has changed the health behavior among them, mainly in relation to diseases with a higher transmissibility content, such as respiratory diseases, malaria, whooping cough, chickenpox, dysentery, STI and COVID 19 (BRITO, 2019).

A study involving 113 villages of different ethnicities in the four macroregions being North, Midwest, Northeast and South/Southeast in Brazil revealed high rates of diseases arising from the change in traditional habits in all regions. These data reflect a change in the cultural and epidemiological profile of Brazilian indigenous people, in which illness, due to chronic and parasitic diseases, begins to play an expressive role in indigenous health (BRASIL, 2014).

The origin of diseases among these peoples is explained as a relationship with religious beliefs and representing a life of suffering until possibly death. Indigenous people classify the causes of disease culturally into two groups: mixed and natural. In mixed causes suffering is caused by breaking taboos, spiritual possessions and altering the soul. The factors related to environmental changes are natural causes, which can originate from rain, temperature, seasons or stress, physical weakness and food (BRASIL, 2014).

The Covid-19 pandemic caused by the SARS-CoV-2 or New Coronavirus virus, has produced impacts not only of a biomedical and epidemiological nature on a global scale, but also of unprecedented social, economic, political, cultural and historical impact in the recent history of epidemics reaching also the indigenous peoples in Brazil.

Over the past few years indigenous health has been the subject of important surveys and systematic studies in the field of Social Sciences (BRITO, 2019; CARDOSO et al, 2012; COIMBRA, 2013; GARNELO ET AL, 2003; GARNELO, 2014; PONTES ET AL, 2019; SANTOS; LANGDON, 2004; VERANI, 1999). This set of reflections includes the themes of epidemics, health care initiatives, social and cultural specificities, nutritional deficiencies, demography and the creation of Brazilian indigenous health policy.

In times of Covid-19 pandemic, we used this literature under the methodology of analysis of the History of Health focusing on indigenous populations in search of

procedural elements that contribute to expand our knowledge, our empathy and our social and academic commitment to the indigenous peoples of Brazil.

According to Silva et al. (2010) currently the health of indigenous people in Brazil has gained greater notoriety, with greater investment in this sector, with more professionals in assistance and actions aimed at the indigenous people. However, even with the advances, the policies directed to this population has perceived still precarious health conditions in the indigenous villages.

Given the above, this research aimed to analyze in the scientific literature the influence of the cultural transformation of the indigenous population on health and how this evolutionary process has been assisted by health agencies.

Methodology

A research was carried out based on an integrative literature review using the online databases Google Scholar (Google Scholar), LILACS (Latin American and Caribbean Literature in Health Sciences) and SciELO (Scientific Eletronic Library Online) to obtain journals concerning the ongoing discussion.

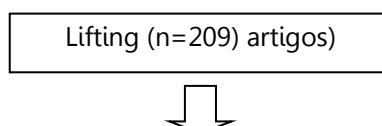
For the selection of publications, the following descriptors were used: "health culture" AND "indigenous population" AND "COVID 19 pandemic", present in the Health Sciences Descriptors (DECS).

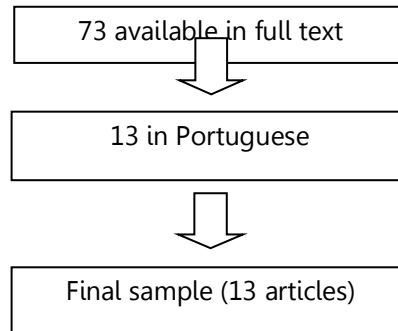
The articles were chosen because of the linkage they have shown to the theme. The paper's abstracts were selected and read. Those which fit the inclusion criteria - papers published between May 2004 and May 2020 and written in the Portuguese language - were selected.

Results and Discussion

A total of 209 articles were found and only 73 were fully available online. Out of it, 13 were written in Portuguese, therefore 13 articles met the inclusion criteria and made up the sample data (Figure 1). The 13 articles were published between 2004-2020: 1 article in 2004, 1 article in 2009, 4 articles in 2010, 3 articles in 2011, 2 articles in 2012, 1 article in 2013 and 1 article in 2020.

Figure 1 Process of inclusion of selected articles in the review





It was evident the need of English knowledge to understand the studies, since 61 studies were not included to be part of this study because they were written in that language. In face of this requirement, we noticed that there are more publications in English than in Portuguese. It is also important to note that studies related to culture and its influence on health are recent from 2004 to 2020.

The **Table 1** condenses the articles included in this study, their objectives and their methodological approach in order to better correlate with the theme addressed in this research.

Table 1 Data of the articles included in the study

| Year | Authors | Objectives | Methodological Approach |
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| 1-2020 | Rocha, D. F. ; Porto, M. F. S. The vulnerability of indigenous peoples to COVID-19: political authoritarianism and the predatory economy of mining and mining as an expression of persistent colonialism. | List the historical and current elements about the process of socio-environmental vulnerability of indigenous peoples in Brazil. | Literature revision. The study enabled knowledge of the social reality and threats to territorial, cultural, environmental and health rights, especially in the context of the advancement of mining and mining over their lands. And how the Covid-19 pandemic has affected these peoples. |
| 2-2013 | Moliterno, A. C. M. ; Borghi, A. C. ; Orlandi, L. H. S. F. ; Faustino, R. C. ; Serafim, D. ; Career L. Process of gestating and giving birth among Kaingang women. Text Contexto Enferm, v. 22, n. 2, p. 293-301, 2013. | Identify the process of pregnancy and birth among Kaingang women. | Qualitative ethnographic approach. The conception of childbirth has changed over the generations, with older women believing that it is better to give birth at home, while younger women show insecurity about having their children out of the hospital. Dissatisfaction in care during delivery was identified. Adequacy of practices is |

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| | | | necessary in order to preserve ethnic culture without exposing women and newborns to the risk of complications or mortality. |
| 3-2012 | Oliveira, R. C. C. ; Silva, A. O. ; Maciel, S. C. ; Melo, J. R. F. Ver. Life situation, health and illness of the indigenous potiguara population. Min. Nurse; v. 16, n. 1, p. 81-90, 2012 | To investigate the situation of life, health and illness of the indigenous people from Rio Grande do Norte, located in Paraíba. | Exploratory, documentary, with a Quantitative approach. The study enabled the knowledge of the social reality of the studied sample, raising high rates in relation to the low socioeconomic level and its consequence for the manifestation of a high rate of diseases (STIs), alcoholism, among others. Such findings point to the need to adopt proposals aimed at improving the health conditions of this community. The Multiprofessional Team in Indigenous Health (EMSI), especially nursing, must promote the integration between the local health system and indigenous wisdom, so that, through cultural approaches, it makes it possible to understand the cultural universe of potiguaras Indians, their related practices health and especially in relation to infectious and parasitic diseases. |
| 4-2012 | Maciel, S. C. ; Oliveira, R. C. Melo, J. R. F. Alcoholism in Potiguara Indians: Social Representations of Health Professionals Psychology: Science and Profession v. 32, n. 1, p. 98-111, 2012. | To investigate the social representations of DSEI / Potiguara health professionals about the use of alcohol and alcoholism in this indigenous community in the State of Paraíba. | Qualitative Exploratory. The present study demonstrates that alcohol abuse is linked to socio-cultural and economic issues, as well as health problems in the Potiguara community, such as teenage pregnancy and sexual diseases. It was also found that there are social representations of alcoholism linked to fun and leisure, attributing its causes to |

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| | | | idleness, social incentive and the process of colonization / acculturation of this indigenous population. The interviewed professionals showed a total lack of knowledge about the services offered to users who became dependent. |
| 5-2011 | Ferreira, M. E. V. ; Matsuo, T. ; Souza, R. K. T. Demographic aspects and mortality of indigenous populations in the State of Mato Grosso do Sul, Brazil. Cad. Public Health. v. 27 n. 12, p. 2327 - 2339, 2011. | To analyze the demographic aspects and pattern of mortality of indigenous populations residing in the indigenous lands of the State of Mato Grosso do Sul in comparison to the pattern presented by the total population of the state. | Descriptive Quantitative. There was an increase in the indigenous population between 2001-2007 and a reduction in mortality in general, child and birth rates among the population. However, this rate is still high, especially among children under 5 years old. Mortality from external causes (suicide was the main) and birth rates have been prevalent with higher than expected rates compared to the general population. Diseases such as gastrointestinal infection (parasitic) and breathing was detected in all age and gender groups, and malnutrition in children less than 5 years of age and precarious health conditions evidenced. |
| 6-2011 | Melo, J. R. F. ; Maciel, S. C. ; Oliveira, R. C. C. ; Silva, A. O. Implications of alcohol use in the Potiguara indigenous community. Physis Revista de Saúde Coletiva, v. 21, n. 1, p. 319-333, 2011. | Investigate alcohol consumption in the Potiguara community in the State of Paraíba, due to the cultural and regional specificity of this ethnic group. | Exploratory. The results revealed that 41.8% of the studied sample have at least one family member who uses alcohol, mostly distilled, and that the use occurs at an early age, being disconnected from culture and rituals. There was a high consumption of alcohol in this community, combined with other historical and cultural issues, such as the colonization process and the consequent indigenous and |

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| | | | social acculturation, in which the precarious living conditions of this population stand out. |
| 7-2011 | Lorenzo C. F. G. Challenges for an interethnic clinical bioethics: reflections from the national indigenous health policy. Rev. bioét, v.19, n. 2, p. 329-342, 2011. | Analyze the challenges for the construction of a clinical bioethics in this interethnic perspective of action, taking as an object the intercultural relations established between health professionals and members of the indigenous communities around the implementation of the National Policy for Indigenous Health in Brazil. | Descriptive qualitative. The cultural diversity represented by the large number of indigenous peoples in Brazil offers a very interesting context to reflect on the construction of a clinical bioethics capable of acting in the interethnic relations promoted by public policies that aim to guarantee the offer of Western health goods and services to historically excluded traditional communities. |
| 8-2010 | Pagliari, H. The demographic revolution of indigenous peoples in Brazil: the Kayabí experience of the Xingu Indigenous Park, Mato Grosso, Brazil, 1970-2007. Cad. Public health, vol. 26. n. 3. p. 579-590, 2010. | Analyze the demographic dynamics of the Kayabí, inhabitants of the Xingu Indigenous Park, in the period 1970-2007, in order to contribute to the expansion of demographic knowledge about indigenous peoples in Brazil. | Cross-sectional description. The fertility of the Kayabí population in Xingu Park has been increasing more and more from 1970-2007. Mortality was lower from 11.4 per thousand inhabitants in 1970-1979 to 3.5 between 2000-2007. Among this population, a mortality rate in children and men was evidenced. This may be the result of the improved assistance provided to the Xingu people. |
| 9-2010 | Pellon, L. H.C.; Vacancies L. A. Culture, interculturality and the health-disease process: (dis) paths in health care for the Guarani Mbyá of Aracruz, Espírito Santo. Physis Rev. de Saúde Coletiva, v. 20, n. 4, p.1377-1397, 2010. | Identify the notion of culture of the Guarani Mbya and analyze the intercultural tensions that arise from assisting members of this community in the local health service network. | Descriptive with Qualitative approach of the case study type. In the specific case of the Guarani People Mbyá de Aracruz, the conclusion of the exercise of normative political proposals is usually influenced by transnational economic interests that overlap in various spheres of daily life over those essential to the qualification of services for the promotion, protection and recovery of indigenous health . |

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| 10-2010 | <p>Vacancies, K. D .; Misoczky, M. C .; Weiss, M. C.V .; Costa, W. G. A. The (dis) articulation between the Bororo 1399 health care levels at the Rondonópolis Polo-Base in the Special Indigenous Sanitary District of Cuiabá-MT. <i>Physis Rev. de Saúde Coletiva</i>, v. 20, n. 4, p. 1399-1418, 2010.</p> | <p>To evaluate the locoregional strategies of articulation between the levels of health care, considering both the adequacy to the existing norms (deliberate strategy), as well as the creative developments (emerging strategies) carried out in the studied locoregional contexts.</p> | <p>Case study. The results showed in relation to the articulation of primary care with the other levels of health care of the Bororo in the Rondonópolis Base-Pole, the predominance of a service organization model focused on specialized and high-cost actions, to the detriment of the valorization of knowledge and traditional health practices.</p> |
| 11-2010 | <p>Lemos, P. N .; Hirooka, L. B .; Nunes S. A. C. Arantes, R .; Mestriner, S. F .; Júnior, W. M. The oral health care model in the Middle and Lower Xingu: partnerships, processes and perspectives. <i>Ciência e Saúde Coletiva</i>, V. 15, n. 1, p. 1449-1456, 2010.</p> | <p>To present the actions developed in the construction of the health care model in the Special Indigenous District - Xingu, more specifically, in the area of oral health, with an effective partnership between the Federal University of the State of São Paulo (UNIFESP), Faculty of Dentistry of Ribeirão Preto - University of São Paulo (FORP-USP) and Colgate®, which allowed the social construction of health praxis in the Middle and Lower Xingu.</p> | <p>Quantitative Qualitative. The result of a good action developed in the high and low Xingu, according to the evaluation of the local indigenous people, resulted in a FORP-USP agreement with FUNASA in 2004. And included it as an optional stage for the school curriculum. In four years, the oral health program has achieved the following goals:</p> <ul style="list-style-type: none"> . Provided the incorporation of collective and individual procedures in places where there are no dental offices; . Adapted to infection control practice intra-oral in the villages; . It provided an integrated action with the health areas and the use of several social spaces for the development of collective oral health actions, etc. |
| 12-2009 | <p>Silva, E. P .; Pelloso, S. M .; Carvalho, M. D. B .; Toledo, M. J. O. Exploitation of risk factors for breast cancer in Kaingáng women, Terra Indígena Faxinal, Paraná, Brazil, 2008. <i>Cad. Saúde Pública</i>, v. 25, n. 7, p. 1493-1500, 2009.</p> | <p>Analyze the health aspects of women in the Faxinal IT, in relation to knowledge and the presence of risk factors for breast cancer.</p> | <p>Descriptive and Exploratory Cross-sectional. In the present study, no report of breast cancer or extra breast cancer was found among Kaingáng women from TI Faxinal, as well as in their first-degree relatives. As for clinical examination, mammography and breast</p> |

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| | | | self-examination, which are early detection procedures, are not performed satisfactorily by the health team or by Kaingáng women. In addition to activities such as food and exercise, sedentary lifestyle and increased consumption of carbohydrates and red meat were found. |
| 13-2004 | Enough, P. C. ; Junior, C.E.C. ; Escobar, A.L. Santos R. V. Epidemiological aspects of tuberculosis in the Suruí indigenous population, Amazonia, Brazil. Brazilian Society of Tropical Medicine, v. 37, n. 4, p. 338-342, 2004. | To analyze the aspects of tuberculosis epidemiology in an indigenous group in Rondônia (the Suruí), which is among those in which the highest incidence of the disease has been found in the North. | Descriptive Quantitative. Important conclusion related to the epidemiology of tuberculosis among the Suruí and the performance of health services. The extremely high incidence of tuberculosis was verified, in children and adolescents reveals the occurrence of recent infection due to contact with tuberculous bacilliferous individuals, which suggests that the control of contacts is not being carried out. In the absence of an active search for communicant in the village, chemoprophylaxis is not carried out either. |

Source: Author, 2020.

After exhaustive reading of the articles and analysis of them, three categories were identified: "Indigenous morbi-mortality and pandemic COVID 19", "The Indigenous and cultural Health Policy" and "Indigenous alcoholism". Based on the theoretical framework described above, each category was analyzed and follows below.

Indigenous morbi-mortality and pandemic COVID 19

Of the 13 selected articles, after reading and analyzing them, four identified information considered relevant on indigenous morbidity and mortality, namely: Articles 01 (2020), 01 (2011), 02 (2010), 03 (2004) and 06 (2009).

According to article 1 (2020), which aimed to list the historical and current elements about the process of socio-environmental vulnerability of indigenous peoples

in Brazil. This study enabled knowledge of the social reality and threats to territorial, cultural, environmental and health rights, especially in the context of the advancement of mining and mining over their lands. And how the Covid-19 pandemic has affected these peoples. The defense of mining and mining has been done under the argument of promoting the necessary generation of jobs in a scenario of acute economic crisis that was already taking shape in Brazil, and which should be deepened by the pandemic of COVID-19. Such a process may return the current situation to that prevailing during much of the history of the relationship of these peoples with Brazilian society, that is, of tutored citizens who do not have the prerogative to decide the future of their territories.

According to article 5 (2011), the mortality profile of indigenous peoples in Brazil and unfavorable health conditions are evidenced by the mortality rate compared to the national population. Historically, morbidity and mortality among indigenous people have been known as infectious and parasitic causes. Currently, other pathological diseases have emerged, such as hypertension, diabetes, mental disorder, although it is of little relevance.

Still in articles 6 (2011), 13 (2004) and 12 (2009) that corroborate with a study by Oliveira (2011), there are several factors that interfere in the health of indigenous peoples and consequently death, to quote: changes in the cultural profile, food, urbanization, employability, physical inactivity, social and economic inequality, environmental change, have an impact on their health.

Articles 5 (2011), 8 (2010) and 13 (2004), corroborate with a study by Ferreira (2011) other main causes of mortality were caused by contact, which caused a large number of deaths due to highly transmissible diseases in white men, for "measles and flu epidemics, respiratory infections and tuberculosis, and emphasize the death of newborn children".

Articles 5 (2011) and 13 (2004), respiratory and parasitic diseases have been one of the main causes of health among indigenous people, affecting all age groups and sex, especially in children.

According to article 9 (2010), which corroborates with article 5 (2011), the vast majority of deaths affected children under 5 years of age, whether from infectious diseases or malnutrition, even with advances in indigenous health care, the mortality rate continues higher than national popularity.

The fragility of reliable data on infant mortality, the lack of completion of the Death Certificate (DO) by indigenous health professionals makes the problem far from

a solution and may trigger an increase in the mortality rate due to the speech of actions for control (PÍCOLI, 2008) .

According to article 13 (2004), which corroborates with article 5 (2011), as the degree of approximation has increased among men in urban centers, diseases such as the respiratory system and tuberculosis, there has been a very high incidence among indigenous communities , affecting children and adolescents aged > 15 years, mainly in males.

As for the causes of indigenous mortality, the main ones mentioned in articles 5 (2011), 13 (2004) and 12 (2009) were highlighted: external causes (alcoholism, violence, accident), followed by the respiratory system, circulatory system, NCDs , parasitic infectious diseases.

Articles 9 (2010) and 12 (2009), on the other hand, reveal the decrease in indigenous mortality that was high in the 1970s, there was then a great change in the mortality profile among people from 1990-2007 that had a significant reduction.

According to the results of the study of the articles to be cited: 5 (2011), 8 (2010) and 12 (2009), the fertility and birth rates of indigenous peoples exceed mortality and the consequence of this, the population growth, showing an improvement in assistance provided.

In articles 11 (2010) and 12 (2009), population growth of 3.5% for indigenous and 1.6 for non-indigenous population was also evidenced, this means an increase in the indigenous population and, consequently, an increased mortality rate.

The Indigenous and Cultural Health Policy

According to article 9 (2010) "the process of construction and creation of attention to indigenous health in Brazil was culturally marked by intermittence, disarticulation and the imposition of character of Western values on indigenous peoples, and their culture". People has advanced the struggle for rights inequality and health.

At the VIII National Health Conference in 1986, due to the health problems related to indigenous peoples, the creation of the I National Conference for the Protection of the Health of the Indigenous was articulated, with the participation of several national peoples, and entities with the objective of creating a health model specific that guarantees universal access and integrity in the assistance provided to the health of indigenous peoples, considering the differences in cultural values of each ethnic group.

Article 11 (2010) in order to improve the health of indigenous peoples, the DSEI health subsystem was created, focused exclusively on meeting indigenous health needs through FUNASA.

The DSEI has as a guideline the fulfillment of the elaboration of specific projects for the health and indigenous needs, such as water supply, sanitary improvement and sanitation, as well as attendance at the primary care levels (BRASIL, 2004).

The precarious health conditions among the indigenous communities of Brazil favor the illness due to parasitic infectious diseases such as diarrhea, one of the main causes of mortality in children under five years old, already seen among several peoples, an example in the Xavante ethnic group (FERREIRA, 2011).

As the articles (10 and 11, 2010) concluded that political, economic and social influences neglect the fundamental aspects for promotion, protection of indigenous peoples, in addition to devaluing their cultural knowledge.

In order to provide comprehensive assistance in accordance with SUS principles for indigenous populations in Brazil, CASAI (Casa de Apoio ao Indígena) and POLO BASE (Administrative Units) were founded, welcoming and accommodating patients with high complexity care demands (article 11, 2010).

According to articles 11 (2010), 2 (2013) and 7 (2011) that corroborate the theory of Madelaine Leininger cited by George, for the DSEI management to materialize, it is necessary that the action plans are prepared together with indigenous people, health professionals, managers, local and district councils.

According to article 11 (2010), which corroborates with Athias (2001) in their studies, they report fragility in the health management of indigenous peoples, in addition to the disarticulation in the levels of health care and the non-compliance with PNASI guidelines by indigenous health professionals.

According to a study of articles 2 (2013) and 7 (2011), the demand for indigenous health in highly complex networks requires the preparation of professionals working in hospital environments, deserving special attention to these cultural differences. Some studies carried out report the unpreparedness and lack of cultural knowledge in the assistance provided to the indigenous by health professionals, thus the PNASI and the Theory of Madelaine Leininger as a guide for professionals, including nurses, to provide quality care and respecting cultural diversity of all peoples.

According to Moliterno (2013) the study carried out with indigenous peoples in the state of Paraná on pregnancy and childbirth among Kaingang women, there was a change in the conception of women related to pregnancy and childbirth among new

generations of indigenous people. But this change in design has brought new consequences to these women, for example, in the choice of position for birth, indigenous women sometimes do not decide the position she wants, so is the doctor you choose, therefore all preparation given the woman during the whole pregnancy, ends up being violated by the professionals and the right to choose the position by the indigenous woman, then becomes frustration. It is when they report their experiences below:

The last [child] I won at the hospital [...] but I didn't think it was good (article 8, 2013)". "There [in the hospital] we just lie there waiting for the time to be born. And when lying down, you can't do it (article 8, 2013) ".

"[It's bad] because in the hospital, nurses open our legs a lot. Sitting is better than pushing (article 8, 2013) ".

In view of these facts, the National Policy for Indigenous Health that corroborates Leininger's Theory, which has been working on this issue, the health professional must assist the patient according to their cultural reality and not impose decisions that will bring consequences for the individual , family and group of that culture article 2 (2013), 7 (2011).

Indigenous alcoholism

Alcoholism has been one of the main public health problems that threatens health and indigenous culture in Brazil. This process came to light from the pacification of indigenous culture, which gave rise to the losses of a large part of these populations and their customs threatened by the introduction of drinking in indigenous villages article 4 (2012), 6 (2011) and 4 (2012).

With regard to indigenous peoples, the drink has always been used as part of the culture to carry out religious rituals and celebration. Nowadays this process has been changing continuously due to the intense contact with the surrounding society, in addition to the approximation of the villages with the cities and urbanization of the same articles 4 (2012) and 6 (2011).

In the face of these events that came since colonization, contacts, territorial invasion, urbanization, cultural change, diseases arising from the surrounding society and the pacification process, this gave rise to problems related to the abusive use of alcoholic beverages by indigenous articles 3 (2012), 6 (2011) and 4 (2012).

Articles 3 (2012), 6 (2011) and 4 (2012) reveal the regions with the highest alcohol consumption index are between the Northeast, Midwest, Southeast and South of Brazil.

The consequences of this interaction are evaluated by the weakening or loss of culture, health problems such as NCD diseases, STI / AIDS, mental disorders, social and economic disorganization of the peoples, few rituals, indigenous mortality, precariousness in health care, devaluation, disrespect to culture by the surrounding society and invasion of their territories articles 3 (2012), 6 (2011) and 4 (2012).

Several studies corroborate this research when it comes to the assistance provided for this problem of alcoholism among indigenous people, as stated in articles 3 (2012), 6 (2011) and 4 (2012), which affirm the lack of programs or actions aimed at health care. promotion, prevention or health treatment related to alcoholism among indigenous people.

Since the indigenous cultural change has been changing their health profile and the emergence of new diseases, it is suggested that a new survey outlining indigenous health and culture for knowledge and clarification of the real health needs of these peoples in Brazil.

Final considerations

The struggle of indigenous peoples to conquer their rights has been very important for new generations of indigenous people, women, children, the elderly, and have been great partners in the fight against barriers to achieve better living conditions. The conquests are happening, the tireless pursuits continue so that one day the health of the peoples will be in accordance with their culture and realities, an example of this is the National Health Conferences, where they put their problems and difficulties.

Basic health actions must take place in order to minimize problems presented in this study. With the high degree of interaction with the surrounding society, strategic planning is necessary for diseases with a higher content of transmissibility, parasitic infections, respiratory infections, STIs / AIDS.

It is important in this process the participation of the indigenous community to build these assistance plans approved by them and with their cultural reality.

More studies are needed on the transformation of indigenous culture: and its influence on health in the face of the COVID pandemic 19.

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RESUMO:

O objetivo desta foi analisar na literatura científica a influência da transformação cultural da população indígena e sua influência na saúde diante da pandemia de COVID 19. Foi realizado um levantamento bibliográfico no site Biblioteca virtual em saúde (BVS), utilizando os descritores: "cultura em saúde" AND "população indígena" AND "pandemia de COVID 19". Foram selecionados 13 artigos que atenderam os critérios de inclusão. A partir dos estudos analisados, notou-se que povos indígenas sofrem muita influência cultural e de saúde da sociedade envolvente, pelo contato intenso com homem branco. Com isso o surgimento de doenças até então não existia entre eles: doenças infecciosas parasitárias, pulmonar (tuberculose, pneumonia, gripe), IST/AIDS e COVID 19.

PALAVRAS-CHAVE: Cultura Indígena; Saúde; Pandemia, COVID 19.

RESUMEN:

El objetivo de este estudio fue analizar en la literatura científica la influencia de la transformación cultural de la población indígena y su influencia en la salud ante la pandemia de COVID 19. Se realizó una encuesta bibliográfica en el sitio web de la Biblioteca Virtual de Salud (BVS), utilizando los descriptores: "cultura en salud" AND "población indígena" AND "pandemia de COVID 19". Se seleccionaron 13 artículos que cumplían los criterios de inclusión. De los estudios analizados, se observó que los pueblos indígenas sufren muchas influencias culturales y de salud de la sociedad circundante, debido al intenso contacto con los hombres blancos. Por lo tanto, la aparición de enfermedades hasta entonces no existía entre ellas: parasitarias, enfermedades infecciosas pulmonares (tuberculosis, neumonía, gripe), ITS / SIDA y COVID 19.

PALABRAS-CLAVES: Cultura indígena; Salud; Pandemia; COVID 19.