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COVID-19 PANDEMIC, A LOOK FROM THE ANDEAN WORLDVIEW IN THE SHUAR COMMUNITY

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ABSTRACT

Introduction: The COVID-19 pandemic has generated a severe global economic, social and health crisis. In some communities, aspects such as habitat and behavior patterns influence the perspectives and experiences of their inhabitants regarding the management of the disease. **Objective**: Characterize the COVID-19 pandemic from the Andean worldview of the Shuar community of the Los Encuentros parish. **Methods**: Qualitative study with phenomenological design, in which 10 informants participated. A semi-structured interview was used to collect data, consisting of 15 questions, which allow three categories to be encompassed: Perception of the COVID-19 disease, the community's experiences in the face of the pandemic and the practices of traditional medicine applied **Results**: Most of the participants express that the disease comes from the air, is transmissible and can cause death. Likewise, they considered the biosafety and vaccination measures contemplated by the Ministry of Health to be positive and adequate. As for the experiences, to prevent contagion, they used access restriction to their territories. They identified the sick people due to characteristic manifestations of the disease, cared for them at home and in case of death they proceeded to bury them immediately, without performing farewell rituals for their relatives, generating annoyance among members of the community. For ancestral practices in the treatment, medicinal plants such as eucalyptus, ginger, lemon and orange were used. **Conclusions:** The ancestral knowledge and practices of the Shuar community allowed them to face the COVID-19 pandemic from their beliefs and culture, but incorporating provisions of the national health authority, which allowed better control of the disease in the community.

Keywords: perception, worldview, medicinal plants, pandemics, COVID-19

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INTRODUCTION

The COVID-19 pandemic, caused by a mutant strain of coronavirus SARS-CoV-2, has generated a severe economic, social and health crisis throughout the world.(1). The first cases of the disease were reported, in December 2019 in the city of Wuhan, China, as outbreaks of rapidly spreading severe pneumonia, manifested by flu-like symptoms, including fever, cough, dyspnea, myalgia and fatigue(23). Globally, according to the World Health Organization as of November 8, 2022, 629,978,289 confirmed cases of COVID-19 have been recorded, including 6,582,023 deaths.(4).That is to say, the COVID-19 pandemic had a global impact both at a health level and on the way of life of the population in general. The impact was more evident in vulnerable populations such as those belonging to native peoples, since inequities in health care, sanitation and preventive measures still persist and require greater attention.(5.6).

The Shuar population is located in Los Encuentros parish, in the province of Zamora Chinchipe. It can highlight that the origin of this community is the product of a fusion of an Amazonian group of Arawak language with another Puruha Mochica language, of Andean background. Their traditional practices include rituals, songs, use of natural elements that are part of their cultural heritage, emphasizing ancestral medicine among them.(7).

The Shuar community has a fervent belief in nature as a healing method. For both men and women, it is of great importance to have extensive knowledge of nature, however, men have traditionally been allowed the work of shamanism. In the Shuar culture, the shaman is the one who cures diseases by taking advantage of the properties of medicinal plants through the performance of rituals.(8).

Based on the above, the perception of the COVID-19 pandemic and its management in the Shuar community can be explained through their Andean worldview, which is a product of the socio-historical context of the people with a natural and cultural environment (9). In this sense, the perception of things as part of a whole and not as fragments of consciousness must be assumed (10,11). Likewise, thanks to phenomenology, we can focus our interest on understanding the human being, and the experiences lived in their daily lives, since everything that happens is a phenomenon (12,13). Phenomenology as a philosophy focuses on the understanding of lived experiences, which helps guide our practice in the performance of the profession (14). Therefore, the objective of the present study was to characterize the COVID-19 pandemic from the Andean worldview of the Shuar community of the Los Encuentros parish.

METHODS

This research corresponds to a study with a qualitative approach, with a phenomenological design. It was developed in the Shuar community of Los Encuentros parish, Yantzaza Canton (15), located in the south of the Ecuadorian Amazon, 67 km from the province capital of Zamora Chinchipe. The study population was made up of 10 participants who met the following inclusion criteria: at least one person within the family nucleus who has had COVID-19, people over 18 years of age who belong to the Shuar community of Los Encuentros, who have lived in the parish during the pandemic and who wish to participate in the study.

To collect data, a semi-structured interview was applied, consisting of 15 questions that covered 3 categories related to the perception of the study participants regarding the COVID-19 disease, the community's experiences in the face of the pandemic, and ancestral practices applied by the study group for the treatment of the disease. From these previously mentioned categories, 12 subcategories were derived (Table 1).

TABLE 1
CATEGORIAL FRAMEWORK

Category	Definition	Subcategory	Anchoring Examples
Perception of the COVID-19 disease	Perception is the individual mechanism carried out by human beings that consists of receiving, interpreting and understanding signals that come from the outside. COVID-19 is a highly contagious respiratory infectious disease caused by coronaviruses that cause respiratory infections that can range from the common cold to more serious diseases such as MERS and SARS.	• Origin of the disease. • Knowledge of COVID-19. • Biosafety measures. • Vaccine appreciation	• "It comes from the air"; "It comes from pharmaceutical companies"; "It was created in China" • "Contagious disease"; "Deadly disease"; "Severe flu" • "Yes, we wear all of them"; "We only wore them when leaving the community" • "It's good for your health"; "It kills us"; "It harms health"
Experiences in the face of the COVID-19 pandemic	It is the apprehension that a subject makes of reality, a way of being, a way of doing, a way of living, etc.	• Signs and symptoms. • Diagnostic methods. • Management of corpses. • Preventive measures. • Access to health. • Vaccine application. • Pharmacotherapy.	• "Flu-like"; "Tiredness and sore throat"; "Loss of taste and smell" • ""Through the symptoms"; "By laboratory tests" • "They cremated them"; "They packed them"; "They buried them directly" • "We did not allow strangers to enter"; "We didn't let people out" • "We did not go by choice"; "They killed us in the hospital" • "Yes, we got it"; "We didn't get it" • "They gave us blisters"; "We took pills"
Traditional medicine practices	Practice is the action that is developed with the application of certain knowledge. Sum total of knowledge, skills and practices based on indigenous theories, beliefs and experiences of different cultures, whether explainable or not, Used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses.	• Ancestral treatment.	• "Ginger waters"; "We drank alcohol"; "Bitter drinks"

The transcription of the information and the analysis of the results were carried out manually according to the guidelines of Tong et al.(16) proposed in the Consolidated Criteria for Reporting Qualitative Research (COREQ). To present the results, subjects were identified using the interview letter "E" with a numerical code that represents the interview number and followed by the letter "H" or "M" to identify whether the participant is male or female. respectively. For data coding, the color technique was used, which allowed the classification of each response into the different subcategories, allowing those that are repeated most frequently to be identified and consolidate the information provided (Table 2).

TABLE 2

Interviewed	Sex	Age
E1	Male	32
E2	Female	28
E3	Male	40
E4	Female	25
E5	Female	36
E6	Female	25
E7	Male	37
E8	Female	38
E9	Female	22
E10	Female	39

Finally, as part of the ethical considerations, prior to data collection, the purpose of this study was discussed with each of the participants, who agreed to be part of it through the informed consent document. In addition, the right to autonomy, respect and confidentiality of the information collected was guaranteed.

Due to the fact that no personal data was requested from the participants, a numerical coding was assigned to each interviewee in order to guarantee their anonymity and therefore the Helsinki ethical principles(17).

RESULTS

Category 1: Perception of the COVID-19 disease

Subcategory. Origin of the disease

In this subcategory, participants express their ideas about the origin of the COVID-19 disease, in relation to their culture, beliefs and values. One of the most relevant results is the description that the participants made about the way the disease presents itself, which is through the air.

"Well, we believed that this disease is a product of the air, because the air is dirty" (E1-H)

"We believed that it is a result of the air" (E5 – M)

"Because of the dirty air that brought it here, that air was" (E6 – M)

However, some participants have a different view regarding the origin of the disease, which is more related to the information that was disseminated by different organizations and media.

"That was because of the Chinese" (E9 – M)

"It is because the Chinese had eaten the bats and from there it spread all over the world" (E10 – M)

Subcategory. Knowledge of COVID-19

In this subcategory, participants mention their opinions about what they know about the COVID-19 disease, showing as one of the most notable results that the disease is transmissible and deadly.

"Yes, we believed, because it was kind of contagious and we had been talking to someone and we were getting infected and for me I do believe it was contagious" (E1 – H)

"That disease did pass to other people because when we talked and sneezed, the air carried it away and we got that COVID which was death" (E2 – M)

"This disease is transmitted by coughing, sharing utensils and sneezing" (E4 – M)

"Transmissible yes, but not deadly because as long as the necessary care is taken, this disease will not kill us" (E10 – M)

Subcategory. Biosafety measures

As for this subcategory, the majority of those interviewed indicated their position regarding biosafety measures, specifically the use of masks and alcohol.

"Yes, we wear the mask above all" (E6 – M)

"Not so much. That's why in my family we only wear the mask and that's only when we were going to leave, the rest of us don't wear them because when we're here we just don't wear anything" (E7 – H)

"Yes, because those were very important to not infect others" (E8 – M)

"Yes, we wore the mask because many times we didn't know how it was spread, so these things did help us not get infected when we went out" (E9 – M)

Subcategory. Vaccine appreciation

Regarding the appreciation of the vaccine, they stated that they agreed with the vaccine because it helped them improve their health.

"I do think they are good, although some say vaccines continue to eat organs and are bad" (E2 – M)

"The vaccine is good and I got vaccinated, that was the first dose and it went well too, so it took away my fever and everything" (E8 – M)

"Good because when I got the vaccine, I didn't get COVID again, my arm only hurt for two days" (E10 – M)

On the other hand, some interviewees stated that they did not agree with the vaccine because they considered it bad for their health.

"It is not good. It is not necessary to get vaccinated because before they lived for a long time without getting vaccinated" (E4 – M)
"I think it's bad because some family members' bodies and arms hurt when they put that, so I didn't even get any of those vaccines because it hurts us" (E9- M)

Category 2: Experiences in the face of the COVID-19 pandemic

Subcategory. Signs and symptoms
Regarding signs and symptoms, the interviewees expressed that the main sign presented was the general discomfort of the body. However, it is worth mentioning that there are certain variations that depend on the individual manifestations of the immune state.
"Bone pain, body discomfort, headache" (E4 – M)
"Regardless the fatigue and the sweat, that wanted to kill me. It left me without spirit, without spirit" (E2 – M)
"This was just a pain in the body that did not allow me to eat and did not allow me to walk. I normally had no taste" (E3 – H)
"He had a cough, a little fever, and body discomfort. He said his bones hurt and had a lot of mucus" (E10 – M)

Subcategory. Diagnostic methods
In relation to this subcategory, the participants express their experiences about the diagnostic methods for COVID-19 where one of the most relevant results is that they used the symptoms as an indicator to know that they had the disease.
"It was because of the discomfort we had, because of that and we knew it was COVID because they already told us that they got it and knew what it was like" (E3 – H)
"We already knew the people who had COVID, because the first ones with that had the same thing as us" (E6 – M)
"So, they had breathing problems, they had no taste, because of the flu and so on" (E7 – H)
Despite the above, some participants resorted to other diagnostic methods that are more in line with the ways promoted by the authorities for the detection of COVID-19.
"I got tested after I had symptoms, so I got tested and it came back positive" (E4 – M)
"Because he was coughing, he had a fever, they didn't leave the house too, that's why. Yes, I had the one where they pricked your finger with a needle and the blood came out and everything came back positive" (E9 – M)

Subcategory. Management of corpses
In this subcategory, the interviewees expressed their experiences related to the handling of corpses where one of the most notable results is that alterations occurred in the common rituals carried out by the community regarding the vigil of the deceased.
"We kept vigil here privately. We kept vigil over them and then we came here to the cemetery and we buried him" (E5 – M)
"They didn't keep vigil over them at all, only those who took him buried him directly on the same day" (E6 – M)
"They packed them up and took them straight to the cemetery" (E4 – M)
"They didn't let them keep vigil over them, they made them go and bury them directly in the cemetery because it was prohibited and people were scared of us" (E10 – M)

Subcategory. Preventive measures
Regarding prevention measures, the participants indicated that the entry and exit of the population was restricted in the community as the main method to avoid infections.
"It is forbidden for unknown people to enter" (E2 – M)
"We didn't just let people leave the community like that" (E3-H)
"No, we didn't go out or let them come in from anywhere else" (E7 – H)
"We put a sign there on the bridge that strangers should not enter" (E8 – M)
"People who are not from here were not allowed to enter" (E9 – M)

Subcategory. Access to health
Regarding access to health, the participants express that in their community the majority of people did not go to health services by their own decision. Therefore, the management of their illness was at home.
"We didn't go to the hospital; we didn't go. I'm not going to lie to you I didn't have medical attention" (E3 – H)
"Yes, we may have gone to the hospital, but we never went because it was better for us to stay at home" (E8 – M)
"There was a way to go, just get us treated at the hospital, but I didn't go" (E10 – M)
However, different experiences were presented in which it was evident that some did go to receive care at a health facility.
"You could just go, but the truth is I didn't go there, I went to what's called a clinic or laboratory, then the health centers at the meetings followed me up" (E4 – M)
"Yes, it was accessible. That's why I went to get that test done, the I told you about and from there they sent me those pills that I didn't take" (E9 – M)

Subcategory. Vaccine application
In this subcategory, the interviewees express that the majority of the population did get the vaccine but that it was more out of obligation than of their own decision.
"Yes, they were asked to do so, but they were forced to do so because from there they said that it was bad" (E1 – H)
"Of course, they got it because the certification was, as I say, required so we could get on those buses, taxis, lately in the restaurants. And we had to go and get them, out of obligation" (E7 – H)
"The majority did get it, but some said that it is good because it cured them and so it was more like they got it out of obligation" (E8 – M)
However, some participants point out that in the community they did not accept the vaccine.
"No, they didn't accept it at first, because, because it scared them" (E5 – M)
"They didn't accept because they didn't want to, because they said that if they got vaccinated those people would die" (E6 – M)

Subcategory. Pharmacotherapy
In this subcategory, two participants mention that they underwent pharmacological treatment to recover.
"A vial of vitamins" (E3 – H)
"Well, the doctor sent us to take some pills for COVID and with that we were cured" (E10 – M)

Category 3: Traditional medicine practices

Subcategory. Use of medicinal plants
In this subcategory, the interviewees express that they used medicinal plants as a treatment for COVID-19.
"We ate ginger with orange, eucalyptus, lemon" (E2 – M)
"I took it, drink it, we have a product. We really have natural bitters from here that we used that ginger, eucalyptus. That's what I had" (E3 – H)

"We made a preparation with orange, lemon, ginger, a little drink and we also drank a lot of hot water" (E7 – H)
"Ginger, lemon, orange and alcohol, also use lemon verbena, and garlic" (E8 – M)

DISCUSSION

The Andean worldview represents a vision of reality, built through the socio-historical context of the people and their natural environment. During the health emergency due to the COVID-19 pandemic, native communities such as the Shuar community had a perception and experiences of the disease based on their customs and beliefs. These aspects are best explained from phenomenology, since it allows an understanding of the lived experience, an experience that is assumed as part of a whole through sensations, considering that nothing is learned immediately but through the experiences of events.

In this sense, from the analysis of the categories in this study, the following results were obtained:
In the category "perception of the COVID-19 disease", origin and knowledge of the disease, application of biosafety measures and appreciation of the vaccine against the disease were assessed. Thus, regarding origin, one of the most common expressions among the participants was that this disease is a product of the air. On the other hand, in terms of knowledge, the opinion of the participants was that the disease is communicable and fatal. In the subcategory related to biosafety measures, participants highlighted that they consider the use of masks and alcohol to be appropriate and useful as the main method to stop infections. Regarding the appreciation of the vaccine, the participants stated that they agreed with its application because it helped them improve their health.

These results are comparable with other studies such as that of Reyes Gomez(18) carried out in the indigenous population of Chiapas, in which it determined that the origin of the disease, according to the perception of those interviewed, was that the coronavirus is present in "dirty air", contaminated with "cold property", which is potentially harmful and probably cause of death. Regarding knowledge of the disease, there is similarity with the study carried out by Flores Choque et al.(19), which shows that the majority of the population knows the characteristics of the pandemic. Also, regarding biosafety measures, a certain similarity was found in the study carried out by Malán Lema (20) where the participants also wore the mask despite stating that it bothered them, they could not breathe and they had a headache. Regarding the appreciation of the vaccine, the results obtained differ from a study carried out by Castrillo Guzmán et al.(21) since although the majority of the residents declared their intention to get vaccinated, there was another proportion that had no intention of doing so, either due to fear, distrust and considering that it is not safe.

Regarding the category of "experiences facing the COVID-19 pandemic", aspects related to signs and symptoms of the disease, diagnostic methods, handling of corpses, prevention measures, access to health, application of vaccines and pharmacotherapy, the results indicate that the majority of those interviewed experienced general body discomfort, including fatigue, sore throat, fever, headache and chills. The manifestation of these symptoms constituted, for the study population, a diagnostic method to deduce that a person suffered from COVID-19. Regarding the handling of the corpses, those interviewed expressed that they were not able to hold a wake for the deceased. Regarding prevention measures, the community restricted the entry and exit of the population as the main method to avoid infections. The majority decided not to access health services; however, a large proportion of the population did get the vaccine, indicating that it was more out of obligation than of their own free will. In reference to the use of pharmacological treatment, only two participants stated that they had used medications to recover from the disease.

These results were contrasted with the study carried out by Flores Choque et al.(19) where it was evident that the interviewees presented characteristic symptoms of COVID-19 such as high fever, discomfort throughout the body, lack of appetite, muscle pain, back pain, loss of strength, weakness and stomach pain. They also stated that, within the treatment used, the use of a conventional drug such as paracetamol stood out. Regarding the handling of corpses, there were differences with what was determined in Tuaza Castro's study(22), since it pointed out that the residents remained with the deceased, without accepting the restrictions of the emergency operations center (COE). However, there was similarity with regard to prevention measures, since the participants stated that they accepted the isolation protocols, understanding "stay at home", as staying in the community. In this same sense, in the study of Malan Lema (20), it was evident that in the community studied, controls were carried out, restricting entry to the community, complying with the mandatory quarantine for those who wished to enter and preventing the departure of community members. Regarding the application of the vaccine, similarity was found with the study carried out by Flores Choque et al.(19) since the results showed that the majority of the population received the first dose.

Regarding the third category related to "traditional medicine practices", specifically with the use of medicinal plants, it was evident that the majority of the participants in this research used eucalyptus, ginger and lemon for their medicinal properties. These results are similar to those of the study carried out by Chicaiza Calapaqui (23) where the most used plants were eucalyptus, mint, plantain, onion and ginger. This was also evident in the study by Tuaza Castro(22) where vaporizations with mint, eucalyptus, Marco and Santamaría plants were used.

CONCLUSIONS

The Shuar community has a fairly accurate perception regarding the origin of COVID-19, since the majority of the participants express that the disease comes from the air, is transmissible and can cause death. Likewise, they considered the biosafety and vaccination measures contemplated by the Ministry of Health to be positive and adequate, which allowed them to use these to avoid contracting the disease. Regarding the experiences, they implemented measures to prevent contagion, such as restricting access to their territories. Regarding the identification of sick people, it was done by manifestation of characteristic symptoms of the disease, the same ones who were treated at home and in case of death they were buried immediately, without being able to perform the farewell rituals for their relatives, generating annoyance among community members. Regarding the ancestral practices used to treat the COVID-19 disease, the use of medicinal plants such as eucalyptus, ginger, lemon and orange was evident, which thanks to their healing properties allowed the health of people sick with COVID-19 to be restored in a natural way.

CONFLICT OF INTERESTS

The authors state that there is no any type of conflict of interest.

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