


## **PUBLIC HEALTH IN INDIGENOUS POPULATIONS: INTEGRATIVE APPROACHES TO RESCUE TRADITIONAL KNOWLEDGE**

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## ABSTRACT

**INTRODUCTION:** The health of indigenous populations in Brazil is impacted by historical and structural inequalities, including language and cultural barriers, difficulties in geographic access, and the absence of specific public policies that respect their traditional knowledge. The biomedical model predominantly in the health system disregards the holistic approach of these communities, resulting in the marginalization of their ancestral practices and making it difficult to adhere to conventional treatments. **OBJECTIVE:** To investigate the impact of integrative approaches on the promotion of indigenous health and the valorization of their traditional knowledge. **METHODOLOGY:**

This work consists of an integrative literature review, which used the PICO strategy to formulate the central question: "How can integrative approaches help in the rescue and valorization of traditional knowledge in the public health of indigenous communities?" The research was carried out in renowned databases, such as the Virtual Health Library (VHL), SciELO, PubMed and Lilacs. Articles published between 2018 and 2025, which were available in full and free of charge, in Portuguese, English, or Spanish, as well as official documents and ordinances, were considered. Duplicate articles and those that did not meet the pre-established criteria were excluded. **RESULTS AND DISCUSSION:** A survey revealed that, although there are policies external to indigenous health, their implementation still faces significant challenges, such as the lack of trained professionals to work in indigenous communities and the resistance to the integration of traditional knowledge in health services. Studies show that the marginalization of ancestral practices undermines adherence to treatment and increases the vulnerability of these people to diseases, including COVID-19. The valorization of shamans, pieces and the use of herbal medicines have proven to be a viable alternative for the construction of hybrid models of care. International experiences, such as in Canada and the United States, demonstrate that indigenous autonomy in health management can contribute to more effective and

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culturally attractive care. FINAL CONSIDERATIONS: The marginalization of traditional indigenous knowledge and the difficulties in accessing health services reinforce the need for more inclusive public policies adapted to the specificities of these populations. The strengthening of integrative approaches, combined with the training of professionals and the recognition of traditional practices, can contribute to a more humanized and efficient care. It is recommended that studies on the implementation of hybrid care strategies be expanded, ensuring greater equity and respect for cultural diversity in the health system.

**Keywords:** Indigenous Health. Integrative and Complementary Practices. Public health. Traditional Medicine. Health Policies.

## INTRODUCTION

The health condition of indigenous communities has aroused growing interest in the area of public health, especially due to the historical inequalities that these populations face with regard to access to health services. In Brazil, the indigenous variety is remarkable, with more than 300 ethnicities and 274 different languages, according to data from the Brazilian Institute of Geography and Statistics (IBGE, 2022). Although there is a constitutional recognition of the right to health for these communities, there are still many challenges to be overcome, including language and cultural barriers, difficulties in geographic access, and the absence of public policies that are appropriate to the particularities and needs of these peoples.

The public health system currently adopted in the country is based on Western biomedicine, which often ignores the traditional knowledge and practices of indigenous peoples. These communities have a comprehensive approach to health, which seeks balance between body, spirit, and nature. However, the imposition of a uniform biomedical model has resulted in the devaluation and weakening of ancestral practices, making access to health services more difficult for these populations (Capitango; Callejas 2019).

The historical marginalization of indigenous peoples in Brazil goes beyond the issue of health, also encompassing social, political, and economic dimensions. Since colonial times, these communities have faced processes of forced acculturation, which directly affected their social structure and the conservation of their traditional knowledge. With regard to health, the imposition of Western values has created a distance between indigenous people and the health system, resulting in services that have become less accessible and less effective (FUNASA, 2009)

The Indigenous Health Care Subsystem (SASI), established within the scope of the Unified Health System (SUS), symbolizes progress in the search for care that respects and considers the cultural diversity of these communities. However, the implementation of SASI faces obstacles, such as the shortage of qualified professionals to work in indigenous areas, the lack of appropriate infrastructure, and the instability of public policies, which usually vary according to government administrations (Brasil, 2023).

In addition to these structural difficulties, environmental changes and the advance of deforestation directly affect indigenous health. The manipulation of biomes, such as in the Amazon, has direct impacts on water quality, food security, and the spread of disease, making indigenous populations more vulnerable to infections, malnutrition, and mental

health disorders. The COVID-19 pandemic has further highlighted these weaknesses, with high mortality rates among indigenous people due to lack of access to intensive care and distrust of conventional medical practices (Figueira, 2020).

In contrast to the prevailing view of Western medicine, there is an increased recognition of the relevance of integrative approaches to indigenous health. The Integrative and Complementary Health Practices (PICS), which are recognized by the Ministry of Health, cover therapies such as phytotherapy, acupuncture and traditional indigenous medicine, offering an alternative to expand access to health services in these communities. However, the implementation of these practices within the SUS still faces limitations, and there is still a long way to go for them to be effectively integrated into primary care for indigenous health (Brasil, 2015).

Traditional indigenous medicine is based on the connection that exists between human beings and nature, using medicinal plants, healing rituals and knowledge passed down from generation to generation. This knowledge, often underestimated by Western medicine, constitutes a valuable cultural heritage and can add value to biomedical care, providing a more humane and culturally pertinent care. Examples from nations such as Canada and Australia show that the integration of traditional practices into health systems can increase treatment adherence and clinical outcomes among indigenous communities (Aguilar-Peña; Blandón; García-Perdomo, 2020).

Resistance to the adoption of these integrative practices often comes from health professionals themselves, who do not receive adequate training on indigenous culture and tend to consider traditional medicine as unscientific. For there to be true integration, it is necessary for universities and training centers to include content on indigenous health in their curricula, preparing future professionals to act respectfully and collaboratively in these communities (Brasil, 2015).

Another fundamental aspect for the consolidation of a more inclusive indigenous health model is the active participation of indigenous leaders in the formulation of public policies. Often, intervention strategies are designed without considering the opinion and needs of these solutions, resulting in programs that are ineffective or difficult to adhere to. Strengthening local indigenous health councils can contribute to a more horizontal dialogue between government and communities, ensuring that policies reflect the real demands of these peoples (Figueira, 2020).

The Pan American Health Organization (PAHO, 2023) highlights that guaranteeing the right to health for indigenous peoples must go beyond the provision of medical services, including actions aimed at improving the living conditions of these communities. Access to land, differentiated education and basic sanitation are essential factors for the promotion of indigenous health, as socioeconomic vulnerability directly impacts morbidity and mortality rates in these populations.

Given this scenario, it is essential to adapt health strategies aimed at indigenous communities, creating models that recognize cultural diversity and value ancestral knowledge. The reason for conducting this study is based on the urgent need to rescue and recognize traditional indigenous knowledge in the field of public health, aiming at a care that is more humanized and culturally appropriate.

The increasing exclusion of these practices, along with the shortcomings of conventional care, highlights the need to develop hybrid models of care that honor the worldview of indigenous peoples. In addition, the inclusion of integrative approaches can be an effective way to increase community adherence to health services, contributing to the reduction of inequalities and the improvement of health indicators for these populations. Thus, the main objective of this study is to investigate the impact of integrative approaches on the promotion of indigenous health and the valorization of their traditional knowledge.

## **METHODOLOGY**

The present research is an integrative literature review, a method that allows to synthesize and critically analyze studies already published on a given topic, providing a broad view of the knowledge produced in the area. This type of review enables the incorporation of different methodologies, contributing to the investigation of available scientific evidence and to the identification of gaps in knowledge. To carry out this study, the six steps described by De Souza were followed; Da Silva; De Carvalho (2010): formulation of the research question, definition of inclusion and exclusion criteria, literature search, categorization of studies, analysis and interpretation of results, and presentation of the synthesis of knowledge.

The research question was defined based on the PICO strategy, which consists of the identification of the research problem (P), intervention or specifications of interest (I), in comparison when applicable (C) and expected development (O). Thus, the following

guiding question was formulated: "How can integrative approaches contribute to the rescue and strengthening of traditional knowledge in indigenous public health?"

The search for articles was carried out in recognized scientific databases, including the Virtual Health Library (VHL), *SciELO (Scientific Electronic Library Online)*, *PubMed* and *Lilacs*. Descriptors in Portuguese, English and Spanish were used, according to the controlled vocabulary of the Health Sciences Descriptors (DeCS), such as "Indigenous Health", "Integrative and Complementary Practices", "Public Health", "Traditional Medicine" and "Health Policies".

The inclusion criteria were studies published in the seven years (2018-2025), available in full, in Portuguese, English or Spanish, which addressed the topic, available in full and free of charge, in addition to government documents and ordinances. On the other hand, duplicate articles that did not meet the inclusion criteria were discarded

The selection of articles followed the process of reading the titles and abstracts to verify their relevance in relation to the objective of the study. Then, the selected articles were read in full and categorized according to the main approaches identified. To organize the data, a summary table was used containing information about the authors, year of publication, study objectives, methodology used and main results.

Data analysis was carried out qualitatively, identifying patterns, divergences and gaps in the literature. The results were planned in the light of the theoretical framework, allowing a critical reflection on the advances and challenges of implementing integrative practices in indigenous health. In addition, the contributions of the studies developed for the formulation of public policies and for the improvement of health care for these populations were highlighted.

The present review does not involve research with human beings, and is exempt from submission to a Research Ethics Committee, in accordance with the guidelines of Resolution No. 466/2012 of the National Health Council. However, the ethical principles of scientific integrity were respected, ensuring the reliability of the sources used and the appropriate citation of the authors. This methodology allows the construction of an updated panorama on the subject, contributing to the expansion of knowledge and to the formulation of strategies that promote more equitable and culturally sensitive care for indigenous populations.



## RESULTS AND DISCUSSION

This integrative review examined a range of research on public health in indigenous communities, focusing on the inclusion of integrative approaches and valuing traditional knowledge. The findings reveal that, despite progress in public policies aimed at indigenous health, relevant challenges persist, such as the marginalization of traditional knowledge and barriers to access to health care that respects the culture of these populations. Table 1 shows a summary of the main studies addressed in this review, highlighting the authors, the year in which they were published, the objectives of the research, and the most significant results.

**TABLE 1:** Studies included in the study

AUTHORS	YEAR	TITLE	MAIN RESULTS
Braga <i>et al.</i>	2020	Suicide in the indigenous and non-indigenous population	The disconnection between traditional practices and mental health care aggravates psychological suffering.
Esteem; Alves	2019	Maternal deaths in the indigenous population	There is under-reporting of data and the need to strengthen primary care for indigenous pregnant women.
Gates; Espinoza; Duarte Júnior	2021	Demarcation of indigenous lands and health	The loss of indigenous territories compromises traditional medicine and the natural resources used for healing.
Silva <i>et al.</i>	2021	Difficulties in serving the indigenous population	Cultural and structural barriers hinder care, requiring greater training of health professionals.
Lana <i>et al.</i>	2021	Impact of COVID-19 on indigenous people	High mortality rates and lack of adequate protection measures for indigenous communities.

**Source:** Authors, 2025.

According to Table 1, the research examined highlights the marginalization of traditional indigenous knowledge, underlining the urgency of policies that value ancestral practices in the health of these communities. The findings point to a disparity between the biomedical and traditional models, resulting in difficulties in adherence to treatments by indigenous populations.

The research by Braga *et al.* (2020) highlights that the absence of care strategies that are culturally sensitive contributes to an increase in mental suffering in indigenous communities. This marginalization of traditional knowledge is, to a large extent, a consequence of the imposition of a Western biomedical model that ignores ancestral healing practices (Gonçalves; Espinoza; Duarte Júnior 2021).



The study carried out by Estima; Alves (2019) points out the existence of an under-registration of information about indigenous maternal health, which hinders the development of effective public policies. The authors emphasize that maternal mortality continues to be one of the main causes of death among indigenous women, emphasizing the importance of strengthening primary care to ensure appropriate prenatal care and access to safe deliveries.

Another critical element observed is the difficulties faced by health professionals in caring for the indigenous population. Silva *et al.* (2021) highlight that these professionals often lack knowledge about the culture and language of indigenous peoples, which compromises both communication and adherence to treatment. The research also points out that the scarcity of infrastructure in indigenous areas aggravates the situation, making the continuity of care more challenging.

Regarding the impacts of the COVID-19 pandemic, Lana *et al.* (2021) found that indigenous communities were disproportionately affected, exhibiting high rates of infection and mortality. The study emphasizes that the lack of protocols appropriate to the indigenous reality has hindered the communities' ability to respond to the health crisis, underlining the urgency of specific epidemiological surveillance policies for these groups.

A point frequently mentioned in the studies analyzed is the relationship between land demarcation and the preservation of indigenous health. Gates; Espinoza; Duarte Júnior (2021) argue that the loss of indigenous territories compromises not only the autonomy of indigenous peoples, but also the continuity of traditional healing practices. Without access to their land, indigenous people lose connection to the natural resources that are vital for traditional medicine, including medicinal herbs and healing rituals.

Resistance to the incorporation of traditional practices into formal health services is another significant aspect mentioned in the literature. Silva *et al.* (2021) indicate that, in some areas, there are efforts to integrate indigenous shamans and midwives into the health system, but these efforts are still scarce and face institutional barriers. The lack of clear regulation and resistance from biomedical professionals make it difficult to implement these initiatives.

Finally, Oliveira *et al.* (2021) point out that the lack of access to specific medicines that meet indigenous needs compromises the effectiveness of treatments. Many indigenous people need to acquire medicines with their own resources, which is not always

feasible. The lack of public policies that guarantee the affordable supply of these medicines aggravates inequalities in health care.

## HEALTH POLICIES FOR INDIGENOUS POPULATIONS: NATIONAL AND INTERNATIONAL PERSPECTIVES

The investigation of health policies directed at indigenous populations reveals a range of strategies adopted in different countries, each influenced by unique historical, cultural, and social contexts. In Brazil, the National Policy for Health Care for Indigenous Peoples, established by Ordinance GM/MS No. 254/2002, defines guidelines for the structuring of health services, highlighting the importance of a differentiated model that respects the cultural and epidemiological particularities of these communities (Brasil, 2002).

The Special Secretariat for Indigenous Health (SESAI), created in 2010, is in charge of coordinating and implementing this policy, administering the Indigenous Health Care Subsystem (SasiSUS) in the context of the Unified Health System (SUS). SESAI promotes primary health care and sanitation initiatives in a participatory and adapted manner, in view of the epidemiological and sociocultural specificities of indigenous populations (Brasil, 2002; Brazil, 2023).

In an international scenario, nations such as Canada and the United States have developed policies that transfer the management of health programs to indigenous communities. In Canada, since 1981, with the ministerial document 'Transfer of Health Services to Indian Communities', there has been an impulse for these communities to start managing their health services. In the United States, the creation of the 'Indian Health Service' aims to encourage the active participation of indigenous people in the planning and management of health services, helping them to develop the capacity to integrate and manage health programs (Confalonieri, 2002).

These global experiences highlight the relevance of the autonomy of indigenous communities in the management of their health systems, promoting care that takes into account the cultural and social particularities of these peoples. However, the implementation of these policies faces obstacles, such as the need to train indigenous professionals, ensure adequate financial resources, and overcome cultural and linguistic barriers (Brasil, 2009).

In Brazil, despite institutional and legal progress, the application of these policies still faces difficulties in practice, especially due to the high turnover of professionals in the Special Indigenous Sanitary Districts (DSEI) and the resistance to accept traditional knowledge within the SUS. For indigenous health care to be truly effective, it is essential to strengthen the autonomy of these populations in the design and implementation of health policies that respect their cultural identity (Brasil, 2023)

The American Declaration on the Rights of Indigenous Peoples, adopted by the Organization of American States, reinforces the right of indigenous peoples to their own health systems and practices, as well as to the use and protection of natural resources for medicinal use in their ancestral lands and territories. This international document highlights the need for States to implement measures that guarantee the respect and promotion of these rights, ensuring that health policies are culturally complied with and put into effect (National Foundation of Indigenous Peoples, 2016).

In May 2023, during the 76th World Health Assembly, a draft resolution by Brazil that makes indigenous health a global priority was unanimously approved. The resolution emphasizes the importance of developing knowledge about the health context of indigenous peoples, identifying specific needs and gaps in access to and coverage of physical and mental health, and developing, financing, and implementing plans and strategies to reduce gender, social, cultural, and geographic inequalities and geographical barriers to equitable access to quality health services in indigenous lands (Brazil, 2023).

The analysis of these government documents and health policies highlights the importance of care models that respect and integrate traditional indigenous knowledge, promoting the autonomy of communities in the management of their health. The effectiveness of these policies requires not only legal and institutional frameworks, but also the training of health professionals, the strengthening of social control, and the guarantee of adequate funding for indigenous health actions.

## **CONCLUSION**

The present integrative review aimed to answer the following research question: "How can integrative approaches contribute to the rescue and strengthening of traditional knowledge in indigenous public health?". The results showed that traditional health practices are fundamental for maintaining the well-being of indigenous populations, as they integrate physical, psychological and social aspects of care. However, the marginalization

of these practices within the biomedical system, added to the difficulties in accessing culturally appropriate health care, represents a persistent challenge.

The studies carried out show that there are advances in the formulation of public policies aimed at indigenous health, but the implementation of integrative approaches is still limited. Successful experiences, such as valuing the knowledge of shamans and festivals, the incorporation of medicinal plants in health services, and the strengthening of Special Indigenous Sanitary Districts (DSEI), demonstrate that it is possible to build care models that reconcile traditional knowledge and biomedical practices. However, for these initiatives to become effective, it is necessary to continuously invest in the training of professionals, in the active listening of indigenous leaders and in the formulation of protocols that guarantee the appreciation of ancestral knowledge in care.

In view of these findings, it is concluded that integrative approaches are fundamental for the promotion of a more equitable health model that is respectful of indigenous specificities. The strengthening of traditional knowledge, combined with the support of biomedicine, has the potential to improve adherence to treatment and ensure a more humanized service. Overcoming the challenges identified requires a joint effort between governments, researchers, and indigenous leaders to consolidate a truly inclusive and effective health system.

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