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Narratives from participants in the Introduction to Indigenous Peoples' Health Course: protagonism and diversity for work in indigenous contexts

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Graphic Abstract

Abstract

There is a demand for training professionals to work in indigenous health contexts and indigenous protagonism is growing in different fields of knowledge to address their own sociopolitical issues. This article presents a documentary analysis with a qualitative approach and thematic content analysis. The documents analyzed were narratives written by participants in the Introduction to the Health of Indigenous Peoples course, offered by a university, with the participation of indigenous and non-indigenous people, leaders, health workers and students from different regions of Brazil. Three categories of experiences were analyzed: indigenous presence and protagonism in the course experience; learning in the encounter of diversities with active teaching-learning methodologies; training for work in indigenous health. It was noticed that the use of active methodologies enabled a participatory course, valuing indigenous presence and protagonism. It presented an innovative way by offering spaces for knowledge construction and professional training in an accessible way, in a remote model, valuing the different knowledge and trajectories of the participants.

Keywords: Health of Indigenous Populations. Health Education. Training of Human Resources in Health. Indigenous Peoples. Problem-Based Learning.

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INTRODUCTION

Primary health care[1] and the health promotion paradigm inspired the Brazilian health reform and the structuring of the Unified Health System (SUS) for a new model of care[2], having as its pillars the education-health axis and responding to the health needs of the population.

Brazilian public policies gave greater visibility to the specific needs of indigenous peoples after intense movements of demands from indigenous groups, culminating in the creation of the Indigenous Peoples' Health Subsystem (SASISUS), initially linked to the National Health Foundation in 1999, being incorporated to the SUS through the Special Secretariat for Indigenous Health in 2010[3].

The National Health Policy for Indigenous Peoples (PNASPI) states in its general purpose that the sociocultural diversity of indigenous people must be included in indigenous health actions, recognizing "the effectiveness of their medicine and the right of these peoples to their culture"[3]. To achieve the principle of differentiated care recommended by PNASPI, there is a need for training to work in the context of indigenous health, a recommendation from the National Indigenous Health Conferences, held since 1986[3].

In practice, what is noticed in indigenous health care services is that professionals are not always prepared to work in interethnic contexts[4]. In addition to developing specific training courses in indigenous health, it is suggested that there be spaces for ongoing education within indigenous health teams[4].

In health degrees this is no different; teaching about indigenous health or the development of cultural competence is still absent in most educational institutions in the country, distancing future professionals from the realities they will work in and what public policies propose[5].

On the other hand, indigenous protagonism is growing in different fields of knowledge - including health - to address their own socio-political issues, which enhances the reorientation of training models for indigenous health, following recent national movements to address indigenous issues, similarly to other countries[6,7].

During the COVID-19 pandemic, the Articulation of Indigenous Peoples of Brazil (APIB) played a fundamental role in highlighting the negligence of the Brazilian State in relation to the vulnerabilities of indigenous peoples in that health context. Responding to the complaint, the Federal Superior Court ordered the development of a COVID-19 Coping and Monitoring Plan among indigenous peoples[8].

The Federal University of São Carlos (UFSCar) is one of the pioneering Brazilian universities in reserving places for indigenous people through affirmative actions. Since 2008, the indigenous presence has stimulated a series of projects and programs in the field of indigenous health, including an extension course introducing the health of indigenous peoples, in partnership with other institutions and collectives.

The Introduction to the Health of Indigenous Peoples course, launched in 2021, in the context of the COVID-19 pandemic, has the general objective of providing a space to learn about and reflect on the complexity of the health of indigenous communities. Different cultures, specific health systems and conceptions of the health-disease process are discussed, providing an initial approach to the context of indigenous health in Brazil, in a dialogue between the academic community and society in general, bringing together indigenous and non-indigenous people.

To date, three annual editions have been held, free of charge, entirely in remote format, with synchronous meetings and asynchronous activities, lasting 60 hours. For UFSCar students there was the possibility of taking it as an elective course, counting credits towards graduation.

Considering the scarcity of digital resources and limited connectivity in the course participants' locations, the use of complex virtual course platforms that required a high-quality connection was avoided, which was

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also described in the course experience reported by El Kadri[9].

To overcome these issues, we sought to carry out individualized monitoring and use communication and information tools that are more accessible and common to most people's daily lives, such as email, WhatsApp and video calls via Google Meet.

The methodology used came from the experience of the coordinating group with the development of the Conversation Circles on the Health of Indigenous Peoples, an extension project developed since 2016[10]. The theoretical framework of the educational proposal is Popular Health Education, using strategies and instruments from active teaching-learning methodologies, inspired by problematization, culture circles, the constructivist spiral and problem-based learning[11,12].

The course was organized into four modules: Indigenous Identity; Indigenous Health Care; Indigenous Rights and Health; Indigenous Education and Health. In each module there were small and large group moments, with mediation by indigenous university students, teachers and guests, with the construction of collective and individual tasks.

The course work team was made up of 21 people in 2021, 26 in 2022 and 29 people in 2023. Among the teachers, with diverse experiences with indigenous health, there were doctors, nurses, occupational therapists, physiotherapists, dental surgeons and anthropologists. The indigenous university mediators belonged to the courses of medicine, nursing, occupational therapy, psychology, physiotherapy, gerontology, tourism, special education and pedagogy.

Course participants were divided into four small groups, with two indigenous university students permanent throughout the course. Teachers alternated in mediation for each module.

This article aims to analyze the experiences of participants in the three editions of the Introduction to the Health of Indigenous Peoples course of the Federal University of São Carlos ou UFScar. We sought to explore the course's interface with PNASPI indigenous health policies, in addition to addressing the invisibility of the approach to indigenous populations in undergraduate and postgraduate health curricula and the difficulties of continuing education in indigenous health services.

METHODOLOGY

This is documentary analysis research with a qualitative approach, seeking an analytical and systematic path to make possible the objectification of a type of knowledge that has as its raw material documents that bring opinions, values, representations, relationships and human and social actions, from the perspective of people in intersubjectivity[13].

Documentary research seeks to understand phenomena using specific techniques for the seizure and understanding of various types of documents, adopting a process of selection, collection, analysis and interpretation of data[14]. In this research, the documents analyzed were the narratives written by Course participants in the 2021, 2022 and 2023 editions[12].

The narrative, according to Benjamin[15], is understood from the relationship between experience, time and memory; in an act of narration, which does not seek to be a novel, nor a report, but a story woven from one's own reminiscence. “The narrator takes what he tells from his own experience or from that reported by others”, reflecting that narratives do not originate from an isolated individual, but, mainly, from interpersonal relationships[15].

The narratives were constructed by the participants as a course assignment. In the penultimate meetings, fifteen minutes were reserved for writing, based on the following trigger: “How has your experience of participating in the Introduction to the Health of Indigenous Peoples course been like? What would you like to highlight about this experience so far?”.

In the article, the narratives are identified with a number and two pieces of information about the narrator: indigenous or non-indigenous; student, professional or leadership;

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course participant or organizer.

In 2021, of the total of 63 people involved with the course, 44 constructed narratives, 12 of which were mediators and 32 were course participants. In 2022, of the total of 65 people involved with the course, there were 42 narratives, with 13 from mediators and 29 from course participants. In 2023, of the total of 78 people involved with the course, there were 41 narratives, with 13 from mediators and 28 from course participants. This resulted in 127 narratives. The characteristics of the narratives, considering the total number of people involved in the course, are described in table 1; the profile of the narrators is described in table 2.

Table 1 - Characteristics of the narratives, considering the total number of people involved in the course, Brazil, 2021 – 2023.

Year	Total people involved in the course	Total of narratives	Mediator narratives	Course participants' narratives
2021	63	44	12	32
2022	65	42	13	29
2023	78	41	13	28

Table 2 - Profile of Narrators, Brazil, 2021 – 2023.

Year	Indigenous	Mixed race	White	Black	Women	Men	Non-binary
2021	51.4%	25.7%	20%	2.9%	74.3%	25.7%	-
2022	40.9%	9.1%	45.5%	4.5%	51.1%	42.9%	-
2023	62.5%	6.3%	27.1%	4.2%	64.6%	33.3%	2.1%

Among the narrators, ethnic diversity stands out in all editions, totaling 36 different peoples, with the participation of indigenous people: Atikum, Aweti, Baniwa, Baré, Dessano, Fulni-ô, Guarani-Kaiowá, Guarani-Ñandewa, Jiripancó, Kaingang, Kapinawá, Karipuna, Karitiana, Kiriri, Kokama, Macuxi, Munduruku, Nambiwara, Pankará, Pankararu, Patamona, Potiguara, Sabanê, Sateré-Mawê, Tariano, Tentehar (Guajajara), Tikuna, Tukano Tumbalalá, Tupinikim, Tuxá, Wai-wai, Wanano, Xavante, Xucuru de Ororubá, Xucuru Kariri and Yanomami.

The diversity present in the course editions also refers to the variety of occupations of the participants. There were students from various undergraduate courses, mainly related to health; teachers; professionals from multidisciplinary indigenous health teams, leaders and those interested in the topic.

This research was developed by course mediators: three professors and five indigenous university students, involved in the construction and development of various stages of the course.

Data construction was carried out inspired by the process described by Luna and collaborators[16] and by thematic content analysis according to Minayo, Deslandes and Gomes[13].

Moment 1: survey of narratives written by participants in course editions;

Moment 2: pre-analysis, through immersion within the materials;

Moment 3: each researcher constructed a conceptual map, based on reading the material, highlighting three main themes identified[16]. The conceptual map comes from the theory of Meaningful Learning and is used for graphic organization on a topic, relating

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information in a hierarchical way and attributing meaning to the study[17];

Moment 4: the maps were presented at a meeting of researchers, defining three most significant themes expressed in the documents;

Moment 5: return to the narratives to locate the themes and recognize how the participants approached their experience with the course, identifying core meanings that made up the analysis categories[13].

To analyze the theme, we sought to discover the cores of meaning that made up the communication, in this case the narratives, whose appearance could bring some type of meaning. Thus, qualitative analysis in an investigation realizes the possibility of building knowledge and has all the requirements and instruments to be considered and valued as a scientific construct[13].

The results are described in three themes or categories: indigenous presence and protagonism in the course experience; learning in the encounter of diversities with active teaching-learning methodologies; training for work in indigenous health.

It was sought to discuss the results with other publications and research related to the topics, bringing density and expanding understanding.

The narrators authorized the use of their narratives for this research, through the free and informed consent form. To begin this investigation, approval was obtained from the UFSCar Research Ethics Committee, under CAAE 20177619.9.0000.5504.

RESULTS

From the analysis of the narratives, some excerpts were transcribed, in order to represent the results of the categories that emerged.

Category 1 - Indigenous presence and protagonism in the course experience

Regarding Category 1, Indigenous presence and protagonism in the course experience, we can highlight the following statements:

“*One of the most interesting points of the course, I realize, has been the large number of indigenous people. This presence enriches and makes the experience much closer to reality.*” (non-indigenous; professional; organizer)

“*I found it very important that the mediators of the small groups belong to indigenous ethnicities, as they bring a unique wealth of experiences that cannot be acquired through reading or studying “the other”, but through living and belonging.*” (non-indigenous; student; participant)

The indigenous presence and participation were described as progressive achievements through the struggle of the indigenous movement, with appreciation of the various historical processes, often made invisible:

“*Meeting students, professionals and indigenous activists from various parts of the country has been particularly exciting.*” (non-indigenous; professional; participant)

“*This space of speech for us, indigenous people, is very important. We know that this is the result of a lot of struggles, and we are privileged to be here representing our people, talking about our culture. This exchange of experiences between indigenous and non-indigenous people seeks to break with what has been taught to date about indigenous peoples.*” (indigenous; student; organizer)

“*(...) being among indigenous people and hearing their position on the issues discussed is very rich. The students in the group have already brought very moving and politically empowering reports.*” (non-indigenous; professional; participant)

The presence of different indigenous peoples also made it possible to bring together the different meanings of health and illness, data present in the narratives below:

“*Understanding the universality of the con-*

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cept of health and at the same time the perceptions and conceptions for different people changed my way of seeing indigenous health and its peculiarities, not being restricted to my ethnicity." (indigenous; student; organizer)

"(...) despite being indigenous, hearing various experiences from some indigenous people from other regions and non-indigenous participants was important, so I understood a little about the vision they have about indigenous health. It was also important to meet the relatives invited to speak at each module." (indigenous; professional; participant)

"I learned about how we have to allow ourselves to get to know other cultures, beliefs, and health care so that we can evolve as professionals and as people. And that health care assistance is more of an exchange of knowledge than just the act of caring for the pathophysiological." (non-indigenous; student; participant)

The intercultural and decolonial aspect of the course was brought as a core of meaning in the participants' narratives:

"I realized that, even though I had a previous basis on the subject, I still had a "colonizing" and unconsciously prejudicious view." (non-indigenous; professional; participant)

"By bringing in the voices of indigenous people, our dialogues become more authentic, bringing the possibility of doubt (ironically, the old Cartesian doubt, perhaps) about what we, non-indigenous people, say about health." (non-indigenous; professional; participant)

"The constant connection of the subjects that were addressed with reality, together with the speech and presence of people who had ownership and a place to speak, reinforced how important it was to propagate and learn the themes and that this can lead to a transformation social, building something new." (non-indigenous; student; participant)

By definition of the organizers, from the second edition onwards, it was decided to invite only indigenous speakers; these, in these speech spaces, impacted the experience lived by the participants:

"It was possible to listen to indigenous speeches and realize that stereotypes do not define a culture or a people. I understood a little more about indigenous rights and my role as a non-indigenous person to defend this fight, bringing indigenous thinkers and voices to the debate to clarify the worldview and culture of a different people than I am used to dealing with professionally." (non-indigenous; professional; participant)

"The course brought reflections pertinent to who the original peoples of Brazilian territory really are (...) with an organized methodology for the protagonism of people of different ethnicities present as facilitators, exhibitors, teachers, students and professionals. In this space, I was able to hear about the stories and perceptions of the world, I was able to grow and see in what I saw as another/other myself and the Earth that is reflected." (non-indigenous; professional; participant)

Category 2 - Learning in the encounter of diversities with active teaching-learning methodologies

Sharing experiences in small groups were described as spaces for building new learning:

"It is a unique experience with shared learning, traditional knowledge, knowledge and professional practices in different territories in Brazil. I can highlight the themes presented by guests in larger synchronous meetings that included sharing and exchanges, as well as in smaller groups." (indigenous; student; participant)

"It has been a great learning experience, even though it is theoretical, the reflections brought and developed by the small group bring the reality of indigenous health and point out its weaknesses and potentialities, how we trace a practical path within each module studied. Furthermore, the group brings especially the unique

situations brought by the group's professionals who already work in the context of indigenous health, in addition to the situations in the bibliography, and with this we are able to understand the complexity of this field." (indigenous; student; organizer)

"I'm also always surprised every time I participate in conversation circles - because they are such powerful spaces for the collective construction of knowledge." (non-indigenous; professional; organizer)

According to the narrators, the methodological proposal enabled the integration of practical, theoretical, individual and collective experiences:

"The process of new synthesis has been a learning experience for me, because after a while after the guest's speech in the large group, we were able to realize what really marked us from that first conversation. I have also learned a lot from the speeches of indigenous colleagues, whether the speakers or the monitors. I get home from work and feel like going to the course meeting. I liked the materials suggested as bibliography." (non-indigenous; professional; participant)

The use of active methodologies and the organization of work in small groups, mediated by indigenous people, was highlighted by the narrators:

"I found the presence of small group mediators and their belonging to indigenous ethnicities to be very important, as it brings a unique wealth of experiences that cannot be acquired through reading or studying 'the other', but through living and belonging." (non-indigenous; student; participant)

"My experience has been wonderful and enlightening. I honestly believe that for the first time I was fully aware and left my comfort zone. And the exchange of content, dialogue, new information acquired, were essential to this process. It will never be enough, I emphasize, but every day is a new chance. We carry on." (non-indigenous; student; participant)

"The dynamic of changing mediators was a proposal that was quite fruitful as each mediator had a way of mediating and encouraging group participation." (indigenous; student; organizer)

The meetings were recognized as spaces for reflection, discussion and dialogue, with the exchange of knowledge and personal experiences, in the construction of knowledge:

"The content of the large group meetings has a density that is both dense and palatable. As for the dynamics of the meetings, I was positively surprised by the strategies used. It was almost entirely possible to read the bibliography in time. The academic discourse (ultimately inspired by European rationality) was mixed with the participation of indigenous people and reflections on the works of references. Very well architected. I highlight the most active methodologies, precisely because of the opportunities for dialogue with people from all over Brazil. It's been really enriching!" (non-indigenous; professional; participant)

The diversity of participants from different regions of Brazil also generated data about the course:

"We are in contact with people from various parts of Brazil, with a single objective, to value indigenous health, culture and knowledge." (indigenous; leadership; participant)

"The participation of different people from different parts of Brazil, as well as different ethnicities, brought a very good enrichment to the debates, where different experiences and speeches contributed a lot to the construction of the topics raised and also the absorption in learning." (non-indigenous; professional; participant)

"Working together with indigenous and non-indigenous health professionals from various regions of Brazil (...) and with the dilemmas faced by these professionals." (non-indigenous; professional; participant)

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Category 3 - Training for work in indigenous health

The third category found in the narratives brings together the experiences of the course with training to work in the context of Indigenous Health and denounce the absence of this approach in university health training curricula: *"(...) In the health course I study, these topics are not even remotely remembered"; "(...)it makes up for the deficiency of the theme, found in my curriculum",* and also those who did not have this opportunity during training: *"(...) Being among students is also looking at a self from the past, in training, and seeing how far ahead they are just by being on the course."*

Some narratives bring this opportunity of the course to add to the professional training of future health professionals:

"Discussing diversity and culture makes me evolve as a person and also as a healthcare professional that I will be one day (...) we are healthcare professionals who will deal with a diverse public in our lives." (non-indigenous; student; participant)

They also open new professional and writing paths on the topic, and of applicability to reality, as mentioned in these speeches: *"(...) the experience in this training enabled me to present a dissertation proposal", "Very important topics were discussed during the course that added knowledge, which will be applied in practice, as well as discussions that enabled reflection".*

Another point brought up as potential was the "possibility of talking to indigenous people horizontally", as well as the following indigenous narrative:

"The overview of non-indigenous professionals who can actually embrace indigenous health and dialogue to provide differentiated health care to the population. Given the general context, this discipline is of great value to me as an indigenous doctor and together we build ideas to improve comprehensive indigenous health care." (indigenous; professional; participant)

As well as interprofessional exchange and continuing education for the context:

"I had never participated in a course focused on health that encompasses professionals from different areas. Also, since my recent entry into indigenous health, I had not participated in a course with indigenous people. First, debating health issues with professionals (...) made me see sides that I couldn't see on my own. Listening to management professionals from other areas and with much greater experience than mine brings me different feelings, from admiration to doubts. (...) The students in the group have already brought very moving and politically empowered reports. It makes you proud of their greatness. I am also encouraged by the fact that the group is diverse in terms of location, professionals working in all areas of the country, it gives the feeling that indigenous health is huge. This feeling is very different from what I felt when I signed up for the Mais Médicos program." (non-indigenous; professional; participant)

The interdisciplinary practice of work culture occurred in the association of health actors and these with other sectors, as mentioned by two non-indigenous professionals taking the course: *"The interdisciplinary practice of work culture occurred in the association of health actors and these with other sectors, as mentioned by two non-indigenous professionals taking the course"*, favor the practice of professionals working in indigenous areas:

"(...) everything that is being discussed in the classroom is part of my reality today (...) I learned strategies and have already put several into practice (...) it's great to know that there are many professionals like me." (non-indigenous; professional; participant)

"Being able to expand my technical knowledge (...) with reports and suggested bibliographies, has expanded my practice (...) We have discussed, as a team, strategies and actions that can value, rescue and honor the traditions and cultures of the indigenous peoples we serve (...) proposing conversations and actions with the entire team." (non-indigenous; professional; participant)

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Finally, in the category related to training, several narratives showed that the course had impacts on personal and human development and other narrators brought broader contributions from the experience, as follows:

"My experience has been one of taking off my blinders all the time and awakening my consciousness. It has encouraged me much more to work, study, learn and contribute (...) it has awakened something that I didn't know, and I'm happy to have been part of it, to pass on what I learned from you to my friends and family." (non-indigenous; student; participant)

"Not only in the academic sphere, but also in the personal area. The course allowed me to step away from the reality of daily consultations at the office, to glimpse a different reality (...) it wakes me up to reality and the needs that lead us to something much bigger and important, the lives of indigenous peoples." (non-indigenous; professional; participant)

DISCUSSION

The first category that emerged from the narratives of the research participants was the indigenous presence and protagonism in the different spaces of the course. In the three editions, this characteristic was central to the experiences. It is noteworthy that the indigenous presence and the power of their speeches in the various activities of the course were a strategy that expanded the repertoire of learning by bringing together the theoretical discussions carried out with the practical experience of what was discussed.

Racism, paternalism and cultural insecurity are barriers that are interrelated and create the same challenge in offering health services to indigenous peoples. In order for there to be an adequate response to the complexity of this challenge, health workers must have knowledge about the worldview, values and attitudes of those receiving care[18].

The diversity of indigenous peoples present was valued by the narrators, for expanding understanding of indigenous ways of living, with emphasis on the sociocultural understanding of health and illness. For Langdon[19], understanding the sociocultural construction of these contexts is understanding them in process, constructed in social interactions, in a dynamic and diverse way, understanding suffering in the sense of organizing the lived experience[19].

Therefore, the presence of different indigenous peoples made it possible to bring together the different meanings of health and illness, which emerged from the sharing of the participants' indigenous daily experiences.

The intercultural and decolonial aspect brought out in the participants' narratives breaks with Western paradigms about what it means to be indigenous; concepts of health, illness and care, expanding the concept of health beyond the limits of the individual body, to the collective body and the territory.

The narratives illustrate the impact of valuing interculturality that the course provided. By interculturality, we understand the recognition of cultural diversities and the possibility of new constructions based on the encounter of cultures[20]. In this critical perspective, based on the concept adopted by the Ecuadorian indigenous movement, the aim is to break coloniality and social transformation[20], making it evident in the course that there was protagonism, in addition to the indigenous presence.

As mentioned, from the second edition onwards, it was decided to invite only indigenous speakers, bringing greater visibility to the productions of these intellectuals, reinforcing indigenous protagonism in the construction of strategies for their health needs, also building new knowledge from the intercultural encounter. It contributed to breaking stereotypes and allowed course participants to expand their knowledge about indigenous struggles, positioning themselves as possible actors in the search for indigenous rights. Occupying these spaces with

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protagonism brought a rich, provocative and political experience as they conquered spaces that were previously denied to them.

Thus, the indigenous presence and protagonism in all stages of the course, from its conception, organization, in the selection of course participants, in the mediation of groups, between speakers and in the choice of bibliography, had an impact on expanding the knowledge of all participants, and strengthened changes in the roles of health professionals, students, teachers, leaders and researchers, based on the creation of a space that valued the place of speech of indigenous people in defining what health, illness and care are.

The second category brings learning in the encounter of diversities with active teaching-learning methodologies. The course proposal is based on Popular Health Education, based on three methodological principles: respect, autonomy and dialogicity[10,21]. Thus, the small group meetings were based on the principle of Paulo Freire's culture circles[11], with the following purposes: promoting a horizontal relationship in the meeting between educators and students, as opposed to an elitist view of education, valuing tradition oral and legitimize cultural and knowledge diversity.

According to the narrators, the methodological proposal enabled the integration of practical, theoretical, individual and collective experiences, in a process of making a provisional synthesis and moving towards a new, more elaborate synthesis, in the process of the constructivist spiral[22].

The methodological proposal was valued by the narrators, being a driver for engagement and development. The meetings were recognized as spaces for reflection, discussion and dialogue, with the exchange of knowledge and personal experiences, similar to the experience of Luna and collaborators[10]. There was also a construction of affection, enhanced by the longitudinal experience in a small group.

Small and large groups were recognized as a time for conversation and knowledge builders, as proposed by the Culture Circles[21].

The diversity of participants from different regions of Brazil enriched the course, the dynamics, the discussion and the different points of view, helping to build learning in diversity.

The dialogue established between indigenous and non-indigenous people provided by the course made it possible to minimize invisibility in a decolonizing movement of collective productions and to value what was already developed by the course participants, similar to what was reported in the development of a course on well-being and indigenous mental health in the context of COVID-19[9].

In this sense, the use of active teaching-learning methodologies provided an experience of subverting hierarchies in the relationship between educators and students and between academic and indigenous knowledge in opposition to an elitist view of education, which does not value oral tradition[21]. Through the course, one can experience a democratic, inclusive university that legitimizes cultural and knowledge diversity.

One of the limitations to be recognized in this experience is the impossibility of carrying out face-to-face experiences in indigenous health care, as for this type of activity the course could not be carried out only in a remote format.

Even so, through the course, it was possible to experience a democratic, inclusive university that legitimizes cultural and knowledge diversity and seeks to have social commitment.

The third category found in the narratives brings together the experiences of the course with training to work in the context of Indigenous Health. It is noteworthy that PNASPI has as a guideline the “preparation of human resources to work in an intercultural context”[3].

Currently, there are few experiences in educational institutions that bring together traditional populations of students and health professionals[10,18]. The course made it possible to teach health care to these people based on experiences and theoretical materials that connect with their life needs.

An expanded and adapted look is needed for action in indigenous territories, involving health workers themselves, with respect for sociocultural organizations and traditional health practices, however, many of the reports revealed the absence of this approach in university health training curricula.

An example of this was presented in a study of the provision of indigenous health training in the northern region of the country. Even though 24 of the 34 Special Indigenous Health Districts (DSEIs) are located there, of the 69 institutions surveyed, only 14 courses presented subjects on the topic[23]. Another study brought expanded training during a multidisciplinary health residency with the Xukuru do Ororubá people, highlighting that training in biomedical health generally does not incorporate the theme of traditional peoples into its curricula; does not take into account the diversity of health care practices, historical and structural issues, political confrontations, modes of survival and understandings about health-illness-death[24].

The contrast between the importance of differentiated professional training for ethnic specificities and the absence of this in the curriculum, resumes theoretical discussions about the propagation of the Eurocentric pattern and subalternity of these populations, generating prejudices and inequities in different areas of society[5]. This devaluation of traditional knowledge was identified in the training course for indigenous health agents (AIS) in the Alto Rio Negro region: the AIS were discredited by the EMSI due to their low level of education, without considering that they are links to understanding the living conditions of the population[25].

Training for intercultural diversity occurred through sharing between professionals, indigenous and non-indigenous, from different regions and territories, about real "indigenous health", generating a feeling of belonging to a broad network.

The perception of aspects related to indigenous health policies was mainly due to interaction, in addition to raising awareness of this field of health and horizontal dialogue, and its multidisciplinary characteristic favored interprofessionality and ongoing education of professionals working in the subsystem.

Thus, it can be said that the experiences in the course are close to the political-pedagogical strategy of Permanent Health Education (EPS), which takes as its object the problems and needs arising from the health work process and incorporates teaching, care health, system management and participation and social control in daily work with a view to producing changes in this context, in this case indigenous health care[26].

The meetings promoted EPS, since indigenous health professionals often settle in remote areas, not having access to references and tools to solve the problems they experience. In addition to training for and in work in indigenous health, the course was able to broaden the perspective of different contexts and was an experience that sought to train sensitive professionals, who can be more prepared for the challenges of health relations in interethnic and intercultural contexts.

A study of EPS at SASI-SUS, with professionals and managers from the Indigenous Health House (*Casa de Saúde Indígena* - CASAI) Manaus, identified essential themes for resoluteness in indigenous health work, highlighting four: cultural care; continuing health education and health education; negotiation and improvisation; reception and infrastructure[27].

In the category related to training, several narratives highlighted the impact on personal and human development and other narrators brought broader contributions from the experience.

The experiences narrated place the course participants as subjects in their social and cultural diversity, and which favors the relationship of content to practices, increasingly accentuated and necessary nowadays and especially to indigenous realities. Thus, they bring meaning to a reorientation of health training towards critical, integral and humanizing action, from the perspective of Popular Health Education, considering education as an inseparable process of emancipation and the fight for rights[28].

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CONCLUSION

The experiences narrated about the Introduction to Indigenous Peoples' Health Course revealed the potential of encounters of diversity, in dialogue between indigenous and non-indigenous people, students, professionals and leaders, about health and care for indigenous peoples.

The methodological perspective used played a role in the construction of a participatory course that was handcrafted according to the needs and interests of all the people involved. Knowledge was built on indigenous health policies and joint ways were sought to face challenges and demands, strengthening the rights already guaranteed and the subjects involved, for greater equity and continuity of achievements.

Satisfaction and motivation related to the methodology were perceived, as well as the diversity of regions, and the importance of indigenous presence and protagonism. The presence of indigenous guests reinforced their role as sowers of knowledge, and the presence of indigenous people, within the large group and small groups, was essential for the innovative characteristics of the proposal and empowerment.

There was an approximation and shared construction of knowledge between the university and the external community, which allowed the EPS movement and qualification of professionals who work in different indigenous contexts.

Seeking to deconstruct stereotypes and stigmas about indigenous peoples, the narratives explained how sharing ways of living, coexisting and cosmologies favor training and awareness to deal with indigenous specificities in health services. It also presented itself in an innovative way, when it contrasted with the absence of spaces for discussion of this nature in the curricular matrix of the vast majority of health courses, where knowledge is built and professionals are trained.

During the course, racism, paternalism and cultural insecurity were discussed as barriers that interrelate and create the same challenge in offering health care to indigenous peoples. In order for there to be an adequate response to the complexity of this challenge, it is necessary that health workers have knowledge about the cosmologies, values and attitudes of those receiving care, one of the possibilities being discussions in conversation circles.

Therefore, the course offered spaces for the construction of knowledge and professional training in an accessible, participatory format that valued the different knowledge and trajectories of its participants, and could be an inspiration for other institutions in the construction of training spaces in indigenous health.

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