



# Territorial Dialogues

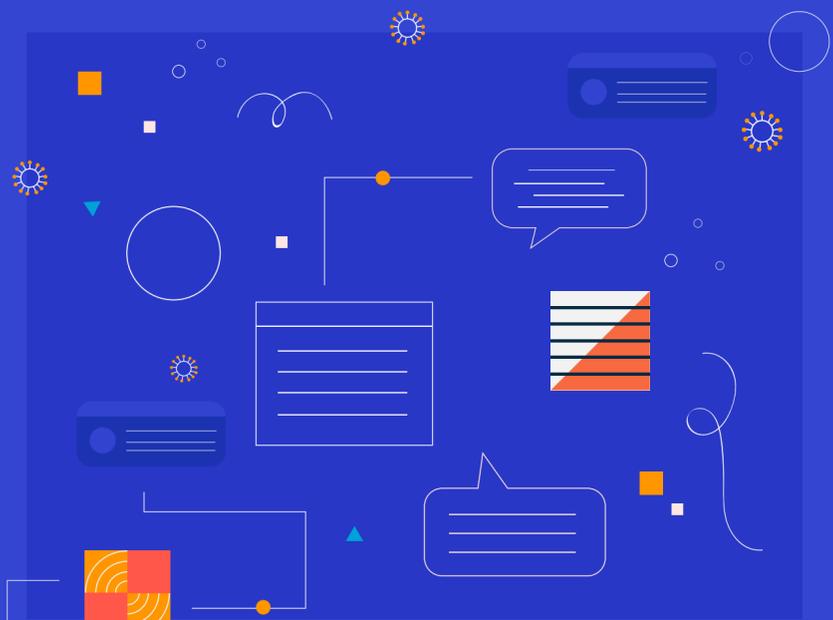


► Bulletin for humanitarian organizations

Sixth edition | 18/76/2022

## Central topics of this publication:

- Indigenous cosmovision and COVID-19 attention
- Machismo, religious ideologies, and their effects on the decision to get vaccine

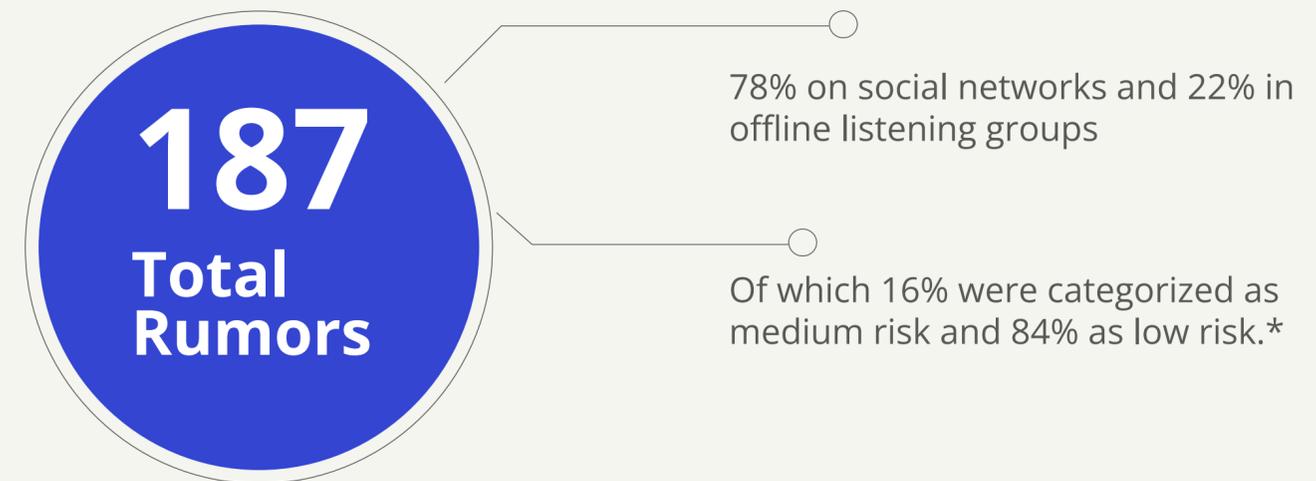




## Introduction

At Internews, Rooted in Trust, we have made progress in the process of identifying and collecting rumors at the local level, providing an analysis that responds to the contexts and information needs of the communities we work with. The two pieces of rumors analyzed in this humanitarian bulletin were collected in face-to-face listening groups and chats in digital spaces of an indigenous community in Vaupés and a meeting in Putumayo. These spaces were managed with the support of our two implementing partners in the territories, Sinergias and Caribe Afirmativo.

**Between June 1 and June 30, 2022, 187 rumors were collected**



**The main keywords identified were: vaccines, elections, monkeypox, dose and fourth dosage.**

Many of the keywords were directly related to the second round of the presidential elections, identifying a clear tendency to instrumentalize and/or politicize COVID-19 and monkeypox to stimulate the voting decision for June 19.

\*The level of risk is determined by assessing the potential for harm, the likelihood that the post will be believed, shared and other potential impacts to communities, such as causing fear or panic, the possibility of boycotting services (e.g., health centers), or targeting specific groups.

# COVID-19 Data



626,330 new doses were allocated in the last 15 days (as of July 6, 2022).



51,609,474 million people (71% of the population) with a complete vaccination scheme (as of July 6, 2022).

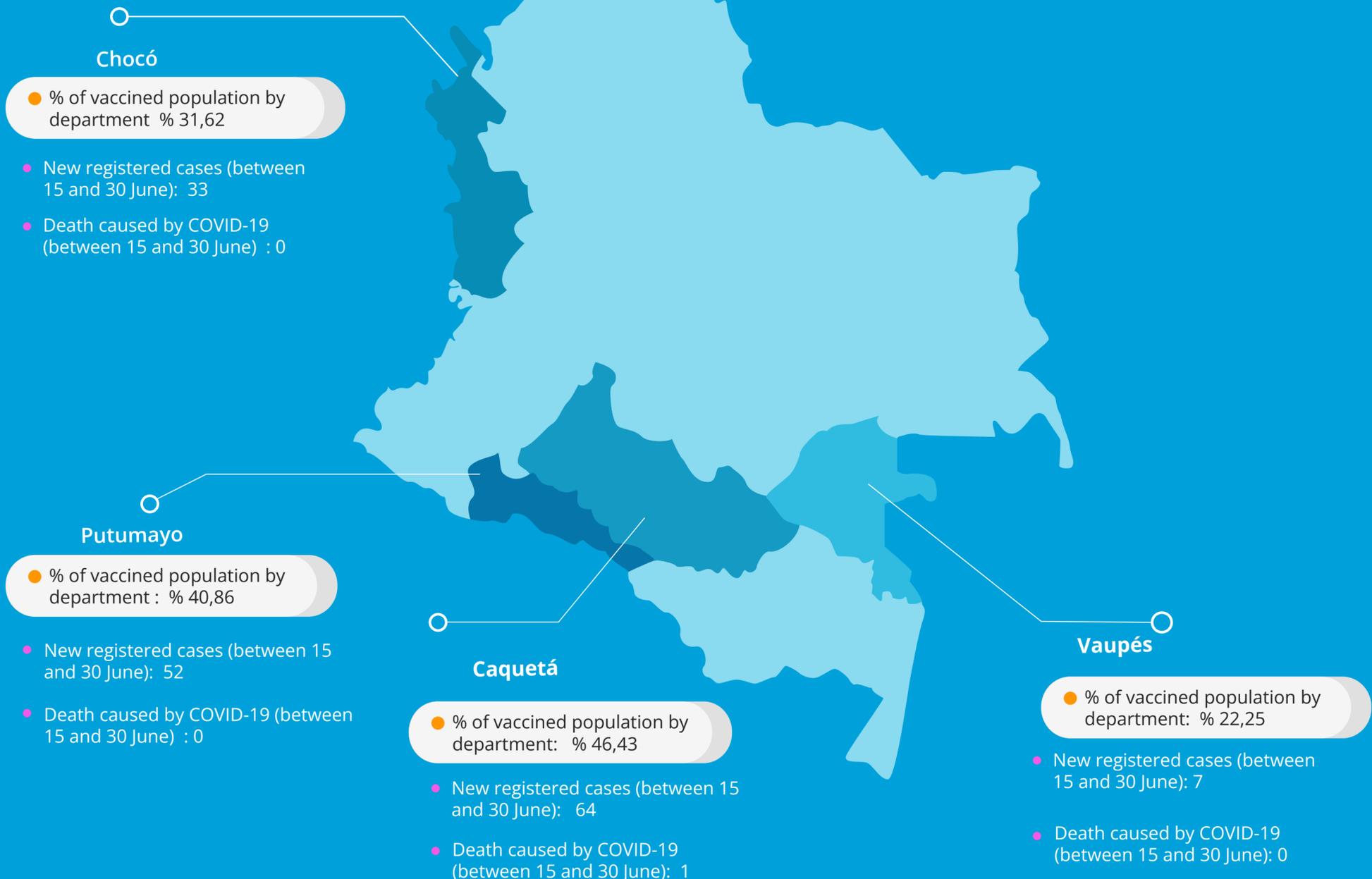
## ● 521 municipalities in Colombia

already have 70% of their complete vaccine schemes, indicating that 59.9% of all municipalities in the country do not require face mask in open spaces.

## ● Coverage according to department:

- × Caquetá (46.43%)
- × Chocó (31.62%)
- × Putumayo (40.86%),
- × Vaupés (22,25%)

Data provided by the Colombian Ministry of Health and the National Institute of Health, as of 7 July 7, 2022.





## Events impacting the information ecosystems:



The rainy season has severely affected

- **13 municipalities in Putumayo**
- Leaving approximately 10,000 families affected
- As well as more than 5,000 families in the Bajo Baudó region in Chocó.



During this period, INDEPAZ reported the murder of a social leader in Putumayo, as well as a former combatant and supporter of the peace agreements in Caquetá. The same week, seven alleged members of the Border Commandos were captured by the National Army in San José del Fragua and Curillo, Caquetá.

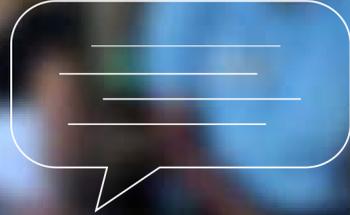


Members of the Clan del Golfo attacked two police stations in Chocó. At the same time, authorities seized 4.3 tons of cocaine in the same region belonging to former FARC members.



During the same week, the Governor of Putumayo referred to the circulation of pamphlets warning of the alleged presence of a new illegal armed group in the middle and lower Putumayo, saying that this information is false.





1.

► Trends

**“Clash between western medicine and indigenous cosmovision”**

**Rumor**

“

Indigenous people infected with covid-19 who went to the hospital died because they did not allow prayers, or a special diet usually ordered by the traditional authority.”





## Context

This rumor was collected during an offline listening group in an indigenous community in Vaupés. The person who shared the rumor emphasized that this rumor does not represent a rumor but a reality that is part of their daily lives:



**Healing rituals and special diet to treat COVID-19 can only be performed at home because, when people become seriously ill and must go to a health center, Western medicine does not allow these procedures to be carried out due to strict isolation and biosecurity protocols, particularly for patients in ICU.**

## Verification of data



In an interview with a medical professional specializing in alternative therapy and plant pharmacology at the Corpas Clinic, the doctor pointed out that traditional indigenous practices and treatments cannot be undermined.



The problem is that Western medicine has not been able to prove that prayers generate improvement in COVID-19 patients and, therefore, cannot promote these procedures.

### ▶ Despite the lack of evidence, what is clear is that:

1.

Indigenous ancestral medicine is immersed in the processes of upbringing, development, and welfare of indigenous communities and, therefore, represents a constitutive factor of their beliefs and cosmovision.

2.

There are multiple studies on the contributions of the [rituals of indigenous communities](#) to overcome the complex symptoms of diseases such as cancer, as well as their contribution to well-being, community interconnection and mental health, contributing to the reduction of anxiety, depression, among other diseases.



- Although it is not explicit in the rumor, similar pieces of content could implicitly make communities think that the reason for the death of a patient is the fact of having gone to a health center, which undermines structural causes reported by the National Institute of Health, such as “the limited access to services and hospital care due to the few health centers because of the absence of sufficient and well-equipped infrastructure with human and physical resources at the national level”.
- Although it is not explicit in the rumor, similar pieces of content could implicitly make communities think that the reason for the death of a patient is the fact of having gone to a health center, which undermines structural causes reported by the National Institute of Health, such as “the limited access to services and hospital care due to the few health centers because of the absence of sufficient and well-equipped infrastructure with human and physical resources at the national level”.
- Likewise, different studies show that the existence of previous comorbidities and advanced age are determining factors in the possibility of a patient’s recovery once hospitalized.

Despite this, studies in different contexts (such as [Chile](#) or [India](#)) show that :



**Only 30 out of every 100 patients** require hospitalization.



**of which 20** recover within a few days.



## Why has this rumor gone viral?

### Poor communication

between communities, indigenous territorial organizations, and municipal/departmental health entities, as well as lack of information in their own language and language barriers, which hinders the identification and timely response with an ethnic differential approach to fears, concerns, and questions from communities about medical procedures for the treatment of COVID-19 symptoms in health centers.

### Lack of hybrid mechanisms

that combine the contributions of indigenous and western traditional medicine to provide patients with a more comprehensive response to their context, beliefs, and medical needs.

### Difficulties of access,

coverage, and quality of Western medicine in remote indigenous territories, which ends up generating an exclusive dependence on indigenous ancestral knowledge, instead of a mixed model in which Western resources can also be used.



## What is the importance and possible implications of these rumors?

The impossibility of performing healing rituals and other traditional treatments - contemplated within the indigenous cosmovision - in health centers and institutions based on Western medicine, has ended up generating fear and reluctance in indigenous communities to go to these institutions when an illness worsens.

Additionally, members of this community point out that "the indigenous people who were infected with COVID-19 did not go to the hospital for fear of dying, because the information we were given caused fear and that is why they received treatment with the traditional doctor", emphasizing the difficulty in accessing real, verified, relevant information in time and in their own language.

This type of rumors is a product of lack of clear and contextualized information, while reinforcing mistrust, fear, and misinformation by implicitly if Western hospitals and/or medical treatments do not seek to alleviate but to worsen people.

# Recommendations

- ▶ Identify information gaps and collect lists of health needs of the communities we work with as well as provide verified data that do not generate confusion and are relevant to the time and context of the communities. All this from an [indigenous differential approach](#) and communication in their own languages. Some examples are:

- ◉ [SALSA, Tipití.](#)
- ◉ [Hacemos Memoria](#)
- ◉ [Sinergias](#)
- ◉ [Agenda Propia](#)

- ▶ Consult specialized documents on the subject (for example, ["Affectations of COVID-19 in indigenous populations"](#) or ["COVID-19 and rights of indigenous communities"](#)) and adapt good practices in the application of indigenous ancestral knowledge as part of a coordinated hybrid response to COVID-19, while promoting already established strategies such as the [Intercultural Indigenous Health System \(SISPI\)](#).

- ▶ There are specific needs of territorial health entities and ethnic organizations, such as the lack of cold chain mechanisms for transporting vaccines to remote areas.

As humanitarians, we can sponsor spaces for dialogue and consultation - respecting the autonomy and governance of indigenous communities - to identify and remedy these limitations in terms of access, coverage and quality of vaccination services and COVID-19 care.





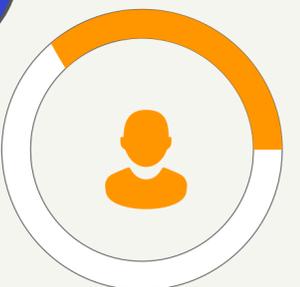
► Trends

**“Ideology and decision to vaccinate.”**

**Rumor**

“

It was written in the bible and what was happening, was the apocalypse, (many of the so-called evangelical people have not been vaccinated). Another important information is that out of 86 children that are in the family welfare home, only 4 have received the vaccines (children between 0-4 years old), referring to children of Christian families.





## Context

This rumor was named by a woman from the ICBF community mothers' program, who pointed out that, in some religious Christian and evangelical, parishioners refrain from vaccinating themselves and their children for religious and ideological reasons.



## Verificación de datos

1.

When reviewing this rumor, we have a first part that alludes to the religious, when it is mentioned that (...) in the bible it is written, and this is the apocalypse (...). These comments reflect a tendency of instrumentalization of COVID-19 and the use of disinformation campaigns to influence the intention of parishioners to get vaccinated.

2.

These types of disinformation trends have been identified globally. In Colombia, [the politicization of COVID-19](#) became quite notorious during the Senate campaigns (March 2022) of pro-life Christian candidates, who publicly pointed out that the vaccines against the virus were manufactured from aborted fetuses and, therefore, Christians could not morally vaccinate.

3.

A second component of the rumor has to do with the decision to vaccinate children and young people, because beyond religious ideology, multiple pieces of misinformation have circulated that have generated concern, fear and reluctance of parents when thinking about vaccinating their children.

**In this regard, some clarifications that guardians should keep in mind according to the evidence are:**

- Vaccines do not weaken the immune system, not even in newborns or infants.
- Vaccines do not generate autism or other neurological conditions.
- It is impossible to get COVID-19 from being vaccinated.
- Although children are unlikely to be symptomatic or have severe symptoms from contracting the virus, they are not 100% exempt and may even develop persistent COVID-19 and, of course, infect others in the household at high risk, such as the elderly.
- While there may be adverse reactions to vaccines in children, the vast majority of these are mild (such as redness, swelling, pain or discomfort at the puncture site, and fever).



# Why has this rumor gone viral?



## Systematic disinformation campaigns

sponsored by public figures and active members of some religious communities, who instrumentalize COVID-19 as part of their political agendas and generate an ideologically, spiritually and/or religiously motivated reaction of aversion to vaccines.

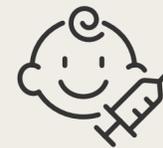


## Anti-vaccine movements that

while appearing to have emerged recently, have in fact promoted for many years a widespread distrust of both medicine and governmental response to public health issues, including other epidemics and child vaccination campaigns that have caused concern among parents for decades. preocupación en padres y madres por décadas.



# What is the significance and possible implications of these rumors?



*Children are not an at-risk population, so why subject them to the discomfort of the needle stick and the possible effects of pain, discomfort or fever that could result from vaccination?*

This is one of the most common thoughts among mothers and fathers, who find additional justification in this type of rumor to reaffirm their position of "safeguarding their children's well-being by avoiding vaccinating them."

Although it is true that symptoms in children are mild and mortality rates due to COVID-19 are quite low, by not vaccinating them, they increase the probability of infecting older people or those with comorbidities, who could suffer serious consequences.



The ideological and religious component makes this type of rumors gain popularity and are spread more frequently in groups and by word of mouth in congregations.

# Recommendations:

1. Promote communication campaigns, preferably through audios and graphic content for digital dissemination, through which concerns generated through this type of rumors are clarified not only around COVID-19 but also on other public health issues. Some examples of primers are:
  - [Kids Health](#)
  - [CDC](#)
2. Establish joint actions with EPIs, epidemiology teams and health secretariats to monitor vaccinations in children and young people, considering that their capacity to infect others is much higher than that of the youngest. This not only guarantees updated figures and a true picture of what is happening in this area, but also makes it possible to estimate which populations are most at risk.
3. Reaching out to religious communities and organizations.





3.

► Trends

**Machismo and the decision to get vaccinated.**

**Rumor**

“

*There are considerations of machismo in vaccine accessibility. Many women report that they do not get vaccinated because their husbands won't let them, or tell them] "Don't get vaccinated, because you'll only get sick and I'm not going to take care of you"*





# Context



This rumor was mentioned by a health professional associated with a medical institution in Putumayo, who referred that many women express their dissent to be vaccinated because their spouse “won’t let them”.

Additionally, three variants of this rumor have been identified, reflecting erroneous beliefs about:

1. \_\_\_\_\_  
The exclusive role of women in caregiving, including the exclusive responsibility of taking care of the home, children, as well as people who are sick or infected by the virus.
2. \_\_\_\_\_  
Ownership of women’s bodies by their spouses, who determine how they should express themselves, how they should dress, and whether they have access to planning methods or vaccination.
3. \_\_\_\_\_  
The alleged negative effects of the vaccine on men’s sexual performance and, therefore, also on women, causing them to “become cold, without sexual appetite and other repercussions that would affect the quality and/or quantity of sexual encounters”



# Factcheck:

- This rumor has two components. The first reflects the reality of many women as a product of their partners’ machismo. The second implicitly argues that getting vaccinated does not save lives, but, on the contrary, makes women sick and prevents them from fulfilling an imposed gender role.
- Regarding the first component, it is reported that during the pandemic there was an excessive increase in violence against women (VAW). This can be evidenced in the data provided by the [Violence Observatory](#) of the National Institute of Legal Medicine, as well as in the reports of organizations such as the National Women’s Network. The director of the latter pointed out in an interview that this increase was expected because:
  1. The proportion of women who lost their jobs or who, by decision of their partner, had to limit themselves to housework was higher.
  2. During the pandemic, women took on most of the care work and in addition were responsible for cleaning, disinfecting, and accompanying their children during their home schooling.
  3. These conditions in turn led to women having to spend more time at home and remain confined, which resulted in greater mental health complications.
  4. Confinement also led to greater interaction between women and their partners, resulting in higher rates of physical and psychological abuse in households with pre-existing cases.
  5. Spending more time with the aggressor also led to greater perceptions of insecurity and an increase in cases of sexual violence, while gender and sexual and reproductive health issues were relegated to the background to prioritize attention to COVID-19 cases.



# Why has this rumor gone viral?

- Regarding the second component, [different studies](#) have shown that men may in fact have a greater tendency to be complicated by COVID-19 than women, since their blood has higher levels of the AEC2 enzyme, used by the new coronavirus to infect cells.

- Although no significant side effects have been found specifically in women, the vaccines are linked to [infertility problems in men](#) and [menstrual irregularities](#), including alterations in the duration and interval between periods, amount of flow, perception of pain, among other reported conditions.

- This is especially complex for women with pathologies such as Polycystic Ovary Syndrome, who in any case [will be safer getting vaccinated](#) according to medical studies.



- 01. It justifies traditional macho views** of traditional gender roles, virility, and ownership of women's bodies.
- 02. Verified information does not reach women.** This is notorious in ethnic communities that receive official information from health institutions in Spanish only -which generates language barriers- and is often only received by men.
- 03. The confinement and lack of simple and relevant information** means that women often only receive the biased perspectives of their partners, sometimes reflecting macho positions.

## What is the significance and possible implications of these rumors?

**These rumors reinforce macho tendencies and gender violence** that were exacerbated during the pandemic, so it is essential to address them in line with joint strategies to support gender issues, sexual and reproductive health, self-care and economic reactivation with a differential approach, issues that were relegated during the health emergency.



## Recommendations:

1.

Establish bridges with grassroots community organizations on women's and gender issues, as well as seek to inform and listen to women through dissemination strategies that really reach them to prevent them from only receiving the biased perspectives of their partners, which sometimes reflect macho dynamics. Some examples are:

- [Red Nacional de Mujeres \(National Women's Network\)](#)
- [Alianza Mujeres Tejedoras de Vida \(Women Weavers of Life Alliance\)](#)
- [Red de Mujeres del Caquetá \(Caquetá Women's Network\)](#)
- [Orito Diverso](#)
- [Red departamental de mujeres chocoanas \(Departmental Network of Chocóan Women\)](#)
- [SISMA Mujer](#)

2.

Currently, there are no reports with a gender differential approach to evaluate the influence of macho tendencies in the decision of women and minors to get vaccinated at home. It is necessary to involve an intersectional gender approach and an ethnic component to guide monitoring actions, in association with the women's secretariats and gender offices of the municipal health secretariats.

— [Rooted in Trust 2.0](#) (Rooted in Trust), by [Internews](#), is tasked with identifying, collecting, analyzing and responding to rumors in 10 countries around the world, with support from USAID's Bureau of Humanitarian Affairs (BHA). We focus on providing journalists and humanitarian communicators with the necessary tools, in their preferred languages, to respond to rumors and misinformation in the context of the COVID-19 crisis.



For more information about the project or access to our content repository, please visit our [website](#).



If you would like to give us your feedback on this newsletter and/or the "Rooted in Trust 2.0" project, please feel free to write to us at [jsandovalvasco@internews.org](mailto:jsandovalvasco@internews.org). Any feedback or comments will be considered for future content pieces.

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