



June 2025

Perceptions of the Effect of COVID-19 on the Health of Mapuche Young Adults in Chile

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Recommended Citation

Olivella-Cirici, M., Molina, X., Maass Olea, M. J., Vanegas Lopez, J., Matus, E. C., Pasarín, M. I., Muñoz-Poblete, C., & Pérez, G. (2025). Perceptions of the effect of COVID-19 on the health of Mapuche young adults in Chile. *The International Indigenous Policy Journal*, 16(1). <https://10.18584/iipj.2025.16.1.18461>

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Abstract

We aimed to investigate the perceptions of Mapuche young adults in Araucanía, Chile, regarding the impact of the COVID-19 pandemic on their communities, adherence to restrictions, and coping responses. Eight Mapuche individuals were included in this qualitative study, segmented by gender. Interviews with a semi-structured script were carried out between February and May 2023. A thematic analysis of the discourse was used with subsequent triangulation and validation of the results. The people interviewed believed that, although the pandemic affected their communities, this challenge strengthened ties and contributed to the recovery of the ancestral worldview. There was a temporal dynamic in adherence to restrictions, with initial distrust but high compliance, including vaccination. There was complementarity between Western and traditional Mapuche medicine, which highlights the importance of intercultural health strategies. The pandemic had an impact on young Mapuche adults by altering community dynamics and cultural practices, with the potential to exacerbate inequalities in their communities. This study emphasizes the need to integrate the indigenous worldview in decisions about restrictions and advocates considering cultural diversity in future health crises.

Keywords

COVID-19, medical anthropology, Indigenous health, Mapuche you adult health, traditional medicine

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Perceptions of the Effect of COVID-19 on the Health of Mapuche Young Adults in Chile

The COVID-19 pandemic exacerbated inequalities and inequities, revealing differences among social groups, such as Indigenous Peoples in Chile, who faced marginalization and precariousness (Campos et al., 2020). The United Nations noted that Indigenous Peoples in Latin America were particularly affected by the pandemic due to structural factors such as poverty, lack of access to healthcare, and discrimination (United Nations & Economic Commission for Latin America and the Caribbean, 2021), which had also been previously described in young Mapuche people in Chile (Zañartu Canihuante et al., 2017). The effects of the pandemic may have been compounded by these structural inequalities and the historical marginalization of this population (Fuenzalida, 2022).

In Chile, there are thirteen Indigenous Peoples, of which only ten are recognized and valued by Law 19.253 (Ministry of Planning and Cooperation of Chile, 1993), including the Mapuche people, the largest in the country with 1,745,147 inhabitants in 2017, nearly 10% of the total population (National Statistics Institute, 2018). The historical legacies of colonialism and racism have placed Indigenous communities, including the Mapuche, at a significant disadvantage not only in accessing healthcare during the COVID-19 pandemic but also in experiencing broader social inequalities in health. Structural marginalization and systemic discrimination have compounded the pandemic's effects, leading to higher morbidity and mortality rates and exacerbating existing disparities in living conditions, employment, and access to essential services (Vásquez-Vera et al., 2022). Additionally, in the young adult Mapuche population, the intersection of gender, age, and ethnicity could have further contributed to the unequal distribution of negative health outcomes (Solar & Irwin, 2010). Studies have shown that factors such as poverty, limited representation in health policies, and cultural disconnection amplify the vulnerability of these communities (Campos et al., 2020).

Health and well-being are concepts that can have different meanings in different cultural communities, even within the same rural or urban territorial context (Pan American Health Organization, 2009). In Mapuche Indigenous communities, health, physical and mental well-being are part of the balance and harmony in their relationships with their bodies, people, land, and natural beings (Lesser, 2006; Vega Cacabelos, 2020). This is the basis of *küme mongen*, which governs an essential part of the Mapuche worldview (Hasen Narváez et al., 2012) and where key ancestral figures for the community are involved, such as the *longko*, *machi*, and *lawentuchefe*, among others (Caniullan, 2011; Vega Cacabelos, 2020).

Following a traditional Mapuche health model (Mora P, 2012; Vega Cacabelos, 2020), these beliefs may imply alternative practices when dealing with health crises such as a pandemic, which may not be recognized or respected by the official Chilean health system based on allopathic and Hippocratic medicine (Solar Silva, 2005). For the prevention, preparation, and control of epidemics, the active participation and adherence of communities to control and prevention measures are essential (Gilmore et al., 2020; Megnin-Viggars et al., 2020). The aim of this study was to explore the perceptions of young adult individuals from Mapuche Indigenous communities in the Araucanía region of Chile regarding the impact of the COVID-19 pandemic on their communities three years after its onset through their own meanings of health and well-being. It also sought to understand the perception of adherence to restrictions and preventive measures, as well as coping responses and strategies.

Methods

This was a qualitative study with an intercultural and phenomenological perspective (Vicente Martín & Gil García, 2017). Before recruitment, we consulted with the local Longko to gain approval and ensure culturally sensitive access to the community, given the study's focus on beliefs and intercultural health. This helped establish trust and facilitated contact with other key community members. Young adults (aged 25 to 34 years) from Mapuche communities in the municipality of Vilcún, Araucanía region, Chile, were included. Participants were selected based on their self-identification as Mapuche young adults, as well as their availability and willingness to participate in the study. We aimed for diversity by considering factors such as occupation, gender, and socioeconomic context. While the study focused on young adults aged 25-34, the participants came from a range of professional backgrounds, from intercultural educators to agricultural technicians, which provided a broad perspective on the experiences of the Mapuche community. Intentional sampling was conducted until saturation of discourse was reached. The recruitment strategy involved contacting key agents within the communities using the snowball method, indicated for studying hidden and hard-to-reach populations (Ortiz et al., 2003). The final sample was segmented by gender with eight participants (Table 1).

Table 1. Social characterization of the people participating in the interviews. Chile, 2023.

| Identification | Gender | Occupation | Age |
|----------------|--------|---|----------|
| E1 | Male | Intercultural advisor at <i>CESFAM</i> | 34 years |
| E2 | Male | Intercultural educator in rural school | 25 years |
| E3 | Woman | Local tourist advisor | 30 years |
| E4 | Woman | Intercultural teacher | 30 years |
| E5 | Woman | Nurse at <i>CESFAM</i> and <i>Posta Rural</i> | 32 years |
| E6 | Woman | Agricultural engineer | 30 years |
| E7 | Male | Agricultural and livestock technician | 30 years |
| E8 | Male | Agricultural and livestock technician | 34 years |

Note: *CESFAM*: *Centros de Salud Familiar* (in Spanish), Family Health Centers; *Posta Rural*: Rural primary care center.

Individual interviews lasting 45 to 60 minutes were conducted, recorded in audio, and led by an interviewer (the first author of this article) within the age range of the study participants. The study period was from February to May 2023, with questions emphasizing the first months of the pandemic. A semi-structured script was used with three thematic question blocks, aligned with the study objectives: 1) the concept of health and well-being; 2) the COVID-19 pandemic and its impact on the community; and 3) coping strategies in a pandemic context to promote health and

well-being. After the first two interviews, a reflection process with the research group was conducted to adapt the script based on the acquired experience.

Thematic analysis of the content focused on understanding the subjective experience of the participants through coding using Atlas.ti software to identify categories and emerging themes in the discourse. Triangulation was performed among the members of the research team, who segmented the results into three main sections. The results were validated with the study participants, requesting confirmation if what was expressed in the interview was accurately reflected in the preliminary report. No additional themes emerged during this process.

The glossary included in a previous section explains terms in Mapudungun that were used in this study and that emerged during the interviews. It provides definitions and relevant contexts, supported by a Mapudungun-Spanish dictionary (José de Augusta, 2017).

The study was designed following the ethical considerations described by Fuentes y Revilla (2007) and Vicente & Gil (2017). Data collection was sensitive to the cultural practices and beliefs of the participants, as well as the historical and sociopolitical context of their communities, establishing respectful dialog with different systems of knowledge and health practices (Vicente Martín & Gil García, 2017). Signed authorization from the *longko* or community president and informed consent from the participants were required. The data were anonymized and kept confidential. The Scientific Institutional Ethics Committee of the Universidad de Santiago de Chile (USACH) with No. 372.2023 approved the study protocol.

Results

The concept of health among the Mapuche is strongly tied to a collective understanding of well-being, encompassing physical, emotional, spiritual, and social dimensions. Participants emphasized that achieving *'küme mongen'*—living well—requires maintaining harmony not only within oneself but also with the community, nature, and spiritual beings that inhabit their surroundings. The idea of well-being goes beyond individual health; it is inherently communal, meaning that the health of one person affects the entire community. This interconnectedness is evident in the way support networks are activated when someone falls ill, with neighbors and family members working together to ensure a collective balance. The practice of ceremonies, such as the *nguillatun*, serves as a crucial element for restoring and maintaining this equilibrium, highlighting the importance of spirituality in achieving health.

'If I am well, my entire family and my community will be well because illness affects everyone not only physically but also psychologically and spiritually.' (E1: Man, 34 years old)

The COVID-19 Pandemic and Its Impact on the Mapuche Community

The interviewed individuals explained that in their communities, the arrival of the pandemic was predicted by observing natural events such as an eclipse and the flowering of the quila plant. The accuracy of these predictions strengthened Mapuche spirituality in many young people, contributing to the revival of ancestral worldviews. Some individuals viewed COVID-19 as a divine warning for transgressing nature and drifting away from Mapuche spirituality, while others perceived it as a foreign illness, blaming individuals who brought the virus from abroad.

They noted that at the onset of the pandemic, they experienced a negative impact, as COVID-19 was perceived at the community level as a threat to the preservation of the Mapuche worldview. This was because the most vulnerable population, consisting of older individuals, also held this knowledge. The fear generated by the pandemic, amplified by the media, had negative effects on the mental health of members of their communities:

‘(...) Your mind wouldn't stop all day, I think from constantly hearing this on the radio, on television, everywhere. I believe that this also greatly affected our well-being.’ (E2: Male, 25 years old)

In addition to these social and mental health impacts, the pandemic also exposed significant inequalities in access to healthcare. Mapuche communities, particularly in rural areas, faced challenges due to the limited availability of healthcare services and cultural barriers that complicated communication with healthcare providers. Moreover, the lack of recognition for traditional Mapuche medicine by the Chilean healthcare system exacerbated these disparities, particularly affecting the elderly, who hold vital ancestral knowledge and were most vulnerable to the severe outcomes of COVID-19.

They believe that the pandemic has mainly affected the social health of communities due to isolation, accentuated by the responsibility of protecting the family from contagion. Hospitalizations and family losses became challenges, with the impossibility of visiting the sick or holding community wakes. The interviewees, both men and women, highlighted the impact of family distancing, individualization, and the fear of losing Mapuche community ties.

In the workplace, they identified changes and challenges such as task individualization and economic difficulties, but these were mitigated in those communities that autonomously provisioned themselves with their crops and animals. The performance of ceremonies, which are very important for their balance, spiritual well-being, and community care, was also compromised. They described these religious rituals as spaces where they pray for the well-being of the Mapuche, and the ban on celebrating them is seen as a notable aspect that negatively affected the communities during the pandemic:

‘There were no meetings at the “sede” [community headquarters]. They stopped... the nguillatunes were suspended for a long time. And the nguillatun for the Mapuche people is super important because it's like a spiritual connection.’ (E5: Woman, 32 years old)

They expressed that the lack of an intercultural perspective in bureaucracy during strict confinement generated linguistic barriers, especially for older people. Therefore, there is the impression that there was no special consideration for the Mapuche people regarding the design of restrictions and preventive measures. They request the translation of documentation and the adaptation of permits and exceptions of pandemic limitations to the Mapuche reality. They also considered that regulations should protect the cohesion of communities and Mapuche traditions to safeguard their health. In some cases, the connection between the environment and nature is claimed to be an asset in Mapuche health to be taken into account in the design of restrictions in future health emergencies.

The most representative quotes of this section are shown in Table 2.

Table 2. Categorization of speeches about the COVID-19 pandemic and its impact on the Mapuche community with the most representative quotes. Chile, 2023.

| Category | Representative quotes |
|---|---|
| Cause of COVID-19 | <i>'[COVID-19] It was a warning that things were not being done well. Like... like a slap on the wrist. As if to say: "Hey, you're not taking care of the planet, you're not taking care of it... I'm going to send a plague, a pandemic as a warning.'</i> (E8) |
| Individual meaning of the pandemic | <i>'Traumatizing. If I had to define [the pandemic] it with one word: traumatic. A very unknown and worrying process, and also sad. There were many close people who went through it the same way because I suffered several times with COVID. We lost close people.'</i> (E6) |
| Community significance of the pandemic | <i>'It had a negative impact. Even at the community level there were also Mapuche ceremonies such as the nguillatun that, for example, were not done. It affected that somehow too.'</i> (E1) |
| Affectation in the social and cultural dimension | <i>'Isolation. A lot of isolation... yes. Isolation, because as I told you, the Mapuche individual [essence] is about sharing. Generally, we say that when one lives in the community house, one tends to eat a lot [laughs]...'</i> (E5) <i>'It affected our traditions the same way. For example, before, meetings were held, I don't know, group meetings were held, the nguillatunes, We Tripantu... The We Tripantu were sacred in the community and in times of pandemic each person had to do it at home. It was still strange. It was uncomfortable.'</i> (E6) |
| Affectation in the mental and psychological, spiritual health dimension | <i>'Mental health, depression... Lack of support networks. Patients who were, for example... at risk of dependency. The pandemic arrived and they [the Mapuche people] were left alone, they did not have support networks, they did not have their community and now they are bedridden.'</i> (E5) |

Adherence to Restrictions and Preventive Measures

They acknowledge that, initially, Mapuche communities experienced disbelief and skepticism, resulting in lower adherence to preventive measures. There was disobedience attributed to conspiracy theories and distrust of foreigners, rooted in Mapuche history. The initial distrust was further exacerbated by a lack of clear information in culturally appropriate formats and historical grievances against external authorities. As time progressed, compliance with restrictions increased due to fear of police control and contagion, especially to protect elderly people. There was a strong sense of community, reducing the importance of individual contagion:

'It was kind of helpful for us to get together because we shared [in a community meeting] that day. So, whatever came out... either we all got infected or nobody did.' (E8: Male, 34 years old)

Longko played a crucial role in adapting spiritual celebrations and aligning with authorities to promote compliance with restrictions. However, they confirmed that the participation of spiritual leaders varied among communities. Despite adapting to restrictive measures and incorporating

hygiene advice into daily life, some communities quickly attempted to return to normalcy after the strictest period, even defying current guidelines.

During the pandemic, they adopted preventive measures such as reducing social contact to protect vulnerable people and affecting cultural practices such as the *pentukün*. COVID-19 vaccination was common, but some expressed distrust due to lack of information or concerns about side effects. Factors such as the historical marginalization of Mapuche communities and the lack of culturally relevant information on vaccines played a key role in shaping this skepticism. They lamented the lack of consideration of the Mapuche worldview in the vaccination campaign.

The interviewees, especially women, explained how the *machi* contributed to preventing contagion, with recommendations valued for their previous accuracy in anticipating the arrival of the pandemic. These included spiritual, psychological, and healthcare aspects, emphasizing the effectiveness of prayers and petitions to Mapuche spirits to avoid contagion. However, it was sometimes difficult to access the *machi* due to their vulnerability as older persons.

They criticized the lack of belief in Mapuche warnings by the Western system, which could have improved foresight and preparedness, and advocated for preserving their worldview. At an individual level, and especially among men, they expressed the desire to strengthen themselves physically, spiritually, and psychologically to improve their response to future crises, as well as to adopt a healthier lifestyle. Some questioned the effectiveness of Western preventive measures, expressing concern about the influence of social alarm on response, especially regarding vaccination.

The most representative quotes of this section are shown in Table 3.

Table 3. Categorization of discourses on adherence to restrictions and preventive measures with the most representative quotes. Chile, 2023.

| Category | Representative quotes |
|-------------------------------------|---|
| Beliefs and legitimacy of the virus | <i>'Reluctant. Why? Because they [the elders] said it was a wingka disease. That the wingka brought from outside. So, at first they didn't believe in this coronavirus. They didn't believe, they didn't believe, they didn't believe. Until it happened that more than one person got infected at home, they saw him a little bad, a little ugly, he had to go... to be hospitalized, as far as I know... and then they kind of started [following the recommendations].'</i> (E5) |
| Adherence to preventive measures | <i>'There are some longkos who did say that we had to listen the authorities.'</i> (E3) <i>'So the measures were followed. But especially when someone had to go to the city. As I told you, in the countryside it wasn't like you walked around, if you visited your neighbor it wasn't with a mask or things like that. But for a while we stopped visiting each other.'</i> (E3) |
| Vaccination for COVID-19 | <i>'No, vaccines were an issue because they said that through that they would give you more viruses, it would make you worsen. They [the Mapuche people] didn't want to get vaccinated. "We are healthy, so why?" It was difficult. (...) Disbelief, many comments, negative ones, "why is this necessary?". For example, [the elders] told me "Why do you wear masks if it's okay?'</i> (E6) <i>'It would have been good if, especially for the older Mapuches, who are very Mapuches, who are not taken out of there, perhaps to have asked them, or to have made the issue of the vaccine optional.'</i> (E8) |

Responses and Coping Strategies to the Pandemic

Many Mapuche communities have adopted an integrative approach, combining traditional medicine with official health services. However, they point out that the latter tend to focus primarily on physical discomfort, neglecting other crucial dimensions of *küme mongen*. This duality reveals a complementary relationship between the Western health system and the traditional Mapuche health system. Nevertheless, there is a perception of distance and alienation toward the Chilean official medical system and its non-Mapuche professionals. This complicates communication, affecting both diagnosis and treatment. To overcome these challenges, the interviewees emphasize the importance of having Mapuche healthcare professionals and the implementation of community "medical rounds", which bring health services closer to the communities. Although home primary care was well received, especially when conducted by Mapuche professionals, there were criticisms of delays in urgent arrangements.

In the management of COVID-19, many young people have turned to traditional medicine and its medicinal plants, the *lawen*, sometimes supplied by *machi* or other community members. Self-medication with natural remedies was practiced for mild symptoms, reserving the official health system for persistent, severe, or emergency cases. Although natural medicine is not always

considered an effective cure, they believe that adherence to treatment increases significantly if it is prescribed by the *machi*.

‘The machi was the one who predicted what was going to happen, (...) what [preventive] measures had to be taken to face all this. And spiritually, it helped the communities a lot. (...) with the medicinal issue as well.’ (E1: Male, 34 years old)

Amid the pandemic, Mapuche communities have strengthened family ties, considering them essential for their mental health. The mobilization of people from the city to the countryside resulted in a return to families and the accompaniment of older people who were alone. This phenomenon generated social cohesion and community support, which were perceived as benefits and key factors for facing the crisis.

They highlighted the close coordination and collaboration among neighbors and family members, attributing it to the essence of the Mapuche community. In some cases, they provided financial support to community members in need. Despite limitations in accessing the internet in their rural environment, social networks became crucial channels for community communication and even for maintaining faith in Mapuche beliefs or organizing community purchases. Social cohesion and community support, which are often led by young people, were identified as crucial elements for facing the pandemic.

‘In my family, for example, if we needed to buy things for my parents, for the countryside, one would do the shopping. One would ask for permission [to health authorities]. We tried to be a team. For example, one would do an activity, if we had to go to the bank or something else because there wasn't enough time to do all the procedures (...).’ (E6: Woman, 30 years old)

Faith in the Mapuche worldview and beliefs provided some tranquility, although some older people came to think that the pandemic was caused by spells or spiritual evils, which they perceived as more detrimental to their well-being than a physical ailment. Spiritual ceremonies, both individual and group, were conducted to mitigate the impact of the pandemic and request protection for the elders and the preservation of ancestral knowledge.

Table 4. Categorization of discourses on responses and coping strategies to the pandemic with the most representative quotes. Chile, 2023.

| Category | Representative quotes |
|--|--|
| Health care | <i>'...but from the CECOSF they always came to visit them, like everyone full of masks and those suits they had... but they were always coming to visit them, so many of us didn't have to go out.'</i> (E2) <i>'The community attended [Primary care health centers] when they saw that this was getting out of hand. At home (...) the symptoms did not respond to the water [traditional medicine]... and for example this cough had been going on for many days and the eucalyptus did nothing.'</i> (E5) |
| Use of traditional Mapuche medicine | <i>'[the machi] gave medicine to people who were sick and helped people spiritually and psychologically, so that they would have a little more peace of mind in that sense of facing the pandemic (...).'</i> (E1) |
| Desire to increase the intercultural perspective in health | <i>'(...) I think the medical system... should also sometimes take into account what our machis say (...). I think that Western medicine should adhere a little more to the Mapuche spiritual topic. Because we have a high density of Mapuche population here (...). And the issue is not taken into account much.'</i> (E1) |
| Desire for greater preservation of the Mapuche worldview | <i>'(...) I believe that we should preserve our worldview and our beliefs because, overall, the things that our machis predicted... (...) overall, it is an issue that happens, and some people do not take it well but when it happens... "oh right, it had been said before" (...).'</i> (E1) <i>'As there are young people in the community, the Mapuche worldview is recovering. (...) I always remember... my grandfather, because once I asked him: "Grandpa, why didn't you teach us the Mapuche language?" (...) [he answered] "Because when I was little, they discriminated us, so we didn't teach you.'</i> (E5) |
| Coordination and community help | <i>'(...) You couldn't go out, I don't know, if someone was missing something, they lived very far away. But there were people who did have some needs and they were helped as much as possible. Above all, on the food aspect.'</i> (E3) |
| Strengthening community cohesion | <i>'I think it [the pandemic] strengthened us, as a union, as a community (...). Of course, instead of each one of us reacting on our own, we started to work as a team. Perhaps that's a good thing.'</i> (E8) |

Note: CECOSF – *Centros Comunitarios de Salud Familiar* (in Spanish), Community Family Health Centers.

Limitations

The study sample limits the ability to extrapolate the results to the entire Mapuche people, which is also a society with heterogeneous communities (Sabrina Aguirre, 2015). However, rather than generalizing the findings, our study seeks to understand in-depth the experiences and perspectives of young adult Mapuche individuals and provide information on dynamics and beliefs within the studied communities. On the other hand, the researcher's influence on the data collection and analysis could introduce biases. Triangulation of the results with the research team and their validation by the participating individuals helped mitigate this potential bias. Finally, the scarce base of scientific studies addressing the impact of the COVID-19 pandemic on Mapuche communities could affect the ability to place our findings in a broad and theoretically supported comparative

framework. However, this deficiency offers the opportunity to contribute to the scientific knowledge of potentially hidden populations such as the Mapuche people.

Discussion

For the Mapuche, the concept of health is deeply intertwined with the ideas of '*küme mongen*', meaning 'living well', and '*küme felen*', which signifies a state of holistic well-being. These concepts encompass a balance between the individual's body, their social environment, nature, and spiritual forces, reflecting a holistic approach that contrasts with the reductionist view often found in Western medicine. This perspective emphasizes the significance of spiritual connections with the *ngen*, the guardians of nature, and the importance of rituals such as the *nguillatun* in maintaining this balance (Reyes et al., 2019). Participants in the study equated health with well-being, illustrating how *küme mongen* and *küme felen* are central to the Mapuche notion of "good living" (Meza-Calfunao et al., 2018). Well-being, from their perspective, involves being in communion with higher beings or guardian spirits, which are honored through ceremonies that strengthen the bonds within the community. This study highlights the profound interconnectedness among members of Mapuche communities, where collective well-being is prioritized over individual concerns (Reyes et al., 2019).

Despite the significant influence of Western culture on its conceptualization of health (Díaz Mujica et al., 2004), the interviewed individuals identified traditional health agents in their community as key agents in providing well-being, even in the context of the pandemic. They highlight the figure of the *machi* and *lawentuchefe*, Mapuche authorities in health, and the *longko* (Becco, 2020; Mora P, 2012). This is reflected in a study where the experience of a *machi* in medical care during the pandemic was used to reflect on political limits and control logics over Indigenous women (Melón & Yanniello, 2021). Discourse analysis suggested that the problem associated with the pandemic came from something external to Mapuche society, but the influence of the Chilean state created a favorable environment for virus spread. Along these lines, a study concluded that COVID-19 was considered a manifestation of the consequences of colonialism and was perceived as a political problem (Bustos, 2021).

Some factors may have accentuated and promoted inequalities between the Mapuche and non-Mapuche communities during the pandemic. First, and in line with the literature (Pérez Moscoso, 2015), the analyzed discourses emphasize the importance of preserving ancestral knowledge to achieve the *küme mongen*. The threat of losing such knowledge due to COVID-19 was evident when this wisdom was concentrated on elderly individuals, the group at highest risk for complications of the disease. Second, restrictions limited mobility but also agricultural and livestock subsistence practices, reducing access to nature and the environment, where *lawen* grows (Becco, 2020; Vega Cacabelos, 2020) and *ngen* reside (Lesser, 2006). For many rural Mapuche communities, this reduced access to natural resources had direct impacts on their subsistence, potentially marginalizing them even further economically and socially. Third, restrictions prohibited meetings, affecting socialization and ceremonies such as the *nguillatun*. This is relevant in a culture where social and family relationships play a crucial role in the well-being of their community (Reyes et al., 2019) and where *pentukün* is still practiced, which is essential for strengthening social ties (Llanquino Trabol et al., 2015). The cancellation of these ceremonies during the pandemic not only interrupted cultural practices but also could exacerbate mental health issues, potentially increasing feelings of isolation and anxiety.

Overall, the results show the strong desire of the interviewed individuals to recover the Mapuche worldview and traditions to improve coping strategies in future health crises, especially in healthcare and in the design of preventive measures and public health policies. This aligns with the claim of Mapuche culture and identity to defend their own medicine (Santisteban, 2021). The results also help understand health and illness outside the hegemonic biomedical model of the Chilean-Western healthcare system while questioning orientalism in public health, which has been the most prevalent model in the discourse of health authorities in Chile (Pacheco, 2022).

The results underscore the importance of adopting an intercultural approach in the formulation of public policies, including those related to social restrictions. As seen in Indigenous communities of the Peruvian Amazon, this is evidently relevant for addressing health and well-being issues during crises (Orcotorio Figueroa, 2022). Despite various efforts made by health authorities since 1992 with the creation of the Health Program with the Mapuche Population and the subsequent creation of the Special Health Program and Indigenous Peoples in 2000, there continue to be barriers to the implementation of an intercultural approach (Campos, 2017) that have been exacerbated during the pandemic. This study can serve to inform public health policies and programs in future health crises with a more equitable approach, with a youthful perspective and cultural sensitivity, complementing previous research on intercultural health in Chile (Manríquez-Hizaut et al., 2018; Vicente Martín & Gil García, 2017).

Conclusion

The impact of the COVID-19 pandemic and the resulting restrictions on young adult Mapuche individuals had notable consequences, affecting mental health and community dynamics, potentially exacerbating existing inequalities. The response of Mapuche communities evolved over time, revealing variations in perception and adherence to restrictions, with leaders such as the *longko* playing crucial roles, although with differences across communities. Despite widespread acceptance of vaccination, distrust toward the Chilean-Western health system and its disregard for the Mapuche worldview raised significant concerns. Although the lack of a holistic approach in official health services was evident, the presence of Mapuche health professionals and intercultural strategies was deemed essential for managing health emergencies.

Despite efforts to implement intercultural health programs in Chile, such as the Special Health Program for Indigenous Peoples, political and structural barriers persist that hinder their full development. These obstacles include the limited participation of Mapuche representatives in decision-making processes and the reluctance of the Western health system to incorporate Indigenous knowledge and practices (Pérez et al., 2016). The dominance of Western medicine has perpetuated discrimination, affecting the accessibility and quality of health services available to Indigenous communities. This study underscores the importance of integrating the perspectives of young Mapuche adults into the design of restrictive public health measures and highlights the need for an intercultural approach that respects cultural diversity. In future health crises, developing policies that genuinely include the worldview of Mapuche communities will be essential to addressing disparities and promoting more equitable health outcomes.

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Glossary

Che: [noun] Person, people.

Felen: [verb] To be.

Kimün: [verb] To know.

Kutran: [adjective] Sick. | [noun] The illness, the pain.

Küme: [adjective; adverb] Good.

Küme felen: This term can be literally translated as “being well” and implies a balance between the person and others (collective or individual well-being).

Küme mongen: This term translates to “living well” or “good living”, which broadly refers to living in balance and harmony with nature, the people and other beings that inhabit it.

Lawen: [noun] Medicinal herb | Any remedy.

Lawentuchefe: [noun] Healers and healers, who deliver the *lawen*, the medicine. Unlike the *machi*, they prepare or study to do it.

Longko: [noun] Head. | The head of the community.

Machi: [noun] Mapuche doctors who cure the sick through connection with spiritual beings and ancestors. The *machi* is born with this gift, which is normally revealed through dreams.

Mapu: [noun] Earth, terrain.

Mapuche: [noun] People of the land (of a certain geographical space).

Mongen: [verb] To live, to heal.

Ngen: [verb] To be with. | [noun] Being the owner of something (when it precedes the subject, e.g. “*ngenko*”, being under whose protection are the waters of a well, river or lake, according to Mapuche beliefs).

Nguillatun: [verb] To ask for something. | To beg, to ask someone. | Make prayers. | [noun] Prayers and exorcisms.

Pentukün: [verb] To visit someone to congratulate them, p. e.g. for his arrival, or to express condolences.

We Tripantu: [noun] Mapuche New Year celebration day.

Wingka: [noun] non-Mapuche, white people.