





Meanings of exposure to HIV/AIDS attributed by women who profess Afro-Brazilian religions

Significados de exposição ao HIV/AIDS atribuídos por mulheres que professam religiões afro-brasileiras

Significados de exposición al VIH/SIDA atribuidos por mujeres que profesan religiones afrobrasileñas

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ABSTRACT

Objective: to discover the meanings attributed by women who profess Afro-Brazilian religions to exposure to HIV/AIDS. **Method:** in this interpretive, qualitative study, using the snowball technique, 21 women who profess Afro-Brazilian religions were selected in 7 sample groups. Data were collected from July 2019 to October 2020 by semi-structured interviews in a public urban park in São Paulo and virtually by Google Meet, and analyzed by Symbolic Interactionism and Grounded Theory, with ATLAS.ti9 software. **Results:** participants were 18 to 70 years old, most married, with complete postgraduate studies, and had attended the religious institution at least once a week for more than 5 years. The participants attributed meaning to exposure to HIV/AIDS as lack of self-care, lack of care for the body, the home of *orixá* deities, and related it to prevention, discernment and respect, in a conservative view focusing on others. **Conclusion:** the meanings attributed to exposure to HIV/AIDS were strongly influenced by religious beliefs and emphasized the exposure of others.

Descriptors: Women's Health; HIV; Acquired Immunodeficiency Syndrome; Risk-Taking; Religion.

RESUMO

Objetivo: conhecer os significados atribuídos por mulheres que professam religiões afro-brasileiras à exposição ao HIV/AIDS. **Método:** estudo interpretativo, qualitativo, com amostragem por meio da técnica de bola de neve, selecionando 21 mulheres que professam religiões afro-brasileiras, em sete grupos amostrais. Coleta de dados realizada entre julho de 2019 e outubro de 2020, por meio de entrevistas semiestruturadas, em parque urbano público em São Paulo e, virtualmente. Dados analisados segundo o Interacionismo Simbólico e a *Grounded Theory*. **Resultados:** participaram mulheres entre 18 e 70 anos, a maioria casada, com pós-graduação completa, frequentando, pelo menos uma vez na semana, a instituição religiosa, há mais de 5 anos. As participantes significam exposição ao HIV/AIDS como falta de autocuidado, não ter cuidado com o corpo, morada de *orixás*, relacionando com prevenção, discernimento e respeito, cuja visão conservadora enfoca o outro. **Conclusão:** os significados atribuídos à exposição ao HIV/AIDS estão fortemente influenciados pelas crenças religiosas, salientando a exposição dos outros.

Descritores: Saúde da Mulher; HIV; Síndrome da Imunodeficiência Adquirida; Assunção de Riscos; Religião.

RESUMEN

Objetivo: conocer los significados atribuidos por mujeres que profesan religiones afrobrasileñas a la exposición al VIH/SIDA. **Método:** estudio interpretativo, cualitativo, utilizando para la muestra el método de bola de nieve, seleccionando 21 mujeres que profesan religiones afrobrasileñas, en siete grupos de muestra. La recolección de datos tuvo lugar entre julio/2019 y octubre/2020, a través de entrevistas semiestructuradas, en un parque público urbano de São Paulo y también virtualmente. Los datos se analizaron según el Interaccionismo Simbólico y la *Grounded Theory*. **Resultados:** participaron mujeres con edades entre 18 y 70 años, la mayoría casada, con estudios de posgrado completo, asistiendo a la institución religiosa al menos una vez por semana desde hace más de 5 años. Las participantes entienden la exposición al VIH/SIDA como falta de autocuidado, descuido del cuerpo, hogar de los *orixás*, comparado a la prevención, al discernimiento y al respeto, cuya mirada conservadora se enfoca en el otro. **Conclusión:** los significados atribuidos a la exposición al VIH/SIDA están fuertemente influenciados por las creencias religiosas, destacando la exposición de los demás.

Descriptores: Salud de la Mujer; VIH; Síndrome de Inmunodeficiencia Adquirida; Asunción de Riesgos; Religión.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) affects a significant portion of the global population. However, new cases of infection decreased by around 23% between 2010 and 2019. By the end of 2019, 38 million individuals were living with HIV, and there were 1.7 million new cases of HIV infection worldwide¹.

A total of 342,459 cases of HIV were disclosed in Brazil from 2007 to mid-2020, with greater condensation in the southeast and south regions, and 34.3% from 1980 to June 2020 were infected women². In addition, there is a gradual attenuation of AIDS cases in women and an increase in cases in men, changing the sex ratio to 23 AIDS cases in men for every ten in women in 2019².

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Despite this drop, it is clear that this epidemic is still relevant and thinking in the context of female vulnerability presents itself as a health challenge for the world. The incidence in the female population goes beyond the biological dimension or viral characteristics, including behavioral aspects, gender and beliefs³.

Religious institutions with their specificities generally guide conservative behavior to reduce vulnerabilities. Also, the greater the religious faith, the later the onset of sexual relations and the lower the number of sexual partners, which indicates less exposure to HIV/AIDS⁴.

In the case of religions of African origin, Umbanda and Candomblecists value personal options and recognize themselves as actors of their own sexuality and subjects of rights. In addition, they are considered religions with openness to dialogue between public policies and Africanist religious institutions for issues related to health⁵⁻⁸. Thus, paying attention to the role that religiosity/spirituality has in people's daily lives, it is possible to think of strategies to work on issues of vulnerability, especially those related to women and HIV/AIDS⁹.

Considering that many worldviews are intertwined in different beliefs and the low production of scientific knowledge in this area, and considering that meanings can be modified or re-signified by individuals based on their social interactions, which in turn enables constructing new experiences and new interpretations¹⁰, the objective of this study was to understand the meanings attributed by women who profess Afro-Brazilian religions to exposure to HIV/AIDS.

METHOD

This is a qualitative, interpretative study with theoretical-methodological support from Grounded Theory, which seeks to understand social reality and socially constructed meanings¹¹, together with the assumptions of Symbolic Interactionism as a theoretical framework for analysis¹⁰.

Data collection initially took place from July/2019 to October/2020, being conducted in a public urban park in São Paulo, SP, Brazil. However, due to Law no. 13.979/2020 which provided for social isolation due to the Covid-19 pandemic, the interviews started to be carried out and recorded by videoconference through the Google Meet online platform.

The inclusion criteria for the first sample group were: Brazilian women, over 18 years old, who professed an Afro-Brazilian religion (Umbanda or Candomblé). Women diagnosed with HIV/AIDS, without access to the internet or with speech difficulties were excluded.

Interpreting the social experience occurs through a process of comparative data analysis in which the data are collected, coded, analyzed and compared at the same time. In order to intentionally direct the theoretical sampling, the comings and goings in the material are necessary, which is data circularity. Therefore, there is a need to collect new data and also to select new participants or contextual events to close gaps and prove hypotheses that emerge from the analysis¹¹.

In this perspective, the first group was composed of three women over 40 years of age, married and who played active roles in religion. These first data showed that the attributed meanings were influenced by religious teachings and the experience of a marriage. Considering that they were mature women, a possible interference of age in the testimonies was reflected on. Thus, three younger women, aged between 18 and 40, married and active in religion, were included in the second sample group.

In revisiting the Methodological Notes¹¹, it was noticed that the phenomenon did not change regardless of age, and was strongly influenced by the stable relationship. So, a third sample group was subsequently formed with three women who did not declare themselves in a stable relationship and who played active roles in religion to reflect on whether these women had a less distant view of exposure to HIV/AIDS due to romantic love.

In order to try to expand the possibilities of modifying the phenomenon and intentionally focus on religious influences, three more sample groups were formed with women who did not exercise active roles/functions in religion and rarely attended religious institutions, following the following criteria: group four – three women over 40 and married; group five – three women aged between 18 and 40 and married; and group six – three women aged between 18 and 40 and single. It was then confirmed by comparative analysis that the assigned meanings did not change at this point.

At this time, the participants of the six groups were well educated. Finally, the seventh sample group was formed with three women with low education who professed to following an Afro-Brazilian religion, without considering age, marital status or role played.

The snowball technique¹³ was used for data collection to capture the participants, in which each one indicates another participant and so on. The first participants were intercepted in the public park, and served as the seed for data

collection. Thus, a first face-to-face and intentional contact was made, with explanations about the research and signing the Informed Consent Form (ICF).

The interview was subsequently recorded according to the woman's availability in a place chosen by her where her privacy could be preserved, with only the presence of the participant and the interviewer.

A semi-structured interview script consisting of two parts was used as the data collection instrument. The first part was used to characterize the sample (age, education, marital status, role played and weekly frequency and time of participation in the Afro-Brazilian religion). The second contained a guiding question (what does being exposed to HIV/AIDS mean to you?) and topics introduced during the interview (individual, social and programmatic exposure, sexuality and religious belonging and exposure from the perspective of Afro-Brazilian religion). The interviews lasted an average of 40 minutes and the content was transcribed for analysis.

Data collection for each group was completed with data repetition without further highlights to elaborate the concepts (theoretical saturation¹¹). Thus, there were a total of 21 interviewees in seven sample groups.

In the remote interviews, the ICF was sent by email and the participants were clearly informed that if they agreed to participate, it would be considered consent when they entered the Google Meet virtual room and responded to the interview. They were also instructed to keep a copy of the ICF electronic file.

After data collection, a comparative analysis of the data was performed based on the assumptions of the Grounded Theory¹¹. It is an inductive, comparative and data-emerging process following the classic trend: open, selective and theoretical coding, identification of the central category, a selective literature search and then elaboration of the research report¹¹. The categories related to the meanings attributed to exposure to HIV/AIDS that emerged in the selective coding phase are presented in the results section.

Symbolic Interactionism was used as a theoretical framework for analysis, which studies the meaning of something in the individual's conception as a result of their social interaction. This determines their actions from the social context to which they are inserted¹⁰. It is based on three principles: beings act in accordance with the meaning and sense that things have for them; these meanings emerge from social interactions; and such meanings, when applied in their interactions and supported by their interpretations and actions, are employed and modified by the being¹⁰.

Next, the ATLAS[®].ti9 qualitative analysis software program was used to organize the material. Then, it was possible to build two categories with 274 codes and 12 related groups from the report issued from the program.

Finally, ethical aspects were respected in accordance with resolutions 466/12 and 510/16. The project was approved by the Research Ethics Committee of the institution involved. The letter G and the sample group number were used, as well as the letter I and the interview number to preserve the anonymity of the participants.

RESULTS

The profile of the interviewees varied between the ages of 18 and 70 and the majority were married (57.1%). The prevalence regarding education was complete post-graduation (33.3%) and complete higher education (28.6%). Most of them participate once a week in the religious institution (71.4%). More than half of the women do not work (52.4%), and the rest hold positions such as *Cambone*, *rodante*/medium, Saint mother or Ekedí (47.6%) with regard to the role they play in their religion. Most of the participants profess to following the religion for more than 5 years (52.4%).

Meaning of exposure to HIV/AIDS, not taking care of yourself and not being taken care of in the context of religious rituals

This category was constructed from 113 codes. The participants define exposure to HIV/AIDS as a lack of self-care and not being cared for under religious influence, meaning it is not taking care of the body; it is emphasized that for the religion, the body is the home of the Orisha, something sacred. In addition, they talk about self-love and self-preservation so as not to disrespect the body, in the sense of not contracting diseases.

Ah, exposure is a lack of self-care, it's not taking care of the body. This is what we try to convey there and the entities when they are talking. Word of faith as advice to also take care of the body. (Group 01, I2)

I think that religion can interfere in this sense of stimulating self-love, knowing how to take care of yourself, caring about yourself. (Group 03, I1)

Exposure to HIV/AIDS is not taking care to not bring diseases into our body. Because our body is sacred, the home of the Orisha. So, you have to take care of it because it is not just ours, we share it with our Orisha. (Group 03, I3)

Therefore, for them and from a religious perspective, exposure to HIV/AIDS is sex without prevention, discernment and respect. In turn, a lack of care for oneself and the other.

Sex is not prohibited. We don't have a rule, like, for example, only do it after you get married or not do it. There is no such thing. It is even encouraged to do it, but obviously with care, respect and discernment, using your head (Group 07, I1).

Another perspective pointed out by the women was the exposure of other people based on religious beliefs. They mean exposure to HIV/AIDS can occur because of full faith and trust in God/Orixás as a form of care and protection. In addition, they see exposure in the practice of prolonged vigilance, exposing themselves as a form of compensation for the time lost without proper care.

People may be exposing themselves in some way because they believe that God protects. God protects, but if I contribute my part, right? (Group 01, I3)

They say that the orixás will protect and nothing will happen to them. So, they believe that they do not need to be careful, to prevent it. (Group 03, I1)

So, if the person has to keep vigilant and it's been a long time without sexual intercourse. When she leaves there, she goes looking for someone desperate. I believe that such a long vigilance could interfere with this exposure. (Group 05, I3)

In the context of Afro-Brazilian religion, women attribute meanings to exposure such as not approaching the theme in the religious context. For them, guidance, counseling and information are forms of care. They allege that even if religion does not promote specific prevention actions, they consider it fundamental to be open to dialogue about responsible sex. In addition, they warn about religious centers and other religions that do not address this issue.

Because sex is not taboo in Candomblé, they talk more about the risks that sex brings, right? The possibility of exposure exists. If you don't talk about it, exposure increases. (Group 06, I2)

I went once to give a lecture to teach how to put on a condom. So this shows that it's a very open thing. (Group 06, I1)

For non-exposure, I believe that the matter should be addressed, regardless of religion. (Group 02, E3)

At our center, we rarely talk about it. Now you got me wondering why we don't talk about this. This is exposure to HIV/AIDS. (Group 01, I3)

Another meaning of exposure to HIV/AIDS is the religious imposition with restrictions on preventive methods and considering sex only for reproduction, criticizing Christian religions.

Exposure is when religion imposes that the person cannot use preventive methods and only have sex for procreation. Back in the terreiro, I don't remember anyone making any restrictions in relation to that. Our religion is very open. (Group 06, I1)

Furthermore, exposure for the participants is participating in religious rituals without preventive care, mentioning the initiation rituals, with razor cuts on the skin and shaving of hair. However, they show care on the part of the priests with preventive measures, such as the use of gloves, razors for individual and disposable use.

They are scratches on the skin cut with a razor. And, after it's cut, the father puts some powders in there [...] it's dangerous, I mean, in terms of exposure to blood. But, in fact, the must-have list says that we have to buy the razor. So, it is disposable. (Group 02, I2)

There is an initiation ritual that puts at risk in this sense of exposure to HIV/AIDS. Because we shave, shave our heads with a razor and that razor is prayed for. So there is a risk yes. (Group 03, I3)

Meaning of exposure to HIV/AIDS with a conservative view of blaming the other

This category contains 161 codes which portray the meanings of exposure to HIV/AIDS attributed by women who profess Afro-Brazilian religions according to a conservative view of focusing on the "other". It maintains the idea that exposure to HIV/AIDS means a lack of self-care and care for others, with behaviors considered deviant, influenced by religious teachings.

Exposure is not having the awareness and sensitivity of what you can do to prevent yourself. Now, if you don't have this responsibility, especially in relation to the other's life, you end up exposing yourself in some way. (Group 01, I3)

As insecure and/or deviant behaviors, they cite going out for fun and having relationships with multiple partners. For them, the pursuit of bodily pleasure is seen as exposure to HIV/AIDS and they associate this with a vulgar and limitless attitude. Thus, they characterize exposure to HIV/AIDS as "having sex for the sake of having sex", having sex without love and without purpose, without affection with unknown people. According to the participants, exposure to HIV/AIDS means conscious and passionate/emotional carelessness and they recall the religious teachings of body care.

But, the risk is greater in some situations. So, if you consciously choose to do this, you are putting yourself at risk. So, you are careless. (Group 06, I1)

So, people understand, but they go out there and, "I'm going to fall for it" [...] There's not that love, that affection, it's sex for the sake of sex, you know? So it's easier to catch the disease, right? (Group 01, I1)

I think it's promiscuity. It would be the person going out with anyone, without knowing, without prevention, without purpose, just for the limitless mess. I think it's exposing yourself to HIV. (Group 6, I3)

Exposure is not taking care of yourself, not preserving yourself, having multiple sexual partners. (Group 4, I2)

DISCUSSION

Exposure to HIV/AIDS can be perceived and interpreted in different ways. However, meanings are constructed in a context in which symbols predominate based on socialization in religious institutions and their norms. Thus, her social roles are ratified through memories of the past, group references, perspectives, in addition to social objects, the self, mind and symbols during the individual and collective experience of each woman who professes the Afro-Brazilian religion. This reproduces an internal social process of each one, meaning that the woman is an object of her own action¹⁰.

In this perspective, social interaction occurs in dynamic and autonomous religions in the conduct of their followers. Unlike the Christians, there is no book or work to guide practices and beliefs. Thus, each religious center of African origin has its norms, ways of thinking, acting and celebrating services through teachings and traditions passed down from generation to generation according to lineage¹⁴.

They believe in vital forces existing in everything that constitutes life. This force comes from the supreme being and is called *axé*. If energy is in balance, it brings happiness to beings, and if it is out of balance, there may be a break between the natural and supernatural world, with destructive events or not, such as disease¹⁵. Furthermore, the energy flows that the human being receives can be passed from one situation to another, being negative or positive for the collective or for the individual^{15,16}. It is in this context that the meanings of exposure to HIV/AIDS are constructed.

Participants' reports on the belief of religious followers related to possible protection of entities according to their faith deserve to be highlighted. It is known that at the beginning of humanity there is a demand for a relationship with the Divine/Sacred with individuals. Moreover, faith is revealed in trust in a supernatural being or force structured in a religion¹⁷.

Many Brazilians believe in the action of deities to prevent and cure diseases and even seek religious help^{15,18}. Candomblé and Umbanda are characterized by the idea of well-being based on a holistic view with an integration of body, mind and emotion, and both with actions to maintain health from an integral perspective, even approaching the broad concept of health^{15,19}. Therefore, this study indicates the urgency of training sensitive professionals for humanistic and more integrative practices for mind and body care²⁰.

The body is seen as something sacred for the interviewees and for religion, as the abode/temple of the *orixá*; a link with entities. Therefore, they demonstrate importance in body care and portray that this is preached by the priests. In this sense, sex soils the body in the spiritual realm due to the exchange of *axé* between individuals. Therefore, adherents of the religion must practice privacy and not have sexual intercourse before rituals in order to keep the body clean²¹.

Religious protection emerged in the reports as an important care for the body. It also emerged as one of the meanings attributed to exposure to HIV/AIDS through the inability to resist the long period of vigilance or to compensate with purposeless sexual intercourse. From a religious perspective, protection is revealed as controlling the followers' sexuality and also as a protection strategy against impurities, including infections such as HIV²¹.

However, they emphasize that there is no control over sexual relations as occurs in Christian religions, which consider sex outside marriage as a sin. Despite this, there are norms to preserve *axé* (energy/lineage). In this regard, the participants reveal mostly conservative ideas, such as the importance of knowing the person before sexual intercourse, sex with love, respect and responsibility as preventive measures for HIV/AIDS. In addition, they related the use of condoms to take care of oneself and the other. In this scenario, the disease is interpreted with biological, social and cosmological influences, and can be caused by deviant behavior¹⁵. Thus, there is support and encouragement for making responsible decisions in both the religious and health spheres.

This mix between religiosity and health is revealed in the data by the possibility of exposure in initiation rituals of the Afro-Brazilian religion when there are no preventive measures. With regard to this process, religious ritual practices have undergone historical, political and cultural transformations; and it was no different with the emergence of the Acquired Immunodeficiency Syndrome, imposing changes to healthcare in the *terreiros* (place where they practice their religion)^{8,22}.

At the beginning of the HIV/AIDS epidemic in Brazil, this particularity of the Afro-Brazilian religion drew attention due to the possible contamination of believers during razor sharing and contact with bodily fluids²². Soon after, the Saint Fathers/Mothers adhered to biosafety techniques such as HIV/AIDS prevention, corroborating the statements of the participants of this study, with initiatives to redefine the use of the ritual razor and replace it with disposable ones for individual use²². This demonstrates openness to good healthcare practices.

By approaching the theme without taboos, the religious institution collectively contributes to reducing exposure to HIV/AIDS. In view of this, the interviewees make negative comments about Christian religions which impose restrictions on the use of condoms, and they agree with the opening of Afro-Brazilian religious institutions to different health practices. Therefore, the sacred space of the *terreiro* is integrative and can be used both for religious services and actions aimed at health^{8,23-26}. Despite this, the data show that exposure to HIV/AIDS is directed towards “the other”.

Thus, corroborating a current study^{27,28}, the interviewees relate exposure to attitudes considered immoral and promiscuous, revealing control over the behavior and sexuality of other women, especially those who do not experience a stable relationship.

CONCLUSION

It is concluded that the meanings attributed to exposure to HIV/AIDS by women who profess the Afro-Brazilian religion are strongly influenced by religious beliefs and their social interactions in the *terreiros*. In addition, they conservatively distance themselves and focus on exposing other people.

The data also demonstrate the strong potential of the *terreiros* as health promoters by preaching care for the body, being open to the subject and having ties with the adepts, including preventive care during religious practices.

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