

Health practices: the view of the black elderly population in a *terreiro* community

Práticas em saúde: ótica do idoso negro em uma comunidade de terreiro
Prácticas en salud: visión del anciano negro en una comunidad religiosa afrobrasileña

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ABSTRACT

Objective: to understand health practices of black, elderly people in a *terreiro* community (community of followers of traditional African-Brazilian religions). **Method:** qualitative descriptive study under the Black-African paradigm of civilization constituted by the Black-African cultural complex and the structuring elements of the African cosmovision. Semi-structured interviews were carried out from July to September 2013, with six black older people from a *terreiro* community in Porto Alegre, RS. **Results:** thematic content analysis resulted in the following categories: Ancestry; Belonging: the way to know and practice health; Health knowledge and practices in *terreiro* communities; and Complementarity: promoting health in the *terreiro* and traditional medicine and its respective subcategories. **Conclusion:** the study understood the importance of having a knowledge of the practices of African traditions in both the lifestyle and health of the older black population to help with nursing planning and interventions in response to their needs.

Descriptors: Aged; Health; African Continental Ancestry Group; Nursing; Culture.

RESUMO

Objetivo: compreender as práticas de saúde na ótica do idoso negro em uma comunidade de terreiro. **Método:** estudo qualitativo, descritivo, sob o referencial do paradigma civilizatório negro-africano constituído pelo complexo cultural negro-africano e pelos elementos estruturantes da cosmovisão africana. Realizadas entrevistas semiestruturadas, de julho a setembro de 2013, com seis idosos negros que pertenciam a uma comunidade de terreiro em Porto Alegre, RS. **Resultados:** da análise de conteúdo temática emergiram as categorias: Ancestralidade; O caminho para saber e fazer saúde; Saberes e práticas em saúde na comunidade de terreiro; e Complementaridade: fazer saúde no terreiro e medicina tradicional e suas respectivas subcategorias. **Conclusão:** compreendeu-se a importância dos saberes e práticas das tradições de matriz africana no modo de viver e na forma de produção de saúde sob a ótica do idoso negro o que contribui para o planejamento e intervenções de enfermagem adequadas às necessidades dessa população idosa.

Descritores: Idoso; Saúde; Grupo com Ancestrais do Continente Africano; Enfermagem; Cultura.

RESUMEN

Objetivo: comprender las prácticas de salud en la visión del anciano negro en una comunidad religiosa afrobrasileña. **Método:** estudio cualitativo, descriptivo, utilizando referencial del paradigma civilizatorio negro-africano, constituido por el complejo cultural negro-africano y por elementos estructurales de la cosmovisión africana. Entrevistas semiestructuradas realizadas de julio a setiembre de 2013 con seis ancianos negros pertenecientes a comunidad religiosa afrobrasileña de Porto Alegre-RS. **Resultados:** del análisis de contenido temático emergieron las categorías: Ascendencia; Camino para saber y hacer salud;

Saberes y prácticas en salud en comunidad religiosa afrobrasileña; y Complementariedad: hacer salud en comunidad religiosa afrobrasileña y medicina tradicional y sus respectivas subcategorías. **Conclusión:** se comprendió la importancia de saberes y prácticas de tradiciones de matriz africana en el modo de vida y forma de producción de salud en la visión del anciano negro, lo que contribuye a planificar intervenciones de enfermería adecuadas a las necesidades de esta población anciana.

Descriptores: Anciano; Salud; Grupo de Ascendencia Continental Africana; Enfermería; Cultura.

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INTRODUCTION

The latest Brazilian census showed that more than 50% of the Brazilian population has self-declared to be black and brown and, among these, 0.3% followed African-Brazilian religions. From this population group, 16% (300 thousand) of the inhabitants of Rio Grande do Sul have self-declared to be so. In the capital of the state, more than 20% of the population self-declared to be black and brown and, of this total, more than 94 thousand individuals followed African-Brazilian religions⁽¹⁾. A mapping of traditional communities that follow African-Brazilian religions identified the highest number of *terreiros* in the metropolitan region of Porto Alegre in comparison with the capitals of other states⁽²⁾.

With regard to the health care to be provided to this population, health professionals should understand their unique ways of health care as these are believed to be determined by their vision of the world which includes language; religion; social and political factors and educational, economic, theological, ethnical-historic, environmental and cultural contexts.

Practices which include the promotion, recovery and preventative health of this population should include an understanding of the African vision of the world and African centered ways of knowledge. The premise to this understanding occurs within the contextualization of the Black-African paradigm of civilization⁽³⁾ and the African vision of the world⁽⁴⁾.

The Black-African paradigm of civilization is structured around a system of values, beliefs and ideas that results in a unique way of observing, acting and understanding the universe in its visible and invisible dimensions. It also results in establishing ethics and aesthetics to experience the collective, and expanding limits beyond the geographic dimension of the environment where they live⁽³⁾, to populations influenced by the Black-African cultural complex and its civilizational values.

Afrocentricity is a highlight in this paradigm, and is based on the thinking, practice and perspective that considers Africans as subject agents of phenomena, working on their own cultural image and according to their human interests⁽⁵⁾. It is also defined as the paradigm of the African's self-conscious agency in their history, based on the belief that history, culture and ancestry define their identity. This last, in turn, determines the location, center, place in the Africans' material and spiritual lives⁽⁶⁾.

The African cosmovision is conceptualized as their view of the world and its relationships, representing the principles that guide the African way of living, their social organization, values and ways of seeing and understanding the world. It does not come into life out of space and time; rather, it is

dynamic and built with wisdom and skill by tradition, through verbal culture, creative resignification, myths and rituals of the African tradition⁽⁴⁾.

The structural elements that make up the African cosmovision consists of; a view of the *universe* where the visible is seen as the manifestation of the sacred; the *vital force* (*Àse*) which is the power of existing and of creating, common support that connects everything, and which is the manifestation of the sacred itself; *the word*, which is the source of transmission of knowledge, an element of creation of oral tradition, which generates and moves energy, having the power of transformation; *the time* which is oriented to the past that houses the responses to the mysteries of the present and knowledge of ancestry; *the person* that results from divine powers and a collective action; *socialization* takes place through initiating processes preparing the individual to live in social milieu; *death* which is the belief that dead individuals pass according to the sacred plan of divine ancestors, reinforcing the community's *Àse*; *the family* where individuals are connected by uterine kinship to common women ancestors; *the power* which is the instrument of ancestors' tradition in a circular and complementary proposal of horizontality in human relations; *ancestry* grounded in the worship of ancestors and respect to elders' experience, and in the communication that can exist between the world of the living and the world of the dead, spirits and supernatural entities, considering that ancestors interface with the visible and the invisible world⁽⁴⁾.

The spaces for maintaining and recovering this culture are named in different ways such as *terreiros*, *roças*, *casas-de-santo*, *casas-de-candomblé*. These environments connote the Black-Brazilian social organization; these are sites that emanate strength and social power to an ethnic group which experiments citizenship in different conditions⁽⁷⁾. Characterized as sites that welcome and heal, these are part of a network of health support to diseased individuals, assisting their recovery and improving the response to medical therapies. The religiosity expressed in such environments provides meaning to life in face of suffering, in this way assisting the community to accept the suffering of beings, building the feeling of inclusiveness and wellbeing⁽⁸⁾.

The health care promoted in *terreiro* communities (communities of followers of traditional African-Brazilian religions) is crucial to followers that often have no access to public and/or private health services, or find no solution or therapy for their illnesses. These communities perceive health as the balance of vital forces and these spaces provide venues for the elders to co-exist, perform physical, mental and spiritual rituals, practice faith, seek emotional support and cope with racism and the

negative view on aging process, imposed by society⁽⁹⁾. In this context, ageing is a bio-psychosocial phenomenon strongly influenced by culture, living conditions and contexts of life⁽¹⁰⁾. In each culture, individuals define ways of taking care of their own and others' health by relating health practices to their beliefs, i.e., based on their socio-cultural context. Health practices in the *terreiro* communities are determined by culture⁽¹⁰⁻¹²⁾.

Nurses should understand the elderly in their social context to provide proper care, coherent with their needs and vision of the world and the meaning assigned by the black population to the phenomena they experience and, therefore, the way health is understood in the African culture. This assumption is grounded in the contextualization of the Black-African civilization paradigm and the African vision of the world.

In order to preserve the cultural identity of the *terreiro* communities, this study refers to the black elderly as "the older" and "*terreiro* community" was used to refer to the spaces of black resistance in Brazil.

The guiding question of this study was: What are the meanings of health practices from the point of view of black elderly people living in *terreiro* communities? Thus, this study aimed to understand health practices of the black elderly population living in *terreiro* communities, object of this study.

METHOD

Theoretical-methodological framework and type of study

This study was developed as a descriptive and qualitative approach, under the Black-African civilization paradigm composed of the Black-African cultural complex⁽³⁾ and by the structural elements of the African cosmovision⁽⁴⁾. The analysis resulted in the categories Ancestry: existential condition in health knowledge; Belonging: the way to know and practice health; Health knowledge and practices in *terreiro* communities; and Complementarity: promoting health in the *terreiro* and traditional medicine and its respective subcategories

Methodological Procedures

Study scenario

The research was carried out at the *terreiro* community *Ile Asê Iyemonjá Omi Olodo*, a traditional community of African origin in Porto Alegre, in the Brazilian state of Rio Grande do Sul.

Data source

The intentional sample comprised six participants invited by one researcher who is a frequent visitor of the *terreiro* community. The inclusion criteria were defined as black elderly people living in this community and of 60 years old or more, and excluding the white elderly population

Data collection and organization

Data were collected by means of semi-structured interviews oriented by an instrument with identification data and the following guiding questions: "How old are you and for how long have you been in the *terreiro*? Why do you go to the *terreiro*? What do you do there? Do they take care of your

health in the *terreiro*? How? Which is the most frequent health care delivered to you? Do you think it is good for you? Why? "Do you visit the physician"?

Interviews were recorded and lasted one hour, on average, at the *terreiro* community and the participants' domiciles, from July to September 2013.

Data analysis

Data analysis was by means of analysis of the thematic content⁽¹³⁾, i.e., discovering the nuclei of sense that make up a kind of communication the *presence* of which means something to the intended objective. It is composed of three phases: *pre-analysis* where the interview material was organized and analyzed by several readings; *material exploration* where the content was codified, text excerpts were taken, and data were classified pooled and organized in general analysis categories and their specific analysis categories; and *results handling* where raw data were construed considering the study objectives and based on the pertinent literature.

Ethical aspects

This study was approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul. The study participants have signed the Free and Informed Consent Term and were assigned codenames referring to the African deities, namely Ógún, Sàngó, Òsun, Yemojá, Òsàlà, and Òrúnmilá.

RESULTS

The analysis and interpretation of the meaning of health practices to a *terreiro* community for the black elderly population in this community were based on the perspective "from inside" which consists in the view and interpretation of elements in a dynamic context, as part of a process⁽³⁾.

In this context, after analyzing the speech of six black older individuals, four women and two men of 70 years old on average, who lived together in the *terreiro* community for more than 40 years, the following general analysis categories and their specific analysis categories have emerged: Ancestry: existential condition in health knowledge; Belonging: *Faith, and Mission and commitment to traditions of African origin*; The knowledge and practice of health: *Preparation and Priesthood*; Health knowledge and practices in *terreiro* communities: *Unveiling the causes of vital force (Àse) unbalance, Re-establishing and receiving vital force (Àse) and social coping: everything was hidden*. Complementarity: promoting health in the *terreiro* and traditional medicine.

Ancestry: existential condition in health knowledge

Ancestry worship comprises all elements of the Black-African civilization paradigm where the structural elements of the African vision of the world are contemplated⁽³⁾. In this category, the elderly discourse showed how ancestry is referenced in the ancestors' determination:

I joined the terreiro through my grandmother, that came from ancestors, everything [...]. My grandmother also had

batuque, my mother... I mean, through all ancestors, [...]. Then, my mãe-de-santo died, my biological mother was alive, she taught me a lot, many things, I knew almost nothing, she taught me a lot, everything she knew she taught me. (Sàngó)

My late grandmother belonged to the region since ever [...] Beat drums... I remember that on Holy Saturdays all saints were covered, the pictures on the wall, everything, and when Holy Saturday came she turned everything at 10h, and 10 h she opened her saint's room, she prepared toast, barbecue, the front, my uncle prepared on the cooker, ember cooker, iron (laughs), the batuque clothes starched, all white... (Yemojá)

The reports above showed how ancestors are present in the continuity of traditions and the transmission of knowledge, with reflects on health care in these communities influenced not only by ancestors, but also by the spiritual entities they incorporated, as shown below:

My mother had her conga, her preto velho there, Maria Conga mother and father something, she had the conga for her preto-velho, she incorporated, laid hands on my nieces when they were sick, go there grandma will do it... Will pass rue on you - by that time rue was very popular, the preta-velha, my mother... (Ògún)

It was in ancestry that black elderly recognized and identified their history, the history of their people, finding their place of belonging, as shown below.

Belonging

Belonging was characterized by the way how the elderly felt in relation to the Black-African paradigm of civilization. They praised their relation and faith in the African tradition and their genuine commitment to and sense of belonging to this tradition. The analysis was divided into two specific categories: *Faith*; and *Mission and commitment to the traditions of African origin*.

Faith showed the importance and representativeness of African deities to the black elderly, as shown in the following reports:

It means everything, to me Xangô is my king, my idol, is everything to me, he and Iemanjá, Oxu, all orixas, they are my idols, every little thing I run to them, Xangô is everything to me, Xangô, Oxum and Iemanjá, to me it is, God help us, everything to me. [...] Surely does only the good to me! I have nothing to complain, nothing, everything we ask they give us. (Sàngó)

I love my fathers, it is all I have, of... Of preciousness, respect, worship, they are all this, ok! [...] Everything I believe is there to them, they, all my faith for them and to them. My faith is steadfast, man... My faith, is what you said? In my faith no one leaves me unassisted. (Ògún)

There is a genuine relation of faith demonstrated by the elderly for the African deities, and this is where they try to

maintain and conserve physical, mental and spiritual balance, which is their concept of health. It is in faith that the elderly find force and comfort to cope with problems, regardless of its relation to health or of any other nature, as shown below:

How can I say, I have nothing to say... Never abandon! Lots of faith... I have faith in everything [...] in religion, no matter, in nation, Umbanda, Exú. I've got, I still get lots of graces, so now I get it this way, I'll tell you... The parents, I have gone through lots of things, you know, but I'll tell you, I thought I couldn't overcome lots of things, but I have overcome lots of things, parents are wonderful, I got lots of graces (Yemojá).

The *Mission and commitment with traditions of African origin* were characterized in the relation of commitment with tradition and worship of deities, as shown in the following discourses of the oldest interviewees.

I go to the terreiro, we go, because it is our commitment with the Oríxás, right? It is a commitment we have... With them, you know? It is homage we pay them in the doctrine. (Ògún)

Urubatã said, Chief Urubatã, the boy had to be part of it, and that my sister had to fulfill this mission with him until he became an adult, for him to follow, he would incorporate Urubatã too when the medium was absent the boy, my nephew, would replace him, so she could not take on this commitment, couldn't, so I said I take it on, I take on this commitment for his healing. (Òsun)

The way to know and practice health

Some of the individuals in the community develop skills that allow them to hold some positions and perform some ritual practices related to health care for those seeking for a solution to their problems. The participation in given rituals is closely connected to the initiation degrees to get prepared to develop ritualistic practices of knowing and doing health in the light of Black-African paradigm of civilization. Individuals undergo two instances that, in this study, are characterized as two specific analysis categories: *Preparation and Priesthood*.

Preparation is the set of initiation rituals that make the follower of African religion "ready", i.e., skilled for the experiences of the sacred. This process gives the follower a meaning of their òrisà (African deity) and the kind of Àse it rules and, according to that, guide their lives and play their roles in the community⁽¹⁴⁻¹⁵⁾. The participants' discourses show that the preparation of most of the participants occurred more than fifty years ago:

I joined the batuque in 1960, initiation was in 1960, 62 was the preparation, with twelve years of laying, initiation and laying, I brought them here, 12 years late. (Sàngó)

Since when I was small I used to go to the terreiro, I was born in the terreiro, my mom belonged to Ogum and had house, our house was... our... (Òsàlá)

I got prepared when I was 16 years old, I joined the religion I was 7 years, because of health, my parents that... [...]

Health problem, so when I was 7 years old they took me to the religion, when I was 16 years old they prepared me in the nation religion. (Yemojá)

Priesthood is a prerogative of the priest *Bábàlôrisà*, “*bábà*” = father and *lôrisà* = of the Orixás) or the priestess (*lyálôrisà*, *lyá* = mother and *lôrisà* = of the Orixás), the *pais* and *mães-de-santo* have the most knowledge and the ritual and mythical experiences, they have the most powerful and active *Àse*, are heirs of all visible and invisible power of the *terreiro* since it was constituted⁽¹⁶⁾. Priesthood implies the responsibility for taking care of the temple, altars, ornaments and other sacred objects, and for preserving the vital force that keeps active the *terreiro*'s life. The oldest ones in the study are members of the *terreiro* community and also priests due to the high degree of development and knowledge of the vital force, and because most of them are “ready” for more than 50 years. This can be seen in the discourses of *Sàngó* and *Yemojá* who are responsible for the spiritual reinforcements of the family:

Twelve years after the laying, initiation and laying, I brought them here, 12 years later [...]. This was my initiation, since then I have never stopped, I'm always working, laying children. (Sàngó)

We had no situation of making a preparation like this, laid my Bará, everything appeared, the Orixá was on the agudal, the quartinhazinha, the current, key, everything ready, washed my head, then brought the cock, cut, [...]. Gave me the axé of whelk, the knife and prepared all I had, then I returned to my origin. My children all joined the religion, only I take care of the obligation [...]. (Yemojá)

Health knowledge and practices in *terreiro* communities

This general analysis category was divided into three specific analysis categories: *Unveiling the causes of vital force (Àse) imbalance*; *Re-establishing and receiving vital force (Àse)*; and *Social coping: everything was hidden*, discussed below.

Unveiling the causes of vital force (Àse) imbalance

To the *terreiro* community good health stands for harmony and balance of the vital force, and disease is a reflection of imbalance. In this way, intervention and health recovery must be made in both the visible and invisible worlds, recovering and maximizing the *Àse*⁽¹⁶⁾. One of the ways of identifying, solving and even preventing physical, mental or spiritual imbalance is the consultation of the fortune oracle (cowries-shell divination) when the *Orisàs* (African deities) say what should be done to restore the consultant's *Àse* balance. Another way of interacting with the *Orisàs* and/or spiritual forces or entities is the direct consultation through the manifestation of deities and entities on the physical body of the followers.

He puts everything to see what has to be done, all that thing, then he throws, marks the service that must be done, so the service is done. Once a month I go to the Saint room,

at night, along, I go there to throw the cowries-shell to the daughters, sons, filho-de-santo, to my health, to the health of my husband, everything, I throw it like this... A control. In the obligation of mother Oxum I received a message that I have to clean the house, clean everyone. (Sàngó)

I got there and promptly, the house owner was the spiritual Urubatão, material was Mr. Antonio, and he looked at the shirt..., laid the hand on his shirt and said, no, he must undergo a surgery right now, a spiritual surgery. (Òsun)

Reestablishing and receiving the vital force (Àse) balance

Faith in health recovery through offerings and rituals was shown in the speeches of the black elderly:

In this view of health, the terreiro supported me a lot. We go to the terreiro when we are sick, the terreiro is in us. [...] They will know, well, you need this, you need that and that other, and I will give these conditions, this is not theory it really happens, you see, no with the disease of my son we didn't come here to consult the oracle, we have it in us, we know it very well. (Òrúnmilà)

They made my amassi... For hours, it is another thing, when I noticed I was laying down with a blue fabric tied on the head [...] herbs, they put herbs on my head [...] it takes hours, and then put on the middle of the head, pass an orizinho there, pass on the source, ties like this and that reinforces the head, that's what I use to do to the sons when the head is weak, that will make a reinforcement. [...] If I have any problem I go there, get a candle, pass it on the head, on everything, drink three sips of water from the mother's room, everything is over. (Yemojá)

The use of the knowledge and practices of the traditions of African origin spans generations and are extended to the followers' families, reproducing the health care model for their descendants:

My sister, with much sacrifice, hidden, went with me to the terreiro, then they made a surgery on his heart (nephew of the study participant), then the boy started getting better [...] then his heart was healed and his is now 52 years old! [...] In my family almost everyone is, because my sister, who is the second chief in Umbanda, and there is my niece, my daughters, my two daughters and now my grandsons. (Òsun)

Social coping: everything was hidden signifies the social coping the black population has to engage in, given the racism shown towards their ways of practicing healthcare

Black people had to adjust to be respected or to keep the police away from the terreiro... (Òrúnmilà).

I didn't know what hands imposition was, we didn't know what it was, so when we got there we stayed on a corner, terrified, we didn't know what it was, that incorporation, the caboclo, hand imposition, we knew nothing, didn't know

what this was, didn't know because by that tie, 40, almost 50 years ago, it was not disseminated as it is today, in fact everything was hidden (Ôgún).

I was baptized in Catholic Church, but I already belonged to the religion... There was no option, it was hidden because my, my late grandma belonged to the religion, everything was, everything was done late, five in the afternoon, everything hidden (Yemojá).

Complementarity: promoting health in the *terreiro* and traditional medicine

Some disease situations, according to the paradigm of this study, are not solved exclusively by traditional medicine. Since disease is an imbalance of the vital force, it must be recovered through specific rituals that take into account the individuals' uniqueness⁽¹⁶⁾. Below we emphasize some speeches that showed the relation between faith, healing and medical care:

[...] he is with a wonderful medical team and we know that thousands people don't have it, you see? But all that is not only thanks to physicians, it is also because of this connection, a joint action, a joint action of what belongs to medicine... know how to separate what belongs to medicine and what belongs to religion. (Òrúnmilà)

Every time I feel sick I search my parents (African deities), the first thing I ask them, I have here my house, mainly for health, first thing is the parents, then mainly those people that... have serious problem, have a health problem and no, the doctors don't know what is, so what I do, I ask my parents, and make an axe, pass an axe on them, and they continue going to the physician, then they solve it! (Ôsun)

DISCUSSION

Ancestry is a phenomenon that includes ancestors, the oldest members in the community and the spirits and paranormal entities and African deities.

The concept of ancestry implies ensuring their historical, social, political and intangible senses, comprising the invisible world⁽¹⁴⁾ and being determinant in the concept of identity built by the subject that learns to establish the self before the otherness.

Family is the singular most environment where Africans experience their culture. It gives rise to deities and livelihood, and is so important that even deities respect the lineages⁽⁴⁾. Ancestry preserves and updates originality and authenticity of the elements that structure the African vision of the world, a core organizing component of the Black-African paradigm of civilization⁽³⁾.

The maintenance and handling of the vital force (Àse) of the *terreiro* communities includes ancestors, either as living references to the oldest members in the community, or through ancestors and African deities.

Faith provided inspiration, protection and identified the affinity of several African ethnic groups enslaved in Brazil, serving as a particular instrument of identity and legitimizing the Black-African paradigm of civilization. For the African people their religions are not segregated from their everyday

lives. The visible and the invisible world, as well as death, exist simultaneously and collaterally. In Brazil, just like in Africa, religions are the center of these peoples' lives; going beyond faith, because they facilitate the reunification of the black population, recovering their traditions and cultures⁽¹⁴⁾.

The commitment to tradition and the transmission of lessons from generation to generation are another way of resistance of the black population enabling the preservation of the Black-African ways of living, being conserved through oral traditions. The structuring element "word" serves as creator of the universe generating movement, energy and transformation, being closely linked to the vital force⁽⁴⁾. The word transcends its rational semantic content, becoming an element that carries the Àse, i.e., the power of achieving, and it has this power because it is said with the breath (existential conductor) and with saliva (temperature).

The results showed faith bound to commitment to traditions of African origin. The commitment to the sacred is mutual: from the follower to the sacred and from the sacred to the follower establishing a relation of care and zeal between the parties.

In the Black-African paradigm of civilization health is directly related to the dynamic between the visible and the invisible worlds, including "human, animal, vegetal, mineral, ancestors and deities"⁽³⁾. The dynamic converges around the offering (*ebo*) that holds a wide set of purposes, recovering and redistributing the Àse, being the only way of conserving harmony between the visible and the invisible worlds, ensuring continuity of existence⁽¹⁴⁾. Offering is an element of exchange and reconnection between the visible and the invisible worlds, reestablishing the link between the sacred and life⁽¹⁷⁾.

The mechanisms that lead to therapeutic options associated with the African-Brazilian religions result from a unique perception about disease being a fruit of a socio-cultural process. When individuals perceive the disease they end up seeking for help in several systems biomedical or not, and do not believe that adherence to one or the other will cause any damage⁽¹⁸⁾.

The knowledge and practices of the *terreiro* community were linked only to the sacred, being untied from the therapeutic practice. Science, faith and other ways of providing health in a community can simultaneously promote health in a complementary fashion⁽¹⁹⁾. The *terreiro* communities use science and are committed to the health of their peoples. They understand the body not only as a biological machine as Western medicine does, but as a whole, a being-force, and this is very important to the community⁽²⁰⁾.

A study performed in an Umbanda *terreiro* in Rio de Janeiro reinforced the concept that one of the effects of religion is a change on the individual's vision of world. This does not necessarily imply removing symptoms, but changes the meanings assigned by individuals to their illness, and can favor change in their life styles⁽⁸⁾.

The appropriation and understanding of these policies, as well as the understanding about and respect for knowledge and practices of the *terreiro* communities challenge the nursing professional to transcend prejudice and personal limitations that impair actions on the prevention and promotion of

health care. They should keep in mind the individuals' vision of the world and their social context. This study proposed dialogue between popular care systems and nursing, promoting adherence to medical therapy, establishing a relation of trust between the parties and providing harmonious care.

FINAL CONSIDERATIONS

This study allowed an understanding of the knowledge and practices of traditions of African origin, and to perceive to what extent the Black-African paradigm of civilization influenced the way of life and health practices among black elderly population. The structuring elements of the Black-African paradigm of civilization proved to be the ground for the historical resistance of traditions of African origin.

Ancestry was the strongest reference to the *terreiro* community, reaffirming the importance of elderly as persons that deserve full respect, and as examples of longevity in the face of racism and social vulnerability to which black population is subjected in Brazil. *Belonging* showed the participants' links with the traditions of African origin and with the sacred through faith, in addition to the commitment to the continuity of traditions. *The way to know and practice health* allowed for the

understanding of how the preparation process happens to allow not only in the receiving of care, but also in taking care of each other. In the category *Health knowledge and practices in terreiro communities*, black elderly showed their concept of health from the Black-African paradigm of civilization, their therapeutic mechanisms and the racism that the black population faces when worshipping their traditions. The category *Complementarity: promoting health in the terreiro and traditional medicine* presented the simultaneous use of knowledge and practice of *terreiro* communities and traditional medicine and also identified the difficulty of access to public health services.

The limitation of the study was shown in the lack of national and international scientific productions about the topic developed by nurses and comprising aspects related to the black elderly health in the context focused herein.

The study found the need for more works about the practice and knowledge of health in the *terreiro* communities to promote considerations, encourage nursing to understand this way of living, and review of the public health policies oriented to the black elderly population. In addition, these studies would try to promote effective application capable of properly dialoguing with their vision of world, traditions and understand the aging process of this population segment.

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