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## Blood, sweat and semen: The economy of *axé* and the response of Afro-Brazilian religions to HIV and AIDS in Recife

Luis Felipe Rios<sup>a</sup>, Cinthia Oliveira<sup>a</sup>, Jonathan Garcia<sup>b</sup>, Miguel Muñoz-Laboy<sup>c</sup>, Laura Murray<sup>c</sup>, and Richard Parker<sup>c,d</sup>

<sup>a</sup>Universidade Federal de Pernambuco, Recife, Brazil

<sup>b</sup>Center for Interdisciplinary Research on AIDS, Yale University, New Haven, USA

<sup>c</sup>Department of Sociomedical Sciences, Columbia University, New York, USA

<sup>d</sup>ABIA, Rio de Janeiro, Brazil

### Abstract

This article provides an ethnographic analysis of Afro-Brazilian religious responses to the HIV epidemic in Recife. Drawing on participant observation and in-depth interviews conducted with Afro-Brazilian religious leaders and public health officials, it highlights the importance of the *axé* – a mystical energy manipulated in religious rituals that is symbolically associated with blood, sweat, and semen. In an analysis of the relationship formed between the state AIDS programme and Afro-Brazilian religious centres, we conclude that the recognition of native categories and their meanings is one of the key elements to a fruitful dialogue between public health programmes and religious leaders that in the case studied, resulted in the re-signification of cultural practices to prevent HIV. Although the Afro-Brazilian religious leaders interviewed tended to be more open about sexuality and condom promotion, stigma towards people living with HIV (PLHIV) was still present within the religious temples, yet appeared to be more centred upon the perception of HIV as negatively affecting followers' *axé* than judgment related to how one may have contracted the virus. We discuss the tensions between taking a more liberal and open stance on prevention, while also fostering attitudes that may stigmatise PLHIV, and make suggestions for improving the current Afro-Brazilian response to the epidemic.

### Keywords

Afro-Brazilian religions; HIV; AIDS; sexuality

### Introduction

Brazil is especially well known for the effectiveness of its response to HIV and AIDS. Its National AIDS Programme is widely recognised as one of the leading AIDS prevention and control programmes in the world (Berkman *et al.* 2005, Okie 2006), and the interaction between civil society and the Brazilian government has been identified as a key element in building the Brazilian response to the epidemic as a model for other developing countries (Berkman *et al.* 2005). From the very beginning of the epidemic, religious leaders and institutions from diverse denominations have been central to the Brazilian response to the AIDS epidemic (Galvão 1997). However, to date, there has been little recognition of the fact that organised religion, religious beliefs, and religious institutions and organisations have played a key role in shaping the country's response.

In order to respond to this gap, an extensive, comparative multi-site ethnographic study was conducted between 2005 and 2010 in Rio de Janeiro, São Paulo (both in the south-east of Brazil), Porto Alegre (in the south), and Recife (in the north-east). The overall study was designed to document the ways in which the Roman Catholic Church, Evangelical Protestant and Afro-Brazilian religious traditions have contributed to the broader social response to HIV and AIDS in Brazil. This paper analyses the engagement of Afro-Brazilian religions in responding to the HIV epidemic in Recife. We focus on the specific cultural symbols and practices that affected the vulnerability of religious followers to HIV transmission and HIV related stigma. Our discussion is organised in four parts. First, we expound on the notion of *axé* (a mystical energy manipulated in religious rituals that is symbolically associated with blood, sweat, and semen), focusing on its interactions with corporeal phenomenon and providing the necessary background on Afro-Brazilian religions to understand how the *terreiros*, or places of worship, became involved in the Brazilian response to HIV and AIDS. After providing this contextual background, we analyse the narratives of Afro-Brazilian religious priests and public health officials to understand the reasons why they became involved in HIV prevention and have an apparently more open approach to prevention discourses than other religious leaders interviewed in the larger study, yet also appear to hold stigmatising beliefs towards people living with HIV (PLHIV). We end considering possible paths to improve the quality of the current Afro-Brazilian response to the epidemic.

### Afro-Brazilian religions in Brazil

The history of Afro-Brazilian religions in Brazil, similar to many religions in countries of the African Diaspora, can be traced back to communal resistance against the violent conditions of slavery. In contrast to the *quilombos*, independent settlements of runaway slaves, Afro-Brazilian religions provided a platform for organised resistance (Vogel *et al.* 1993). Even though they were strongly contested, the religious ideology was very successful, and today a variety of beliefs that originated from Afro-Brazilian religions are offered as spiritual paths not only for Blacks, but also for men and women from a variety of sociocultural, racial and ethnic groups (Prandi 1991).

In the 2000 Brazilian census, only 0.34% of the population declared themselves to be practitioners of Afro-Brazilian religions, yet it is difficult to estimate the exact number of followers for several reasons. First, there is a strong history of persecution of followers, which has led to reluctance to self-identify with the religion as one's primary religious affiliation. In recent years, Afro-Brazilian religious deities have been demonised by the neo-Pentecostals (a rapidly growing population in Brazil). In the face of widespread stigmatisation, many followers prefer to say they are Catholic (73.8% of respondents on the 2000 census) or Kardecist Spiritualism (1.3% on the 2000 census) – both religious denominations that are perceived as being more respected (Prandi 2004, Instituto Brasileira de Geografia Estatística [IBGE] 2000). A second, and related reason is that the strong tradition of religious syncretism in Brazil has made it possible for people to identify with more than one religion. Thus, replying that one is Catholic in the census does not conflict with practicing aspects of Afro-Brazilian religions as well. The pervasiveness of Afro-Brazilian religious traditions in Brazil can be most visibly seen in the ubiquitous presence of Afro-Brazilian religious deities in popular culture and many of Brazil's festivals (Pierruci and Prandi 2000). Thus, while the actual percentage of people identifying exclusively with the Afro-Brazilian religious traditions is low, the influence of the religions on Brazilian life is generally considered to be quite high.

There are diverse denominations within the Afro-Brazilian religious traditions that are historically each tied to distinct regions of the country. Academic literature links *Candomblé* to Bahia and Rio de Janeiro, *Xangô* and *Jurema* to Recife, *Batuque* to Porto Alegre, and

*Umbanda* to Rio de Janeiro and São Paulo. The specific social and cultural processes through which the denominations have evolved over time are complex, and for the purposes of this study, we categorised the various denominations in the four cities studied into two large matrices: (1) Africanist religions that aim for a greater proximity with African cultures – *Xangô*, *Candomblé* and *Batuque*; and (2) religions that mix elements of Catholicism with indigenous and African religions – *Umbanda* and *Jurema* (Bastide 2001, Silva 1994, Prandi 2001a, Rios 2000, Brandão and Rios 2002).<sup>1</sup>

In this article, we focus our analysis on the Africanist religions *Candomblé* and *Xangô*, since they were the first ones the government HIV and AIDS programmes approached to be involved in prevention activities in Brazil. As will be described in detail below, the government first approached religious leaders due to the techniques of bodily scarification used during initiation rituals that involved the sharing of nonsterilised cutting instruments, and the strong presence of people with homosexual practices, who are one of the population groups in Brazil most vulnerable to HIV infection.

## Research setting and methodology

The field research was conducted between 2005 and 2007 in the metropolitan region of Recife, Brazil. Recife is the capital of Pernambuco State, the fastest-growing urban area in north-eastern Brazil, with a population of roughly 3,750,000. Metropolitan Recife is considered the origin of *Xangô* and *Jurema*, however after the 1960s, the appearance of *Candomblé* and *Umbanda* diversified the religious landscape (Rios 2000). The exact number of *terreiros* is unknown, but the strong presence of these religions is obvious nonetheless, especially in the urban periphery.

The research involved participant observation in places of worship for the different traditions, as well as AIDS related activities sponsored by the National Network of Afro-Brazilian Religions and Health<sup>2</sup> (Garcia and Parker 2011) and the Pernambuco State and City of Recife Departments of Health. Field notes were written daily, providing a ‘thick description’ (Geertz 1973) of the events observed. In addition, we conducted a total of 28 interviews with 19 people, including nine with Afro-Brazilian religious priests – three from *Umbanda*, two from *Candomblé* (*Keto* and *Angola* nations), three from *Xangô* (*Xambá* and *Nagô* nations) and one from *Jurema* – as well as 10 representatives of governmental and nongovernmental organisations involved in religious mobilisation against AIDS. The priests all participated in both a life history and oral history interview, and the representatives from governmental and non-governmental organisations all participated in an in-depth interview. Numerous informal conversations with religious individuals and several professionals who worked together with the *terreiros* in response to the HIV epidemic were also considered a resource for data collection. The study was approved by the Brazilian Research Ethics Commission (CONEP) and the Institutional Review Board of Columbia University Medical Center.

We took an inductive approach to the analysis of interview transcripts and fieldnotes to allow for the emergence of ‘emic’ categories and an exploration of culture in practice (Sahlins 2000). While the analytical categories were grounded in the terminology used by the participants, theoretical frameworks that emphasise the sociocultural construction of corporal events (Foucault 1976, 2008, Le Breton 2006) guided our analysis.

<sup>1</sup>One of the major elements of Africanist traditions is the nature of spiritual entities worshiped. While deities and spirits are worshiped in both matrices, in the Africanists matrices, only the deities can incorporate their followers in a trance. In the religions with more Christian influence, the spirits of the dead are understood to be the ones with this power.

<sup>2</sup><http://religrafosauade.blogspot.com/>

## Afro-Brazilian religious practices and HIV

Candomblé and Xangô are considered polytheistic religions because they have multiple deities, called *orixás*. The high point of the religious ceremonies is when the *orixás* become present through possession, often receiving sacrificial animals that are prepared in accordance with sacred recipes and then shared among the community. The ceremonies occur in *terreiros*, or temples, that exist to enable favourable contact between *aiê* (the world, inhabited by humans) and *orun* (the other world, inhabited by divine beings) and are organised around a hierarchical structure that mimics a familial context. Each *terreiro* has a *pai* or *mãe de santo* (literally the father or mother of the saint), who takes on the role of the supreme priest and is assisted by other priests called the *filhos de santo* (children of the saint). In order to have access to the most sacred of the religious knowledge, and be a medium for the *orixás*, the children of the saint must be ordained through initiation rituals that in very general terms involves the passing of *axé*, loosely translated to mean the energy that is the source of life. According to native beliefs, *axé* has many qualities that are closely related to natural elements and phenomena (water, fire, storms, rocks, etc.) and can be accumulated, transmitted, and lost. Wherever it moves, or flows, it transmits traces of where it was previously. In this way, if *axé* is first considered to be an undifferentiated energy that gives life to the world, when it is manipulated and passed on through ceremonies in the *terreiros*, it is modified and imprinted with traces of the *terreiros* in the process. It is through this process – the transfer and modification of *axé* – that its meaning and importance in the Afro-Brazilian religious tradition emerges.

On the individual level, each person receives a specific amount and type of *axé* to secure their existence in the world. But, throughout one's life, the quantity and kind of *axé* they have is understood to vary and be influenced by specific bodily and social practices. For example, disease, suffering, and fatigue occur when *axé* diminishes, and when the *axé* is plentiful, it can increase prosperity in all areas of the priest's life. Religious practices seek to intervene and redirect the flow and accumulation of positive *axé* through rituals that connect this world with the other world by tapping into ethereal resources (Barros and Teixeira 1989, Rios 2004).

In the initiation rituals, small cuts are made in specific parts of the initiate's body (on top of one's head and shoulders) to permit the entrance of substances prepared in accordance with the precepts of *terreiro* to pass on the sacred energy. The parts of the body with cuts are then sprinkled with the blood of the sacrificial animals. The animal blood is considered to be a vehicle for *axé*, and it is through the ritual that the *axé* of the *terreiro's* religious tradition is considered to enter into the initiate.

In Afro-Brazilian religious beliefs, the *axé* takes on a tangible nature, such as the substances used on the ritual cuts and bodily fluids. It is through contact with these tangible substances that the energy passes from one being to another. Therefore, in addition to the blood of the sacrificial animals, the sweat for example that drops from the priest's face onto the heads of the *orixá's* dearest acolytes while he is in a trance for an *orixá* is understood to bring those who receive it several gains. *Axé* can also be transferred in settings outside of the *terreiro*, and followers believe that semen can transfer *axé* from person to person during sexual intercourse.

The process of passing *axé* is of particular interest to this research and public health officials due both to the specific beliefs surrounding the passing of *axé* during sex and the tools often used in the initiation rituals, such as the razors. In *Candomblé* and *Xangô*, when granted permission from the *orixás* to initiate new sons or daughters, the priest receives a razor (among other objects) as a signal that s/he is authorised to be a *pai* or *mãe de santo*. The

razor is used to open ritual cuts through which the *axé* of the *terreiro* can enter into bodies of the followers. Prior to the arrival of public health officials in the *terreiros*, religious precepts stipulated that the *pai* or *mãe de santo* use the same razor to scar all of their children. Many people often participated in scarification rituals together, and were all cut by the same razor which was never properly sterilised (i.e. in accordance with public health guidelines) between cuts. Razors were seen as being imbued with *axé* throughout the religious rituals that occurred in the *terreiro* over time, and the collective use of the same razor blade during initiation rituals was understood to be a way to pass on the *axés* of the religious community to the initiates.

The sharing of the razors is what first brought the Pernambuco AIDS Programme to the *terreiros* in Recife. Rather than alter the initiation rituals, the AIDS programme sought to encourage the use of disposable razors. At first, it was difficult for the priests to consider changing their practices, as the used nature of the razors was precisely what gave them value for the initiation rituals. *Pai João*<sup>3</sup> detailed the difficulties he first faced when the state AIDS programme approached him:

‘So we [priests] realised that the razor could be a tool that would lead and/or contribute to increasing AIDS in the communities. It was not easy for us to alter our practices ... [people said] “This razor is the razor that came from my grandfather, then everyone has to go through it!” It was a matter of tradition’. (*Pai João*, 68 years, *Xangô*)

It is important to emphasise that it is not because of ‘religious ignorance’ that the priest would affirm, ‘I will not switch [razor], no!’. It is due to the power that the priest attributed to the razor as a conductor of *axé*. The cuts made in the scarification rituals form an essential element in the socio-cultural reproduction in *Xangô* and *Candomblé*, and the biomedical discourse of the AIDS programme calling for the use of disposable razors was initially seen as threatening a *terreiro* tradition.

The Secretary of Health formed a working group with religious leaders as a way to reflect on the health implications of reusing the ritual razors. Concerned about the consequences of switching razors, the leaders decided to search for more information about the initiation ritual and conducted their own historical research regarding the cutting instruments used for scarification. As *Pai João* explains:

‘Because, after thorough research, we did not find any book or African history, saying that the German razor was the only instrument that could be used. At that time, the first razors were German. (...) The razor appeared solely as an instrument that was good for cutting. The barber shaved his beard, and this led the *pai* of the *terreiro* to understand that it was good to shave the beard and the head and make the cuts. Today we work with a disposable razor; it is not possible to do otherwise’. (*Pai João*)

When they discovered that over time the instruments used for scarification had changed, the religious leaders were able to shift the meaning of the razor. They reduced the importance of the razor as a conductor of *axé*, and instead agreed that its most important function was its ability to cut. This brought about an important change: the individualisation of the razor used in initiation rituals and/or its sterilisation in accordance with medical guidelines.

<sup>3</sup>To preserve the anonymity of the interviewees we are using fictitious names.

## Sex and the *terreiros*

When comparing Afro-Brazilian religions to other religions in Brazilian society, academic studies tend to present them as more permissive when it comes to sexual morality – in particular, in their openness to homosexualities.<sup>4</sup> Still, studies suggest that even though the sex-gender system of the *terreiros* does not emphasise regulation of followers' sex lives in accordance with heteronormative values, rules and regulations situated within the very logic of the *axé* still exist (Barros and Teixeira 1989, Segato 1995, Rios 2004).

For example, participation in some religious services is dependent on following a series of sexual restrictions. Research participants recognised the repressive nature of some of these restrictions:

‘...the *Orixá* forbids you to do certain things. Among those things are to go to the [prostitution] zone, for example. (...) To hit on a lady [prostitute], because he knows that the woman takes over his body ... and he is a bit startled with that and he fears that the deity will punish him too. Because he went to such an environment ... with drinks ... menstruating women, sick women (...) an environment where, for us, there is negative energy. So there are many people who will not go, they are afraid they'll get negative energy. *Candomblé* contributes precisely with this repression. Let's say, it's ... prevention, not repression, but prevention: “You will not go because you can get sick” - that is to prevent!’ (*Pai João*)

Several of our interviewees identified the sexual norms of the *terreiros* as affecting their prevention activities. *Pai João*, in the quote above, centred his rationale for avoiding prostitution zones on the notion of a dirty body and a clean body (Barros and Teixeira 1983, Rios 2004). A clean body is associated with positive energy, a requirement to participate in the rituals. Having a dirty body in a ritual is considered by our interviewees as a form of serious misconduct, as stated by *Pai João*:

‘It is about sin. When it is about sin, it upsets God. You only sin when you act against the divine, when you act against the *orixá*, isn't it so? In our religion, if you have sex, you cannot participate in the ritual (...) the person has a dirty body! A dirty soul’. (*Pai João*)

Thus, according to the discourse of *Pai João*, the dangers of ‘energy contamination’ from prostitutes leads some men to avoid areas of prostitution and is also seen as contributing to the prevention of HIV by avoiding what they perceive to be risky sexual encounters.

Although the priests discuss rules regulating sexuality, they also recognise the existence of ‘free will’. In their narratives, the concept of the ‘flesh’ appears in relation to the concept of ‘choice’ and is synonymous with sexual desire and provocative behaviour. Such behaviours are referred to as going against the prescribed sexual mores of the *terreiros* and of the broader society and often contributing to unplanned pregnancy and the spread of HIV. When asked about the capacity of individuals to follow religious precepts on sexuality, *Pai João* explained why there is a disconnect between the religious ideal and what actually happens (i.e. pollution of the body):

‘Because the flesh does not know obedience! The flesh does not respect anything or anyone! If the flesh rules, it happens at any time, at any place and at any age!’ (*Pai João*)

<sup>4</sup>Here it is important to remember that male homosexuals were, at the beginning of the epidemic, identified as a risk group, and remain one of the populations most vulnerable to HIV. For a review of the debate about homosexuality in the field of Afro-Brazilian studies, consult Fry 2010.



Although dangerous (because it can lead the individual to make mistakes), the flesh in the context of Afro-Brazilian religions is also spoken about positively in relation to pleasure. Religious mythologies present it as a natural part of the fecundity and fertility of individuals and as being positively associated with bodily pleasure (Prandi 2001b). In their narratives, interviewees recognised the power of the flesh, yet also emphasised the importance of managing sexual desire responsibly:

[In response to a question about the ideal time to start one's sexual life] 'From the time he starts to take responsibility for things. (...) I believe that 40% of 18 year old youngsters, in that range, have responsibility. Responsibility to their family. "Well, my father said so, so I will obey". Others have responsibility to their girlfriends, to the family of the girlfriend, and others have a responsibility to themselves: "I cannot do it because I cannot assume a child"; "I do not want to spoil my studies"; "I do not want to do this, I do not want to do that ..." It's called responsibility!' (*Pai João*)

Thus, summarising the interviews with *Pai João* and our other Afro-Brazilian religious interviewees, responsibility is an achievement in personal development, an internalisation of social knowledge and norms. Problems and possible contamination are seen as being associated with irresponsibly following one's will. Being responsible and knowledgeable about the consequences of sexual actions are perceived as protecting and keeping oneself safe. Another *Pai de santo* describes it as follows:

[From your point of view, or even in the religion, when and under what circumstances should the youngsters start their sexual life?] 'I think it's from the time he is secure. He is secure, he is aware, he has guidance. I think sex is not a bad thing, right? I think it is even good! But I think for that to happen, one must know what they want with a partner and really see what he/she is doing, right? Orientation, seeking always to talk with their parents, who are the friendliest persons who can guide them ... Being safe, really, and seeing what is good for him/her. And if she knows that, she will prevent AIDS, know how to wear a condom, if she does not want to use, she asks her partner to use, to prevent a pregnancy and a disease, right? And an unwanted pregnancy, to prevent future suffering...' (*Pai Claudio*)

*Pai João* and *Pai Claudio* tell us about the need to be responsible and secure as a way to prevent adverse consequences associated with the pleasures of the flesh. The concept of 'security' is closely related to an idea of being safe from unwanted pregnancy, HIV, and suffering. In research conducted as part of the larger research project with Catholics and evangelical Protestants, 'responsibility' and 'security' also emerged as protective devices (Rios *et al.* 2008). For Afro-Brazilians, responsibility is understood as a way to discipline the flesh. In the context of HIV prevention and treatment programmes within which this research was conducted, the priests' discourses surrounding responsibility and security as key components to upholding social norms and maintaining health overlap with contemporary biomedical discourses of risk (Caliman 2006, Foucault 2008). Responsibility and safety thus emerge as categories where religious and public health beliefs coincide and open up space for collaboration.

*Pai Claudio*'s speech eloquently defines what might be considered similar to the security mechanisms described by Foucault (2008) that operate in conjunction with technologies of biopower to organise one's future material and spiritual possibilities in a way that ultimately upholds larger systems of power. Religious followers' decisions to avoid sex or the prostitution zone are examples of security mechanisms that reinforce and reproduce religious and biomedical discourses and are employed in hopes that they will result in good health and please the *orixás*.

In our research, Catholic, Evangelical, and Afro-Brazilian religious leaders discussed responsibility and security not only in the context of contemporary biomedical discourses surrounding ‘risk’, but also in relation to the social and cultural context within which their followers live. In interviews, they frequently referred to the way in which sexuality permeates non-religious institutions and ideologies. In particular, they referred to images and sexual ideas in the media:

‘I am against the TV show *Malhação*<sup>5</sup>, and I’ll explain why. In *Malhação*, you see girls starting their sexual life with their boyfriends. I am partly in favour and partly against this [the programme]. Because it is a consumer product that goes into one’s house ... and enters the home of some girl, who lives in a poor place, in a slum. And when the same girl is with her sweetheart, we cannot judge, but her thinking is guided more below the belt, so to say, and ends up having sex with him. After she has sex with him, he also has no maturity...’ (*Pai* Fernando)

*Pai* Fernando’s narrative highlights the changing social environment within which individuals are perceived to negotiate both modern secular and religious ideals (Berger and Luckman 1966). Youth, for example, are perceived to receive messages from the media, their families, and religions and then negotiate their boundaries and ‘risks’ individually. ‘Responsible’ youth are those who weigh their risks and make the ‘safest’ decisions that will protect them from threats like unwanted pregnancy and HIV. Religious youth must also consider the spiritual consequences to their actions, and are expected to make responsible decisions that will lead to their sexual *and* spiritual health.

## Public health response to AIDS in Recife

Brazil’s solidarity and citizenship approach to HIV prevention, with a focus on promoting condoms and working in partnership with civil society (Governo do Brasil n/d, Parker 2003), facilitated the development of positive relationships with religious leaders. In Pernambuco, the relationship began when the state STD/AIDS Programme sought out the *terreiros* due to concerns with razor blade use in the initiation rituals. In acknowledging both the limits of religious discipline in ‘protecting’ followers from AIDS and the dangers, and pleasures, of sex, all the Afro-Brazilian priests and priestesses interviewed recognised the importance of collaborating with public HIV prevention programmes. In interviews, priests and priestesses mentioned having come in contact with people living with HIV in their *terreiros* prior to implementing interventions; yet the partnership with the state HIV programme marked the first time that Afro-Brazilian religious leaders formally committed to systematically working on HIV and AIDS.

In 2000, a taskforce was formed involving *pais* and *mães de santo*, anthropologists, and State Health Secretariat specialists to think about actions to combat the epidemic in the *terreiros*. In the beginning, the task force primarily focused on preventing HIV transmission through sharp instruments, distributing an educational booklet (Revista Atoto 2001) and touring several *terreiros* to give lectures. Although the edition of the booklet is no longer in print, several interviewees cited that the workshops organised by the state health secretariat and the municipal STD/AIDS coordination in Recife for religious leaders are still occurring.

As *Pai* Claudio recounts below, priests recognised the difficulties they faced when they first started addressing the issue:

[Do you remember what the first meeting was like?] ‘The first one was not very good, right? The first one was not very good ... I had little knowledge and I

<sup>5</sup>Soap opera shown in the late afternoon, directed at adolescents and broadcast on one of Brazil’s primary television stations.



transmitted very little for them, right? I invited many who did not come. [Many said] “Ah! I do not want to know, *pai*, about these things! I do not have AIDS, nothing is wrong with me”. And I’d say, “that’s what I’m telling you, thank God you don’t have anything. But you have to learn now, in order not to get it”. Yeah, you know, there was little knowledge, and then it got better. And nowadays it’s much better. They [followers] talk about it [AIDS] nowadays ... sometimes, they come talk to me’. (*Pai Claudio*)

*Pai Claudio*’s narrative points both to the ways in which his knowledge and understanding of AIDS evolved, and how this affected his relationship with members of the *terreiro*. Over time, he came to be seen as a resource for information and support about HIV, in addition to distributing prevention supplies such as condoms. Distributing condoms, especially to young people, was often mentioned in interviews as part of supporting youth’s sense of responsibility and safety.

In interviews, priests and public health officials esteemed their relationship as fruitful because of their success in making it possible for *terreiros* to engage in prevention. Razor use and sexuality were mentioned as being openly discussed and informative materials were distributed within the *terreiros* themselves – something less common in some Catholic or Evangelical churches in Recife, where abstinence for single people and fidelity for married people were the primary forms of prevention openly supported by the religious leaders (Rios *et al.* 2008).

Although Brazil’s constitution guarantees universal access to health care, including prevention and free treatment, and the Ministry of Health emphasises the right of PLHIV to live in a community free of prejudice and discrimination, PLHIV often face stigma due to their HIV status, that can be even more pronounced in some religious settings. In observing the different initiatives of the *terreiros*, we did not see or hear anything specific related to the stigmatisation of PLWH. However, as we explore further below, interviews surfaced beliefs surrounding HIV that were consistent with Afro-Brazilian viewpoints towards the negative aspects of sickness.

### Axé, HIV, and stigma

Discourses referring to being able to cure AIDS were absent from the priest and priestesses’ narratives, yet they did emphasise the role of religion in offering spiritual comfort to those living with HIV. However, only one of those interviewed mentioned having HIV-positive *filhos de santo* in their *terreiros*. More common were remarks about their presence in other *terreiros* and the potential negative impact of having PLHIV in the *terreiro*. The virtual invisibility of PLHIV in the Afro-Brazilian *terreiros* may be related to stigma. As *Pai João* states:

‘Yes, there is discrimination, indeed! Absolutely. The *terreiros* ... I believe that if you have a *pai de santo* with AIDS, there are few people who would attend his house, client or *filho de santo*, for sure. They go away, for sure’. (*Pai Joao*)

The invisibility of PLHIV may then be related to discrimination, which discourages those living with HIV to disclose their status. Another possibility is that the priests, conscious of the stigma towards HIV, avoid sharing any knowledge of HIV positive followers in their *terreiros*.

The discrimination mentioned towards PLHIV is closely related to the Afro-Brazilian religious tradition’s beliefs that disease signals the decline of *axé*. Although the way in which sickness is treated differs slightly in the distinct matrices of the religious traditions, for the Africanists in which this research is focused, the main purpose of the *terreiro* is to

have a space to cultivate a relationship with the deities. Sicknesses treated within the *terreiro* are primarily those that are perceived as being in some way a punishment from the deities. Since *axé* in the Africanist belief system relies on a conductor to pass it from one to another, it is possible that the discrimination referred to in our interviews is connected to a belief that if a *pai* or *mãe de santo* was HIV positive, they would not be able to pass *axé* (representing life) onto another person because they would be understood to be contaminated with HIV (representative of death). Another concern is that in the rituals, if it were understood that the presence of PLHIV could influence the passage of *axé*, this could also contribute towards the stigma and discrimination of PLHIV.

More research is needed to explore the connections between beliefs surrounding *axé*, HIV, and stigma in the Afro-Brazilian religions, yet some ethnographic studies have found that *terreiros* lose their *filhos de santo* when the leader becomes ill (Brandão 1990, Carvalho 2000). For example, in his book on HIV-positive religious figures and the impact of HIV on their religious trajectories, Carvalho (2000) discusses how the Afro-Brazilian priest they interviewed lost his religious community when he disclosed his HIV status. In informal conversations that emerged during our fieldwork, there was constant reference to priests who lost their *filhos de santo* when they disclosed their HIV status – or of *filhos de santo* who are pushed into more private rituals and forms of worship when their HIV status reaches the ears of their *pais de santo*.

## Final considerations for discussion

Several important points emerge from the empirical data collected in Recife. First, the recognition of ‘native’ categories and their meanings was one of the key elements to a fruitful dialogue between public health programmes and religious leaders. Second, we found that certain cultural practices and understandings were subject to modification. Although the religious structures generally prescribed how people should behave and think, our observations related to the scarification rituals in particular pointed to various reconfigurations, rearticulations, and redescriptions in practice (Sahlins 1985) that often reflected some overlap with public health categories of ‘responsibility’ and ‘security’. Finally, we found that although the Afro-Brazilian religious leaders interviewed tended to be more open about sexuality and condom promotion, stigma towards PLHIV was still present within the *terreiros*, yet appeared to be more centred upon the perception of HIV polluting blood/*axé*, than judgment related to how one may have contracted the virus.

The relationship between the state HIV programme and religious groups had important effects that appeared to impact the health of religious followers in several important ways. On one hand, it facilitated the resignification of scarification, by de-emphasising the blade as a carrier of *axé*, and positioning it instead as a mere ‘surgical’ instrument that opened the possibility for *axé* to be transmitted. On the other hand, the conception of bodily fluids (sweat, sperm, and saliva) as a vehicle of *axé*, combined with the existent controls on sexuality (i.e. discouraging visits to prostitution zones) were understood as protective strategies against personal HIV ‘pollution’ and however erroneous, made the incorporation of public health prevention technologies, like condoms, easier.

We found that it was the centrality of blood in the symbolism of *axé* and HIV and AIDS that created conditions that reinforced stigma. As Parker and Aggleton demonstrate (2003), the processes of stigmatisation against PLHIV go beyond interfering in the realm of personal illness, to influencing the efficacy of prevention actions and reinforcing other forms of social inequality. PLHIV were not only perceived as losing energy/power due to being sick (or as sick because they lost *axé*), but also as a person that, because they were understood to have polluted blood/*axé*, is also capable of contaminating the entire community.

Contamination was understood to occur directly through bodily fluids or simply by coming in contact with someone thought to have ‘polluted’ blood. The idea of pollution surfaced both in commentaries with respect to HIV and the justifications given for why *filhos de santo* should avoid prostitution zones.

In this context, ‘responsibility’ and ‘safety’ emerged as categories in both public health and religious narratives, indicating the existence of a surreptitious dialogue between religious discourse and discourse of the risk peculiar to contemporary medical science (Foucault 2008). In our interpretation, responsibility and safety as categories for promoting protective behaviour also reflect a recognition on behalf of Afro-Brazilian religious leaders of the social and cultural (and secular) context in which their followers live and the futility of attempting to control sexuality. In the context of contemporary liberal Brazilian society, calling for the construction of individual responsibility, connected to the idea of safety, appears to have been a good strategy, along with the distribution of prevention supplies (like razors and condoms) to guarantee *axé* and health.<sup>6</sup>

While the incorporation of blade asepsis and individual razors in rituals and condom distribution appear to have reached some level of success in terms of HIV prevention, our findings point to the need for more research on the experiences of HIV positive followers and priests in Afro-Brazilian *terreiros*, with a focus on the relationship between blood, *axé*, and HIV. This research should be carried out within a theoretical context that permits a critical analysis of the cultural shifts in meanings and significations that constitute religious experiences (Sahlins 1985), and the ways in which they overlap and/or depart from contemporary biomedical discourses surrounding HIV. In our research, we found that religious figures have adapted when confronted by HIV, motivated by the need to preserve and protect life. Further anthropological research could provide a fuller understanding of the social and cultural practices and beliefs surrounding HIV, and be used to develop interventions that enable Afro-Brazilian religious groups to reflect on their practices (including their own forms of oppression) and rediscover their role as fundamentally inclusive religions. We conclude by remembering that the *terreiros* were (and still are, in some sense) at the forefront of the inclusion of ‘minorities’ (Blacks, women, homosexuals, poor people and a whole range of marginalised individuals) in the high ranks of the priestly hierarchies. Their commitment to inclusion, combined with a historical trajectory of transnational cultural transfigurations, has created an openness and flexibility that could also encourage a more inclusive approach to those living with HIV.

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<sup>6</sup>For a more detailed analysis of the relationship between individual risk, security, and responsibility in the religious context, see Rios et al. 2008.

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