

Therapeutic itineraries performed by pregnant women from afro-brazilian religions

Itinerários terapêuticos realizados por gestantes adeptas de religiões afro-brasileiras

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ABSTRACT | OBJECTIVE: To know the therapeutic itineraries carried out by pregnant women who adhere to Afro-Brazilian religions in Rio de Janeiro. **METHODOLOGY:** Exploratory, descriptive, and qualitative study, with 20 postpartum women. Data were collected from July to September 2018 through interviews and submitted to content analysis. **RESULTS:** The influences of Afro-Brazilian religions during the pregnancy period revealed care actions that permeate by welcoming, supporting, reinvigorating, calming, and accepting. About the therapeutic itineraries of the participants, it was found: oracular consultations; rituals involving orixás and spiritual guides; and specific practices for childbirth. Also, pregnant women who adhere to Afro-Brazilian religions reported situations of religious intolerance experienced in the family environment and the space of care. **CONCLUSION:** Afro-Brazilian pregnant women built therapeutic itineraries in which they also maintained a link with the prenatal service and were welcomed in the terreiros. Religious practices acted as an alternative and/or therapeutic complementarity in the care process of pregnancy.

DESCRIPTORS: Pregnancy. Cultural diversity. Afro-Brazilian Religions. Therapeutic Itineraries.

RESUMO | OBJETIVO: Conhecer os itinerários terapêuticos realizados por gestantes adeptas de religiões afro-brasileiras no Rio de Janeiro. **METODOLOGIA:** Estudo exploratório, descritivo e qualitativo, com 20 puérperas. Os dados foram coletados no período de julho a setembro de 2018, por meio de entrevistas, e submetidos à análise de conteúdo. **RESULTADOS:** As influências das religiões afro-brasileiras durante o período gravídico revelaram ações de cuidado que perpassam por acolher, apoiar, revigorar, tranquilizar-se e aceitar. Sobre os itinerários terapêuticos das participantes, constatou-se: consultares oraculares; rituais envolvendo orixás e guias espirituais; e práticas específicas para o parto. Ainda, as gestantes adeptas das religiões afro-brasileiras relataram situações de intolerância religiosa vivenciadas no ambiente familiar e no espaço do cuidado. **CONCLUSÃO:** As gestantes de religião afro-brasileira construíram itinerários terapêuticos no qual também mantinham vínculo com o serviço de pré-natal, assim como eram acolhidas nos terreiros. As práticas religiosas atuaram como alternativa e/ou complementariedade terapêutica no processo assistencial da gestação.

DESCRITORES: Gravidez. Diversidade Cultural. Religiões Afro-Brasileiras. Itinerários Terapêuticos.

Introduction

Afro-Brazilian religions have their theological and philosophical essence derived from traditional African religions. Blacks kidnapped in Africa and enslaved in Brazil discovered that the only way to protect their traditions, languages, knowledge, and values brought from Africa would be through religious practice.¹

These religions are a space for the knowledge's construction, having their religious practices related to nature and sacred beings (orishas, deities, and entities). The knowledge of these religions is not restricted to thoughts, extending to human practices maintained with daily experience in the religious nucleus, allowing for constant learning. Knowledge is transmitted through orality, followers socializing to the yard, representing a school, thus establishing bonds of brotherhood and solidarity. The practices, rituals, and relationships built enable affective exchanges, production of knowledge, health promotion, and prevention of diseases and injuries, in addition to the appreciation of ancient traditions, such as the use of medicinal plants.²⁻³

Olódùmaré, name of the supreme God of the Yorubá people, created the world and the deities – Orishas – intermediating the relationship between God and men. Female Orishas, the Àyabás, are responsible for fertility, wealth, and femininity. Lady of beauty, river waters, love, and female power, Oxum, who reigns over the freshwater of rivers, is also responsible for the fertility of all beings.⁴

For Yoruba culture, without Oxum's consent, there is no pregnancy, as she owns the amniotic fluid and takes care of children from pregnancy until they learn to speak. In this culture, pregnant women are treated specially, as they are seen as "ilóyún émí alafé" (pregnant with divine spirits), that is, when an émí (spirit) is sent to earth, a mother is born with him, and this mother deserves cult, for the fact that without her womb, life would not be possible. In this sense, for Afro-Brazilian religions, being a mother is something so magical that it ends up infecting everyone around her.^{4,5}

In the health field, pregnant women who adhere to Afro-Brazilian religions bring important religious

practices to prenatal consultations, which are little known and sometimes labeled in prejudiced way by health professionals who develop care based on biomedical rationality, disregarding popular knowledge and practices and from other areas of knowledge.

Recognizing this importance, the Unified Health System (UHS) has expanded the role of popular movements in recent decades, developing specific public policies for indigenous peoples, blacks, *quilombolas*, riverside populations, gypsies, and those living on the streets. Among them, we highlight the National Policy for Comprehensive Health of the Black Population in 2009, which aims to promote the integral health of the population black, recognizing and acting on racial inequalities and prejudices existing in health institutions.⁶

However, even today, many women seek other types of care due to difficulties in accessing health care networks, mobilizing different resources, such as home care, religious practices in the preservation or recovery of health, which are called therapeutic itineraries.⁷

These itineraries are made up of all kinds of movements initiated by individuals or groups to preserve or recover their health. In this study, the therapeutic itinerary concept is considered a social process based on culturally constructed meanings. They act as an instrument that registers the care processes, especially in the limitations of this population's access to formal health services, the search for autonomy, valuing their care practices, in addition to preventive actions.

Importantly, as the religious practices performed on these spaces are strongly transmitted orally, there are still few records regarding the Afro-Brazilian's religions influence in the gestational period. Thus, this study aims to contribute to this knowledge gap and improve the outcome in obstetric care and the satisfaction, respect, and benefit of women adepts of these religions.

This article aims to know the therapeutic itineraries performed by pregnant women adept at Afro-Brazilian religions in Rio de Janeiro.

Methodology

This is an Exploratory and descriptive study, with a qualitative approach, with 20 postpartum women adept to Afro-Brazilian religions as participants. As inclusion criteria, it was adopted: women who experienced the pregnancy moment as adepts of Afro-Brazilian religions. Women under 18 years of age were excluded.

To capture the participants, the technique of the ball or chain of informants, or snowball, was used. In this sense, the identification of participants' research and their recruitment occurred according to sampling by informant chain, constituting a kind of network. Thus, 02 participants were considered as seeds, intentionally selected for the facility contact with one of the authors, who pointed out new potential participants, recognized by their pairs as a result of their work in the yard, and so on until the time when there was a repetition of content in the speeches and they did not add new relevant information to the study, indicating data saturation.

Data were collected from July to September 2018, through individual interviews, based on a semi-structured script. The interviews took place by choice of the participants at home or in the yards of Afro-Brazilian religions located in the Rio de Janeiro's city, had an average duration of 20 minutes, were recorded in MP3 (media player), and later transcribed in full. Stand out that was a pilot interview and carried out, which indicated the instrument's suitability and that, therefore, it was included in the corpus of analysis. Still, it is added that there were no losses or refusals during the data capture process.

Content analysis was chosen because it critically understands the meaning of communications and their explicit or hidden meanings.⁸ This analytical process converges for the constitution of three categories: "The influences of Afro-Brazilian religions during the pregnancy period"; "The therapeutic itineraries of pregnant women who adepts to Afro-Brazilian religions"; and "Religious intolerances experienced by pregnant women who adepts to Afro-Brazilian religions."

The study was submitted to the Research Ethics Committee of the State University of Rio de Janeiro (CAAE: 93032918.2.0000.5282) and approved under opinion n° 2.776.909. Furthermore, in compliance with the ethical and legal aspects of research with human beings, the participants signed an Informed Consent Form and guaranteed their anonymity by using the letter "E," referring to the term interviewed, followed by a number, which represents the order of the interview.

Results and discussion

The profile of the participants in this study is mostly Umbandistas (that practices Umbanda), with a time of religion from 15 to 21 years, their age range is between 35 and 50 years old, they are white and married, have a high schooling level, have an employment relationship and pregnancy period classified as high risk.

The Influences of Afro-Brazilian Religions during the Pregnancy Period

In the yards, there is space to care and be cared for, listen and be heard, so religion alters the disease's interpretation and gives new meanings of life to face suffering. In this sense, it is configured as a support network that contributes to changes in lifestyle, provides a feeling of welcome and well-being, and positively influences the community's acceptance of the person in the process of illness.⁴

Churches, yards, spiritist centers, homes of shamans, and healers are daily sought out by sick or suffering people to believe that the sacred acts in prevention and cure. For this group, the disease is seen as an arising situation from the material, spiritual (spirits, enchanted, saints, punishments, trials, lack of protection and support), and magical issues (harm caused by magic, witchcraft, and spell).

Thus, faced with the diagnosis of high-risk pregnancy, it became clear that most pregnant women who adhere to Afro-Brazilian religions resort to practices in the terreiro, where they find care actions that permeate: welcoming, supporting, reinvigorating, calming, and accept.

• To welcome

Welcoming is a commitment to respond to the needs of citizens looking for health services, assuming an ethical posture that implies listening to the user's complaints, recognizing their role in the health and illness process, taking responsibility for the resolution, with activation knowledge sharing networks.⁹ In Afro-Brazilian religions, welcoming is a primordial action, with the yard being a space for listening and restoration's actions of health.

"I had a pregnancy that wasn't supposed to happen and it happened thanks to my works and my belief. Within my religion I was welcomed, well treated" (E01).

"... From the beginning (pregnancy) I sought guidance on how to take care of my spirituality to go through this entire process" (E09).

Women whom adepts to Afro-Brazilian religions in the gestational period do not always find answers to their concerns in the health service, seeking a form of balance in religious practices, which reverts to support and security, necessary for the fear's resignification, giving new meaning to fear paralyzing, making them protagonists of his care.

Health practices in the yards are based on long-standing knowledge passed down from generation to generation through orality. In this process, diverse conceptions and practices are generated that manifest the multicultural character of Afro-Brazilian religions.¹⁰

"The help of the guides is always essential in our lives and especially in my pregnancies. I was very young and their guidance was very important to me" (E11).

Religion is able to give meaning to disease, cure, and health, strengthening the relationship with medicine.¹¹ Even recognizing the complementarity of spiritual and biological practices, some individuals give religion greater importance, seeking a magical-religious framework as an explanation for their ills.

• To Support

The gestational period generated different feelings, emotions, and insecurities about the future in the

interviewed pregnant women. Feeling supported in the gestational process was fundamental to deal with the uncertainties and concerns, having in religious practices a space for listening and in the Orishas a strength to deal with this period.

"I had delicate moments and religion taught me to believe in my faith and in all my Orishas. I saw that I was not alone, especially at the time of my delivery. I felt the presence of my Orishas in the delivery room..." (E09).

Different rituals, prayers, and songs were sung during the treatment ceremonies, invoking Orishas that directly act on health. Sacred foods were prepared as offerings or treats, just as the guidelines and prescriptions received in religious services were carried out by the patients in a sacrificial sense.

"... Spirituality had a continuous action to hold, to make the fetus pass the first three months, so that I wouldn't run any risk of abortion" (E12).

The practices performed contributed to increased self-confidence, enhancing biomedical treatment. The perception of health, as a balance between body and spirit, shapes the way of a portion of this population in their search for care, from the doctor to the shaman, from herbal baths to computerized scanners and allopathic treatments.¹²

• To Invigorate

Pregnancy changes the psychic, emotional and social conditions, being essential a space to welcome, invigorate, and strengthen.² According to the interviewees, the yard was favorable to invigorate, providing greater tranquility and energy. Religion acted therapeutically, bringing comfort and relief.¹²

"... it strengthened my energy and I worked until the end of pregnancy" (E02).

• To Reassure

The consultation carried out in the yard promotes a frank and sensitive dialogue in the encounter between the pregnant woman and the Orishas.² During the consultations experienced by the pregnant women, care was prescribed according to the need,

considering the uniqueness of the woman and her family, the main actors of the gestational period.

"I went to the sessions mainly with old black people, caboclos and Ibejadas, asking for a pass and for them to look after my pregnancies (...) I asked for everything to go well during childbirth and during pregnancy. Thanks to God and to Them, everything went in perfect order" (E10).

Many pregnant women reported relief from their illnesses after Umbanda sessions.

"During pregnancy I was using medication for high blood pressure and doing all the work at the yard to calm down... I participated, asked for help from one or another Orisha who came. They told me to stay calm and said it was all right and it was" (E18).

• To accept

Women whom adepts to Afro-Brazilian religions found support in religion to deal with this singular moment, which is pregnancy loss. A pregnant woman expects life and not death, gain and not loss.

The loss of a baby due to abortion, fetal or neonatal death is a traumatic event of intense suffering, marked by memories, thoughts, fantasies, and questions about the entire experience. The return home and daily actions are filled with sadness for these women. The educational process of mediumship brings in itself rites that can exert a beneficial and therapeutic power.^{13,14}

"They helped me a lot to understand when I lost my second child... It's very difficult for the mother to understand that she had to lose a child at the sixth month of pregnancy... We won't forget, but they made me understand that I had to go through that and that he too, both to help him spiritually, as well as me" (E06).

Religion alters the meaning of the disease, also modifying their view of the world for those affected.³ Afro-descendant religion contributed to the resignification of the disease, acting as a self-help mechanism.

"When I had my second child's abortion, the center helped me a lot to understand that nothing is by chance

and that things happen according to God's purposes.

So I was nurtured, because when we lose a baby it seems to take a piece of us... I suffered a lot, I cried a lot... They made me see that as much as I was suffering, things happened this way and it soothes, calm down the heart" (E17).

• To Unexpected pregnancy

When pregnancy is unexpected, it can be considered for some women as an event that can disrupt plans, dreams, making in some cases an unwanted pregnancy. In these cases, the psychic-affective damage can be great, as the baby perceives the maternal emotions, carrying these feelings, without understanding why. In addition to the mother/baby bond, breastfeeding may be harmed due to these feelings.²

Afro-Brazilian religious women found support and acceptance in religion for this moment, seeing it as an opportunity to reevaluate their affective relationships.

"I had an unplanned pregnancy... So religion left me more at peace, calmer when I was informed that it was at that moment that it had to happen and that my son had to come to suddenly something change. And that's what happened, it came to improve our lives and it was my religion that gave me this strength, this certainty" (E15).

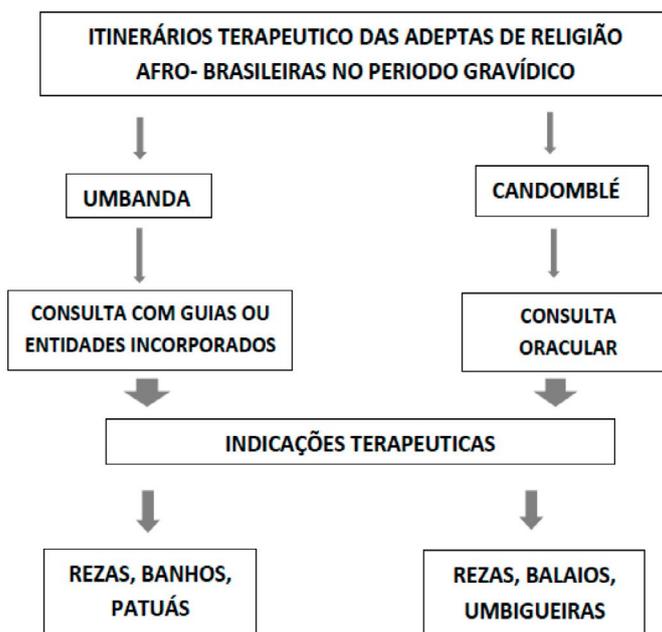
"Physiologically speaking, I would not be able to get pregnant again, (...). On the other hand, they guided me how much it was necessary for the coming of this baby... the spiritual mission she has and the karmic issue she has with this family and with her mainly older sister. And that she is a spirit that was coming to bring some transformations" (E17).

The therapeutic itineraries of pregnant women who adepts to Afro-Brazilian religions

Adepts of Afro-Brazilian religions classify the disease into two categories: physical disease, treated by official medicine; and the spiritual illness, addressed by people with religious functions, such as priests, pastors, fathers, and mothers of saints. From this perspective, they receive professional clinical care and, at the same time, religious care.¹²

Based on this conception, it is common for pregnant women who are adepts at Afro-Brazilian religions to follow different therapeutic itineraries, in parallel with prenatal care in health services, as shown in the following figure:

Figure 1. Synoptic diagram of the Therapeutic Itinerary of Afro-Brazilian women adepts in the pregnancy period



Source: The authors (2021).

• Consultations with oracles

According to Umbanda teachings, what makes a person healthy or sick is the maintenance or weakening of *ashé* (African word that means vital force). *Ashé* is transmitted to people in rituals by the various spiritual entities present at the spiritist session. Then, through mediums (individuals who mediate between deities and patients), the entity performs the consultation, providing *axé* for both the patient and the medium.¹⁵

In Candomblé, consultation takes place in the game of *búzios*, where the Orishas reveal the causes of illnesses and imbalances and prescribe various rituals to reestablish the individual's physical, emotional and spiritual balance.¹⁶ In addition to the consultations, some pregnant women were recommended to undergo religious initiation to alleviate their suffering.

"The moment I learned of the pregnancy, after consulting Orumilá, I started in Ifá and became Apetebi. My son will also be initiated into Ifá and baptized in the religion" (E20).

• Queries with built-in guides

The mediumistic phenomenon is present in Brazilian religiosity, with different types of incorporation: intuitive, auditory, clairvoyant, unfolding or somnambulistic, psychographic, healing, and materialization. Mediumship acts as a healing method, a therapy, a pedagogy that transmits essential teachings to community life and the construction of individuality.¹⁷

"I followed up with the guide from the house during pregnancy. I was prayed for by mediums who prayed pregnant women and I also drank prayed water... I believe my daughter benefited from this energy too" (E04).

"When I went for the ultrasound, I was five months old and the doctor noticed that something was wrong, because I had one leg thinner than the other [...] I went to the consultation with the old black woman and she said that there are things that don't work. to change and then, I think they were already preparing me because I had an ultrasound after the doctor saw that he had more problems" (E06).

The positive psychological aspects activated by faith, associated with the powers of the orishas, serve as curative methods used by priests and leaders, composing a wide mosaic in *Umbanda*, for lay people who seek it in times of greater distress and for the "converted".¹⁴

• Orishas and spiritual guides involved in religious practices or care

Considered in *Umbanda* as forces of nature, the Orishas are cosmic energies from the Creator. In *Candomblé*, they are defined as deities that inhabit the head. Each Orisha has its specific connection with nature, points of force where they act, divine agents, true ministers of the supreme divinity.^{14,18}

"I was prepared for Oxum to hold, keep this child and a work was done with baskets in the waterfall" (E01).

The indication of going to the waterfall is intended to release negative energies and capture new energies. The basket is a gift dedicated to *Oxum*, consisting of the orisha's favorite food, fruits and other items: mirror, comb, soap and perfume.¹⁹

"I received energy from Oxum on account of the baby, I did a job with a herdsman" (E02).

Hyperactive and playful spirits, the cattlemen act as restrainers of the low mood, being strict with the dark spirits. *Oxalá*, lord of creation and human beings, is also an Orisha recognized as important in the care process, acting preferably in the religiosity of beings. Syncretic in Brazil with Bonfim Lord; he has in his children the archetype of calm personality.²⁰

"During the entire period of gestation, all the work was done for Oxalá: a lighted guardian angel candle, I used to lower hominy in the house. I had the collaboration of all religions, it was a chain of prayer, being renewed and carried out to the delivery room" (E13).

Pregnant women performed various religious practices during their prenatal care, including the time of delivery. The therapeutic itinerary was built from each individual need, including biomedical and religious care. During the gestational period, according to the illness and afflictions of the pregnant women, different healing works are prescribed, with emphasis on offerings to spiritual entities, prayers, and baths to cleanse the body and spirit.

"I had a preparation using some baths, retreat, prayers for a guardian angel, a lighted guardian angel candle. A preparation for an old black and for an old black woman who takes care" (E12).

"Complicated pregnancy, in my second pregnancy... Complete rest, I couldn't stretch my body, bathing was quick and my body bent over. Every day I prayed at six in the morning and six in the afternoon, it was all the time. I worked with Ibeijada and Erês, we worked with the Old Blacks, Caboclos." (E13).

"I was between seven and eight months old, when I had an ultrasound and it was found that my baby was sitting up. I was very worried and went to ask for help at the house I go to today [...] A white towel was used on my belly, I prayed their way, I took measurements on my belly. The next day I was sure she had gone to the right position. Fifteen days later I had a new ultrasound and it was in the correct position, I just had to wait for the birth." (E14).

The Old Blacks are the spirits of old Africans brought to Brazil, recognized as symbols of faith and humility. Affectionately called psychologists of the afflicted, they work on material and emotional difficulties. Most sought-after entities in *Umbanda* use herbs in their magic works, aimed mainly at sick people and children with the evil eye. With powerful prayers, they recommend patuás (bags where magic elements are deposited and used on the body for protection), scent baths made with specific herbs for each problem, and they use pipes for spiritual cleansing, throwing their smoke on the person receiving the pass.²¹

The *erés* are a type of infantile entity that in *Candomblé* form the bridge between the initiated individual and his orisha, outlining the child that each one has inside. The *ibeijada*, on the other hand, is part of the line of children in *Umbanda*, corresponding to spirits that manifest themselves in their followers in the form of a child. They deal with more subtle issues related to the spirit, health problems, or even related to children.²¹

• Spiritual therapies during labor

As for the moment of parturition, rituals that involve points sung for protection and for the summoning of entities predominate, mainly black old men and the orishas *Oxum* and *Xangô*.

"For the time of childbirth, religion prepared me a lot, I used the orisha Oxum. At the time of delivery, he was very present... I was hypertensive and at risk of having eclampsia and at the time everything went very well" (E01).

"The dot of Xangô echoed in my head, calmed me down and only stopped when my daughter was born (E05).

The sung points acted as true mantras, prayers, and pleadings that dynamize forces of nature and allow us to get in touch with the spiritual powers that govern us. There is magic and science at every point when chanted with knowledge, love, and faith. Sound waves cause the attraction, harmonization, and dynamization of astral forces, which can be a call from a child who seeks help or protection.²

Other rituals were mentioned, such as ribbons around the waist for divine radiation and protection.

This ritual meant for the pregnant woman greater safety in labor.

"It was so much work on both sides, both for the obstetrician and for me, she didn't believe much, she said, it's in her belief, in her faith that I pray my way (...), I even had a tape tied in the belly had to be cut in the delivery room, because I had a tape tied all the time in my belly" (E13)

Religious intolerances experienced by pregnant women who adepts to Afro-Brazilian religions

Despite the richness and religious diversity existing in Brazilian society, religious intolerance is still a constant in Brazil. Overcoming this challenge is an object of constant struggle by social and religious movements.

According to the Secretariat of Human Rights and Policies for Women and Elderly (SEDHMI), the state of Rio de Janeiro recorded a 56% increase in the number of cases of religious intolerance in 2018 compared to 2017. In addition, the Mom Gilda case, which took place in 1999, resulted in the first national conviction for moral damage resulting from institutional and institutional religious intolerance.²²

The Council for the Defense and Promotion of Religious Freedom, an agency linked to the Secretary of State for Human Rights and Policies for Women and the Elderly (SEDHMI), identified three factors for the growth in the number of registrations: the creation of a service that society trusts; the understanding that religious discrimination is a crime subject to denunciation; and, the aggravate of confrontation. Religious clashes have become more and more constant, with increasing records of physical aggression, destruction of religious temples, dismissal, or not hiring employees due to their religious preferences.²³⁻²⁴

Participants in this study reported conflicting experiences in health services and family relationships. In this context, they highlight that some health professionals have shown difficulties in understanding religious practices, therapeutic rituals used by pregnant women during consultations, and procedures performed in health services, constituting situations of institutional religious intolerance:

"Only one time I got sick and went to the maternity hospital, I had a navel, which is something we use. I took off my clothes to be examined and they asked me what is that? I said I'm from religion, I explained that I was from religion, they were afraid to touch me..." (E01)

The practices carried out in the yards are sometimes marginalized and stigmatized, associating the term "macumba", a word that is sometimes used in a derogatory way. The ambiguity present in the concept associated with ethnic prejudices has resulted in ignorance, and sometimes situations of obstetric violence. There is a need to seek transcultural and transscientific dialogue in understanding diseases and care, sensitizing health professionals.²⁵

In the family context, religious intolerance transpired in violent relationships characterized by physical or psychological aggression, as verified in the speeches of the participants:

"I suffered from my son's own father in the fifth pregnancy. Because he is very influenced by evangelical people, he told me that because I was a "macumbeira", my son was actually a child of the devil" (E11).

Intolerance against Afro-Brazilian religions has been led by evangelicals, reproducing today what Catholicism did throughout the three hundred and fifty years of slavery and continued to practice post-abolition. However, the religious racism reproduced by the churches does not free black evangelical people from other experiences of racism, as well as it does not represent the entire Protestant religion present in the country.²⁵

The study had as a limitation the impossibility of some participants to reveal certain ritualistic details performed during the care provided in the *terreiros*.

Conclusion

Through followers, the influence of Afro-Brazilian religion in the pregnancy period allowed contact with practices hitherto invisible and of the difficult

theoretical foundation since religious traditions are passed on orally with few publications.

The yards of Afro-Brazilian religions are holders of knowledge in the religious field, inherited from African ancestors and reinvented by Afro-descendant generations in Brazil with different syncretism. Religious practices acted as an alternative and/or therapeutic complementarity in the gestational process of women adherents of Afro-Brazilian religions.

The pregnant women welcomed in the yard were consulted, and, according to their needs, they built their therapeutic itineraries. Afro-Brazilian religion made it possible to accept unexpected pregnancies and perinatal losses, with sensitive listening and support for their recovery. This care was highly valued by pregnant women, being, for many, more effective care than that provided by the "official health system."

The study showed that some pregnant women suffered religious intolerance in family relationships and the care provided in health services. In this sense, it is necessary for health professionals to understand the influence of Afro-Brazilian religions in the pregnancy period of their adherents, allowing the rupture of prejudices, overcoming misinformation about the care applied in Afro-Brazilian religions, correcting ideological distortions by existing times, thus reducing prejudice and violence.

Authors' contributions

Mouta RJO and Freire RP participated in the writing and critical review of the scientific article. Prata JA, Lopes FMVM and Teixeira ASG participated in the critical review of the article. Borges ESA participated in the conception, design, collection, analysis, and interpretation of data.

Competing interests

No financial, legal, or political conflicts involving third parties (government, companies, and private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to grants and funding, advisory board participation, study design, preparation manuscript, statistical analysis, etc.).

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