Religious Needs of Practitioners of African-based Religions: An Integrative Review Study

Necessidades Religiosas de Praticantes de Religiões de Matrizes Africanas: Um Estudo de Revisão Integrativa
Necesidades Religiosas de Practicantes de Religiones de Matriz Africana: Un Estudio de Revisión Integradora

RESUMO
Objetivo: Este estudo analisa as necessidades religiosas da população negra praticante de cultos de matrizes africanas e seu impacto no acesso equitativo à saúde. O objetivo geral é investigar produções científicas sobre as demandas religiosas dessa população no contexto da saúde brasileira. Mais especificamente, busca-se descrever os fatores que impulsionam essas necessidades na área da saúde e identificar, na literatura, a relação entre essas práticas religiosas e a população negra. **Método:** A pesquisa possui caráter exploratório e foi realizada por meio de revisão integrativa da literatura. A análise dos dados ocorreu de forma quantitativa e qualitativa, com base em oito artigos selecionados na BVS e organizados em categorias temáticas. **Resultados:** Os resultados apontam que as discriminações racial e religiosa são obstáculos significativos para o acesso equitativo à saúde, exigindo mudanças estruturais para superação desses preconceitos. **Conclusão:** É fundamental garantir assistência espiritual alinhada às necessidades dessa população, combatendo preconceitos arraigados. O SUS deve assegurar o princípio de equidade, promovendo atividades em centros religiosos para compreender melhor suas demandas. Essa abordagem é essencial para proporcionar cuidado integral e respeitoso, reconhecendo a diversidade cultural e religiosa como parte do processo de humanização da saúde.
DESCRITORES: Religiões de matrizes africanas. Equidade e acesso à saúde. Necessidades espirituais na saúde.

ABSTRACT
Objective: This study analyzes the religious needs of the black population practicing African-based religions and their impact on equitable access to health care. The overall objective is to investigate scientific publications on the religious demands of this population in the context of Brazilian health care. More specifically, we seek to describe the factors that drive these needs in the area of health care and identify, in the literature, the relationship between these religious practices and the black population. **Method:** The research is exploratory in nature and was conducted through an integrative review of the literature. Data analysis was quantitative and qualitative, based on eight articles selected from the BVS and organized into thematic categories. **Results:** The results indicate that racial and religious discrimination are significant obstacles to equitable access to health, requiring structural changes to overcome these prejudices. **Conclusion:** It is essential to ensure spiritual care aligned with the needs of this population, combating deep-rooted prejudices. The SUS must ensure the principle of equity, promoting activities in religious centers to better understand their demands. This approach is essential to provide comprehensive and respectful care, recognizing cultural and religious diversity as part of the process of humanizing health care.
DESCRIPTORS: African-based religions. Equity and access to health. Spiritual needs in health.

RESUMEN
Objetivo: Este estudio analiza las necesidades religiosas de la población negra practicante de religiones de matriz africana y su impacto en el acceso equitativo a la salud. El objetivo general es investigar las producciones científicas sobre las demandas religiosas de esta población en el contexto de la salud brasileña. Más específicamente, se busca describir los factores que impulsan estas necesidades en el área de la salud e identificar, en la literatura, la relación entre estas prácticas religiosas y la población negra. **Método:** La

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investigación es de carácter exploratorio y se realizó mediante una revisión integrativa de la literatura. El análisis de los datos se realizó de forma cuantitativa y cualitativa, con base en ocho artículos seleccionados en la BVS y organizados en categorías temáticas. **Resultados:** Los resultados señalan que las discriminaciones racial y religiosa son obstáculos significativos para el acceso equitativo a la salud, lo que exige cambios estructurales para superar estos prejuicios. **Conclusión:** Es fundamental garantizar una asistencia espiritual alineada con las necesidades de esta población, combatiendo los prejuicios arraigados. El SUS debe asegurar el principio de equidad, promoviendo actividades en centros religiosos para comprender mejor sus demandas. Este enfoque es esencial para brindar una atención integral y respetuosa, reconociendo la diversidad cultural y religiosa como parte del proceso de humanización de la salud.
DESCRIPTORES: Religiones de matriz africana; Equidad y acceso a la salud; Necesidades espirituales en la salud.

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INTRODUCTION

The colonization of African countries and territories was a historical milestone in the institutionalization of prejudice and religious intolerance, demonizing local rituals and beliefs. As pointed out by [14], the European colonial project legitimized itself through a Eurocentric narrative that classified African spiritualities as "primitive" or "demonic," consolidating cultural and racial hierarchies. This process was intensified by the slave trade, in which black populations, forced into diaspora, attempted to redefine their traditions.

In Brazil, colonial and ecclesiastical repression of African practices led to strategies of syncretism, such as the association of orixás with Catholic saints, with the aim of cultural preservation [6]. However, this resistance faced structural violence, sustained by racist and dogmatic ideologies that linked "whiteness" to civilizational superiority [1].

The effects of this persecution continue today, manifesting themselves in high rates of intolerance against African-based religions. Data from Disque 100 (2022) reveal that 59% of reports of religious discrimination in [7].

The problems faced by the black population encompass the political and social spheres and include spirituality as a factor of exclusion in various sectors of society [19], including health. A significant portion of this population in [7] of the Institute [7].

In terms of vulnerability, even when this population has access to basic needs such as employment, housing, and healthcare, for example, it occupies less skilled positions in the labor market, with low wages that make it difficult to overcome poverty. In addition, residential conditions are often characterized by structural inadequacies, such as lack of basic infrastructure or location in high-risk areas. With regard to health services, although formally available, these are often underutilized or ineffective due to barriers such as long waiting times, lack of trained professionals, and institutional discrimination, directly compromising the principle of equity [19]. This situation is exacerbated by historical social inequality, which perpetuates cycles of exclusion and marginalization, as discussed by Bourdieu (1998) when analyzing the mechanisms of reproduction of social inequalities.

The public health system is one of the main pillars of assistance to the population, especially for groups in situations of socioeconomic vulnerability. Studies show that the demand for public health services is disproportionately higher among individuals belonging to less favored social classes, reflecting the structural inequalities present in society [1].

At the same time, there has been a significant increase in academic interest in the relationship between religion and health in recent decades. This trend can be seen in the growing number of scientific publications exploring the impact of religious and spiritual practices on physical and mental well-being [10;1]. The positive impact of religion on people's lives reflects the search to understand how it can influence the health of patients with various pathologies. [23] highlight the development of research on spirituality at all levels of health care, focusing on the interaction between physiological mechanisms and religiosity in health care.

Religious and spiritual manifestations often intensify in times of vulnerability, particularly when individuals face chronic illnesses or health conditions that compromise their quality of life and daily routine. These expressions transcend the purely medical field, reflecting the human need to seek meaning, comfort, and hope in situations of adversity. Studies indicate that spirituality plays a crucial role in coping with serious illnesses, contributing to the promotion of emotional well-being, reduction of anxiety, and improved adherence to treatment [15]; [10].

Nursing care, as highlighted by [3], encompasses a broad dimension that ranges from conception to the end of life, encompassing all levels of health care, including physical, psychosocial, and spiritual aspects. In this context, the nursing team plays a central role in integrating holistic care, recognizing spirituality as an essential component of the health-disease process. This approach not only respects the individual beliefs and values of patients but also strengthens the therapeutic relationship, promoting more humane and effective care [17].

In situations of physical, psychological, or social vulnerability, spirituality can act as a resource for resilience, helping patients cope with suffering and find meaning amid difficulties. Research indicates that sensitive spiritual interventions, performed by trained healthcare professionals, can improve clinical outcomes and increase patient satisfaction with the care received [5]. In addition, the World Health Organization (WHO) recognizes the importance of spirituality in comprehensive health care, emphasizing the need for public policies that integrate this dimension into health systems (WHO, 2013).

Therefore, it is essential that healthcare professionals, especially those in the nursing field, are prepared to address spiritual issues in an ethical and empathetic manner, respecting the cultural and religious diversity of patients. This requires adequate training, as well as an institutional environment that encourages interdisciplinary practices focused on comprehensive care, considering the human being as a whole: body, mind, and spirit.

The Brazilian healthcare system

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adopts equity as one of its fundamental principles. Thus, when caring for patients, nursing professionals must understand and respect the ethnic and cultural aspects of the individual. Therefore, it is essential for nursing professionals to use the patient's religiosity, spirituality, or religious beliefs as a tool to improve health care and, consequently, to consider the diversity of religious practices present in the country.

Spirituality is closely related to equity because religions provide and disseminate values such as empathy for others.

Thus, this research has the general objective of analyzing scientific publications that address the health-related religious needs of the black population practicing African-based religions in Brazil, in addition to contributing to effective nursing care by ensuring a greater understanding of these needs and the specific objectives, which are to describe the factors that drive the religious needs of African-based religions in the area of health in scientific publications. To identify, in the literature, the relationship between the religious needs of African-based religions and the black population.

METHODOLOGY

The research adopts an exploratory approach, combining qualitative and quantitative methods through an integrative literature review to achieve the objectives. Souza, [19] explain the approach as a way of offering a comprehensive view by including experimental and non-experimental studies. This provides a more complete understanding of the phenomenon analyzed.

The steps proposed by Mendes, Silveira, and Galvão (2008) were employed: formulation of the guiding question, literature search or sampling, data collection, critical analysis of the included studies, discussion of the results, and presentation of the integrative review.

The first phase involves formulating the guiding question: What has been produced about the religious needs of the black population practicing African-based religions within the healthcare setting? This seeks to investigate scientific production on the religious needs of the black population practicing African-based religions in the healthcare context.

For this study, a search was conducted in the Virtual Library (BVS) in February and March 2021, using the following DeCS/MeSH descriptors: "patient care," "comprehensive health care," "nurses," "religion," and "health services," combined with the Boolean operators AND/OR/AND NOT, as shown in the table below.

Table 1 – Summary of Selected Articles

Search Crosses	Search Cross-Results
Religion AND Health services	Total found: 37
Religion AND Comprehensive health care	Selected: 2
Religion AND Patient care	Total found: 37
Religion AND Nurses	Selected: 1

The data were collected from Virtual Databases. For this purpose, the Virtual Health Library (VHL) was used, in the following information base: Latin American and Caribbean Health Sciences Literature (LILACS), International Health Science Literature (MEDLINE), Nursing Database (BDENF), and the website scholar.google.com.br, during the period of April 2021.

The search strategy used to find the articles was: Religion AND Health services AND Comprehensive health care AND Patient care AND Nurses.

RESULTS AND DISCUSSION

Religious needs and their effects on people

[8] indicate the emergence of spirituality during the health-illness process, in response to physical adversities, including death itself. They consider it essential to meet these spiritual needs to provide comfort and peace of mind, in addition to highlighting the differences in the manifestation of spirituality between healthy and sick people. The inseparability of the physical and spiritual needs of human beings is emphasized, in addition to highlighting their importance in health and disease processes, regardless of religious affiliation.

Gonçalves et al. (2016, p.235) state, "[...] spiritual and religious factors can be key elements in treatment settings, so it is important to systematically evaluate these constructs."

[12], p. 1025) highlight a fundamental issue, "[...] [in order] to understand health in religion, we must understand how religion works, so it is necessary to understand the dynamics of these religions to understand how they achieve their goals."

[12], p. 1035) reinforce the idea, "[...] religions do not only deal with health problems, but with all issues that affect those who seek them, in addition to showing the similarity between religions and health services." Both provide comfort and healing within their knowledge.

Religion can offer care to anyone,

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regardless of practice, and promote a new perspective on the health-disease process.

[11] explores the understanding of priests of African-based religions about the health-disease process and the benefits of spiritual treatment. This treatment can facilitate understanding of the ailments suffered, acceptance of the process of death, and resolution of problems caused by obsessive spirits, promoting well-being. In addition, the study reveals a perspective on the sacredness of situations faced as necessary trials.

[12], p. 1025) presents in his study a more detailed approach beyond the sacred and cosmology, with the aim of complementing and deepening the understanding of these leaders.

In the terreiro studied, followers classify illnesses into five categories: illnesses we bring from other lives (karmic), physical and mental illnesses (interpreted as a consequence of undeveloped or poorly developed mediumship), illnesses caused by other people, and illnesses caused by "encroachment" or "obsession." It is interesting to note that the four categories can make up a large category of "spiritual illnesses," as opposed to what we will call physical illnesses. However, the category "physical illnesses" is constructed by exclusion based on the impossibility of classification in the four previous categories and cultural exchanges with mainstream medicine, having both physical and spiritual causes.

[8], p. 105) conclude these thoughts with the patients' view, "[...] they need to understand the reason and explanation for the health-disease process, such as maintaining peaceful relationships with everyone, including the sacred, so that they can accept the process." Gonçalves et al. (2016, p. 238) reinforce this, stating that "[...] this tool is important for assessing the team's knowledge about religious treatment, in addition to its importance."

African-based religions and health

According to the analysis in [11], p. 407), "everyday health practices that carried a certain conception of disease and the body were confronted with the neglect and inefficiency of the medical treatments of the time," causing the religious dimension to stand out alongside appeals to saints, prayers, charms, and knowledge about the medicinal use of plants.

Prandi (2004, p. 223) corroborates this,

At the beginning of the 20th century, while traditional African cults were preserved in their Brazilian birthplaces, a new religion was forming in Rio de Janeiro, Umbanda, a synthesis of the ancient Bantu and Caboclo Candomblé religions transplanted from Bahia to Rio de Janeiro at the turn of the 19th century, with Kardecist Spiritism arriving from France at the end of the 19th century.

[3], p. 5) reinforce that "[...] the black population practicing African-based religions lacks access to health services, possibly due to cultural and, consequently, racial issues."

According to [11], p. 406), "[...] Umbanda revisits collective issues related to racial oppression, acting as a focus of cultural resistance and a center for the dissemination and exchange of knowledge."

[24], p. 154) is reinforced by Lages et al. when they say that

The general population is afraid to identify themselves as practitioners of Candomblé and Umbanda, fearing discrimination. Subjects who identified themselves as evangelicals refused to participate when they learned about the content of the research.

[11] point to the exclusivity of the current biomedical model in pathology, which is often more invasive to the condition itself, without considering the patient as a whole.

[3], p. 5) expand this view by showing the collaboration between the SUS and an African-based religion, "[...] a health team in partnership with an African-based terreiro provided various services to black women, providing necessary assistance." The collaboration highlighted the need for both to work together for the sake of health.

Thus, it is crucial to reflect on how these religious practices interact or can interact with health policies and what improvements may arise from this relationship.

Nursing and religion

[3], p. 3) state, "[...] active listening is part of the process of treating spiritual needs, because through it, patients can share their needs and even get to know themselves [...]." The role of professionals in this process is of great importance. The practice of assisting with spiritual needs is essential, because in addition to helping patients, it will help them understand the meaning of these activities.

[18] argue that it is necessary for nursing professionals to understand and incorporate spiritual needs into their care. To ensure effective care and develop new perspectives on the topic, these priorities must be the subject of continuous study and practice.

"Studying religion makes it possible to think about the influence of cultural beliefs and practices on the incorporation of certain habits into people's lives, including health care [...]," describe [12], p. 1033).

The revival of concepts from health anthropology suggests a new approach to understanding the health-disease process and overcoming the dichotomy traditionally established by Western medical-scientific discourse.

CONCLUSION

Throughout the analysis, we observed the crucial importance of pro-

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viding adequate spiritual assistance to the black population practicing African-based religions during health care at various points in the care network. The individual needs of patients must be understood assertively, with attention to the passage of time and the relevance of the discrimination suffered by this population. Broadening the focus on this issue is essential to ensure that care is provided in accordance with each patient's individuality.

The team needs to be prepared to address patients' religiosity in an individualized manner, and this requires both training and continuing education on this aspect. Thus, the Unified Health System (SUS) must ensure the principle of equity for this population when carrying out activities in religious centers, which allows for an understanding of their specific needs.

The need for continuing education for nursing staff and understanding of the spiritual needs of the population has become evident to ensure effective care and address persistent prejudices. This will contribute to comfort when seeking care, regardless of individuals' racial identity and religious practice.

Given the limited literature on the subject, further studies, preferably field studies, are recommended to obtain additional data that can enrich and expand knowledge in this area.

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