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## Insider-outsider positions during co-production

Reflections from the Candomblé *terreiros* in Brazil

*Clarice Mota, Leny Trad, and Lisa Dikomitis*

We are three female anthropologists collaborating in global health research. Across languages, cultures, and ethnicities, we are connected through our social engagement with, and our commitment to, the Brazilian communities where we conduct research. In this chapter, we share our reflections on a ‘COVID-19 Control Committee’ composed of Candomblé *terreiros* in the Brazilian city of Salvador (from here onwards referred to as the Committee). A *terreiro* is a religious space that serves as a space of inclusion for marginalised community members. We conceptualise this Committee as a site of co-production between researchers, public health specialists, and Candomblé members. Through the experiences of one of us (Clarice Mota), who is both a Candomblé member and has a public health specialist role, we reflect on our social commitments and on the hierarchical relationships between researchers and community members. How can collaboration between community members and researchers work at times of a public health crisis, which is also a political and social crisis?

We describe one type of co-production in which the researcher is both an outsider and an insider. This particular experience in the COVID-19 pandemic allowed us to reflect on the place of science, of researchers, and about the challenges of *co-producing* public health guidance *with*, instead of *producing for*, community members.

### COVID-19 impact on Candomblé terreiros

Candomblé is an African diasporic religion that originated in Bahia in the 19th century. The Candomblé *terreiros*, Afro-Brazilian temples, can be found throughout Brazil, but especially mark the religious cartography of the state of Bahia, where we work. *Terreiros* vary in size: they can be a single house or a cluster of several houses on a larger domain composing a village. Sometimes whole families live in these houses; some individuals stay for a period of time whenever necessary and many will come for festivities and religious rituals. The *orixás* (deities connected to nature) are worshipped in these religious places, which mark territories of inclusion. Candomblé has its own logic and rationality, founded in a particular cosmology and myths, in which there is no boundary between the mundane world of humans, nature, and the sacred world of *orixás*. It is also important to note that Candomblé is more than a religion; it also acts as a focus of resistance and maintenance of African traditions.

The initial intention of the Committee was to formulate a health surveillance plan for the COVID-19 pandemic. The main objective was to create a Candomblé support network offering online help, providing information about COVID-19 symptoms and treatment, and signposting to available services. Another objective was to produce information on COVID-19 public health measures to prevent infection, and to compile technical notes on the evolution of the pandemic.

When the COVID-19 pandemic hit Brazil, local governments were determined to close all places of worship, including the Candomblé *terreiros*. Gatherings, festivities, and ritual performances were prohibited. This had a great impact on the lives of many Candomblé members because the *terreiros* are commonly located in peripheral deprived neighbourhoods and are spaces for inclusion, counselling, and welcoming, especially for vulnerable groups. The *terreiro* is also a place where the hungry can eat, connect socially, and where one can receive emotional support. In the daily life of the *terreiros*, some take care of each other and everyone takes care of themselves, of the *ori* (the head), the body, their *orixá*,

and the *terreiro* itself. A care network is formed that sustains Candomblé members throughout their lives.

The *orixás* are deities who act as intermediaries between humans and the supreme beings, and are central in the Candomblé religion. In the beginning of the pandemic, the *orixá* of one of Salvador's more traditional *terreiros* informed its members that, after consulting the *Ifá* (the shell oracle), the pandemic period was actually a moment of protection. A time to stay at home and to close all the *terreiros*. Religious communications from Candomblé priests (*mãe de santo* or *pai de santo*) were circulated via WhatsApp. A calm and tranquil message encouraged everyone to settle in and wait for the COVID-19 pandemic to end. In August 2020, the month of *Omolu*, an *orixá* related to the cure of diseases, instructed the Candomblé members to pray for the cure of COVID-19 through performing rituals at home every Monday evening. *Omolu* is represented as an *orixá* who moves slowly but strongly and sweeps pests and diseases from the world. However, August ended, and the pandemic was still at large in Brazil.

The COVID-19 Control Committee worked via its WhatsApp group and met monthly in an online meeting. The Committee was composed of Candomblé members who had some healthcare or health-related training: nurses, doctors, physiotherapists, nutritionists, health technicians, academics, and so forth. Although Clarice is not initiated in Candomblé, she sees herself as a Candomblé member. When she was invited to be part of the group, she asked her *pai de santo* if she could represent her *terreiro*. He confirmed that was okay. Clarice realised she was seen as an insider, as a Candomblé member.

One striking characteristic of the groups is that all messages, no matter how scientific they are, were always preceded by a religious blessing. It is a respectful, but also a sacred manner, in which to address someone. In doing so, you recognise that a person always carries an *orixá* within them. The phrase 'Can you give me your blessing (*Sua bênção*)?' would always come first, before any other issue was discussed. The response would identify the *orixá* the person carries within themselves. For instance, '*Lemanjá* (the *orixá* of the sea) blesses you'.

This mode of interaction in the Committee was a permanent reminder that, despite any scientific task or public health role to be carried out during the COVID-19 pandemic, one was never to forget the sacred and spiritual bonds.

### **The co-production of actions and outputs – the different steps**

In July 2020, the City Hall of Salvador issued a public notice allowing religious temples to reopen but to implement public health measures. This included the mandatory use of masks, a maximum of 50 people allowed in temples at any one time, and keeping a 1.5-metre physical distance from each other. At that time, the Committee was furious, as they did not feel represented in this public notice, since it ignored the specifics of the Candomblé *terreiros*. This public document expressed total misinformation regarding Candomblé rituals, its culture, and sociability. The Committee interpreted this to be a result of historical racism and how powerful city representatives have rendered Candomblé invisible.

Since the Committee recognised Clarice as both a public health specialist and as an established researcher at the local Research Institute of Collective Health, she was asked to write the first draft of a document, a technical note that could guide Candomblé members. The Committee members worried about the rapid increase of COVID-19 infections and the mortality rate, especially in deprived neighbourhoods, such as the ones where *terreiros* are located. Another concern of the Committee was about the *terreiros*' senior members, as they were at greater risk of dying. In the Candomblé religion, the elders are considered guardians of wisdoms and sacred secrets of rituals.

The first draft of the document was based on World Health Organization (WHO) guidance and contained basic information on COVID-19 morbidity and mortality rates, and social isolation measures. It was naïve to think that such information alone could produce immediate behaviour change. This raised the issue of raising awareness of the complexity of trying to adjust universal recommendations to a very specific cultural context. For instance, although

Candomblé members can nurture their relationship with their *orixá* at home, following social isolation guidance, it is only in their *terreiro* that they can receive in their body the entity that governs their head, and to dance, sing, and worship their *orixás*. Therefore, opening a *terreiro* meant dealing with the unpredictable actions of a sacred world in which there is no pandemic and no need to take COVID-19 precautions.

When Clarice presented the first version of the document, she received several criticisms, especially for not considering the particularities of the religion. Candomblé members told her: ‘This document looks like it [was written] by somebody from the WHO, it cannot be like that (*esse documento ta parecendo da organização mundial de saúde não dá pra ser assim não*).’ Clarice apologised and recognised its limitations. She explained that she was acting as a public health specialist trying to save lives. The document also highlighted different perspectives within the Committee. Some argued that the *terreiros* should not remain closed, mainly because they are welcoming spaces and provide social support for the population, while others pointed out that the closing of the *terreiros* was necessary to protect the lives of the older Candomblé members. In these discussions, Clarice felt like an outsider, observing the different positions and arguments.

### **Formulating context bespoke public health guidance**

From that meeting a smaller sub-group was formed. They were tasked with rewriting the document and co-producing COVID-19 guidance. The document was divided into two parts. The first section provided general information about the pandemic and common public health measures such as hand washing, using masks, and cleaning surfaces. After many discussions, they agreed that it would be naïve to think that the *terreiros* would remain closed for a long period of time, so the objective became to reduce the infection risk. Many discussions followed. For example, how can Candomblé members engage in religious performances playing drums, dancing, and singing while wearing masks? The second part of the document included specific recommendations for daily

life in the *terreiros*. Advice included keeping windows open whenever possible, removing shoes upon arrival, and taking extra care when preparing food. One complex challenge was how to eat together. The cultural habit is always to eat together as a big family. After discussion, the recommendation was to avoid gathering during meals, even though it was recognised that this would alter the sociability of members and that this advice would probably not be implemented.

It became clear that some practices within the Candomblé religion could be adjusted to enable people to live during the COVID-19 pandemic, while other rituals were much more complex and not easily adaptable. Limiting the number of people attending festivals was difficult since the ethos of a *terreiro* is to be a welcoming place to anyone who wants to visit, eat, and watch. Some other situations were even more complex to adjust to COVID-19 recommendations. During religious performances, how can the person incorporating the *orixá* keep their mask on? Besides that, in a non-pandemic world, the presence of *orixá* is always celebrated with hugs and other expressions of honour and affection. The *equedes*, people responsible for taking care of the *orixá*, use a handkerchief to wipe the face of the one who dances in a trance. How can you fit such a ritual into a set of public health recommendations? Would the handkerchief be exchanged for a disposable paper? Would the *orixás* accept that?

In the group discussions, some cultural habits prior to the pandemic were valued, as these were already part of the routine of these spaces. For example, when one enters a *terreiro*, which is considered a sacred space, before engaging in any ritual, one takes a special bath, including using certain leaves, in order to purify the body from the outside world. After this bath, one puts on clean clothes, usually ritual clothes. This habit, which has always been part of Candomblé, was now identified as something very positive and hygienic and valued as a preventive measure. In a similar vein, certain common health practices were maintained. For instance, the traditional use of plants and herbs for healing purposes was valued. In the final version of the Committee's document, some of these plants and herbs were listed, including their prescription and

ways of being used, and this became part of the materials produced by the Committee.

## Conclusion

The experience of working as an ‘insider-outsider’ researcher in religious communities and collaborating during a public health crisis was a great opportunity to reflect on the challenges of co-production. Co-production required, from the part of the researcher-cum-public health specialist, an openness to listen, to observe, and to learn. This demanded a certain attitude of trust in order to develop a relationship of partnership and co-production. The experience made abundantly clear that so called ‘universal public health guidance’, like the WHO COVID-19 recommendations, do not encompass an understanding of daily life, cultural habits, and ritual practices in many communities throughout the world. The challenge was to co-produce context bespoke and culturally acceptable public health measures and to reach beyond such universal public health strategies during this pandemic.

## What needs to be done

- Understand the cultural and social context of the community before suggesting action/producing interventions.
- Acknowledge that public health recommendations of local governments can exclude certain communities and render religious practices invisible.
- Co-produce guidance *with* community members, rather than present standard public health guidance.
- Ensure a horizontal dialogue and trustful relationship, in order to co-produce *with* the community instead of *for* the community.
- Embed an evaluation of the action/interventions with the community and make adjustments before implementing the action/interventions.



