Chapter 27

People of Brazilian Heritage

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Overview, Inhabited Localities, and Topography

Overview

Brazil, the largest country in South America, is 2695 miles long north to south and 2691 miles wide east to west. Its landmass is 3,286,487 square miles, or approximately 400,000 square miles less than that of the United States (excluding Alaska) and 600,000 square miles less than that of Canada (CIA World Factbook, 2011). All South American countries except Chile and Ecuador border Brazil. The eastern boundary is the Atlantic coastline. Brazil is extremely diverse in topography. The sparsely populated tropical Amazon valley has little variation in temperature throughout the year, whereas the southern districts have distinct summers and winters. The coastal regions have high temperatures and high humidity. Many locations also have a distinct rainy season, which lowers the temperature. The remainder of the country consists of high plateaus traversed with low mountain ranges where the climate varies, with little or no rain much of the year (CIA World Factbook, 2011).

The *Instituto Brasileiro de Geografia e Estatística* (IBGE) reports the overall population of over 190 million people (IBGE, 2010). The net migration rate is –0.09 /1000 population (CIA World Factbook, 2011). The modern capital, Brasilia, located in the heart of the jungle, has over 3,789,000 people; São Paulo has over 19,960,000 people; and Rio de Janeiro has over 11,836,000 million people. Over 26 percent of the population is under the age of 14 years, 67 percent are between the ages of 15 and 64 years, and 7 percent are over the age of 65 years. Life expectancy for males is 68.7 and 76 years for females (CIA World Factbook, 2011).

Heritage and Residence

Brazilian heritage is rich in its mixture of North Americans, Portuguese, French, Dutch, Germans, Italians, Japanese, Chinese, Africans, Arabs, and native Brazilian Indians. Mostly Germans and Italians settled the southern states of Brazil. The Japanese settled in São Paulo, and African blacks in Bahia, Salvador. There has been significant mobility secondary to employment and education. The diversity of the population in Brazil is reflected by the diversity among Brazilians in the United States. In addition, the variant characteristics of culture contribute to this diversity (see chapter 2). Above all, Brazilians do not consider themselves Hispanics despite similarities in their ethnicity. Their native language is Portuguese.

Information about the subcultures is virtually unidentifiable in the professional health-care literature, which tends to incorporate Brazilians into aggregate data on Hispanics. The exact number living in the United States is unknown. However, according to the Center for Latin American, Caribbean, and Latino Studies (2010), the Brazilian population in the United States is 454,000 with the largest numbers living in Florida, Massachusetts, New Jersey, California, and Connecticut. Many have their own churches, spiritualists, beauty shops, travel services, and support services. The number of Brazilians seeking U.S. citizenship in 2010 was 8800, a 125 percent increase since 2001. In five years, the nonimmigrant visa issuances have nearly tripled to more than half a million annually (Ministério dos Relações Exteriores, 2011).

Reasons for Migration and Associated Economic Factors

Similar to many immigrants, Brazilians come to the United States in search of opportunities for improving their economic situations while planning to return to their homeland after having acquired sufficient personal wealth to live comfortably. Many send money home to Brazil to help their families or build their "nest egg." Toward this end, many subsist in urban slums without privacy and think only of earning money. Others flee family problems, come for educational opportunities, and leave their homeland searching for a more humane life with greater dignity.

Like other immigrants, many Brazilians are underemployed after migrating, often giving up their professions to earn money as illegal domestic workers, waiters, and cab drivers, and in other low-paying

positions. Even these low-paying jobs pay more than many professional workers can earn in Brazil, which has a per capita yearly income of US$10,800 (CIA World Factbook, 2011). Brazilian immigrants in the United States often move to large cities where networks help find "under-the-table" wages. Overall, these individuals represent a wide range of professions—from law, medicine, and academics to the arts—as well as young men and women who have enough money for plane fare and a tourist visa and have the courage to disappear into the fairly accessible underground network of Brazilians in the United States, if necessary. Most Brazilians immigrating to the United States are between the ages of 20 and 39 years of age. More men come than women, and most are representative of the middle and lower-middle socioeconomic groups (Center for Latin American, Caribbean, and Latino Studies, 2010). Children, wives, and family are frequently left behind to become slaves of work in any type of situation. Those who are in the United States legally include those who have married and raised families and those who have been sent to the United States as Brazilian government employees.

There are students, former students, and those who get lost in the "zone" between legal entry as tourists and illegal residence. Others emigrate because they find it difficult to market their skills in their home country, creating a "brain drain" in Brazil. University-educated Brazilians are commonly employed in manual work in the United States.

Since the visit by Secretary of State Hillary Clinton in March 2010 shortly after the inauguration of Brazil's first female president, Dilma Rousseff, there have been increasing ties between Brazilian and American academic researchers in both the private and governmental sectors. Medical, agricultural, and technological and professional collaboration has escalated, especially in relation to environmentally friendly research. There is an increasing awareness against "biopiracy," which involves the unauthorized taking of genetic resources or traditional knowledge of indigenous communities in Brazil by foreign researchers. This visit launched several agreements, including the Defense Cooperation Agreement, the Bi-national Energy Working Group Joint Action Plan, the Tropical Forests Conservation Act, and the General Security of Information Agreement. Other topics discussed were trade and finance, *biofuels*, nonproliferation and arms control, human rights and trafficking, international crime, and environmental and climate change issues (U.S. Department of State, Bureau of Western Hemisphere Affairs, Diplomacy in Action, 2011).

Educational Status and Occupations

According to IBGE (2010), there has been improvement in the educational status of the population in Brazil. They report a decrease of illiteracy levels and an increase in the frequency of schooling. The adult literacy rate in Brazil is estimated to be over 90 percent, and elementary education for the underprivileged has risen to a fifth-grade level. Still, economic reasons as well as the lack of transportation, accessibility, and time create insurmountable barriers for the poor. The federal government has been trying to upgrade public education to the extent that school buses have become visible, but the great majority of services remains managed by private owners or offered with extra charges.

In spite of the increasing governmental and constitutional intervention, middle socioeconomic families often "stretch" their finances to register their children in private schools, hoping for a better education. In many areas, public schools lack necessary supplies and other resources. Disciplining students and enforcing punctuality are not part of their strengths. Children and adolescents of the upper-lower socioeconomic citizens are often able to attend a parochial or an inexpensive private school. Middle- and upper- socioeconomic students generally do not attend public schools.

Lack of competency in English makes it difficult for professionals to pass required professional examinations in the United States. Children and professionals in Brazil are frequently taught by noncertified individuals who had been abroad and who essentially learned English outside of a formal classroom.

Communication

Dominant Languages and Dialects

Portuguese is the official language of Brazil and continues to dominate Brazilian communities in the United States. Brazilian Portuguese is different from its mother language in the meanings of certain words, accents, and dialects. As in many countries, dialects vary. One who is well versed in the language can frequently ascertain a compatriot's origin. Language from the interior regions of Brazil is a mixture of aboriginal Indian languages and Portuguese. Brazilians from interior towns; the *sertão*, or the dry regions; and the *matta*, or jungle; tend to abbreviate words and frequently run them together. These groups, however, are rare among immigrants because they are the *pobres*, the poor, and cannot afford to emigrate. This dominant class of the country often leads a hand-to-mouth existence. Their speech appears rapid, is full of *giria*, slang, and is difficult for outsiders to understand. The language from the interior is filled with formal second-person expressions such as the English old fashioned "thou." The Portuguese taught to foreigners no longer emphasizes pronouns and verb endings.

Cultural Communication Patterns

General greetings are different from those of the American culture in that Americans use the general greeting "how are you?" without an expectation of

obtaining a true response; whereas Brazilians seem to hold a strong desire to truly know the answer. Many Brazilians continue to be of "proper" Old World orientation in which true feelings are not divulged for fear of hurting the feelings of the receiver of the communication. Everything is said to be ***tudo bom***, great, almost in a stoic sense. However, in the intimate circle of family, relatives, and friends, sharing thoughts and feelings is common. Young adult and adolescent Brazilians in the United States are generally more acculturated because of their desire and need to assimilate into the new culture. Among these groups, intragenerational communication is probably more common than intergenerational and transcultural communication when it comes to sharing thoughts and feelings.

Like many of their Latin American neighbors, Brazilians frequently use touch and usually maintain eye contact. In the northern states, women kiss one another on both cheeks when they meet and when they say good-bye. Men shake each other's hands and slap each other on the back with the other hand. This gesture frequently ends in an embrace. Children are kissed, and there is much touching. Kissing a child frequently includes the combination of a "kiss and smell." Spatial distancing is close. Facial expressions and symbolic gestures are commonplace. People from the northeast tend to be more expressive than their more-Westernized compatriots of Rio de Janeiro, São Paulo, the south, and southeast.

Temporal Relationships

Although most Brazilians in America are future oriented, temporality in Brazil is focused on the present because of an unpredictable future. Therefore, for emotional survival, the time factor must necessarily be oriented toward the present. This is changing as Brazil is obtaining world leadership status. During the decades of inflation greater than 100 percent, Brazilians learned to spend their money immediately to avoid devaluation of the currency of the moment. Presently, lavish credit card spending is the mode of shopping.

Brazilians, in general, are not punctual. They tend to arrive "a bit" late—from minutes to hours—especially for social occasions. Everyone seems to know the behavior of tardiness and plans around it. Ceremonies are often delayed for more than an hour as the audience and participants wait for the arrival of an "important" person to give the beginning oration. Lunchtime often takes longer than the usual 2 hours and is frequently used to do errands. However, those in professional circles and in the Westernized regions are punctual.

Format for Names

Brazilian names are lengthy, but the modern trend is to use only the first and last names. Traditionally, names appear as the first name, the mother's family name, and the father's family name. When a woman marries, she may opt to drop her mother's maiden name or her father's name, keep her father's name, or she may keep them both. At times, *de*, *da*/*do*, or *das*/*dos* is added to a name to denote "of"; this seems to be done out of tradition. Junior is added to a name if the son has been named after the father and *neto* if the son has been named after the grandfather. No rigid protocol is apparent. Children who have no father by marriage of the mother are often given their mother's maiden name or the name *da Silva* may be added, denoting that the line of paternity is unclear. This depends on the subculture.

In day-to-day relationships, people are called by their first name, often with the title *Seu* (*Senhor*) preceding the first name of a man or *Dona* preceding the first name of a woman. Doctors are addressed as *Doutor* (male) or *Doutora* (female) and professors as *Professor* (male) or *Professora* (female). The latter two are followed by the first name.

Grandmothers and respected strangers are addressed as *A Senhora*; fathers, grandfathers, and respected men are called *O Senhor,* instead of the personal pronoun "you." In the same vein, God is referred to as *O Senhor*.

Family Roles and Organization

Head of Household and Gender Roles

Gender roles vary for Brazilians according to socioeconomics and education. Brazilian society had been

REFLECTIVE EXERCISE 27.1

Yara Lima, age 65 years from Brazil, is visiting her sister and brother-in-law, in the United States. She discloses to her sister, a nurse, that she has been experiencing chills, fever, and fatigue for two weeks. Her sister suspects malaria and takes her to the neighborhood clinic for an evaluation by a friend who is a physician.

When the physician greets Mrs. Lima by her first name, she gasps and says nothing. When asked how she is doing she answers *tudo bom.* She finally admits to experiencing chills, fever, and fatigue but says that she is not worried and prefers to wait until she returns to Brazil next month to be seen by a *curandeiro* because she does not have the money for an American physician.

1. How should the physician have greeted this patient upon meeting her the first time?
2. *Tudo bom* is a common Brazilian phrase. What does it mean?
3. If Mrs. Lima does have malaria, what advice would you give her for further prevention?
4. What is a *curandeiro*?
5. Besides money, what other reasons might Mrs. Lima want to see a *curandeiro*?

one of *machismo*, with the middle and upper classes being patriarchal in structure. Generally, women enjoy equality as is evident by a female president elected in 2010. Lower socioeconomic households tend to be more matriarchal in nature.

Social status is very important in the Brazilian society. This is well demonstrated in the titles that people use with one another and the practice of listing both parents' surnames. Class separation is discretely maintained by literacy status.

Children are important in Brazilian families. A wealthier family may raise the child of a poorer relative. These children often enter the family in a second-class capacity, are sent to public or less-expensive private schools, and are taught to help around the house during their free time. Although no documentation substantiates the state of immigrant Brazilian adolescents, they seem to be vulnerable in their attempt to be accepted and Americanized.

Family Goals and Priorities

In Brazil, the goals of the family are unity and success. Among middle and upper socioeconomic citizens, a good education for children is sought; whereas among lower socioeconomic citizens, the goal is survival. This is increasingly changing as public education becomes stronger. Night school is a very important asset for individuals who, in the past, had little future. A good example is the household *empregada,* live-in housekeeper, who worked for a family for little money. Increasingly these housekeepers are hard to find and almost nonexistent in Southern Brazil, where similar per diem workers are paid a good hourly wage. For upper and middle (and increasingly lower) socioeconomic Brazilians, the outcome of education is to enter the workforce as a university graduate.

Family members living in the same household in Brazil and abroad pool their money so that priority needs can be met. Priorities may include a new washing machine, a 15th-birthday celebration, or the electric bill. The Brazilian father frequently sets his son up in business. For example, a physician father might buy a farm and set his son up in aquaculture, while holding on to the financial reins until the son becomes self-sufficient. Parents with a business of their own, such as a beauty parlor or bar, frequently train their daughters or sons to take over. Whereas a sense of responsibility and loyalty to family and country is strong, a sense of responsibility to political causes may be weak. In the latter scenario, loyalty can easily be bought.

Older people live with one of their children when self-care becomes a concern; nursing home placement is uncommon. Older adults are respected and are often seen as family counselors. They are included in family activities such as child care and frequently accompany their children's families on vacation. Older people receive benefits such as free public bus fares and special lines in banks and supermarkets. The waiting lines often have benches. Frequently, designated parking spaces are denoted for older people in shopping centers and other public areas. This respect for older people is displayed by the younger generations who help them secure priority places wherever they are. Younger generations commonly give up their seats to older people on public transportation.

Brazilians are loyal to their extended families and help relatives. The extended family is very important in Brazil, where a *jeitinho*, knack, is frequently procured for employment or in housing relatives in any situation, which can vary from the government or a bank to helping a relative get into a special university or school. Family businesses are common, even among lower and middle socioeconomic citizens, in which everyone pools their money to live comfortably.

Godparents (*madrinha*/*padrinho*) are a very important family extension. Poor families frequently ask their *patron* and *patrona*, employer and his wife, to be godparents to their child. Godparent's responsibilities include helping to provide clothing and schooling and caring for the child in case of the parent's death, or in times of need. The godmother is called ***comadre***; c***ompadre*** refers to the godfather.

Alternative Lifestyles

Although historically common in the lower socioeconomic classes, middle socioeconomic households with a single female parent are becoming increasingly common among Brazilians. The society has also become more accepting of gay and lesbian relationships. Gay and lesbian newsletters and journals exist. National and regional conferences, videos, and other informational materials publicize their movements. AIDS and safe sex are frequent topics of their seminars and political movements.

Workforce Issues

Culture in the Workplace

Brazilians value diplomacy over honesty, even when they promise to attend to something the next day, knowing that it will be impossible. This is due, in part, to their fatalistic beliefs and, in part, to "save face." Most Brazilians report on time to work. However, in northern and northeastern Brazil where life often represents a struggle and telephone lines frequently break and collapse, people are more flexible regarding time commitments and accepting of a person who may not appear for work or who leaves work early during lunch or at the end of a day. This flexibility in time fosters early closings of businesses or offices, with employees going home before the day's work is completed. When questioned about when a key person will return, a favorite answer is *d'aqui a pouco*, a little while

from now. This may mean five minutes to a half hour, to the next workday. Thus, immigrant Brazilians may find it difficult to adhere to the rigid time schedules in the North American workplace. Necessities of immediate and extended family members frequently take priority over work, as exemplified by a son or daughter having to take his or her mother to the physician during working hours.

Issues Related to Autonomy

Some Brazilians may have a difficult time adapting to English in the United States if they have not had good instruction before entering the country. English intonation and the pronunciation of certain words are particularly difficult. Many undocumented Brazilians find employment within the Brazilian community where they may never have to learn English. Finding regular employment is difficult when one is unsure of the language or aware of one's accent. In addition, categorizing Brazilians under the general category of Hispanics adds to their discomfort.

Brazilians generally respect authority and are frequently more comfortable in employment situations in which rules and job specifications are well defined. Brazilians tend to have a lesser sense of responsibility than that seen in the dominant American culture. For example, when educated people believe that they can do something more efficiently, they are apt not to ask permission from their supervisor to do what they believe is required to complete the job. Brazilian work culture is not as "rigid" as that of the United States.

REFLECTIVE EXERCISE 27.2

Three graduate students from a university in the United States went to Northeastern Brazil for a clinical experience in international nursing. Rich, who spoke the language, decided to learn about Brazilian health services by helping a man whose acquaintance he made at a cookout given by the American *dono* (owner) of the *granja* (small farm). Severino de Silva, the sole employee of the farm, filled the position of a caretaker and cared for the animals, and performed farming duties, and repairs. As part of his contract, Severino had his house rent-free with utilities paid for by the *patron* (employer). He lived in the house with his wife and two children, ages 15 and 9 years. Severino worked hard and was honest. Although he loved taking care of the fruit trees and vegetable garden, he did not enjoy taking care of the livestock. He tended the chickens, provided the *dono* and his family with eggs, and sold the rest. On weekends Severino would "go out" and sometimes did not return home. Yet, he reported for work each morning.

Sadly, when the *dono* and his family went away for an extended period, he received reports from his neighbors and friends that the farm was "falling apart"; the dog became emaciated as did the rest of the animals. Although Severino was permitted to sell the harvest and keep the income, it seemed to the neighbors that the reason the animals were becoming so emaciated was because not only did Severino use the money from the harvest, but he also spent some of the animal food allowance for weekend drinking bouts.

Severino's behavior deviated during the patron's absences, in spite of the fact that he was appropriate when the owner returned. Severino's wife and children would not discuss their concerns, although she would burst into tears when asked about her husband's behavior. Severino's decompensation became increasingly visible over the years. Once his wife came crying to the patron, stating that Severino claimed the furniture was being moved by ghosts.

1. How should Rich initially greet Severino?
2. How does the Brazilian culture address high-risk behaviors?
3. Is sharing mental health issues, thoughts, and feelings acceptable among Brazilian families? Among outsiders?
4. Rich is an outsider to this family and the Brazilian culture. How might Rich approach Severino to seek help for his alcohol misuse?
5. What value does the Brazilian culture place on family?
6. Should Rich elicit help from Severino's wife to address his alcohol intake?
7. What treatment options are available for alcohol and drug misuse in Brazil?

Biocultural Ecology

Skin Color and Other Biological Variations

The "typical" Brazilian is a ***moreno***, characterized by brown skin and eyes and black or brown hair (Telles, 2004). However, individuals from the southern states of Brazil may have blond hair and blue eyes due to a strong European heritage. Asian Brazilians, most of whom emigrated from Japan, now total more than 9 percent of the population and most live in the state of São Paulo (CIA: World Factbook, 2011). It is not unusual to see a Japanese first name with a Portuguese last name or vice versa. A diverse gene pool of native Indians and a multitude of other nationalities make it impossible to actually describe a typical Brazilian.

Diseases and Health Conditions

The overall infant mortality rate in Brazil is 21.17 per 1000 live births with male infant mortality being 24.63/1000 and female infant mortality significantly lower at 17.53/1000. Causes of death among children under age 5 years, in descending order, are diarrheal disease, measles, malaria, pneumonia, and injuries. The overall causes of death among adults, in descending order, are ischemic heart disease, cerebrovascular disease, violence, diabetes mellitus, lower respiratory infections, chronic obstructive lung disease, hypertensive heart disease, road traffic accidents, and inflammatory

heart disease (Pan American Health Organization, 2010). In addition, a number of infectious and parasitic diseases continue to plague Brazil and include tuberculosis, malaria, Chagas disease, leishmaniasis, dengue fever, schistosomiasis, typhoid fever, hepatitis, and cholera (Centers for Disease Control and Prevention, 2010). Because intestinal worms are common in Brazilian immigrants, parasitic diseases should be considered when health assessments are taken. No data were found addressing the overall health conditions for Brazilians residing in the United States.

Interviews with Brazilian Americans have substantiated that the incidence of gastrointestinal illnesses increase when Brazilians first move to the United States. Changes in eating habits from the long and ample midday dinner to fast foods have left Brazilians in America with numerous gastric complaints. Different methods of milk pasteurization, along with a genetic tendency toward lactose intolerance, can contribute to some of these gastric problems. Many Brazilians' stomachs do not tolerate foods served in American salad bars. Personal interviews report an increased incidence of allergies, especially in children of Brazilian immigrants.

Variations in Drug Metabolism

Although recent studies and citations note drug-response variations for some ethnic groups from environmental, cultural, psychosocial, and genetic factors, specific studies on the Brazilian population are not available. However, Levy (1993), in his review of ethnic and racial differences, identified poor and rapid drug metabolizers by race and ethnicity. In this process, he identified various classes of medicines and linked the rate of metabolic activity to race and ethnicity. Unfortunately, the typical Brazilian cannot be classified as black, Hispanic, Chinese, or white because of the racial mix. A study of Brazilians in this respect is indicated.

High-Risk Behaviors

Because Brazilian immigrants frequently settle in Brazilian enclaves in large cities in the United States, they are subject to the same risk factors as any socially vulnerable urban subpopulation. The greatest risks are violence, drugs, and crime. Adolescents run the risk of resolving their adolescent identity crises by either banding together or joining other gangs.

Because cigarette smoking had been a part of the Brazilian culture, smoking is a high-risk behavior among Brazilians living in the United States. Among men, drinking hard liquor is also prevalent. Accessibility and use of street drugs and an individual's desperate search for quick money are other identifiable high-risk behaviors and often include living in crowded ghetto conditions where rent is inexpensive. The undocumented status of Brazilian immigrants places them at high risk for nonassimilation into the culture of the community in which they live.

Another risk factor, especially for adolescents, is that of contracting HIV or other sexually transmitted infections. The only endemic disease following Brazilians to the United States, and for which documentation is found, is HIV. The Brazilian Health Department last reported the prevalence of HIV as 0.6 percent percent of the population between ages 15 and 49 years (0.4 percent women and 0.08 percent men) but varies from area to area (Brasil, Ministério da Saúde, 2010).

Nutrition

Meaning of Food

Food is important in the celebration of all rites among Brazilians. Food and its counterpart, hunger, are often viewed as symbols that determine social relations. Food has symbolic content, is used as a reward or punishment, and establishes and maintains social relations.

Common Foods and Food Rituals

The mainstay of the Brazilian American's diet continues to be rice, beans, farina, and *cuscus,* a dry, cornmeal mush. Beef, chicken, and seafood are sought when they are not too expensive. *Cafe de manha,*

REFLECTIVE EXERCISE 27.3

Ana, age 27 years from Brazil, has a bachelor degree in social work. With a 3-month tourist visa, her plans were to visit family members, including her *madrinha* and *padrinho*, and to travel throughout the northeastern part of the United States. Between exciting visits to landmarks and visiting famous universities she knew from textbooks and authors she had read, Ana started thinking about ways to better her own career prospects. She talked with her family to make a more thorough plan. She could stay where she was or she could get a new start, which evinced feelings of leaving friends in Brazil and facing unfamiliar situations. She planned to enroll in a continuing education program during the summer as a way of testing her abilities with the English language. However, she needed to support herself somehow.

Using her 3-month tourist visa, she could enroll at the university, but she did not have a Social Security number or authorization to work. Therefore, there were not many options in terms of jobs. Her family helped her find a job in a demanding, fast-paced Italian restaurant requiring 8 to 10 hours of work each day. After work, she had a 1-hour walk home, often in snow. For the first time since she arrived in the United States, she thought about her country of origin—Brazil, with its tropical weather with two seasons instead of four. She missed harbor walks in her hometown but recognized the beauty of snow, which reminded her about Christmas movies she used to watch when she was younger. "I'm here now," she realized, "it's real."

With demanding long workdays and not getting home until midnight, she realized that school would not be a priority. Besides, just a smile and memorized greetings to communicate with customers was not a good assessment tool to measure her proficiency in English. Customers strained to understand her as evidenced by wrinkled foreheads and other facial expressions. She realized she had to improve her language skills if she were to remain on her goal to continue her education.

1. What are *madrinha* and *padrinho?*
2. What are the immigration issues facing Ana with a 3-month visa?
3. What might happen if it is discovered that Ana is working and collecting payment "under-the-table"?
4. What are some positive aspects if Ana decides to immigrate?
5. What are some negative aspects if Ana decides to immigrate?
6. What evidence do you see of *familism* in this reflective exercise?
7. Identify some community resources that could facilitate Ana's acculturation.

breakfast, typically consists of bread with *cafe com leite,* half coffee and half hot milk. Sometimes, *cuscus* is served with milk. Fruit, fruit juices, and scrambled eggs are common breakfast fares among middle socioeconomic families. Sometimes, sweet potatoes, yams, and *macaxeira,* cassava, grace the table. Cold cereals have become a favorite breakfast in many middle socioeconomic homes.

O almoco, lunch, is eaten around noontime. This heavy meal, consisting of beans, rice, and farina, often includes *puree,* mashed potatoes, and *macarão,* pasta. Desserts such as *pudim de leite,* custard, various cornmeal pastries, fruit, and *doce,* a sweet paste made by boiling sugar and fruit or fruit pulp, are common, especially during late June when the holidays of St. Anthony, St. John, and St. Peter are celebrated. A typical vegetable salad traditionally consists of finely cubed carrots, potatoes, and *shushu,* a summer squash–like plant. A fruit salad with finely cubed fruits is also common. This picture is rapidly changing as various salads, fruit salads, or sliced fruits without sugar appear on the table. *Almoco* in a middle socioeconomic home has at least one course of meat, chicken, or fish. Beef is preferred very well done. Here, too, the trend is changing as the Brazilian populace becomes more nutrition conscious; less red meat and green salads and vegetables are more common. Brazilian "self-service" restaurants frequented by many of the working class have tempting salad bars. There is a clear tendency for all meals to become more Westernized with an awareness of good nutrition.

After a heavy, tiring midday meal, a noontime nap is often welcome. The noon hour is customarily 2 to 2.5 hours long. The workday, however, begins early and often lasts until 5:30 or 6:00 p.m. *Jantar,* supper, is light and generally eaten late in the evening.

In Brazil, *goma.* a manioc starch, fills the stomach. In fact, the manioc root may be viewed as the symbolic plant, which, when made into gruel, fills babies' stomachs for mothers who can no longer provide breast milk because of chronic malnutrition. This nutritionally unfortified gruel is used by all socioeconomic groups as a traditional satisfier for hungry babies. Brazilians in the United States have joined the North American populace in their use of pizza and fast-food places such as McDonalds and Dunkin' Donuts. The food is fast, liked by all in the family, and easy to put on the table by working dads and moms. For the many single Brazilians, it surpasses going home, cooking, and the like, although traditional *cuscus*, which is easily prepared and is culturally satisfying, still graces the Brazilian table at home.

Dietary Practices for Health Promotion

Brazilians have become vitamin and health food conscious. However, this luxury is often not available to those who have immigrated to North America for fast money. Legal residents generally become health food consumers. The preference, especially among young Brazilian women, is to rely on vitamins instead of a heavy diet to help them remain thin.

Nutritional Deficiencies and Food Limitations

Individuals in lower socioeconomic groups frequently experience nutritional deficiencies. Undocumented Brazilians who are here to earn fast money may experience malnutrition. Many native fruits are expensive, as are other special foods that are common to the Brazilian diet. Food limitations are imposed by expense and lack of availability of Brazilian mainstay foods. However, many Brazilian communities in the United States have ethnic markets and restaurants. Large chain supermarkets often carry a section of ethnic foods, some of which are reasonably priced.

Pregnancy and Childbearing Practices

Fertility Practices and Views Toward Pregnancy

Although Brazil is predominantly a Catholic country, birth control is taught and used. Women are encouraged by their physicians or clinic personnel to have tubal ligations to prevent unwanted pregnancies. Herbal teas are used for bringing on late menstrual periods and for stimulating natural abortions. Brazil is a fatalistic country, so unwanted pregnancies and abortions are, in the end, left in God's hands. Fatalism, however, is mixed with a strong sense of realism. Therefore, immigrants in the United States generally practice birth control so pregnancy will not interfere

with their reason for coming to the United States. At times, single women try to become pregnant to facilitate their chance of remaining permanently in the United States because the baby is a U.S. citizen by having been born in that country. This opportunity may be somewhat enhanced if the child is born here and has been able to attend school. Thus, fertility practices among immigrant Brazilians are a matter of convenience with a traditional fatalistic overtone.

Brazilians are aware of the overpopulation problem, and modern middle socioeconomic Brazilians like to have a *casal*, a family of one boy and one girl. Pregnancies are generally accepted fatalistically (God's will). Frequent topics of conversation among northeastern Brazilian women in the lower socioeconomic groups are pregnancy, abortion, stillbirths, and child mortality. Pregnancies among immigrants are treated according to the mother's beliefs. Stories tell of pregnant women returning home to their families to receive care and to have their babies in Brazil and of mothers who have expectations that their North American–born children will have dual citizenship.

Prescriptive, Restrictive, and Taboo Practices in the Childbearing Family

Many restrictions are related to pregnancy. Women are encouraged not to do heavy work and not to swim. Taboos also warn against having sexual relations during pregnancy. Some foods are to be avoided, and specific foods are recommended during pregnancy. Taboos generally vary according to geographic region, socioeconomic class, and ethnic background. Thus, a list of taboo foods cannot be listed and the health-care provider needs to specifically ask about taboo foods.

Whenever possible, women in Brazil go to a *maternidade,* a hospital specializing in obstetrics, for prenatal care and to have their children. These maternity hospitals vary in quality and quantity of services. Generally hospitals for the lower socioeconomic citizens and university hospitals provide excellent, modern services, such as regular prenatal visits with physicians. There are, however, private hospitals with unsanitary conditions and flies due to lack of screening. Cesarean sections are common. All licensed nurses practice midwifery. Use of sedation is common and preferred by many over natural childbirth. Lay *parteiras,* midwives, deliver babies at home when transportation or money is not available.

Since the 1950s, scientific evidence has demonstrated that artificially fed infants have much higher rates of morbidity and mortality than those who are breastfed. Breast milk contains immunoglobulins, phagocytes, T-lymphocytes, enzymes such as lysozymes, and many other factors, including cells, antibodies, hormones, and other important constituents not present in infant formula, that help protect the infant against infection. Yet, many Brazilian mothers prefer to give their babies powdered formula instead of breast milk. Middle socioeconomic women wish to regain their figures as soon as possible. Lower socioeconomic women often feel that their milk is *fraca,* weak. Even though powdered milk formula exposes babies to contaminated water, overdilution, and contaminated utensils, many working mothers prefer its convenience. New customs continue to evolve as bottle-feeding replaces breastfeeding. Breastfeeding is still linked to a social stigma; a mother who breastfeeds may often be thought of as abandoned or sexually unattractive.

In the Brazilian culture, a postpartum woman eats chicken soup to help her body return to normal. She is also advised not to eat spicy foods or *rapadura,* a molasses candy, and not to drink *garapa,* sugar water, or *caldo de cana,* sugarcane juice if she breastfeeds her infant.

Death Rituals

Death Rituals and Expectations

Death rituals in Brazil frequently follow religious prescriptions. However, in the interior especially, it is rare to see a hearse or a funeral parlor. In those areas, the deceased, especially in the lower socioeconomic groups, are kept at home until the body is buried. A photographer may be called to take a picture of the body in the coffin, which, after some touching up to make it look natural, may be used as a photo to adorn the living room wall, along with photos of other deceased relatives. The deceased frequently appear in visions and dreams to inform intimate survivors of their needs.

Bones of a loved one are sometimes buried in the same plot as other family members to keep the family together. A great fear is to have a body destroyed or mutilated so that all the parts are not together. Those in power, such as police or other oppressors, sometimes take advantage of this belief to subdue believers who are generally in the lower socioeconomic groups.

If possible, the family carries the coffin to the cemetery, which is usually on the outskirts of a community and separated by a solid cement wall. Cemeteries consist of specially purchased family lots containing vaults in which the dead are placed. In addition, unmarked 2-foot graves are provided for the unclaimed and poor. Many Brazilians prefer to be placed in a coffin rather than risk being buried alive in a vault. Everyone's desire is to be buried in his or her own coffin, regardless of whether it is lined with silk or cardboard. Coffins are frequently not nailed shut to facilitate escape.

Coffins may be pink, blue, or white, with specially designed coffins for babies and children. Babies and children are buried with their eyes open so that they may see God and His angels. Frequently, children are buried holding candles to light their way. The death of a baby or an infant historically has been, and continues to be, treated joyfully and without much sadness, for

the child died pure and is regarded as an angel. Children are dressed in white with their hair curled, and ribbons or garlands are interwoven. The mouth is fixed into a smile, and the hands are folded. Flowers fill the coffin, and notes to the Virgin Mary or a saint may be tucked into the hands. A festive celebration, the Wake of the Angels, is a mixture of joy and sadness. One may still see children in their best clothes carrying the coffin to the cemetery, representing a procession of the angels. The custom of wrapping the dead body in its personal hammock for burial is still practiced among lower socioeconomic citizens in the interior of Brazil.

If financially possible, families of Brazilians who die in the United States personally accompany the body to Brazil for burial in the family vault. If family members cannot come from the United States, relatives meet at the airport upon the body's arrival in Brazil.

Responses to Death and Grief

Responses to death and grief depend on the family. To a poor family, a continuously suffering person is rescued. The fatalistic expression, "It was God's will," helps grieving among the rich and the poor. Older people wear black for various lengths of time depending on the relationship of the family member. Frequently, the final portrait is hung in the family chapel or near the family altar, and prayers are recited. An eternal light burns. Relatives are honored on the anniversaries of their death, both at home and at masses. Often, the family places an obituary of remembrance with or without a picture of the deceased in the local newspaper on the anniversary of the death for several years. *Anojamento* is the Brazilian term for deep mourning or grief.

Spirituality

Dominant Religion and Use of Prayer

Seventy-four percent of Brazilians are nominally Roman Catholic, 15 percent Protestant, 1.3 percent Spiritualist, 0.3 percent Bantu/voodoo, 1.8 percent other, and 7.4 percent unspecified (CIA World Factbook, 2011). Jewish temples and synagogues and structures of various Eastern religions are also present in Brazil. Spiritualism often occurs in the form of Afro-Brazilian sects and the Universal Church of the Reign of God. Spirits and souls are called to intervene for various problems of health, life, and death. Although most traditional religions are represented in Brazil, prayer is an individual matter. The family altar is a common site of prayer. Frequently, saints and "Our Lady" are asked for help.

Meaning of Life and Individual Sources of Strength

The meaning of life for most Brazilians and Brazilian Americans is found in religion, economy, fatalism, and reality. For some, life is *uma luta,* a battle. For others, life is an almost-hedonistic attitude. Women and children, and often men, dance the native dances the minute familiar music is played, often by an impromptu band of three or four playing Brazilian instruments.

Brazilians in general are hard workers during the week while waiting for weekend activities. Social gatherings are the most common way to socialize, meeting in public places such as beaches, shopping malls, parks, and bars/restaurants. The greatest source of strength for Brazilians is their immediate and extended families. Tradition and folk religion are other sources of strength.

Spiritual Beliefs and Health-Care Practices

Curandeiros (folk healers), or similar special healers, exorcise and pray for the wellness of their patients. Saints are asked for help, and some people wear medals or little pouches of special powders around their necks to ward off bad spirits. **Rezadeiras**, or spiritual leaders, also have a strong influence on health practices among populations of small towns, especially in the northeastern region of Brazil.

Health-Care Practices

Health-Seeking Beliefs and Behaviors

Health care in Brazil is provided by both private and government institutions. The Ministry for Health and Ageing administers national health policy. Free health care at the point of entry into the system is provided by the public health system known as *Sistema Uificado da Saúde* [Unified System of health] (WHO/PAHO, 2011). Health-seeking behaviors among Brazilians living in the United States are increasing. Information about safe sex is frequently sought to prevent sexually transmitted infections. A paradigm shift from acute care to preventive care is evident among Brazilians in Brazil and in the United States.

Responsibility for Health Care

The family is the nucleus of responsibility for health care. Brazilians in Brazil and in the United States are joining the Western approach for taking responsibility for their own health promotion and wellness. Lower socioeconomic citizens seem to value prevention but frequently lack the resources for accessing these services.

Brazilians are familiar with private and public insurance options. In Brazil, national health insurance is mandatory for each salaried person and her or his family. Middle and upper socioeconomic Brazilians frequently select private plans. Society still borders on feudalism in the north and northeast where the *patrão,* employer, assumes responsibility for meeting the person's medical needs. This responsibility frequently extends to the employee's family, wherever they reside.

Blood Transfusions and Organ Donation

Similar to the United States and other parts of the world, acceptance of blood transfusions, organ donation, and organ transplantation depends on religious credence and individual preference. The same is true for blood transfusions.

Self-Medication Practices

Because Brazilians tend to self-medicate, the procurement of health care is often avoided or delayed in the United States. Consulting with someone who has the same condition or with friends who know someone who has a similar condition may be the first step. A trip to the local pharmacist may be the second. Middle and upper socioeconomic Brazilians frequently select private plans. Society still borders on feudalism in the north and northeast, where the *patrão* (employer) assumes responsibility for meeting the person's medical needs. This responsibility frequently extends to the employee's family, wherever they reside.

Antibiotic, neuroleptic, antiemetic, and most other prescription drugs are easily obtained over the counter in Brazilian pharmacies. Many prefer and use homeopathic medicines and herbs. Once in the United States, it becomes difficult to obtain the many drugs readily available in Brazil. Consequently, incoming Brazilians often bring medicines requested by their friends and, thus, maintain the circulation of medications not available to Brazilians living in the United States.

Pain/Sick Role

Brazilians generally do not like to talk about pain. However, once the emotional barrier is removed, they feel relieved to be able to discuss their discomfort. Many pain-relieving medicines are available in Brazil without a prescription. Frequently, a person living in the United States requiring these on a regular basis can request that friends or friends of friends bring a supply from Brazil.

Most Brazilians do not work if they are seriously ill. Sickness is a neutral role and is considered socially exempt—free of guilt, blame, and responsibility. Illness is looked at from a fatalistic point of view. *Nervos*, an ever-present folk diagnosis, identifies weakness, craziness, and anger associated principally with hunger. Among lower socioeconomic citizens, the term *doença dos nervos* refers to an all-encompassing illness. This diagnosis reveals, and simultaneously conceals, the truth of the existence of a still-struggling people.

Mental Health and Disabilities

In Brazil, people with physical and mental handicaps are usually cared for and kept at home. However, people with physical handicaps can be seen begging on street corners. Both physical and emotional rehabilitation facilities are available, but access is difficult. Although the literature contains little data regarding how Brazilians view mental illness in general, mental health care and services are available in the private and public sectors in Brazil. Thus, one might expect at least a minimal acceptance of mental illness among Brazilian immigrants residing in the United States.

Following the trend of many European and North American health systems, substandard public mental hospitals have been closed or modernized, and the responsibility for treating mental illness has fallen into the realm of the community health system. Drug treatment centers exist for those who are habituated. Some university and private inpatient or day-treatment facilities offer modern psychiatric treatment. A slow trend toward family-based psychiatric services is apparent.

Barriers to Health Care

At times, support services for legal and undocumented Brazilians in the United States are hard to find for those who do not have language skills or the self-esteem to become assimilated into the culture of their newly found environments. In fact, language is one of the major problems for these immigrants. They neglect to learn English and get by in their enclave community, which may be detrimental to accessing health-care facilities. Those with a good command of the language can more readily incorporate new technical terms into their vocabulary. Much health-care information is translated into Portuguese, although much more material exists for Hispanics.

Another barrier to health care for Brazilians in the United States is its cost. This, combined with lack of knowledge about the health-care system and facilities impedes both legal and undocumented residents. Most Brazilians do not talk about their illnesses unless these are very serious. Generally, illness is discussed only within the family. Many Brazilians feel that talking about an illness, such as cancer, negatively influences their condition. The authors are not aware of whether this is denial or an actual, culturally self-imposed restriction, perhaps linked with some fear of prejudice. For example, patients with gastric cancer may insist they are in good health.

Because many Brazilians tend to shun hospitals, the family remains with the patient when hospitalization is a necessity. The patient is often brought food from home. Brazilian families are eager to participate in patient care and, thus, can be taught various procedures and care activities.

Health-Care Providers

Folk and Traditional Practices

The Brazilian culture is rich in folk practices that vary with geographic region, ethnic background, socioeconomic factors, and generation. Traditional and homeopathic pharmacies are supplemented by ***remedios populares,*** folk medicines, and ***remedios caseiros,*** home

medicines. In Brazil, open-air markets have stands that specialize in herbs and home medicines. Traditional schools of pharmacy grow, sell, and teach courses on folk remedies. Home remedies such as herbal teas, mixtures, and syrup with lemon and honey are used frequently to decrease illness symptoms. Prolonged symptoms or more-serious indications of disease are common precedents in the search for medical attention. Folk remedies and traditional health-care practices become intermeshed, such as when a serious illness may be treated best by traditional caretakers. Some patients are prescribed homeopathic *bolinhas,* little white balls, prepared for specific ailments. *Curandeiros* (folk healers) generally treat the poor, who have little faith in public clinics with their endless lines and long waiting periods. Herbs, roots, leaf teas, and salves are common cures for ailments.

Traditional Versus Biomedical Providers

The Brazilian folk-health field has many types of health-care providers: *Curandeiros* are divinely gifted, and, *rezadeiras* (praying women) help exorcise an illness. There are also card readers who can predict fortunes, *espiritualistas* are able to summon souls and spirits, *conselheiros* are counselors or advisors, and ***catimbozeiros*** are sorcerers. In addition, the *mae* or *pai de santo* are head priestesses or priests from the African Brazilian Umbanda or Xango religion. All have the power to heal their believers.

Status of Health-Care Providers

In Brazil, nurses employed in private practice or in private physician-owned clinics are not as respected as others and are frequently treated as lower-class individuals by their employers. The advent of nursing diagnosis has helped strengthen the profession and has promoted assertiveness in nursing practice. Although physicians are still generally seen as the leaders of health care, nurses, social workers, physiotherapists, and nutritionists are evolving as independent professional providers.

The advanced practice role of the nurse is not common in Brazil. However, nursing is beginning to recruit individuals to act in such roles via the master's and doctoral programs in nursing that exist in Brazil. Health-care professionals seem to mutually respect each other. This seems particularly true among university faculties. The medical profession does not restrict according to gender. Nursing, however, continues to be predominantly female. Generally, Brazilians seek a good physician rather than basing their choice on the professional's gender. Some women prefer female physicians for gynecology and obstetrics.

Brazilians in the United States tend to respect physicians and nurses. Medical education is prestigious and highly sought after by aspiring university students.

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