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The Multi-step Approach to Covid Prevention in the Casamance Region

Saraí Hernandez Salguero

December 17, 2021

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Abstract

Located in the Oussouye Department approximately 43 kilometers away from the city of Ziguinchor in the Basse Casamance region of southern Senegal is the Oussouye commune where I had the pleasure of staying for three weeks. I had learned that the inhabitants of this village were not significantly impacted by the Covid-19 virus since it became global knowledge at the start of 2020. As of March 2020, the village had only reported 69 active cases and the department saw only 8 deaths in total. I sought to figure out what could be the cause of this and through a series of small interviews, it became very apparent that the inhabitants of Oussouye have very good intuition when it comes to risk management.

I interviewed 6 members of the royal family, including the 1st queen of Oussouye and I spoke with two doctors, one from Ziguinchor and another from the hospital in the Oussouye compound. As I spent more and more time in the village, one thing became very clear. There was no Covid in Oussouye or at the very least, there was a common agreement amongst the villagers that Oussouye had been spared by the pandemic. The inhabitants of this village were able to make it through this public health crisis because they had a multi layered plan. Their plan was based on science, intuition and God.

During the first six months of the pandemic, the inhabitants of Oussouye followed government recommendations for Covid. They wore masks, washed their hands frequently and before entering others' homes, stayed at home and avoided unnecessary travel. The villagers also relied on divine intervention to keep themselves safe. For the first 5 months, the inhabitants of Oussouye prayed, offered sacrifices and performed ceremonies so Covid would miss their home.

The villagers have a monotheistic religion with ancestral spirits at the essence of it. The bakin (pl. ukin) or sacred shrine is an intermediary between the people and God. These shrines are used to invoke the spirits to ask for protection, healing, guidance or to resolve specific issues.

Introduction

In his piece On Negrohood: Psychology of the African Negro, Léopold Sédar Senghor speaks on the differences between the European White man and the African Negro. He describes the white man as being *objective* and the black man as *subjective*. This comparison can be applied when we look at how the public health crisis, Covid-19, has been handled. When the white man encounters an object, the object being anything from the external world and in this case a highly contagious virus, “armed with precision instruments, he dissects it mercilessly so as to arrive at a factual analysis”. When a black man is faced with an object, he does not try to analyze it, or fix it or kill it. The black man’s behavior is *lived*. It is due to his more subjective and sensory driven nature that the black man reacts to stimuli with his whole body. The black man’s sensuality, his physiology, is the root of his spirituality and is why his intuition comes through participation and communal living with the object. I think it was this intuition that told the villagers of Oussouye when it was safe for them to stop practicing barrier gestures against Covid-19 and also gave them the assurance that God had heard their prayers.

In conventional medicine, the coronavirus disease (Covid-19) is described as a highly infectious disease caused by the SARS-CoV-2 virus. For the majority of people, the disease presents itself as a moderate respiratory illness that does not require special medical attention but for some high risk individuals, a Covid infection can come with complications and result in death. The official recommendation from the World Health Organization is to maintain at least a meter of distance from others, wear a mask and wash one’s hands frequently or use

alcohol-based sanitizer when water and soap are not available. Although the inhabitants of Oussouye did follow these measures, they relied on another kind of protection too. For the first 6 months of the pandemic, the villagers also offered sacrifices to the bakin and daily prayer. This official approach, coupled with a religious reinforcement has reassured the village of Oussouye that they have been spared from the virus. The Diola have a cultural predisposition to try and minimize risk before it reaches their communities. My project will look at the preemptive measures the inhabitants of Oussouye took when news of the spread of the covid disease was still preliminary.

This research is relevant to the topics of religious pluralism and global security. In the past, the Diola religion has been mistakenly classified as a polytheistic animiste religion but truthfully it is a monotheistic religion that is not so different from the Christian, Jewish or Muslim faiths. Much like the major religions, faith plays a huge role in how individuals and communities tackle a problem. In terms of global security, the approach to covid prevention in this rural region has made its own impact on the global effort to stop the spread of Covid. With only 8 deaths caused by Covid in the entire department of Oussouye, these people have tapped into something the rest of the western and academic world is unable to explain. How did the inhabitants of the Oussouye compound prevent the impact of Covid-19 from being catastrophic in their village?

Literature Review

Risk Management as a Prevention Strategy

The Diola of the Casamance have a monotheistic religion in which they worship a single being. This God has several spirit shrines (ukin) that act as intermediaries between the Diola and their supreme being. The essence of these shrines are ancestral spirits. They are intimately

intertwined in daily Diola life. The shrines support Diola social and moral order and aid them in their pursuits of physical and economic security. Due to the omnipotent presence of these shrines, the Diola regulate their conduct based on the types of agreements made between them and the bakin.

Shrines, Medicine, and the strength of the Head: The Way of the Warrior Among the Diola of Senegambia

Although this paper doesn't exactly address how the Diola respond to health crises, it does reveal a lot about their inclination towards minimizing the arbitrariness of chance. If we compare the battle against covid-19 to times of warfare, then this article is quite demonstrative of how the Diola respond to outside forces. Warfare has always been associated with religious practices because they are believed to lessen the likelihood of death and improve the chances of victory. This relationship stems from a combatant's desire to ensure their futures and is done so by invoking spiritual powers. Non-combatants also share this ambition and perform rituals connected to the struggle against the unpredictability of death for the greater good of their community.

It is because of this shared absence of control that close range warfare and the spread of infectious disease can be characterized together. Success is secured by avoiding misfortune through ritual action. These shrines have been created throughout time to inspire protection from the spirits. For example, during times of war and peace, one bakin in particular called *Katapf* was used to protect individuals from being harmed by metal objects like knives, axes and weapons. Another bakin, *Houpoombene*, was created when muskets were becoming increasingly popular and was meant to aid people with hunting. When invoked, the shrine would protect people from stray bullets or accidental musket explosions. This shrine was later utilized by warriors.

Much like the warriors mentioned in this article, the inhabitants of Oussouye have implemented the use of shrines for protection against illness as a popular strategy for covid prevention in Diola communities since these shrines reduce the threat of chaos.

Traditional Healing

As I searched for literature that discussed the use of ritual practices to prepare for health crises, I came across these articles that revealed how traditional medicine is used to treat ailments. So I asked myself, what can I expect the Diola to do if someone does contract COVID.

Traditional Healers in Casamance, Senegal

Healers can be found in almost every village and are qualified to treat a range of conditions. In the Diola communities, healing is a process with medicinal and spiritual aspects. Fetishes are objects considered to have inherent magical or spiritual powers. Fetishes are normally recruited alongside herbal remedies to help with certain ailments. This may be attributed to the fact that these healers seriously consider that the cause of certain ailments or disorders can have non-natural causes, like evil encounters. Spiritual ailments require spiritual cures. Because the cause of ailments are not always pinpointed to a corporeal source, animist healers focus on their patients as a whole and not just the complaint. The use of fetishes in healing often requires a sacrifice that is appropriately selected based on the nature and condition of the patient.

The article reports observations made during 6 interviews with both muslim and animist healers. All the healers have had transcendental experiences, normally through dreams, to determine if they were qualified enough to help a prospective patient. Animists also recognize Western medicine and use it when they acknowledge it is necessary.

Amidst the COVID outbreak, villagers relied on the advice of conventional medical professionals because of the novelty of the disease. Healers were however able to offer some comfort to those presenting symptoms and gave people the ability to treat themselves from home.

Community-Based Response to Covid

Most of the literature dictated that the response to COVID was most effective when it was a community response rather than an institutional one.

How Senegal Stretched its Healthcare System to Stop Covid-19

Covid was managed at a local level. Health professionals who were relevant to the community were recruited to go door-to-door, host focus groups and tell people to wash their hands. Everyone was expected to contribute to the combat against Covid. Most religious leaders took the health crisis seriously and were generally compliant with mosque and church closures. Graffiti artists created murals to help educate the public. Artists rapped in full PPE to demonstrate the severity of the health crisis. Community efforts were executed from the ground-up. Community and local health actors fortified the public health response because they used their longstanding relationships and trust to convince people to wear masks, get tested, and get treatment. While the state did try to institutionalize its response, communities insisted on a community-based approach.

This article speaks well of the community aspect implemented in Senegal to fight against covid but it fails to distinguish covid prevention strategies by region. It did explain that Senegal was divided into 14 medical regions with 79 health districts that had health centers with their own doctors and nurses and health posts under the centers staffed by a head nurse and a midwife.

However, because of the manner it was written in, it insinuates that some of the policies described were nationally administered. The article should clarify that it's heavily focused on the response of urban areas.

RTI Press Research Report: Senegal Farmer Networks Respond to Covid-19

This report used farmer networks to track the impact of Covid-19 in rural areas. Farmer networks are organizations formed by farmers to provide members with services that improve productivity and provide access to financing and marketing. Findings suggest two things. The first being that practical preventative measures are just as important as the religious kind that we covered at the beginning of this review. Culturally, it appears that people of the Casamance region like to minimize risk through preventative measures before they are stuck by an issue. The second reiterates the importance of a community response. For example lower grade seed stock was milled and distributed as food to households to assuage the initial fears of food instability in the community. Early communication was crucial for the stability of food storage. Telephone calls and radio station messages sent out within the network advised farmers to produce as much foodstuff to prepare families for the second wave of COVID. Seed programs for the following year were secured by planning an early harvest and speeding up the procurement of supplies. Farmers were advised to switch to market-gardens to feed the community and themselves.

Farmers networks did not waste any time to secure the future of their communities when the news of covid-19 hit. They predicted possible barriers caused by the lockdown and road closure to get in front of them before they impacted them so severely that they were forced to rely on negative coping mechanisms. Each network adjusted and implemented a series of strategies to ensure that everyone was being looked after.

Note on the Use of Language

For the sake of continuity, I used the same wording applied in the articles in my literature review. For *Shrines, Medicine, and the Strength of the Head*, I don't believe that the word "shrine" accurately captures what a bakin is. Ukin can be shrines but they can also be hand held objects of spiritual power. To reduce a bakin to the status of a shrine limits the influence and integration of these spiritual objects in the daily lives of the Diola. In *Traditional Healers in Casamance, Senegal* the use of the words animist and fetish can be a bit problematic. During the 19th century, there was a development of scholarly interest in animist religions because it appeared to be an early type of religious system that seemed primitive and ancestral. The religion practiced by the Diola - although it contains animist elements - it is in fact a monotheistic religion much like the other major world religions. It is fairly difficult to find the proper terminology for all these aspects of Diola religion because much of the research on the topic incorporates the language of the researcher and fails to acknowledge the language of the subject being studied. This terminology did become more apparent once I commenced my research in the region.

Methods

To obtain the information I gathered, I conducted structured interviews with members of the royal family. For three weeks, I was living in the home of one of the King's nephews. When I initially tried to conduct the interviews, I realized very quickly that the wording of my original questions were too formal and a bit intimidating. For the first 2 weeks, I spent the majority of my time making myself seen and known to members of the household. After rewriting my questions, I asked those who I ran into at the house on a daily basis if they were willing to speak to me.

Interviews were conducted for approximately 30 minutes each in French. I did not record any members of the royal family and instead simply wrote down their responses in a notebook. I tried to write down their responses in French, but often found myself actively translating their responses into English as I wrote them down. The majority of interviews were conducted in the living room of the queen's house. Usually there were others present but the interviews were one-on-one. No identifying information was stored. Responses were saved under randomly assigned numbers (interviewee 1, interviewee 2, etc.). All interviewees gave me oral consent and no one under the age of 18 was interviewed.

I also interviewed 2 doctors. One was located in Ziguinchor, in the neighborhood of Nema and the other was located at the District of Health in the Oussouye compound. I had some questions prepared but the interviews were only semistructured. These two doctors were found using connections SIT had made during our 1 week excursion to the Casamance region. Moriba Cissokho, program coordinator of SIT: Senegal, had arranged the meetings with both doctors on my behalf. Meetings with doctors were recorded on a cell phone. Oral consent to record and interview were obtained.

Interview questions found in the appendix.

Positionality Statement

I grew up in a non practicing Catholic household. All throughout my childhood I have been exposed to the Catholic religion but I have never personally committed to it. I have always viewed faith as a mental exercise meant to assuage death anxiety and have never found a need to participate in it. I would not go so far as to say that I don't accept some degree of spirituality in my life however. Aside from being mildly invested in Catholicism, my mother also occasionally practices Santeria. Whenever my mother would find herself in a particularly desperate situation,

she would find solace in the Saints or the *oricha* and ask for a little bit of divine intervention. Her form of practice involved repetition, small offerings, prayers and candles. Despite my classical training in the natural sciences and the humanities, I grew up with an understanding that not all phenomena can be explained logically or recorded materially. I suppose I believe in the sciences for the things I can rationally understand, explain or study and I believe in the celestial forces for those which I cannot.

I think this is relevant to my positionality because my formal education and my spiritual upbringing constantly contradict each other. On the one hand, I was taught to collect, organize and interpret information in order to find answers. I was told to be skeptical of things that claim to be transcendental and to find concrete evidence of the contrary. On the other hand, I want to believe in mysticism and contently accept that no amount of information can truly give me answers to anything. These conflicting views may have prevented me from pursuing leads or asking certain questions during the interviewing portion of this research.

Ethics Statement

I interviewed members of the royal court who became comfortable with seeing me everyday in their home. I did not have to worry too much about ensuring the safety of the members of the royal court because they are considered public figures and anything they said (unless otherwise stated) was in agreement with past public statements. I did however keep the identity of my interviewees anonymous in case any of their responses might be cause for issue. In order to respect local customs, I did not report on any sensitive information nor did I pressure any participants to share information with me that is not meant to be shared. I did not record any personal or identifying information.

I explicitly stated the purpose and goal of my research to those who I spoke with and asked for permission to conduct interviews for approximately 30 minutes at a time. There may have been a possible conflict of interest if I had interviewed people I lived with so I did not interview anyone from the house I was staying in. I received financial support for room, board, and travel from SIT: Senegal.

Currently there is not a lot of research available about the Casamance region and the information that is available from the leading researchers in the area is over a decade old. I hope that any information I gather will be able to fill in some of the gaps in the literature and contribute to the greater academic community. However, because of the Diola tradition of revealing information at different stages in one's initiation, my research is incomplete. I am not a member of the community and there is knowledge that I will never have access to. I run the risk of it presenting information insufficiently and providing a superficial understanding of this community's religious practices in this report.

Limitations and Implications

I do not speak Diola and although my French has improved tremendously, there are still some gaps in my understanding of the language. I fear I did not fully grasp some of the information shared with me or that some things were lost in translation. This has left me with an inaccurate account.

I am aware that in the Diola tradition, knowledge is not a right. It must be earned and not all knowledge is accessible. Some knowledge is reserved for only those who have been determined within the community to be the keepers of it. Within the Diola tradition, some knowledge is forbidden to women. Another conflict that arises is that I am an outsider and an uninitiated. These labels also prevent community members from sharing certain information with

me. This means I will never have a complete understanding of my research subject and so any portrayal of them in my research paper would be incomplete.

I think that in Western academia there is a belief that everything that is learned must be documented and easily searchable on a database. I think this research may challenge that notion because there were things my interviewees refused to share with me. I hope that this inconvenience may actually encourage more researchers to look past the discontinued conflict in the Casamance region and become honorable keepers of the Diola tradition.

Results

Awasena

The *Awasena* religion is a religion with a single God who is the creator of the world. *Paein* or followers of the *Awasena* faith communicate with their God through prayer. Specifically, they speak through the *ukin*. The *ukin* are the intermediaries between God and man. The *ukin* are powered by ancestral spirits who are thought to be the essence of the entire *Awasena* religion. Through the *ukin*, the spirits help God fulfill the requests and prayers of those who visit them. It is believed that speaking to a *bakin* always works. The spirits may not always fulfill requests in the way a *paein* might expect or on the timeline of the *paein* but the expectation is that God always answers all prayers. In order to speak to a *bakin*, one must give an offering to strengthen and feed the spirits that inhabit it. Offerings include things like wine, chickens, goats, cows, and or rice.

When news of Covid-19 reached the Oussouye compound the village mobilized to try and minimize the threat of the pandemic. A huge part of their plan included God. They needed to make sure that God could hear them and they needed to show God the severity of the situation.

From March 2020 to about July/ August 2020 the villagers made sure to give a lot of palm wine to every single one of the bakin in the kingdom. They all prayed very often and one group of women in particular gathered in the sacred forest for a mass prayer for three days straight. Some other women fasted, refusing food and water for a few days. They hoped that their sacrifice would be noticed by God. Ideally God would acknowledge the severity of the situation and place the village under protection from the coronavirus. For 5 to 6 months, the village did ceremonies in which they sacrificed goats and cows to the ukin. They believed their sacrifices would give the spirits the necessary strength needed to protect them from the pandemic. The king also played a crucial role in the protection of the village. The king prayed daily for the future of his kingdom and everyone in it. As the keeper of one of the most important bakin in the kingdom, it was his responsibility to invoke its power and place all of Oussouye under his protection.

Barrier Gestures

Religion was not the only tool the inhabitants of the Oussouye compound used to protect their village. The constant images in the media were concerning to the villagers. In Dakar, anyone who tested positive, along with any close contacts, were taken into quarantine. The entire management of the pandemic caused a lot of trauma to the people and it was no different to the villagers of Oussouye. They did everything in their power to keep themselves safe. While the villagers have their own practice of healers and traditional medicine, they do have an enormous

trust in mainstream medicine and conventionally trained medical professionals. The coronavirus inspired great fear in the village and while the villagers had faith that God would answer their prayers, they also trusted the recommendations of health professionals. In order to minimize the risk of contagion in the village, they implemented multiple steps to their strategy.

All households in Oussouye had soap and water available for visitors at all times. The king had mandated that everyone needed to wash their hands before entering anyone's home and before eating. People also wore masks when they went out and while in others' homes. A stay-at-home order was implemented in which people were asked to not leave their homes. The king provided rations to all the households so that the villagers had all their needs met during the isolation period.

The king also decided to place a restriction on travel between the city of Ziguinchor and Oussouye and between any neighboring villages. People were asked to not travel back and forth like they normally do. On top of all that, tourists and outside visitors were asked to not travel to the village for the first 9 months of the pandemic.

Intuition of the African Negro

When I asked the villagers about illness and disease in general, they all identified malaria. They could identify the symptoms of malaria, possible treatment and prevention methods. Many of them claimed they could identify if someone in their family had malaria because of the fever, chills, vomiting and/or fatigue. Almost all of them mentioned that there are very effective traditional medicines for malaria but that it was also standard for them to seek out treatment at the hospital. All the interviewees identified that the best way to prevent malaria is to

use mosquito nets at night. I asked myself why the villagers could associate mosquito nets with disease prevention but not masks.

Malaria is a great example of what Covid-19 is not. Malaria is the complete opposite. This community is familiar with malaria. They know how to deal with it and they have their own medications for it. They know what works and what doesn't. Covid-19 is a novelty. The inhabitants of Oussouye have no choice but to deal with Covid-19 in the way that they would "discover" objects or external stimuli. They have to feel it out and experience coronavirus as a "lived moment" and because of their intuition they knew when the danger had passed.

The people of the village collectively realized when it was the right time for them to stop their ceremonies and end their barrier gesture protocol. Their multilayered approach to covid prevention has to have worked to some degree. Since the last check-in in September of 2021 no new covid cases have been reported in the Oussouye compound. The inhabitants of the village knew from their lived experience when it was the right time to return to their lives pre-covid. They effectively knew that Oussouye was safe from the disease and that, "there was no Covid-19 in the village of Oussouye". It was their intuition that told them that God had heard them and Covid-19 had missed the compound of Oussouye.

Conclusion

When we think of global health in terms of Covid-19, we imagine a global effort to stop the spread of the disease around the world. What we don't think of is the rhetoric that high-income (or wealthy) countries swoop in and aid low-income countries under the assumption that they are incapable of solving their own public health issues. Usually we don't associate public health crises with colonialism but the truth is that colonization has left an ugly legacy of negative and traumatic public health consequences up until the present.

This neocolonial approach to public health assumes that only white men have the solution to global health problems and results in the prioritization of white lives. There are four major issues with this system identified by Professor Rafael Pérez-Escamilla, director of the Yale School of Public Health's Global Health Concentration.

The first is that this approach recommends top-down or "trickle-down" solutions that don't take into account input from local communities. For example, when the pandemic made it necessary to implement stay-at-home orders, countries like the United States, France and Spain were able to transition to work-from-home models for running businesses. Countries like Senegal have a huge informal market economy. People need to work on a daily basis to find and keep financial stability. The work-from-home model was simply an unrealistic solution to implement in a country like Senegal.

The second issue with this neocolonial approach is that it usually advocates for magical biomedical one-size-fits-all solutions without taking into consideration the social determinants of health and human rights. Take the push for global inoculation for example. This solution does not consider the long and traumatic history of wealthier countries using the inhabitants of lower-income countries to test and experiment medical products and procedures. Not long ago, two french doctors, Jean-Paul Mira and Camille Locht, suggested testing the covid vaccine on Africans. Comments like these provoke justified fear and distrust in the medical community. Not to mention, access to the vaccine has been extremely difficult. Vaccine supplies are short in countries like Senegal which make it difficult for people to complete the entire regimen of doses and be fully protected and vaccinated.

The third issue with this approach is that higher-income countries improve the health of lower income countries to exploit them. The U.S. has a history of refusing visas to often

qualified professionals and scientists. Their policy during the pandemic of recruiting foreign medical professionals is a sign of their privilege as a wealthy country. This importation of foreign workforce leaves lower and middle income countries with fewer health professionals to treat and care for their own citizens, creating a surplus in the U.S. and a shortage in countries who need every single medical professional they can keep. Another example of exploitation is the production of vaccines in a laboratory in South Africa for exportation to the E.U. instead of helping African countries meet their vaccination targets.

The fourth issue with this approach is that some use health interventions as a means to gain political/ economic influence. This is problematic because when health policy is politicized, it is hard to distinguish which information is correct and which is spread with ulterior motives.

All these issues reinforce the idea that low income countries are unable to provide viable solutions to global health crises. Realistically however, African and Asian countries have much more experience dealing with pandemics of diseases like Ebola and SARS than Europe and North America. Ironically, in the 2019 Global Health Security Index, the United States ranked first in this theoretical scale of a country's ability to manage the outbreak of an infectious disease but during different stages in the pandemic, the U.S. also ranked first in the number of confirmed positive cases for Covid-19. The neocolonial approach relies on the discourse that former colonial powers are superior in global expertise and culture. This attitude prevents the exchange of ideas and possible solutions.

Argumentatively, the village of Oussouye is proof that these countries have great intuition when it comes to handling health problems. Maybe it's a combination of God and medical recommendation but one thing is sure. The villagers did something right and that is why they can say with certainty that there is no Covid in Oussouye.

References

- Senghor, Léopold Sédar, and H. Kaal. "On Negrohood: Psychology of the African Negro." *Diogenes*, vol. 10, no. 37, 1962, pp. 1–15., <https://doi.org/10.1177/039219216201003701>.
- Kirby, Jen. "How Senegal Stretched Its Health Care System to Stop Covid-19." *Vox, Vox*, 28 Apr. 2021, <https://www.vox.com/22397842/senegal-covid-19-pandemic-playbook>.
- Baldé, S, and C Sterck. "Traditional healers in Casamance, Senegal." *World health forum* vol. 15,4 (1994): 390-2.
- Latané, Annah, et al. "Senegal Farmer Networks Respond to Covid-19." 2021, <https://doi.org/10.3768/rtipress.2021.rr.0045.2106>.
- Baum, Robert M. "Shrines, Medicines, and the Strength of the Head: The Way of the Warrior among the Diola of Senegambia." *Numen*, vol. 40, no. 3, 1993, pp. 274–292., <https://doi.org/10.1163/156852793x00185>.
- Pérez-Escamilla, Rafael. "Neocolonialism and Global Health Outcomes: A Troubled History." *Yale School of Public Health, Yale School of Medicine*, 12 Oct. 2020, <https://ysph.yale.edu/news-article/neocolonialism-and-global-health-outcomes-a-troubled-history/>.

Appendix

Interview Questions (Villagers)

Représentation Socioculturelles de la Maladie (En Général)

- 1) Pour vous, qu'est-ce qu'une maladie ?
- 2) Quelles sont les maladies que vous connaissez ?
- 3) Qu'est-ce qui cause ces maladies ?
- 4) Comment reconnaissez-vous ces maladies ?
- 5) Quel est votre premier recours en cas de ces maladies ?
- 6) Quelles sont les méthodes ou médicaments que vous utilisez ?
 - a. Faites-vous de l'automédication ?
 - b. Allez-vous voir un médecin ou une infirmière ?
 - c. Allez-vous voir un responsable d'un bakin ?
 - d. Allez-vous voir un guérisseur ?
- 7) D'habitude, vous utilisez une seule méthode ou plusieurs méthodes pour vous améliorer ?

Représentation Socioculturelles du Covid

- 1) Croyez-vous à l'existence du Covid ?
- 2) Comment pensez-vous que quelqu'un devient malade à cause du Covid ?
- 3) Est-ce qu'il y avait du Covid à Oussouye ?
- 4) Connaissez-vous quelqu'un à Oussouye qui a contracté le Covid ?

Connaissance des Gestes Barrières

- 1) Comment on peut se protéger contre le Covid ?
- 2) Est-ce que les habitants d'Oussouye suivent les recommandations du gouvernement de porter un masque et de se tenir à distance des autres ?

Stratégies Déployées pour Faire Face à la Pandémie

- 1) Quelles démarches ont été prises par la communauté après avoir pris conscience du Covid ?
- 2) Les pratiques religieuses ont-elles été utilisées ?
 - a. Si oui, quelles sont les pratiques qui ont été utilisées ?
- 3) Quelle est la fonction de ces pratiques ?
- 4) Quel est le rôle du roi dans la gestion de la pandémie ?

Interview Questions (Ziguinchor Doctor)

1. Je voudrais avoir un point de vue général de comment les personnes perçoivent le COVID ici.
2. Est-ce que la population d'ici croit que le COVID existe ?
3. A la commence de la pandémie, est-ce que les personne suivent les geste barrières ?
4. Est-ce que vous pensez que les geste barrière qui viennent de l'occident sont nécessaire ?
5. Quel type de discours avez-vous avec vos patients ?
6. I have been told by interviewees that there is no Covid in Oussouye or in other villages. Is this true ?
7. Vous ne recommandez pas que les personnes se vaccinent ?
8. What is you recommendations for those who want to protect themselves from the virus ?

Interview Questions (Oussouye Doctor)

1. Do they inhabitants of Oussouye believe in the existence of COVID ?
2. People use mosquito nets to prevent malaria but people don't use masks to prevent COVID. Why does this happen?
3. Were there cases of COVID in the region?
4. The inhabitants have told me they offered prayer and wine to the ukin but they also said they followed the barrier gestures at the start of the pandemic. Do you think that their compliance at the beginning minimized the spread of the disease in this region?
5. What type of discourse do you have with the inhabitants of the village?
6. With consideration to what we have spoken about, what is you official recommendation?