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Original Article

### Beyond Modern Science: Ryemo Gemo (Chasing Away Evil Spirits), Tradition and Faith during the COVID-19 Pandemic among the Acoli in Northern Uganda

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**Keywords:**

*Ryemo Gemo,  
Acoli,  
Spirituality,  
Healing,  
Faith.*

**Background:** This was a historical study of the Ryemo Gemo tradition among the Acoli people of Northern Uganda, and its implications in the context of the COVID-19 pandemic. It explored strategies indigenous people adopted for epidemic control and prevention anchored on their tradition and belief systems passed, during the COVID-19 pandemic. **Methods:** The study adopted the qualitative approach and ethno-historical design. It explored community meanings, beliefs, values, practices and lived experiences of Ryemo Gemo during the COVID-19 pandemic in 2020. The study was conducted in Gulu City, and the districts of Gulu, Omoro, Lamwo, Kitgum and Agago, where the ritual of Ryemo Gemo was conducted during the COVID-19 pandemic. Data was collected using Key Informant interviews, one-on-one interviews and six Focused Group Discussions. A sample size of 63 participants based on the data saturation point, and their knowledge and experience of Ryemo Gemo, was selected using the snowball and networking approach. They included: Cultural leaders, elderly persons, spiritual mediums, and health workers. **Findings:** Gemo was a calamity brought by bad spirits. The spirits acted as an early warning system, foreseeing and informing the people through spirit mediums of a looming calamity. Whereas Gemo was a calamity sent by bad spirits, others argued that COVID-19 was not a Gemo as it was man-made. Ryemo Gemo fostered a sense of identity, unity, and shared values, principles and practices. It promoted cultural continuity and connection between the living and the dead. **Conclusion:** Ryemo Gemo reflects the Acoli spirituality, beliefs and collective approach to managing calamities, reinforcing community bonds and cultural continuity.

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## INTRODUCTION

The COVID-19 pandemic indicates that understanding local perceptions, experiences and responses to an epidemic or pandemic outbreak is important. However, few studies with such information exist on the Ebola hemorrhagic fever (EHF) and COVID-19 in the context of Uganda and global health (Hewlett et al., 2003, p. 1242). Indigenous people have strategies for disease control and prevention anchored on their tradition and belief systems, as witnessed during the COVID-19 pandemic. The interventions are embedded in their Indigenous Knowledge systems. This, among the Acoli, witnessed the people opting for the hybridity of indigenous and modern scientific knowledge in medicine. The term "traditional [indigenous] medicine," as defined by WHO (World Health Organisation): Is the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether justifiable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness (WHO, 2001 & Hill, 2009, p. 27, Alidri et al., 2025, p. 34). The specific objectives of the study included: a) explore the Acoli perception of *Gemo* and *Ryemo Gemo*, b) examine the cultural practice in *Ryemo Gemo*, and c) assess the implications of *Ryemo Gemo* for the Acoli people.

Whereas Coronavirus posed a global health challenge in 2020, it placed modern science at a crossroads among African communities, including the Acoli in Northern Uganda. The pandemic witnessed the Acoli recalling their local history, perceptions, tradition, customs and practices through *Ryemo Gemo* (chasing away the evil spirits). The performance of *Ryemo Gemo*, an indigenous epidemic control measure among the Acoli in Uganda, as part of the response to COVID-19 evoked responses that highlighted both harmony and tension in integrating a traditional response in the national efforts (Mwaka et al., 2021, pp. 425, 426). The lockdown and quarantine were not a new practice among the Acoli, who, in performing the *Ryemo Gemo* ritual, quarantined patients in houses at least 100 meters from the main homestead and marked the hut with reeds from elephant grass. The patients were fed special traditional food and treated using herbal medicine instructed by the spirit. It shows how the Acoli employ notions of *Gemo* to exclude individuals considered as contaminated (Odongoh, 2022, pp. 260, 261). The guiding spirit of the land forecasted the outbreak, its origin and cause, and possible interventions. Whereas the practice of *Ryemo Gemo* aroused contention, it was believed to have minimised the COVID-19 mortality rates in the Acoli subregion. Therefore, combating disease in communities with strong indigenous knowledge and beliefs in Africa and

elsewhere could be much more successful if modern science recognises indigenous practices, principles and beliefs in handling pandemics and epidemics, and finds ways to use these ideas to complement Western ones.

### **Conceptualising *Ryemo Gemo*, Modern Science, Tradition and Faith**

The COVID-19 pandemic, which broke out in Wuhan, the capital of Hubei province in China, began in 2019, and was announced by the World Health Organisation in March 2020. The Ministry of Health of Uganda declared the first 14-day lockdown effective on 01 April 2020 (MoH, 2020). This was when the *Ryemo Gemo* ritual was performed. There was great panic and fear as people who showed symptoms of the coronavirus infection were isolated in hospitals and homes. The daily and increasing reports of persons infected by the virus nationally and globally created a wave of panic in search of scientific and traditional solutions. The media reported some individuals being taken to traditional herbalists for treatment, using cannabis and other local herbs (Olukya, 2021, July 28). It put modern science, tradition and faith to the test at a critical time when communities were seeking viable solutions to the virus.

Among the Acoli people of Northern Uganda, they resorted to their traditional practices of cleansing their land and chasing away the evil spirits that they believed had brought the pandemic. This led to performing the *Ryemo Gemo* ritual. The Acoli term comes from two words: *Ryemo* - chasing away, and *Gemo* - evil spirits; therefore, *Ryemo Gemo* – chasing away the evil spirits. According to Odongoh (2022, p. 261), the Acoli notion of *Gemo* is a disease management strategy involving collective concern to identify and deal with any threat, such as an epidemic or pandemic, in a culturally acceptable manner.

“*Gemo* is a bad spirit (type of *jok* that comes suddenly and causes a mysterious illness and death in many people within a very short period of time).

*Gemo* reportedly comes like the wind in that it comes rapidly from a particular direction and affects many people, but the wind itself does not necessarily bring it. Acoli have experienced other types of *Gemo*, including measles and smallpox. They also considered Ebola as a type of *Gemo*” (Hewlett et al., 2003, p. 1243). “*Gemo* is said to be mysterious in that it just comes on its own, but several people indicated that it comes because of a lack of respect and honour for the gods. Elders indicated that in the past, lack of respect for *jok* [gods] of *tura* [home] (hills, mountains, bodies of water) was the major cause of *Gemo*” (Hewlett et al., 2003, p. 1243). However, this study established that *Gemo* is not limited to diseases, epidemics or pandemics. It includes any form of natural calamity or disaster.

The use of modern science in handling health issues refers to the use of conventional healthcare drugs, devices, medical procedures and supportive systems, which are tested and approved ways of administering treatment and handling a disease/epidemic (Mbunge et al., 2021). Tradition is a people’s creation out of their past (Glassie, 1995, p. 395). Graburn urges that tradition refers to both the process of handing down from generation to generation, and something, custom, or thought process that is passed on over time (Graburn, 2000, p. 6).

Faith is often associated with religion and spirituality. Faith is more personal, subjective, and deeper than organised religion and relates to the relationship with God (Paul Victor and Treschuk, 2020, p. 103). However, this study does not limit faith to relationship with God (*Jok Amalo*) alone but relationship with the gods (*jok*), and spirits/living dead (*tipu*).

### **Underlying Theory of the Study**

This study was guided by the theory of critical medical anthropology with the aim of achieving deeper insights into the social, economic, bureaucratic, and political forces that impact health

and healing. Indeed, the practice of critical enquiry, a hallmark of anthropology, has fostered multiple, contested bodies of work rather than a single, homogeneous approach to practices of reflective thinking (Panter-Brick & Eggerman, 2018, p. 234). Diverse approaches in critical medical anthropology include, for example, anthropologists who might define their role as cultural brokers within clinical settings, and anthropologists who come to oppose the biomedicalization of life or engage in a broader vision of “social medicine” (Panter-Brick & Eggerman, 2018, p. 234). Specifically, the open-system model, which in epidemiology, recognises that disease outbreaks and their related factors are not isolated events but are influenced by complex interactions between individuals, populations, and their environment. This framework emphasises that these systems are dynamic and adaptable, constantly exchanging information and resources with their surroundings. However, these attempts to integrate concepts derived from medicine, including psychiatry, sociology, and anthropology, for example, have not as yet proved too successful (Cassel et al., 1960, pp. 940, 941). Cassel et al. argue that “no unified body of theory exists within the social sciences categorising the health-relevant social and cultural processes. Sociology and anthropology have provided structural schemes in abundance, but there is little agreement as to which processes are relevant to health, how many crucial processes there are, and how these processes are linked to the health states of individuals and groups (Cassel et al., 1960, p. 943).

This paper argues that, whereas there exist hypothetical dichotomies between social science and epidemiology, it is important for the 21st-century knowledge ecology to begin to reconsider inter-disciplinary studies in the areas of epidemics and pandemics. Trostle et al. (1996) observe that the relationship between medical anthropology and epidemiology is important to contemporary health research because both fields address biological, social, and cultural causes and ramifications of

sickness (1996, p. 254). Increasing amounts of theoretical and methodological attention are being invested in multisite, cross-disciplinary studies under the rubrics of cultural studies of science and technology, health systems research, health services, epidemiology, clinical medical anthropology, the anthropology of infectious diseases, and prevention research. Each of these cross-disciplinary fields has provided opportunities for exchange between anthropologists and epidemiologists (Trostle & Sommerfeld, 1996, p. 254). Based on Geertz (1957) in his study of rapid change in Java, this study asserts that it becomes inevitable to analyze explicitly the complex category “sociocultural system” into its cultural and social structural components and to treat them as separate variables and yet recognize their mutual interdependence (Geertz, 1957, pp. 547-548, Cassel et al., 1960, p. 945). The German-American anthropologist Franz Boas, one of the pioneer anthropologists, contends that, “to discover the relations of the sciences and to reduce them all to departments of one all-comprehending system will prove, if it can be achieved, the highest result of research”. He further noted that “the question has honestly been asked whether spiritual life and energies may not have definite relations of quantity, and even of transformability, with those characterising the physical world” (Boas, 1902, p. 445).

According to Cassel et al. (1960), Culture plays a functional role as it provides the individual with a meaningful framework for facing life and meeting their physical and psychic needs. Similarly, cultural functions are related to the preservation of the social structure, through which the individual meets their needs. Therefore, “culture is seen as the “charter” of the social organisation, symbolising and reinforcing the values in terms of which a group organises its social life. By operating to reinforce social ties and to preserve the social structure, culture functions to meet the needs of individuals. Dysfunction in culture is usually analyzed in terms of processes



leading to the disintegration of the unity of the system of meanings, to the ambiguity of meaning, and to the weakening of commitment to beliefs, symbols, and values” (Cassel et al., 1960, p. 945). Trostle & Sommerfeld (1996) argue that “epidemiology is neither one of antagonism nor one of close cooperation. It is rather a history of benign neglect”. Although there exist historical, empirical and theoretical overviews which offered a variety of potential pathways toward productive collaboration, mutual criticism, and cross-disciplinary exchanges, much has changed in the decade since this statement (Trostle & Sommerfeld, 1996, p. 254). Therefore, social and medical anthropology plays a significant role in exploring the societal worldview of epidemics and pandemics within a cultural context. Jane observes that there exists “new kind of intellectual partnership between anthropology and epidemiology” (Janes, 2017, p. 51).

Based on the writing of the anthropologist Marilyn Strathern in defence of the concept ‘culture’ as cited by Lock & Nguyen (2018), she argues that the concept “draws attention to the way things are formulated and conceptualised as a matter of practice or technique. People’s values are based in their ideas about the world; conversely ideas shape how people think and react” .... “Ideas always work in the context of other ideas, and contexts form semantic (cultural) domains that separate ideas as much as they connect them.” Lock & Nguyen consider the term ‘culture’ as a slippery concept which, if it is to be made use of, then it must be applied universally, to all societies and to all aspects of knowledge, including scientific knowledge (Lock & Nguyen, 2018, pp. 6-7).

Therefore, this article is influenced by the work of Franz Boas (1858-1942), and others which examines how culture and society shape perceptions of health, illness, and healing practices (Brown et al. 2020). This article argues that, perhaps, what troubles the Medical Anthropology and Public Health engagement in the context of the COVID-19 lies in the use of culture and traditional religion,

values and practices. However, Medical Anthropology provided a theoretical and practical lens to understand the Acoli health-seeking behaviours, beliefs about disease causation, and the role of traditional practices like *Ryemo Gemo*, especially during epidemic and pandemic situations.

It helped to analyse how the Acoli people perceived COVID-19 within their cultural context, the causes (e.g., evil spirits), and why they resort to traditional practices like *Ryemo Gemo* alongside or instead of modern medical interventions. It investigated the meaning of illness, the social context of healing, and the pluralistic nature of healthcare systems. Specifically, this framework acknowledged that for the Acoli, as with many indigenous communities around the world, health is not solely a matter of biology and biomedicine; it's deeply interwoven with their social fabric, spiritual understandings, and historical experiences. The pandemic, therefore, was not just a viral threat but a cultural event, laden with meanings that demand exploration.

Equally, *Ryemo Gemo* was not simply a superstitious ritual but a culturally meaningful response to a crisis. It represents the Acoli's attempt to make sense of the unknown, to exert control in the face of uncertainty and crisis, and to reinforce their collective identity. The spirits, or *Gemo*, are not just figments of imagination but powerful symbols and spiritual beings that connect the living with their ancestors, reminding them of their shared history, identity and values. Medical anthropology also prompted the study to examine how the Acoli perceive the causes of illness. In a community where traditional beliefs coexist with modern healthcare, COVID-19 might be attributed not only to a virus but also to spiritual imbalances or ancestral displeasure. This understanding shapes their health-seeking behaviours, leading some to prioritise *Ryemo Gemo*, while others seek biomedical interventions, and many navigate a combination of both.

The theory further interested the study in investigating the social context of healing. *Ryemo Gemo* is not an individual act but a communal one, fostering identity, unity and solidarity within the Acoli community. It reinforces social bonds, promotes cultural continuity, and provides a sense of collective efficacy. In contrast, the adoption of modern medical practices might be influenced by factors such as access to healthcare facilities, trust in healthcare providers, and perceived effectiveness of biomedical treatments. Moreover, Medical Anthropology encouraged a critical examination of power dynamics. It tasked the study to consider how global health interventions might intersect with local beliefs and practices, sometimes leading to cultural clashes or unintended consequences. Yet, there are some common principles observed by both culture and biomedical treatment, especially in the area of isolation (quarantine) and feeding of affected persons during such pandemics. Understanding the Acoli perspective on COVID-19 required acknowledging their agency and resilience in navigating these complex landscapes.

In essence, Medical Anthropology allowed the study to craft a rich narrative that moves beyond simplistic notions of "science versus tradition." In fact, it revealed the nuanced ways in which the Acoli people integrate their cultural heritage, spiritual beliefs, and modern knowledge to respond to the challenges of the COVID-19 pandemic, demonstrating the enduring power of culture in shaping human experiences of health and illness. Hence, the study argued that embracing this perspective, in order to gain a deeper appreciation for the diversity of human responses to global health crises and work towards more culturally sensitive and effective interventions. Equally, culture is contextual (depending on the cultural setup), and health is social (influenced by culture).

## RESEARCH METHODOLOGY

This study used a qualitative approach and an ethno-historical design. The qualitative approach was

ideal for exploring complex social and cultural phenomena, understanding the meanings, beliefs and values attached to *Ryemo Gemo*, and capturing the lived experiences of the Acoli people during the pandemic.

Ethnohistory is the study of the history of the peoples normally studied by anthropologists. Historical ethnography is a reconstruction of a culture or society at some past moment (Krech, 1991, p. 348). Ethno-history is adopted because it is "concerned with local subject matters of anthropology, that is, with regional research under historical condition" (Renner, 2007, p. 94). This suits the research on *Ryemo Gemo*, a phenomenon unique to the Acoli people in Northern Uganda. "For historians and many anthropologists, 'ethnohistory' has traditionally meant the reconstruction of the history of a people who previously had no written history. The history of *Ryemo Gemo* is traced back to the prehistoric Acoli society, and the knowledge is kept in memory and practice. However, this notion of "ethnohistory is insufficient, because ethnohistory... must fundamentally take into account the people's own sense of how events are constituted, and their ways of culturally constructing the past" (Krech, 1991, p. 349). Based on this, the historical design was adopted to explore *Ryemo Gemo* and its implications for the Acoli people. Their lived experiences, beliefs, values, and practices are used to reconstruct the history of *Ryemo Gemo* using historical sources, including oral history, oral tradition and documents. Vansina (1985) notes that Oral tradition should be central in the study of culture, of ideology, of society, of psychology, of art, and, finally, of history (Vansina, 1985, p. xi). Oral history captures perceptions, experiences and accounts of an event or gathering historical knowledge as viewed by individuals based upon personal experiences and opinions of study participants based upon their participation and eye-witness evidence (Kumar, 2011, p. 127). Earlier research on *Ryemo Gemo* within the medicine and

social science disciplines was reviewed, focusing on the strengths and gaps (Odongoh, 2022; Mwaka et al., 2021). Therefore, using the ethno-historical design in the study of *Ryemo Gemo* captures the people's experience and voices. This is affirmed by Galloway (2006), who argues that the power of ethnohistory lies in providing a way of "defining the situation" in which events and interactions took place using its social, political, and cultural constructs (Galloway, 2006, p. 8).

The study was conducted in Gulu City, and the districts of Gulu, Omoro, Lamwo, Kitgum and Agago, where some individuals participated in the ritual of *Ryemo Gemo* during the COVID-19 pandemic. Hence, the key informants were identified and interviewed. These included: Cultural leaders (*Ludito Tekwaro*) like Rwot Yusuf Okwonga Adek of Pageya Chiefdom, elderly persons (*dano mu tego*), Traditional healers/spiritual leaders (*Ajwaka*), Community members (*Jokaka*), as well as Healthcare providers (nurses, doctors, community health workers). These individuals were purposively identified and selected on the basis of their knowledge of *Ryemo Gemo* and its relevance to them. Vansina (1985) argues that "Events and situations are forgotten when irrelevant or inconvenient. Others are retained and reordered, reshaped or correctly remembered according to the part they play in the creation of this mental self-portrait" (Vansina, 1985, p. 8).

A sample size of 63 participants was interviewed in this study. This was determined by the data saturation point. Kumar (2011) explains that, "in qualitative research [such as this] you do not have a predetermined sample size, but during the data collection phase you wait to reach a point of data saturation. When you are not getting new information or it is negligible, it is assumed you have reached a data saturation point and you stop collecting additional information" (Kumar, 2011, p. 192). They were purposively selected using the snowball and network approach based on their knowledge of *Ryemo Gemo*, participation in the

ritual and their cultural position and role in the Acoli community.

In-depth interviews and key informant interviews involving Acoli cultural leaders and clan elders, traditional healers, community members, health workers and healthcare providers were held. This was to explore their understanding of *Ryemo Gemo*, its role during the pandemic, and their perceptions of modern medicine. Purposive simple random sampling was used to select the participants for the six Focus Group Discussions (FGDs) with different segments of the Acoli community (men, women, youth) to gather collective perspectives on the relevance and impact of *Ryemo Gemo* during the COVID-19 pandemic. The FGDs involved 36 participants, with six participants per group and stratified based on gender (male and female), age (youth and elders), knowledge of and experiences with COVID-19 (those who participated in *Ryemo Gemo*, those who used modern medicine, and those who used both).

Ethnographic observations were held during several visits made to the community from 2021-2025 to observe and document the practice of *Ryemo Gemo* in their daily life, social interactions, and healthcare-seeking behaviours in the pandemic setting. With the onset of the MPOX (Monkey Pox), which is another form of *Gemo*, it has interested the research team to undertake a separate study. Document analysis was undertaken in the review of relevant primary and secondary documents, such as local health reports from the districts' health office and the Ministry of Health, cultural preservation materials, peer-reviewed articles and media reports to gather contextual information.

For the purpose(s) of ethical consideration, both signed and oral informed consent was obtained from all participants to allow the information given to be used to publish this work, ensuring they understood the purpose of the research and their right to withdraw at any time without disadvantaging them. Similarly, respect for the cultural beliefs and

practices of the Acoli people was key to avoiding any actions that could cause harm or offence. The researchers also engaged with the community throughout the research process, sharing findings and seeking their input on the interpretation of results. The study participants were also guaranteed their privacy and confidentiality by anonymising data and storing it securely.

Data collected and notes made from the Key Informant Interviews, one-on-one interviews and Focus Group Discussions were transcribed, and the depth and context were discussed. The data were then coded. Through Open Coding, the data was broken down into thematic segments that were aligned and described the content. The data were both descriptively and interpretively coded. The coded data was then categorised into themes which told the story, identified patterns, similarities and differences across responses, focusing on meaning, and what is being said and why it mattered. Themes were then developed to include the following: a) conceptualising the phenomenon *Gemo*, b) acceptance of COVID-19 as *Gemo*, c) rejection of COVID-19 as *Gemo*, and d) role of the *Ryemo Gemo* ritual. The study then made sense of the meaning of the themes in the context of the people and culture, considering the connections, contradictions and unexpected findings. Biases were checked, and negative cases were considered. In the reporting, participants' voices in the narratives were quoted, connecting them to the specific objectives and theories advanced in the study. The team ensured the credibility of content and participants to produce a reliable article.

## FINDINGS AND DISCUSSIONS

### The Phenomenon *Gemo* and *Ryemo Gemo*

The literature established that among the Acoli people existed the phenomenon of *Gemo* (bad spirits) to refer to outbreaks of epidemics and pandemics (both considered *twoo* [sickness] in Acoli). This led to the practice of *Ryemo Gemo* (chasing away bad spirits) as an intervention. This

is confirmed by Hewlett et al.'s (2003) study, which agrees that *Gemo* is a bad spirit and type of *jok* that comes suddenly and causes a mysterious illness and death in many people within a very short period of time. *Gemo* reportedly comes like the wind in that it comes rapidly from a particular direction and affects many people, but the wind itself does not necessarily bring it. Acoli have experienced other types of *Gemo* (e.g., measles and smallpox) (Hewlett et al., 2003, p. 1242).

The Acoli oral tradition indicates that the phenomenon '*Gemo*' was as old as the Acoli society and culture. The respondents observed that *Gemo* was a bad spirit which brought sudden calamity, including epidemics (measles, smallpox and scabies), pandemics, long drought, and pest [army worm, flies] infestations. From the FGDs, the participants vividly reminisce about *Ryemo Gemo* during the outbreak of the Ebola hemorrhagic fever (EHF) in 2000 to 2001 in Gulu. Hewlett et al. (2003) observed that "the earliest reported presumptive case-patient had disease onset on August 30, 2000, and the last case began on January 9, 2001 (Hewlett et al., 2003, p. 1242). "In early October, residents began to realise that this outbreak was more than a regular kind of illness and began to classify it as *twoo gemo* (*twoo* [illness] *gemo* [epidemic])" (Hewlett et al., 2003, p. 1242). A key informant reported that between 2019 and 2020, before COVID-19, *Ryemo Gemo* was performed to chase away the bad spirit which had caused the outbreak of scabies. But he noted that, "unlike COVID-19, this did not catch national attention because it was localised."

### Controversies, Acceptances and Rejections on COVID-19 as *Gemo*

In a surprising turn of events, the study established that there were controversies, acceptances and rejections on COVID-19 as *Gemo*. A total of 56 out of 63 participants interviewed indicated a belief that COVID-19 was a *Gemo* among the Acoli people. This was because it appeared mysteriously within a



short time, causing numerous deaths, as there was no specified treatment. Furthermore, *Jok Lagoro*, a deity, had made a communication about it. This is confirmed by Hewlett (2003), who reported that *Gemo* is said to be mysterious in that it just comes on its own, but several people indicated that it comes because of a lack of respect and honour for the gods. Elders indicated that in the past, lack of respect for *jok* of *tura* (home) (hills, mountains, bodies of water) was the major cause of *Gemo* (Hewlett et al., 2003, p. 1242). A total of four (04) participants who were cultural leaders and clan elders argued that, considering its original indigenous meaning, COVID-19 was not *Gemo*. The justification was that the virus that causes COVID-19 was manufactured in a Science Laboratory in Wuhan, China, in 2019, spreading globally into a pandemic. They argued that being a pandemic does not automatically qualify COVID-19 to be a *Gemo* because it was human-caused and not by bad spirits. A total of three (03) participants who were health workers and academics noted that, whereas culturally the Acoli believed in *Gemo* and *Ryemo Gemo* practice, medically and academically based on science, the belief and practice are not considered, as there are no scientifically proven tests, procedures and evidence.

### Acceptance of COVID-19 as *Gemo*

In a key informant interview, Mego Elwa Esther of Kitgum District, the messenger of *Jok Lagoro* (a deity), reported that COVID-19 was *Gemo*. She disclosed that *Jok Lagoro* instructed her to inform the Acoli people to perform *Ryemo Gemo*, in order to keep away the COVID-19 pandemic from Acoli land. Whereas she was not the initiator and performer of the ritual, the custodians of *Jok Lagoro*, who live at Lagoro hills, began the process of *Ryemo Gemo* ritual on Saturday, 28th of March, 2020, to evoke traditional epidemic control practices. She observed that a similar *Ryemo Gemo* ritual was performed during the Ebola outbreak in 2000. Mego Elwa Esther reiterated that her role was that of a messenger who delivered the divine

message. According to an elder, Augustus Lacambel Ojara, the deity *Jok Lagoro* provided an early warning on COVID-19, the impending global pandemic, through Mego Elwa Esther, the messenger of the deity *Jok Lagoro*.

According to Augustus Ojara Lacambel, he explains *Gemo* as “calamity that the spirits bring.” He observed that “these spirits would tell the people that something bad was going to happen.” The spirits usually speak through a person with a divine connection, telling him or her what is either to be done or not to be done. For instance, no cutting of papyrus reeds (*togo* in Acoli) and no weaving of winnowers (*odero* in Acoli), during the pandemic (*Gemo*). The spirit would ask people to put on their houses/huts Palm leaves (*otit* in Acoli) or salt (*kado* in Acoli). Augustus Ojara Lacambel considers the COVID-19 pandemic as *Gemo*, since it was a widespread calamity. To him, the extent or the coverage of the calamity qualifies it to be *Gemo*.

### Rejection of COVID-19 as *Gemo*

Rwot Yusuf Okwonga Adek, Chief of Pageya Chiefdom in Gulu City, defines *Gemo* as a mysterious calamity that befalls a community (verbatim: *Peko ma bino i kum dano i yoo ma pe ki gwoke kede*). He acknowledges that *Ryemo Gemo* is a ritual performed to chase away evil spirits. However, he disagrees with the notion that COVID-19 was *Gemo*. He argues that the *Ryemo Gemo*, which was performed in April 2020, was not right, because COVID-19 was not *Gemo* in a typical Acoli cultural sense, as it was a creation by scientists in the science laboratory in China and not a natural occurrence. He further explained that *Gemo* is linked with measles epidemics (*anyo* in Acoli), scabies (*gwinyo*), small pox (*nyakacuna* in Acoli), long drought (*Twopiny* in Acoli), poor crop yield (*Two cam* in Acoli), famine (*Kec* in Acoli), army-worm invasion, a plague of small flying flies (*Ajonga mia* in Acoli) and when the streams or rivers discharge “murky waters” which are clouded with sediment (key informant interview with Rwot

Yusuf Adek). He added that “*Gemo* also affects climate, but Europeans say it is industrialisation which causes climate change. If there is no rain, the person who knows how to make rain gives an announcement for three weeks prohibiting fighting, sexual intercourse, outdoor work and women are instructed to collect firewood, enough for the period. One week is given in preparation for that, then a ritual is performed, in which the ritualist prepares food from morning. He reported that cultural leaders, such as the paramount chief and the chiefs, do not perform the *Ryemo Gemo* ritual because it is the role of spirit mediums.

According to elder Mzee Ojara Walter of Unyama Sub-County in Gulu District, Acoli tradition dictates that *Gemo* are the spirits of those who have long passed, capable of foreseeing events and offering early warnings during times of crisis. In some instances, the Acoli believe that *Gemo* can act as protective entities, providing early warnings about impending disasters. A notable example is the locust invasion of February 2022, which, according to local accounts, the *Gemo* forewarned, advising people to avoid consuming honey (*moo kic* in Acoli) and okra (*otigo* in Acoli) before the invasion occurred. Additionally, the spirits cautioned against working in gardens for three days following rainfall in March 2022, as defying this warning purportedly would lead to poor harvests. The spirits also generally warned the Acoli community against cutting down shea trees (*yaa* in Acoli). Those who did not comply risked snake bites and lightning striking them and their families. Like Lacambel, Mzee Ojara Walter also considered COVID-19, like the Nodding syndrome disease, as *Gemo*, because people were dying of a mysterious disease which seemed to have no cure.

From another perspective, Mzee Alol Celestino Odongo of Kitgum District added that unexplained armed conflicts, which claimed thousands of innocent lives of the Acoli, are considered *Gemo*. These include the Holy Spirit Movement of Auma Alice Lakwena of Bungatira Sub-County in Gulu

District, the Uganda People’s Democratic Army (Cilil in Acoli, to mean go and report) of Odong Latek and Okello-Okeno. Equally, the Lord’s Resistance Army of Joseph Kony and the Lord’s Army of Severino Lukoya (Father to Auma Alice Lakwena) of Bungatira Sub-County, Gulu District are part of *Gemo*. From the narratives, the name ‘Lakwena’ is a spirit messenger among the Acoli. Therefore, to Mzee Alol, *Gemo* arises from unexplainable occurrences/events, with unclear solutions.

From these divergent views, *Gemo* is a natural calamity, not man-made, believed to have been sent by evil spirits, which are thought to be roaming among the living. Conversely, *Gemo* are perceived as potentially malevolent entities, particularly those of individuals who did not receive proper burial rites. These spirits are thought to harbour anger towards the living, causing calamities to increase the number of deaths and their influence in the spirit world. These malevolent spirits- ‘wandering ghosts’ (*Ayweya* in Acoli) are believed to be most active during the dry and hot months of March and June, often associated with poor harvests and outbreaks of diseases like measles, scabies, fever, cough, and, more recently, COVID-19. This concurs with the argument of Ambrose Olaa (the former Prime Minister, *Ker kwaro Acoli*), who argued that *Ryemo Gemo* is not an evil practice, but an indigenous early warning mechanism for sounding a communal alarm when faced with grave situations. This, among the Acoli, is done to cleanse the home, land and people from contamination.

### Controversies on COVID-19 as *Gemo*

The study exhibited clear controversies arising from the effect of Christianity, modernisation and lack of information. In an interview with the youth, to them, *Ryemo Gemo* was a communal ritual involving every member of the village, performed at the Chief’s home, to cleanse the village from any arising calamity. These included: drought, famine, and disease. Any person who fails to attend and

participate in the ritual would be flogged and assumed to be sabotaging the ritual to end the calamity. However, as earlier noted, Rwot Yusuf Okwonga Adek, Chief of Pageya Chiefdom, observed that performing the *Ryemo Gemo* ritual was not the responsibility of the chiefs, but he could only advise on best practices. Some of the youth believed that *Gemo* and *Ryemo Gemo* were a myth and had no effect in preventing an epidemic or pandemic. Because of the pressure of identity and belongingness to the family, clan and culture, they were forced to adhere to the *Ryemo Gemo* ritual. A section of the youth interviewed argued that whereas *Ryemo Gemo* was grounded in tradition and culture, it shared some principles and practices including isolation of patients and their family, and washing of hands at the grave side after burial and eating which helps to cure the sickness or forbiddance of certain food believed to aggravate the patient's condition. There was controversy on the spatial acceptance and rejection. *Gemo* and *Ryemo Gemo* were more believed in and accepted in the rural Acoli than the urban Acoli areas. This is because there is a stronger adherence to culture in rural settings than the urban areas. A respondent observed that as a Christian, he did not believe in *Ryemo Gemo* because it was demonic and unchristian, and he did not catch the COVID-19 virus.

### Genesis of *Ryemo Gemo*

According to Mzee Walter Ojara, *Ryemo Gemo* is as old as society, culture and indigenous religion, which is linked to ancestral reverence and Acoli cosmology. Therefore, the Acoli people of Northern Uganda and South Sudan maintain a rich and vibrant cultural heritage deeply rooted in their spiritual beliefs. Central to this belief system is the concept of *Gemo*, spirits of the deceased who retain influence over the living world. According to Mzee Alol Celestino and Ojara Walter, these spirits, both benevolent and malevolent, are believed to reside primarily in hills, caves, heavy-shade trees, rivers and streams. They added that each clan or chiefdom

has its own place of abode for the spirits. For example, the Lagoro hills, in Lagoro Sub-County, Kitgum District, Ogili and Agoro hills in Ogili Sub-County in Lamwo District, the Amyel hills in Agago District, Akwang hills in Paimol Sub-County in Agago District, Kilak hills in Amuru District, Tim Pa Lukok (a vast wilderness) in Kitgum District, bordering Lamwo District, where hunting and ritual sacrifice are offered to appease the spirits.

According to Lacambel, the famines such as *Kec Lapara-nat* (1892-1910) associated with *Lapara-nat* bird, a famine which caused high mortality rate among the children, *Kec Nyam dete* (1925) associated with the long drought which caused men to chew residue of *kwete*, a local brew for survival, *Kec abongo wang dako* (1932) which caused men to search for food in the middle of the night, as their wives were deeply asleep, were regarded as *Gemo*. Equally, according to oral narratives by Mego Adong Agnes of Paja village, Patiko Sub-County, *Kec inyamo ngo* (1930-1933), *Kec UNGA* [United Nations General Assembly-1948], which witnessed the distribution of posho packed in sacks labelled as UNGA, and *Kec donyo i lok ata* (1988) during the LRA war, in which many children and elderly persons lost their lives, were considered *Gemo*.

In another key informant interview with Mego Adong Agnes of Paja village, Tsetse fly infestation of 1911 was also observed as one of the early *Gemo* during the colonial era. Also, during World War II (1939-1940), the rinderpest infestation broke out in Northern Uganda, infecting local cattle with *trypanosomes*.

### The Practice of *Ryemo Gemo*

*Ryemo Gemo* is a traditional practice performed to appease or banish malevolent spirits, typically carried out during times of calamity, especially in March and June. Culturally, these are months believed to have intense spiritual activities. The ritual involves each household collecting samples of food items, ash powder, and burning firewood. Dry grass (*ora* in Acoli) is tied to the burning wood. A

time is chosen when women in menopause or those who are not in their menstrual periods are required to throw away the ritual items collected as part of the purification. This is usually performed when the moon is falling. Specifically, the burning firewood symbolises spiritual purification among the Acoli. Usually, a designated member, who is the head of the household, starts hitting a tin, basin or jerrycan to produce sound, while moving towards a nearby swamp, stream, or river. According to Rwot Yusuf Adek of Pageya Chiefdom, children, young men and women were prohibited from hitting the tin, or objects during this practice. It was the responsibility of the men and elderly women who were in their menopause to participate in *Ryemo Gemo* while invoking the spirits. Once by the river or stream, the items carried are dropped into the water, and the participants return home without looking back or speaking to anyone along the way until they reach home and close their doors. It is believed that when the ritual team looked back or spoke, they would attract the spirit to return.

According to tradition, anyone who encounters such a procession is expected to hide to avoid attracting the evil spirits to their household. The practice is typically conducted between 10:00 pm and 5:00 am. On return home, any water and cooked food leftover in the house are poured out because it might have been adulterated by the evil spirits. It is believed that once the ritual is completed, the evil spirits are appeased, calmed and satisfied, thus, they retreat to the land of the dead and cease their malevolent activities in the community.

Mzee Alol Celestino noted that the ritual is performed by elders, who are also regarded as morally clean and pure, knowledgeable, respectable, and a point of contact with the ancestors. The process involves sacrificing a sheep, which is regarded as 'pure'. The ritual involves hitting a sheep on the neck using a club, and it is expected to die instantly without bleating. When it fails to die, or it bleats, that is a sign of another misfortune. Mzee Alol further explained that

another way of killing the sheep is by stifling it to death, and then it is pricked or stabbed to collect the fresh blood, which is sprinkled to atone the spirits. Much as the *Ryemo Gemo* practice was suppressed by religious and governmental authorities, it, however, persisted in the rural areas, and during the time of the LRA insurgency.

### ***Ryemo Gemo* during the COVID-19 Pandemic: Commonalities and Shared Practices with Modern Health Practices**

The COVID-19 pandemic was viewed by the Acoli people as a calamity which affected the community. According to Augustus Lacambel Ojara, *Gemo* provided an early warning of COVID-19, the impending global pandemic, through Mego Elwa Esther of Kitgum District, the messenger of *Jok Lagoro* (a deity). According to Mego Elwa Esther, *Jok Lagoro* instructed her to inform the Acoli people to perform *Ryemo Gemo*, in order to keep away the COVID-19 pandemic from Acoli land. Whereas she was not the initiator of the ritual, the custodians of *Jok Lagoro*, who were at Lagoro hills, began the process of *Ryemo Gemo* ritual on Saturday, 28<sup>th</sup> of March, 2020, to evoke traditional epidemic control practices. She observed that a similar thing had been done during the Ebola outbreak in 2000.

In response to the pandemic, Acoli elders and spirit mediums, as knowledgeable persons, visited *Jok Lagoro* to perform rituals aimed at mitigating the virus. This action was believed to be instrumental in reducing the severity of the pandemic in the Acoli Sub-region, compared to other regions of the country. In this case, using Gramsci's (1926) definition of an intellectual by his social, political function and social activity in a specific group, organisation, state, party, association or church, the Acoli elders and spiritualists were the indigenous intellectuals. Additionally, communities were advised to perform the *Ryemo Gemo* ritual with the understanding that households that complied would be spared from the wrath of the evil spirits.



According to Rwot Yusuf Adek of Pageya Chiefdom, “*Ker pe donyo i ryemo gemo*” (the royal palace does not participate in the *Ryemo Gemo* ritual). He noted that there is a person or family who performs *Ryemo Gemo* on behalf of the community or the clan. If an Acoli Chief intervened without the authority of the spirits (*Jok*), the *Ryemo Gemo* would have no effect.

During *Gemo*, the Acoli practised quarantine of the affected families and infected individuals. For instance, during a measles outbreak, children are restricted from visiting the affected families. Similarly, children from affected households are not allowed to visit other homesteads. To enforce the restriction of movement, a reed would be placed astride the path entering the affected homestead. Likewise, according to Lacambel Augustus Ojara, an infected person would be isolated in a separate hut, and a long rope would be tied to the leg to monitor if the patient is still alive, by pulling the rope. As part of keeping social distance, sexual intercourse among married adults was prohibited. Rwot Yusuf Adek noted that sauce/food with strong aroma, like fish and meat, were forbidden in the affected homes because they were claimed to attract the evil spirits. Also, the infected children would not be allowed to eat leftover food, and cold food to avoid re-infection. This practice is not far from the scientific medical practices of quarantine.

### **The Presumed Effects of Ryemo Gemo among the Acoli during COVID-19**

Responding to why there was a low prevalence of COVID-19 and its impact in the Acoli Sub-region, Rwot Yusuf Adek observed that the community is not densely populated, therefore limiting transmission and effect. He further noted that COVID-19 was from busy urban areas and brought by international flights and travellers, which were not common in the Acoli Sub-region. He also observed that villagers feared coming to town, and they also feared the urban dwellers. He reported that the traditional food eaten by the Acoli people

includes *malakwang* sauce prepared from the sour *hibiscus sabdariffa* leaves, pumpkin leaves (*pot okono* in Acoli), *akeyo* (*Gynandropsis pentaphylla*) and *la-la* (Acoli sauce made from *crotalaria* plant) served with millet bread and potatoes. Millet porridge prepared with the sweet-sour tamarind (*Tamarindus indica*) fruit was served to the patient. These foods are rich in vitamins, minerals, protein and iron, which contribute to energy, immune support, haemoglobin levels and overall wellbeing.

### **Ryemo Gemo and Its Implications during COVID-19**

*Ryemo Gemo* was invoked in parallel to the government standard operating procedures. The isolation and public alarm were warning symbols to the community, who were at risk of the looming pandemic. This led to restrictions on movement within the village. According to Lacambel, in the burial procedures for a *Gemo* victim and a *Ryemo Gemo* burial process, the community were cognizant of the burial rules to contain and control the *Gemo*. For example, children were not allowed to get close to the body of the deceased relative or attend the burial. The men who participated in digging the grave and the burial were required to wash their hands and legs at the grave, before departure. A spiritual cleansing using a hen swung over the men who dug the grave and lowered the body, then followed.

The practice of *Ryemo Gemo* during the COVID-19 pandemic had several significant implications for the Acoli community:

**Fostered Unity:** The collective effort to chase away the evil spirits fostered a sense of unity and solidarity among the Acoli people. This was evidenced by the shared values, principles and practices in the collective action of performing the *Ryemo Gemo* ritual across clan and religious boundaries.

**Symbolised identity:** *Ryemo Gemo* reinforced the cultural identity of the Acoli community,

emphasising respect for the living dead through traditional sacrifices during the process of chasing away the evil spirits.

**Promoted cultural continuity:** As a practice passed down through generations, *Ryemo Gemo* ensured the continuity of Acoli traditions and cultural heritage, from the contemporary older to the younger generation. This was despite the contentions and contradictions in the narratives, practices and beliefs in *Ryemo Gemo*.

**Reinforced connection between the living and the dead:** The practice underscored the belief in a continued connection between the living and the dead, with the spirits of the deceased playing an active role in the lives of the living, offering guidance, warnings, and, at times, punishment. It points to the cultural belief that there is life after death, often taking a different form, which is spiritual. Therefore, the dead are believed to transform from the physical to the spiritual, where they perform their roles and responsibilities to the living relations.

## CONCLUSION

Despite *Ryemo Gemo* being a deeply ingrained cultural practice that reflected the Acoli people's identity, spirituality and beliefs, their approach to dealing with calamities such as epidemics and pandemics provides lessons for researchers, scientific knowledge and Public Health management. Much as there are different opinions on whether COVID-19 qualifies as "*Gemo*," the widespread use of "*Ryemo Gemo*" during the pandemic demonstrates the community's dependence on traditional practices and values as a local solution to their problem. Whereas tradition and culture are contextual to a people and place, Indigenous Knowledge and practices can be blended with science as a form of hybridity to adapt in crisis, such as the COVID-19 pandemic.

## Recommendation

The dichotomy between scientific and Indigenous Knowledge in health issues has led to the lack of a shared worldview in the management of epidemics and pandemics within public health. It is important to rethink Indigenous Knowledge and find a middle ground by adopting a blend of the scientific and Indigenous Knowledge and practices in Public Health. This would provide a local solution to a local context problem, such as the COVID-19 pandemic control.

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