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ABSTRACT

This paper discusses the contemporary expression of the personalistic aspects of Jola ethnomedicine. Ethnomedicine pertains to the culturally specific health-associated beliefs and behaviors of a society. Personalistic pertains to medical beliefs and practices that associate disease with direct or intentional factors of a social and supernatural origin. The inherent personalistic aspects of contemporary Jola ethnomedicine are heavily associated with the contemporary religious beliefs and practices of the Jola. In the Gambia, Jola religious beliefs and practices reflect a synthesis of traditional Jola religion and Islam. Contemporary Jola religious beliefs and practices manifest themselves in contemporary Jola ethnomedical beliefs and practices through the use of protective amulets known as *jujus*. *Jujus* serve to prevent misfortune, which is often presented in the form of health problems. *Jujus* are typically inscribed with verses from the Koran and with particular Islamic verses. The use of Islamic verses to address health problems is supported by Hadith, the sayings of the Muslim prophet Mohammed. As a result, the use of protective amulets inscribed with Islamic verses occurs not only in the Gambia but throughout West Africa and the Middle East. Such pervasiveness and continued use of these protective amulets demonstrates the persistence of the personalistic health-associated beliefs and practices as well as their continued relevance among societies experiencing increased exposure to Western medicine.

KEY WORDS Ethnomedicine; Personalistic; Islam; Gambia

African governments, nongovernmental organizations, and international health institutions have placed a considerable effort on promoting the usage of Western biomedical health services in African societies. Regardless of this, an estimated 80 percent of Africans continue to rely on traditional medicine to address their health problems (World Health

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Organization 2002). One of the most prominent explanations for this persistence of traditional medicine asserts that the particular expression of health-seeking behavior within a society has a strong association with the availability, affordability, accessibility, and acceptability of a particular form of health care (Hausmann-Muela, Rubela, and Nyamongo 2003). Acknowledging these four factors suggests that the more accessible, available, affordable, and acceptable the health practitioner and medicine, the more likely a person will use the particular prevention and treatment service or medicine. Nevertheless, the research on health-seeking behavior tends to emphasize availability (i.e., logistical), affordability (i.e., economical), and accessibility (i.e., geographical) factors over acceptability (i.e., cultural) factors associated with health-seeking behavior (McCombie 1996; Williams and Jones 2004). This is attributed to the heavy influence of Western medicine in research concerning health-seeking behavior, which tends to privilege material or natural phenomena over cultural (i.e., sociocultural) phenomena (Lock and Scheper-Hughes 1996; Erikson 2008). The emphasis on these former three factors is problematic because it deemphasizes cultural phenomena, the most essential aspect to understanding health-seeking behavior and traditional medicine in Africa.

The primary cultural factor apparent in the examination of health-seeking behavior is the ethnomedical beliefs and practices of the society in question. The concept of ethnomedicine refers to the specific health-associated beliefs and behaviors of a society. Inherent within this definition is the position that the health system of each society is a cultural phenomenon (Singer and Baer 2007). Thus, the medicine practiced by a physician in a major hospital in the United States is just as cultural as the medicine practiced by a *marabout* (traditional healer) in a West African village.

For analytical purposes, the study of ethnomedicine is typically used to distinguish Western medicine from traditional medicine. Western medicine, also known as biomedicine, is characterized by its naturalistic orientation toward the etiology, diagnosis, prevention, and treatment of disease. Naturalistic refers to medicine that attributes disease to indirect or non-intentional biological, chemical, or physical factors. Traditional medicine, also known as indigenous, premodern, or non-Western medicine, is characterized by its beliefs and practices regarding disease etiology, diagnosis, prevention, and treatment that acknowledge both the naturalistic and personalistic aspects of disease. Personalistic medicine is medicine that attributes disease to direct or intentional factors of a social and supernatural origin (Foster 1976; Rubel and Hass 1996; Erikson 2008). The paper will focus on this latter aspect of the beliefs and practices of traditional medicine by discussing the contemporary expression of the personalistic aspects of the contemporary ethnomedicine of the Jola of the Gambia, West Africa. This is accomplished by first discussing the major characteristics of the healing components of traditional Jola religion and by then describing the particular form of Islam practiced by the Jola and the contemporary expression of the personalistic aspects of healing and health among the Jola. This is followed by an explanation of why such personalistic beliefs and practices continue to exist within Jola ethnomedicine.

METHODS

The ethnomedical-associated data presented in this paper come from participant observation, structured interviews, focus group discussions, and informal conversations of a nonrandom sample of 47 Jola subsistence farmers from the predominantly Jola village of Jarjukunda *(pseudonym)* located in the Western Division of the Gambia.[1] The majority of the data was collected over a 12-month period between October 2003 and October 2004 and was supplemented with data collected during the latter half of 2006 and the summer of 2008. These

data pertaining to Jola ethnomedical and religious beliefs and practices were then analyzed in reference to the literature on traditional African medicine, traditional African religion, Islam in West Africa, and the Koran (the Muslim holy book) and Hadith (a compilation of the traditions of Islam's prophet, Mohammed), the two most important texts in Islam.[2]

THE HEALING ASPECTS OF JOLA TRADITIONAL RELIGIOUS BELIEFS AND PRACTICES

The Jola are an ethnic group numbering approximately 700,000 and occupying the Senegambia region of West Africa. Approximately half a million live in the Casamance region of southern Senegal, and the remainder live in the Fogny region of the southwestern half of the Gambia. The Jola constitute 4 percent of Senegal's total population and 10 percent of the Gambia's total population (Mark 1984; Central Intelligence Agency 2010). Although demographically relatively small in comparison to other ethnic groups in the region such as the Mandinka, Fula, and Wolof, the Jola have a high degree of linguistic and cultural diversity. At least 15 linguistic and cultural subgroups exist among the Jola (Sapir 1965; Sagnia 1984). Because of this high degree of diversity among the Jola, they are divided into three major cultural zones. The first, southernmost, group is characterized by its maintenance of exclusively traditional (i.e., non-Mandinka and non-Islamic) Jola cultural identity and practices. Some of this first group have converted to Catholicism, although components of traditional religious beliefs and behaviors vigorously persist. The second, northernmost, and largest of these groups of the Jola is predominantly Muslim, although like the first group it has retained a considerable amount of its traditional cultural identity and practices. The third, easternmost, and smallest of these groups comprises Jola who have adopted Mandinka agricultural techniques and language (Mark 1984). All of the Jola participating in this research belong to the second group and live in the Gambia.

Collectively, the Jola are distinguished from neighboring ethnic groups by their distinctive cultural beliefs and practices. The most distinctive cultural characteristics include their particular form of rice cultivation, which involves the construction of earthen dyke fields that retain rain water and the use of *kajandak*, a fulcrum hoeing and digging cultivation tool; a history of egalitarian social organization and a spirit of isolation and independence that differ from the hierarchical and caste-based social organization and territorial expansionist nature of their Mandinka, Fula, and Wolof neighbors; and their traditional religious beliefs and practices, which involve their worship at *sinaati* shrines (Mark 1984; Smith 1993). It is the Jola's particular religious beliefs and practices that provide an insight into the personalistic aspects of Jola ethnomedicine.

Jola traditional religion is best typified by its beliefs and practices associated with the *sinaati* (Linares 1992). The *sinaati* refer to both the spirit shrines and the spirits they represent. The Jola describe the *sinaati* as human-like yet nonhuman and either female or male. *Sinaati* can be either enshrined (i.e., possessing an attachment to a specific place of origin such as a particular village or family) or not enshrined (i.e., unattached to a specific place). The *sinaati* represent nearly every major facet of the Jola community. This includes rainmaking, crop yields, economic activity, healing, fertility, initiation activities, protection, and mediation. Olga Linares also mentions that the Jola believe that some *sinaati* have additional powers but that this changes over time because of the ability of the shrine keepers *(kuwasen)* to appease the *sinaati.* The *sinaati* are often appeased through the offerings of palm wine or animal sacrifice. According to the Jola, the

sinaati provide only what people deserve. Those considered greedy by the *sinaati* do not receive their benefits (Linares 1992).

Individuals may also interact with the *sinaati* without going through the shrine keeper *(awasen)* to exact punishment on someone they feel caused them harm. They accomplish this by performing the appropriate sacrifice at the site of the shrine and asking the *sinaati* to harm the desired person. The *sinaati*-imposed punishment comes in the form of illness. The particular type of illness depends on the particular type of *sinaati* offended. For example, those who fail to adhere to the separation (e.g., male/female, old/young) taboos of a specific *sinaati* referred to as *Kujaama* become afflicted with diarrhea and coughing. Offenses to other *sinaati* can lead to fever, back pain, constipation, stomach swellings, paralysis, disabilities, and even death. Interestingly, the treatments for these *sinaati*-caused illnesses are accomplished through the administration of natural medicine and not through sacrifices to the *sinaati* (Sapir 1970; Linares 1992). This understanding of the *sinaati* as the cause of illness and the use of natural medicine to remedy these *sinaati*-caused illnesses denotes the relationship between the natural and the personalistic in regards to health-associated beliefs and practices among the Jola.

No one in the research actually used the term *awasen* or *sinaati,* although a few people did indicate that some people know how to create *jujus* (protective amulets) derived from special trees in the forest (see the quote provided below). Yet many of the people of Jarjukunda referred to people who have this ability to interact with the spirits of the trees as herbalists. According to the village *alkalo* (mayor), herbalists of this sort obtain their ability to do this by receiving the permission and power from the elders of the village. The research participants indicated that some people in the village possess specialized medicinal plant knowledge but do not have the ability to access the traditional spiritual world. These medicinal plant specialists are called herbalists as well; however, the author's primary research assistant also used the Jola term *alakow* to refer to those who exclusively use plant medicines (i.e., natural healers) to heal the sick. Thus as one can observe, the actual term applied to the healer becomes confusing and therefore complicates the understanding of the roles, abilities, and number of the traditional healers in the village.

One of the clearest expressions of traditional beliefs and practices in Jarjukunda involves the use of supernaturally empowered protective amulets known as *jujus*. In the village, especially during the warmest times of the year (March to November), most conduct their daily activities while scantily clothed. At this time, one easily observes the presence of *jujus* around the necks, waists, wrists, and ankles of many males, infants (both male and female), and children (both male and female) in the village. Women wear these amulets as well, but because most women are well covered and/or working away from the males, it is difficult to actually see *jujus* on them. Other major groups in the village such as the Mandinka and Fula also wear *jujus,* and this is a common observation throughout the region. Moreover, Africans from areas as far as Ghana, Nigeria, and Cameroon have informed the author that they believe in the power of *jujus* (and even use this exact term to refer to these amulets).

The Jola in the village informed me that they use *jujus* to protect them from supernaturally imposed harm. When pressing the matter further, the villagers claim that *jujus* do not specifically protect a person from getting a disease but protect them from general misfortune, which may or may not include disease. Regardless of the particular opinion on this, nearly all stated that *jujus* prevent pregnancy, provide good luck, and protect from physical damage from bullets, cutlasses, and so on. This appears quite similar to the beliefs held by many African societies. For example, Mbiti (1975) indicated in his research that a person told him that if someone tried to shoot at a person protected by traditional medicine (he did not provide a name of

the actual protective device), the weapon would not fire. Three of the research Jola participants (on separate occasions) in the research expressed the same statement as the one presented in Mbiti (1975). The Jola expressing this are all Muslims, under forty years old, and have attended secondary school. One of these Jola also added that if for some reason the weapon does fire, the bullets will bounce off the person protected with *jujus*. Mbiti (1975) did not specifically indicate the age, ethnic group, or nationality (although he conducted his research in Nigeria and East Africa) of the person professing the ability of traditional medicine to protect its wearer from bullets, although he did indicate that this person had a university engineering degree. This means the belief in the power of *jujus* exists among those varying levels of formal Western education. The research participants in my dissertation research on several occasions expressed that the power of the *juju* remains only as long as its possessor does not cause harm to others (Randall 2006).

Those who believe in the power of *jujus* indicated that some *jujus* are more powerful than others. The level of protection is attributed to the power of the *juju* manufacturer and the number of *jujus* worn (i.e., the more *jujus* worn, the more protection). A person may have as many as seven or eight *jujus* on a single necklace and as many as three or four necklaces or bracelets on at a time. The elderly and very young tend to wear more *jujus* than other people in the village. Furthermore, the power of the *juju* may have an association (in regards to their favorable or unfavorable relationship with spiritual world) with the owner of the *juju,* as each *juju* is manufactured for its specific owner.

The source of power and nature of each *juju* becomes difficult to ascertain because of the syncretic nature of religion in Jarjukunda. Many *jujus* appear to possess characteristics reflective of both traditional Jola religion and Islam. For example, during a conversation regarding the manufacturing of *jujus*, a villager articulated that *jujus* contain written verses of the Koran and sacred wood from special trees. The villager then described how this sacred wood is obtained:

> This special tree is located in the forest and can only be seen by certain people *[kuwasen]*. You can only enter the area of the tree if you go in the right way by bringing *palm wine* [emphasis added], tobacco leaf, and a chicken. Then talk to the tree. After this you can cut away part of the tree for the *juju*. If someone goes there without special permission from the right person, a two-headed snake will appear to prevent him from having the *juju*. The snake will fight them. If the person gets bitten, they will immediately die. You cannot kill the snake, but if the snake lets you in by doing [appeasing] it the right way, you will be allowed to get the *juju* of the tree. All parts of the *juju* tree are equal and you can make the *juju* do for you whatever you want it to do. (Randall 2006:201)

This activity demonstrates that these trees represent certain *sinaati* present in traditional Jola religion. The form of appeasement (especially the use of palm wine by Muslims) also reflects the religious syncretism that exists among Jola Muslims. The Jola of Jarjukunda must justify these practices within their particular form of Islam, because Islam forbids the appeasement of supernatural beings other than Allah, although through careful analysis, the *sinaati* can be interpreted to represent the Islamic equivalent of *jinns,* who are recognized spirits in the Islamic religion. Furthermore, there tends to be a general consensus forbidding the use of alcohol in Islam

except for medicinal purposes (Al-Kassimi 2003). This also denotes the compatibility of Islam and traditional Jola religious beliefs and practices.

In addition to the *sinaati*, the Jola also have a high god called Emitai. Emitai has an association with the sky, rain, and time but has no involvement in the everyday activities of the living or dead. Because of this, the Jola strive to appease the *sinaati,* who are considered intermediaries between Emitai and the Jola people. In traditional Jola religious beliefs, Emitai is the creator of both the *sinaati* and humanity. Many Jola Christians and Muslims have substituted Emitai with the names of God or Allah. Thus, the meaning associated with the Christian and Muslim god resembles that of the traditional Jola high god (Sapir 1970).

WEST AFRICAN ISLAM AND PERSONALISTIC ASPECTS OF CONTEMPORARY JOLA ETHNOMEDICINE

According to Weekes (1984), approximately 54 percent of all Jola are Muslims, whereas 90 percent of the Jola who live in the Gambia are Muslims. This figure resembles the religious composition of the Fula, Mandinka, and Wolof, the other major ethnic groups in the Gambia. Nevertheless, the Jola as well as the other major groups in the country have retained a significant portion of their traditional or pre-Islamic religious beliefs (Mark 1984; Weekes 1984).

Explanations for this retention of some elements of traditional religious beliefs and practices among Muslim Jola are twofold. First, the Jola are relative newcomers to Islam in comparison to the other major ethnic groups in the area. For example, the Mandinka and other closely related Mande-speaking groups such as the Bambara and Dyula, the dominant ethnic groups of the medieval Mali Empire, have been Muslims since the fourteenth century. The earliest Jola conversions to Islam began in the 1890s and occurred primarily through contact with Mande merchants and religious healer-teachers called *marabout*s. By the end of the 1930s nearly half of the Jola between the Gambia River in the Gambia and Casamance River in southern Senegal had converted to Islam. This rapid Islamization of the Jola is attributed to the development of colonial road networks in the region that facilitated rural-to-urban migration and the economic hardships that occurred as a result of drought, grasshopper plagues, and the collapse of the palm product trade. As a result, the conversion to Islam increased social and economic activities and access to neighboring predominantly Muslim groups such as the Mandinka, Wolof, and Fula (Horton 1975; Mark 1984; Linares 1992).

A second and possibly more significant explanation is that many similarities exist between Islam and the traditional African religious beliefs and practices in the region. The most relevant of these similarities includes the belief in a supreme being, belief in spirits that interact with the living, the acceptance of polygyny, and the religiously oriented healing practices such as the use of prayer-based healing and protective amulets (Falola 1991; Sanneh 1997; Owusu-Ansah 2000; Campo 2009; Gemmeke 2009). This occurs to the extent that Islamic beliefs and practices should not be viewed as serving more to supplement and complement traditional expressions of divination, oneirology (dream interpretation), astrology, and so on or as replacing existing African religious beliefs and practices (Sanneh 1997). Sanneh (1997) also states that the preexisting belief in the region concerning the magic of writing and the utilization of Koranic verses for desired outcomes is the primary reason that Islam spread throughout West Africa.

In addition, this retention of traditional religious beliefs and practices among Muslim Jola concerns their particular form of Islam. The Jola, as with most of the other ethnic groups in the Senegambia region such as the Fula, Mandinka, and Wolof practice the Sufi form of Islam. The

Sufi branch of Islam differs from that of the orthodox Sunni branch in that it is more mystical in nature and its adherents attempt to achieve a personal communicative relationship with God. These characteristics resemble those of the traditional African religious beliefs and practices of many of the ethnic groups in the region and may also explain why this form of Islam was able to spread throughout the Western Sudanic Region of Africa (i.e., from west to east Mauritania, Senegal, Gambia, Mali, Niger, and northern Nigeria).

Three-quarters of the Jola associate themselves with Qadiriyya *tariqa* (way or brotherhood) of Sufism (Mark 1984). The Qadiriyya branch originated in eleventh-century Baghdad and is one of the oldest, most widespread, and tolerant of the more than 70 Sufi schools in the Islamic world (Mark 1984; Bohannan and Curtin 1988). Thus, Islam in general and Qadiriyya Sufism in particular explain this blending of traditional religious beliefs and practices with Islamic beliefs and practices among the Jola of the Gambia. The syncretic character of Islam among the Jola reflects not only the Jola's relatively recent acceptance of the faith but also their capability of incorporating Islam into their culture in a way that helps them understand and deal with the material and spiritual world. This includes how the Jola of Jarjukunda express the personalistic aspects of their traditional religious beliefs and practices and Islam to understand and deal with health issues.

The personalistic nature of Jola ethnomedicine thus was summed up by the following statement of a 22-year-old Jola woman from Jarjukunda in 2004:

> If people decided, they would never be sick, die, or be poor. That is why Allah decides who will get sick, die, and be poor. You can say what can happen today but you cannot say what will happen tomorrow. You can only plan. God will decide what will happen. (Randall 2006:202)

This comment coincides with a belief commonly articulated by people that the occurrence of disease or any other misfortune or, for that matter, reward is ultimately attributed to the will of God. Such a perspective is inherent in both the traditional Jola religion and Islam (Ademuwagun et al. 1979; Feierman 1985). For example, the Hadith states, "Allah's Apostle said, '(There is) no '*Adwa'* (no contagious disease is conveyed without Allah's permission)." (Hadith 7:71:608). Nearly every Muslim asked about the future outcome of any event would reply on its hope of success by saying, "*Insha Allah"* (Arabic: If God wills).

Muslims believe in the therapeutic power of the Koran, considered the revealed word of God and in the access to this power through recitation of its *suras* (the Arabic plural for the chapters of the Koran) and *sura or surat* (the singular form for a chapter of the Koran) through prayer and the use of amulets (McAuliffe 2003). Several of the *hadith* (the Arabic singular and plural for the sayings of the Muslim prophet Mohammed) mention specific *suras* in the Koran that have preventive and/or treatment properties. A *hadith* narrated by one of Mohammed's wives, Aisha, stated, "During the Prophet's fatal illness, he used to recite the *Mu'auwidhat (Surat an-Nâs and Surat al-Falaq)* and then blow his breath over his body" (Hadith 7:71:631). Another *hadith* by Aisha stated, "Whenever Allah's Apostle went to bed, he used to recite *Surat-al-Ikhlâs, Surat-al-Falaq* and *Surat-an-Nâs*" (Hadith 7:71:644).

According to the research participants, the *Surat al-Fatiha* (The Opening) appears to hold a special significance in Islam because it is the first *sura* in the Koran and it declares the power of Allah:

> In the Name of Allah, the Most Gracious, the Most Merciful. All the praises and thanks be to Allah, the Lord of Âlamîn (mankind, *jinn* and all that exists). The Most Gracious, the Most Merciful. The Only Owner (and the Only Ruling Judge) of the Day of Recompense (i.e., the Day of Resurrection). You (Alone) we worship, and You (Alone) we ask for help (for each and everything). Guide us to the Straight Way. The Way of those on whom You have bestowed Your Grace not (the way) of those who earned Your Anger, nor of those who went astray. (Koran 1:1–7)

This *sura,* like all the others, is stated from memory and in Arabic. Because of the importance of this *sura,* it is one of the first (if not *the* first) *sura* memorized by youth and new Muslims. Given that Muslims believe these words are the literal words of Allah and therefore contain within them the power of Allah, the *sura* attests to God's ability to provide protection from misfortune and assistance in all situations (Sanneh 1997; Al-Jawziyya 1998).

The *sura* holds so much prominence among Muslims that many research participants say it is included on all *jujus*. As one villager expressed, "*Al-Fatiha* is always written on *jujus*. Others may be on there as well, but *al-Fatiha* is always on there." A Gambian health researcher from outside of the village informed the author that all *jujus* do not contain this *sura* or any other *sura*. Those that do not, according to this person, are "pure African." This refers to traditionally African items without Islamic or Western attributes and denotes the existence of such amulets prior to the Islamic influence in the region. Nevertheless, the majority of participants in the village stated that their *jujus* contain Koranic verses.

In addition to *al-Fatiha*, the research participants cited other passages in the Koran that possess protective and/or curative powers. These include the last two verses (*ayas* in the Arabic plural and *aya or ayat* in the Arabic singular) of the second *sura, al-Baqarah* (The Cow) and the last three *suras* of the Koran, *al-Ikhlâs* or *at-Tauhîd* (The Purity), *al-Falaq* (The Daybreak), and *An-Nâs* (Mankind).

There is a common belief among Muslims in the Senegambian region that some people have the ability to extract divine power from versus of the Koran. According to one research participant in 2004 (a recognized *marabout* and secondary school teacher in his middle forties): "There are secrets written within the Koran. *Allahu,* one of the 99 names of God, has many secrets. If you kill a black cat and 'work' some of the secrets of the Koran you can become invisible." When asked about the validity of this phenomenon, he said, "You can never fully understand this until you become a Muslim." Additional research participants used the terms "secrets" and "work" several times when referring to the powers of the *aya* of the Koran. These secrets, often referred to as esoteric knowledge or sciences, pertain to the hidden powers within the *aya,* while "work" pertains to the extraction of power from these secrets in the Koran. Only *marabouts* have the skills to identify these secrets in the Koran and the *baraka* (divine grace or blessing) to extract power from them (Brenner 1985; Sanneh 1997; Owusu-Ansah 2000; Gemmeke 2009).

When inquiring about the location of the actual *aya* in the Koran that have these secrets, several participants told me that they do not know and that those who do this will probably not tell of the particular *aya*. After I continued to ask about the location of some of these *aya*, a few people mentioned that one of the most powerful *aya* is the last *aya* of the ninth *sura* of the Koran, *at-Taubah* (Repentance). The ninth chapter is also known as "The Ultimatum" or "Release." S*urat at-Taubah* is the only chapter in the Koran that does not have to be recited by first saying, "Bisimilahi rahmmani raheem" (In the Name of Allah the Most Gracious, the Most Merciful). The last *aya* of the ninth *sura* of the Koran states, "But if they turn away, say (O Mohammed, Peace Be Upon Him): 'Allah is sufficient for me. *La ilaha illa Huwa* (none has the right to be worshipped but He) in Him I put my trust and He is the Lord of the Mighty Throne'" (Koran 9:129).

To the pious Muslim, *Surat at-Taubah* is the chapter on atonement and its final verse is referred to as the Throne Verse. The Throne Verse declares the supremacy of the Islamic faith. Because of this, the content of the verse appears to possess as much supernatural healing power or to be as significant as *Surat al-Fatiha* (Al-Jawziyya 1998).

According to a *marabout* in the village, the specific verses written on *jujus* depend on the specific problem and on the *marabout* consulted. He added that other *marabout*s might use different verses to address the same issue or problem. This depends on the *marabout*'s knowledge and preference. Issues range from getting a husband to being protected from misfortune (Owusu-Ansah 2000). The fee for a *marabout*'s skills varies considerably and depends on the particular service. The research participants in the village who knew the particular *marabout* mentioned above said he sometimes was paid thousands of *dalasis* (at the time of the 2004 research, 30 dalasis = $1; 1000 dalasis equaled $33) for his services. This is a considerable fee, given that 83 percent of Gambians earn less than $2 a day and the typical Gambian earns only $278 a year (United Nations Development Programme 2005).

Islamic-associated treatment practices occur in forms other than prayers and Koranic passages written on *jujus*. The *marabout* mentioned above is known for more personalistically oriented healing abilities. He evokes his healing abilities by writing *ayas* or *sura*s in Arabic on a tablet called a *wala* (in Arabic) with an ink called *benyatap* (in Jola; the Arabic word was not provided). This ink comes from mixing the ashes from cooking fires with water. After writing *ayas* or *sura*s on the *wala*, the *marabout* reads the inscription, then washes it off. The person needing the assistance then either drinks, washes, or rubs themselves with the washed-off ink for the desired effect (Fisher 1973; Handloff 1982; Sanneh 1997; Westerlund 1997). When asked if the Throne Verse could treat a specific disease such as malaria, the *marabout* said, "It cannot be used to specifically cure or prevent malaria but it does prevent misfortune. This can help people who believe and do not believe." Upon further inquiry, he added that this misfortune might include disease but not any specific disease.

CONCLUSION

The use of traditional Jola religion and Islamic beliefs and practices to address health problems illustrates the personalistic aspects of the contemporary health system in Jarjukunda. The existence of the personalistic aspects of ethnomedicine occurs among other ethnic groups in the village as well as in others within and beyond the greater Senegambia region of West Africa. In Jarjukunda, this is expressed by the Jola's use of Mandinka *marabouts* to address various forms of misfortune. Among the Jola, the power and reputation of the *marabout* appears more

important. For example, the author has observed a Jola family employ a Mandinka *marabout* to provide treatment services to one of its family members. The Jola acceptance of Mandinka *marabouts* is understood because the Mandinka are believed to have been responsible for the majority of the Islamic conversion among the Jola and to have been a significant influence on the specific form of Islam believed and practiced by the Jola (Linares 1992; Baum 1993). With this said, the author must stress that the existence of the personalistic aspects of ethnomedicine with Islamic components should not be viewed as a one-way transmission from the Middle East to Sub-Saharan Africa; it occurs in the other direction as well. Several authors indicate that *jujus* produced in countries such as Senegal are widely exported to Saudi Arabia and other areas outside of Sub-Saharan Africa for mass usage (Fisher 1973; Loimeier 2003; Gemmeke 2009). If their statements are accurate, this would express the pervasiveness and persistence of the personalistic aspects of ethnomedical beliefs and practices throughout the African and Islamic world and possibly other areas.

This acknowledgment has three major implications. First, social scientists and others involved in public health policy and program development must acknowledge the presence of the personalistic aspects among the ethnomedical beliefs and practices of the people they intend to help. To do so would provide a better understanding of local beliefs and practices pertaining to disease etiology, prevention, and treatment practices. To do anything less would limit the effectiveness of any health program because it neglects such a significant aspect of the everyday lives of the people they intend to help.

Second, social scientists and others involved in public health policy and program development must recognize, as anthropologists have for several decades, that many ethnic groups' religious and medical beliefs and practices are virtually inseparable. This includes the explanations associated with what causes a disease. Disease causality or etiology in turn shapes perspectives on disease diagnosis and therapeutic interventions and explains the existence of the more personalistic character of ethnomedicine among the Jola and most other people on the planet. The author extends this to those living in countries where biomedicine exists as the dominant form of ethnomedicine. All one has to do is observe the predominance of religious names of the hospitals used in the United States to recognize biomedicine's personalistic character. The personalistic character persists because it accomplishes something that the more naturalistic ethnomedical systems do not. Naturalistic ethnomedical systems tend to explain *how* disease occurs, whereas the more personalistic ethnomedical systems tend to explain *why* disease occurs (Foster 1976). This leads to the third implication of the pervasiveness and persistence of personalistic components in ethnomedical systems, efficacy.

Social scientists and others involved in public health policy and program development must acknowledge the efficacy of the personalistic understandings and responses to disease. This becomes essential because those who use these personalistically oriented services consider these understandings and responses to disease to be effective. According to Etkin (1988), the efficacy of health must be determined by culturally defined standards, not by biomedically oriented standards. At a minimum, personalistic beliefs and practices possess therapeutic value because they provide culturally meaningful explanations of why people become sick. The Jola acknowledge the effectiveness of personalistic understandings and responses to disease by continuing to express these personalistic understandings and responses in their contemporary ethnomedical system. Moreover, these personalistic understandings and responses in contemporary Jola ethnomedicine persist even among the increasing presence of Western

biomedicine. This further demonstrates the efficacy of Jola ethnomedicine in general and in the relevance of its more personalistic components in particular.

ENDNOTES

1. The original purpose of the research was to examine malaria-associated etiological, prevention, and treatment beliefs and practices in Jarjukunda and not specifically the personalistic aspects of Jola ethnomedicine, but as the research progressed, the significance of these aspects of Jola ethnomedicine could not be ignored.
2. All Koranic quotes come from the Arabic-to-English translated version of the Koran by M. Al-Hilâlî and M. Khan (n.d.) *Translation of the Meanings of The Noble Qur'an in the English Language* (Medina, Saudi Arabia: King Fahd Complex for the Printing of the Holy Qur'an). All quotes from the Hadith come from Islamasoft Solutions, "The Hadith Software. Version 1.0," Retrieved August 1, 2010 (http://www.islamasoft.co.uk/downloads.html).

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