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The migrant's backpack: Unveiling the recourse to traditional medicine amongst Senegalese diaspora in Brescia (Northern Italy)

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Citation

Ndiaye, M. (2025). *The migrant's backpack: Unveiling the recourse to traditional medicine amongst Senegalese diaspora in Brescia (Northern Italy)*.

Version: Not Applicable (or Unknown)

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Note: To cite this publication please use the final published version (if applicable).



The migrant's backpack: unveiling the recourse to traditional medicine amongst Senegalese diaspora in Brescia (Northern Italy).



2024-2025

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February, 2025.

The migrant's backpack: unveiling the recourse to traditional medicine amongst Senegalese diaspora in Brescia (Northern Italy).

A Master's thesis by Mamadou Ndiaye (s2882574)

Master thesis in African Studies

African Studies Centre, Leiden University

The Netherlands

Under the supervision of Pr. Mayke Kaag

July 2025

To my Father (1930-1998),
my spiritual guide.

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Acknowledgements

Through this journey, I have learned a lot. From Africa (Senegal) to Europe (the Netherlands), things were different, sometimes difficult. Despite that, I was able to endure those challenges with the support of people I will not fail to mention here. This work is the fruit of an endurance, a thirst for knowledge that was instilled in me by my father (peace be upon him). This thesis would have been nothing without you. Firstly, I would like through this work to pay tribute to my father as he always recommended us to seek and remain guided by knowledge. At the same occasion, I thank my mother who supported my studies at secondary school and even at university in Senegal, before I came to the Netherlands. Thank you mom for everything you have done for me and I will ask you to stay with us because I have plans with you. To my brothers and sisters who believe in me, I have made this thanks to your support. To my partner, to Amy, my daughter and to the baby to come, thank you for the love.

I would like to thank all the African Studies' professors for their awakening position on Africa. Many thanks to all of you who supported me in 2020. It was a very difficult time with Covid and particularly because I was facing issues regarding my admission to the research Master. My gratitude goes to all of you, especially to Professor Mayke Kaag, my supervisor whose enthusiasm about Senegal motivated me from the first day I entered her office. To Dr. Karin Nijenhuis and Dr. Harry Wels who have, at that time, manifested their unwavering support. "*Hartelijke bedankt, zou ik zeggen*".

On the Italian side, thank you to all the professors of Parma University, particularly to my host supervisor, Dr. Annavittoria Sarli whose support was of utmost importance during my fieldwork. To Professor Leopoldo Sarli and to Dr. Nadia Monacelli "*Grazie per tutto*". Special thanks to my dear participants in Brescia. Serigne Mbaye and his brothers (Grand Bass, Serigne Touré, Mangoné, Aladji, and Makhmout), Nourou and his wife Martina, Fatou and her sister Mariama, *Jërëjëf*. Thank you to all those who, near or far have participated in this thesis.

Remerciements

Tout au long de ce voyage, j'ai beaucoup appris. De l'Afrique (Sénégal) à l'Europe (Pays-Bas), les choses étaient différentes, parfois difficiles. Malgré cela, j'ai pu surmonter ces épreuves grâce au soutien de personnes que je ne manquerai pas de mentionner ici. Cette thèse n'aurait rien été sans vous. Elle est le fruit d'une endurance, d'une soif de savoir qui m'ont été inculquées par mon père (paix à son âme). Je souhaite, par ce travail, rendre hommage à mon père, qui nous a toujours recommandé de rechercher et de rester guidés par la connaissance. Les archives « Ajami » qu'il a laissées sont l'illustration d'un arabophone lettré, fier de son authenticité wolof. Par la même occasion, je remercie ma mère qui a soutenu mes études secondaires et même universitaires au Sénégal, avant mon arrivée aux Pays-Bas. Merci maman pour tout ce que tu as fait pour moi et je te demande de rester avec nous, car j'ai des projets avec toi. À mes frères et sœurs qui croient en moi, j'ai réussi ceci grâce à votre soutien. À mon conjoint, Mariama, à Astou, Amy, mes filles et au bébé à venir, merci pour l'amour.

Je tiens à remercier tous les professeurs des études africaines pour leur position qui éveillent sur l'Afrique. Un grand merci à tous ceux qui m'ont soutenu en 2020. Ce fut une période très difficile avec la Covid, notamment en raison de mes difficultés d'admission au master de recherche. Ma gratitude va à vous tous, et plus particulièrement à la professeure Mayke Kaag, ma directrice de thèse, dont l'enthousiasme pour le Sénégal m'a motivé dès le premier jour où je suis entré dans son bureau. Au Dr Karin Nijenhuis et au Dr Harry Wels, qui m'ont, à cette époque, manifesté leur soutien indéfectible. « *Hartelijke Bedankt!* ».

Du côté de l'Italie, merci à tous les professeurs de l'Université de Parme, et plus particulièrement à Dr Annavittoria Sarli, dont le soutien a été crucial durant mon travail de terrain. Au professeur Leopoldo Sarli et à la Professeure Nadia Monacelli, « *Grazie per tutto* ». Un merci tout particulier à mes chers participants de Brescia : Serigne Mbaye et ses frères (Grand Bass, Serigne Touré, Mangoné, Aladji et Makhmout), Nourou et son épouse Martina, Fatou et sa sœur Mariama, *Jërējëf*. Merci à tous ceux qui de près ou de loin ont participé à ce mémoire.

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List of Abbreviations

CESCR - Covenant on Economic, Social and Cultural Rights

G.P – Gratuité Partielle

ISMU – Iniziative e Studi Sulla Multietnicità

IOM – International Organisation on Migration

SSN – Servizio Sanitario Nazionale

STP - Straniero Temporaneamente Presente

UN – United Nations

WHO - World Health Organisation

Abstract

The north of Italy, particularly the Lombardy region is the country's industrial hub. It is also the region which hosts most West African migrants, especially Senegalese. More than 21.000 Senegalese are living in the Lombardy region. They are spread between cities such as Milan, Bergamo and Brescia where their cultural and social activities link Senegal to Italy. In Brescia, one the most important cities where Senegalese have been living since the early 1980s, they passed from marginalized immigrants to entrepreneurs. Although they are living in a country where biomedicine is said to be inclusive, they use traditional medicine through herbalism, divination and spiritualism. *The migrant's backpack* (this thesis) would like to uncover the contents of Senegalese luggage to find items related to traditional medicine. It gives an overview of the healthcare system in Brescia to understand its openness or closeness depending on the status of a migrant (legal/illegal). It also examines the cultural perceptions of health through the presence of traditional items in Senegalese daily life before delving into the use of traditional medicine through its three branches. Additionally, this thesis retraces the laborious course of those items between Senegal and Italy. In a transnational context, their recourse to traditional medicine lets appear a complex system which involves different actors. The transnational traditional health system which puts three entities into play, senders, transmitters and receivers, is analysed in this work.

Keywords: Transnationalism, Migration, Traditional medicine, Transnational traditional health system, Brescia, Senegal.

Chapter 1- General Introduction

After a 21-hour bus journey, I finally arrived in Milan. My destination was Brescia, but since I didn't have accommodation there yet, I stayed in Milan. I was temporarily hosted by my supervisor who lives in Parma where she teaches. I spent three weeks between Piazza Piola, Loreto subway station and the Technic University of Milan. The city seemed a difficult place for senegalese migrants whom I could easily recognise through Milan's streets. The ones I came across were mostly street vendors. With either a temporary fixed place or a mobile stall, those senegalese sell a variety of articles ranging from newspapers to antic artefacts or most generally goods (necklace, hats, gloves, umbrellas etc.) as illustrated on the photograph below.



Photograph 1: Moussa's stall in Piola, on Via Francesco D'Ovido, Milan.

Source: M. Ndiaye, February 2025.

This, according to Moussa, a 60-plus-year-old man, is commonly the preferred activity of Senegalese in Milan. Another Senegalese I met at a flea market near Loreto subway station, told me he is working as a full time employee in a company but he is not happy with that job. He prefers “doing business” which he refers to as selling goods on the streets. Unlikely, Moussa would like to continue working for car factories, *FIAT* and *Ferrari*. As he recalled the time he spent in those companies, he seemed happy when talking about his experience as a car mechanic. He had done

this job in Senegal for more than 20 years. When he moved to Italy in the late 90s early 2000, he had the chance to be recruited by Italian automobile factories in Turin (*FIAT*, *ILAS* and *Ferrari*). For him Brescia is quite different from Milan because it has a lot of factories where one could easily be hired. With the presence of factories, the north of Italy seems attractive. That is why Bruno Riccio (2008) states that “most west African migrants live in the northern regions of Italy, especially in Lombardy and Emilia Romagna” (Riccio, 2008, p. 219). From 1994 to 2005 the population of Senegalese regular migrants has almost doubled, passing respectively from 24,615 to 48,000 (Kaag, 2008, p.274). Based on recent data, these statistics have reached 106,256 Senegalese residing in Italy today. This population would be 30 percent higher if illegal residents were considered (Kaag, 2023, p.84).

Within the region Lombardy, Brescia (*See map 1*), constitutes one of the most important receptacles of west African migrants especially Ghanaian and Senegalese (Riccio, 2008, p.220). With about 200 municipalities (207), the province of Brescia registers 1.200.000 inhabitants. The city itself is the second largest in Lombardy behind Milan with around 200.000 inhabitants. It also hosts a population of senegalese estimated at around 1.157 according to *tuttitalia.it*¹.

¹ Available her: <https://www.tuttitalia.it/lombardia/provincia-di-brescia/statistiche/cittadini-stranieri/senegal/>



Map1: Brescia in Lombardy, Italy.

Source: M. Ndiaye (created with Canvas free online map maker)

1.1- Migration and traditional medicine: the research context

Conducting this project is certainly motivated by a research I did earlier on the healthcare system in Senegal. It focused on what is called “the therapeutic itinerary” in Louga (Senegal). As outcomes of the study, traditional medicine occupied the second place when it came to recourse to healthcare (Ndiaye & Sarli, 2014, p.77). From that, I came to realise how important traditional

medicine is to citizens of Louga² in particular and to Senegalese people in general. Traditional medicine is incorporated in the primary health care strategy of the World Health Organization adopted at Alma-Ata in 1978.

Alma-Ata's (Kazakhstan) statement has brought a new way of thinking about health by focusing on Primary Health Care. According to the World Health Organization (WHO, 1978), it constitutes essential health care, universally accessible to all individuals and families, by means acceptable to them, with their full participation and at an affordable cost to the community and the country (WHO, 1978, p. 3). It aims to reduce health disparities by advocating social justice and the right to better health for all. This strategy has set itself, among other objectives, to promote health through hygiene and education by associating any local specialist capable of providing basic health care services. It is in this connection that the World Health Organization recommended the integration of traditional medicine and the involvement of "traditional healers" in the implementation of Primary Health Care. Meanwhile, traditional medicine occupies an important place in the healthcare system of Eastern, Western and Southern regions of Africa (Antwi-Baffour *et al.* 2014, p. 50). That important role traditional medicine plays in Africa triggers my curiosity and pushes me to find out how this would be for Senegalese in the diaspora. Hence, the choice of working on this research project. This thesis, "*The migrant's backpack*", would like to shed light on the use of traditional medicine amongst Senegalese in Brescia.

It aims to unpack the backpack of Senegalese migrants to find items related to traditional healing. Through this research, is a contribution to an understanding of what shapes the migrants' well-being.

1.2- Problem and research questions

The quest for well-being is inherent in humans. In this well-being, health occupies a fundamental place. Therefore, in the presence of an imbalance of the body or the mind, people seek ways to retrieve their balance. This is what leads them to seek the available care. Care is presented in societies through different forms. In pre-colonial African societies, care was based on ancestral knowledge and therefore traditional practices. The traditional healers were the guarantors of the populations' health. According to the report of the World Health Organization (WHO 2002), a

² Region of Northern Centre of Senegal.

large part of the African population (about 80%) uses traditional medicine for their primary health care needs (WHO, 2002, p. 1). This places it at the centre of debates, and its integration into public policies promotes to reduce health disparities.

Traditional African healthcare is a large field which can be divided into three branches: divination, herbalism and spiritualism (Anyikwa, 2024, p.2). These therapeutic methods are characterized by a mixture of practices and are deeply embedded in cultural and spiritual beliefs (*ibid*, p.1). It is a field in which herbs, verbs and spirits prevail. The world of spirits known in Wolof as “*rabs*” or “*Tuurs*” is an African reality especially Senegalese. Rachel Mueller (2013), focusing her study on the “*Lebou*” community, argues that “ the spirit world is a tangible reality in Senegal” (Mueller, 2013, p. i). Therefore, every practice in that sense is meaningful. For example, the use of sacrifices, the immolation of a goat or a cow, during a *Ndeupp*³ ceremony in Lébou communities in Senegal “reveals the way embodiment functions as a source of sickness (the *rab* inhabits the body), but also in healing through eating of the sacrificed animal ” (*Idid.*, p. 87). Such practices are part of the traditional healing paradigm which considers sickness as bearing physical and spiritual dimensions.

In colonial times, traditional African medicine went clandestine in favour of hospital or modern medicine, introduced by the colonizers, and the traditional healers were considered as witchcraft and black magic performers (Chaitanya, M.V. *et al.* 2021, p. 2). During the years which followed independence, in many African countries, successive attempts were made to recognize and formalize traditional medicine. It gained an important place in African societies. This is, on the one hand, thanks to the fact that the remedies play a crucial role in the health of millions of Africans, and on the other, the biomedicine treatments are not made available enough for most Africans (Antwi-baffour *et al.* 2014, p. 50).

Senegal, like many African countries, inherited a health care system from colonization. The medical authorities of this country are engaged in ensuring the accessibility of health structures to the entire population as part of Primary Health Care (PHC). This strategy adopted by the World Health Organization at the Alma-Ata conference in 1978 takes into account traditional medicine.

³ Refers to “therapeutic ritual used to heal a person who has been possessed by the spirits who established a contract with the community’s original ancestors” (Monteiro & Wall, 2011, p. 240).

Besides acknowledging traditional medicine, the Health authorities have set five criteria to identify traditional healers. They must fulfil the following criteria: notoriety, sedentariness, results, accessibility and continuity of service (Ndiaye & Sarli 2014, p. 80). These are considered, in this research, from the participants' perceptions where notoriety, sedentariness, results, accessibility and continuity of service are assessed from interviewees. Since I have not met a healer in Brescia, I paid attention to the distance relationship between Senegal and Brescia. A healer can live in Senegal and treat a patient in Brescia or send him or her treatments.

This study is based on a multidisciplinary approach. It treats questions linked to Senegalese diaspora's recourse to traditional medicine in Brescia, and aims at understanding the behaviours when it comes to health issues especially with regards to cultural or traditional beliefs. The topic is, therefore, in perfect line with most of the themes developed during the seminars "Researching Africa in the 21st Century" of the Master African Studies. It can be analysed under "globalization or transnationalism (mobility and connectivity) with migration as key concepts. It can be also seen through "hierarchies of knowledge production" when traditional medicine is the keyword.

Research questions or hypothesis

What role does traditional medicine play in Senegalese migrants' well-being in Brescia? This question triggers my curiosity, and pushes me to further elaborate my interest on three essential points. First of all, it demands to understand how the healthcare system in Brescia is structured in order to find the determinants that might play a role in the Senegalese recourse to health. It would be interesting to find out who has access to Brescia's healthcare services as the migrant's status (legal/illegal) might play a role in accessing those services. Secondly, the research question will allow me to delve into the core of the recourse to traditional medicine among Senegalese. What kind of therapies (herbalism, divination, spiritualism) are often used and for what purposes (in case of illness, for good luck etc.) are they used? Finally, how do migrants acquire traditional healings? Is there a parallel healing system in Brescia based on the use of traditional medicine? If so, how is this structured?

1.3- Methodology

On my first night in Brescia after spending 20 days in Milan, I conducted my first focus group discussions. Thanks to my respondents (see list of participants), I was able to meet up with Senegalese and proceed with my research. In fact, I adopted a snowball technique which allowed me to widen my network. After being introduced to people by the respondent (Nourou. S), I planned appointments with them for interviews or focus group discussions. I had also in the beginning of my fieldwork a fixed position to administer the survey questionnaires. I used to spend time in Talla's shop where I met people to whom I asked to fill in the survey. However, in the end, I had to walk through the streets in order to meet with senegalese for the survey questionnaires. This is due to the fact that I had to leave Brescia earlier than I planned because of a family related emergency.

Following the research questions a combination of different tools, in terms of methods, is required to seize such a complex topic. Therefore, I adopt a mixed methods which Johnson *et al.* (2007) define as follows:

“Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration” (Johnson et al., 2007, p. 123).

With an aim of finding out more about the migrants' beliefs, behaviours and practices, I had to make use of qualitative methods which I combined with quantitative methods and secondary sources. First, the focus group discussions' questionnaire helped grasp the extent to which traditional medicine is used and is important to Senegalese. It was also of support in understanding the perception of health through discourses on biomedical medicine in Brescia, on the “invisible world” and on the acquisition of traditional medicine. Second, the semi-structured interview questionnaires followed almost the same lines as the focus group discussions sheet. The idea is to seize differences and similarities of discourses. Finally, the use of secondary sources is of importance as my topic deals with migration and health. Therefore, sources from the World Health Organisation (WHO), the International Organisation for Migration (IOM), in addition to other sources such as those from ISMU (Initiatives and Studies on Multiethnicity) or tuttitalia.it (Italian association working on statistics of towns and provinces) are used as statistical data bases in this

research. I planned on doing participant observation in case I come across a practitioner but I did not meet a healer. Instead, my observations were oriented on Senegalese livelihood regarding the use of traditional medicine.

Related to consent, the interviewees have been given the choice to participate or not in the research. They could express their own will of being part of this study. For those who wanted to participate, they had the choice to be anonymous if they wanted. Therefore, I had in the beginning a consent sheet which the participants signed afterwards (see list of participants). As the time passed, I realised that for some people signing a document is not necessary since they were not comfortable with that. Then, I adopted a verbal consent later on. That is the reason why the list of participants is not exhaustive in the appendix section.

This research project raises a central question linked to my own positionality and biases. I was born and raised in Senegal in a Wolof village (Ndoulo) where traditional medicine is present in people's daily life. Additionally, I have previously done research on traditional medicine in Senegal which means I have a certain apprehension on the subject. As I am Senegalese, I have the same culture as most of the participants in this research. Conducting research on this topic among them was a difficult task. It is not easy because for some people when I asked them about Brescia's health care system, they may think that you wished they would get sick. These are driven by superstitions to the extent that they do not want to answer your questions. That was an obstacle I encountered twice during the fieldwork. Traditional Medicine is also a difficult topic to discuss since it is seen as a personal subject on which one should keep secret. This has led to scepticism among them especially when it come to fill in the survey. Some hesitated and wished not to become part of the research while others accepted and contributed in realizing this study.

On disseminating the outcomes of this research, I would like to share it with the participants. I also wanted to make a short documentary of the fieldwork, but the time did not allow me to do so.

This project was supported by the Erasmus+ grant for Studies and the Uhlenbeck scholarship. As it is my personal project, this research has not received any other kinds of sponsors.

1.4- Concepts, Academic debates and thesis structure

This research is grounded on ideas from medical anthropology and migration studies, and its main concepts are migration and traditional medicine. When it comes to migration, it is defined by the International Organization for Migration (IOM) as “The movement of a person or a group of persons, either across an international border, or within a State”. (IOM, 2011, p. 62). This definition gives quite a broad perception of migration which is merely seen as a movement of people from a place to another. In this research I am more interested in the international dimension of migration which is referred to as the “movement of persons who leave their country of origin, or the country of habitual residence, to establish themselves either permanently or temporarily in another country” (*ibid*, p. 52). As I am going to do research on Senegalese migrants in Italy, this definition is appropriate since it gives a frame to this research topic. More importantly, this study will use the concept of transnationalism as it entails the extension of social phenomena and processes beyond borders of nations and nations states (Pries, L, 2015, p. 1). Transnationalism is defined as “the processes by which immigrants build social fields that link together their country of origin and their country of settlement” (Glick Schiller *et al.*, 1992, p.1). This perspective breaks with the view which would analyse immigrants only from their host countries.

In their work, entitled “*Transnationalism: a new analytic framework for understanding migration*”, Glick Schiller *et al.*, (1992) give the framework to the concept of transnationalism. This article is interesting since it starts the debates on migration studies in the social sciences before linking the concept to a global perspective.

The article on “*Transnational therapy Networks among Ghanaians in London*” (Krause, K 2008) stresses the question of multiple medical practices. The article is grounded on ideas from medical anthropology and migration studies. It will serve my research as it has dealt with therapies carried by migrants to their host country. The author builds a literature review analysing the historical linkages of Ghanaians in London, before elaborating on multiple health practices, the types of medicines, the medicine flows and the transnational therapy Network.

The articles written by Bruno Riccio (2008) “*West African transnationalisms compared: Ghanaians and Senegalese in Italy*” is of importance in my research as it gives insights into Senegalese migrants in Italy. It is based on an interesting comparison between Ghanaians and Senegalese. With a focus on the tradition of migration, similarities and differences when it comes

to family and work strategies, associations, mediation role of religion, this article will be helpful in seizing the complexity of Senegalese migrants' system.

Bruno Riccio and Stefano Degli Uberti (2017) have worked on the “*Senegalese migrants in Italy: beyond the assimilation/transnationalism divide*”. This article explores the Senegalese culture of migration, and from a case study within Emilia Romagna, analyses the phenomenon as a “double engagement” rather than considering it as a dichotomy opposing assimilation to transnationalism (Riccio & Uberti, 2017, p. 241).

Kaag's works are of capital importance in this study in the sense that they provide insights into the Senegalese diaspora in Italy and particularly those living in Brescia. Through “*Mouride Transnational livelihoods at the margins of a European society: The case of residence Prealpino, Brescia, Italy*” (2008), the author provides us with specific information on Brescia which is the study area of this project. With a focus on the “Residence Prealpino”, Kaag (2008) analyses the history of the residence before considering the latter as a “Political issue” and as “Home, Transnational Junction and safety-Net” (Kaag, 2008, p.279). The marginalised Senegalese people living in the Residence Prealpino have more bonds with their country of origin than with Italy or Brescia, according to the article. However, this tendency is contrasted with the local and transnational dynamics of the Murid brotherhood who support each other and become open to Italian society (Kaag, 2008, p.282).

From the same author, “*Transnational Elite Formation: The Senegalese Murid community in Italy*” deals with the evolution of elitism among Senegalese people especially among Murid disciples in Italy. Kaag's (2013) paper helps me to understand how the Senegalese diaspora in Italy is organised. As if it was a follow-up on the Murid migrants, Kaag (2023) on “*Faithful journeys: unpacking the religious luggage of Senegalese Murid migrants in Europe*”, addresses the question of “travelling Islam”. The author unpacks the migrant's religious luggage, a theme which appears inspiring since I planned on unveiling the migrant's backpack to find out their recourse to traditional medicine.

On the latter, a lot of works have been produced and debating on the theme has also evolved among scholars. In Evans-Pritchard's work in 1976 titled “*Witchcraft, oracle and magic among the Azande*” the perceptions of sickness or misfortunes among Azande people in central Africa are linked to witchcraft. The author mentioned a conversation he had with Dr. Nkrumah who

complained that “Anthropologists tried to make the African look as primitive as possible: photographing people in the nude, writing about witchcraft and fetishes and other superstitions [...]” (Evans-Pritchard, 1976, p. 250). This complaint shows the extent to which traditional or indigenous knowledge was ignored. However, a shift occurred in the 1980s with Arthur Kleinman’s approach. In *“Patients and healers in the context of culture, An exploration of the borderland between Anthropology, Medicine and Psychiatry”* published in 1980, the author argues that “We can view medicine as a cultural system, a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions” (Kleinman, 1980, p. 24). Here, he is referring to the social and symbolic characters of health in general and traditional medicine in particular, and the interactions that determine a health care system. Through cases in the People's Republic of China and in Taiwan, the author demonstrates the attractivity of traditional medicine. He argues “Foreigners visit Taiwan to receive instruction or treatment in Chinese medicine, and well-known Chinese-style doctors have traveled to the United States and Europe to teach and practice”. It is to say that traditional medicine is acknowledged since it drives interests among westerners.

Most recently, African traditional medicine is analysed regarding its potentials and limits. (Sifuna, N, 2022), its place in the healthcare system (Antwi-Baffour *et al.* 2014), its history and characteristics (Chaitanya, M.V. *et al.* 2021). The World Health Organisations’ publications (WHO, 1978 and 2002) have been of importance, respectively, in defining the concept and in seizing the statistics regarding Africa in particular. Traditional African medicine is defined as “the sum total of practices, measures, ingredients and procedures of all kinds, whether material or not, which from time immemorial had enabled the African to guard against diseases, to alleviate his sufferings and to cure himself” (WHO, 1978, p.8). This study focuses on African traditional medicine which I consider as any kinds of “non-biomedicine” therapies from Africa (sent from Senegal) or practiced by Africans (Senegalese) ranging from products (herbs, verbs, decoctions, creams, prayers etc.) to practices (mysticism, “maraboutage” etc.) in Brescia, Italy.

The thesis is divided into four chapters. The first chapter, which is a general introduction, sets the scene of the research. The second chapter is dedicated to Senegalese in the province in general and in the city of Brescia particularly. It deals with the travellers in a host country. In this part, I first introduce Brescia and its Senegalese before I analyse, in a comparative approach their presence in

the city from the *Residence Prealpino* time to today in the second part. It focuses on their spread all around the municipality. As the thesis goes forward, traditional medicine in Brescia is stressed in chapter three with a focus on “*Modou-Modou*” and their perception of health. The fact that tradition is featured in Senegalese daily life will be analysed, and the last part will be dedicated to the roles of the branches of traditional medicine (herbalism, divination and spiritualism). The last chapter elaborates on a traditional healing system from local to transnational. It is divided into two parts with: A transnational healing system, and the travelling items as therapy before ending this thesis with a general conclusion.

Chapter 2- Brescia and the noticeable presence of Senegalese

In Milan, I met Abdou who is a little bit older than Moussa Ndoeye (in the first example). They share the same street Via Francesco D'Ovido at the neighboring Technic university of Milan. Like Moussa, Abdou is a street vendor but he does not sell antique articles. His merchandise consists only of goods for general use. He is from *Touba* (Capital city of Muridiyya brotherhood in Senegal) and he arrived in Italy in 1986. This corroborates what the literature has shown since the first Senegalese reaching Italy's soil are dated back to the mid-1980s, according to Kaag (2008, p. 273). This period which coincided with restructuring and a reduction of industrial enterprises especially in France, led to family and individual migratory initiatives (Riccio, 2008, p. 219).

Furthermore, in *“Les sénégalais d'Italie: émigrés, agents de changement social”*, Mboup (2000) outlines the history of Senegalese migration going back into the 1960s-1970s. He distinguishes between communities two types of migrants within Europe (France and Italy) from different periods. The group named *“Francenaabé”* refers to the people of France in Fula and distinguishes them from others living in Africa for example. These are from *“Haalpulaars”* or *“Soninké”* communities. The second group is that of *“Modou-Modou”* who are from *Wolof* communities where Modou, a diminutive of Mamamdou, is frequently used as name (Mboup, 2000, p. 29). In a context of crisis within the Groundnut Basin (*Le bassin arachidier*), these *Modou* leave their localities for new countries like Spain, USA or Italy (*Op.Cit.* Riccio, 2008) where they form communities and remain in contact with Senegal. Abdou, Moussa and other's presence in Lombardy follows the northward movement where factories attract important workforces. In this context, Brescia will not be left behind as it registers a noticeable presence of Senegalese. Therefore, I argue that Senegalese are omnipresent in Brescia and they evolved from marginalised immigrants to integrated entrepreneurs.

2.1- Senegalese in Brescia: The Data of a presence

The first impression I had upon arriving at Brescia train station was that I was in Senegal. The situation differs at some point from that of the early 2000 Kaag (2008) described in the Residence Prealpino case. It is not the smell of *“thieboudienne”* that fills the air anymore or workers carrying big bags of merchandise that characterise Brescia today. Twenty years later, the city vibrates under

the entrepreneurship of most of those who used to live at a declared uninhabitable flat: the *Residence Prealpino* (Kaag, 2008, p. 272). As soon as I left the train station, taxi drivers stopped me speaking an Italian which cannot hide the Wolof accent. I had heard them speaking Wolof before I arrived. Their conversations carried me away to the point that I felt like I was in Dakar. Yet, I had just arrived in Brescia.

The city is home for 1.157 senegalese which represent 17% of the total senegalese migrants living in the Province (6.725 senegalese). This percentage is the highest in the Province since the second city has less than half of this rate. It is estimated at 347 and concerns Palazzolo Sull'oglio, a city located at the border between Brescia and Bergamo provinces.

Senegalese are omnipresent in the north of Italy especially in Milan, Bergamo and Brescia. In the Province of Bergamo live 9428 people while in Milan they are 6420. Focusing on these data might not give any clear insight. It is then necessary to zoom into the provinces to uncover the different proportions those big cities register. This zooming allows me to see that the city of Bergamo has the lowest proportion of senegalese residents even though the province has the highest population. Milan and Brescia, among the municipalities, host more senegalese than other cities within these provinces, with respectively 2576 and 1157 of Senegalese(See figure1).

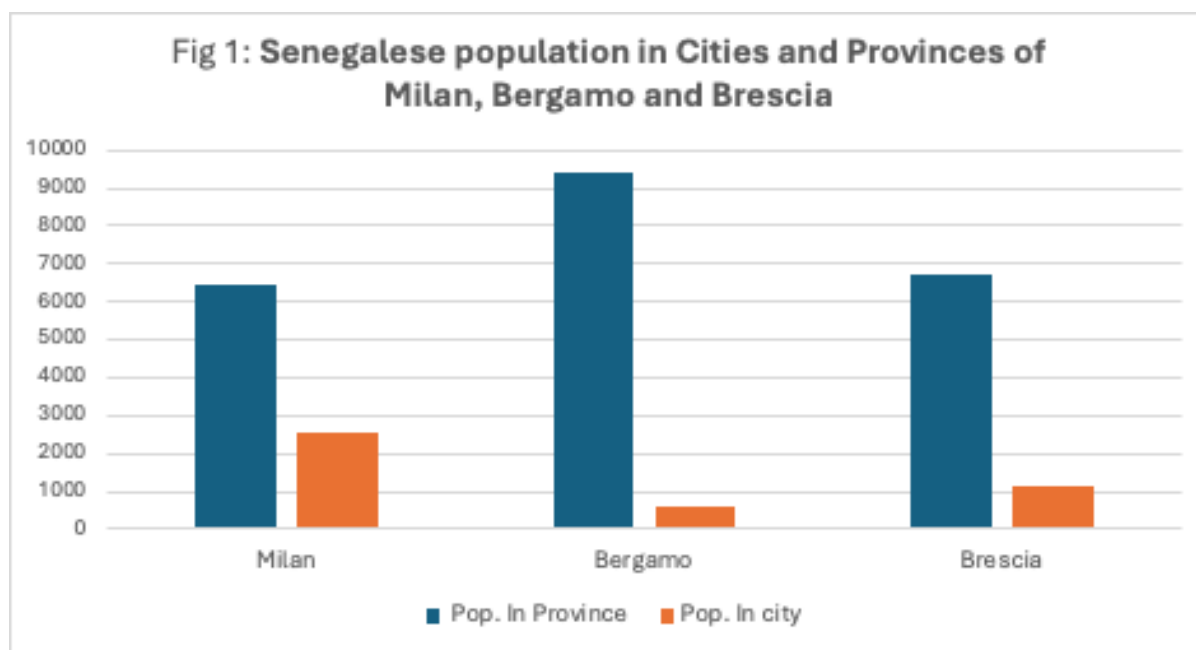


Figure 1: Senegalese in Milan, Brescia and Bergamo

Data source: *Tuttitalia.it*

43% of the Senegalese population are between 18 and 35 years old. This is the highest percentage in which only 19% are married. This is where you find most of the undocumented immigrants who represent 9% of the Senegalese living in the municipality of Brescia. Most Senegalese work as employees in factories, trading companies or are self-employed. From the survey, it can be argued that most of them are Muslims. They can be divided into two groups: The “*Mourides*” and the “*Tidjanes*”. The *Mourides* constitute the majority of the population and represent 85% of the Senegalese. Such an important presence can be justified by the historic relationships between Mourides brotherhood and migratory phenomena which dated back to the birth of the *Mouride* movement in the colonial period (Mboup, 2000, p. 51). This refers to the exile of Cheikh Ahmadou Bamba, known also as Serigne Touba, by the French colonisers to Gabon and Mauritania. Following the same vein, Kaag (2008) argues that Mourides migrants associate their experiences and problems with the suffering of Serigne Touba (Kaag, 2008, p. 275). These relationships are fostered by the visits of Mourides guides, generally grand son of Serigne Touba whose presence in Brescia brings mental, social and spiritual support to them. They are organised in *Dahiras* among others I can identify *Dahira Ansar Touba-Italia*. It is led by Serigne Mbaye, my host in Brescia, whose mission within the *Dahira* is to spread Serigne Touba's work all around Italy.

2.2- Flashbacks and today's realities: “The Residence Prealpino all around the city”

Back in 2000, many Senegalese in Brescia were living in one place, where they were not in contact with the outside world. It was their “ecosystem” where one could feel home because they were surrounded by fellow Senegalese. Today they are being spread all around the city and the province to the extent that they create the same “ecosystem” everywhere in Brescia. They run shops, hair salons, restaurants, and offices to assist people with their administrative procedures. It should be noted that they work in factories and lead associations, usually religious ones (*Mouride or Tidiane brotherhood*).

There are some famous places within the city of Brescia where Senegalese meet each other.

“*Boutigou Talla*” (Talla's shop), “*Plassou Bay Dame*” (Bay Dame's place) or “*Restaurant Marème*” are places of gathering for Senegalese located on the street Via Capriolo. Talla's shop, one of those places of gathering, serves as an address to most of those immigrants (See photograph 2).



Photograph 2: Talla's shop

Source: M. Ndiaye February 2025.

He is a 40 year old man who used to live in the popular *Residence Prealpino*. His father was one of the “*Dieuwrigne*” (representatives) of the *Dahira* of Mouride brotherhood in Brescia. He used to host religious guides from Touba when they visited them in Brescia. Talla, through his shop, has kept the tradition of his father because he hosts today religious guides who will be visited by their “*Talibés*” (disciples). Mboup (2000) mentioned the role of Mouride brotherhood in Senegalese livelihood in Italy. Among other activities, he cited “the visits of dignitaries of the brotherhood for whom Italy has become a privileged destination” (Mboup, 2000, p. 58). In that regard, I had the chance to visit Serigne Sidy Mbacké, one of those dignitaries in Talla's shop in Brescia. Through his presence and his prayers, he brings mental, social and spiritual support to Mouride Talibé in particular and to Senegalese immigrants in general.

Talla sells a variety of articles, most of those are from Senegal. It is also where the *G.P (Gratuité Partielle)*⁴ drops the packets when he arrives from Senegal. The shop creates a strong link between Senegalese and their habits especially in terms of food.

Talking of food, Marème's restaurant is at the opposite side with Talla's shop (See photograph 3). Here, you can enjoy a delicious "*Thieboudieune*" or other Senegalese meals you want as if you were in Senegal. Marème and her husband Modou Anta run the place with their employees.



Photograph 3: Marème's Restaurant

Source: M.Ndiaye, February 2025.

On my first day in Brescia on Thursday 7 February 2025, as I was exploring the city to create contacts and try to find an accommodation, I entered Marème's Restaurant for the first time. As my fieldwork coincided with the muslim's fasting month (Ramadan), Marème's Restaurant was where many Senegalese come to break their fast. Everyday a dozen people gather there at around 6:30 pm to have a cup of coffee and a slice of bread on which tuna sauce is spread. This food

⁴ I will elaborate on that term later on.

comes from people who contribute to support others in need and also create “*une atmosphère de retrouvaille entre Sénégalais*” (an atmosphere of gathering between Senegalese), says Modou Anta.

At the crossing Via delle Battaglie is located the Törtör association (See photograph 4). It is a socio-cultural association which promotes Senegalese culture according to the co-founders (Nourou and Martina).



Photograph 4: Association Törtör

Source: M. Ndiaye, February 2025.

This is an interesting example since it features the presence of both Senegalese and Italian in an association. Sharing associations with Italians shows that there are changes regarding Senegalese integration in Brescia. In the Residence Prealpino time they had few contacts with Italians which contrasts with today's reality since they are everywhere around the city. Additionally, Nourou mentioned that today Senegalese have integrated Italian society. “*Aujourd’hui les Sénégalais sont très bien intégrés par rapport aux temps de la Résidence*”. According to him, their activities were

mostly taking place in the Residence. For example there were mechanics, merchants etc. It is when the Residence was closed that the integration process started. Many others run business places such as Doudou who sells flight tickets and Fatou who owns a shop on via Milano. The fact they own businesses in Brescia shows that they have become integrated entrepreneurs.

As one of the most important cities in Lombardy, Brescia has seen Senegalese population passing from marginalized immigrants (Residence Prealpino time) to residents active in the development of the city (today). Senegalese diaspora's entrepreneurship is a tangible reality. Their dynamism in the economic sector of Brescia illustrates that. Many places belong to Senegalese where they meet and socialise. Beside the fact that those places constitute points of convergence of people, they share other things related to Senegalese culture. They showcase the culture and tradition of Senegal through items (talismans, photos of religious guides, and other practices).

Chapter 3- Traditional medicine in a migration context: A senegalese matter

Access to health is a basic social right framed by the United Nations member states. Article 12 of the United Nations Covenant on Economic, Social and Cultural Rights stipulates that “the states parties to the present covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (UN-CESCR, 1967, p. 6). More specifically, illegal migrants are taken into account when the CESCR argues that “states are under the obligation to respect the right to health by inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum-seekers and illegal migrants to preventive, curative and palliative health services[.]” (UN, 2000, p.12). Ratified by most European countries among others Italy where the National Healthcare Service (*Servizio Sanitario Nazionale* or *SSN*) is known worldwide for being a universalistic system including as well undocumented migrants (Listorti E. et al, 2022, p.1). During the interviews, it has often been mentioned that undocumented immigrants have access to health services. Illegal migrants receive a code called *S.T.P* (*Straniero Temporaneamente Presente*) which literally means foreigner temporarily present. It allows them to access health services within a six month validity (*Ibid*, p. 2). Saliou mentioned that “*without a document you can not be consulted by the docteur*”. The document he referred to is that *S.T.P* code. This particularity makes the healthcare services appear very affordable. Most of the interviewees, those with a permit title, mentioned that the services cost almost nothing. Doudou S, who spent almost twenty years in Italy argues: “*we see ourselves in the health system*”. However, the survey shows that 10% of the senegalese in Brescia consider the health costs to be expensive. Most of these people are undocumented migrants who are struggling in finding jobs.

Although the healthcare system in Brescia is accessible, it does not prevent recourse to traditional medicine or the use of traditional items. I argue that traditional medicine is present in daily life of Senegalese in Brescia. In this chapter, I analyze traditional items which have a meaning and are featured in *Modou-Modou's* livelihood and I explore as well the different branches of traditional medicine in relation to their use in Brescia.

3.1- Livelihood of ‘*Modou-Modou*’: tradition featured in daily life.

As we have seen in Mboup (2000), Modou-Modou is derived from Modou (Mamadou), a popular name in Wolof society. Modou's livelihood is for most of them around one thing: success. Their origins may differ but their goals remain the same, to reach a higher standard of living in Senegal. This could explain Modou's attitudes in Europe in general and in Italy in particular regarding health.

Health or illness might be understood differently from a specific culture or continent to another. It refers to “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948, p. 1). This definition is accepted worldwide and taken into account in public policies. However, for Senegalese health or illness is perceived otherwise. The fact that Saliou, answering to the question “to what extent can you say that you are healthy”, said “*Febaruma, mangi sant yalla*” (I am not sick, thank God) is an illustration to that, since he focussed his answer on the absence of sickness (*Febaruma*). This perception of health amongst Senegalese in Brescia follows the same logic of those living in the Diaspora. For example, in Spain a study on Senegalese regarding their perception of health has shown that “health is perceived as the lack of illness, pain or medical treatment” (Soriano et al. 2017, p. 73). When it comes to illness, it is considered as having two dimensions: a physical and a mystical or simply visible and invisible dimensions. Therefore, it is a “disorder that has both natural and supernatural causes” (Chaitanya, M.V. et al. (2021, p. 2). Those supernatural or invisible causes explain the use of some kinds of traditional treatments such as verbs, rituals etc.

If one wants to see features of Senegalese culture they must enter their places. Shops, restaurants, homes and even cars showcase their roots. Talismans, pendentifs, photos of religious guides constitute items senegalese use on a daily basis. This is related to a certain belonging but also for their well-being. It is not only about health but it encompasses wealth, good luck, protection from evil and so on.

In Marème's restaurant, the first thing you will notice is the photo of Serigne Touba (*Founder of the Mouride Brotherhood*). “It gives benediction, protection and reminds me of the order” says Modou Anta. A talisman hanging on the other side of the desk caught my attention. It is to provide

prosperity for their restaurant, he explains. These practices can be identified all around the city as far as Senegalese are concerned. Liquids poured at the entrance of a shop or an office and talismans hanging under the gear of a car or in the house are among other features showing Senegalese use of traditional medicine today in Brescia. Twenty years ago, “for a couple of euros a woman could read the future from cowry shells” (Kaag, 2008, p. 281). This has become very rare since those healers do not have the possibilities to travel to Italy. “It will cost them a lot of money to come to Italy”, argues Serigne Mbaye.

The demands of success and achieving a comfortable standard of living drive Modou-Modou to adopt particular behaviors. This is the case, for example, with housing, where more than five people can share an apartment of less than 40m². Moreover, in Calcinato (a city in the Province of Brescia) I could identify rooms that function as sleeping rooms and workplace as Kaag (2008) mentioned in the Residence Prealpino case. “Many rooms are a work place during daytime and a sleeping place at night” (*Ibid.*). At my host home in Brescia, my housemates told me “*We, Modou-Modou of Italy, do not spend money on materials for ourselves*”. The reason was that I bought a mop, which they consider expensive. Then I asked Serigne Mbaye who explained to me that in Italy they work for two things: the family in Senegal and *The Grand Magal of Touba*.

The world of Modou-modou is quite unique. During my research, I learned to understand their perceptions of life in general and health in particular whether in Brescia or in Senegal. Items featuring their daily life are part of them as Diallo said “Traditional medicine is part of us”.

3.2- The migrant's backpack: “Traditional medicine is part of us”!

Backpackers prepare themselves for all eventualities. Tent, sleeping bag, sleeping pad, water filter, cooking stove, medical kit etc. are items that are often on board. It is to say that travellers take what they deem necessary for their trip and for where they are going to stay. There are particularities though that might be determined by the traveller's background. For example, the backpack of a Senegalese features traditional medicine as part of their medical kit since it is anchored in their values. Diallo M (one of the interviewees) manifested the fact that he identifies with traditional medicine when he said “*fadiu cossaan dafa bakk ci ñun*” (traditional medicine is part of us). It has always existed in Africa and constitutes for Africans “their own ancestral practices to heal” (Chaitanya M. V, 2021, p. 1). It is therefore part of Africans identities. This may

explain its important role in Africa, where the majority of the population uses it. In Brescia, our survey shows that 100% of Senegalese immigrants do recourse to traditional medicine through its three branches (herbalism, divination and spiritualism).

3.2-1- Herbalism: barks, leaves and roots in stake

The term herbalism makes one think of herbs and in extension it makes one think of plants in general. Here, it refers to the relationship between plants and humans. According to Hoffmann (2003), herbalism is “the study and exploration of the interactions between humanity and the plant kingdom” (Hoffmann David, 2003, p. 8). More specifically, it is the use of different herbs in the process of healing. All parts of the plant are used in herbalism, among others barks (see photograph 5), bulbs, leaves and roots. Herbalism exists in many cultures and societies around the world. In Asia, Latin American, Australia or Africa, . It has existed since ancient times in the African continent according to Chaitanya, M.V. *et al.* (2021, p. 4).



Photograph 5: Barks in Talla's shop in Brescia

Source: M. Ndiaye.

In Brescia herbal medicine plays a central role in the cure of a variety of illnesses. These can be a flu, general fatigue, pains linked to menstruations, dermatoses, hemorrhoids etc. It has two

dimensions: a natural and a spiritual dimension. The first refers to when the treatment is not prescribed by a healer, rather, it is either a personal choice or an advice from a friend. A natural herbalism is the use of herbs or plants naturally through boiling it or soaking it in water. That contrasts with the spiritual herbalism on which I will elaborate in the section of spiritualism. This practice can be seen as self-medication which is defined as “the use of medicines without a medical prescription” (Ndiaye M and Sarli L, 2014, p. 78). Most Senegalese use herbalism and it represents 96% of the total population of immigrants within the municipality. A zoom in that percentage reveals particularities within the different age brackets (see figure 2).



Figure 2: Use of herbalism among Senegalese

Source: M. Ndiaye (Survey) February 2025.

41% of the population using herbalism are between 18 and 35 years old. This bracket is where undocumented immigrants are mostly found. It can be linked to the fact that they use it for “good luck”. In the survey, this (good luck) refers to having the chance to surpass illegality and getting a residence permit for undocumented immigrants. It also refers to openness and access to a better job for resident permit holders. Thus, herbal medicine is not used only in case of illness, it helps overcome difficult situations and reach a better life. Those between 35-50 and 50 plus years old use herbalism as a treatment for their illness.

In the discussions I had with Fatou S, a twenty five years old girl, it has appeared that girls make use of “*Thiép*” (*Chrysopogon Zizanioides* or Vetiver) to relieve their pains during menstruation periods. Some of the interviewees mentioned that they use only herbs and do recourse to biomedical treatment when it is unavoidable or mandatory. It is the case of Serigne Mbaye who has stopped using a lot of senegalese favorite products. For example, *Jumbo*, sugar, *Maggi* are products senegalese utilize at an uncalculated proportion. For him these are sources of illnesses and therefore, they must be forbidden. He prefers “*kinkeliba*” to coffee (even *Café Touba*) and he always has leaves of “*Nguér*” (*Guiera senegalensis*) which he said heals the flu.

3.2- Divination: What is in the future for Senegalese ?

In his work on “*African divination system: ways of knowing*” Philip M. Peek (1991) defines divination as “a consultation of an individual or individuals with special knowledge or power, for the purpose of obtaining information not normally available to ordinary people, particularly regarding future events, the causes of events, or the will of the gods or spirits” (Peek P.M, 1991, p.1). It is a way of discovering the future and it is referred to in Wolof as “*Gissaané*” or “*Séet*” (Seeing or Search). Divination can be performed in different ways as Diallo said: “*Séet bi beurina ay façon*” (There are many ways of doing divination). Yahya, one of the participants, states that it can be done through sand (*Suuf*), cowry shells (*Pétaw*), water (*Ndox*) or even peanut shells (*Xottu guerté*). He said despite these numerous methods, some other people can perform divination from observing their patient. He gave the example of his grandfather who tells the future from eye contact: “*Sama maam dalay xool rek wax la*” (my grandfather looks at you and tells you the future). Nourou, recalling his last visit at a divinator, said that his method is based on calculating the patient’s name: “*Fima mundjé dèm ci Senegal, kooku dafay calculé sa tuur ak sa sant*” (the last one I visited in Senegal calculates your name and surname). Beside telling the future, healers use divination to diagnose and treat the patient’s health issues. Additionally, as part of the divination process, and in order to see in reality or to avoid what is predicted in the future, the healer (divinator) recommends the patient to give an offering. This can be biscuits, candles, cola nuts and even sacrificing an animal. Diallo precised, in that regard, that neglecting these offerings may give severe consequences to the person. He said: “If you do not offer the sacrifices you will never be a human” “*Sarax yi booko guenewul do nek nitt*”. He refers to the states of mental stability, balance and peace of mind the person needs to reach its goals.

The majority of Senegalese uses divination (See figure 3).



Figure 3: Divination among Senegalese

Source: M. Ndiaye (Survey) February 2025.

Our study shows that 53% of the population do recourse to divination in Brescia. However, the highest proportions of senegalese using it are between 18-35 and 35-50 years old with respectively 22% and 24% of the population. Noteworthy is the fact that 50 plus years old people, who represent 7% of Senegalese using divination, are less interested in that. It is because divination is in contradiction with Islamic principles which this age group tries to fulfil. Diallo said, in that sense, “Islam and the “*Ustaz*” (Quran teachers) have fought the existence of traditional beliefs such as divination”.

3.3- Spiritualism: nucleus of the healing system

Spiritualism is the branch that constitutes the core of African traditional medicine. The fact that it is present in every two other branches (herbalism and divination), makes it central to the healing system. In herbalism, the spiritual dimension is characterised by verbs. The formulas that activate the supernatural power of herbs or plants are secretly kept by healers. It is a hereditary practice which is passed on from parents to their children. To understand spiritualism in African traditional medicine one must take into account the fact that two entities cohabit and interact: living and dead, visible and invisible or natural and supernatural. It is the domain of beliefs be it Christian, Jewish,

Muslim, Pagan or Animist, they all share the existence of a supernatural power which goes beyond the human force. Tosam (2021) summarizes spiritualism in three principal characteristics. The author considers first life and death as respectively corporal and spiritual states. Secondly, there is communication between those two states and thirdly there is a dependency between them (Tosam, 2021, p. 260).



Figure 4: Spiritualism among Senegalese

Source: M. Ndiaye (Survey) February 2025.

76% of Senegalese use spiritualism. Most of these are younger than 35 years old and they represent 32% of the population. People between 35 and 50 years old are 27% of the users while 17% of 50 year old people do recourse to spiritualism. It plays the role of mental, social and mystical support for immigrants.

This is linked to the perception of the existence of spirits. M. Diallo, whose father is a traditional healer in Senegal said “In Europe, there are many spirits because the Europeans have built cities everywhere to the extent that the spirits live together with people”. He associated the existence of spirits in Europe with urban development. For him, some areas are uninhabitable because they host spirits. It is the case of forests or green spaces and water places which must not be occupied by humans.

Watching a wrestling match might be an eye opener to those who want to understand how deep traditional medicine is in Senegalese society. Even in sporting events, it is present and occupied a central part of those matches. It is present in their daily life and Diallo's assertion says it all. Traditional medicine is part of Senegalese people, especially to immigrants in Brescia. Through its three branches, it plays different roles (treating illness, diagnosing it, mental wellness, having good luck, knowing the future).

In my imagination, I see Senegalese as a tree. Their roots are deeply anchored in the earth (rooted in traditions, especially to traditional medicine) and its top is leafed by the winds (openness to others). This ambivalence illustrates what president Senghor's influence was when he said "*enracinement puis ouverture*" (rootedness then openness). That call for being rooted in your culture and open to the world is what characterises Senegalese. Between Senegal and Brescia, the use of traditional medicine let appear the existence of a system which put three parties in play, hence the triptych of a transnational traditional health system.

Chapter 4- The triptych of a transnational traditional health system: Interconnections beyond the borders

Similar to a turn taking, people came and went back with their packages. I was in Talla's shop, one of the places where Senegalese come to pick up their boxes. As part of the luggages traditional items figure among others in the packages that just arrived. After a series of questions addressed to the shopkeeper, I understand that there is someone whose work is to bring and send packages between Senegal and Brescia. Pape Diop is one of them and he uses Talla's shop as a depot. Some of the people coming to take their boxes play the role of intermediaries between the person in Brescia and the contacts in Senegal. These contacts are often family members, friends, and *Marabouts* (a term which I will clarify later on). All these intermingling of people is organised in a system which constantly connects Senegalese.

This well organised system puts different actors into play. It has appeared that leaves, roots, talismans, decoctions etc. all these therapies sent from Senegal do not follow the same way to reach their final destination. They take specific paths depending on the expeditors and the receivers. Between these two entities a third party intervenes to finally give what I call the triptych of a transnational traditional health system (see figure 5). The nature of the contacts also varies from one actor to another. These components determine the acquisition process of traditional medicine within Brescia. At first this chapter will elaborate on the components of the system before explaining the interactions within it.

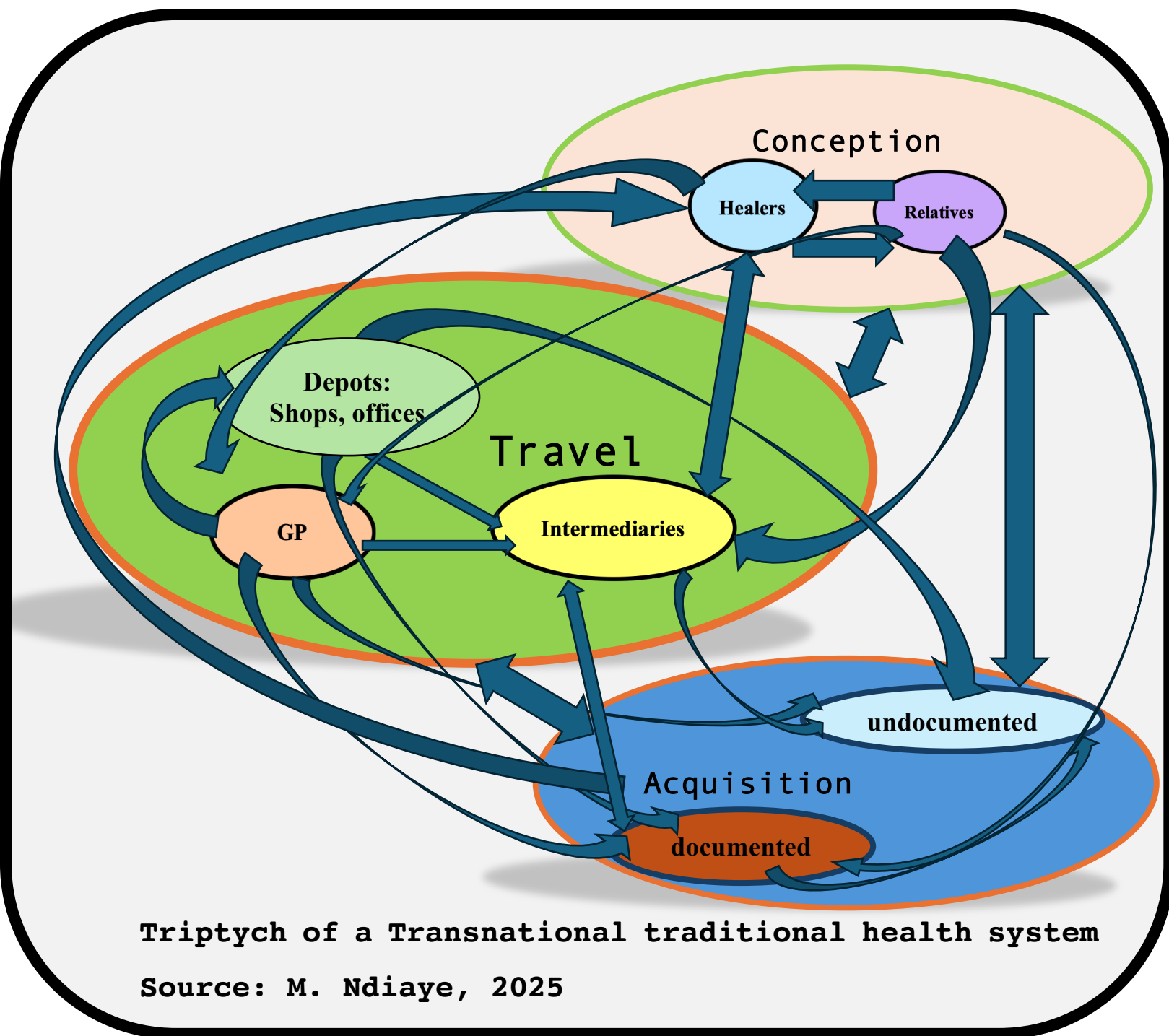


Figure 5: Tryptych of a Transnational traditional health system

4.1- The triptych: The system's components

Our research shows that the use of traditional medicine in Brescia involves several parties. Those are stages in which actors are identified. On the one hand, we have the *Conception* stage, and on the other hand, we have the *Acquisition* stage. Between these two parties is the stage I named *Travel*. Between the stages, there are connections linking them at a macro level and within actors interconnections are noticed.

4.1.1- The Conception state: Healers or “Marabouts” and relatives

The name, Marabout, bears a nuance which is worth clarifying. In his study, Mommersteeg (1995) identified the existence of two types of Marabouts. The ones that have secret knowledge and make amulets he called “*Siri Marabouts*”. Those are different from the ones that teach the Quran and how to follow God, “*bayanu-Marabouts*” (Mommersteeg, 1995, p. 85). In Wolof society the firsts are called “*Serignou tariax*” while the seconds are known as “*Serigne*”.

The *Serigne* are from religious families where teaching the Quran and the prophet Muhammad's lessons are central. Those in Senegal are religious and spiritual guides and are divided into several orders or brotherhoods among others *Tidianes* and *Mourides*. The Mourides marabouts are present in Brescia where they come to visit their disciples. Serigne Mbaye stated that some of these have settled in Italy where they work while others can visit their “*Talibés*” once a year due to their responsibilities within Senegal. They occupy a higher status and in terms of medical support they do not often send therapies to immigrants. Instead, they play a role of mental, social and mystical support and remind the *Talibé* where they belong. Serigne Mbaye, recalling what the Khalif Général of *Baye-Fall*⁵ told them, said “*Li ngen fi indalé, li ngen fiy wutsi bumulenko xañ*” “Do not let what you are searching here forestall what you have brought”. In other words, they were called not to be focusing on the search for money to the extent that they lose their faith. This kind of speech fosters their relation with the country of origin.

As far as they are concerned, the “*Serignou tariax*” or traditional healers do this activity for a living and they are located in Senegal. Doudou stated that “A healer used to rotate within the Italian territory to meet with Senegalese. He performed divination”. A few of these healers were visiting

⁵ A branch of the Mouride brotherhood led by one of Serigne Touba's Talibé, Mame Cheikh Ibrahima Fall.

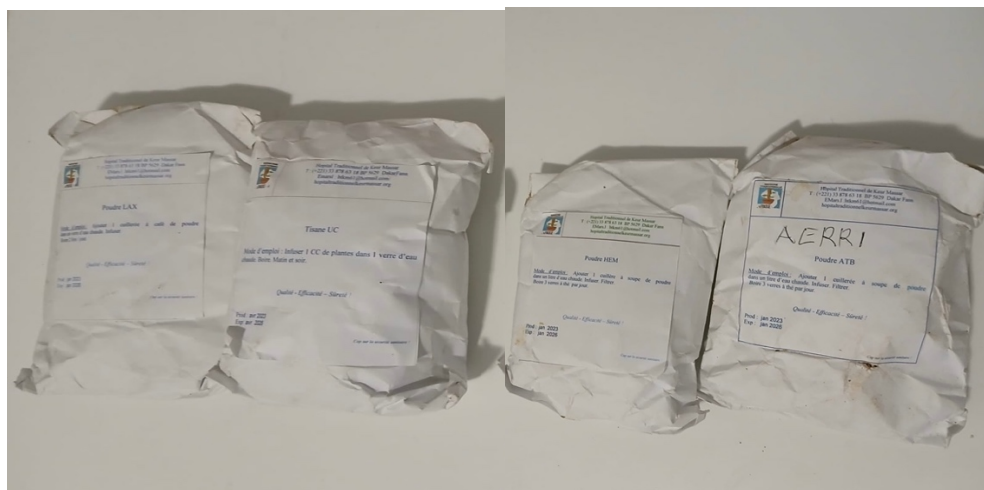
Italy, while most of them preferred to stay in Senegal. From there, they get in contact with the immigrants and their family members.

4.1.2-The travel stage: Different actors

Traditional medicine puts three actors into interaction during the travel stage. This stage is called travel because it is the moment where traditional items are shipped from Senegal to Brescia. It is where the connection is established between these two areas. The travel stage reveals the existence of entities in between healers and patients. These entities are composed of Intermediaries, GPs and depots.

4.1.2.1- The intermediaries: more than connecting

Discussing with Yahya who is the representative of his uncle has led me to understand that situation. He puts people in contact with his uncle. At the same time he is the representative of the Traditional hospital of Keur Massar in Dakar. Therefore, he receives and distributes their medicines sent from Senegal (see photo 6).



Photograph 6: Medicines from the Traditional hospital of Keur Massar

Source: Yahya Ba.

The healer prescribes the treatments and sends them to Yahya who will distribute them. Intermediaries are important in spreading the healer's competences. They often have witnessed the prowesses of *Marabouts* and use that as proof of knowledgeability to convince others. They can

be from the same family as the healer or just someone who has had contact with them in the past in which they have been satisfied by the healer's performance. For example, Yahya and Diallo have both healers in their families. They use them in examples to illustrate their prowesses. Nourou, who visited a divinator, talked about him in order to let others know that this person is particular or talented.

4.1.2.2- Le G.P: A facilitator in a soaring activity

Sending or receiving boxes around the World requires a median, someone whose tasks are to bridge the distance. What we are used to seeing is companies that specialize in the shipping of packages and letters. Most people know the Post services, the DHL, FedEx, the American Express, UPS etc. But there is another type of shipping supplier known as G.P. The G.P or "*Gratuité Partielle*" literally means "partly free". According to the article in the magazine "*Jeune Afrique*", "it referred to the preferential fare tickets granted by airlines to their employees and their families, particularly at the time of *Air Afrique*, before slipping into another meaning"⁶. Today, it refers to the people shipping goods from Senegal to the diaspora. It is a domain which can be seen as an alternative to aforementioned companies qualified as expensive shipping suppliers. It works as follows: a traveller has the right to two times 23 kg of luggage. The G.P keeps 23 kg for their own luggage and sells the others to several people. The price of a kilogram varies from 15 to 20 Euros, and some items have a fixed price. For example, an envelope is charged 15 euros no matter how light it is. In Brescia, there are a dozen G.Ps spread around the city. It is a soaring activity that brings in money to such an extent that every Modou-Modou benefits from it. For example when they have to go to Senegal or to come to Brescia, they will sell to others their 23 kg of luggage. The G.Ps play an important role in the acquisition of traditional medicine and constitute the central piece of the Travel stage in this system. They are everywhere in the world, connecting the diaspora to Senegal. G.Ps generally have a fixed place where they drop boxes after they arrive from Senegal and where they gather them for the next trip.

4.1.2.3- The depots: the domain of transmitters

Shops and other places such as offices function as drop points or depots for traditional items. These are transmitters in the transnational traditional health system. They contribute to facilitating the

⁶ See: <https://www.jeuneafrique.com/1515403/societe/dans-le-quotidien-des-gp-ces-coursiers-senegalais-de-linformel/>

receptions of traditional treatments in Brescia. There are different shops where one can send or receive their boxes. During the fieldwork, one of my housemates asked me to send an envelope to Senegal via Diakhaté's shop. The place is divided into two parts, on one side they sell only cosmetic products and the other is dedicated to art artefacts. This contrasts with Talla's shop mentioned earlier where goods for general use are sold. It is one of the most popular places where traditional therapies can be acquired, since it is a receiving and a sending point. "*Plassou Baye Dame*" (Baye Dame's place) is also a depot of items from Senegal. Baye Dame has an office where he helps people with their administrative procedures. Like Talla, Fatou has a shop is also a depot for G.Ps on Via Milano, one to two kilometers away from Talla's. In addition to storing G.P's boxes, some of these shops sell herbal therapies and they concern barks, leaves and roots as in Talla's.

4.1.3-The acquisition: The final destination

This is the phase where treatments reach their final destinations. It is an interesting phase since it puts documented and undocumented immigrants into play. Documented immigrants have the possibility of contacting their relatives who, at their turn, send them medical treatments after finding a healer. This is because they have an address where the medicines can be sent. Contrary to that, undocumented migrants can not follow this path because they have no official address. Therefore, they need intermediaries who will bridge that situation. They also use popular addresses such as Talla's shop via the G.P.

4.2- The interrelations within the system: All converge to the immigrant

The components of the system maintain complex relationships. A first analysis lets us see the existence of three groups connected to one another. Within the stages, there are connections linking them at a macro level. Therefore, between Conception-Travel and Travel-Conception are different relations. The first is when traditional items, after their creations are sent and it involves different actors while the second concerns the contacts between two actors, intermediaries and healers. These contacts exist in different forms: physicals and verbals. Physical contacts occur when there is an item involved which is sent or received. For example, between Conception and Travel there are physical contacts which involve actors in both stages (Healers, relatives, GP and

Intermediaries). Verbal contacts are the oral communications between intermediaries and healers. This macro level analysis reveals only the physical and verbal contacts and it does not say much on the character intertwined of actors. Therefore, a close observation is necessary to understand how these actors interact with each other. Conception, Travel and Acquisition are linked by the flow of traditional medicine. On a macro scale, Conception and Travel converge towards Acquisition. But these movements hide the interactions within each actors of those group who play a major role in the functioning of this system.

A zoom in allows us to see the complexity of these relationships. Healers and relatives establish relations during the conception of the treatments. That is why this stage is called Conception. It involves people who participate in the sending of treatments. The senders are located in this part of the system where healers and relatives establish relations. In this case, the parents contact a traditional healer for a treatment on behalf of their child in Brescia. For example, Saliou, one of the participants, mentioned that he does not know where the talisman he wears came from. He said “My mom sent me this one. It is for protection”. Thus, it happens that the person does not have an idea on what the talisman he wears is made for. In that case, it is the person who provides it who knows it. Relatives participate in the process of receiving treatments. They are in contact with the healers and connect them with their family members. From that connection, the immigrants express their wills (perform divination, make a talisman or a decoction) which will be prepared by the Marabout. After preparation, the treatment is sent to the next stage, the Travel.

This stage is an interesting part which features other actors. We find Depots, G.P and Intermediaries within this state. It is called travel because it puts in stake actors that either travel between Senegal and Brescia or are linked to travellers. All the actors, here, are transmitters since they help transfer items from one place to another. The depots connect GP, and intermediaries to people in Brescia. They are of different vocations, alimentations, art and cultural shops, or even offices are in this category. The GPs are connected to the depots who are at their turn linked to Intermediaries and to Senegalese (documented or undocumented). The depots and the G.Ps are both linked to Intermediaries. These kinds of relationships in this system are merely physical with an item as a connector.

Finally, comes the Acquisition stage where receivers wait for their traditional treatments. They concern documented and undocumented immigrants. The first have more possibilities than the

latter thanks to their status in the country. Therefore, they can receive medicines from their relatives in Senegal while undocumented rely on G.Ps, Intermediaries and shops for their needs. This system retraces the laborious course of traditional medicine from Senegal to Brescia. It puts senders, transmitters and receivers at play in different stages, Conception, Travel, Acquisition. It shows that the traditional health system within a migration context can be understood through a transnational analysis.

4.3- General conclusion

This research is motivated by an earlier experience I had on the healthcare system in Senegal. I did research on the therapeutic itinerary in Louga where the findings showed a recourse to multiple treatments. Those treatments are related to biomedical medicine, to automedication and to traditional medicine. That experience combined with the awakening characteristics of the African Studies at Leiden University pushed me to find out the role of traditional medicine in the well-being of Senegalese diaspora. This is a way to contribute to the debates on the roles “indigenous” knowledge plays. “*The migrant's backpack*” focused on the use of traditional medicine among Senegalese in Brescia. The topic itself announces that traditional medicine is used but the extent to which it is used is not clear from the title of this research. Therefore, the questions I stated were oriented towards the role it plays. It was interesting to start with the population. In a migration context, analysis of the population's evolution is always interesting because it stresses differences over time and the dynamics of that population. That was the essence of chapter 2 in which Senegalese omnipresence in Lombardy and in Brescia was analysed with a focus on a comparative approach from the Residence Prealpino time to today. This has allowed me to find out that Lombardy and the three biggest provinces, in terms of demography, hosts an important Senegalese population. Under a migratory perspective, this research brings an interesting insight especially when it comes to undocumented migrants regarding their beliefs and behaviors related to health. The sample used, which is representative of the population, shows that 13% of Senegalese are undocumented. This is negligible for ISMU since they work on bigger scales. That is the reason why, they told me, they do not have those data since it is insignificant for them.

Significantly enough, traditional medicine and its use were dedicated to chapter 3. Here, we dealt with tradition on a daily basis. I argued that it plays an important role in the migrants well-being since its utilisation helps overcome mental, socio-professional and mystic related issues. The data analysis showed that Brescia's health care system is open to Senegalese even to undocumented ones. Despite that, Senegalese do recourse to traditional medicine through its three branches: herbalism, divination and spiritualism. It is part of Senegalese culture as Diallo mentioned. Finally, the structure of the traditional healthcare system is analysed in chapter 4. It is a complex system with three entities, hence the title: triptych of a transnational traditional health system. This system puts in stake different actors (healers, relatives, G.Ps, Intermediaries, depots, documented and

undocumented immigrants) who are interconnected from the stage of Conception to that of Acquisition passing through the Travel stage.

This research took a step further on topics related to migration and transnationalism especially when it comes to the migrant's well-being. Its focus on traditional medicine makes it particular since there is a limited documentation which treats the transnational aspects of traditional medicine (see Krause, 2008). Therefore, it contributes to enriching the literature and the debates on the cross section between traditional medicine and migration.

As Senegalese, doing research among fellow citizens in Brescia would appear like an easy mission. The reason might be because I share a lot of things in common with them: the origin, the culture, the skin colour etc. However, this must be nuanced especially when you deal with topics like divination. This is a topic that one would not acknowledge having done especially when it comes to discussing it with fellow citizens. Although it is very popular in Senegal, the fact that it is not accepted in Islam makes it sensitive to some people. That is the reason why one of the interviewees mentioned the impact of Islam on Senegalese traditional values. As I mentioned, Senegalese are rooted in their traditions and open to the world. This also justifies my father's Ajami which according to Ngom (2010) is an Arabic script used to express a non-Arabic language (Ngom, 2010, p. 1).

This sets my positionality within the research. Being from Senegal was an advantage and a drawback when it comes to data collection among Senegalese. It was advantageous since I could communicate in Wolof with them. There were no barriers since they all speak the language. That created the connection between me as a researcher and them as interviewees. However, it was difficult for me to access data related to sensitive topics such as divination because I know the connotation it has as a Senegalese. "*Gissaané*" is the Wolof word for divination, but this bears a pejorative connotation to the extent that people avoid acknowledging having done recourse to it. That is the reason why I used in addition the word "*Séet*" which means search. It is used in today's Wolof vocabulary and it means the same as "*Gissaané*", but is not negatively seen. There was another problem I faced, and it was the fact that, as a researcher, I was not taken seriously when I wanted to establish contact. That was prior to that I was introduced by my key respondents. I wonder if I were not in contact with those respondents, how would it be like to conduct this

research among fellow Senegalese. It certainly would have been very difficult or even impossible to conduct this study.

As far as the data are concerned, I used a mixed methods research in which I combined qualitative and quantitative tools. This was motivated by the multidisciplinary character of this study and by the fact that I wanted to encompass as much information as possible on Senegalese in Brescia. Those information were on the population, for instance, gender, age, status within the country, matrimonial status etc. For that, I administered a survey questionnaire (See appendix) written in French as most of my respondents speak that language. These quantitative data helped understand Senegalese use of traditional medicine through its three branches. Dealing with beliefs driven by their perception of medicine, researching on Senegalese required the use of qualitative data. Therefore, the interviews and focus group discussions have been of utmost importance in seizing their apprehension of health and the way they define traditional medicine. When it came to analyzing them, I faced a problem with the coding as I am from a quantitative background, I am not familiar with that. Additionally, I had a time related problem which could not allow me to learn how to code the discourses using softwares such as “Atlas.ti”. Instead, I took notes while listening to the conversations over and over again.

These data reveal that traditional medicine is anchored in Senegalese culture. It is also worthwhile to mention the fact that 96% of them use herbalism. That is thanks to its availability in shops. If this survey was done in Senegal, it could have reached 100% because in addition to finding these in shops, one could take them from the bushes. Thus, there are more possibilities regarding the acquisition of herbal therapies. Divination, as far as it is concerned, shows that 50 plus year old people are not interested in knowing the future. This might be explained by the fact that they have a stable situation with regard to their status in the country (all documented). People between 18 and 50 years old are more inclined to using divination. This is because they want to know about their future regarding their health, wealth, socio-professional activities etc. The presence of spiritual guides is a reality in Brescia. Although they are spiritual guides, the Mourides “*Serignes*” are not in the category of traditional healers. They are “*bayanu Marabouts*” as mentioned by Mommersteeg (1995). Their role in Brescia is to bring mental, social and spiritual or mystical support to immigrants.

This thesis has not been done without difficulties. After eight weeks of fieldwork instead of ten, I could conduct 2 focus group discussions and 4 in-depth interviews. Additionally, I could administer 100 survey questionnaires, based on a random method, to the Senegalese population in Brescia. The data collection was made possible thanks to participants (see appendices i) especially Nourou, Serigne Mbaye Gueye Mbaye and Fatou Sarr who have put me in their network. Being in contact with them has allowed me to reach a bigger group and therefore conduct my research. The main challenge I faced was linked to the fact that I had to leave earlier than I planned, by the end of March, due to family related circumstances. As a matter of fact, I readapted my methods by recruiting survey support who could help me administer the questionnaires. The person I recruited (Nourou) participated in the focus group and has done research on Senegalese immigrants prior to this project. Thus, he knows how it works, although we had some common ground on ethics. This has helped me finish the survey in time.

The migrant's backpack has revealed interesting dynamics between Brescia and Senegal through the use of traditional medicine. These dynamics are interesting to follow in further research where the travelling items change their meanings to become an identity. It is the case of what is today known as the “*Cabral hat*”. Almilcar Cabral was an anti-colonial leader in Guinea-Bissau who used to wear a knit cap while fighting for independence of Guinea-Bissau and Cape Verde. It is a hat made in the Czech Republic which is used in Senegal most of the time by religious guides, especially Mourides Marabouts. Such research must be based on Edward Said's (1983) theory of traveling ideas where the author gives four stages that ideas follow from their birth to their transformation, their acceptance and the fully or partly accommodated or incorporated ideas in the new context (Said, 1983, p. 226).

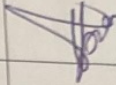
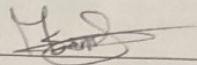
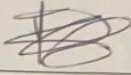
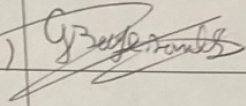
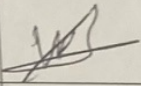
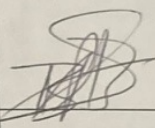
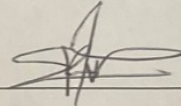
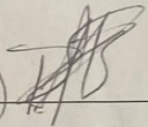
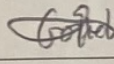
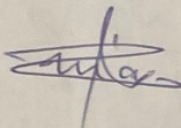
Appendices:

i- List of Participants

CONSENT

These interviews are part of the fieldwork assignments of the master's programme. By signing this document, the participant consent to be part of this research.

1	Mamadou Ndiaye	Brescia	<i>[Signature]</i>
2	NOHAMED DIALL	SAHFATINO'31 DIALLO	<i>[Signature]</i>
3	Doudou Sagnan	SAGNAN	<i>[Signature]</i>
4	FATOU	SARR	<i>[Signature]</i>
5	Nourou	Sene	<i>[Signature]</i>
6	BAH YATHYA	BAH	<i>[Signature]</i>
7	Djibril	Sylla	<i>[Signature]</i>

8	Serigne Salou	Diax	
9	MARIAMA DIAME SARR	CALCINATO (BS)	
10	THIAM ABDOU	CALCINATO (BS)	
11	CHEYE BAVE DANE	CALCINATO (BS)	
12	NDIAYE IBRAHIMA	CALCINATO (BS)	
13	KHOUMA MODOU	CALCINATO (BS)	
14	SEKOU GONDIABY	CALCINATO (BS)	
15	BODJAN BOUBACAR	CALCINATO (BS)	
16	El Hadji Soum Karou Goudiaby	CALCINATO (BS)	
17	ABDOU NIANE	BRESCIA (BS)	

ii- Survey Questions

Identification

Nom :

Anonyme : ☐

Genre :

- Male ☐
- Femelle ☐
- Non-binaire ☐

Age : ☐

Statut Matrimonial

- Célibataire ☐
- Marié(e) ☐

Statut dans le pays

- Documenté ☐
- Sans document ☐

Accès au système de santé de Brescia ?

- Oui ☐
- Non ☐

Sur une échelle de 0 à 5 avec 0 étant très moins cher et 5 extrêmement cher, comment est le système de santé de Brescia ?

- 0 très moins cher ☐
- 1 Moins cher ☐
- 2 Un peu cher ☐
- 3 Cher ☐
- Très cher ☐
- Extrêmement cher ☐

Utilisez-la-vous médecine traditionnelle ?

- Oui ☐
- Non ☐

Quelle(s) thérapie(s) utilisez-vous ?

- Herbalisme ☐
- Divination ☐
- Spiritualisme ☐

Pour quelle(s) raison(s) utilisez-vous cette (ces) thérapie(s) ?

- Maladies ☐
- Bonne chance ☐
- Connaitre le futur ☐
- Autre(s)

Comment accédez-vous aux thérapies ?

- Localement ☐

-
- Envoyer depuis le Sénégal ☐

Y a-t-il des visites de guides spirituel à Brescia ?

- Oui ☐
- Non ☐

Quel(s) guide(s) spirituel(s) vous rend visite à Brescia ?

- Guide mouride ☐
- Guide Tidiane ☐
- Autres (spécifier).....

Quel(s) support(s) apporte le guide spirituel ?

- Mental
- Social
- Mystique
- Autres (spécifier).....

Sous quelle(s) forme(s) le support est-il fait ?

- Prière formulée verbalement ☐
- Texte(s) écrit(s) (pentacles) ☐
- Liquide (bain coranisé) ☐
- Autres (spécifier).....

iii- Semi-structured interviews (one on one)

The migrant's Backpack: Recourse to traditional medicine amongst Senegalese diaspora in Brescia (Northern Italy).

- 1- Can you introduce yourself?
- 2- Prior to your arrival to Italy, how was your attitude towards health?
- 3- How is Brescia's health care system organised?
- 4- To what extent is this health system closed or opened to migrants?
- 5- What are the characteristics of the health care service?
- 6- How do you cope with the closeness of the healthcare system?
- 7- Now that you live in Italy, did your attitude to health change? Why?
- 8- Do you think Senegalese migrants do recourse to traditional medicine? Why?
- 9- For which traditional therapy (divination, herbalism and spiritualism) do you think they do recourse to? Why?
- 10- Which therapy do you use? Why?
- 11- How do you acquire this therapy?
- 12- To what extent is there a traditional health system or network?
- 13- How often do Senegalese in Brescia host a spiritual guide?
- 14- What are the impacts of the visits in the migrant's well-being?

iv- Focus group Discussions

- 1- How is Brescia's health care system organised?
- 2- To what extent is this health system closed or opened to migrants?
- 3- What are the characteristics of the health care service?
- 4- Do you think Senegalese migrants do recourse to traditional medicine? Why?
- 5- Which traditional therapy is mostly used by migrants? Why?
- 6- How do you acquire traditional medicine?
- 7- To what extent is there a traditional health system or network?
- 8- How often do Senegalese in Brescia host a spiritual guide?
- 9- What are the impacts of the visits in the migrant's well-being?

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