

From *Ere* to Missionaries and to *Duku*: The transformation of traditional healing practices in Nias

CASHTRI MEHER¹, DORKAS ORIENTI DAELI², FOTARISMAN ZALUCHU³

¹ Universitas Prima Indonesia, Indonesia; ² STT BNKP Sundermann Gunungsitoli, Indonesia; ³ Universitas Sumatera Utara, Indonesia

ABSTRACT

Introduction: Configurations of illness and disease are closely associated with traditional healers within contexts of medical pluralism, where diverse healing systems coexist and compete for legitimacy. These practitioners are often perceived as barriers to the modernization of healthcare, as they tend to be more trusted by local communities. However, their authority is not incidental; it is socially constructed through processes of legitimation embedded in local cultural and historical dynamics.

Objectives: This short report examines the position of traditional healers on Nias Island by focusing on three dimensions: pre-missionary beliefs, the transformative role of missionaries, and the contemporary practices of traditional healers.

Methods: The study analyzes the relationship between pre-missionary beliefs, missionary encounters, and current healing practices to explore how symbolic authority and legitimacy are constructed and maintained within the local context.

Results: The findings show that traditional healers employ symbolic repertoires and performative mechanisms that parallel those associated with missionary practices, including ritual authority, narrative legitimation, and structured patient engagement. Rather than simply replacing indigenous belief systems, missionary encounters contributed to the reconfiguration of local understandings of healing, authority, and ritual practice. As a result, traditional healers remain deeply embedded within the socio-psychological fabric of the community.

Conclusions: The continued acceptance of traditional healers reflects not merely cultural persistence, but an adaptive process in which authority and trust are negotiated in the aftermath of missionary encounters, long after missionaries ceased their presence on Nias Island.

Key words: traditional healers, beliefs, local culture, symbols, Christianity



Received: 30 March 2026 | Accepted: 8 June 2026

Correspondence: Cashtri Meher / Universitas Prima Indonesia, Indonesia / E-mail: mehercashtri@gmail.com

Introduction

In medical anthropology, traditional healing is not merely understood as a therapeutic practice, but as part of a complex cultural system encompassing knowledge, beliefs, and interpretations of illness and its causes (1,2). This system is inherently dynamic, constructed through long-term processes, such that narratives of illness and healing continuously evolve and transform in response to the social and cultural changes that shape them (3,4).

One important factor driving these transformations is the introduction of religion (5–7). In the context of the spread of Christianity into traditional societies, often mediated by Western missionaries, fundamental changes occurred in the ways illness, its causes, and healing practices were understood in missionized settings. Studies in Africa have shown that missionaries not only introduced a new religion, but also brought systems of knowledge that were more oriented toward biomedical approaches (8,9). In this process, traditional healing practices underwent transformation, while modern approaches were gradually introduced into local communities (10,11). Consequently, the socio-psychological landscape through which illness is perceived and interpreted also shifted (12).

However, transformations in the understanding of illness are highly complex. Local communities often preserve, negotiate, and reconstruct older practices into new forms. As such, these processes of transformation cannot be uniformly understood across cultures or settings, as the dynamics of negotiation vary significantly. Each community develops its own patterns in managing adaptation to new worldviews while selectively retaining elements of existing traditions.

Therefore, examining such processes at the local level is essential. This phenomenon becomes particularly compelling in settings that have remained relatively insulated from external change, except primarily through religious influence. On Nias Island, the introduction of Christianity since the early nineteenth century has undeniably produced a significant new configuration (13). The adoption of Christian values became highly dominant, partly due to the island's relative separation from mainland Sumatra, Indonesia. It is therefore important to critically examine how

the historical acceptance of Christianity has shaped the transformation of traditional healing systems and generated new configurations. However, there remains a notable gap in the literature addressing this issue. Existing studies have only touched on related themes without specifically examining this transformation in depth (14,15).

Over the past three years, we have conducted fieldwork on Nias Island, particularly in the area of maternal health. During our visits to remote inland regions, where access to modern healthcare remains limited, we observed that communities continue to rely heavily on traditional healers (*duku*). Several important insights emerged from these observations, particularly the frequent use of Christian symbols by traditional healers in their healing practices (16). This is significant, as symbols do not emerge arbitrarily (17) and cannot be separated from analyses of the relationship between traditional healers and the communities they serve (18). Rather, these symbols reflect enduring values that have been embedded within society over long periods of time. Therefore, the presence of *duku* incorporating Christian symbols into their practices offers an important lens through which to understand the evolving dynamics of illness and healing in Nias society.

Therefore, this short report seeks to describe how traditional healing practices on Nias Island have undergone transformation alongside the introduction of Christianity, and how communities currently reconstruct their health knowledge systems within this context of religious change.

This report is based on interviews conducted throughout our fieldwork activities. In the initial phase, we followed formal procedures by collaborating with the local Health Offices in each area. We engaged directly with community members and established connections with all relevant stakeholders involved in the health issues that constitute our research focus. Rapport was developed through the use of local language, and we also drew on our prior research experience on Nias Island, which had familiarized us with the presence of *duku*. Overall, we conducted interviews with at least 30 active *duku* across different regions of Nias Island. These participants were identified through community referrals, primarily from women, especially

mothers, who have long relied on the services of these practitioners. Most of the *duku* specialize in maternal and child health, and many of them were visibly engaged and participatory in our research activities. To enrich our understanding of the research context, we also interviewed five pastors. One of them was a former leader of the local church, *Banua Niba Keriso Protestan* (BNKP), on Nias Island.

As background, this study was conducted on an island located off the western coast of Sumatra, Indonesia. Nias Island is administratively divided into five regions. However, for practical reasons, we did not cover all of them, as health-related challenges are more prevalent in rural settings, primarily in North, South, and West Nias. In these three regions, many areas are extremely difficult to access, even by motorcycle. In some cases, community members had to travel several kilometers on foot to attend our meetings. These conditions significantly shape the role of *duku*, who often serve as a crucial component of healthcare provision in such settings, consistent with the framework proposed by Kleinman (19).

Understanding illness and disease in Pre-Christianity in Nias

It is evident that prior to the introduction of Christianity, the Nias people held strong beliefs in supernatural forces, malevolent spirits, and deities as explanations for illness (20). One such belief was that diseases were caused by an evil spirit known as *Nadaoya* (21). According to Harefa, this malevolent entity was believed to dwell within a large tree and to inflict suffering upon humans when the wind stirred its leaves, causing fever in those affected. The fruit and sap of the tree, referred to as *feto alitō*, were also thought to cause various illnesses in individuals who came into contact with them. Similarly, observations by Sundermann indicate that the Nias people believed in numerous deities as sources of disease (22). As a missionary, Sundermann documented that in earlier times, the Nias people attributed illness to a deity named *Lature*, who was believed to consume humans, with disease serving as a sign of this predation. Thus, whether attributed to *Nadaoya* or *Lature*, both figures

represent manifestations of the supernatural realm that were deeply feared by the Nias people.

For this reason, the treatment of illness had to be conducted through specific ritual practices. Healing was led by a priest (*ere*), who was believed to possess the ability to communicate with the supernatural realm (23). The *ere* would typically instruct the family to prepare an *adu* (a ritual statue or idol) corresponding to the type of illness being treated. Consequently, multiple *adu* might be required if different illnesses affected various members of the household. When an individual fell ill, the ritual would be led by the *ere*, with the patient holding the statue during the ceremony. The ritual was accompanied by drumming and prayers. If the plea for healing was accepted by the deities, a sign would appear in the sky, described as resembling a firefly, which the *ere* would then capture. This firefly-like entity would subsequently be placed on the patient's forehead as part of the healing process. As the sources of illness were not limited to *Nadaoya* or *Lature*, offerings for healing could also be directed to other deities (22).

In the past, the Nias people held strong beliefs in the spirit world, particularly in the spirits of the deceased, known as *bekhu*. Individuals who had exhibited immoral behavior during their lifetime were believed to become malevolent *bekhu* after death. Illness could occur when a person came into contact with the shadow (*lumō-lumō*) of such spirits. These shadows were thought to exist because *bekhu* were believed to inhabit a world parallel to that of humans (24). *Bekhu* were also understood to occupy specific domains such as water, forests, and other designated territories. If humans failed to show respect toward these spaces, the *bekhu* could become angered and inflict illness. In such cases, the *ere* would once again employ spiritual power through the use of *adu* to facilitate healing (25) and in some instances, even invoke certain deities to redirect illness onto another individual (22).

Although *bekhu* were believed to inhabit various locations, they were most commonly associated with burial sites. It is therefore not surprising that, in the past, the Nias people were deeply fearful of passing through cemeteries.

The Nias people also believed that illness could result from a lack of respect toward deceased parents.

Consequently, filial reverence occupied a central place in social life, often expressed through the creation of *adu* intended to protect descendants from illness and misfortune (26). Thus, in the face of illness, the Nias people traditionally relied on both *adu* and the *ere*. Preventive efforts against disease were likewise centered on the preparation of *adu*. It can therefore be concluded that prior to the introduction of Christianity to Nias Island, *adu* and the *ere* constituted an established system of healing within Nias society (27,28).

Christianity as an “Intervention”

When missionaries arrived on Nias Island in the early nineteenth century, they encountered widespread practices centered on the veneration of *adu* and the authority of the *ere* (13). These practices were deeply embedded in everyday life. Households often contained numerous *adu*, while the *ere* occupied a central role in the community, not only in healing, but also in major life events such as marriage, house construction, and burial rituals (27).

In response, missionaries focused on transforming these traditions of idol veneration (*adu*). They emphasized the need to abandon ritual practices associated with *adu* and to cease recognizing the *ere* as the primary source of healing. To achieve this, missionaries adopted a distinctive approach: they presented themselves as analogous to *ere* and introduced the Gospel as a counterpart to *adu*, reinterpreted within a Christian framework. This repositioning was facilitated through the strategic use of symbolic forms. One of the most prominent symbols introduced by missionaries was the cross. Whereas burial practices previously involved planting a tree over a grave, believed to provide a pathway for the spirit of the deceased, the missionaries replaced this with the planting of a cross (24). A similar strategy was employed at the level of language. Prior to the arrival of Christianity, the Nias people revered a powerful deity known as *Lowalangi*. Missionaries appropriated this term to refer to the Christian God, thereby embedding Christian concepts within existing cosmological understandings (29).

As missionary activities gradually expanded, encompassing both healthcare and education, they eventually

culminated in what has been described as a mass conversion movement in 1915. At that time, missionaries called upon the Nias people to undertake a pivotal act: the burning of their *adu*. This moment was marked by collective grief, as widespread weeping erupted when, for the first time, the Nias people were compelled to relinquish objects that had long accompanied them through illness and misfortune (30).

Despite this profound loss, the transition was relatively rapid. Although the *ere* and *adu* were abandoned, the presence of missionaries provided a new source of guidance and assurance. From that point onward, Christianity effectively assumed the formal roles previously held by the *ere* and *adu*. It introduced a way of life more explicitly oriented toward Christian spiritual values, which were readily embraced by the Nias community. Field accounts further indicate that missionaries offered medical examinations and treatment, often with more effective outcomes, thereby reinforcing trust in their practices. As a result, the position of Christianity became increasingly consolidated within Nias society.

Contemporary dimensions of healing

At the time Christianity was introduced to the Nias people, missionaries held the legitimacy to replace the *ere* as primary authorities in healing. They introduced concepts of health grounded in Western positivist perspectives. However, following the withdrawal of missionaries, the role of healing gradually shifted into the hands of traditional healers (*duku*) (31).

In one observation, we encountered a woman who had experienced two consecutive miscarriages. In both cases, when the pregnancy reached approximately seven months, she suddenly went into labor, resulting in premature delivery, and the infants did not survive. After the recurrence of this event in a subsequent pregnancy, she sought advice from a *duku*. The *duku* advised her to seek forgiveness from her mother while bringing a personal offering (*ame'ela*). According to the *duku's* interpretation, such occurrences are often associated with unresolved wrongdoing, possibly unrecognized, toward one's parents.

On Nias Island, *duku* have, in many ways, come to fill the gap left by the physical absence of missionaries, while continuing to draw upon the Christian authority originally introduced by them. This interpretation is supported by accounts shared by the *duku* themselves. Most of the *duku* we encountered during fieldwork emphasized that their role was not assigned by community leaders or government institutions. Rather, they described a higher calling, that they had been chosen by the Holy Spirit (*eheba*) to perform acts of goodness, particularly to heal others. Several *duku* recounted experiences in which they encountered *eheba* in dreams. In these encounters, *eheba* was perceived as communicating directly with them, granting legitimacy and authority to carry out their healing practices.

The absence of *ere* and *adu*, as well as the physical departure of missionaries and their direct teachings, has created space for the emergence of *duku*, albeit with strong ties to the legacy of missionary practices. The significance of instructions from *eheba* is closely related to the recognition of the legitimacy of the *duku*'s role, much like the authority previously established by missionaries. Communities on Nias Island, particularly in rural areas, continue to regard *duku* not as ordinary individuals, but as helpers and protectors. This perceived role as benefactors contributes to their popularity and facilitates their acceptance within the community (32).

It is therefore not surprising that the working methods of *duku* are deeply infused with Christian symbols (16). Before beginning their healing practices, *duku* typically offer prayers in accordance with Christian traditions. This is particularly meaningful in a context where illness is not understood solely as a physical condition, but as one that requires divine involvement in the process of healing.

Another prominent symbol underscoring the significance of Christianity is the sign of the cross. In one of our observations, a *duku* assisting with childbirth was seen using their fingers to trace the sign of the cross over the abdomen of a woman in labor (16). We also encountered other distinctive practices. For instance, when a woman experienced complications during childbirth, a plate containing three spoons of oil would be prepared, into which a coin was placed. After reciting the Lord's Prayer, the *duku* would make the

sign of the cross over the mixture. The oil was then administered to the mother. In another case, a child suffering from fever was treated by rubbing the body with a mixture of herbs and oil. Specifically, the mixture was applied to the nose in a downward motion, followed by a crossing motion from left to right between the eyebrows. The sign of the cross appears throughout these healing practices, indicating the extent to which Christian symbolism has become integrated into everyday life and therapeutic practices within the community.

These significant symbols, clearly derived from Christian traditions, are consistently present in the healing practices performed by *duku*, albeit in various forms. Their presence visually conveys religious authority, not only to the patient but also to the patient's family.

Interestingly, the working methods of *duku* closely mirror the pattern of missionary vocation. In one of our interviews, a *duku* explained that the remedies provided to patients depend heavily on the "guidance" received through prayer. Another *duku* stated that every illness has its remedy from God, as no disease occurs without God also providing its cure. Consequently, when *duku* utilize plants found in the surrounding environment, this practice is grounded in the belief that such resources possess inherent value because they originate from God. From the perspective of the *duku*, it is God who provides direction in carrying out their healing roles.

Perhaps most central is the belief that healing ultimately comes from God. *Duku* acknowledge that they function merely as instruments, while true healing is attributed to divine intervention. This perspective is also shared by the community. When individuals recover from illness, *duku* often encourage them to offer *ame'ela*, typically in the form of money, to the church, as noted earlier. The concept of *ame'ela* reflects the understanding that healing occurs only through divine will, with the *duku* and their remedies serving as the mediating instruments of that process.

What happens, then, when healing does not occur? Communities in rural areas acknowledge that when a *duku* has made every possible effort without achieving recovery, families ultimately accept the outcome. Both *duku* and community members interpret such situations as the will of God (*nitehe Lowalang'i*).

Human beings are not seen as capable of overriding divine will, even when there is a strong desire for healing. While communities place considerable trust in *duku*, given their recognized authority and the powerful symbols they embody, they do not regard them as possessing absolute authority over healing. Rather, once the *duku* has fulfilled their role to the best of their ability, acceptance becomes the final recourse, as the situation is understood to lie beyond human control.

In contexts where access to modern healthcare remains limited, *duku* continue to occupy a strategic role (33). As observed on Nias Island, each phase of social transformation has produced its own central figures. In the pre-missionary period, when belief in the supernatural and deities prevailed, the *ere* and the concept of *adu* emerged. With the introduction of Christianity, missionaries and their teachings assumed central authority. In the present context, *duku* have taken on this role.

The current presence of *duku* is therefore not merely a passive acceptance. Rather, it is grounded in deeply embedded social understandings that operate, in part, beneath conscious awareness, shaped through long-term processes of social construction. This situation is closely intertwined with the island's geographical isolation and the socio-economic conditions of communities that, in many cases, remain relatively underdeveloped. For this reason *duku* are not simply individual actors; they function as mediators linking past systems of belief, material practices, and forms of authority with their contemporary expressions.

Thus, the symbolic authority of traditional healers is not constructed solely through religious-historical legitimacy. Rather, this situation resonates with Anthony Giddens' explanation that societies are continually engaged in processes aimed at maintaining stability of meaning and a sense of security (34). In other words, *duku* reflect individuals' efforts to maintain ontological security, particularly in contexts where modern healthcare systems have not yet functioned fully. In the past, the Nias people derived a sense of security from the presence of *adu* and various rituals that were explicitly visible in their daily lives. In the present context, the authority of *duku* is further reinforced through the incorporation of Christian symbols. This produces a sense of safety and trust, enabling

communities to embrace the new religion without hesitation, while simultaneously affirming the role of *duku* as its embodied representation.

During our fieldwork interviews, these dynamics were clearly evident. In several areas, we encountered the expansion of government-facilitated healthcare services. While these services have been utilized by the community, many individuals continue to rely on *duku*. Even for routine pregnancy check-ups, a considerable number of community members expressed greater trust in *duku*. When an illness is perceived to be curable by a *duku*, it is often understood as being caused by supernatural forces. Conversely, if the condition cannot be treated by a *duku*, some community members consider it appropriate to seek care at formal health facilities. The reverse pattern may also occur. Although community members may engage in a form of trial-and-error in their health-seeking behavior, the existence of *duku* remains a persistent option, or even a primary one, once again reflecting the pursuit of ontological security.

To date, the largest local church on Nias Island, BNKP, has neither objected to nor formally prohibited the use of Christian symbols within the practices performed by *duku*. There appears to be a degree of acceptance or accommodation, particularly as many *duku* are themselves active members of their respective congregations. In general, the church does not view the practices carried out by *duku* as violating the core and fundamental teachings of Christianity. Interviews with several BNKP pastors suggest that firm admonitions are only issued when community members continue to engage in rituals explicitly prohibited for contradicting biblical teachings. As a result of this accommodation, the blending of traditional beliefs with missionary-introduced Christian symbols has contributed to a form of Christianity on Nias Island that may be characterized as syncretic. In this context, *duku* have become strategic reference points for communities, particularly in addressing maternal and child health (35).

Conclusion and future research

Drawing on the historical trajectory of Christianization on Nias Island as an analytical lens, this short report argues that traditional healing practices have

undergone profound transformation. Yet, this transformation is neither linear nor reductive; rather, it reflects an ongoing process of negotiation and reconfiguration, in which pre-existing cosmologies are not simply displaced but rearticulated through the incorporation of newly introduced religious elements. This process can be understood as a form of lived syncretism, continuously reproduced within everyday practices.

In the contemporary context, the authority of *duku* as traditional healers remains remarkably resilient. Their position is not merely a matter of functional relevance, but is deeply embedded within the socio-cultural imaginary and historically sedimented structures of belief in Nias society. The legitimacy of *duku* is thus sustained through a combination of embodied practice, symbolic performance, and enduring systems of meaning that have been shaped over time.

It must also be acknowledged that the presence of *duku* cannot be separated from the limited availability of healthcare facilities, which are often located far from the centers of community life. In remote areas such as Nias Island, access to healthcare services is frequently constrained, both by geographical isolation and by the absence of full-time medical staff. Meanwhile, communities continue to face health problems in their daily lives. In this context, *duku*, who typically reside within and remain close to the community, become the most accessible and readily accepted option.

Future research would benefit from attending more closely to the situated presence of key actors within local moral and therapeutic worlds. Such an approach may offer more nuanced insights into how interventions can engage with, rather than bypass, existing structures of authority and meaning. Furthermore, the presence of *duku* in other settings invites comparative inquiry, particularly with regard to their historically specific trajectories and culturally embedded modes of legitimation.

References

- Cheater AP. *Social Anthropology*. Milton Park: Routledge; 2003.
- Róheim G. *Social Anthropology*. Milton Park: Routledge; 2024.
- Joralemon D. *Exploring Medical Anthropology*. Milton Park: Routledge; 2017.
- Bernard HR. *Research Methods in Anthropology*. Fourth Ed. Oxford: Altamira Press; 2006.
- Gell A. *The Art of Anthropology*. Milton Park: Routledge; 2020.
- McElroy A, Townsend PK. *Medical Anthropology in Ecological Perspective*. Milton Park: Routledge; 2018.
- Eller JD. *Introducing Anthropology of Religion*. Milton Park: Routledge; 2007.
- Dailor EM. A History of Development of Medical Missions and Catholic Evangelization in Sub-Saharan Africa From the Early Twentieth Century to the Present: Tracing Some Representative Founders and Orders in the Context of the Twentieth Century Church. *The Linacre Quarterly* 2021; 88(4):381–90.
- Diop S. Overview of surgical and anesthesia practice in sub-Saharan Africa during the 19th century: the example of the people of Bunyoro. *Pan African Medical Journal* 2021;40.
- Foster WD. Doctor Albert Cook and the Early Days of The Church Missionary Society's Medical Mission to Uganda. *Medical History* 1968; 12(4): 325–43.
- TchambaJJ, Catarino S, Duarte MC, SilvaJMN, Romeiras MM, Catarino L. Ethnobotany in Angola: The contribution of late 19th century christian missionaries to the knowledge of medicinal wild plants. *Journal of Ethnopharmacology* 2024; 334:118511.
- Zaluchu F. Redeeming gender imbalances: How biblical interpretations effect women's health in Indonesia. *Christian Journal for Global Health* 2022; 9(2):11–22.
- Manhart TM. A song for Lowalangi – The Interculturation for Catholic Mission and Nias Traditional Arts with Special Respect to Music. [Doctoral Degree] National University of Singapore; 2004.
- Simanjuntak P, Setiana Ginting J, Maulana Affandi K. Dutch colonialism and role of zending in healthcare services in Nias Island, 1865-1915. *Medicina Historica* 2024; 8.
- Agustono B, Dewi H, Pujiono M, Maulana Affandi K. Nias Island: Looking at the life and health of the Ono Niha in the 19th century. *Medicina Historica* 2023; 7.
- Zaluchu S, Zaluchu F. "God Has Commanded Me": A Spiritual Code of a Traditional Birth Attendance (TBA). *International Journal of Practical Theology* 2023; 27(2):285–99.
- Helman C. *Culture, Health and Illness*, Fifth edition. Boca Raton: CRC Press; 2007.
- Scharoun L, Ryan Z, Miller E. Graphics and Icons for Healthcare with a Focus on Cultural Appropriateness, Diversity, and Inclusion. In: Miller E, Winter A, Chari S, editors. *How Designers Are Transforming Healthcare*. Singapore: Springer Nature Singapore; 2024. p. 119–35.
- Kleinman A. Concept and a model for the comparison of medical systems as cultural systems. *Soc Sci Med* 1978; 12:85–93.
- Suzuki PT. The Archaeological Remains of Hiligowe, Nias (Indonesia) Decoded. *Anthropos* 1979; 74:214–8.
- Harefa F. Hikayat dan Tjeritera Bangsa serta Adat Nias (The story of Niasan tribe and customs). Sibolga: Rapat-fonds Residentie Tapanoeili; 1939.

22. Sundermann H. The Island of Nias and its People. *Popular Science Monthly*. 1888; 33:234–43.
23. Hammerle PJM. Hoho Nias Selatan Paduan Syair yang Berseni, Bersejarah dan Berkesan (Hoho South Nias, a composition of artistic, historical, and memorable verses). Gunungsitoli: Yayasan Pusaka Nias; 2022.
24. Telaumbanua T. Dunia Orang Mati Menurut Kepercayaan Masyarakat Nias (The world of the dead according to the beliefs of the Nias community). *SUNDERMANN Jurnal Ilmiah Teologi, Pendidikan, Sains, Humaniora dan Kebudayaan* 2021; 14(1):1–17.
25. Mendrofa SW. *Fondrako Ono Niha*. Jakarta: Inkultra Foundation; 1980.
26. Ikhsan E, Zaluchu F, Daeli DO. Death and the Nias Tribe: Whispers for Modern Humanity. *The International Journal of Religion and Spirituality in Society* 2024; 15(1):165–82.
27. Hummel U, Telaumbanua T. *Cross and Adu*. Utrecht: Utrecht University; 2007.
28. Sathisan D. *The True Spirit of the Adu Zatua Exploring the origins of traditional Nias woodcarvings*. 2010;
29. Zaluchu SE. Lowalangi: From the name of an ethnic religious figure to the name of God. *HTS Teologiese Studies / Theological Studies*. 2021;77(4).
30. Beatty A. The Tell-Tale Heart: Conversion and Emotion in Nias. *Ethnos* 2012; 77(3):295–320.
31. Manalu HSP, Ida, Pangaribuan O, Lawolo AK, Handayani L. *Buku Seri Etnografi Kesehatan Ibu dan Anak 2012 Etnik Nias Desa Hilifadölö, Kecamatan Lölöwa'u Kabupaten Nias Selatan, Provinsi Sumatera Utara*. Surabaya: Pusat Humaniora, Kebijakan Kesehatan dan Pemberdayaan Masyarakat Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia; 2012.
32. Zebua CMT. Tesafo Eksistensi Roh dalam Masalah Kesehatan Masyarakat Sebuah Studi Kasus Di Pulau Nias. Medan: Universitas Sumatera Utara; 2023.
33. Zaluchu F. *Gender Inequality, Behind Maternal Mortality in Nias Island, North Sumatra, Indonesia*. Amsterdam: University of Amsterdam; 2018.
34. Giddens A. *Modernity and Self-Identity*. Cambridge: Polity Press; 1991.
35. Meher C, Zaluchu F. Cultural Influences of Early Food Introduction on Exclusive Breastfeeding Rates in the Nias Islands, Indonesia. *Journal of Multidisciplinary Healthcare* 2024; 17:5653–63.

Copyright: The Author(s), 2026. Licensee Mattioli 1885, Fidenza, Italy. This is an open-access article distributed under the terms of the Creative Commons Attribution NonCommercial License (CC BY-NC-4.0).

Disclaimer/Publisher's Note: The statements, opinions and data contained in this article are solely those of the author(s) and contributor(s) and do not necessarily reflect those of their affiliated organizations, the publisher, the editors or the reviewers. The publisher and the editors disclaim any responsibility for injury to people or property resulting from any ideas, methods, instructions or products mentioned in the content. Any product that may be evaluated in this article, or claim made by its manufacturer, is not guaranteed or endorsed by the publisher.