

Ethnomedical knowledge and indigenous healthcare practices in Nekemte District, western Ethiopia: A qualitative study

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Abstract

Background: Indigenous healthcare practices are widely used by the majority of people in Ethiopia. People use them for various health needs; however the knowledge and practice of ethnomedicine across different parts of Ethiopia have not been extensively studied. This study explores ethnomedical knowledge and indigenous healthcare practices in Nekemte District, western Ethiopia.

Methods: A cross-sectional study was conducted from March to April 2015 in Nekemte town and surrounding areas in western Ethiopia. The study employed a chain referral sampling technique to identify study participants. A total of 12 indigenous healers were interviewed through semi-structured interviews. Qualitative data procured through interviews were transcribed and translated into English, categorized, and narrated thematically.

Results: The study revealed that ethnomedical knowledge in the study area was conveyed orally and through practical experience, and was characterized by secrecy. Fourteen different human ailments/conditions identified to be treated by the different indigenous healers, including gonorrhoea, 'evil eye', diarrhoea, herpes zoster, measles, and bone fractures. A further finding was that there is a lack of cooperation between modern and indigenous healthcare practitioners.

Conclusions and recommendations: Indigenous healthcare practices were used to treat several human ailments. Although indigenous healthcare serves as an alternative source of healthcare for communities, lack of documentation of ethnomedicine and its associated knowledge, the lack of collaboration with modern practitioners, and the lack of support have a negative impact on indigenous healthcare. Properly considering these factors in health policies will help to preserve the local heritage of health care and resources. [*Ethiop.J. Health Dev.* 2019; 33(1):17-21]

Keywords: Indigenous healthcare, biomedicine, ethnomedicine, ethnomedical knowledge, indigenous healer, Nekemte

Background

An indigenous healthcare system is part of the larger cultural system. Indigenous healthcare systems are ancient and holistic, and are practiced by people in different communities worldwide (1). Indigenous medicine is one of the oldest concepts that people have been surviving on (2) and even form an integral part of a community's identity(3).

Indigenous medicine is defined by World Health Organization as diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, mineral-based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness (4). It is indigenous knowledge linked to culture, custom and tradition(5). Indigenous knowledge encompasses wide-ranging subject areas, from art to agriculture, as well as the medicinal use of plants and traditional systems of medical diagnosis. This knowledge is transferred from generation to generation, although there are difficulties in knowledge transfer, and the resulting generation gap in knowledge threatens the continuity of indigenous knowledge (6).

Many developing countries are heavily dependent on indigenous medicine for the treatment and prevention of diseases(7). In Africa, about 80 per cent of the population depend on indigenous medicine for their

healthcare needs(4,8) – the proportion in Ethiopia is about the same(9). The essential role of indigenous medicine and its associated knowledge is recognized by Ethiopian national policies in the early 20's (10).

Previous studies on indigenous healthcare indicate that it is excluded from referral processes and networks that makes mainstream health organizations(11,12). There is also a lack of sound scientific evidence relating to safety and efficacy, no protection of the intellectual property rights of knowledge holders, and conflicts with mainstream medicine(13). However, there are limited evidence on indigenous medical knowledge and healthcare practices from healers' perspectives in Ethiopia. This study explores ethnomedical knowledge and indigenous healthcare practices from healers' perspectives in Nekemte District, western Ethiopia.

Methods

Study setting and design: A cross-sectional qualitative study was conducted from 10 March to 25 April 2015 in Nekemte town and surrounding areas in western Ethiopia. Nekemte is located 314km west of Addis Ababa, and has a population 75,219 people (14). The health infrastructure of the area includes one referral hospital, two health centers, 18 government health posts, and 16 higher- and medium-level private clinics. The study involved visits to healers' homes using the chain referral technique, which involved asking an initial sample of indigenous healers to name people

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who practice indigenous medical care, and following up on these referrals until a total of 12 indigenous healers were recruited to participate in the study. A semi-structured, interviewer - administered questionnaire was employed to collect data. Interviews were conducted face to face in Afaan Oromo, the local language. The questionnaire was designed to generate information regarding participants' socio-demographic characteristics, knowledge of indigenous healing, the transfer of ethnomedical knowledge, types of human illnesses treated by healers, and relation of healers to mainstream healthcare.

Data analysis: Qualitative data procured through interviews were thoroughly transcribed and translated into English, categorized, and narrated thematically. Back-translation to check for translation errors, checking unique ideas with audio records, labeling, and coding of responses in the correct themes, were carried out during data cleaning. The results are presented based on the thematic areas of analysis. The collected human ailments that practitioners treated were thoroughly recorded –the English and local names of illnesses are included below.

Ethical considerations

Before commencing data collection, ethical clearance was attained from Wollega University institutional review board and informed verbal consent was obtained from each indigenous healer.

Results

Details of indigenous healers: Of the indigenous healers who participated in this study, almost all were males – only one female participated. Participants' ages ranged from 45 to 70. Nearly all of the healers were illiterate, although a few had completed primary-level education. In terms of their ethnic composition, 11 healers belonged to the Oromo ethnic group, and one from the Gurage ethnic group. The majority of the practitioners were Christians; the remainders were Muslims.

Source and transfer of ethnomedical knowledge: The ethnomedical knowledge of practitioners was discovered to be transmitted orally through practical experience. The diffusion of indigenous medical knowledge was kin-based and healers practice from childhood. Gradually, when their family gets old, the younger becomes their successor. The interview transcripts reveal that some practitioners' ethnomedical knowledge was associated with a 'gift of nature'. There is a belief among the healers which contends that twins and multiple mothers (the one who give twin births) are gifted with indigenous medical knowledge by God. They also noted that there is inheritance of folk medicine knowledge from the healer's father to the son through blessings. In explaining the issue, one interviewee suggested: '*Namni lakkuu dayyee fi Namni*

laakuu dhaalatee haarki isaa naagadha.' ('*Twins and multiple mothers (those who give twin births) are gifted of this knowledge. I was a twin, thus I was gifted of this knowledge naturally.*')

Ethnomedical knowledge of the area was characterized by secrecy, and diffusion of the knowledge to someone outside of their family was restricted by culture – it might be that healers have developed a sub-culture to perpetuate this system.

In describing the secrecy issue, one of the study participants noted: '*I inherited this knowledge from my grandmother. She taught me very well starting from my childhood. I'm now sharing this knowledge with my children. Thus, they are practicing it now... However, I can't show it to others. It's cultural – I learned secretly; I'm also doing the same.*'

Moreover, the practitioners do not pass of all what they know, even to their children, which may result in the gradual erosion of ethnomedical knowledge. In explaining the secrecy of knowledge transfer within the family, one healer noted: '*My father was a well-known healer for treating several human ailments. I acquired this knowledge from him. Now my father has died, his clients are asking me to give them medicine. However, I got some knowledge and skill only on bone setting that I can't help them.*'

Reported human ailments treated by indigenous healers: Some of the ailments commonly treated by indigenous healers include: hepatitis (*sabbata waaqayyoo*), evil eye (*nyaattu ija hamaa*), diarrhea (*garaa kasaa*), gonorrhoea (*coopxoo*), skin lesion (*madaa qaamaalaa*), herpes zoster (*sararitii*), leishmaniasis (*sinbirahalkanii*), measles (*giifira*), bone fracture (*cabbaa laafee*), abdominal cramp pain (*garaa ciniinnaa*), massage (*maashaa qaamaa sukkuumuu*), rabies (*saree maraattuu nama ciniintee*), tinea capitis (*fofoforii mataa*), and malaria (*dhukkuba busaa*). The healers deliver their services at their homes, and provide locally prepared medication, referred to as indigenous medicine (*qorichaa ada*).

The interview transcripts depict comprehensive nature and generated evidences of indigenous health care practices. Healers believe that they are familiar with their clients due to fact that they share the same language, and perceive health and illness in the same light. On this basis, they are consulted for a wide range of physical and psychological problems for which they administer treatment. This study clarified that healers do not question the efficacy of their treatment. In explaining efficacy, one participant noted: '*I believe my treatment is effective, that is why the community comes to me when they face illness. I successfully maintain my clients' health, including in those areas that modern biomedical practitioners can't be successful, like bone setting.*'

Table 1: Summary of reported human ailments treated by indigenous healers

Ailments	Local names of ailments (Afaan Oromo)
Hepatitis	Sabbata waaqayyoo
Evil eye	Nyaattu ija hamaa
Diarrhea	Garaa kasaa
Gonorrhea	Coopxoo
Skin lesion	Madaa qaamaalaa
Herpes zoster	Sarariti
Leishmaniasis	Sinbira halkanii
Measles	Giifira
Bone fracture	Cabbaa laafee
Abdominal cramp pain	Garaa ciniinnaa
Massage	Maashaa qaamaa sukkuumuu
Rabies	Saree maraattuu nama ciniintee
Tinea capitis	Forooforii mataa
Malaria	Dhukkuba busaa

Collaboration between indigenous health care practitioners and modern healthcare practitioners:

The lack of cooperative relationships between indigenous healthcare practitioners and biomedical practitioners was a common concern expressed throughout the interview transcripts. All of interviewed healers responded that they are not working together, not referring their clients to one another, and that there is no forum for consulting each other. These might indicate the existence of competitive relationships or unavailability of linkage and referral system between the two healthcare systems. Up until the time of this study, some healers noted that they do not consult biomedical practitioners, nor do biomedical practitioners consult them, about treating ailments. In explaining their relationship with biomedical practitioners, one healer noted: *'I do everything here privately, and even though both of us are working for the same purpose, there is no linkage between biomedical practitioners and me. Therefore, there is no collaboration between us.'*

Due to lack of focus and antagonistic relationship with the modern healthcare system, healers were anxious about the perpetuation of indigenous healthcare practices. One interviewee noted: *'I started the practice at 33; currently I am 68. Until now, there has been no collaboration between us. Biomedical practitioners do not allow their clients to take part in indigenous healthcare. Appropriate attention was also not given from government. This trend could eventually diminish this practice.'*

Discussion

This study on ethnomedical knowledge and indigenous healthcare practices has provided evidence on the source and transfer of indigenous medical knowledge, human ailments treated by healers, and the relationship between healers and modern medical practitioners.

This study reveals that the ethnomedical knowledge of practitioners is transmitted orally through practical experience. This finding is consistent with other studies conducted in different parts of Ethiopia, such as

Wolaita Zone (15), Gimbi District (16), Shirka District (10) and Hawassa (17).

The findings of this study are in line with the study in southwest Ethiopia (18), which specifies that traditional healers inherit their knowledge from parents. However, this finding is not consistent with a study in Lesotho (2), which shows that indigenous healers are willing to share their knowledge with other people in exchange for money or livestock. This difference might be attributable to cultural variations and beliefs, because knowledge of indigenous medicine is influenced by culture and religion as some believe that that ethnomedical knowledge was given freely from God so that they offer freely to the clients. Similarly, another study in the country (19) shows that healers consider that they are elected by a supernatural power. The secrecy of ethnomedical knowledge noted in the current study is also consistent with the findings of another study in Ethiopia (20).

The decline in ethnomedical knowledge has been identified in previous studies in other parts of Ethiopia (13,16) and in Kenya (21, 22), although the diminishing nature of ethnomedical knowledge in these studies are attributed to different factors. The current study also shows that the transfer of medical knowledge is declining from generation to generation.

The prevailing evidence in the existing literature (23) shows that indigenous healthcare is well accepted by the communities themselves. Similarly, a study in northwest Ethiopia (24) identified that the high utilization of indigenous medicine is due to cultural acceptability, easy accessibility, and affordability. This finding is consistent with the findings of the current study, which reveals that indigenous medical practice is recognized by the society, since the members of the community perceive health and illness in the same light and share the same language.

This study recognizes the absence of collaborative relationships between indigenous healers and biomedical practitioners. This finding is consistent with study findings in Ghana. However, this finding is not

consistent with a study conducted in Shirka District in Ethiopia (10), which indicates the presence of mutual respect and recognition between indigenous and modern healthcare practitioners. The difference might be due to cultural variations and beliefs, as well as differences in the target population of the current study, which did not include biomedical practitioners.

Limitations of the study

This study has some limitations. The study collected the observations of a small sample of healers who were selected based on chain referral linkages. This sampling method may have introduced bias, in that healers who were initially contacted may have referred the research team to like-minded healers who shared similar views. It is conceivable those who were not included in the study may have offered contrasting insights compared to those who did participate, and that a different methodology would have produced different results. Thus, results from the small sample size may not be big enough to fully explore ethnomedical knowledge and practices in the study area. It is therefore highly recommended to conduct further studies on a larger scale.

The results of this study provided some policy implications. It is inevitable that indigenous healthcare serves as an alternative source of healthcare. This calls for an integrated approach to health care where both indigenous and modern could play specific role in health care bid in Ethiopia.

Conclusions and recommendations

This study assessed ethnomedical knowledge and indigenous healthcare in Nekemte; generated evidence on the source and transfer of knowledge; outlined the ailments treated by healers; and discussed the relations between healers and modern medical practitioners. Ethnomedical knowledge in Nekemte is conveyed orally and through practical experiences and is characterized by secrecy, which inevitably threatens its perpetuation. Documenting the knowledge and practices of ethnomedicine, ensuring collaboration between indigenous healers and modern practitioners, and supporting indigenous healers, are important factors if the cultural heritage of the study area is to be preserved. Properly considering these factors in health policies would constitute a great contribution to maintaining ethnomedical knowledge and practices in the country.

Conflict of interest

The authors have no conflicts of interest.

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