

**ADDIS ABABA UNIVERSITY**

**COLLEGE OF SOCIAL SCIENCES**

**DEPARTMENT OF SOCIAL ANTHROPOLOGY**

**INDIGENOUS KNOWLEDGE OF HEALTH CARE AND HEALING MECHANISMS  
AMONG THE AFAR PEOPLE: THE CASE OF DEWE COMMUNITY ETHIOPIA**

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## List of Acronyms

ANRS	Afar National Regional State
BMW	Biomedical Workers
FGD	Focus Group Discussion
II	In-depth interview
IK	Indigenous knowledge
IKHC	Indigenous Knowledge of Health Care
IM	Indigenous Medicine
IMK	Indigenous Medicinal Knowledge
KI	Key Informant
KIBW	Key Informant of Biomedical Worker
KICM	Key Informant of Community Members
KIIH	Key Informant of Indigenous Healer
WB	World Bank
WHO	World Health Organization
WIPO	World Intellectual Property Right

## Glossary of Local Terms

<i>Biyaaka</i>	Term Equivalent to Illness in local language
<i>Dayla</i>	Local term which literally means medicine
<i>Caxa dayla aba</i>	Local phrase which literarily means herbalists
<i>Caxa dayla</i>	Local term herbal medicine
<i>Aboku Raqati dayla</i>	Phrases equivalent to indigenous medicine
<i>Inti kaat ruuben</i>	Local term equivalent to evil eye
<i>Data baabli</i>	Local term which literarily means black magician
<i>Kitab dayytaa Aba</i>	Local term refers to religious healers
<i>Ayna Nas</i>	Illness resulting from the thoughts and eye to eye contact of evil eyed person
<i>Faal Abeyyna</i>	Local term equivalent to Sorcerer
<i>Baddi Kobor</i>	Type of ritual healing performed only women who afflicted from Evil spirits
<i>Yaari</i>	Local name for healing ritual performed for women afflicted by ancestral spirits
<i>Kalib Gacsa</i>	Local phrases for healing ritual performed where the patient secluded
<i>Masnafa</i>	Local terms for cultural clothes of men

<i>Saatlii</i>	Local name for cultural dress of women
<i>Rarayyto</i>	Local name for cultural clothes similar with scarf for young Men
<i>Gabah caxxa</i>	Local term refer to stick that young Men hold for the purpose of beauty
<i>Fiili ragrag</i>	Local name for necklaces that Afar Women
<i>Gaba ragrag</i>	Local name for bracelets that women wear at around hand
<i>Santi dahab</i>	Local name for jewelry put around noise
<i>Baasiita</i>	Local terms types of hair styles for young Women
<i>Qangaytu.</i>	Also types hair design for Women styles
<i>Alsa</i>	Local word which literary means child illness in culture bound syndrome

## **Abstract**

*Indigenous Medicine is play an important role to solve the health problems of many developing countries like Ethiopia and the WHO recognized the importance of it. Therefore, the main objective of this thesis is to explore the embedded nature of Indigenous medicine within the socio-cultural and religious values of the Afar. Drawing on qualitative research approach, the study employed primary and secondary data collection methods. Primary data were gathered through informal conversation, in- depth interviews and focus group discussion. Secondary data were collected through critical review of related literature and documents. Both primary and secondary data were organized thematically and were analyzed through systematic interpretation and cross- checking of the different data sources through the use of triangulation to increase the validity and reliability of the findings.*

*I was selected informant - based on purposive sampling technique. Secondary data sources from journal articles, books, monographs and websites were used for conceptual framework and theoretical perspectives. Fieldwork was conducted from 2018 June to July 2018. The data were thematically organized and analyzed through systematic interpretation. The main sources of healing wisdom are from parent, Islamic sources like Quran, and through payment. Indigenous medicinal knowledge mostly transferred from father to favorite son based on his good character and strong commitment to serve community. The finding of this study revealed that indigenous medicinal knowledge is intertwined with the core values of Dewe community. In the context of Dewe community, medical care, treatment and perceived causes are defined in the socio cultural context.*

*The findings indicated that the Dewe community view of health, illness and healing mechanism is closely linked to their socio-cultural values. They had holistic view about health. For Dewe community health is the complete well- being of the person's social, physical, spiritual and emotional. They had several perceptions about causes of illness. They perceived that illnesses might be caused by natural (personal hygiene, environmental sanitation, and seasonal change). Illnesses also caused by supernatural like evil eye, evil spirits and other human agents like sorcerer and witchcraft.*

*This study also revealed that ritual healing persists and meets certain health problems and the purpose of these rituals in healing process is transformation reaches into deep psycho-physiological levels through symbolic manipulation. In the study area, there are three major healing rituals performed namely baxikubur, yaari and kalib gacsa. This study found that several factors could influence the decision making process of people to choose health care options like the nature of illness, perceived illness causation, accessibility, communication and cost. There are three health care options namely home based healthcare system, the indigenous medicine and biomedical health care system. Both indigenous and biomedical health care systems are existing dualistically. There is poor relationship between indigenous healers and biomedical workers. Indigenous healers have appreciated and acknowledged the effort of biomedical workers. However the perceptions of biomedical workers towards indigenous healers are negative.*

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background of the Study

Indigenous medical knowledge is experiencing increased attention worldwide in light of global health care demand and the significant role of indigenous medicine in meeting the public health needs of developing countries. Indigenous medicines already comprise a multi-billion dollar, international industry, and the biomedical sector is increasingly investigating the potential of genetic resources and traditional knowledge. Documenting and protecting these medicines is becoming a greater priority (Abbott, 2014). As literature shows indigenous medicine is part and parcel of many primary health-care systems. An estimated 80% of the African population depends to varying degrees on indigenous medicine for healing and preventing different health problems (Junaid and Nasreen, 2012).

This is largely because indigenous medicine is deeply embedded in the socio-cultural aspects of the society and ‘modern’ health services are scarce and deficient in many communities (Bishaw, 1988; Kaba, 1993; Konadu, 2007). The use of indigenous medicine still remains the main source of health-care coverage and plays a great role in the lives of millions of the people of Africa (Samuel, et al 2014; Mwangi, 2004). Furthermore, Truter (2007) pointed out, African indigenous healing is intertwined with cultural and religious beliefs, and is holistic in nature. It does not focus only on the physical condition, but also on the psychological, spiritual and social aspects of individuals, families and communities (Truter, 2007).

Indigenous medicine (IM) is the ancient and culture bound medicinal practice which existed in human societies before the application of modern medical practices. The practice of indigenous medicine (IM) varies widely, in keeping with the societal and cultural heritage of different countries (WHO, 2000). Globally, people developed unique indigenous healing traditions adapted and defined by their culture, beliefs and environment, which satisfied the health needs of their communities over centuries (WHO, 2005).

Indigenous medicine is an important health care system in Ethiopia. According to World Health Organization (WHO, 2005) 90% of the Ethiopian population use indigenous medicine for their primary health care need. A study carried out by Asfaw (2014) pointed out; Ethiopians heavily relied for centuries on a system of traditional or indigenous health care knowledge for physical and mental disorder. Indigenous health care knowledge widely perceived and embedded in beliefs, and practices primarily through the use of plant based remedies. Rangunathan et al (2010) found that; the main reason behind the preference of IM to that of biomedicine was that the former was more efficacious, affordability, accessibility and acceptability.

Indigenous medicine plays an important role to meet primary health care and indigenous medicine is still widely practiced among Afar people, more specifically in Dewe community that this study was concerned due to their socio-cultural acceptability, belief systems, and accessibility and affordable with respect to the value of indigenous medicine for health care. According to Herselman(2004) anthropologists recognize health care as a symbolic system representing society's core values, beliefs and attitudes (Herselman, 2004). Therefore, anthropological study is necessary to understand how indigenous medicine embedded on the socio cultural, belief systems and everyday lives of the local people. Therefore, this study make necessary to conduct anthropological study in the Afar region of Dewe woreda and to add anthropological perspective of indigenous medicine. The current study aims to explore the indigenous medical knowledge and the associated socio-cultural values and beliefs systems among the Dewe people in afar pastoral societies in north eastern Ethiopia.

## **1.2. Statement of the Problem**

The attention of experiencing indigenous medical knowledge is increased worldwide in light of global health care demand and the significant role of indigenous medicine in meeting the public health needs of developing countries. In relation to the majority of the population having much interest to indigenous medicine, many scholars agree that the cultural, socio-economic and environmental circumstances are said to be the major factors affecting its function and distribution. Also, in the light of the significance of the indigenous health care systems, Hammond-Tooke (1987) mention that indigenous medicine in many respects is better and more holistic than “modern” medicine because it is congruent with world-views of indigenous medicinal knowledge. There are a wide variety of conditions for which biomedicine does not

have effective treatment upon certain health problems, which include: colds, depression, chronic pain, chronic fatigue syndrome, stress-related problems, anxiety attacks, back pain problems, pulled muscle, and skin conditions (Hammond-Tooke, 1987). The provision of safe and effective indigenous medicine therapies could, thus, become a critical tool to increase access to health care, and to derive socio-cultural as well as psychological significance (WHO, 2001).

There are different challenges that face IMK such as the government did not give attention and recognition to most of the indigenous medical knowledge. The indigenous healers and their healing systems are negatively stigmatized by biomedical practitioners. More specifically, the biomedical perspectives criticized the indigenous medicine by associating it with “harmful tradition” and threat to human health. However, others, like social scientists acknowledge “indigenous medicine” by considering it as wholly embedded in the human culture and basic to the health care systems (WHO, 2000). Nevertheless, both the “modern” and “indigenous” health care systems have to understand from the perspective of the consumer environmental and cultural context.

Study carried out by Puranwi (2005) found that indigenous healers share their patient’s culture, beliefs, and values and understand their expectation of health care hence they are generally more accessible and acceptable as healthcare provides. In line with this, Good (1987) points out that, indigenous medicine ideally is an all-embracing system of healing that is deeply rooted in the indigenous religion and socio-cultural institutions; thus, often reflecting the values and practices, both local and foreign, which have been incorporated and adapted over the years.

Another study carried out in South Africa by Truter (2007) found that in South Africa indigenous healers served as physician, counselor, psychiatrist and priest, and people visit indigenous healers for problems ranging social dilemmas to major medical illness. In relation to this, study carried out in Ghana by Rankoan (2012) Pointed out, in Ghana indigenous medicine is actively promoted due to the cost of western medicine. He also further stated that indigenous birth attendants play a significant role in to rural areas where access to modern medical facilities is poor.

Like most African countries, Ethiopia relies heavily on indigenous medicine for its primary health care services. This is due to the presence of associated cultural and socio-economic factors. One advantage of preferring indigenous medicine is that indigenous healers are found within a short distance, are familiar with the patient's culture and the environment and the costs associated with treatments are negligible (Tebaber, 2006). Furthermore, Kahissay et al(2017) pointed out, the "causes" of ill health were constructed and negotiated within the socio-cultural context of the local communities. According to Dejene(2014) indigenous medicine continues to play a significant role in the health care services in Ethiopia. The people utilized indigenous medicine for generations and remains popular even in the presence of biomedicine. Further, he stated that indigenous medicine continues to play a significant role in the health care services in Ethiopia. However, the absence of technical and financial support to healers remains a challenge that needs prudent decision to tap the positive aspects of the practices.

Tilahun (2009) in his article pointed out the trend of knowledge loss in both age categories and the consequences is likely risk of loss of knowledge in even in the older generation. Furthermore, he stated that the urgency thorough documentation of medicinal plants used by different cultures. In Ethiopia, even though indigenous medical practitioners are the best sources of information about the knowledge of medicinal plants, it is difficult to obtain their indigenous medicinal information as they consider their indigenous knowledge as a professional secret, only to be passed orally to their older son, at their oldest age (Jansen, 1981).

Scholars from various discipline conducted research on the different issues of indigenous medicinal knowledge in Ethiopia (Tesfaye, 2004; Wassie et al, 2015; Mekonnen, 2010; Arebu, 2015, Hambisa, and his colleague, 2016, Alemayehu and Sara, 2017, Mesfin, 2017, Workneh et al, 2018 ). Most of these studies were ethno botanical and ethno pharmaceutical studies generally focused on the nature and application of plants used within indigenous medical system and pharmacological analysis. Furthermore, the previous studies were highly focused on only medicinal plants knowledge. For example, Wassie et al (2015) deals with knowledge, attitude, and utilization of indigenous medicine while Alemayehu and Sara (2017) examine transference of ethno botanical knowledge and threats and conservation status of medicinal plants. Though.

The vast majority of the previous studies have focused on the medicinal plants in Ethiopia. Much of the literature about indigenous medicine that conducted in Ethiopia focused on the herbal remedies and healing practices. More specifically, medicinal plants and routes of

administrations. Others also focused on the relationship between indigenous healers and biomedical workers. Some research also highlights medicinal knowledge transfer and attitude towards both indigenous medicine and biomedical. Few studies also focused on highlights of socio cultural dimension particularly ill health perceptions and perceived causes.

There are some anthropological studies conducted in Ethiopia related to indigenous medicinal knowledge (Kaba, Tebeber, Abreraw, Dejene, Abraham, Birhan et al, Wagaye, Seyoum). However most of them focus on the herbal knowledge and interaction between indigenous healers and biomedical workers. Others also focus on historical perspectives such historical overview of medicinal plants in Ethiopia. However, they ignored the socio cultural and religious context of indigenous medicines. Moreover, they did not give attention to the embedded nature of indigenous cultural values and religious aspects within indigenous healing practices.

In line with this, Mesfin(2017) pointed out , research on Ethiopia health care systems has, to date, paid little attention to the socio cultural contexts of IM. Instead it has mainly focus on medicinal plants and their specific constituents. More specifically, most of empirical studies in Ethiopia related to indigenous medicine ignored the embedded nature of indigenous medicine within the very core value of specific peoples.

With regarding to the study area there are a little study (Tesfaye, 2004, . Seifu et al, 2006, and Tilahun, 2017). A study carried out in Chifra woreda, Afar Region by Tesfaye (2004) deals with documenting ethno botanical and ethno pharmaceutical knowledge of chifra woreda. Furthermore, he identified 70 plant species used for healing purpose, of these 33 were fully identified by their botanical names, 10 at generic level and 27 couldn't be identified and were recorded only their vernacular names likewise study by Tilahun (2017) examines documentation of medicinal and edible plants in Yalo. According to Tilahun (2017) recurrent drought and invasive encroaching plants taking out plants that have cultural importance and threaten the biodiversity and the associated medicinal knowledge.

Another study by Seifu et al (2006) stated that as in most parts of the country, there different rituals that are performed by the practitioners of the district, prior to collection of medicinal plants. He further pointed out, some of the rituals before collecting plants are reading verses from the Holy Koran, and throwing seven pieces of stone on the medicinal plant, putting some

coins under the plant and protecting oneself from the shadow. Here, study by Seifu et al (2006) highlighted only documenting and analyzing medicinal plants, and a little discussed about rituals practiced before collecting the medicinal plants. However all studies didn't look deep into the embedded nature indigenous medicinal knowledge in relation to socio-cultural values, belief systems and everyday activities of the Afar Pastoralists. Another gap of the previous studies conducted in chifra and yalo, Afar, all Tesfaye and Tilahun highlighted only study from ethno botanical perspective and they focus only plant medicine (herbal medicine). However, indigenous medicine is not only herbal medicine. It includes herbal healing, magico-religious healing, bone setting and birth attendants.

Afar pastoralists have also their own mechanism of indigenous healing system for their primary health care. However, most of the healing knowledge is in the hands of a few individuals as a result, the indigenous knowledge is at risk of extinction. For example, recently study by Tilahun(2017) showed that recurrent drought and invasive encroaching plants taking out plants that have cultural importance and threaten the biodiversity and the associated medicinal knowledge. Previous studies remains very important in providing insights into the understanding of indigenous medicine in terms of remedial value of medicinal plants.

However, they totally ignored the broader socio cultural and religious context of indigenous medicines. What is the logic behind the ritual ceremonies and purpose for healing process which is manifested in the *Qada Xayla*. There are a lot socio cultural healing rituals and it has also the religious aspects. The Dewe community is well known for indigenous medicinal knowledge and it has very interesting unique elements in healing mechanisms.

### **1.3 Objective of the study**

#### **1.3.1 General Objective**

The general objective of the study is to investigate and document how indigenous knowledge of healing mechanism embedded on socio-cultural values, belief systems and everyday lives of the Afar Pastoralists of Dewe community.

#### **1.3.2 Specific Objective**

Based on the above general objective this study has the following specific objectives:-

- To examine the sources of healing knowledge and transfer among Dewe community..
- To identify major types of indigenous healers and healing techniques existed in the study.
- To examine perception health, illness, and causes of illness from the context of Dewe community.
- To examine socio cultural dimension of indigenous medicinal knowledge and healing mechanisms among Dewe community.
- To explore the relationship between indigenous healers and biomedical workers in the study area.
- To explore the factor's influencing the health seeking behaviors among the study area.

## **1.4 Research Methods and Data Sources**

### **1.4.1 Research Approach**

There are two types of research approaches, namely: quantitative and qualitative approaches. Most of the time, anthropologists prefer to use qualitative methodology so as to get detail and reliable data from their study participants (Bernard, 2006). In addition to, Dejene (2011), pointed out, qualitative research approach involves the collection of information and data via interviews, focus groups discussions, participant observation, oral history and so on and its analysis and less concerned with numbers and accurate measurement and more concerned with the depth of data. The methods were employed to collect data from indigenous healers who are knowledgeable and experience in IKHC.

According to Creswell (2009) qualitative research begins with assumptions, a world view, the possible use of theories, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problems(Creswell,2009). Qualitative research is an effort to understand situations in their uniqueness as part of a particular context and interactions (Patton, 1985). Furthermore Zikic (2007) stated that qualitative research is a goal oriented investigation in to the social and cultural phenomenal. Qualitative research inquiry that is grounded in the assumption that individuals construct social reality in the form of meanings and interpretations, and that these constructions tend to be transitory and situational. The dominant methodology is to discover these meanings and interpretations by studying cases

intensively in natural settings and subjecting the resulting data to analytical induction (Gall, Borg, and Gall, 1996).

The qualitative researcher's interest on detailed description and understanding of phenomena within the appropriate context suggests what type of research methods will be methodologically acceptable. Typically, qualitative research design has the following important features (Barbie & Mouton, 2006). Qualitative interview provides many opportunities to understand people's feeling, emotion and interest in their own words what they want to convey their message and also gives space to interact the researcher with the interviewee (Kvale, 2006). Because of the nature of the research problems I used qualitative research approach for this study, in order to explore attitudes, behavior and experiences and attempts to get an in depth opinion from participants.

### **1.4.3 Sampling Technique**

Sampling is a core concern determining the ongoing success of a research project. Qualitative research typically although not exclusively employs non-probability sampling techniques (Cf. Murphy et al. 1998) cited in Zikic (2007). In relation to this, according to Silverman (2005), purposive sampling allows researchers to choose a participant, which depicts some peculiarities or processes they are interested in. Participants were purposely selected on the grounds of their experiences in indigenous medical knowledge of health care and healing mechanism. The choices of non-probability sampling technique are consistent with the qualitative research approach. In qualitative research sample size does not determine the importance of the study but the richness of data collected from participants who will provide rich details to maximize the range of specific information that can be obtained (Devis, 2002). I used purposive sampling in order to obtain experiences, practices related to indigenous medicinal knowledge and healing mechanism from knowledgeable persons. The aim of purposive sampling is to include "information rich participants for in-depth study (Green, 2004).

## **1.4.4 Data Collection Instrument**

### **1.4.4.1. In-depth Interview**

According to Crang and Cook (2007) interview could be handled in highly structured, semi-structured and unstructured ways. In this study I employed in-depth interview, which is one of the most important types of interview for qualitative research. According to Dawson (2004) in this type of interview, the researcher attempts to achieve a holistic understanding the interviewees' point of view or situation. Interview is a very important tool to dig out detailed information of one's perception, experiences and impression about certain issues (Dawson 2002). Interview is crucial point of qualification field work method. It helps best to understand the meaning that individuals give to their lives and the social phenomenal that they have experienced (Zikic, 2007). He further stated that it focuses on the understanding and significances that people give to their life experiences, in regard to the main topic of study.

In depth interview was employed to collect data from indigenous healers' who were experienced in IMK. I conducted this interview with the key informant like indigenous healers (KIIH) and their clients. I have also conducted interviews with the key informants from biomedical worker (KIBW) and key informants from the community (KIC). The interviews were conducted in Afar language for those who are community members include indigenous healers and clients, and key informant of community members they are prefer to speak Afar language and it is better to obtained the relevant data from the point of view of the insiders and Amharic for those who are unable to understand Afar language and with key informants from biomedical workers. The interviews were conducted on face-to face basis in order to prove more about the issue and observe the reaction of the participants over certain issues under interview.

Therefore, the interview guide questioners were developed based on the findings of the preliminary interviews with the indigenous healers via these methods. The method was employed based on in depth interview with some selected 10 key informants who are knowledgeable. Six of the informants were healers, two from patients, and four also from biomedical workers. I was conducted interview with participants in local language and during my interview I was used both tape records and note taking.

#### **1.4.4.2. Focus Group Discussion**

Focus group discussion (FGD) was used to collect the primary data. The reason behind undertaking FGDs is due to its importance in the elicitation of wide variety of different views in relation to a particular issue (Bryman 2004). In addition, Bryman (2004) stated that, conducting the FGDs help the researcher to develop an understanding about why people think the way they do. A focus group discussion is an interview with a small group of people on a specific topic. Groups are typically six to eight people who participate in the interview for one-half to two hours. Focus group discussion as a highly efficient qualitative data collection technique, which provides some quality controls on data collection: Participants tend to provide checks and balances on each other which weeds out false or extreme views. The extent to which there is a relatively consistent, shared view can be quickly assessed.

Focus group discussion is a good way to gather people from similar backgrounds and experiences to discuss a specific topic of interest. This engages 6-12 individuals, to form a group and give them a certain topic to discuss within the group. The purpose of this method is to find out new data, explore the ways in which the participants interact with each other and influence each other's expressed ideas and finally came up with a core data which is obviously cannot be gained with one-to-one interview material. This tool is valuable to ethnographic and related qualitative research as it illustrates and explores the inter subjective dynamics of thought, speech and understanding of people.

I conducted eight FGDs. The first FGD was held with indigenous herbalists, the second FGD held with religious healers, the third FGD was held with specialists (spiritual plus ritual specialists), the fourth FGD conducted with bone setters, the fifth FGD held with birth attendants, the sixth with biomedical workers, the seventh FGD was held with community elders and the last FGD with community youngster. Participants of each FGD consists individuals of both sexes and different groups of similar background and each FGD consists of 8 members. I choose FGD discussants based on age, experiences, and knowledge. Elders from community members, indigenous healers who are experienced indigenous medicinal knowledge and healing mechanisms. Biomedical workers FGDs purpose to examine the relationship between indigenous healers and biomedical workers.

#### **1.4.5 Secondary Sources of Data**

According to Kothari (2004) the secondary data sources can be obtained from publications of the central or local state governments, publications of foreign governments or international bodies and their subsidiary organizations, technical and journals, books, magazines and newspapers, reports and the published sources. He further argued that when the researcher utilizes secondary data, then he has to look into various sources from where he obtains them. To reveal the contribution of IMK, I reviewed these related secondary sources. In the process, I attempted to define key concepts. In addition, the secondary sources used for conceptual framework and indicated the gap for further research in the context of Ethiopia.

#### **1.4.6. Data Analysis**

All focus group discussions and in-depth interviews were audio recorded and translated in to English. The key findings are organized into five major themes. First, to explore and describe indigenous knowledge of health care and healing mechanisms embedded nature within the socio cultural and religious values. The second theme to identify sources of healing wisdom .the third thematic area is to examine indigenous medicinal knowledge transfer from generation to generation. The fourth theme is to describe types of indigenous healers and healing techniques. The fifth thematic area is to examine local perceptions about health, illness and its causes. The sixth thematic area is to examine the relationship between indigenous healers and biomedical workers. The seventh thematic area is to describe factors that influence health care preferences. In connection to this, Creswell (1998) pointed out that text derived from interview transcripts were subject to thematic analysis). This process involves an “immersion” into the data through multiple readings of the transcripts and of field notes. Initially, transcript data and data from field notes were organized around major themes that emerged during the interviews and also in reference to research questions.

Methodological triangulation the data collected in the focus groups and the in-depth interviews and fields notes of systematic observation were compared and contrasted .All tape recorded interviews and focus group discussions were transcribed. Then carefully listened to the tape recordings while simultaneously reading the transcribed interviews and focus group discussions. Then carefully read and read the original transcriptions and elicited patterns and themes, descriptions and categories which data from observation through note taking used to support and

enriched our sources. For example, in systematic observation I took notes as well as the photo that show herbalist and their herbal remedies, bone setters. Herbal remedies in market places. My ability of local language helped me in the process of transcription. Finally, the whole data were analyzed in a thematically organized way pursuing to the original description of the field notes so as to infer meanings and arrive at conclusion.

## **1.5. Ethical Consideration**

Zikic (2007) mentioned that ethical issues are where event in all research designs involving human respondents owing to intrinsic tension between the needs of the researcher to collect personal data on which to base generalization and the rights of the participants to maintain their dignity and privacy. According to Babbie (2010) social research takes place in a social context. Researchers must therefore take into account many ethical and political considerations alongside scientific ones in designing and executing their research. In relation with this, Denscombe (2003) explicated that in the process of gathering and analyzing data and finally disseminating the finding social researchers should exhibit ethical behavior and are expected to respect the rights and dignity of research participants, avoid any harm to their participants involved in the study and work with honesty and integrity.

Creswell (2007) asserted how ethical consideration needs to be given a critical weight in all phases of research such as before conducting the study, at the beginning of the study, during the phase of data collection in reporting the data and finally publishing it. Thus, in an attempt to collect data both from primary and secondary sources and at the end come up with a finalized document of any topic in general or for this case about certain society or culture, it is mandatory as well essential to maintain certain ethical thoughtfulness.

Ethics of inquiry is one of the core issues that should not be forgotten rather needs to be examined in any research process. The purpose of the study and its objectives was explained to local authorities, gatekeepers and the informants used in the in-depth interview. Participants in the study were verbally informed and the purpose of the study explained to them before gaining their consent to participate in the study. Anonymity of informants was ensured by using pseudo names in the analysis and discussion of data gained from the in-depth interviews; and the informants were not asked to provide their names during and after the interview. In cases where

during the building of rapport informants gave their names, the pseudo name assigned during the analysis and interpretation of data to take care of that.

## **1.6. Significance of the Study**

I hope that this study would be valuable for healers, patients, researchers, physicians, policy makers, and for the community in general. Specifically, indigenous health care knowledge described in the study will make possible influence to policy change towards incorporation of beneficial indigenous health practices into the national health care system. The results of the study would be used to make the communities aware of health related socio cultural values in order to promote. This study would be used to document types of indigenous healing techniques identified by the participants.

This study would be expected to give a brief as well as detailed insight about how indigenous knowledge of health care and healing mechanisms embedded on the core values, belief systems and part and parcel of their day to day activities of study area. Another importance of this study is for those researchers who want to study on issues of indigenous medicine and healing mechanisms from anthropological perspectives help to have access to a recent work on the existing practices of indigenous healing mechanism and facilitate them to find out ways to feel gaps and pose another research problems.

The significance to conduct this study is first to fulfill the gap of previous studies conducted in Ethiopia related to indigenous medicinal knowledge. More specifically to add socio cultural dimension of indigenous medicines by exploring from the emic perspective of Anthropological analysis in generally.

## **1.7 Scope of the Study**

This research focused in terms of geography and theme. Geographically, it is focused on Dewe District for the following reasons. First and foremost, Afar pastoralists had been known for unique and interesting medicinal knowledge systems and this indigenous medicinal knowledge is practiced based on the core values of the people and the second important reason is due to the fact that,IMK and healing mechanism relatively different and unique compare to other part of Ethiopia. For example, the knowledge transfer in some specialization is based on clan and certain

clan members are specialists like bone setters and Tufa or healing through saliva. These and other reason makes me motivate and interested to conduct this study in this area. Dewe is the center of a unique, religious, medicinal and environmental indigenous knowledge system. It is culturally rich in indigenous medicinal practices. In the study area, there are ten kebeles, from those accessible kebeles two kebeles were selected purposively, based on criteria's including: accessibility conditions, those kebeles with population of indigenous health knowledge and availability of diversified indigenous healers.

In terms of thematic issue, this study attempted to examine only the embedded nature of indigenous medicinal knowledge within the socio cultural values of the study community with particular emphasis on the main sources of healing wisdom, knowledge transfer and types of indigenous healers existed in the study area. The study focused on the local peoples' perceptions about health, illness and its causes. It also focused on relationship between indigenous healers and biomedical workers, factors that influences health care preferences.

### **1.8. Limitation of the Study**

The study has its own limitations. The first major limitation I may encounter is the sparsely populated structure of the study area, and difficulty to get participants in one places, due to the local community basically move from place to place for the search of pasture and waters. Another limitation I faced is shortage of time and financial resources. Besides, there have been some factors that may challenge the fieldwork and data collection, such as infrastructural problems like lack of transportation. Translation was another limitation of the study. Most of the data collected from the participant were in local language so it needs to translate from local language to English. Due to expensive cost of the translation I faced difficult to translate local voices of the participants to English.

### **1.9. Organization of the Thesis**

This thesis is organized into six chapters. The first chapter deals with background of the study, statement of the problem, objectives of the study, research methodology and data collection tools and procedures. The second chapter is about the literature review related to the research topic and conceptual framework. It also presents empirical studies in the context of Ethiopia. The third chapter gives brief and general information about the study area and the community understudy.

The fourth chapter discusses the main findings in relation to indigenous medical knowledge and healing mechanisms. It describes the main sources of healing wisdom in the context of Dewe indigenous healers. It also examines the healing knowledge transfer, types of indigenous healers and their healing techniques, the concepts of health, illness and its causes from the insider's point of view. The Fifth chapter deals with the relationship between indigenous healers and biomedical practitioners. Which includes the health care options existed in the study area, the attitudes and perceptions of biomedical workers towards indigenous healers and vice versa. It also deals with the attitude of community towards both health care options. The last chapter presents conclusion and summary of the major finding.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

In this chapter, attempted has been made to reviewed different studies which were conducted on indigenous medicinal knowledge, which related with my research objectives. The chapter has two sections, the first part is the conceptual and theoretical framework of the study, and the second is empirical literature.

#### **2.1. Conceptual and Theoretical Framework**

##### **2.1.1. Definitions of Concepts**

###### **2.1.1.1 Indigenous Knowledge**

The literature on IK does not provide a single definition of the concepts. Indigenous knowledge does not have a universally working definition. Different scholars conceptualize the term differently due to the differences in background and perspectives of the authors, ranging from social anthropology to agricultural engineering.

According to Maurial (1999) indigenous knowledge the peoples' cognitive and wise legacy as a result of their interaction with nature in a common territory. He further categorizes IK into three bases: First, indigenous knowledge is a result of the everyday interactions among indigenous families and communities. This knowledge is immersed in the whole culture and it is recreated through generations in the daily oral stories, symbols, songs, riddles, and sayings constructed in

local languages to reflect their daily agrarian work in the land, the curative powers of their local plants as well as the celebration of special events.

Joey De La Torre (2004) defined Indigenous knowledge as the established knowledge of Indigenous nations, their worldviews, and the customs and traditions that direct them. This last definition demonstrates the close connection between indigenous knowledge and worldviews. The connection is further evident when looking at the characteristics of indigenous knowledge. Castellano (2000) described the characteristics of indigenous knowledge as personal, oral, experiential, holistic, and conveyed in narrative or metaphorical language. Maurial (1999) identified three characteristics of Indigenous knowledge: local, holistic, and oral. In addition to, Institute of Advanced Studies Indigenous Knowledge Initiative( United Nations University,2008) stated that indigenous knowledge (IK refers to the knowledge, innovations and practices of indigenous and local communities around the world. IK includes the know-how, skills, innovations, practices and learning that form part of indigenous knowledge systems, and knowledge that is embodied in the socio-cultural lifestyle of a community or people, or is contained in codified knowledge systems passed between generations.

In his book entitled *Medicine, Magic and Religion*, Rivers,1924, argued that indigenous medical practices, which might seem irrational to Westerners, were rational when placed in the wider context of local beliefs and culture .Indigenous knowledge has recently been regarded as an important commodity in global health development. Although recommendations by the World Health Organization the Health for All Declaration (1978) highlighted the need to include local people, their traditional and practices in primary health care, this was largely ignored. Evidence suggests that until recently indigenous knowledge and indigenous medical practice was largely seen as a barrier to modernization and progress. IK is locally situated and related to a more or less set of common values, beliefs, experiences and practices held by a particular tribal group, kinship or indigenous community. It is also referred to as “indigenous knowledge”, “folk knowledge”, “ancient Wisdom” or “ethno Science” (WHO, 2002).

Indigenous knowledge is tacit knowledge embedded in community practices, institutions, relationships and rituals, transmitted orally, or through imitation and demonstration, and therefore, it is not easily codifiable (Warren *et al*, 1993, Rankoana 2012).

Another definition offered by Grenier (1998) is that indigenous knowledge is:

*The unique, indigenous, local knowledge existing within and developed around the specific conditions of men and women indigenous to a particular geographic area. Its development, covering all aspects of life, including management of the natural resources, has been a matter of survival to the people who generated these systems. Such knowledge systems are cumulative, representing generations of experience, and trial and error experiments (Grenier, 1998:1).*

Indigenous knowledge systems and technologies are found to be socially desirable, affordable, and sustainable and involve minimum risk to the local communities, and are believed to be good in the preservation of natural resources. Indigenous knowledge is local knowledge because it is rooted in a particular community and situated within broader cultural traditions and it integrates the spiritual, social and all other kinds of knowledge (Grenier, 1998).

It is therefore, important to mention that the definitions of indigenous knowledge perceive it in terms of space (local/particular area) and time. The definitions assert that indigenous knowledge is bound to a particular context determined by both social and material dimensions. It comprises a shared epistemology or ethos (cognitive or perceptual life, better described by some anthropologists as collective representations), shared norms and values, and any of a vast variety of rites, habits and technologies, all of which make up its practices. It is therefore, holistic in that it is concerned with the way things relate and fit together. It is non-mechanical, but social and people-centered. (Rankoana,2012)

According to Dei(1993) Indigenous knowledge as the “common sense knowledge and ideas of local peoples about the everyday realities of living”.(cited Agrawal,1995;418). Dei(1993) define indigenous knowledge in best ways;

*It [indigenous knowledge] includes the cultural traditions, values, beliefs, and worldviews of local peoples as distinguished from Western Scientific knowledge such local knowledge is the product of the indigenous people’s direct experience of the workings of nature and its relationship with the social world. It is also a holistic and inclusive form of knowledge (Dei, 1993:105).*

Indigenous knowledge refers to the knowledge and know-how unique to a given society or culture, which encompasses “the cultural traditions, values, beliefs, and worldviews of local people” (Dei, 1993, in Agrawal, 1995,418). Indigenous knowledge is therefore vital for the survival of the historical and cultural heritage of a particular group as it “forms [its] backbone of social, economic, scientific and technological identity” (Odora Hoppers,2001).

According to Agrawal (1995) Indigenous Knowledge systems are embedded in the social, cultural and moral milieu of their particular community. Kleinman's explanatory model also similar with the idea of Agrawal, according to Kleinman indigenous knowledge systems used for primary health care are embedded in cultural belief systems, practices, institutions, relationship and rituals developed by a group of people through generation of living in close contact with their natural environment.

Another important definition of Indigenous knowledge defined by (WHO, 2002) indigenous medicine is the sum total knowledge, skills, and practices based on the theories, beliefs, and experiences use by indigenous or different cultures to maintain health as well as to prevent, diagnose, improve or treat physical and mental illnesses. Furthermore, according to Warren (1991) Indigenous Knowledge is the local knowledge that is unique to a given culture or society. IK contrasts with the international knowledge system generated by universities, research institutions and private firms. It is the basis for local level decision making in agriculture, health care, food preparation, education, natural resource management, and a host of other activities in rural communities (Warren 1991).

In different literature indigenous knowledge on its part refers to what indigenous people know and do, and what they have known and done for generations – practices that evolved through trial and error and proved flexible enough to cope with change. This definition draws my attention to ethnocentric views that indigenous knowledge is a monopoly of trials and error while western knowledge is science characterized by experimentation.

There are a number of points commonly reflected in the definitions above. IK is important for local decision making in different domains of community life, particularly in development and natural resources management. IK is rooted in culture or tradition and passes on from generation to generation through the process of socialization. Although IK and its importance are largely seen in local context, the fact that it is dynamic owing to both internal and external influences is emphasized. Indigenous Knowledge is in constant touch and interaction with external knowledge (scientific knowledge and other indigenous knowledge systems as well) at different levels. IK, although widely shared among the members of a given population, is not homogenously or evenly distributed.

In different literatures, scholars offered different definitions for the concept of indigenous knowledge based on their academic background and perspectives. Most of them related IK with "local" or "traditional" knowledge. For example, according to Grenier (1998) IK as unique,

“traditional”, and “local”. In this definition there are two problems, first the terminological problems that are “local” and “traditional”. From what perspectives the two terms interchangeable with IK? The second critics to this scholar’s conceptualization of IK as based on trial and error based experiments. From this we can understand that Grenier see the IK as local, backward, not scientific based, full of error and trial while Western knowledge is the correct. But He ignored the emic perspectives about IK and only defined from etic (from his opinion) and I argued that this definition is incomplete due to ethnocentric view of the scholar and one side understanding.

The definition offered by Dei has some good points for example, according to Dei (1993) indigenous knowledge include cultural tradition, values, belief and world views of local people as distinguished from western scientific knowledge. It’s also a holistic and inclusive form of knowledge. However, this definition is not complete or comprehensive because IK more than common sense and ideas of local people one weakness of the definition of Dei is he labeled IK as the common sense knowledge and ideas from this you can understand that he misconceptualize and labeled the term common sense related not scientific based.

The terms ‘local knowledge’, ‘indigenous knowledge’, ‘traditional knowledge’, ‘ethno science or folk science’, are frequently used as synonyms, although each has its drawbacks. ‘Ethnoscience or folk science’ has a competing meaning in linguistic anthropology, where it is limited to semantic analysis of folk taxonomies. ‘Local knowledge’ has a connotation that local people are only observing their immediate surroundings and that their knowledge has no wider application. ‘Traditional knowledge’ connotes a homogenous system of thought, thus obscuring the fact that people everywhere constantly rework their knowledge, and timelessness or an unchanging tradition although knowledge is dynamic by nature. Despite these differences many writers still tend to use these concepts interchangeably and in contrast with scientific knowledge. But the term indigenous knowledge has more currency in anthropological literature.

### **2.1.1.2 Indigenous Medicine**

Indigenous medical practice is an age-old treatment in which human beings relied on for the prevention of health disorder. It is still widely in use for preventive and curative role of the various health disorders and human ailments. The process of the indigenous medicinal

preparation and the method of the treatment is an indigenous knowledge application that the healers produced it from locally available plant, animal and the mineral products. According to World Health Organization (2000) Indigenous medicine refers to the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses.

According to Konadu (2007) indigenous medicinal knowledge as something which is stored in people's memories and activities. It is communicated as stories, songs, dances, myths, cultural values, beliefs, rituals, community laws and local dialect. Another definition of indigenous medicine by (WHO,2002) (IM) refers to health practices, approach, knowledge, and beliefs incorporating plant, animal, and mineral based medicines spiritual therapies, manual techniques and exercises applied singularly or in combination to treat diagnose and prevent illness or maintain wellbeing. In relation to this, according to WHO (2002) Indigenous Medicine is the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or writing.

Furthermore, according to World Health Organization (2003) indigenous medicine (IM) describes a group of health care practices and products with a long history of use. IM tends to be practiced outside of allopathic medicine (also known as biomedicine, conventional or Western medicine), which is the dominant system of medicine in the developed world. In many cultures, IM functions as a comprehensive system of health care refined over hundreds or even thousands of years. Some of the best-known IM systems include indigenous Indian (Ayurveda) medicine, indigenous Chinese medicine (IM), and indigenous Arabic (Unani) medicine (Abbott, 2014).

Indigenous medicine is defined in the Indigenous Health Practitioners Act (Act 35 of 2007) as:

*An object or substance used in indigenous health practice for the diagnosis, treatment or prevention of a physical or mental illness, or any curative or therapeutic purpose including the maintenance or restoration of physical or mental health or wellbeing in human beings, but does not include a dependence-producing or dangerous substances or drug*

The most important definition provided by Good (1987) as this way, Indigenous medicine as the reflection of the society's collective medical beliefs about the causes of health problems and choices of treatment alternatives. Moreover, Good (1987; 18) argues that indigenous medicine knowledge "is the impression of the general public's aggregate restorative convictions about the causes for wellbeing issues and decisions of treatment options". In connection to this, according to Dubos (1968) Indigenous medicine is the sum total of a person's or groups' health related knowledge, beliefs, techniques, roles, norms and values. In different literatures the term "Indigenous medicine used in various terms such as "local medicine", "folk medicine", "traditional medicine", and soon.

The Report of the Royal Commission on Aboriginal Peoples (1996) defines indigenous healing:

*Indigenous healing has been defined as "practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western 'scientific' bio-medicine. When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders (RCAP, 1996, 348).*

Most of the scholars used them as interchangeably. However, for the purpose of this thesis, I used the notion of "Indigenous medicine" because the above mentioned terminologies have been given negative connotation. In different literatures, scholars defined indigenous medicine in different ways and it has no universal definitions. And another difficult aspects of the conceptualization of IM is the terminology and when I reviewed related literature, I observed different term which most authors used as interchangeably, and even anthropologists used terms like 'folk medicine', 'traditional medicine', 'local medicine', and 'ethno medicine'. For instance, almost all literatures related to indigenous medical knowledge, many scholars cited the definition provided by World Health Organization and it is a working definition for WHO, the definition is good it includes, the all knowledge and practices, diagnostic ,prevention and elimination of illness, however, it ignores the embedded nature of IM within the religious and cultural values of the local people, it is also holistic approaches and the mechanism is not only elimination of illness but transformative.

Another problem within WHO, definition of IM, there is a lack of clarity in terminology and from what perspectives, they used the term "traditional medicine". In connection to this, Hill

(2003) notes that there is a lack of consistency and clarity in terminology. The WHO (2002) state that complementary and alternative medicine references to a broad set of health care practices that are not part of a country's own traditions or are not integrated into its dominant health care systems. However, the two terms different, indigenous medicine is healing mechanisms practices by different parts of world who have common core values, religious and other similar cultural aspects while complementary and alternative medicine is not. I agree with the idea of Hill (2003) in the conceptualization indigenous medicine in previous literatures there is misconceptualized and used inappropriate terminologies.

Therefore, IM need redefined and modify the conceptual definitions. For the purpose of this thesis I choose IM, IM is encompasses the cultural knowledge, holistic approaches for treatment, and embedded in the core values, norms, customs, and religious aspects and it is part and parcel of the Dewe community everyday lives. Goes in line with the idea of Das, Das (1996) states that indigenous medicine is strongly embedded in the culture and beliefs of the local people and focuses on the patient as a whole human being and not only on the biological aspects of disease. It is understood by the people, is fairly inexpensive and is generally accessible.

This study prefers to use the term indigenous medicine for different reasons. First indigenous medicine in the context of Dewe community encompasses holistic natures it includes Knowledge, culture and religious values and the healing mechanism among the study area is focus on different dimensions such as physical, emotional, psychological, spiritual and another imbalances between the clients with the mind, body, emotion and spirits and healing techniques employed by the indigenous medicines is varies such as herbal medicinal remedies and mineral objects and animal fat spiritual and religious approaches like alrukia, spiritual bathing, lay hands on the forehead of the client the same reading verses from the Holy Quran and cultural and clan based healing specialization which Tufa healing that is unique in the study area basically in the context of Dewe community specific illness treated through by offering salive due cultural beliefs. Therefore, I use the Definition offered by Das for the conceptualization of IM. He pointed out indigenous medicine is strongly embedded on the socio cultural beliefs and the healing focus on the whole aspects of the client's.

### **2.1.1. 3. Concepts of Health, Illness and Disease**

#### **2.1.1.3.1. Health**

Anthropology as a social science field views or provides a profound understanding of humanity, human existence, viewing human kind holistically and human health. Medical anthropology is the study of human health and disease, health care systems, and bio-cultural adaptation. According to Scrimshaw, (2000), medical anthropology is an interdisciplinary field which studies human health and disease, health care systems, and bio-cultural adaptation.

The term health is best defined by the World Health Organization (WHO). According to WHO (2003) health is a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity. According to the Webster's Dictionary (1913) health is defined as "the state of being hale, sound, or whole, in body, mind, or soul; especially, the state of being free from physical disease or pain".

In line with this, National Aboriginal Community Controlled Health Organization (NACCHO) argued that Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities. (Swan and Raphael 1995)

#### **2.1.1.3.2. Disease**

Medical Anthropology study how the disease is part of the life of a person and how this person is part of a society where many things are at stake' (Mogensen et al. 2002). Disease is "the formally taught definition of physical and mental pathology from the point of view of the medical profession". Kleinman(1978) also define disease as a malfunctioning in, or maladaptation of, biological and /or psychological experience and meaning of perceived disease. Disease refers to a scientifically identified health threat caused by bacterium, virus, fungus, parasite or other pathogen.

### **2.1.1.3.3. Illness**

In anthropological terms ‘illness’ refers to patients’ subjective experiences and interpretations of sickness in line with their health-belief system rooted in culture; hence what is classified as illness.(Kleinman,1980). According to Pelto and Pelto, illness is culturally defined feelings and perceptions of physical and/or mental ailment and disability in the minds of people in specific communities. According to Cassell (1978) cited in Helen 1981) illness refers to “what the patient feels when he goes to the doctor”. Illness refers to the subjective response of the patient to being unwell; how he, and those around him, perceive the origin and significance of this event; how it affects his behavior or relationships with other people; and the steps he takes to remedy this situation.

Susser in 1973 tried to define the term “illness” by referring it to the inner sense of an individual’s feeling unwell. According to him, illness does not refer to any explicit pathology, but refers to a person’s subjective understanding of it, such as discomfort, tiredness, or general malaise. We can even regard the concept of sickness as such a notion that combines the biomedical model (disease) with the socio-cultural context of the patient (illness).

According to Gogoi (2014) Illness is culturally defined. Western world is accustomed to think of illness in terms of germs, viruses and assumes it to be a biological constant, a pathological condition to be verified by laboratory tests on clinical examinations. From the cultural point of view illness is quite different; it is a social recognition that a person is unable to fulfill his normal role properly and he should be brought back to normal (Monimugdha, 2015).

According to Fabrega, (1974) Illness is shaped by cultural factors governing perception, labeling explanation, and valuation of the discomforting experience, processes embedded in a complex family, social, and cultural nexus. Because illness experience is an intimate part of social systems of meaning and rules for behavior, it is strongly influenced by culture; it is, as we shall see, culturally constructed. In line with, according to Kleinman(1975 ) Illness is culturally shaped in the sense that how we perceive, experience, and cope with disease is based on our explanations of sickness, explanations specific to the social positions we occupy and systems of meaning we employ.

#### **2.1.1.3.4. Health Care**

According to World Health Organization (2010) health care is the diagnosis, treatment and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and public health. Health care is conventionally regarded as an important determinant in promoting the general health and wellbeing of peoples around the world. Anthropologists recognize health care as a symbolic system representing society's core values, beliefs and attitudes (Helman, 2002; Hammon –Took; Herselman, 2004).The meaning constructions of health, 'disease', 'illness', or 'sickness' differ from society to society. Health care views are cultural constructions and their meanings are determined by the culture of the people concerned (Herselman, 2004).

#### **2.1.2. Theoretical Framework**

##### **2.1.2.1. Medical Ecology**

Anthropologists using an ecological perspective to understand disease patterns view human populations as biological as well as cultural entities. According to Dickson(2001) Medical ecology is a branch of social sciences that investigate the effect of the environment on human health and illness. A key concept in medical ecology is “adaptation,” the changes, modifications, and variations that increase the chances of survival, reproductive success, and general wellbeing in environment. Alexander Alland, Jr. (1970). was one of the first to apply the concept of adaptation to medical anthropology. Humans adapt through genetic change, physiological responses (short-term or developmental), cultural knowledge and practices, and individual coping mechanisms. Health of an individual depends on the kind of environment he/she resides in and whether one can adapt into that environment or not.

During the colonization period of India, many colonizers came into India from their own motherlands, but couldn't suit themselves to the weather of India and thereby succumbed to deaths therefore, health and illness largely depends on the kind of social as well as environmental factor that a person resides in. It views populations as biological as well as cultural units and studies interactions among ecological systems, health, and human evolution. As McElroy and

Townsend(2004) point out, the ecological perspective is often accused of understanding individuals and cultures as if they always behave rationally (Good 1996).

I believe that medical ecological perspective is helpful to understand how people give meanings associated with their culture and religious values and how people adapt their unique environment. The basic premise of this perspective is “health is a function of environmental adaptation, and disease indicates disequilibrium”(Allan,1970). In line with this, indigenous medicine among Afar pastoralists of Dewe community highly interconnected with their environment. For example there are culture bound illnesses that are unique to Dewe community like *Alsa*, *Umma maqu*, *Ayma*, and others and these illnesses construct based on the interaction with their environment and culture. Culture bound illnesses has two dimension culture and environment. First it is unique to that specific cultural contexts and peoples who share similar socio cultural and religious principles and second it is found in a restricted area which shows cultural circumstances

#### **2.1.2.2 Ethno Medicine**

According to Inhorn, (2010) ethno-medicine is a sub-field medical anthropology that deals with the study of indigenous medicines. The term ‘ethno-medicine’ is frequently used to identify the object of study in ethnographic research on indigenous, usually non-Western, forms of healing and classifications of disease and illness. Ethno-medicine is itself defined as ‘ethno-medical’ as the focal point of enquiry is the explication of indigenous concepts of sickness and its relevant treatment. According to McElroy (2002:4), ethno medical perspective focuses on health beliefs and practices, cultural values and social roles. According to him, health ethnographies encompass beliefs, knowledge and values of specialists including the roles of healers, patients or clients; the implements, techniques and pharmacopoeias of specialists; legal and economic aspects of health practices and the symbolic interpretation and interpersonal experiences of illness.

A key concept in ethno-medicine is "explanatory model," introduced by Arthur Kleinman (1980). Explanatory models (EMs) are notions about the causes of illness, diagnostic criteria, and treatment options. Ethno-medicines are based on the concept of cultural values and norms and perception on the cultural causes of illness and treatment. Another focus or research domain by

ethno-medicine is the study of indigenous healers; investigation of the comparative efficacy of 'traditional' and 'biomedical' approaches to the treatment of mental illness, or ethno-psychiatry.

Ethno medical analysis focuses on cultural systems of healing and the cognitive parameters of illness. It focuses on health beliefs and practices, cultural values, and social roles. Ethno Medicine has come to mean the health maintenance system of any society. Health ethnographies encompass beliefs, knowledge, and values of specialists and lay people; the roles of healers, patients or clients, and family members; the implements techniques, and pharmacopoeias of specialist; legal and economic aspects of health practices; and symbolic and interpersonal components of the experience of illness.

According to Quinlan (2011), ethno medicine is the area of anthropology that studies different societies' notion of health and illness, including how people think and how people act about well-being and healing. Krippner (2003) stated that ethno medicine is the study of indigenous medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the health care seeking process and healing practices.

Ethnomedicine perspective very closely related to *Qada Xayla* which literarily means indigenous healing directly or indirectly and the basic premises of this perspective how cultures conceptualize and give meanings for health, illnesses and its causes. It also pay emphasis on how culture and religious influences health seeking behavior. This perspective also focuses on health and healing behavior. It encompasses methods and diagnosis and treatment. Medicine, health and illness are all partly cultural categories and different cultures have their own logic and alternative means to deal with these. Medical anthropology looks at cultural conceptions of the body, health and illnesses. It also focuses on health behaviors as a way to learn about social values and social relations. The ethno medicine perspective related in the indigenous medicinal knowledge and healing systems of Afar pastoralists of Dewe, for example, the concept of health and illnesses are holistic and that is beyond of the concept that is biomedical professional views.

This perspective significant to this thesis in order to understand how Dewe communities conceptualize health, illnesses and causes of illnesses and according data obtained from FGDs as well as in-depth interview, the concept of health illness and health seeking behavior highly interwoven within their very core values and beliefs of them.

### **2.1.2.3. Interpretive Perspective**

According to Good (1994) the interpretive paradigm complements an interactionism position. This is due to the fact that social practices and meanings interact in the organization of illness, for one of the central efforts in healing is to symbolize the source of suffering to find an image around which a narrative can take shape (Good, 1994). Good (1994) in Kleinman (2009) also uses anthropological analysis to show how “meaning” is created in illness, how cultural values and social relationships, the experiences of the body and sickness situate suffering in local moral worlds.

Kleinman’s (2009) work combines an interest in complex medical systems and detailed ethnographic analysis of illness and healing in a particular culture. His theoretical development is linked to symbolic and interpretive writings. This creates an opportunity to investigate how local medical worlds - including those of ethno-medicine formulate and respond to illness, correspond to aspects of reality, produce distinctive forms of medical knowledge, and shape a crucial dimension of human experience. This study explores how meaning and knowledge, with a focus on indigenous medicine, are made in a world of human experience which is formulated and held through symbolic forms and distinctive interpretive practice. This approach was particularly helpful because it enabled sickness associated with ancestral spirits to also be interpreted as a symbolic form of communicating, as a reminder of an outstanding ritual, as a punishment for unacceptable behavior and as an explanation for the malevolent inflection of harm, etc. (Good, 1994).

For the purpose of this study, I believed that three approaches of medical anthropology related to indigenous medicine such as ethno medicine, ecological and symbolic perspectives are important. For example, symbolic perspectives are important to understand how the Afar Pastoralists of Dewe District views about health, illness and how the local people give symbolic meanings for the healing rituals and ceremonies. For example, Dow (1986) described the healing processes as a ‘generalized symbolic medium particularized in such a way as to effect the transaction of emotions in the self-system’.

Good(1994) pointed out how meaning is created in illnesses, how cultural values and social relationships, the experiences of the body and sickness situate suffering in local moral worlds.

This thesis explore how meaning s constructed to conceptualize the conceptualization the concept of good health ill health and local cosmology about causes of illnesses .This perspectives related enables the study to explore how *Qada Xayla* indigenous medicines and healing mechanisms construct meaning and give specific worldviews to health, illnesses and causes of illnesses among Dewe community. Interpretive perspectives emphases how meaning is created in illness, how cultural values, and social relationships the experiences of the body and sickness situate suffering in local moral worlds. This perspective w particularly helpful because it enables ill health associated with inherited illnesses, symbolic communication on healers with spirits, ritual ceremonies. Therefore, this perspective is helpful to understand the cultural construction of health, illnesses and causes of illnesses. This perspective directly relates to the symbolic meaning of rituals that manifested on *Qada xayla* or indigenous medicine among Afar pastoralists of Dewe community.

#### **2.1.2.4. Critical Medical Perspective**

Critical medical anthropology is a branch of medical anthropology that blends critical theory and ground-level ethnographic approaches in the consideration of the political economy of health, and the effect of social inequality on people's health. It is perspective that emphasizes that social and political factor (for example: poverty, social inequality, discrimination, structural violence) are important elements in understanding and treating health and disease (Ember and Ember,2004). Turner (1987) stated that political economy is an approach which focuses “socio-economic inequality in power and wealth which in turns significantly affects the health status and access to health care facilities” (Turner, 1987 cited in Zerihun, 2005). Therefore, economy plays a vital role to have an access to health care system so as to decrease and reduce morbidity and mortality rate in a given society.

Political economy of health which is influenced by Marxist theory and dependency theory was mainly analysis the impact of global economic systems particularly capitalism on local and national health. Indigenous medicines are economically affordable than modern medicine. Hence, everyone can access it easily. However, by the introduction of western medicine, indigenous medicine are highly dominated and marginalized because of that reason people inclined to modern medicine. Therefore, these conditions lead to high level exploitation of resources/money in developing countries.

## **2.2. Empirical Literature**

### **2.2.1. Global Overview of Indigenous Medicine**

Indigenous medicine is widely used and it is a rapidly growing health care mechanism in most countries. Between 70% and 95% of citizens in a majority of developing countries, especially those in Asia, Africa, Latin America and the Middle East, use indigenous medicines (IM), including indigenous and herbal medicines, for the management of health and as primary health care to address their health-care needs and concerns (WHO, 2011). In Asia and Latin America, populations continue to use indigenous medicine as a result of historical circumstances and cultural beliefs. In China, indigenous medicine accounts for around 40% of all health care delivered.

In Africa up to 80% of the population uses indigenous medicine to meet their health care needs. In Benin, Burkina Faso, Ghana and Zambia for example, 80%, more than 80%, 70% and 70% of the population rely on IM respectively (Kloos et al. 2014). Over 80% of the Ethiopian population relies on traditional medicine. This represents the majority of the rural population and sectors of the urban population where there is little or no access to allopathic health care (WHO, 2001). Generally in many developed countries, IM is becoming more and more complementary and alternative medicine. In many parts of the world expenditure on indigenous medicine is not only significant, but growing rapidly (WHO, 2002, ). Indigenous medicine plays an important role in primary health care in many developing countries.

### **2.2.2. Indigenous Medicine and Healing in Africa**

Indigenous knowledge, particularly in Africa context, has long been ignored and marginalized by outsiders. It was overlooked because it seemed messy and not obvious. Indigenous knowledge transfer through oral ways and this oral nature of transmission of IK makes it vulnerable to rapid change especially when its owners are displaced or killed, or when younger generations acquire values and lifestyles different from their ancestors. Indigenous knowledge was widely regarded among development professionals as an academic, if not dilettantish, concern limited largely to social anthropologists. Much of the indigenous knowledge systems were seen as superstition. In the dominant model of development, useful knowledge was said to be generated in central places

such as universities and laboratories, to be transferred to ignorant peasants and other poor people (Warren, 1995).

The WHO (1976) explains indigenous medicine as the sum of the practices, measures, ingredients and procedures which, from time immemorial, have enabled the African to guard against disease, to alleviate suffering and cure themselves. Karim et al(1994) stated that Healing practices between African countries vary widely according to their particular socio-cultural heritage. Although it is not possible, therefore, to speak of a single African traditional health care system, differences between cultures south of the Sahara are sufficiently small for generalizations to be made within certain limits (Karim et al 1994).

Indigenous medicine is part of African culture and intricately linked with the African worldview. Another study by Truter(2007)pointed out, African indigenous healing is intertwined with cultural and religious beliefs, and is holistic in nature. It does not focus only on the physical condition, but also on the psychological, spiritual and social aspects of individuals, families and communities. (Truter 2007). He further asserted that in South Africa indigenous healers can play an important and valuable role in helping communities to improve their health and quality of life (Truter,2007).

Similarly, the Truter's idea supported by Nyanto (2015) stated that African indigenous healing is part of African culture, and today indigenous healers remain essential for the health and well-being of a great part of the African people. Furthermore, Nyanto (2015) in his study pointed out, beliefs and healing practices are an integral part of the lives of the people in the Western part of Tanzania. He further argued that like other African societies the Baha and Wyamwezi societies in Western Tanzania understood there to be three causes of diseases, the first categories disease caused by the supreme deity, the second categories disease caused by human being, and the third categories disease caused by nature and ancestral spirits.

According to Freeman and Motsei 1992), the introduction of biomedicine has never replaced the indigenous healing systems and indigenous healers continue to be consulted for a variety of reason by the African people. Another study by Charema (2011) entitled "Health and wellness in South Africa stated that in the African culture, one of the most venerated health components is the significant presence of indigenous beliefs and the use of African indigenous medicine in matters of health and wellness involving diviners, midwives, and herbalists. Charema(2011) further argued that in most African countries, particularly in rural areas, indigenous healers are

widely consulted in the search for causes of distress and illness, and ritual cures are constantly performed to help the sick. He further argued that medicine and healing are cultural practices; hence the process of healing and the interpretation of illness reflect and reinforce the cultural definition of the health problems. Another study by Okpako (2006) entitled “African medicine: indigenous and belief”, argued that indigenous medicine is practiced in different ways in different parts of Africa, but one characteristic feature of traditional medicine, wherever in Africa it is practiced is the belief that serious illness can be caused by a supernatural agency.

A study carried out in Ghana by White (2015) found that African indigenous religion is not against with a Western medical way of treatment or healing process, its followers believe that there are some diseases that Western medicine cannot treat, and therefore need spiritual attention. He also argued that in some Ghanaian communities, especially in the Akan communities, one could be sick through invocation curses in the name of the river deity, Antoa, upon an unknown offender in their understanding, it is a means of seeking divine justice from the river deity. Furthermore, White (2015) stated that there are several ways in African indigenous healers explain or understand the causes of disease.

Another study carried out by Zuma et al (2016) was carried out to explore the role of indigenous health practitioners in rural Kwa Zulu, Natal, South Africa. Their results showed that indigenous health practitioners play a vital role in the health care of the majority of the South Africa population. Furthermore, Zuma et al (2016) identified three types of healers such as diviner, faith healer and herbalists. They concluded that indigenous health practitioners fulfill roles that are not specific to the type of healer they are, these include services that go beyond the uses of herbs for physical illnesses or divination.

### **2.2.3. Indigenous Medicine and Healing in Ethiopian Context**

Scholars from various disciplines conducted research on the different issues of indigenous knowledge of medicine in Ethiopia (Tesfaye, 2004; Wassie et al, 2015, Arebu, 2015; Hambisa, et al, 2016; Alemayehu and Sara, 2017; Mesfin, 2017). Most of the studies conducted in Ethiopia in relation to indigenous medicine were ethno botanical and ethno pharmaceutical, some are ethno medicinal. Recently study by Mesfin (2017) in his PhD dissertation entitled “Indigenous Ill – Health perceptions and Healing practices”: Socio Cultural Study. Mesfin (2017) pointed out, in North Eastern Amhara Tehuledere community’s world view of health, health problems and

healing systems is closely linked to their day to day cultural lives. The study identified that religious and spiritual healing, biomedicine; folk or indigenous healing systems, and popular or home based medicine were the major types of health care options.

A study carried out by Asfaw (2014) pointed out; Ethiopians heavily relied for centuries on a system of indigenous health care knowledge for various physical and mental disorders. He further argued that IM is widely perceived and embedded in beliefs, and practices primarily through the use of plant based remedies besides animal products and minerals.

Another study carried out on Kunama people, Northern Tigray by Mekonen(2010) found that many of the Kunama people utilize indigenous medicine and treatment for a range of disease of disease. He further stated that many people used both biomedicine and indigenous health care practices, many of them still made use of the former as their best choices. The people in Kunama area attribute disease to both natural and supernatural forces, and believe that the Almighty “Ana” or God has the power to cause them to feel sick and to restore their health. According to Mekonen (2010) , it can be claimed that neither indigenous medical therapeutic nor biomedicine therapeutic alone could solve the community’s health problems. Since both have their own short comings and lack of facilities. He further recommended that the two therapeutic systems should be integrated and work jointly for a better health maintenance and disease prevention.

Another study carried out by Alemayehu and Sara (2017) deals with transference of ethno botanical knowledge and treat and conservation status of medicinal plants. Furthermore, Alemayehu and Sara (2017) found that, the knowledge about the plant use and the method of preparation in Ethiopia are often kept secret. In addition, this review indicated that the main reasons for the degradation of medicinal plants and associated IK in Ethiopia are environmental degradation, agricultural expansion, deforestation, over harvesting of species and invasive alien species.

A study carried by Getachew et al (2002) in Arsi, Oromia zone focused on perceptions and practices of modern and indigenous health practitioners about indigenous medicine in Shirka district, Arsi. Getachew et al (2002) found that most of the practitioners in both systems had used indigenous medicine at least once in their life time and both biomedical workers and indigenous healers expressed their willingness to collaborate among each other.

Recent study by Workneh et al (2018) was carried out to examine an understanding of the perceptions of health and illness in relation to the local customs, religion and environment in Konso people in South Western Ethiopia. Their results indicated that the Konso people's world view, particularly as it relates to health, illness, and healing systems, is closely linked to their day to day lives. Furthermore, they argued that the Konso people associate their health situation with socio-cultural and religious factors and the local beliefs and cultural values continue to dominate the health culture of the Konso people.

There are some empirical studies conducted in some parts of Ethiopia in indigenous medicine from anthropological point of view (Wagaye, 2016, Abraham, 2015, Tebaber, 2015, Kaba,1993, Seyoum,2017,Dejene,2013). For example, study by Wagaye (2016) MA Thesis entitled "Indigenous Knowledge of Herbal Medicine and Healing Practices" among the Gamo people. Wagaye (2016) found that, the oral nature of indigenous herbal medicinal knowledge and practice poses a challenge that the knowledge is at risk of extinction after some generations unless otherwise documented. General focus of this study was to investigate and document indigenous knowledge of herbal medicine and healing practices among the Gamo people.

Another anthropological empirical studies is PhD dissertation entitled "Indigenous Medicine:Cultural and Environmental Values of Medicinal Plants among the Konso People in Southern Ethiopia" conducted by Tebaber (2015). According to Tebeber (2015) in his PhD Thesis, the Konso peoples world view of health, health problem, and healing system is closely linked to their day to day cultural lives. Further, He found that the Konso people often have more confidence in utilizing indigenous medicine than getting biomedical treatments. He concluded that the world views, among the Konso of health, illness, and healing systems were embedded in the local cosmological and religious spheres.

Therefore, much of the work carried out so far, has ultimately been driven by interest in particular medicinal plants knowledge and their specific constituents. Relatively little attention has been paid to socio-cultural dimension of indigenous medicine and the symbolic meaning of the healing process and ritual ceremonies in which performed by the practitioner's. They also did not look deeply indigenous healing mechanism embedded on the core values and belief systems of local communities and knowledge about them developed and passed on.

# CHAPTER THREE

## DESCRIPTION OF THE STUDY AREA AND THE POPULATION

### 3.1. Introduction

This chapter deals with the brief description of the study area and the culture of the community. It encompasses like description of geographical setting, population, socio cultural systems and economic activity of the Afar Dewe community.

#### 3.1.1. Geographical Setting and the Population

##### 3.1.1.1. The Afar People and Location

The Afar people are Cushitic-speaking people living in the arid and semi-arid areas of Ethiopia, Eritrea and Djibouti. Outsiders have used many different terms to refer to the Afar. (Piquet, 2002). The Afar are classified into two distinct descent groups: the Asaimara (red) and Adaimara (white). The former are considered a nobility group, while the latter are said to form the class of the commoners (Markakis, 2004). The Afar are followers of Sunni Muslims. Islam is believed to have been first introduced into the Afar by migrant Arabs as early as the ninth century or earlier. Then it was spread across many places by Afar merchants from the coast and non-Afar people from neighboring areas such as Harar and Argoba (Getachew, 2001).

The Afar triangle, the northern part of which is the Danakil depression, is part of the Great Rift Valley of Ethiopia and is located in the North of the region and it has the lowest point in Ethiopia. The Southern part of the region consists of the valley of the Awash River.

Based on the 2017 projections by the CSA of Ethiopia, the Afar Regional State has a population of 1,812,002 consists of 95.3 percent of the population is Muslim and Afar language is the predominantly spoken in the region and it is the working language of the Regional state.

Afar National Regional State has a total area of 85,410 km square that lies between 80 40'13" to 140 27'29" N latitude and 390 51'13" to 420 23'03" E longitude in the rift valley. The topography of the region varies from hilly escarpments in 1,000-1,500 meter to lowland plains that fall in the altitude range of 0-100 meters. Nationally, the region is bordered with Tigray in the North, Amhara in the West, Oromya and Somali National Regional State in the South and East.

Internationally, it bordered with Eritrea in the North and Djibouti in the East. The region has tourist attractive areas such as Afar depression, Erta Ale active volcano, Awash National park, Yangudi Rassa National park, Hadar and Aramis areas are the major tourist attraction.

Dewe is one of the district in the Afar Region of Ethiopia, part of the Administrative zone 5, Dewe is located near the base of the eastern escarpment of the Ethiopia highlands, and bordered on the south by the Borkana River which separates it from Dalifage and Hadele Ele, on the west by the Amhara Region, on the north by Talalak, and on the east by Administrative zones 3. The major settlements in this district are Wederage. Dewe was the seat of the sultanate of Dewe, one of the Afar sultanates of in the Afar Region. The average elevation in this district is 802 meters above sea level (Hailu, 2011). Dewe district one of the five districts of Western zone of Afar Region and the administrative seat of the district called Wederagie which is located 42 Kilometers from zonal town and it also far from 200 km from Semera, capital city of Afar Region and 505 km away from Addis Ababa, the capital city of Ethiopia. The weather condition of the Dewe district is sub-tropical and the topography of the study areas is mostly mountains and average annual rainfall range from 600-1000mm and the altitude range from 600m-900m above sea level.(Dewe District pastoral and rural development office, 2017).

Rivers in this district include the Awash which divides it into Eastern and Western parts. As of 2008, Dewe has 58 kilometers of community roads'; about 29% of the total population has access to drinking water and 95% health access. This means: 3 health centers and 12 health posts functional in the district. Based on the 2007 census conducted by Central Statistical Agency of Ethiopia (CSA), this district has total population of 42,397, of whom 24,865 are men and 17,532 women; with an area of 760,90 square Kilometers. Dewe has a population density of 55.72 while 2,280 or 5.38% are urban inhabitants a further 12994 or 30.65% are pastoralists and 99.5% of the population are Muslim.

## **3.2. Socio Cultural Organization**

### **3.2.1. The Afar People**

#### **3.2.1.1. Social and Political Organization**

In the local area and across the ANRS, traditional governance structures remain a strong and respected parallel administrative system. Traditionally, the Afar society is structured along the

lines of sultanates; tribes, clans, lineages and families. The various sultanates located across Djibouti, Ethiopia and Eritrea have generally been recognized as centers of political and spiritual leadership. Whilst the powers of traditional leaders are reported to have declined in recent years, they still hold sway, especially at the local level. Local community members report that it is clan leaders and elders that provide the strongest and most effective leadership structures at the village level, and the majority of Afar community members will defer to their elders for any important matters.

In the Afar society clan is the most important political and social unit. A clan is formed by an extended group of families, and serves as a nucleus for administration and cooperation to conduct social activities among clan members. The clan is also the lowest social unit which can hold communal property rights over land and other natural resources. A senior lineage of a clan provides political leadership while a junior one provides ritual leadership or leadership of the sanction-executing unit (*fimaa*). Typically members of the council of elders (*daar-idola*) and members of *fimaa* are recruited from all lineages of a clan. The Afar are divided into various major clans for which the Afar term is *Kedo*. A tribe consists of people descending from a common patrilineal ancestor. For the Afar tribe is the highest and territorially localized social organization that comprises a number of clans. The chief of the tribe is called *Makabantu*. The tribal social unit is followed by the clan for which the Afar term *Mela*. The clan leader is called *Kedo Abba*. Unlike tribes, a clan lacks a territory of its own as an independent unit and does not control resources of any sort. Recognized *mela* boundaries do not exist and all clans have equal right within tribal boundaries to which they belong to a particular clan through descent reckoned by the patrilineal line.

Central to the Afar social structure are descent and affinal ties. The Afar have a patrilineal descent system based on which a person belongs to a particular clan (*mela*). Afar settlements are composed of a mixture of clans although each locality is identified with a major clan and affine.. This makes it easier to organize social, economic and political support in times of crisis. Clan members are expected to share resources and help each other in emergencies. Such support becomes practically difficult to claim when members of a kinship group or a particular clan are far apart. Afar women play a central role in the production and household income earning. Besides their contribution to domestic chores (cooking food, fetching water and taking care of

children), they are engaged in milking of small ruminants such as goats, looking after small stock animals in the field, as well as selling of some livestock products such as butter. The construction of the traditional mat house typical of many mobile pastoralists is also the task of women. Nevertheless, despite their role in reproductive and productive activities, women occupy a marginal social status in Afar society. It is often the case that Afar women do not have full membership rights while their own male children do. For example, women do not have equal rights as their male counterparts with regard to inheritance. They are also less likely to be treated equally before the traditional jurisdiction.

The level below the clan is the lineage for which the Afar term is Gulub. Below the lineage is an extended family for which the Afar term is Daala (Buda). It comprises the father, his wife or wives, their children and the wives and children of his sons. This social unit of the Afar appears to have descendants from a grandfather in the male line and he has a supreme authority over the members (Awol 1999). At the bottom of the social organization of the Afar society, there is a household or family for which the Afar term is Burra. It constitutes a minimal or nuclear family where strong solidarity between all members is seen. It is the basic and smallest social unit of the society, characteristically grouped into hamlets and comprises a husband, his wife and his children. The husband is the head of the household and had an important position as a sole decision maker of the family such as when and where to migrate, which stock to sell, etc. The wife is precluded from such affairs. She does not participate in the council meetings of associations (Siseraw 1996).

Among the Afar the indigenous social and political organizations start from the highest social unit i.e. tribal level and move all the way down to the smallest social unit i.e. nuclear family. In these social units political leadership was decentralized and rests in the hands of tribal and clan leaders whose powers were largely derived from inheritance. Of course, these indigenous governors had a reputation for their quality of persuasive speeches and capacity of oratory. Both the social and political organizations of the Afar were manifestly dominated by patrilineal lineages. Descent to a certain clan and tribal groups were traced through patrilineal kinship. There are several clans in Western part of Afar which is the study conducted of Dewe community found and *Cayis, Ayaxabani, Adaali, kuborto, and Sheka*, . Each clan is divided into several sub-clans and lineages (*Affa*). Clans are represented by clan heads, who access leadership status

based on their age, strength in decision-making and overall credibility in the society. Leadership positions are sometimes accessed through inheritance. Upon the death of a clan head, his sons will be considered for the position but if they lack the necessary quality of leadership, an election may be arranged. The clan based structure has different significance such solidarity due to the sense of belongings and during difficult time such as drought, conflict and instable conditions they support each other. Another important features of Afar cultural value is manifested by the cultural house structure which is called *Qafar Qari* literally means is the house of Afar because of it is distinct and unique from other ethnic groups house structure and the house constructed by women and the neighboring and relative women are participate by collecting the raw material that are necessary to build the *Qafar Qari* and it made up of local available natural resources like grass, wood and others and it take three or four days to finish the construction of the House.



Picture 1: the cultural House of Afar (*Qafar Qari*)

Source: by photo Nuru Kedir June,25, 2018.

Another cultural value of Afar, the cultural dress of Afar men and women which has unique styles. The cultural clothes of men are *Masnafa* , *Marto and Rarayyto*. There are also Men armaments like *Gile, Gabah caxxa and Filleyna*. The cultural dress of Afar Women are *Masnaf, Killale, Diimoli, Saqaat lii and Meklaba*. There are also different jewelries that Afar Women use like *Fiil Ragra, Gaba Ragra, and Santi Dahab*. Another important cultural value is hair style of Men and Women especially young men and women have used different hair styles. Men hair styles broadly divided into two such as *Qasxago and Qayri* all of the above mentioned cases like dressing and hair styles are the Afar Men Armaments and for young women have unique hair styles like *Baasiita, and Qangaytu*.

Another important cultural value of Afar is called Dagu. The Afar people have an established indigenous communication network called Dagu. It is an information gathering mechanisms and that can be discussion between two men about the news, the overall environmental and social conditions like weather condition, stable situations of the people and all security conditions of their respective areas Dagu is the largest wireless, so to say, traditional news network in the Horn of Africa that connects the Afar living across three neighboring countries Ethiopia, Eritrea and Djibouti. Modern social services such as telephone facilities are lacking among the Afar.

Dagu is an important traditional mechanism that the people use as an alternate for modern communication technology. This is a way of information exchange through the relaying of news about important events from one person to another. When two Afar people meet, they sit down and spend some time (usually about half an hour or more) discussing the major economic, social and political events that took place recently in their respective localities. This takes place all the time without exception: whether the individuals knew each other previously or not is immaterial. It does not matter if one is in a hurry or not. A stranger who makes his way to Afar land is also expected to adopt the system and behave in a similar fashion.



Picture 2. Afar Woman wearing cultural dresses and jewelries.

Sources : Photo by Nuru July 5, 2018.

### **3.2.1.2. Marriage**

The Afar practice exogamous marriage and polygamy is exercised in accordance with Islamic laws. There are several marriage patterns. These include inter-clan marriages between unrelated people, cross-cousin marriages (Absuma) and leviratic arrangements (widow inheritance). It is claimed that cross-cousin marriages are stronger than marriages between unrelated persons because no serious harm is inflicted on one's own blood and flesh in times of conjugal conflict.

In the interior parts of north Afar country, cross-cousin marriages are almost always mandatory. In some areas particularly in the south fierce inter-clan fighting may arise as a result of failure to adhere to such a norm. In areas close to the ethnic borders, however, such a norm is loosely observed as a woman can marry men other than her mother's brother's sons. The lineage is composed of the local community.

The patrilineal descent members are the basis of the lineage. In the case of affinal ties, an individual can marry either from his father's side or his mother's side. Accordingly, a man can marry the daughters of his father's sisters for which the Afar term is Absuma. While a girl can marry the sons of her mother's brothers for which the Afar term is Abino. This cross cousin marriage is the most preferred and the first choice of an Afar, that provides membership into a lineage. Since the Afar identify themselves with their paternal clan, this type of marriage precludes the couple from belonging to the same paternal clan (Savard 1966).

The fact that cross cousin marriage is the most preferred type of marriage that could be explained with ecological factors. Living in an inhospitable environment, the homogenous group needs this type of marriage to access to production resources and mutual support among the parties and consolidate material benefits. Another form of marriage that guaranteed membership of the lineage through affinal ties is marriage between two individuals of the same clan, but outside of the same extended family and outside of a cross cousin arrangement.

### **3.3. Economic Activity**

Historically, the economy of the Afar was based on multi-species livestock husbandry. But with increased vulnerability to drought and famine due to ecological disasters, they now depend mainly on camel and goat pastoralism. Today, some Afar people are agro pastoralists who combine animal husbandry with marginal agriculture. Their settlements are semi-permanent situated near permanent water sources and small agricultural centers (Yaynshet and Kelemework, 2004).

The population leads a pastoral life by rearing camels, cattle, goats, sheep and soon. Agriculture is very limited. The economic activity of the study area is highly depending on pastoralism. Inter-migration is high within the region since pastoralism is the main economic activity and the populations of the ANRS are transhumant –pastoralists and move from place to place in search

of grazing areas for their livestock within the regional boundaries. The major economic activity for pastoralists is animal husbandry which means the peoples subsistence derived from livestock production like milk and milk products and beef product. The people buy cereal products from the neighboring markets of especially from Wollo Amhara, Kemise special zone of Oromia and from the northern part of Tigray people have contact through market.

With regarding to the study area, the major economic activity still depend on animal husbandry which means the peoples subsistence derived from livestock production like milk and milk products and beef product. However, recently, crop cultivation also another economic activity in the study area and the major crop cultivated are Maize, Sorghum and fruits like lemon, orange, Mango and others like potato, tomato, onion. Due to the fact that Dewe is very near to the highland areas of Oromia zone of Kemise town and Bora towns, they share agricultural knowledge with Oromo and Amhara neighbours.

Another, important conditions for crop cultivation in the study area, there rivers like Dewe in which the name of study area Dewe derived from that passes very near to the capital town of the district. The Awash River also passes through the eastern border of Dewe that is another conducive for agriculture. Some people also start trading for alternative economic options. Example, they contact with neighboring towns and they come up with their cattle to market then sell to the merchants and they buy different shopping goods and open shops in rural kebel. Moreover for consumption purpose, people buy cereal products from the neighboring markets of especially from Wollo Amhara, Kemise special zone of Oromia and Wollo Amhara towns like Bati and kombolcha.

## CHAPTER FOUR

### INDIGENOUS KNOWLEDGE OF HEALTH CARE AND HEALING MECHANISMS AMONG DEWE COMMUNITY

This chapter deals with indigenous medicinal knowledge and healing mechanisms in the study area, more specifically, this chapter focuses on sources of healing skills, transfer mechanisms, the types of indigenous healers and their methods of treatment and common illness treated by indigenous healers.

#### 4.1. Sources of Healing Wisdom

Data amassed from the in-depth interview with indigenous healers, most of sources of healing knowledge are inherited from parents, other healers also obtained it through payments and the Holy Qur'an also mentioned by some healers to the wisdom they have on the indigenous knowledge of health care and healing. Moreover, some of the indigenous healers have disclosed other sources of healing practices from relatives, friends and trying by themselves then become healers. This is also further attested, for example, one key informant from the indigenous healers mentioned that "I had no parent who practices indigenous healing; however, I obtained healing knowledge through payment" (KIIH-1).

Another healer stated that "I had obtained my healing knowledge from my uncle" (KIIH-5). In tandem to this, another key informant mentioned his sources of healing knowledge as "I have two sources that are, herbal knowledge inherited from my uncle and the religious healing from the Islamic sources like the Holy Qura'n and Hadith have helped me to possess these knowledge"(KIIH-3). By the same token, KIIH-2 said "I learnt healing skills from the Holy Quran and Islamic sources related to spiritual healing and I have no background of herbal healer family or relatives" (FGD2.5)). More so, corresponding to the above narratives of the healers, one indigenous healer noted:-

*I bought the healing knowledge from one specialist who inherited it from his fore father and family. Specifically, I just paid to show me the herbs used for the treatment of impotence because this herbs and methods of treatment for impotence specialists are very rare in our area and we know this problem has no*

*cure in biomedical health care and many people suffered from this illness and I have paid to amass the knowledge of healing these illness. Consequently, upon our agreement, the healer took me to the area where the specific herb grows and showed me how I can prepare it and the modes of use I should advice to patients and currently I am one of the specialists in the area and benefited from the income I receive out of it (FGD-3.1).*

In line with this, one discussant from FGD-1 said:-

*I have inherited healing knowledge from my family. As a matter of fact my grandfather was a renowned healer in the area and when he retires he taught healing wisdom to my father and at times I am the second son in our family and my father had taught me the herbal knowledge and treatment methods I should follow various diseases in the local commune.(FGD-3.6)*

Group discussants ascertained that most of the sources for the healing wisdom are inheritance from parents, through payment and from the Islamic sources of Holy Quran and Hadith. In contrast, according to one of the key informant stated the community members prefer healers who have obtained the healing wisdom through inheritance than healers who obtained through payment. To take the view from the houses' mouth they justified healers who ensued through inheritance are specialists with extensive knowledge of herbal remedies but healers who obtained wisdom through payments have no specialization and they don't know all the healing methods and they know only specific herbs. By contrast, another participant stated that:

*I have obtained the healing wisdom through practice because I don't have relative/s that has the healing knowledge. By mere coincidence, once when I went to the forest with my cattle accidentally my hand is cut by the sharp plant in the forest then my body began bleeding. Sadly, the bleeding didn't stop for a couple of minutes. To stop the blood I cut the herb nearby in the forest and chew the fresh leafs then put on the wound then, surprisingly, my bleeding stops. Beginning from this coincidence I have attempted the herb often many times and it heals. Thus I began to use this herb as a healer in the area. (FGD-1.3)*

In the study area, most of indigenous healers obtained their healing wisdom from their parents as the main sources of healing wisdom. The second main source of healing is from Holy Quran and other Islamic sources. The other source of healing skill is through payment and few healers are obtained their healing wisdom through dreams and by accident. However, herbal healers learnt through accidental learning are very rare. Moreover, in the study area, people have great respect and trust on the effectiveness of the healers who inherited from parent or close relatives.

In turn, as informants revealed, people discourage, do not trust or have little trust on those who obtained healing through payment for it they believe they don't have the utmost knowledge of healing for it they have accrued it through payment.

## **4.2. Transfer of Healing Wisdom**

Most of indigenous healers prefer to transfer their knowledge to their favorite son and some of them also transfer it to their close relatives. According to data obtained from in-depth interview, in most cases, healing knowledge transfer has a gendered dimension for it sons are more opted than daughter's due to cultural belief that they are the custodian and able to shoulder this responsibility. As noted by one of the informants in the FGD, the reason for most indigenous healers prefer to transfer healing skill to the son rather than the daughter is the belief that when gets married she may transfer the healing wisdom to her husband. Surprisingly, however, if the mother has herbal knowledge on childbirth and delivery issues she prefers to transfer to her daughter. However, in study area majority of the healers are men and women are few in number.

Akin to this, this condition is very similar with the situation in Shinasha reported by Abraham (2018) in his study indicated that herbal medical knowledge is preserved and transferred (which is usually from father to a favorite son) from the senior/experienced herbalist to the junior/prospected one orally. In the study area, it is the males that heir and practice herbal medicine. Daughters are not proposed to heir medical knowledge, because, as the Shinasha practice exogamous marriage, it is believed that if daughters are allowed to possess medical knowledge, they will pass over the knowledge to nonrelatives (members of other clans), which is to their husband. But there are exceptions to the exclusion of women on the indigenous medicine knowledge transfer for it sometimes the selection of a person who heirs' the medical knowledge is based on the critical evaluation of the personality of the individual selected.

Medical knowledge acquisition takes longer period of apprenticeship and practice; and, it is finally officially transferred to the prospected person in a blessing ritual ceremony. With respect to this, one key informant from indigenous healers bluntly put "I want to transfer my knowledge to one of my family member based on the criteria such as good personality, trust, responsibility, honest, respect, tolerance and polite characteristics for the family and community as a whole" (KIIIH-4).

The findings from FGDs showed that indigenous medicine is still to play an important role to meet health problems of Dewe community and transmitting from generation to generation based on cultural values and secret based knowledge transfer mechanisms. In line to this one of the indigenous healer noted:

*I do believe to transfer the healing wisdom the parameter should be the personality of the individual you are going to transfer the for healing is all about the life of people. Consequently, if someone is going to be a healer he/she has to have the moral responsibilities to serve the people in trust and have a good personality. Therefore, looking the personality the child have I will determine to whom I am going to bestow the wisdom if no one is capable to shoulder the responsibility in my family I will look to the close relatives I have. (FGD-1.1).*

Almost all of them mentioned that they are very interested in transferring their knowledge to their children or relatives on secret ways. In line with this one indigenous herbalist says:-

*I inherited the wisdom from my father and I will also transfer to one of my family members. As a matter of procedure, I will test my children's characteristics and select one from them and I will teach him the wisdom. For example, If I want to cut a leaf for a certain illness, I will take my child to observe which medicinal herbs I cut and prepare for that disease. At times, I will send him to bring specific herbs in the forest as a modality of assessing and teaching plant identification for a certain illness. As thus, observing his plant identification skill and use I will transfer my healing wisdoms to my son (FGD1.6)*

In a similar, another indigenous healer noted:-

*I believe that indigenous healing knowledge is more than healing because any healer must focus first on the humanity rather than money. As a healer, first I give great respect for my clients and careful treatment because if I make mistake in the healing process, I may kill a person. Therefore, I served so far my community in an honest manner then when I am going to provide the service I will look at the personality of my children who are fair enough to shoulder the responsibility with an ethical mandate and If they are not capable, based on my observation and follow up, I will choose the close relative with a good personality to the responsibility (FGD-3.4)*

A child who is loyal and not a trouble maker, our fathers will ponder: "If I transmit my knowledge to this child, I hope he will not bring my name or the family name to disrepute, I hope he will follow it and use it as specified.' If I realized that the child is a trouble maker who will bring the family name into disrepute, will rather die with their knowledge"(FGD4.3). One

indigenous healer discussed about healing transfer as follows: “I inherited healing skills from my father and I also will transmit it for my family members because it is our inherited assets” (FGD-4.6).

According to one discussant from FGD of community of elders, Indigenous medicine and healing knowledge is part of our culture and from time of immemorial transmitted from generation to generation based on the cultural norms and if someone wants to transmit then the father first study the attitude of the children and if based on his examination of his children’s personalities and they will transfer to one of their favorite child.

According to the of the herbalists transferred healing skill when they are going to old based on secret ways and cultural norms. If the healer not successful on the search of his children’s personality then he observe the relatives and through privacy and secrete ways. In generally we can understand from the above discussion, in the study area almost all of them first choices to transfer to their favorite son and if not to relatives like cousins etc. And few healers also transfer to any person who wants to learn and serve the community.

### **4.3. Types of Indigenous Healers**

#### **4.3.1. Herbalists**

According to FGDs with community, herbalists are locally known as *Caxxa xayla aba*. They acquire their knowledge from their parents, relatives or sometimes through payments. Discussants further stated that herbalists are specialists with largest in portion when compared to other of types indigenous healers. The society considered them as doctors like biomedical doctors. According to in-depth interview with the herbalists, they have extensive knowledge of herbal remedies based on the observation and practices of long time. Moreover, they used various types of herbs for medicinal purpose as well as different plant parts used for treatment.

##### **4.3.1.1. Routes of Administration of Herbal Remedies**

According to FGD-1 discussants which conducted with herbalists the issue of routes of administration includes collection and preparation of medicinal plants. Most of the time herbalists collect medicinal plants from different area and the collection of medicinal plant have special days and times. According to most of the discussants among herbalists mentioned that

“they did not cut the medicinal plants on Thursdays and Fridays”. The reason for this is because there is believe that if medicinal herbs cut on these days, they become less curable and effective. There is also another believe that the plants hidden by the jinn if it is used to treat spiritual illness and also some the healers fear from the evil attack.

For example, discussant among FGDs-1 mentioned: “I did not cut and collect medicinal plants on Thursday and Friday” (FGD1.5). Moreover, herbalists noted that their prefer time to collect medicinal plants is at early morning. However in most cases they did not cut the midday. According to in depth interview with herbalists, the selection of days and time is strictly mandatory for those medicinal herbs used to treat spiritual illness such as evil eye, jinn attack, epilepsy, mental illness, snake bite, impotence, infertility and associated illness like snake bite. Herbalists used various methods related to routes of administration for preparation of herbal remedies and it varies from herbalists to herbalists. According to in depth interview with herbalists, the most common types of preparation for herbal remedies are crushing, grinding, extracting the juices, powdering, and chewing, depending on the nature and types of illness. Most of herbalists practice the same plant species for treating different illness. For example, one FGD discussant among herbalists stated that “I used different techniques depend on the nature and types of illness such as lotion, grinding, crushing” (FGD-1.1).

This is also further attested, for example, one key informant from herbalists noted “I prepared herbal remedies in different ways for drinking treatment I grinded the fresh leaves then mixture with water then finally the juicy given to the client’s” (KIIH-3).

According to FGD discussant which was conducted herbalists mentioned that “they did not cut the medicinal plants on these days such as Thursday and Friday and in terms of time prefer time to collect medicinal plants in the study area most cases at early morning before the sun rises and sometimes afternoon when the sun become cool”. Most of them believed that this ritual practices are inherited from their ancestors, parents, long standing practices, and assumption. Some herbalist also mentioned that black herbs are not cut and collect in both days because Thursdays and Fridays are *dua* (prayer) and the holy days of the week respectively in Islam.

Similarly, one indigenous healer explained:

*Thursday is a day of prayer and asking Allah our communities' health, peace and in this day we did only prayer and good things. Friday is also our holiday of the week therefore; we believed that in these two days we did not cut the black herb which means black herbs call due to those herbs is treating for evil spirit and spiritual related illness (FGD3.2).*

Similarly, another key informant of FGD herbalist noted that “If we cut the herbs in those two days we believed that the herbs lose its curing power or the evil spirit hides our herbs”.

According to KIH2:-

*I inherited herbal knowledge and all related procedures about the herbal remedies and my father told me if u want to cut the spiritual associated herbs and cut in early morning before the sun rises and before no one starts to activities because to keep secrecy of the healing knowledge and don't cut the herbs in both Friday and Thursday. Therefore when I transfer to my family members I do the same as my father thought me. Therefore, herbal medicinal collection is not a mere collection but it has procedures based on our cultural norms.(FGD1.4)*

One key informant among indigenous herbalist noted that “Similarly Another participant stated about herbal preparation as follows:-

*I prepared herbal remedies from different parts of the plants such as root, leaf, stems, barks and crushed and mixtures all parts the herbs in the form of powder or juices. Sometimes I used clay and animal fats for spiritual caused illnesses used as smoking. In generally I prepared herbal remedies into different forms such as powder, juices, fresh roots consuming and sometimes herbal remedies mixture with other objects like butter, honey and others. The herbal remedies preparation method various depends on the nature of illnesses.(KIIH-2)*

In similar fashion, one FGD discussant from herbalists stated that:-

*I employed varies method for the treatment depending on the nature of illness and its causes. I prepared parts of herbs like fresh leaves first grinded then mixture with pure water on the cup then I smearing the juices extract of the water and herbs on the injured bodies of my client.(FGD-1.5)*

In line with this, one indigenous healer mentioned,

*My healing techniques are holistic depends on the types of illnesses and its perceived causes. I employed two different herbs crushing all parts of these herbs then grinding and mixtures with animal fat then used as smoking purpose for the treatment of spiritual illness like evil spirits, jinn possession*

*and soon. On the ways, for animal bite like snake I used two different soils that I collected from seven different parts of that specific soils are found.(FGD3.2)*

In generally, group discussants and informants stated that they prepared herbal remedies into different forms. Such as powder, juices, fresh leaves as consuming, smoking, and smearing. Moreover, the mode of take the medicine as drinking, smearing on the wound parts of the body, washing or spiritual bathing, incensing mixtures of different herbs with animal fat and soon. In line with this, Gessler et,1995a) suggests that herbal remedies may be given in the form of powder, infusions, juices, baths, inhalations and external applications.

Similarly, according to Madge (1998) the method of preparations and dosage, state of ingredients and timing are essential in understanding the therapeutic values of herbal remedies. This idea is related in the context of Dewe indigenous herbal healers which their knowledge healing mechanisms and preparation method based on their very core cultural values and beliefs. It is also manifested the time specific for both collection medicinal herbs as well as their clients advice to use in specific time most cases the healers mentioned before breakfast and at night and it is behind the cultural values and beliefs and therefore, indigenous herbalists.

In Dewe herbalists context there are special days and times for plant collection and according in-depth interview, almost all of the herbalists, in terms of days preferred for cutting medicinal plants except two days are not allowed to cut herbs these days are Friday and Thursday and in terms of time of a day early morning and afternoon when the sun become cool however, herbalists did not cut the herbs at midday or night. However, In contrast to this finding, study conducted by Eyasu Chama(2015) in Damot district of Wolaita, Wednesday, Friday and Sunday are the preferred days for the collection of medicinal plants in the study area.

This situation is also similar in the cases of Shinasha which study conducted by Abraham, almost all indigenous medicinal practitioners collect medicinal plants at specified time of the day and none of the healers collect medicinal plants at midday. According to the healers this is done in order to keep themselves from evil spirits that may be hiding the plant during this time of the day. “All indigenous medicinal practitioners prefer to collect medicinal plants in the morning” (Eyasu Chama,2017;1672).



Picture3. Mr. Umer Ali, indigenous herbalist.

Sources: photo by Nuru. June,15, 2018.

#### **4.3.2. Faith Based (Religious Healers)**

According to in-depth interview results, there are two sub-categories based on their healing method and types of illness that are treated. One is pure religious healer based on the Holy Quran in which they acquired healing skills from the Holy Quran and their healing power derived from the help of Allah.

##### **4.3.2.1. Pure Religious Healers and Healing Techniques**

According to in-depth interview with faith healers, they have different healing approach such as *Al rukia* (recitation of specific verses from the Holy Quran), *dua* (prayer). Those healers who consult the Qur'an write charms on clothes (worn by the patient), recite religious texts (*kitab*, read special verses to the patient that are related to healing. The base for healing verses is always the Qur'an or excerpts from the Qur'an. Verses that refer to medicine are supposed to heal, protect, and comfort people. Moreover, some informant stated that may also recite prayers (*dua*) or a liturgical incantation for relief from sickness/natural disaster or against a person who may have committed an evil deed. Reading the Qur'an is also believed to make a spirit powerless, as the reading can remove the spirit and ensure that he/she is longer 'virulent

One FGD discussant from faith healers noted:

*I treat only spiritual illness associated with evil eye and jinn possession based on the Holy Quran. In the process first I did wudu which literarily means purification before start salat. Washing the five parts such as nose, face, forehead, ear, hands and foots then dua asking Allah through dua (prayer) to help me in the healing process. Then first step of my healing by doing Azan (Islamic calling to Allah) near the ears of the client's in both side then I read specific verses from Holy Quran and by recite until the unseen force derived away and finally the person become healthy. (FGD2.3)*

Similarly, as noted by one key informant from religious healer discussed about his healing techniques as follows:-

*I put my hand on the forehead of the person who believed to afflict by evil spirit. Then I read specific verses from the Holy Quran at the same time I spit the saliva to the faces of the client's for the consecutive three days for the treatment of 'Qawula' or Epilepsy. (FGD2.4)*

According to FGDs with faith based healers, *Alrukia* most cases takes places on the mosque and first make circles who only male and who have the knowledge of Holy Quran then the client's or a person who suffered from jinn attack is seat the center if the client is male then recitation of verses from the holy Quran and finally with the help of Almighty Allah he become cure.

We can understand from the data obtained from FGDs as well as in-depth interview faith healers are divided into two such pure religious Quranic based healing that primarily employed *Alrukia* and most cases it take places in mosque and there are minimum of eight religious knowledgeable persons and the client's . This type religious healing has no charge or payment.

One key informant from community members narrated his son case about how was treated by religious healers as follows

*My baby every night crying and wake up at night. Then I went to one religious healer who is well known for treating this case. Then he looks the faces of the baby and asks me about what are signs your son's shows. I told to him the case of my son. The healer identified the cause which is evil eye and he prepared a kitab called *Asma*. He told me this kitab hang to your son around the neck of my son and after few days my baby become normal. (KICM-3).*

In generally, pure religious healers are those who treated people based on the Holy Quran. The common techniques employed by pure religious healers are Alrukia, Put hand on the head of patient, reading verses from Holy Quran near to both sides of the patients ear and others.

#### **4.3.2.2. Spiritual and Herbal Healers**

According to FGD with spiritual and herbal specialists, they are specialists in healing different illness like spirits, impotence, infertility, animal bite and associated cases. Most of them have extensive knowledge of medicinal plants and a little skill about religion. Diviners base their knowledge on communication with the spiritual forces, such as the ancestors, spirits and deities. It is also viewed as a way to access information that is normally beyond the reach of the rational mind. They diagnosis the patient through different ways such as communicate with spirits and that is normally go beyond the reach of the rational thinking of the human mind. Moreover, they treated illness like evil eye and evil spirits.

One key informant mentioned about diagnostic techniques:-

*First I identified the causes of illness by looking the face of the client's and asking his/her symptoms of pain. Then I began diagnosis through communication with evil spirits that possess on the person. During diagnosis I ask a lot of questions to the spirits questions like who are you? Where are you from? Why you entered to this person's body? What you want? Then I identified the reason why the evil spirits afflicted the person. Most of the time the evil spirits said that I afflicted because of love her, transfer from her friends and others. After I know the reason the next step is to drive off the evil spirits through different mechanisms. First I ask smoothly please go away from this place and you know this not your boundary. If the evil spirits refuses to cast off then used physical punishment. (FGD3.1)*

Similarly, another key informant explained his healing techniques for the treatment of spiritual illnesses:-

*I have both religious and herbal healing knowledge and I specialized on the treatment of jinn attack and related cases by using holistic techniques such as Quranic healing, recitation of verses from Holy Quran, write specific verses from the kitab. Sometimes I used medicinal plant parts and soils. Medicinal plants used for the treatment of magical caused illness are Sasakto, Ayrowagit then I mixtures these herbs with soils. This soil brought from different places and it found in specific places. First the patient make wudu or the Islamic washing of five parts . first wash the nose, then face, hand, forehead, ear and finally legs .Then the next step spiritual bathing. the client take spiritual bath for the seven night. then smoked the*

*patient with herbal medicines which is prepare from the roots, leafs combine mixtures with the animal fat. (FGD 3.4)*



Picture 4. Mr. Kabir is well known spiritual and herbal healer.

Source: by photo by Nuru July, 7, 2018

#### **4.3.4. Nagar (Bone Setters)**

According to data obtained from in-depth interview, they are specialists and the treatment is carried out by hand. First the Nagar checking the position of the broken body and correct the position through the use of butter and genus message the body and final rope the broken part of the body with smooth clothes. Bone setting is locally called *Nagar* (specialization) and through a long time experiences and the experienced indigenous bone setter, uses his hands and fingers to examine the type and extent of the damage to a broken bone.

They are specialists in bone fractures and related cases and their healing power derived from inheritance and the gifted from Allah and in the study area there are certain clan who have this healing skills and their healing tools are sticks (bark), clothes, *mutuk* (butter) for massage purpose in order to make positions. According interviewee with community members, in Dewe community, the *Ayxabani* clan are specialists and recognized by the society however, not all *Ayxabani* clan heal the bone fractures but sub clan within that clan.

With respect to this one key informant from community members mentioned that “I never go to the clinic for seeking the treatment of fractures and related cases rather go to the Nagar because the biomedical treatment approach is painful and sometimes ineffective” (KICM).

According to in-depth interview with community, the majority of the participants stated that “we prefer the Nagar for the seeking treatment of bone fractures and related problems due to our cultural beliefs towards indigenous bone setters, less pain than biomedicine ,and fear of removal their damage body in the clinic and soon.

One key informant noted:

*I remember that before five years I had been suffered from bone fractures around my left upper hand when I played football with my friends then my father took me the well-known bone setter and the nagar first massage my hand by mutuk then corrected the position of the hand and rope the hand with clothes and spit saliva for seven days and the healer also abstain me from drinking a lot of water until the body become normal (FGD8.1)*

According to FGDs discussants with community members, bonesetters are specializes in fixing broken bones and related cases. Moreover, they are specialized through experiences and observation. According to most informants their healing skills inherited from parents or relatives or clan based transfer of healing unlike other healers like herbalists, spiritual healers, religious healers, bone setters and bone setting skills has held on certain clans.

One unique technique that this finding obtained is in cases bone fractures and in such cases based on the difficult of the bone fractures. For example, if the broken bone is very damaged then the healer bring the container which is flat object then add the milk of camel at this flat then the broken body put in that milk for all night then at early morning the healer come to home and start the healing. The purpose for this is to soft the body then massage by butter and use different

sticks to make position correct and finally spit saliva three times then it continues for seven days at early morning.

According to FGD which conducted with traditional bone setters they are specialists in fixing fractured bone and dislocation. Moreover, they are knowledgeable and skillful in setting broken bones in the techniques and diagnosis. In turn, informants among FGD of bone setter asserted that first deeply looking the bones then correct the position and then heal properly and it takes maximum seven days. According to in-depth interview they use different tools treatment purpose such as four parks, soft clothes and for the purpose of massage they use butter.

According to the results the majority of Dewe community prefer to go to bone setters when they suffered from bone fractures and related cases because of different reason such as the influences of cultural perception and trust towards the effectiveness of bone setters. For the people call them as *nagar* which literally meaning master or experts so the bone setter have great place in the people and respected due to the sense of belongings and other factor is people's perception towards biomedical treatment methods which contrast to bone setter and has pain and the people fear of surgery or removed of the fractured bodies. One key informant says:

*I always prefer to use indigenous specialists because they more appropriate in fixing this cases and holistic nature of the healing is also another important thing. For example, first bone setter use massage, in order to become the body soft and decrease pain, careful treat you like his family members and other important thing is blessing saliva when he spit your injured body you feel relief from pain and every morning he come to your home and check your condition. He also give advice about foods to take and some abstaining like not to drink much water or milk in order to handle your body with other normal bodies.(FGD7.4)*

In the study area most people prefer to use bone setters for the case of bone fractures and related issue. This is because their high trusts on the effectiveness of indigenous healers. Most informants believed that bone setters are more effective than biomedical health treatments. Another reason also negative attitude towards biomedical treatment methods which contrast to bone setter treatment approach and it has pain. Moreover, in study area most people believed that biomedicine fail to address bone fractures and related cases. Even you cured from that problem your positions are not correct like to your previous time. Some informants also mentioned that they have psychological fear of surgery at health center. They assumed that if we go the clinic

for treatment of fractures, biomedical workers will be cutting or made surgery our fracture parts body.



Picture 5. Mr. Burhan well known bone setter  
Source: photo by Nuru, June 27, 2018.

#### **4.3.5. Birth attendants**

Birth attendants are usually women who are getting old and who have inherited from their parents and specialists through experiences, observations and transferred from one generation to the next generation. According to FGD discussant which was conducted with community, the majority of Afar women prefer to give birth in birth attendants for different reasons such as cultural perceptions and faith of the efficacy towards the birth attendants, their familiarity and good communication, accessibility and affordability. Moreover, one key informant noted “Birth attendants are not only midwifery but their role is beyond that like give advice to the mother, perform cultural ritual practices related to childbirth” ( KICM).

In the study birth attendants got training and awareness about birth delivery and associated knowledge and they have cooperation with biomedical health extension workers.

According to data obtained from in-depth interview, most women in the study area prefer to use indigenous birth attendants for different reasons such as cultural perceptions and faith of the efficacy towards the indigenous birth attendants, their familiarity and good communication between them, accessibility and affordability.

In this respect, one participant among community stated her cases as follows:-

I have five children and all of them delivered by indigenous birth attendant. Because I know her and have trust on her and we have good relationship. She care like a mother and after I gave a birth then she performed cultural rituals such as spiritual smoking we called 'Eqaxiya' by using our local plants such as 'Boboqoyta', 'Saganto' and others. The dry wood cut into small pieces then the women who birth smoked every night and ullat inna also gave advices for example which food is better to eat and abstaining from some activities such as the women who gave child birth not allot to going to outside in day even toilet and the preferred time is at night and not go to alone this is due to if she go to outside in day the evil spirit will attack her ( KICM-5).

Similarly, one interviewee noted:-

*I don't want to go to the health center even if it is accessible because, their treatment method is not good and I do not understand their language. Another problem after delivery biomedical workers did not counsel our that is why I use birth attendants and this due to I know her and trust her healing and after delivery she also provide cultural ritual like smoking and massage and advice of diet (FGD8.5).*

In contrast, one interviewee said:

*I never use indigenous birth attendant because they have no knowledge about the childbirth delivery and have no medical tools for the checking of the health of the mother and child and it has risk in deliver at local birth attendants. For example, if after delivery the mother would bleeding and they have no method's to stop bleeding and I believe that every women should be give birth in hospital for the sake of the two life's (KICM-3).*

Dewe community of Afar pastoralists, even though there is access to the biomedical health facilities, the majority of the women their first choice is to give birth at birth attendants due to cultural perceptions and positive attitudes towards the indigenous birth attendants, their method

of treatment is also good and have good relationship each other and they see by the society as *Ullat inna* which means the mother of the child birth.

#### **4.4. The Socio- Cultural Dimension of Indigenous Medicinal Knowledge and Healing Mechanisms**

##### **4.4.1. The Socio cultural contextualization of health, illness and causes of illness**

In this section I present the socio cultural contextualization of health illnesses and causes of illnesses from their own perspectives (emic perspectives) therefore it focuses on how Dewe community views the concept of health and illnesses. It also emphasis people's perceptions and beliefs about causes of illnesses. To understand the socio cultural context of health, illnesses and causes of illnesses, it is essential to conceptualizes from the insider views which means emic perspective in anthropological concepts and this perspective is useful to understand how each culture has their own specific explanation and conceptualization about health, illness and causes of illness.

For example there are culture bound illness which means it has unique meaning and its causes also beyond the explanations given by biomedicines. For example *Alsa child illness* culture specific illnesses and peoples in this area believe that *Alsa* caused during the rainy season and it child illness and it has some common signs such as the abdominal pain, difficult to eat and digestive systems then the parents.

According to Craffert (1997) illness and health care systems in any, whether indigenous or Western, are in one way or another determined by or closely connected to the culture or worldviews of those societies. In connection to this, every society develops its own cultural way of dealing with illness. A more comprehensive definition of culture conceptualizes it as the ways of life for an entire society; including arts, beliefs, manners, dress, language, religion, rituals, and norms of behavior of a group that are passed down to future generations (Sue & Sue, 2003). In line with this, Saravanan et al (2007) suggested that not only does culture influence the perceptions of illness and pathways to health care that its members follow), but it also shapes the expression of mental illnesses and plays a role in the emergence of culture-specific syndromes.

One of the central features of medical anthropology is its focus on concepts of illness and cultural constructions (perceptions) of illness, including how illness is experienced and under what conditions and from who help is sought. People from different cultures tend to label disease differently, and do not necessarily see diseases from the same perspective as biomedical practitioners do. In order to understand the multiple perspectives involved, the difference between disease and illness is a useful distinction. According to data obtained from In-depth interview and FGDs that held with community members. The concept of health or good health, ill health different from the views that biomedicine that views and it is holistic and socio cultural conceptualization need to understand from their own perspective that is emic perspective and it has specific cultural construction and meanings to that concepts of health and illnesses.

#### **4.4.1.1. Local Perceptions about Health among Dewe Community**

According to data obtained from in-depth interview, the concept of health among Dewe community goes beyond of biomedical perspective that focused only biological dimension of the human wellbeing. Most of discussants stated that health is not only being well and free from tangible body symptoms or physical problems rather is the complete well-being of the person. Moreover, according other informants if someone to be healthy person, he/she would be physical strong, and have to be good personality, responsible persons and others. In line with this, Narayanasamy (1999) defines a whole person as someone whose body, mind and spirit are integrated.

In this respect one FGD discussant among community stated:

*In my view the concept of health is varies in range and it includes physical fitness, strong body structure and brave and social trust and honest and respect for his/her cultural values, good personalities and it includes psychological, and emotional wellness and sociable or good relationship with others (FGD8.2).*

Another informant explained and share similar ideas with most of the discussants.

As follows:

*I understand health as total wellness of a person's life for example, if health person can do his/her responsibilities in good ways, participates in socio cultural activities and solidarities, respect for the family, relatives, elders and the core values of his/her community. Brave, positive attitude and trust for the people (FGD7.4).*

This also further asserted by one key informant noted:

*Health as not only the absence of illness or physical disability but it is holistic and encompasses all good wellbeing of life of person. For example we could not judge the health of a person by looking the external body wellness because it is not only physical functioning of the person and in our culture if someone to be healthy one then he/she can fulfill every aspects that considered health in the study area, trustful and obeying Almighty Allah, hospitality and doing actively the social and moral responsibilities.(FGD7.6).*

Another one key informant noted:-

*Health is crucial to the overall well-being of someone. Health can be manifested in different ways, if someone to be health, he/she can work productive and fruitfully and able to make contribution to his/her family or the society as whole (KICM).*

One indigenous healer explained about his concept of health as follows:

*I believe that our life is consists of four things such as body, mind, emotion, and spirits. And if someone to be healthy that manifested on state well-being of four dimension of the whole person (body, mind, emotion, and spirit) (KIIH3).*

Most FGD discussants mentioned that “health is for our is not only being well and free from illness or free from disabilities. Instead health is manifested in different activities and wide in range such as active involvement of moral and social responsibilities in communities, loyalty, trust for the societies and respect the core values of the societies.

In generally, we can understand from the above discussion that health is more than the mere absence of physical wellness or absence of illness but go beyond that. Moreover, in study the concept of health is very broad and has no single definition. In turn, all wellbeing of physical, social, spiritual and emotional. It could be also manifested by happiness of life, peace, brave, the harmonious balance between the four dimension of life such as body, mind, emotion, and spirits.

#### **4.4.1.2. Dewe Community Views About Illness**

Data obtained from FGD illness is tangible body problems like wound, handicap, not well conditions and any change on the persons physical or emotional conditions. Moreover, most informants among community stated that if someone to be ill, he/she unable to walk, cannot do everyday activities in normal conditions and illness also physical body problems. For example, one FGD discussant among community youngster said: “in my view illness is abnormality of

body systems. For example, if someone cannot talk and walk well. Also cannot manage his or herself in good way.

Similarly, another informant among community elders noted:

*In my understanding if a person to be ill, there are tangible physical problems or symptoms, body impairment, disability, lack of physical strength, fear or not brave, emotional problems, the mi behavior, and stress (FGD-7.2).*

Among Dewe community illness also socially reconstruct based on their social and environmental context. Moreover, some illness has specific meanings and interpretations based on their cultural, religious and environmental contexts. Similarly, Good (1994) in Kleinman (2009) also uses anthropological analysis to show how “meaning” is created in illness, how cultural values and social relationships, the experiences of the body and sickness situate suffering in local moral worlds. Kleinman’s (2009) work combines an interest in complex medical systems and detailed ethnographic analysis of illness and healing in a particular culture. His theoretical development is linked to symbolic and interpretive writings.

Moreover, one discussant supported the above ideas of most informants, as he noted:-

*I believed that if someone to be ill when he/she cannot do his or her daily activities in good manner. For example ill person cannot learn education, and only sleep at home. We can also distinguish ill person from healthy by looking physical appearances like weak physical fitness, wound, impairment and others (FGD-8.3).*

In the study area illness is abnormal conditions of the personal body system or functioning of the person’s body systems. Most informants among community stated that if someone to be ill, he/she unable to walk and cannot do his/ her daily activities in normal conditions. In turn, some illness has specific meanings and interpretations based on their cultural, religious and environmental contexts like culture bound illness. Moreover, there is also illness that has no tangible symptoms like psychological problems.

#### **4.4.1.3. The Dewe Community Perceptions and Beliefs about the Causes of Illness**

According to data obtained from the FGDs as well as interview with community, they believed that illness has no single causes for illness rather several sources are attributed to causes of illnesses. Moreover, most of the informants among community stated the first major causes of illness is supernatural and under this categories evil eye, evil spirits, ancestral spirits. The second

cause of illness is black magicians like sorcerer and witchcraft. The third main causes of illness is environmental and socio personal problems.

This is further attested, for example, one key informant from community elder noted “I believed that illness could be caused due to evil spirits and evil eye like epilepsy, mental problems. Some illness also caused from seasonal change or climate condition, lack of personal hygiene and environmental sanitation like common cold, malaria” (FGD7.6). Similarly, another informant stated that “In my view illness could be attributed to different sources like supernatural, nature and environmental associated problems and others are caused due to social and personal problems.

FGD discussants stated that in the study area, causes of illness could be attributed to different sources. However, the main causes for illness are supernatural causes. Another cause is natural and environmental related like seasonal change, environmental pollution and personal hygiene problems. Some illness also attributed to black magician like sorcerer and witchcraft.

#### **4.4.1.3.1. Evil Eye**

Evil eye is one of the root causes of illness in Dewe community. Almost all of KIC mentioned that “they believed that evil eye is sources of illness in their area”. Evil eye in which someone can deliberately or not brings an illness by looking at someone with envy. According to in-depth interview with faith healers as well as community stated that “they believed that certain peoples have bad things on their eye and their eye to eye contact can cause harm”. This idea also supported by one informant among FGD discussants of religious healers .He stated that “if newly born baby seen naked by an individual that baby become ill” (FGD-2.2).

Similarly, another informant noted:-

*I believe that evil eye is one source of illness. particularly child more suffered from the illness that caused by evil eye and when someone ill due to evil eye then he/she shows common signs like nightmare, unusual behavior, carrying at sleep then in such case we say that a person eaten by buta(evil eye). Certain groups whose eyes believed to have power to harm others through the direct eye contacts intentionally or unintentionally then the target person become ill (FGD7.4).*

In in the study area there is a perception and belief that certain peoples have bad things on their eye and their eye to eye contact can cause harm. In turn, evil eye is one of the root causes of illness, especially spiritual illness and most cases the child are more suffered from evil eye.

#### **4.4.1.3.2. Evil Spirits**

According to data obtained from in-depth interview results, evil spirit or possess is another perceived cause of illness among Dewe community. Most informants stated that evil spirits can cause illness and the most common illness caused by evil spirits like epilepsy, mental illness, infertility, impotence, incurable illness around foot and hand or paralysis, behavioral change, stress and anxiety and associated cases. Moreover, they believed that evil spirits can cause illness through different ways like through winds penetrated and entered into the human body. In addition there is a belief that if someone walks over the waste places like ashes, dark places, he/she would be suffered from jinn attack. Sometimes also if the shadow of the evil reaches to the human being results illness.

One FGD discussant from religious healers mentioned about how the evil spirits can causes illness.

*Invisible jinn attack through different ways and three ways that unseen force harm human being are through the winds enter to the body, when a person walkover the places of invisible jinn residence and sometimes the jinn possession through the shadow reach to the person then become ill.(FGD2.3).*

#### **4.4.1.3.3. Sihar or Black Magic**

Among the Dewe community, black magician is other sources of illness. According to in-depth interview results, the black magicians are those who have magical power and most of the time they have friendship with bad evil spirits. Moreover, group discussants and informants stated that black magician can cause harm on the society in different ways such as by add toxic objects in to the foods and drinks of the target people. They also use through physical contact with the people then makes magical bad things by cutting the hair and took foot prints of the person.in respect to this, Hammond Tooke (1989) discussed the case of black magician how to cause illness on the target peoples and he said that sorcery use magic substances to cause harm and put something bad things on foods.

In addition to this, Karim et al (1994), suggested that sorcerers or witches or jealous people may deliberately place harmful objects in the path of an enemy resulting, for example, in stroke or a variety of other afflictions. In the study area there is no single causes for illness rather it encompasses many sources such environmental pollution, seasonal changes, personal problems related to poor sanitation, supernatural agents, evil eye and magic and other cases. This situation goes in line with the Aboriginal people's views towards causes of illness, Maher (1996) reported that Aboriginal people categories illnesses to nature, environmental, direct supernatural, indirect supernatural.

In the study area causes of illness attributed to different sources like natural (environmental sanitation and personal problems. Moreover, people in the study area believed that the root causes of spiritual illness are evil spirits and the magician bad act. Some illness caused due environmental pollution and seasonal change.

#### **4.4.2. Culture Bound Syndrome and Its Treatment Methods**

According to data obtained from FGD as well as indepth interview, there are culture bound illnesses like *Ayma, Umma Maqo, Calib, Alsa, and Uma-qamal*. In the context of Dewe community, people believe that there are some illness that has specific cultural meanings .this study has some similarities with the case of Latin America. Baer (2003) pointed out, one culture bound syndrome, found throughout Latin America, is called *susto*, translated into English as "fright." It affects certain segments of the population (poorer, more marginalized) more frequently and signals that the victim is spiritually vulnerable.

From medical anthropological perspective, medical ecological perspective very related with the culture bound illness cases of Dewe community. In this respect, medical ecological theory focused on how cultural and environmental circumstances shape the concept of health illness and treatment ways. Therefore, medical ecological theory directly or indirectly related with, indigenous medicine and healing mechanisms of Afar. Morespecifically Dewe community highly interconnected with their environment. For example there are culture bound illnesses that are unique to Dewe community like *Alsa, Umma maqu, Ayma*, and others and theses illnesses construct based on the interaction with their environment and culture. Culture bound illnesses has two dimension culture and environment. First it is unique to that specific cultural contexts

and peoples who share similar socio cultural and religious principles and second it is found in a restricted area which shows cultural circumstances.

#### **4.4.2.1. *Umma Maqo***

*Umma maqo* is general terminology for socially wrong doing. There are some illness that are unique to particular cultures and are influenced directly by cultural belief systems and other cultural factors which has cultural interpretation and construction within specific environment. Moreover, according to FGD discussants there are some culture bound illnesses and we believed that if someone break any social norms and disloyalty, thief, and violate social norms. FGD discussants further noted “if someone did sexual intercourse with relatives. for example if a man did sex with his uncle’s wife or aunt then he would be ill and locally this illness known as *umma abina*’ which means literarily wrong doing”. Similarly, according Gumedé’s (1990) noted that taboos are “a system of avoidance, which regulate human conduct in order to ensure a healthy whole – “physically, spiritually and morally”. These taboos are often verbal conventional laws of the society pass from generation to generation to teach the new members of the society the accepted code of conduct.

Culture bound illnesses there are some conditions on specific illnesses which do not correspond to western diagnostic categories and are restricted to particular area. These illnesses are restricted to specific area, this shows the fact that unique combatant of environmental circumstances and cultural practices cause them that is found among the South fore, Eastern New Guinea Highland. Kuru is a fatal culture specific of the brain and nervous systems (Hahn, 1995). This is also found among Dewe community and there are culture specific illnesses. Goes in line with the idea of Gumedé(1990), in the context of Dewe community, if someone violates the social taboos then it need cultural rituals in order to restore the social norms. For example, social contact with very close relatives like a man could did sex with his uncles wife or widow and also disrespect for parents or family.

As one key informant noted

*If someone did sexual contact with his uncles wife then the persons shows some changes in his health like the abdominal cases it become very large and different from the normal condition, the hair shows color change and losses in amount and*

*so elders identified and know this cases because of long time experiences then the first step the elders ask that person what is happened with you? You did something wrong then he told about his cases then the cow slaughter and the blood and some abdominal organs of the cow mixtures then the two persons who conducted sexual contacts washed by that blood and organs all parts of the body then they believed to pure from that wrong acts (FGD-7.2).*

In generally, the above section which is focus on the correlation between medical ecological perspective and indigenous medical knowledge and healing mechanism of Dewe community, directly or indirectly they have some common features, indigenous medical knowledge as responses to survive within that specific environment and adaptation mechanisms. Cultural and environmental relationships manifested in healing practices.

#### **4.5. *Tufa* as Culture Bound Healing**

According to FGDs with community, *Tufa* is local term it has literally meaning of healing through spit saliva. In the context of Dewe community *tufa* is beyond of the normal human saliva and they believed that for specific illness which are difficult to manage in biomedicines or indigenous herbalists, *tufa* healing is the appropriate healing and it is a long time practiced due to socio - cultural beliefs about the effectiveness of the healing power and another aspect it is clan based specialization. Each clan specialized for specific illness. For example, for snake bite, *adali* clan well-known and people give recognition for them. For *Alsa*, child illness that believed to cause due to the seasonal change and during rainy season child suffered from this illness then in such case *cayis* clan are specialized. Another distinctive features of *tufa* healing is when the father want to transfer his healing specialization, he should give permission to his child, if he did not give permission the son's saliva has no healing power. This show there is very interconnection between health and health beliefs of the society.

According to in-depth interview with community, *tufa* healing mechanism and healers played important role like other indigenous healers. One participant stated that ‘In our culture *tufa* healers obtained their healing power derived from the gift of Allah and inherited from generation to generation and they are rare and certain clans have this knowledge. According to FGD with community members stated that if someone suffered from animal bite such as snake, scorpion and spider and the wound caused by burning fire and shouted by the gun we prefer to the *tufa*

healers because the tufa considered to blessed from Allah and culturally recognized specialization.

Almost all of the interviewed community members stated that “tufa healing is practiced still because of we believed that healing is more appropriate for specific illnesses like wound caused by shot by gun, burning bodies by fire, snake bite, spider bite and scorpion bite. In the context of Dewe community tufa is clan based healing and it is not learnt through practices and experiences and among Dewe community certain clans have specialized on this healing and inherited from ancestors to parents and relatives still now transfer through certain clans and the people also recognized their specialization.

One key informant noted:-

*If someone suffered from fire burning accident the body wound, also wound gunshot most of the community members go to the clan called Caysamale, this clan specialize to handle this cases and peoples trust them and it is also effective to reduce pain and due the client's high trust on the power of tufa healers then the client's feel relief after the salive spite on his or her body (FGD-8.3).*

People in the study area referring to *tufa* healers to handle and treat cases like snake bite, spider bite, scorpion and infection sores caused by cut the body by toxic sharp plants. People believe that animal bite need immediate treatment because the toxic substances distribute to the body then it would become large and incurable illness called *kino* and *qundufeyta*. For such in a cases Dewe community never go to the biomedicine because of the believe that these illnesses need culture bound healing and it practices from a long period of time and belief and reliefs from pain make the tufa the first choice of healing.

One in-depth interviewee mentioned his mother's cases

*My mom suffered from kino or culture bound syndrome. Then I took her to the biomedical centers the doctors gave some drugs for her however, my mom did not cured from that cases. Then elders say this is kino and has no cure on biomedicine centers. They told me you should take your mother to tufa specialists. Then I took my mom to tufa specialist and spite saliva three times on ill parts of her body seven consecutive days before breakfast. That healing cured my mom. (KICM)*

By contrast, one FGD discussant among community youngster said:

*I do not believe in tufa healing. Because there is no correlation between medicine and tufa. I think our grandparents and our parents practiced it due to cultural belief and in that time they had no another option but now there is access to biomedicine.*

*Just people have trust on the effectiveness of specific healing make that method popular (FGD8.5).*

In line with, one discussant among FGD-8 conducted with community youngster said:-

*I don't believe by the healing of saliva because I believe in the medicine. It is only by faith that people practices tufa healing no more healing purpose. You see using a certain medicine you have to believe that the medicine that you are using will cure you. If you do not believe that and have no faith in it, it will not work. (FGD-8.4)*

In generally, *tufa* healing is relatively unique and different from other indigenous healing practices that are practiced in different parts of Ethiopia. There are unique features that differ from indigenous healing such as first *tufa* healing is clan based healing wisdom and knowledge transfer within that certain clan. Unlike herbal medicinal knowledge, no one could become healer through payments, no practices Another important feature of *tufa* healing has symbolic meanings and cultural construction and people believed that healing power derived from, which means people's health belief and healing can contextualizing within cultural values.

#### **4.6. The Healing Rituals and Its Socio Cultural Dimension among Dewe Community**

In this section I am going to examine the types of rituals and the role of rituals in the healing process among the Dewe community. This section also deals with how ritual ceremonies and practices in the center have elements of socio-cultural and religious aspects embedded in them when they are performed rituals. This section also demonstrates different procedures and stages of three major types of healing rituals.

##### **4.6.1. Rituals and healing**

Each culture has got its own set of rituals which are prescribed by that particular culture and community. Basically, rituals are meant for spiritual and emotional needs, maintaining harmonious relations between people as well as between the physical and spiritual world. The healing ritual is sociocultural constructed and has symbolic meaning for that specific culture and community. There are many different definitions of what a ritual is. Many of them may not fit the frame of rituals performed everywhere, but most of the definitions have elements one can find in most rituals performed. In line with this, according to Victor Turner(1982) ritual is prescribed formal behavior for occasions not given over to technological routine, having

reference to beliefs in invisible beings or powers regarded as the first and final causes of all effects.

According to FGDs and In-depth interview, the members of Dewe community views that health, illness, causes of illness and healing mechanisms are highly interconnected with their socio cultural, religious values and everyday activities of their lives. During FGDs as well as in-depth interview I asked participants about the reason behind the practices of healing rituals, all of them mentioned that, cultural beliefs and our long time practices, to restore the normal condition of the patient with the family, the community and the environment as whole. One participant from in-depth interviews with community explained that “they performed healing rituals due to cultural belief and longtime practices”. FGD discussants further noted there are some illnesses that cannot cured at biomedicine rather need ritual ceremonies”. For example, one discussant among FGD-8 explains illnesses like *baxikubur and Yaari*, could be treated by healing ritual ceremonies because these illnesses have no formal way of healing. Therefore we can understand from the above discussion, healing rituals practiced among Dewe community due to long time cultural belief and handed down from generation to generation.

The results of the interviews with the participants indicate that rituals play a very important role in healing process. These sets of actions are believed to have a symbolic meaning or value to the members of a community. In connection to this, according to Dow (1996) the healing processes as a ‘generalized symbolic medium particularized in such a way as to effect the transaction of emotions in the self-system’. He focused on the primacy of shared mythic worlds which the healer manipulates and dramatizes to fit the client’s problems.

According to results from FGDs as well as in-depth interview, in Dewe community there are several healing rituals performed before and during healing process, depending on the types and causes of illnesses. Some of the rituals have religious aspects such as Al rukia, put hand on the fore head of the clients and this ritual performed by locally known as Sheik kabir or religious healer and other rituals are based on magico religious aspects which is opposite to the religious principles.

#### **4.6.2. The Role of Rituals in Healing Process**

Turner (1967) viewed ritual as the essential mechanisms for the healing process. Further he noted that all rituals as containing religion or spiritual components in the referents of the

symbolism involved. In addition, Geertz (1973) stated that religion has been held responsible for many differences and norms affecting the fundamental values and behavioral patterns in life including health behaviors. Every religion has three aspects: values symbols and practices. Furthermore Geertz's (1966) concern was with sacred ritual defining religion as cultural system of symbols expressed through rituals that has powerfully impact up on the participants to establish certain moods and motivations. Geertz famous articles on religion (1966) affirm the symbolic actions in rituals recreate propositions about the world in such a way that people act as if they were. In this sense symbols create and are recreated by action.

According to FGD discussions ritual treatment is one element and necessary part of the indigenous healing among Dewe community. FGD discussants further explained rituals have played a crucial role to manage some spiritual and culture bound syndrome. However, some of the healing rituals are not allowed by Islamic law but the people performed it due to cultural beliefs. For example, one key informant from religious healers noted "some rituals are forbidden by Islamic thought like offering sacrifices for the spirits, dancing and handclapping ceremonies".(KIIH-2). The next subtopic deals with the three major types of healing rituals performed among Dewe community.

#### **4.6.3. Types healing rituals in the study area**

The use of rituals and ceremonies are highly linked to cultural norms and every day aspects of the Dewe community. According to in depth interview results, there are various types of rituals which vary depending on the type of illness and its purposes in Dewe community of this study concerned. Rituals performed among the community have three main aspects in broad sense. The first category of rituals has religious aspects. Like prayer(*Dua*),*Alrukia* which involves recitation of verses from the Holy Quran near to ears of the patient, lay hand on the forehead of the patient while reading verses from Quran, did *Azan*(Islamic call) on the near of the ears of both sides of the patient.

Second there is a cultural or social aspect to the ritual, where one often addresses evil spirits and ancestral spirits. This ritual involves full participation of the community and the social environment. This ritual performed by ceremonies like chanting, handclapping, and dancing. These rituals are social because the presence of communities and the social environment. All rituals have symbolic meanings that manifested on the participants body movements like dancing

and handclapping. The third, there is transformative aspects to rituals. Where the participants go through different stages of the ritual with intention creates a transformation in in attitude and lifestyle that promotes personal health and healing.

#### **4.6.3.1. *Kalib Gacsa***

Kalib Gacsa is general terminology used refers healing ritual for cleansing and purifying the heart of the patients. The entire ritual takes places at seclusion. According to FGD-7 participants of community elders, *Kalib Gacsa* is a type of healing ritual that performed when someone believed to be afflicted by bad evil spirit and from Xago (magical caused illness) like paralysis, unusual behavior and emotionality. If the cause of illness is believed to have been sent by the bad spirits or the black magician on the patient, then it can be handled by Kalib gacse the person who conducted this ritual.

One discussant among FGD-7 explains:

*There are some illnesses believed to be caused by sorcerer and witchcraft by different ways such as they put toxic objects on the victims food or drinks. They also take foot print of the patient or target person and sometimes also cut a piece of hair from the victims perform magical skills. In such cases the kalib gacsa ritual is the appropriate treatment ways (FGD-7.3).*

As one key informant noted “this healing ritual performed for a person who believed to afflicted by bad evil spirits and the sorcerer and witchcraft magical skills to harm the target person” (KIIH-4.3).

This may occur through seeking ancestral forgiveness with rituals and sacrifices, neutralizing the sorcerer, or by prescribing certain medications. The aim of healing is the removal of anxiety in the individual, of tension between family or community members, and the re-establishment of social order, i.e. the settling of antagonistic feelings between people (Karim et al 1994). Rituals, in particular, seek to restore balance and harmony in terms of cultural beliefs and values. The completion of rituals often has a calming effect on the patient and relieves his feelings of guilt.

#### **4.7.1.1. Procedures for Kalib Gacsa Healing Ritual**

The process has some similarities with the rite of passage as it is described in anthropological literature. Victor Turner calls it as a preliminal, liminal, and communitas, when the patient feels illness and needs to be healed. This phase represents preliminal. The patients are separated from society, and integrated in to what Victor Turner calls it a communitas (Turner, 2008).

According to in-depth interview result, different stages are performed during the healing ritual of kalib gacsa. The first stage is the diagnosis stage. This stage involves identifying the causes of illness by the ritual specialist or Kalib Gacse.

The ritual healer uses different techniques like opening the kitab and communicates with the spirits. Through communication causes of illness determined. This goes in line with, Kleinman(1980) stated that through ritual interrogation or communicative transaction causes of illness are determined. The second stage is the healing ceremonies stage. This takes different ceremonies like offering sacrifices (slaughtering a sheep), the blood of the slaughtered sheep smearing on the faces of the patient. The selected parts of the slaughtered sheep given to the ritual specialist as his charge or payment and the rest of the meat eaten by the family members however the patient does not allowed to eating.

The final stage is seclusion stage. During this stage the patient is isolated from his/her family for seven consecutive days. During this phase the patient is not allowed to make contact with anyone besides the ritual healer. This session began at the night where the patient drinking medicinal plants. Before the patient go to sleep there is smoking of a medicine locally called xaanayto which prepared from a combination of herbal medicines mixture with animal fat. The ritual healer put fire on the hole of small stone and covering the patient with blanket to inhale the smoked. During this period the patient should take bathing with pure water every morning before breakfast. This is because they believe that the medicine that patient smoked has smells, so if he/she did not cleansing from the medicine the evil attack him or her.

The healing ritual which mainly seclusion continuous for seven consecutive days. Finally after the patient completed the seclusion time he/ she allowed to integrate with family. However, the patient is not allowed to go out of his or her house compound or not far from home for three days in order to return back to his/her normal behavior. The fundamental aim of this ritual is to restore the well-being of the patient as well as the community as whole. The payment for ritual healer is not money but he takes one foot and back bone of the slaughtered sheep.

One key informant among community members mentioned his cases of how he was treated in kalib gacsa ritual process as follows:

*I have been suffered from abdominal pain and I visited many biomedical centers however they did not address my problem. Every clinic's doctors that diagnosis my case says you are normal and the laboratory result did not show any problems in your abdomen. However my friends and elders of our community told me this is something from sorcerer. They add some toxic objects on your drinks and food. They advised me to go to Kalib Gacse. Finally I go to the ritual healer and he give me one room and I spend seven days there. On the first day I was ordered by the specialist who conducts a ritual to offer and sacrifice the white sheep. Then my family slaughtered a sheep and the ritual healer smeared my face with blood. On the first night I was drank medicines and before I slept the healer smoked me. at early morning I was took shower with pure water and this was continued for seven days. Finally I become healthy (FGD7.8).*

With respect to this one key informant noted:-

*I had experienced paralysis for many years and first I had been gone the health center because and I living in town then the doctor did diagnosis and the result description showed high blood pressure and stroke and gave me some drugs. But my problem did not stop then my parents had been brought one faalabeyna and the healer asked me did you have any enemy or someone wants to revenge you? I said no, and then healer said that you are ill due to the bad act of black magician. Then the healer said that I know how treat you and you would be cured. The healer prepared his medicinal sources that is seven caxxa faxxo mixtures with water and the juices of lemon and put the mixtures in Flat container and I was separated from my family in one small room and I drank the prepared mixtures every morning before breakfast and i washed my body by that mixtures and finally I become normal (FGD-8.6).*

In generally, we can understand from the above discussion that kalib gacsa is a general terminology used to refer healing ritual which takes places at seclusion house. This ritual is performed when someone believed to be attacked by bad spirits as well as the bad acts of sorcerer and witchcraft. In such case the community believed that kalib-gacsa ritual is the appropriate healing techniques and locally this ritual specialist is a man and has title called Kalib gacse. Illnesses that are treated by this ritual are psychological problems like anxiety, feeling of haplessness, emotionality and misbehavior. It also includes physical body problem like paralysis and abdominal ache.

There are different stages during ritual ceremonies stated by diagnosis and followed by offering sacrifice for the spirit by slaughtering white or black sheep. Smearing the face of the patient by the blood to derived off the spirit from him or her. Finally the patient spent seven consecutive days in seclusion by drinking and smoking medicines. During this stage, ritual specialist

prepared medicines called *xanaytu*, which from herbal medicines crushed then mixed with animal fat for smoking. Most of the time in *kalib Gacsa* healing ritual specialists are Men and the payment for their services is not in monetary terms but selected parts of the slaughtered sheep *inki iba kee cakale* which literally means one foot and back bone.

#### **4.6.3.2. *Yaari* as Healing Ritual**

Data obtained from FGD as well as interview with community, *yaari* is another healing ritual practiced among Dewe community. *yaari* a general terminology used to refer healing ritual as well as for illness that caused due to the ignorance or neglecting of certain ritual ceremonies that had been performed for their ancestors. Moreover, in the study area there is a cultural belief that *yaari* is the appropriate ritual healing for someone who afflicted by evil spirits. For example, one informant among community noted *yaari* ritual is not formal treatment but through ceremony that performed on special occasion and by the participation of selected community members. Through celebration activities like music, dancing and handclapping the patient and prescribed procedure for conducting. The purpose of conducting this ritual is through celebration activities that involves chanting, dancing and handclapping in order to energizing and motive the feeling of the patient. The entire ritual takes places at the residence of the patient.

According to FGDs discussants, the '*yaari*' in local name literary means to ritual ceremonies for inherited possession illness (from mother to favorite daughter) in believed to our community spirits causation illnesses and mostly this illness inherited from this mothers who had experienced this illness to her favorite daughter and this illness has common signs to identify such as the favor hands and legs become paralysis. One of my participants discussed about the ritual process in the following way. The woman who ordered over all procedures of the healing ritual is locally known as *yaari* Aba. She is well known and longtime experienced to diagnosis and identify the types of evil spirits and the reason why the spirits afflicted the patient.

#### **4.6.3.3.1. Procedures for *Yaari* Healing Ritual**

Data obtained from FGDs as well as in-depth interview with community, like other ritual ceremonies *yaari* ritual has different stages. The first stage is diagnosis. The diagnosis performed by the ritual specialists who are elder women and well known for handling such cases. This takes communication between the ritual specialists and the evil spirits. Moreover, in this stage there are a serious of questions and answers from the ritual specialist and a patient respectively in

order to identify the causes of illness. Build up on the questions and answers that takes between ritual healer and the evil spirits possessed on the patient. Ritual healer identified the claimed evil spirits and the evil spirits states the reason for afflicting the patient. As noted by one key from community evil spirits manifested themselves through possession on the patient's physical appearances and the spirits asked sacrifices and ceremonies, this determined the ways of treatment.

The second stage is healing session. This stage begins with music like sounds by the ritual specialists and the participants actively involved in handclapping and dancing. Moreover, the patients join to the ceremonies after a few moments and the patients start dancing. According informants through dancing and handclapping the patient get motivation and the feeling of good healthy. During yaari ritual there is no formal treatment and no medicines give to the patient rather through the musical ceremonies the patients mental changed from misbehavior to normal conditions. This ritual ceremony continues for three days. The third stage is bathing. During this time the patient took spiritual bath with the blood of the slaughtered sheep. Then the patient wears new clothes, bracelets and necklaces. The final stage is seclusion. This when the patients are separated from the family. This ritual ends with closing the seclusion house. The door of this house closed by the ritual expertise and the patient has spent seven days in seclusion. During this time the patient is not allowed to make contact with anyone who are absent during the seclusion door closed.

According to in-depth interview with ritual specialist, there are different stages and every procedures such as the ritual places, what kind of offers provided by the family and the selection of ritual participants and all ritual setting arrangement would be performed based on the order given by the ritual specialists. In respect to this another informant stated that “during the ritual procedures the participants are not allowed to wear the new clothes or use perfume in which in most cases the order is given by the ritual specialists”.

Healing ritual, chanting, handclapping and dancing has socio cultural construction and symbolic meanings. First the ritual specialists through chanting communicate with spirits and the purpose of hand clasping and dancing in order to energize. In connection to this, according to turner the ritual attends to interface between personal and social problems, that is “for both the maintenance and radical transformation of human social and psychical structure.

Turner's idea of *communitas*, as a temporary relation creating transcendence above social ties and norms, focuses upon the experiential aspect of ritual, which makes possible transformations through symbolic manipulation. In this sense, the ritual attends to the interface in the healing process, the person who conducted the *yaari* ritual is called *Yaari Aba or Balqa*. Who are elder women. The ritual procedures are started by the order of ritual specialists a chanting start by the ritual specialist in the first stage, the *yaari Aba* women) ritual specialists, the patient family of patients and selected youth men of community and the rests are women who are hand clapper and dancers and the ritual first take place at residence of the patient.

The entire ritual takes place at residence of the patient home. The ritual specialists begin with the ritual with chanting and handclapping then dancing. the form of a circle, the ritual specialists begins with ritual with chanting and handclapping and dancing helps in healing process give the participants power and the patient begins to dancing and it makes her active and finally she tired and felt down but the chanting, handclapping and dancing continues until she wake up and know herself after that the time for eating the local food called *Bukqa*.

Turners concept of "liminality" and "communitas" is very closely related with the case of *Yaari* healing rituals and in such cases first the ritual specialist decide the day, time and place that ritual ceremonies for take place then in that specific day and time there are go to the river side or fields that far from the residence of the community and which is conducive to conduct such practices and the ritual participants are *Yaari aba*(ritual specialist) most cases women, patient, family members of the patient, and selected men and women for handclapping and dancing. According to in-depth interview with community members, the aim of *Yaari* ritual is to restore the harmony relationship between the person, the community and the social environment. This ritual ceremonies very closely related with the famous concept of Victor Turner's "*Liminality*". For Turner, the transformative power of ritual occurs in the liminal phases, in which "*communitas*" replaces the daily reality of structured relations and through symbolic processes. For him, transformation reaches into deep psycho physiological levels through symbolic manipulation. In relation to this, Kinsley (1996) explains that healing is often a symbolic process that healers are masters at employing symbols and rituals in their treatment of illness. He also explores the ways in which health, sickness, and healing are inextricably related to religious or moral concerns, themes, and practices in almost all cultures.

In generally, yaari is the type of healing ritual that practiced among Dewe community where they want to address ancestral spirits. Moreover,

#### **4.6.3.3. *Baxi Kubur* Healing Ritual**

*Baxi kubur* is another healing ritual practiced in the study area. According to FGDs with community members, *baxi kubur* is a general terminology used to refer healing ritual performed to address that problems related to evil spirits affliction. One indigenous ritual specialist noted that “illness caused by evil spirits could not be healed at the biomedical health centers *baxi kubur* is one of healing performed to address evil spirits illness.in such cases there are different ritual ceremonies performed like signing, handclapping and dancing. The entire ritual takes place at the social field that is the major difference that distinguish this ritual from the other two. Most of the time this ritual started at night. However, sometimes this ritual may be performed at midday. This involves the ritual healer begins with chanting then the participants started handclapping and dancing until the patient tired finally all the participants back to their residence. The next day also performed the same ritual ceremonies and in most cases this ritual continues for three consecutive days.

##### **4.6.3.3.1. Procedures for *Baxi Kubur* Ritual Ceremonies**

According to FGDs with community members, they are identified different stages and ceremonies during *baxi kubur* healing ritual like other rituals. According discussants the first stage is trip to the field arena. The participants are ritual specialists, the patient, family members and young women who are hand clappers and dancers. The family member carry some tools locally called *Buti* literary means drum. Moreover, during *baxikubur* ritual lighting up fire is also another features observed and this lighting up fire continues until the end of the ritual ceremonies.

The second stage is started by chanting, handclapping and dancing. This stage involves the main ritual performances beginning start by the chanting who are ritual specialist starts and guide all over procedures of the ritual the same time women’s make circles and start handclapping and dancing and the preferred time for this ritual ceremonies is decided by *baxikuburaba*.and most cases the preferred time start at when the sun is very hot after midday.

The third stage is diagnosis stage. This involves communication with the spirits and series of questions and answers between the ritual specialist and the spirit. Upon the series of questions and answers the ritual specialist is identified the reason that spirit attacked the patient. According to the participant spirits manifest themselves through possession or in the patient.

The fourth and final stage is offering sacrifices to the spirits. This involves offering of different foods like Bukqa and Alo. Besides food offering, new clothes, perfumes, bracelets, and necklaces are offered by the family members of the patient. This ritual closed by offering a cow for sacrifice and finally a cow slaughtered. Sometimes the patients drink the blood or washed their body by that blood depending on the interest of the spirits. However, in baxi kubur ritual the patients are isolated or no seclusion.

With respect to this one key informant noted that:-

*one time I participated baxikubur ritual, first the participants went to the field which the healing session take places then the participants made circles and the patient seat at the center in front of the ritual specialist. After the participant made circles the ritual specialist started music like sounds and the participants also follows her (ritual healer) the same time women began handclapping and dancing. Then the patient started dancing and after long time dancing she felt down and when she wake up the ritual specialist began questioning in order to identify causes of illness. After causes identified and offering sacrifices (slaughtered a cow), the patient took bath with the blood of slaughtered animals. Finally we were return back to our residents (KICM).*

Another key informant narrated her daughter's cases as follows:-

*Before one year my daughter had been attacked spirits and I took her to religious healer and the healer diagnosed her case. Then the healer did communication with spirits and he asked the spirits in order to away from my daughter but the spirit refuse and her behavior changed into emotionality. She was talking unusual ways and crying then the healer told me that may this is bad evil and needs some ritual ceremonies. We went to our home and next day I discussed with my neighbor about my daughter cases then we brought ritual healer and she said your daughter needs baxikubur so tomorrow we will gather and go to field areana. We started the ritual ceremonies and different ceremonies performed like chanting, handclapping and dancing and my daughter also was participated a few times later and continued until she felt down. After she woke up the baxikubur aba started communication with spirits. After a series of questioning and answering between ritual specialist and evil spirit respectively. Ritual specialist known about what kind of offering need for*

*spirits to derived off from her. Finally when we return back to our home the patient ordered by the healer to took bath after the shower she was changed her clothes and wear new clothes,bracelets,and necklaces, perfumes. This end by smearing her foot and hand by hina which is prepared from local plan. Fresh leaves of hina plant grinded and mixtures with water. few days she became normal (KICM).*

Group discussants and informants stated that the entire baxikubur healing ritual takes places at the social field with the full participation of selected community members, especially the women have great role in such cases by acting dancing and handclapping. According to the participants the reason for handclapping and dancing is in order to energize and motive the spirits of the patient. There is a believe that through music like sounds, dancing and handclapping the patients mind change from bad feeling to good moods. Therefore, this ritual has symbolic and social meanings which based on the social context of Dewe community.

Moreover, like other rituals practices there are certain abstain in baxikubur ritual that concerned both the patient and the participants. The first abstain that concerned only to the patient is not allowed to wear shoes. Therefore in midday there is a very hot weather. The patients walk on barefoot from the home to the field. The reason for this is believed to punish the evil spirits by the hot weather in order to drive off. There is a believe that possessed evil spirits feel pain when the patient feel pain. Another abstaining that concerned only to the patients are not allowed to drink water. The second abstain concerns all participants of the ritual ceremonies such not allowed to wear new clothes, perfumes on the body and not allowed to wearing jewelries. From this we can understand the people give specific meanings and interpretation to the materials. For example, the red dresses and new clothes are not allowed to wear the participants because they believed that evil spirit transfer from the patient to the participant who wear new red clothes. In fact many scholars agreed that most rituals has symbolic aspects. Among Dewe community healing ritual interpreted symbolically in their socio cultural contexts.

This goes in line with, the idea of Sandlana & Mthethwa, (2008) stated that depending on the type of ritual to be performed; family members are to abstain from eating fatty foods and milk. Besides food, they are also to abstain from sexual contact and from attending funerals before and during the course of the ritual to avoid ritual impurity. Furthermore, they mentioned drawing from data collected through interviews and participant observation, traditional healers emphasized the importance of a dress code in indigenoues healing ritual. Dancers are expected to

take off their shoes to show respect for the ancestors and in some cases the biological female family members are to take off their head gear, especially before the cow is slaughtered. Wives should wear traditional attire as a sign of respect for the ancestors. Men wear shorts and cover their bodies with white blankets.

In line with this, according to Monteiro and Wall (2011), the symbolic nature and meaning-making qualities of traditional African dance in combination with spiritual transformation and creation of a safe environment for expression of psychologically and socially unaccepted feelings, provides the indigenous healer, the initiate and her/his family with mechanisms necessary for the maintenance of harmony between the body, mind and the ancestral spirits.

In generally we can understand from the above discussion, baxikubur healing ritual is performed for who believed to attack by evil spirit. This ritual passess through different stages like trip to field arena, make circles, chanting, handclapping, dancing, diagnosis, offering sacrifices to the spirits. There are some abstaining during this rituals and it has two aspects. First abstain concerned only the patient. The patient not allowed wearing shoes and no drinking. The second abstain concerned for all participants. First all participants are not allowed to laughing, wearing new clothes, perfumes, bracelets, and necklaces. This because they believe that the evil spirit transfer to the other participants and difficult to conduct the healing ritual properly. However the patient's abstaining used as a mechanism of punishment to derive off evil spirits. This ritual conducted during at midday and this is because one of mechanisms to punish the evil spirit since midday is very hot when the patient walks over the possessed spirit feel pain and weak the power of the spirits.

#### **4.7. Similarities and Differences of Healing Rituals Practiced among Dewe Community**

All rituals practiced in the study area performed for illness caused evil spirits and the purpose of all ritual is to restore the harmonious relationships of the community and the social environment. Second all of these rituals has fundamental role in the treatment to address spiritual dimension. All rituals also has symbolic aspects and many rituals are social because the entire rituals take places at social field which include the participation of community and the social environment. In a sense, the process they go through, have some similarities with the rite of passage as it is described in anthropological literature, with what Arnold van Gennep calls a preliminal, liminal

and postliminal phase (Gennep,1960). When the patient feels illness, this phase represents the preliminal phase. The patients are separated from society, and integrated in to what Victor Turner calls a *communitas* (Turner, 2008), with other patients who are in the same situation. This period represents the liminal phase. When the patient completed the seclusion and back to the family and the society.

These healing ritual practiced by Dewe community has some common elements and directly or indirectly related to very relayed with the idea of Karim et al (1994). He stated that the healing process follows different stages for different perceived causes. According to him, the first stage is to identify the cause or perceived causes of illness. The second stage is to remove the hostile or derive off evil spirit needs to perform ritual ceremonies based on cultural values. Therefore this idea is goes in line with the context of Dewe community healing ritual. For example in the case of Baxikubur first the specialist identifies the cause then the second stage is going to the field arena or river side for the purpose of to drive out the evil spirit.

In generally, we can understand from the above discussion, there are three major types of healing rituals practiced among Dewe community such as kalib gacsa, yaari and baxikubur.kalib gacsa is different from the rest two healing rituals in the study area.first this ritual performed by the ritual specialist and the patients only. Second the entire ritual takes place at separate small house that is called kalib gacsa,where the patient isolated from the community. Most of the time rituals were conducted during the night. The fundamental importance healing rituals to address spiritual aspect for patients in the process of regaining their health and restore harmonious relationships with the community and the social environment.

Another importance of healing rituals to addressing four main aspects linked to a person's health. These were the physical, psychological, social and spiritual sides we all have as human beings. The therapeutic process the patients go through is helping to move an abstract mental idea of the need to change personally, into becoming embodied. With this embodiment the patients have a stronger motivation to change, and in this change healing may occur. This process is heavily aided by the rituals performed and participated in.

The results of the interviews with the participants indicate that rituals play a very important role in healing process. These sets of actions are believed to have a symbolic meaning or value to the

members of a community. In connection to this, according to Dow (1996) the healing processes as a ‘generalized symbolic medium particularized in such a way as to effect the transaction of emotions in the self-system’. He focused on the primacy of shared mythic worlds which the healer manipulates and dramatizes to fit the client’s problems. Each culture has got its own set of rituals which are prescribed by that particular culture and community. Basically, rituals are meant for spiritual and emotional needs, maintaining harmonious relations between people and between the physical and spiritual world.

In generally, we can understand from the data obtained from FGDs as well as in-depth interview ,in the study area several healing rituals are practices as a means of treatment for addressing spiritual dimensions. However, the major types of healing rituals are kalib gacsa,yaari and baxi kubur. All of these rituals have its own specific functions and performed depending on the nature and the types of illnesses. Moreover, the purpose of these rituals believed to maintain the harmonious relationships of the community, the patients and the social environment as a whole.

## **CHAPTER FIVE**

### **HEALTH CARE SYSTEMS AND OPTION AMONG DEWE THE COMMUNITY**

This chapter presents health care options existed in the study area. It also gives due emphasis to the factors that influences decision making to health care preferences. Furthermore, it describes the relationship between indigenous healers and biomedical workers as well as local people’s view towards biomedical and indigenous health care systems based on data obtained from FGDs and in-depth interview.

#### **5.1. Health Care Options in the Study Area.**

Data gathered from FGDs as well as in-depth interview, Dewe community’s health care systems originated and developed based on health care perspectives and at the very core of people’s health views are culturally determined beliefs and values. In line with this, according to Herselman (2004), health care as a symbolic systems representing society’s core values, beliefs and attitudes. Health care views are cultural constructions and their meanings are determined by

the culture of the people concerned. Indigenous healing mechanism among Dewe community grounded in the core values and beliefs held within the cultural context of the peoples.

The Dewe community, medical care, treatment and perceived causes are defined in the socio cultural context of the community. The concept of health and illness are based on the construction of cultural beliefs, knowledge, and these perceptions determine the health seeking behaviors of the people. The system of health care is both a cultural and social systems of health.

The social system of health is composed of its institutions, organization of the health specialists' roles, rules of interaction, as well as power relationships inherent to it. According to FGD-7 and FGD-8 conducted with community elders and youngsters respectively, there are three health care options in their community such as *inna xayla* (home based), *Qaada xayla* (indigenous healing), and *dolat xayla* (biomedicine). All health care systems are existed side- by –side and people use them simultaneously or independently based on the nature and types of illness, perceived causes, and accessibility.

### **5.1.1 Home Based Health Care System**

According to discussants of FGD-7 and 8 that conducted with community elders and youngster respectively, home based health care system is performed at home by ill person itself or family members and other communities. Specialists in home based health care are elders people and who are don't consider themselves healers but they have knowledge of some common herbal medicines and other techniques like smoking, burning incise, ironing and herbal healing, butter, milk, and minerals. Among Dewe community, when someone feel pain or unhealthy then first try by himself or by the parents and sometimes also community members involved depending on the nature and the seriousness of the illness.

This also further attested by one informant among community noted “When I was fourteen years old I had Asthma. My mother treated me at home in locally available herbal medicines mixed with honey and I had consumed for seven days and that cured me very fast” (KICM).

Home remedies are the most popular and yet overlooked sector of heath care strategy among all societies (Helman, 2007). In Ethiopia, especially in the rural areas, it is common to seek treatment from home before any other action for health problems including malaria incidence

(Kaba, 1993). In relation to this, Kleinman (1980) stated that Self-treatment is generally the first therapeutic intervention resorted to by most people across a whole range of cultures.

Moreover, according to FGD-7 discussants of community elders noted:-

*We call inna xayla for the healing activities that conducted at family levels this is because mothers have crucial role in treating their children and when the illness believed to be minor cases then they did not got either indigenous healers or biomedical centers but treat by self-care. For example, illnesses like abdominal pain, common cold, cough, high fever, headache, malaria, tonsil, allergic, and some skin infection like measles. (FGD-7.1).*

Another illness treated at home based healing systems is Alsá or abdominal ache. According to data from in depth interviews with community members, most cases it experienced by children especially during rain seasons. In Dewe community, illness like ear infection, eye wound, emergency cases and minor illness like common cold, cough, headache, illness treated by at home remedies are like,

For the treatment of ear and eye people treat at home level by self-care or parents involve .for example, if the eye infection caused by the sharp plants and then the butter of cow boils after cool then give to the eye at cup then. In the case of ear infection, the butter of goat add through the ear and if not cured then herbal treatment the local herbs called *uxayto ayuffa*(leaves) grinding the mixtures with pure water then the juices give through ear.

We can understand from the above discussion home based health care is performed at home by ill person itself or family members and other communities. Women have crucial role in home based remedies, especially mother treat her children by using available herbal remedies and other things like butter, milk, and honey. Moreover, in the study area people use home based remedies for minor illness like common cold, cough, tonsil, malaria, eye wound, ear wound, sore, abdominal ache, skin infection, and other minor cases.

### **5.1.2. Indigenous Medicine**

According to data obtained from FGDs with community, in the study area indigenous medicine is still more preferable than biomedical health care because of its accessibility and holistic treatment aspects. Indigenous healing not focuses only physical problems rather the whole aspects of the human like psychological, spiritual, social and emotional. FGD discussants further

noted that indigenous medicine has significant role to address spiritual illnesses which are difficult to get treatment in biomedical health care systems. For example, one discussant among FGD stated that I prefer to go to indigenous medicines when I got ill because of its accessibility.

Group discussants and informants asserted that they still more preferably to go to indigenous medicine for treatment of different illnesses. According to FGDs community members before the introduce of biomedical health care, indigenous medicine is the only option of health care facilities and serving community in solving different health problems. According to informants indigenous medicine is practiced for a long period of time and the reason behind the popularity of indigenous medicine is due to socio cultural values embedded within it. People in the community starting from the minor cases of illness to the more difficult illness prefer to use the indigenous health care because it is accessible, affordability, good communication with the practitioners and the clients, people cultural perceptions and trust of the effectiveness of indigenous healing.

One of the discussant from FGDs-7 community elders mentioned that:-

*Whenever I feel pain then first I go to the indigenous healers than biomedical centers because I live in far from the biomedical center and there is different problem in biomedicine first they show disrespect for client, if you come to health center then you wait a lot of time may all day and very cost and difficult to pay low income people. For these and other reason I prefer to use indigenous medicines.*

Similarly, as one key informant noted

*For many years I had impotence problems. I went to biomedical center however I did cured from the problem, so I had to find another option that was indigenous healer. We know some socially difficult illnesses were treated by certain family members. I find one specialist who is well known in healing such case then I told to him my cases. He said to me please come back tomorrow at early morning. Then I was come at that time and he gave some herbal medicines that are roots. He told to start medicine at night just before one hour to do meet with your partner for three nights and finally I cured from that problem (KICM).*

In generally, in the study area indigenous medicine is more preferable and popular due to accessibility and affordability. Moreover, in most case illness treated by indigenous health care are those spiritual caused spiritual or supernatural like evil eye, evil spirits, impotence, infertility and others like snake bite, scorpion and spider bite.

### **5.1.3. Biomedical Health Care**

Another health care option existed in the study area is biomedical health care. According to FGD-7 and 8 which conducted with community elders and youngsters respectively, nowadays they use biomedical health care systems for different illnesses because of their awareness about the importance of biomedicine. Most of the discussants mentioned that for natural caused illnesses like TB, Typhoid, Gastric, Liver and other related illnesses they prefer to go to biomedical health center. For example, one discussant among FGD-8 noted “I believe that biomedical health care a system is better to treated many illnesses except spiritual ones. This also further attested, for example, one key informant noted “when I faced severe illness I have preferred to biomedical health care systems”. (KICM)

According to in-depth interview with community members, biomedical health care is a recent phenomenon and the community gets some access. In ever rural kebeles there is minimum of one health posts and some health centers. However still there is lack of access to biomedicine and the participants mentioned during FGDs session a lot of problems within this institution such as first lack of human resources for one health post only one nurse, also lack of medical tools like no laboratory, other advanced diagnostic tools and most cases the nurse itself lack of experiences and no training on medical treatments.

In most cases the health posts only handle minor cases like malaria, common cold and emergence cases of bleeding. More specifically the young participants who are educate have positive attitude for biomedicine. In generally, group discussant and informants mentioned that they prefer to use biomedical health care systems for illness that are caused by nature and environmental problems like Gastric, Liver, and associated cases. Other informants also stated that first they try at indigenous healing then they did not get better treatment. They use another option that biomedicine.

## 5.2. Factors that Influences Decision Making to Choices Health Care Options

Data obtained from FGDs as well as in-depth interview with community, their decision making process to choose health care options could be influenced by several factors like the nature of illness, perceived illness causation, accessibility and availability, communication, faith, and trust in the effectiveness of health care systems. Moreover, some discussants mentioned that cost and dissatisfaction with the treatment outcomes of health care systems are another factor that influences their decision making to choose health care option. Other informants also asserted that faith is also another factor's influencing and determining a person's choices of treatment.

This is also further attested, for example, one key informant from community explains

*I had kidney problems three years ago and I went to many hospitals for seeking treatment. However, I did not get the treatment due to the high cost of health center. The hospital doctors told me your both kidney shown serious damage so you have urgently got the treatment. They asked me twenty five thousand birr for treatment, then I decided to return back to my home because I had faced lack of money. Then I went to indigenous healers, who is herbal healer and he gave herbal medicines and he took some cash for treatment.(FGD8.4)*

Similarly, one FGD discussant among community elders noted:

*Whenever I feel ill prefer to use indigenous medicine because indigenous healers speak the same language with I share similar culture and speak the same language. Therefore easily I can communicate with them. You know if there is poor communication between healers and clients treatment would fail. (FGD7.4).*

Similarly another informant among FGD of community noted: "I never go to the health center for the treatment like snake bite as well as spiritual illness because biomedicine does not treat properly and in such case indigenous medicine is the appropriate one to handle and treated".

For example, one key informant stated that:

*If you go to biomedical health center for the jinn attack, they have no ideas about this cases because the laboratory only diagnosis the physical problems and the biomedical workers gave you an injection or drugs in wrong ways then the client's will become paralysis or die, this is due to the unseen force needs spiritual healing.(FGD8.3).*

By the same token, one participant stated that sometimes there is the belief that some of the illnesses are caused by spirits, or spiritual illness. If taken to the modern medicine healer, they

will treat you based on the physical signs, like if you're having pain. But the herbalist, I know they read and they are revealed certain things to do.

Accessibility and affordability also another factors influence the decision of health seeking behavior. In respect to this, one FGD discussants from community youngster said:

*The majority of our people are living in rural areas which are far from biomedical centers and there is no transport to go to the health centers and mostly our people depend on indigenous medicine to solve health problems (FGD8.4).*

According to FGDs and in-depth interview, most of them used indigenous medicine for primary health care services because of lack of transportation, high costs of BM and the faith of effective healing to IM and healers and they also mentioned that any time indigenous healers are ready to come to our places and give services and they understood our problems. Sometimes biomedicine couldn't understand some illness and we didn't get appropriate treatment then we go to the indigenous healers. With respect to this, one discussant from FGDs with community members noted:

*I was suffering from bladder wound, then I went to the health center. The doctor diagnose my problems and asking me about how is your pain started and then he gave me injection that taken for seven days and my bladder pain become less and after a year again I very ill from the same places then I go to the indigenous herbalist and gave me prepared herbal medicines and I smeared on the suffered part of my body for seven days and finally the infection become normal (FGD8.2)*

One participant from FGD with community elders discussed about his health care preferences:-

*For me whenever I feel ill first try on myself then go to indigenous healers but only go to the clinic when I feel very weak due to inaccessibly, high cost and consume a lot of time for waiting and most cases up to six hours today or sometimes not finished in one day and come back to the results on the next day (FGD8.4)*

In the study area there are several factors that could influence the decision making process of the people to choose health care options. Moreover, most informants stated that the main factors that determine their health care preference like accessibility, the nature of illness, perceived illness causation, communication and faith. Others also mentioned that the cost and dissatisfaction with the treatment outcomes of health care systems. In turn, in most cases they prefer to use indigenous healing for spiritual illness like evil eye, epilepsy and associated cases. On the other

hand, for illness that causes from natural like environmental pollution, seasonal change. Social and personal related problems as poor hygiene systems people prefer to use biomedicine.

### **5.3. The relationship between Indigenous Healers and Biomedical Workers**

#### **5.3.1. Biomedical Workers Views Towards Indigenous Healers and Their Healing**

According to FGD-6 which conducted with biomedical workers, most of them have negative attitudes towards indigenous healers. For example, one discussant among biomedical workers noted “indigenous healers are not health professionals and have no education, they treat patients by experiences and I have doubt on their diagnosis because they have no medical diagnostic tools just do on looking the face as a result their diagnosis result would be assumption”. (FGD-6.3)

Similarly, one key informant among biomedical workers noted:-

*I don't refer my patients to indigenous healers because they have no knowledge about dose quantity. Most of the time indigenous healers give medicine that dose quantity unknown or over dose and it has more risk on the health of the person that take the medicine. Therefore, everyone should be use biomedicine for any health problems.(KIBW).*

Similarly, another key informant among biomedical workers noted that:-

*I don't believe in indigenous medicine and the healers methods of treatment because they have no laboratories, x-rays, ultrasound and other medical tools for diagnosis process and the healers are also lack formal education, training. Their healing producers based on experiences and observations. I believed that, the government should give the training and scientific based medical workshops (FGD6.2).*

In contrast, one FGD discussant among biomedical workers expresses his positive attitudes towards indigenous healers as follows:

*I appreciate and encourage the effort of indigenous healers. I do not believed that all indigenous healers and their healing is bad or not important because. Sometimes they are effective in addressing some illnesses. For example, there are some illnesses which are better understand and treated by indigenous healers. Especially in the case of spiritual associated illnesses indigenous healers are better understand than biomedical workers. You know even biomedicine and biomedical workers have its*

*own limitation. Therefore, we have to acknowledge the role of indigenous healers by filling the gaps of biomedicine (FGD-6.3).*

Group discussants and key informants asserted that indigenous healers lack of training, medical equipment and treating people without knowledge. Moreover, biomedical workers blamed indigenous healers by the dosage quantity of their medicines. More specifically, herbal healers give medicines without proper measurement of the dose and it causes serious problems on the health of the patient. In generally, we can understand from the above discussion most of biomedical workers perceptions towards indigenous healers is negative. However, few biomedical workers expressed their positive attitudes and acknowledge the effort of indigenous healers.

### **5.3.2. Indigenous Healers Views Towards Biomedical Workers**

According to in-depth interviews with indigenous healers, most of them have good attitude towards biomedical medicine and biomedical workers. For example, one faith healer stated that “I believed that the two health care options are very important for solving health problems of our community and we should work cooperatively” (FGD2.3). According to FGDs with indigenous healers, they stated that, biomedical workers view indigenous healers and their healing techniques as irrelevant, backward, view them (indigenous healers) as not professional and no enough knowledge about health and healing.

With respect to this, one religious healer noted:-

*I always have very good relationship with biomedical workers and I always ask the clients who visit me for the sake of treatment, have you been first check in the biomedical center then if they said yes, but no curative and on the other hand I also refer my clients to biomedical centers if the case is related to physical problems. (FGD7.3)*

Moreover, another indigenous healer expresses his positive perceptions towards biomedical workers as follows:-

*I understood the two health care options are important. For example, I have spiritual healing knowledge based on my religious knowledge of the Holy Quran and I had long experiences to treat Ayananas and jinn possession however, I have no knowledge about the physical problems and if someone suffers from physical problems like gastric, cold, respiratory illness then I refer them to the biomedical center.(FGD7.4)*

Another key informant from indigenous healer noted:-

*I had referred clients to biomedicine when the illnesses of the client's not related to my specializations for example if someone come to me for seeking the treatment of physical problems such as Gastric, respiratory illness, and soon. Because I am spiritual healer and treat spiritual causes illness such as jinn possession. (FGD.8.5)*

According to FGDs as well as in-depth interview with IH and BMW, most of them stated that the two health care options should be integrated and working cooperatively and one health option alone could not solve the multiple aspects of illness. However, a few biomedical workers discourage the indigenous healer's role and have negative attitude towards them. According to FGD biomedical workers, most of them have negative attitudes towards indigenous healers and their healing methods. For example, one key informant from biomedical worker (KIBW-2) noted:

*I do not believe in indigenous medicine and the practitioners treatment methods because, they have no enough knowledge about health and healing methods and lack of medical tools and have no measurement of dosage and in generally I never advice any one to refer to the indigenous healers (FGD8.3).*

This study is similar to the study conducted by Abraham in Shinasha found that the perception of health extension workers towards indigenous herbal healing and herbalists is generally negative and herbalists have no idea about dosage quantity (Abraham, 2018, 854).

On the other hand, indigenous healers views towards Biomedical workers are different from BMW views to IH, According FGDs as well as in-depth interview results, almost all of them have positive attitude towards Biomedical workers and most of them have recognized and accept the biomedical workers are specialists and professional in physical and associated cases and natural caused illnesses. Therefore this finding has correlation with study by Abraham (2018) in Shinasha, he found that the perceptions of indigenous healers towards BMW is good and appreciate the worthy of biomedical and indigenous healers themselves and their families go to biomedical center(Abraham, 2018).

One discussant among FGDs with indigenous healers said:-

*I believe that the two health care practitioners have their own limit and specialization and roles and I don't believe that biomedical workers are good*

*healers and indigenous healers are backward and not useful and vice versa and therefore, the two health care options and their respective practitioners are complementary and I have no intention of competition (FGD-1.3)*

One indigenous healer noted:

*I have always good relationship with biomedical workers and most cases I refer my clients to biomedical center when the cases are outside of my specialization. But except a few biomedical workers, most of them views our healing methods as irrelevant, not scientific and not good at all. This view is misunderstanding about indigenous healers and I believe that there are some indigenous healers who have no experiences and deep knowledge about the healing and it also the same with biomedical workers their mistakes and many errors at biomedical health centers. We have to accept the both sides problems and good sides but only few healers mistake all indigenous healers and their treatment method is harmful by biomedical workers views in my understanding hasty generalization.*

According to FGDs-6 biomedical workers, most of them have negative attitudes towards indigenous healers and their healing methods. This study is similar to the study conducted by Abraham in Shinasha found that the perception of health extension workers towards indigenous herbal healing and herbalists is generally negative and they stated that herbalists have no idea about dosage quantity (Abraham, 2018,854). On the other hand, indigenous healers views towards Biomedical workers are different from BMW views to IH.

Almost all of KIIH mentioned that they have positive attitude towards Biomedical workers and most of them give recognition and accept biomedical workers as professionals in physical or natural caused illnesses. In line with this, This finding has correlation with study by Abraham (2018) in Shinasha, he found that the perceptions of indigenous healers towards BMW is good and appreciate the worthy of biomedical and indigenous healers themselves and their families go to biomedical center (Abraham, 2018).

In generally, in the study area, most indigenous healers have positive attitudes towards biomedical workers. Moreover, most of healers stated that they have appreciated and acknowledged the efforts of biomedical workers. They believed that both health care practitioners have their own weakness and strength and cooperation between them is very important to improve the health facilities of the community.

#### 5.4. Dewe Community Perceptions Towards Both Health Care Options

According to FGDs as well as in-depth interview with community, most of them have appreciated and recognized the importance of both health care systems to meet their health problems. This also further attested by one interviewee noted “the existence of both health care systems have crucial role to improving our community health. They should be work cooperatively by helping each other .moreover, most of the discussants stated that the coexistence of both indigenous and biomedical health care systems have vital role to improving their health.

As noted by one discussant among FGD with community:-

*In my view both health care both health care systems are very important. I used them side by side or independently. For example, if my problem is not addressed by one of the both health care systems, then I would turn to another option. Therefore, the existence of both health care systems is vital for solving different health problems of our community (FGD7.2).*

Similarly, one FGD-8 discussant among community youngster noted:-

*I do believe in the significance of both health care systems and I use both depending on the types of illnesses. For example, if my health problem related to spiritual dimension, I would prefer to go to religious healing. On the other hand, for physical problems like typhoid or illness that are related to naturalistic causes I prefer to go to biomedical health care systems because these illnesses better treated through the help of modern medical laboratory. (FGD8.5).*

In contrast, one FGD discussant among community youngster noted as follows:

*I believed that except few cases indigenous health care system is not effective. For example, religious healing is appropriate and effective to treating cases like evil eye and associated illnesses. However, I never used indigenous medicine for most illnesses. In generally most of group discussants and key informants expressed their positive perceptions towards both health care systems. Moreover, they appreciated and recognized the contribution of the coexistence of both systems for addressing and improving their health. People in the study area believed that both indigenous and biomedical health care systems should be integrated and work cooperatively (FGD8.4).*

In generally, we can understand that most of community member have positive attitudes towards both health care systems. Moreover, they appreciate and acknowledged the role of both systems

to meet their health problems. In turn, they believed that the coexistence of indigenous and biomedical health care system has a vital significance to improve their health.

## CHAPTER SIX

### CONCLUSION

The study findings showed that indigenous medicinal knowledge is obtained from parents, relatives, Islamic sources, payments. The healing wisdom is preserved and transferred usually from healer father to favorite son based on cultural norms and very secret ways. There are five major types of indigenous healers in the study area such as herbalists, religious healers, both spiritual and herbal healers, bone setters, and birth attendant. From the five types of indigenous healers, herbalists are majority in number and treat different types of illness in the community. They use different part of herbs for medicinal purpose such as leaves, roots, stems, barks, flowers, fruits and seeds. The herbalists prepared herbal remedies into different forms such as in the form of juices, lotion and powder form. One herbs used for different illness and two or three herbs used to treat one illness. They employed different techniques to prepare herbal remedies depending on the nature and types of illness. In the case of internal body illness, herbal parts crushed and grinded then the client's taken as drinking or consuming. On the other hand, for external cases, the herbalists prepared in the form of lotion and powder taken as smearing on the external body. Other herbal remedies also taken as smoking especially for spiritual illness. In the study community, there are some clan based healing specializations like bone setting, tufa or healing through offering of saliva. This healing specialization is relatively different from other indigenous healing. Healing skill held by certain clan and each clan has its own specialization. Among Dewe community, the cases related to burning of fire wounds, shotgun, snake bite, spider and scorpion they prefer to use *Tufa* healing.

There are three health care options namely home based health care systems, indigenous and biomedical health care systems. For minor cases people treated at home level by the person itself, family members and the community. For illnesses caused by natural, personal and environmental problems people used biomedical health care systems. In the study area, people

prefer to be treated by indigenous health care system for different illnesses like snake bite, stomach ache, influenza, pneumonia, impotency, evil spirit, evil eye, epilepsy, abdominal pain. They also go to bone fixers for fractures.

Different factors could influence the decision making process of the people for health care preferences like the nature and types of illnesses, perceived causes of illnesses, faith and trust, good communication, and accessibility. The relationship between indigenous healers and biomedical workers in the study area is not good. Indigenous healers' views towards biomedical workers are positive. Moreover, they recognize and appreciate biomedical workers and their professions. On the other hand, biomedical workers' views towards indigenous healers are negative. Further, most of the biomedical workers labeled indigenous healers and their healing as "inappropriate", "not scientific", "traditional" and their medicine lack appropriate dosage quantity. Biomedical workers argued that the government should give training and workshops to indigenous healers about health concepts. The community perceptions towards both health care systems are positive. Moreover, people in the study area have recognized and appreciate both health care systems and believed that both health care systems should be integrated and work cooperatively than competitive sense. In the study area, the indigenous and the biomedical healing systems are existing dualistically. The coexistence of the indigenous and the biomedical healing systems in the study area generally has a vital contribution in addressing and improving the health of the people.

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## **Appendix I: Field Research Guiding Questions**

**Addis Ababa University, College of Social Sciences**

**Department of Social Anthropology**

### **In-depth Interview Questions for Indigenous Healers**

**Introduction:** The purpose of this interview is to collect data on Indigenous knowledge of health care and healing mechanisms among the Afar people: the case of Dewe community, North eastern Ethiopia. The data of this study was used for the fulfillment of requirements for Master of Art Degree in Social Anthropology. Therefore, the data you gave will be used only for this anthropological study. You are kindly requested to participate in the interview in which confidentiality of information is strictly protected and valued. I also kindly request you, so that I can record your voices, since it is difficult to write all of your responses while interviewing.

Thank you!

### **Interview Questions for Indigenous Healers**

#### **Part 1: Personal Data**

1. Age \_\_\_\_\_ 2. Sex \_\_\_\_\_ 3. Religion \_\_\_\_\_ 4. Marital status \_\_\_\_\_
5. Educational background \_\_\_\_\_ 6. Occupation \_\_\_\_\_ 7. Source of income \_\_\_\_\_
8. Residential Kebele \_\_\_\_\_ 9. Length of stay in the area \_\_\_\_\_
10. Place of interview \_\_\_\_\_ 11. Interviewer's Name \_\_\_\_\_
12. Date of interview \_\_\_\_\_ Starting Time: \_\_\_\_\_ Finishing Time: \_\_\_\_\_

#### **Part 2: Interview Questions**

##### **2.1. Question to indigenous healers focused on Indigenous Medicinal Knowledge and transfer mechanisms**

1. What are your sources of healing knowledge?
2. What is your area of healing specialization? How did you master the healing?
3. Are you willing to convey your knowledge? If yes, to Whom? Why?
4. How you're healing skills passes from generation to generation?

5. What is your specialization?

## **B) Interview Guide for the Biomedical Worker**

### **Part 1: Personal Data**

1. Age\_\_\_\_\_ 2. Sex\_\_\_\_\_ 3. Religion\_\_\_\_\_ 4. Marital status\_\_\_\_\_
5. Educational background\_\_\_\_\_ 6. Occupation\_\_\_\_\_ 7. Income \_\_\_\_\_
8. Place of residence\_\_\_\_\_ 9. Length of stay in the area\_\_\_\_\_
10. Place of interview\_\_\_\_\_ 11. Interviewer's Name \_\_\_\_\_
12. Date of interview:\_\_\_\_\_ Starting Time: \_\_\_\_\_ Finishing Time: \_\_\_\_\_

### **Part 2: Interview Questions**

1. What is your views and perceptions towards indigenous healers and their healing?
2. Is there any case that you refer to indigenous healers? If yes what illness?
3. Is there any challenges that hinder the relation between the indigenous healers and the biomedical healthcare system?
4. What do you think that should be done to improve the relationship and dualistic coexistence between two health care systems?

## **Interview Questions for Community Members**

### **Part 1: Personal Data**

1. Age\_\_\_\_\_ 2. Sex \_\_\_\_\_ 3. Religion\_\_\_\_\_ 4. Marital status\_\_\_\_\_
5. Educational background\_\_\_\_\_ 6. Occupation\_\_\_\_\_ 7. Income \_\_\_\_\_
8. Place of residence\_\_\_\_\_ 9. Length of stay in the area\_\_\_\_\_
10. Place of interview\_\_\_\_\_ 11. Interviewer's Name \_\_\_\_\_
12. Date of interview:\_\_\_\_\_ Starting Time: \_\_\_\_\_ Finishing Time: \_\_\_\_\_

## Part 2: Interview Questions

1. What is health and illness in your understanding?
2. What do you think about causes of illness?
3. What are factors that influences decision making process of people to choose health care?
4. What are the types of health care options existed in your area?

## II) Focus Group Discussion Guide

Introduction: The purpose of this focus group discussion guide is to collect data on Indigenous knowledge of health care and healing mechanism among the Afar people: the case of Dewe community, northeastern Ethiopia. The data will be used for the fulfillment of Master of Art in Social Anthropology. Therefore, the data you gave will be used only for this anthropological study. You are kindly requested to participate in the FGD in which confidentiality of information is strictly protected and valued. I also kindly request you, so that I can record your voices, since it is difficult to write all of your responses while interviewing.

Thank you!

### 2.1. Focus Group Discussion Guide for the Indigenous Healers

#### Part 1: Personal Data

1. Age\_\_\_\_\_ 2.Sex\_\_\_\_\_ 3.Religion\_\_\_\_\_ 4. Marital status\_\_\_\_\_
5. Educational background\_\_\_\_\_ 6. Occupation\_\_\_\_\_ 7.Income\_\_\_\_\_
8. Residential kebele\_\_\_\_\_ 9. Length of stay area\_\_\_\_\_
10. Place of the focus group discussion\_\_\_\_\_ 11. Facilitator's Name\_\_\_\_\_
12. Date of the focus group discussion:\_\_\_\_\_ Starting Time: \_\_\_\_\_ Finishing Time\_\_\_\_\_

### 2.2.1. Focus Group Discussion Guide Question

1. How do you see biomedicine and biomedical workers?
2. Do you think biomedical health option is important to solve health problems of a community
3. Have you ever been used biomedicine when you and your family feel ill?
4. Do you think both health care options should be integrated?
5. What are the main challenges that hinder the cooperation of both indigenous healers and biomedical workers?
6. What do you think should be done to improve the professional interaction and dualistic co-existence between the two healing systems?

### 2.2. Focus Group Discussion Guide for the Biomedical Workers

#### Part 1: Personal Data

1. Age\_\_\_\_\_ 2.Sex \_\_\_\_\_ 3.Religion\_\_\_\_\_ 4. Marital status\_\_\_\_\_
5. Educational background\_\_\_\_\_ 6. Occupation\_\_\_\_\_ 7.Income\_\_\_\_\_
8. Residential kebele \_\_\_\_\_ 9. Length of stay area\_\_\_\_\_
10. Place of the focus group discussion \_\_\_\_\_ 11. Facilitator's Name\_\_\_\_\_
12. Date of the focus group discussion: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Finishing Time\_\_\_\_\_

#### Part 2: Focus Group Discussion Guiding Questions

1. Do you recommend the patients to use IHM? If so, which illnesses?
2. Dose the IHM has role in solving societal problem and alleviate your burden?
3. Do you think that the indigenous herbal healing system and the biomedical healing system are dually serving the society?
4. Do you plan to work in collaboration with IHM? In what cases?
5. What are the problems that hinder mutual cooperation between the two healing systems? What are the solutions?
6. What are the problems that hinder mutual cooperation between the two healing systems from the herbalists side? What are the solutions?

## Appendix 2: Socio- demographic profile of Key Informants

### 2.1. Profile of Key Informants Indigenous Healers

Name of KI	Age	Sex	Level of Education	Occupation	Religion	Marital Status	Place of interview	Date of interview	
Mr. Kabir (KIIH-1)	55	M	Can read and write	Spiritual healer and security	Muslim	Married	Wederage	10-11/June/2018	
Mr. Burhan (KIIH-2)	50	M	Cannot read and write	Bone setter and pastoralist	Muslim	Married	Wederage	12-13/06/2018	
Mr.Umer (KIIH-3)	48	M	Cannot read and write	Herbalist and pastoralist	Muslim	Married	Wahilo	15-16/06/2018	
Mrs. Kadiga (KIIH-4)	38	F	Cannot read and write	Birth attendant and pastoralist	Muslim	Married	Wedarage	17-18/06/2018	
Mr. Mohammed (KIIH-5)	47	M	Can read and write	Imam of mosque	Muslim	Married	Wahilo	20-21/06/2018	
Mr.Abdu (KIIH-6)	40	M	Cannot read and write	Herbalists and pastoralist	Muslim	Married	Wederage	22-23/06/2018	
Mr. Ebad (KIIH-7)	45	M	No formal education	Specialist Tufa healer	Muslim	Married	Wederage	26-27/06/2018	
Mr.Tadla(KIBW)	47	M	First degree	Health expertise	Islam	Married	Wederage	9-10/6/18	
Mr.Halima (KICM)	45	F	Cannot read and write	pastoralist	Islam	Married	Wehilo	12-13	
Mr.Ebrahim (KICM)	48	M	Can read and write	Clan leader	Islam	Married	Wedarage		
Mr.Ahmed (KICM)	55	M	Can read and write	Kebele leader	Islam	Married	Wahilo		
Mr.Hammadu (KICM)	43	M	Cannot read and write	pastoralist	Islam	Married	Wedarage		

### Appendix III: Socio-demographic Profile of Focus Group Discussants

Code	Age	Sex	Level Of Education	Occupation	Religion	Marital Status	Remark
FGD-1 with Herbalists(At Wederagie Kebele,June,20,2018)							
FGD1.1	55	M	Cannot read and write	Herbalist and pastoralist	Islam	Married	
FGD1.2	65	M	Cannot read and write	Herbalist and pastoralist	Islam	Married	
FGD1.3	60	M	Cannot read and write	Herbalist and pastoralist	Islam	Married	
FGD1.4	45	M	Cannot read and write	Herbalist and pastoralist	Islam	Married	
FGD1.5	47	M	Cannot read and write	Herbalist and pastoralist	Islam	Married	
FGD1.6	35	M	Cannot read and write	Herbalist and pastoralist	Islam	Married	
FGD-2 With Religious Healer (At Wederagie,June 22,2018)							
FGD-2.1	52	M	Cannot read and write	Imam and	Islam	Married	
FGD-2.2	50	M		Islamic teacher	Islam	Married	
FGD-2.3	40	M	Can read and write		Islam	Married	
FGD-2.4	47	M		Islamic teacher	Islam	Married	
FGD-2.5	35	M	Can read and write		Islam	Married	
FGD-2.6	46	M	Cannot read and write	Islamic teacher	Islam	Married	

FGD-3 With Spiritual and Herbal specialists(At Wahilo Kebele,June,24,2018)							
FGD3.1	53	M	Cannot read and write	Spiritual healer and pastoralist	Islam	Married	
FGD3.2	42	M	Cannot read and write	Spiritual healer and pastoralist	Islam	Married	
FGD3.3	39	M	Cannot read and write	Spiritual healer and pastoralist	Islam	Married	
FGD3.4	36	M	Cannot read and write	Spiritual healer and pastoralist	Islam	Married	
FGD3.5	59	M	Cannot read and write	Spiritual healer and pastoralist	Islam	Married	
FGD3.6	62	M	Cannot read and write	Spiritual healer and pastoralist	Islam	Married	
FGD-4 With Bone Setters (At Wederagie, Kebele,June,26,2018)							
FGD4.1	40	M	Cannot read and write	Bone setter	Islam	Married	
FGD4.2	51	M	Cannot read and write	Bone setter and clan leader	Islam	Married	
FGD4.3	42	M	Cannot read and write	Bone setter and pastoralist	Islam	Married	
FGD4.4	55	M	Cannot read and write	Bone setter and pastoralist	Islam	Married	
FGD4.5	47	M	Cannot read and write	Bone setter and pastoralist	Islam	Married	
FGD4.6	44	M	Cannot read and write	Bone setter and pastoralist	Islam	Married	

FGD-5 With Birth attendant (At Wahilo Kebele, June, 28, 2018)							
FGD5.1	48	F	Cannot read and write	Birth attendant and pastoralist	Islam	Married	
FGD5.2	40	F	Cannot read and write	Birth attendant and pastoralist	Islam	Married	
FGD5.3	35	F	Cannot read and write	Birth attendant and pastoralist	Islam	Married	
FGD5.4	32	F	Cannot read and write	Birth attendant and pastoralist	Islam	Married	
FGD5.5	36	F	Cannot read and write	Birth attendant and pastoralist	Islam	Married	
FGD5.6	50	F	Cannot read and write	Birth attendant and pastoralist	Islam	Married	
FGD-6 With Biomedical Workers (At Wederagie Kebele, June, 2018)							
FGD6.1	30	F	Diploma	Health worker	Islam	Married	
FGD6.2	27	M	First degree	Health worker	Islam	Single	
FGD6.3	45	M	First degree	Health worker	Islam	Single	
FGD6.4	50	M	Second degree	Health worker	Orthodox Christian	Married	
FGD6.5	35	M	First degree	Health worker	Islam	Married	
FGD6.6	40	M	Diploma	Health worker	Islam	Married	

FGD-7 With Community Elders (At Wahilo Kebele, June, 2018)							
FGD7.1	54	M	Cannot read and write	Pastoralist and clan leader	Islam	Married	
FGD7.2	50	M	Cannot read and write	Pastoralist and kebele leader	Islam	Married	
FGD7.3	49	M	Cannot read and write	pastoralist	Islam	Married	
FGD7.4	60	M	Cannot read and write	Pastoralist	Islam	Married	
FGD7.5	51	F	Cannot read and write	pastoralist	Islam	Married	
FGD7.6	39	F	Cannot read and write	pastoralist	Islam	Married	
FGD-8 With Community Youngster (At Wederagie, Kebele, July, 2018)							
FGD8.1	24	M	Grade 10	Student	Islam	Single	
FGD8.2	27	M	Grade 12	Student	Islam	Married	
FGD8.3	30	M	Grade 6	Government employee	Islam	Married	
FGD8.4	29	F	Grade 7	Unemployed	Islam	Married	
FGD8.5	23	M	Grade 11	Student	Islam	Single	
FGD8.6	22	M	Grade 9	Student	Islam	Married	

**Declaration**

I declare that this thesis is my original work. It has not been presented for a degree in any University and that all sources of materials used for the thesis have been credited and acknowledged.

Name: Nuru Kedir Mohammed

Signatures \_\_\_\_\_

Date of Submission \_\_\_\_\_