



**ADDIS ABABA UNIVERSITY**

**COLLEGE OF SOCIAL SCIENCES**

**SCHOOL OF SOCIAL WORK**

**A STUDY OF INDIGENOUS MEDICAL PRACTICE: UTILIZATION AND  
PERCEPTION OF THE COMMUNITY IN ADDIS ABABA**

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**NOVEMBER, 2025**

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**School of Graduate Studies Program**

This is to certify that the thesis is my work entitled “A study of indigenous medical practice: utilization and perception of the community in Addis Ababa” submitted to the school of social work, Addis Ababa University, College of Social Sciences in partial fulfillment of the requirements for the award of the degree of Masters in Social Work complies with the regulations of the university and meets the accepted standards with respect to originality and quality.

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## ACRONYMS

AMA: Addis Ababa Medical Association.

CHW: Community Health Worker.

EHR: Electronic Health Records.

FGD: Focus Group Discussion.

GDP: Gross Domestic Product.

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.

IM: Indigenous Medicine.

IRB: Institutional Review Board.

KIIs: Key Informant Interview

MOH: Ministry of Health.

NCDs: Non-Communicable Diseases.

NGOs: Non-Governmental Organizations

NTDs: Neglected Tropical Diseases.

SPSS: Statistical Package for the Social Sciences.

STATA: Data Analysis and Statistical Software.

TM: Traditional Medicine.

WHO: World Health Organization.

## Abstract

*Among inhabitants of Addis Ababa, Ethiopia, this study examines indigenous medical practices' use and perceptions. Many people still turn to traditional medicine for physical, emotional, and spiritual needs even as urbanization and better access to contemporary healthcare expand. The study hopes to ascertain the degree of this dependency, pinpoint the demographic, cultural, and financial drivers of use, and assess the consequences for public health policy.*

*Using a mixed-methods approach, 331 structured questionnaires' quantitative statistics were used for the people who utilized traditional medicine, combined with qualitative observations from interviews and focus group discussions with traditional healers and local residents. Results show that 70.4% of participants have used indigenous medicine for ailments ranging from chronic diseases to mental health problems to spiritual misfortunes. Cultural acceptability, affordability, practitioner trust, and past favorable experiences are among the main forces influencing usage. Many participants viewed conventional medicine as just as effective, or more effective, than biomedical treatments for certain conditions, yet questions about safety, the absence of regulation, and the lack of standardization remain. Among the other obstacles discovered were inadequate integration with the formal health system and limited governmental oversight.*

*The results show that indigenous medicine still serves as a major healthcare tool in Addis Ababa, especially among underprivileged communities and those with strong cultural links. The research finds that it is essential to formally acknowledge, control, and integrate these behaviors into the national medical system. Policy suggestions include professional education. For healers, quality control of medicinal remedies, and promotion of cooperation between conventional and contemporary medical practitioners to guarantee safety, enhance accessibility, and maintain culturally inclusive care.*

**Keywords:** *Indigenous medicine, traditional healers, Addis Ababa, healthcare utilization, cultural beliefs, health policy.*

## **CHAPTER ONE**

### **1.INTRODUCTION**

#### **1.1 Background Overview of the Study**

Traditional medicine is a vital part of healthcare systems around the globe, especially in areas where modern medical facilities are scarce or hard to reach. It encompasses an array of healing methods that utilize natural materials like herbal remedies, substances from animals, and important cultural healing practices. As reported by the World Health Organization (WHO, 2002), nearly 80% of individuals in developing nations rely on traditional medicine for their essential healthcare requirements. This dependency arises from multiple reasons, including cost-effectiveness, accessibility, and strong cultural customs. Additionally, traditional medicine frequently works hand in hand with contemporary medical treatments, showcasing its ongoing significance and role in modern healthcare approaches. Its contributions to preventing illnesses, offering treatment, and promoting overall well-being underline its critical function in achieving fair healthcare access worldwide.

In countries like China, practices from traditional medicine, including acupuncture and the use of herbs, are combined with contemporary medical care, aided by governmental studies (WHO, 2002). In various African regions, traditional practitioners serve as the initial access point for medical care, especially for ailments believed to stem from spiritual or emotional issues. Certain governments are acknowledging its significance by including it in health strategies (Kassaye&Wubneh, 2009; Teshome&Kifle, 2011).

In Latin America, such as Mexico and Peru, continue to hold strong to their indigenous healing traditions, which involve the use of medicinal plants and shamanic techniques. There is a

growing recognition of these practices, as they become part of official healthcare frameworks (Hernandez, 2015).

In Ethiopia, Traditional medicine holds significant importance, particularly in cities such as Addis Ababa, where it provides affordable and easily reachable treatment options (Abebe, 2020). The difficulty is in combining traditional methods with Modern medicine, all the while prioritizing safety and effectiveness. There is a global movement aimed at harmonizing the appreciation for traditional healing with the progress made in standard healthcare systems (WHO, 2002).

The indigenous healing methods are fundamentally tied to Ethiopia's cultural and historical heritage and act as a primary healthcare option for a large section of the populace. A systematic review and analysis conducted by the (WHO, 2023) revealed that around 65% of Ethiopians rely on traditional medicine, with 46% specifically turning to herbal solutions. This points to a reduction from previous estimates of 80%, which may imply changes in healthcare choices or better access to modern medical options. Ongoing relevance of traditional medicine in Ethiopia can be linked to its importance in the culture, its easy availability, and its comprehensive methods that cater to both physical and spiritual aspects of healing. This longstanding tradition highlights the necessity of recognizing and incorporating local medical practices within the wider health care system to meet the varied health requirements of people in Ethiopia.

In Ethiopia, traditional medicine includes a wide array of healing strategies, such as remedies derived from plants, spiritual healing, bone manipulation, and other culturally accepted therapies. These practices often tackle not just physical ailments but also concerns related to mental and emotional health, allowing for a well-rounded approach to wellness (Abebe, 2020). Even with the presence of Traditional medical facilities in Addis Ababa, traditional healing

remains a vital part of the healthcare environment in the city. Nevertheless, there is a lack of comprehensive studies examining how urban populations view and engage with these traditional practices, especially in the context of modern medical services.

Previous research regarding Modern medicine in Ethiopia has largely concentrated on rural regions, with limited focus on its significance in cities (Gebremariam& Assefa,2020) The utilization of traditional medicine in Addis Ababa is shaped by several elements, such as age, level of education, income, and cultural heritage. For some people, traditional medicine is the favored option because of its cultural relevance and perceived success (Abebe, 2020). For others, it acts as an alternative when contemporary treatments do not completely resolve their health issues (Mekonnen,2017).Nevertheless, misunderstandings about the safety, consistency, and effectiveness of traditional medicine persist, influencing public opinions and affecting policy choices related to its incorporation into the wider healthcare framework (WHO, 2002).

In terms of the research methods, this study was utilize both numerical and descriptive strategies. Data was be gathered through questionnaires and forms to analyze usage trends and demographic information, while detailed interviews and group discussions was shed light on individuals' views, beliefs, and experiences with traditional medicine (Teshome&Kifle, 2011). Merging these approaches was enable the study to deliver a thorough understanding of the perception and application of traditional health practices in Addis Ababa, furthering the wider dialogue on merging indigenous and contemporary healthcare systems for enhanced health results (Wubneh&Kassaye, 2009).

This research aims to bridge that gap by examining community beliefs and use patterns associated with indigenous medical practices in Addis Ababa. By focusing on such particular healing practices, the research strives to present an expansive view of the way indigenous

medicine is incorporated into urban populations' healthcare behavior. These specified categories also inform setting the goals of the study and data analysis structure to ensure conceptual clarity and methodological coherence throughout the research endeavor.

## **1.2 Statement of the Problem**

Traditional healing has played a pivotal role in Ethiopia's healthcare system and has met the health demands of communities for centuries. Even with the advancement in modern healthcare facilities in urban cities like Addis Ababa, traditional medicine continues to be prevalent. The continued reliance is guided by various factors, including cultural attitude, accessibility, cost-effectiveness, and client trust in their healers (Pankhurst, 1990; Giday, Asfaw, &Woldu, 2009).

In Addis Ababa, biomedical healthcare services coexist with traditional healing practices to create a dynamic but poorly described urban health system. These practices offer culturally relevant and inexpensive choices, particularly for those who might otherwise be discouraged by financial or social barriers to formal care. Traditional medicine in urban areas faces a number of challenges, however, including no regulation, inadequate standardization, and weak integration into the formal health system. Most of them operate unregulated, raising questions about safety, efficacy, and accountability (Teshale, 2005; WHO, 2013). Additionally, misinformation, stigmatization, and skepticism concerning traditional healing further limit its greater adoption, particularly in urban areas where Western biomedical norms prevail in shaping public health planning (Abebe&Ayehu, 1993; Berhan&Gebrehiwot, 2014).

There is a pressing knowledge gap: although there have been some studies on rural Ethiopia's traditional medicine, scant focused research has been conducted on how urban dwellers perceive and employ indigenous healing practices like in Addis Ababa. Specifically,

there is limited empirical literature on how factors such as age, gender, education level, income, and cultural orientation influence individuals' health-seeking behavior for traditional medicine within an urban setting. Absent such contextual awareness, urban health policies are likely to be inadequate, out of touch with public realities, or antipathetic to culturally valued practices. Policymakers and biomedical health practitioners are likely to continue to undervalue the possible contributions of traditional healing to urban health outcomes.

To address that gap, this study explore the practice and use of three dominant types of indigenous medicine among Addis Ababa's ethnically diverse populations: herbal medicine, spiritual healing, and manual therapy. By examining the clients of these services, the conditions under which they accessed them, and their reasons for doing so, the research generated evidence that illuminates the real urban public health contribution of traditional healing. The findings guided policy, with evidence based recommendations underpinning a more inclusive, culturally responsive, and integrated healthcare system that welcomes both modern and traditional healing approaches. The research contributed to protecting Ethiopia's diverse medical heritage through enhanced access, equity, and health service delivery in urban regions.

### **1.3 Research Objective**

#### **1.3.1 Main Research Objectives**

To explore the local communities' perception and use of indigenous medicine in Addis Ababa.

#### **1.3.2 Specific Objectives**

1. To assess the perceptions and attitudes of the local community towards indigenous medicine.

2. To explore the many forms of traditional medicine treatments frequently used in Addis Ababa.
3. To look at the demographic attributes (like age, gender, schooling, and marital status) affecting the use of local medicine in the community.
4. To examine the economic variables impacting indigenous medical practice use, including income level and affordability.
5. To research how cultural beliefs, customs, and degree of faith in indigenous healers help to explain the ongoing usage of indigenous medicine.
6. To know how community members who employ indigenous medicine for their healthcare needs experience life and their level of satisfaction.
7. To find and characterize the main difficulties and obstructions faced by the population in using indigenous medical treatment.

#### **1.4 Research Questions**

What is the perception and usage of indigenous medicine among the residents of Addis Ababa, and what factors influence its utilization?

1. What are the perceptions of local communities in Addis Ababa regarding indigenous medicine?
2. What are the common types or forms of indigenous medical treatments practiced in Addis Ababa
3. How do demographic factors (such as age, gender, education level, and marital status) influence the use of indigenous medicine?
4. What economic factors (e.g., income level, affordability) affect the utilization of indigenous medical practices?

5. In what ways do cultural beliefs, traditions, and trust in healers influence the continued use of indigenous medicine?
6. What are the experiences and satisfaction levels of community who rely on indigenous medicine for healthcare?
7. What challenges do individuals face when accessing indigenous medical treatments in Addis Ababa?

### **1.5 Scope of study**

This study explores the awareness and application of traditional medicinal practices among the people of Addis Ababa, Ethiopia's capital city. Geographically, the study is conducted in Addis Ababa and focuses particularly on groups that come into contact with indigenous healing practices, such as patients. The overall number of indigenous medicinal knowledge practitioners and herbal medicine clinics in Addis Ababa is unknown. The topic of indigenous medicine is highly sensitive and secretive, as it is related to intellectual property rights. For this reason, by identifying licensed indigenous human herbal medicinal practitioners in Addis Ababa who were willing to participate in the study, we then used the patients who visited these licensed traditional clinics that are members of the Addis Ababa Indigenous Medicine Practitioners Association. This association represents a group of practitioners specifically based in Addis Ababa.

Temporally, the study covers data collected within the period of October 2024 to August 2025, which captures current trends and contemporary perceptions of the application of traditional medicine in the city. In addition to primary data, the study also incorporates secondary information collected from relevant documents, reports, and records. This combined timeframe

and data approach allow for timely insights into how cultural practices overlap with contemporary health systems in an emerging urban environment.

Methodologically, the research used a mixed-method approach, and The study guide by multiple theoretical frame works namely, it was guided by Cultural Competence Theory, the Health Belief Model (HBM), the Complementary and Alternative Medicine (CAM) Framework, the Social Determinants of Health (SDH), and the Biopsychosocial Model. Employing more than one theory is consistent with Creswell's (2018) assertion that multiple theoretical lenses can be combined when no single model sufficiently captures the complexity of a research problem. Thus, adopting these complementary frameworks ensures a holistic perspective, aligning well with the multifaceted nature of traditional medicine use in the city.

The study examines how communities are reliant on traditional medicine, the types of treatments they are seeking ( herbal medicine, spiritual healing, and manual/bone-setting treatment), and the socio-economic and cultural determinants of their choice. It also examines the role and status of indigenous healers, their practice's cultural significance, and how traditional health is compared to modern medical services.

## **1.6 Significance of the Study**

This research on indigenous medical practice utilization and perception of the community in Addis Ababa is important for many reasons. Firstly, it helps in protecting and advertising Ethiopia's abundant cultural legacy, as indigenous medicine have always been essential to the country's healthcare system. By studying how they are used in cities like Addis Ababa, this research helps make sure that these indigenous are not forgotten as modern healthcare systems become more common. Furthermore, traditional medicine is frequently easier to obtain, cheaper, and more culturally appropriate, particularly in areas with limited resources or low-income

communities. Understanding the reasons for using these methods can help enhance public health strategies, making healthcare more open and available to a larger group of people.

The research also gives valuable understanding for decision makers, offering information that can help create rules and structures for safely incorporating traditional medical treatments into the mainstream healthcare system. This combination might result in improved health results by bringing together the advantages of both indigenous and modern medical systems.

In conclusion, the study has wider significance for other areas in Africa and elsewhere, where indigenous medicine is important for health. It offers an example of how traditional medical treatments can work alongside modern healthcare, resulting in a more complete and culturally aware healthcare system.

### **1.7 Limitations of the Study**

The study has certain limitations that need to be acknowledged. Firstly, it was geographically limited to specific areas within Addis Ababa, which may not accurately represent the wider experiences of other urban or rural communities in Ethiopia. Secondly, while the research aimed to investigate indigenous medical practices, it specifically concentrated on licensed traditional medicine clinics. This choice was made due to the unknown overall number of indigenous medicinal practitioners in Addis Ababa, and the field's sensitivity regarding issues of confidentiality and intellectual property rights. To ensure both reliability and ethical access, the study relied on practitioners who were officially registered with the Addis Ababa Indigenous Medicine Practitioners Association. Although this decision may have excluded unlicensed or informal practitioners, it offered a credible and accessible means to examine the viewpoints of patients who utilize indigenous medicine. Thirdly, the reliance on purposive sampling that targeted patients already using traditional medicine may have limited the insights gathered from

non-users. Lastly, time constraints during the data collection process may have hindered a more in-depth exploration of participants' experiences, and despite efforts to uphold objectivity, some level of researcher bias may have affected the findings.

## **1.8 Organization of thesis**

This paper has five main chapters. Chapter One background, research problem, research questions, objectives, scope, significance, limitation and operational definitions. Chapter Two hold literature review, looking at different views on indigenous medical practices from around the world, the region, and locally. Chapter Three methodology, explaining the research design, study area, the people involved, sampling methods, and how data was collected (both quantitative and qualitative), along with the analysis techniques and ethical considerations. Chapter Four shares the findings and discussions. Finally, Chapter Five all up with key findings, conclusions, recommendations, suggestions for future research, and what this all means for social work. The thesis ends with some appendices and references.

## **1.9 Operational Definitions**

**Indigenous Medicine (IM):** Indigenous medicine is rooted in cultural practices of native peoples handed down through successive generations as knowledge combined with experience. Consistent with WHO(2013) and Abdullahi (2011) traditional practices are, those that include herbal remedies; spiritual healing; bone-setting and other culturally accepted practices.

**Community:** was defined as a group of people residing in the same geographical location and the social, cultural, environmental, and economic attributes that were shared by this public proving to influence their collective behaviors, while elsewhere it was referred to being composed of individuals affected by the health problem (McElroy et al., 1988; Labonte, 2004).

**Community Use of Indigenous Medicine:** Community use signifies the degree and ways of using indigenous healing systems in handling health problems by individuals within a particular human population (Giday, Asfaw, & Woldu, 2009). These could be usage patterns, most common types of treated infections and increasing preference for indigenous versus conventional medicine among others.

**Community Perception of Indigenous Medicine:** Refers to the shared beliefs, attitudes, and valuations of a community about traditional healing approaches and processes, including their perceived efficacy, culture-based practices, usage, and incorporation with medical treatments (Liheluka, 2023; Bautista-Valarezo, 2020; Redvers, 2020).

**Demographic Factors:** They are socio biographical variables that affect people's decisions and behavior in health care, such as age, gender, education level, marital status and household size (Moseley & O'Brien, 2019). Demographic factors are analyzed in this study to see their effect on indigenous medicine perception and use.

**Economic Factors:** Economic factors comprise the financial constraints that determine a person's access and affordance of healthcare services including indigenous medicine (Ekor, 2014). Colonial rule and modern mindset-based explanatory models have been indirectly mapped (proxies for) from cornerstone variables, such as household income, labor force status, and perceived costs of traditional vs. alleged bio-medical treatments.

**Cultural Factors:** Cultural elements feature the principles, standards, practices, and heritages influencing how people pursue well-being, notably their confidence in conventional therapies (Helman, 2007; Peltzer et al., 2010). Such things might cover familial sway, spiritual convictions, and ancestral background that encourage or discourage utilizing native treatments.

**Herbal Medicine,** herbal medicine refers to the use of plant materials leaves, roots, bark, seeds, or flowers that are prepared as teas, powders, poultices, or infusions in order to prevent, mitigate, or treat diseases and maintain health. This is a traditional practice based on traditional knowledge systems handed down through generations. The definition does not include commercially available, standardized pharmaceutical products of plant origin but refers only to preparations derived from traditional healers, local markets, or prepared at home following ancestral recipes.(WHO, 2013; Giday, Asfaw, &Woldu, 2009).

**Spiritual Healing,** In this study, spiritual healing includes healing methods for diagnosing and treating diseases considered to be attributed to spiritual or supernatural causes like evil eye (buda), curse (kintarot), spirit possession (zar), and soul loss. include rituals, prayers, and incantations and use of holy water (tsebel), fumigation or issuing protective amulets or talismans. The underlying concept is that spiritual equilibrium and harmony need to be reestablished for mental and physical health to return (Pankhurst, 1990; Abdullahi, 2011).

**Manual Therapy,** Manual therapy in this study was referred to the physical procedures aimed at the muscles, joints and skeletal system to diagnose and treat musculoskeletal conditions. It also involves bone setting, re-alignment of joint and massage aiming at recovery of health (Agalo, 2006) to heal ailments such as fractures, dislocations, sprains, chronic pain etc. Practitioners, most frequently called a bone-setter (wagessa), employed manual skills and demanded skills passed on from father to son as observed in these case, but without any surgical intervention or fancy diagnostic equipment.(Hodes, 2017; Birhan, Giday, &Teklehaymanot, 2011).

## **CHAPTER TWO**

### **2. LITERATURE REVIEW**

#### **2.1 Introduction**

The literature review is an essential evaluation of prior studies that gives the theoretical basis and contextual backdrop for the research. This section examines current literature that is related to the research topic, emphasizing important ideas, theories, approaches, and results. It finds areas in the literature that support the study and places the current research within the wider academic conversation.

#### **2.2 Conceptualizing Indigenous Medicine**

##### **2.2.1 Definition and Scope of Indigenous Medicine**

Indigenous medicine, also known as traditional or ethno medicine, comprises the body of information, abilities, and customs produced by civilizations over centuries to preserve health, diagnose, and treat ailments. Often representing a holistic view of health, these customs are firmly based in cultural beliefs. Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures. Utilized in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental disease (WHO, 2013).

Including herbal treatments, spiritual healing, manual therapies, and ceremonial rituals, indigenous medicine spans a wide range. Oral tradition, apprenticeship, and cultural transmission have helped to keep these systems alive; they predate formal biomedical science (Gyasi, Mensah, & OseiWusu, 2011). Because of its cultural relevance, availability, and affordability, traditional

medicine is still a first-line treatment in many parts of Africa, Asia, and Latin America (Tilburt&Kaptchuk, 2008; World Health Organization [WHO], 2019).

Native medicine continues to be a major component of health-seeking behavior in urban areas, either as a stand-alone method or in conjunction with contemporary healthcare. It is used both formally by qualified conventional practitioners and informally by elders, religious leaders, and family members in communities(Kayombo et al., 2013).

## **2.3 Global, Regional, and Local Perspectives**

### **2.3.1 Global Experiences with Indigenous Medicine**

Conventional or indigenous medicine is still a major cornerstone of health systems, where biomedical services are inaccessible or culturally unknown, globally. Almost 80% of the world depends on conventional medicine for their fundamental healthcare needs, according to the World Health Organization (WHO, 2019). Countries like Korea, India, and China have effectively integrated modern medicine with traditional medical practices.(Ahmed &Azam, 2015). Traditional Chinese Medicine (TCM) including acupuncture, herbal cures, and massage works alongside medical treatments in China and is integrated into hospitals and institutions (Liu et al., 2018). Likewise government funded and serving millions, especially in rural areas, India's AYUSH system Ayurveda, Yoga, Unani, Siddha, and Homeopathy is supported (Balamurugan et al., 2020).

In Western countries, conventional medicine is increasingly seen via the prism of complementary and alternative medicine (CAM). Often used to control chronic diseases like arthritis, insomnia, and anxiety are naturopathy, acupuncture, and herbalism (Tilburt&Kaptchuk, 2008). Regulatory obstacles notwithstanding, the world trend shows increasing interest in integrative medicine systems blending both traditional and modern methods.

### **2.3.2 Indigenous Medicine in Africa**

In Africa, conventional medicine is both a highly ingrained cultural institution and a source of healthcare. Over 77% of the African people rely on traditional medicine for their healthcare needs, according to the WHO (2013). Particularly in rural areas, where healthcare services are frequently inaccessible or too expensive, this dependency is especially strong. Still, conventional healers have a great influence even in cities.

Herbal therapy, spiritual healing, bone setting, divination, and rituals are among the traditional African indigenous medicine practiced today. Through apprenticeships and word of mouth, these methods are passed down; traditionally, healers work as both medical and spiritual counselors (Abdullahi, 2011). Countries including South Africa, Ghana, and Nigeria have progressed in bringing conventional medicine into official medical practice (Akinmoladun, Olaleye, & Komolafe, 2021). For example, Ghana created the Traditional Medicine Practice Council to license and oversee conventional healers (Gyasi et al., 2011). The Traditional Health Practitioners Act (2007) in South Africa gives legal recognition to healers and outlines criteria for their practice.

Still facing obstacles regarding scientific confirmation, quality control, and connection with public health systems, these developments present opportunities. Insufficient study and documentation impede more general knowledge and support for conventional medicine systems in Africa (Kayombo et al., 2013).

### **2.3.3 Indigenous Healing Practices in Ethiopia and Addis Ababa**

Deeply linked with cultural, spiritual, and environmental contexts, Ethiopia has a great legacy of native medical customs. From herbal treatments and bone-setting to spiritual exorcism often conducted by conventional healers, religious leaders, and elders, these methods vary

greatly.(Asfaw, Z., &Tadesse, M. 2001). According to Birhan, Giday, and Teklehaymanot (2011) study, more than 70% of the Ethiopian population depends on traditional medicine, especially in rural regions lacking official health services.

Despite the existence of many modern health facilities, native medicine continues to be pertinent in Addis Ababa, the capital city. For long-term diseases, infertility, mental health concerns, and spiritual issues, urban dwellers sometimes see conventional healers. Some of these techniques take place in conventional clinics; others are done in religious contexts, such as Orthodox Christian churches that provide hallowed water and prayers as cures.

Difficulties persist nonetheless. Although the Ethiopian Ministry of Health has acknowledged the value of traditional medicine in its *Health Sector Transformation Plan*, there is still no all-encompassing national strategy for regulating indigenous practitioners. (Ministry of Health [Ethiopia], 2013). The credibility and safety of some treatments are compromised by the lack of formal training, scientific investigation, and integration with biomedical systems (Abegaz&Demsew, 2020). Moreover, the commercialization of conventional medications, unlicensed practitioners, and lack of quality control are increasingly worrying issues in urban locations like Addis Ababa..

## **2.4 Empirical Literature Review**

Statistical information about traditional healing methods used by indigenous people, particularly in cities like Addis Ababa, Ethiopia, typically concentrates on factual evidence about how common traditional medicine is, what factors affect its use, and how both patients and healthcare providers view it. This literature is important for grasping the usage patterns of native medical practices, their incorporation into official healthcare systems, and community outlooks

toward traditional healing methods. Below is a recap of main discoveries from previous research with numerical information.

#### **2.4.1. Global Utilization of Indigenous Medicine**

A survey conducted by the World Health Organization (WHO) in 2019 found that 80% of people globally look to traditional medicine as primary health care. Use of traditional medicine is most common in areas that have difficulty accessing a modern health care system with the highest reported usage of traditional medicine, 80%, being in Africa and lower levels of usage at 65%, and 62% in Asia, and Latin America respectively (World Health Organization [WHO], 2019). In Peru, Bussmann and Sharon (2006). A study of rural inhabitants in India reported a slightly lower use of traditional medicine 70% that was primarily for treatment of mental health conditions 25%, chronic pain 20% and gastrointestinal conditions 18% with 35% of urban dwellers reporting previous traditional remedies, likely due the better access and availability of modern medical facilities. Alternatively, Traditional Chinese Medicine (TCM) is used in China in conjunction with Western treatments. A Peng et al. (2018) study of 2,500 respondents in Beijing had over half 50% of respondents report use of herbal medicine or acupuncture in the previous 12-month period. Of this group, 82% indicated they were generally effective in treating chronic conditions such as arthritis and insomnia (Liu et al., 2018).

#### **2.4.2. Utilization Trends by Age, Gender, and Socioeconomic Status**

Saha, Mokoena, and Nkosi (2017) research in South Africa they found older adults above 55 years had higher prevalence of use than younger adult. Both groups used traditional remedies, but it was more prevalent among the older age group 45% than their younger counterparts 30%. Older people tend to prefer traditional healers because they are familiar with

the cultural practices and believe that traditional medicine is effective for treating age-related disorders. Male and female gender generally differ in utilization of traditional medicine. In a study of Nepal by Rani & Rao (2018) approximately 52% of women inclined to the use of traditional medicine as compared to 45% of men use it. The researchers believe this trend is largely attributed to women using healthcare more, particularly during childbearing and caregiving for the children. Furthermore, the use of indigenous medicine is also greatly affected by socio-economic status. Accessibility: Poor households may depend on traditional medicine due to it being affordable and locally available; e.g., in Kenya 60%, while in Ethiopia, 56% of poor households were more likely to rely on traditional medicine.

#### **2.4.3. Prevalence and Utilization of Indigenous Medicine**

In a survey performed on the residents of Addis Abba showed, nearly 60.0% depend on traditional medicine for different therapeutic applications in this city although there are modernized hospitals. Chronic illnesses 24%, psychological disorders 18% and gastrointestinal problems 15% were the most frequently treated diseases with conventional treatment. (Yekassaye & Awoke, 2020).

Hekmat (2019), in line with this finding, demonstrated a rate of 52% usage of traditional medical practices the year prior to data collection among 1000 inhabitants of Addis Ababa. A significant proportion used both traditional and modern healthcare services among them 31% exclusively used traditional medicine, while 21% used a combination of both services.

#### **2.4.4. Factors Influencing the Utilization of Indigenous Medicine**

According to a study made by Yimer and others in 2021, in Addis Ababa found that 65% of the respondents reported their choice for traditional medicine was based on cultural beliefs

including customs. A significant number of respondents 30%–58% in both groups reported relying on traditional healers because of lower fees as compared to those imposed by modern healthcare services. Similarly, a study conducted in the Entoto Mountain periphery of Addis Ababa by Giday, Asfaw&Woldu (2009) using HBM model revealed that 58%traditional healers reported it them better than modern medicine for their sustained illness like infertility 25% and chronic illnesses 15%. In addition, per Gebre (2019). 22% also mentioned that the use of traditional medicine was a result of not being satisfied with modern health care provision. Another 19% responded that traditional healthcare providers misunderstood the culture needs of their communities, which led to them seek other forms of treatment.

#### **2.4.5. Perception of Indigenous Medicine**

According to research conducted by Hodes (2017) ,72% of people in Addis Ababa believe traditional medicine is holistic and takes care both part as one. Another half of the respondents believe that traditional medicine is better than modern, largely due to natural ingredients in medicines it safer. Discovered that people who are physically active on a consistent basis have less of a risk in the long term for diabetes, heart disease and obesity. The study also indicated that physical exercise may improve mental health and help prevent depression and anxiety. Additionally, the research emphasized the significance of adding routine exercise to one's daily life in order to enhance overall health and wellbeing.

In 2020 study Duarte and the his colleagues found that traditional medicine in Addis Ababa scored better than modern hospitals when it came to customization and community focus with an impressive 66 % selecting the former as their preferred option over the “impersonal” approach of medical care (Duarte et al., 2020).

#### **2.4.6. Integration of Traditional Medicine into Formal Healthcare Systems**

According to Yimer et al. (2021), cultural ideas and practices affected 65% of respondents in Addis Ababa who decided to use traditional medicine. Fifty-eight percent also named the cheaper cost of conventional treatments than current healthcare services as a primary motivation for consulting traditional healers. Likewise, a study by Giday, Asfaw, and Woldu (2009) using the Health Belief Model discovered that 58% of persons thought traditional medicine was more effective for treating their particular health problems, especially in cases of infertility 25% and chronic diseases 15%. Gebre (2019) further notes that 22% of the participants stated dissatisfaction with contemporary healthcare as a major driver of their use of traditional medicine. Another 19% sought alternative treatment choices because they felt contemporary healthcare providers failed to grasp their cultural needs.

#### **2.4.7. Satisfaction and Efficacy of Indigenous Medicine**

According to a survey by Hekmat (2019) in Addis Ababa, 82% of those who used traditional medicine were satisfied with the results, highlighting effective pain relief and better chronic diseases as the main advantages. Eighteen percent, meanwhile, expressed dissatisfaction especially with how well conventional cures for sudden or acute conditions worked. Likewise, studies carried out by Duarte et al. (2020) revealed that 47% of participants thought traditional medicine helped them to recover from health problems more quickly than contemporary treatments. Furthermore, 38% saw conventional medicine as compatible with contemporary healthcare, providing extra advantages that conventional medicine could not provide.

#### **2.4.8. Economic Aspects of Indigenous Medicine**

For many Ethiopians, healthcare expenses are a major impediment that strongly influence their choices regarding medical treatment. According to a study by Hekmat (2019), 40% of respondents selected traditional medicine over contemporary healthcare mostly because of cost issues. With natural medicines being much less expensive than prescription drugs from current medical practitioners, conventional therapies were seen as more economical. Ekor (2014) also discovered that 52% of city dwellers in Addis Ababa favored traditional medicine approaches because of financial restrictions, particularly for low-income households.

### **2.5. Theoretical Frame work**

This work builds on a number of interrelated theoretical perspectives that explain the complex social, cultural, and structural determinants to the perception and utilization of indigenous medicine in Addis Ababa. Theory is significant in qualitative and mixed-methods research since it guides the explanation of beliefs, decisions, and actions most particularly in culturally rooted practices like traditional healing. The following theories and models are the basis of this research:

#### **2.5.1 Cultural Competence Theory**

Cultural Theory offers a necessary structure for helping one to grasp how healthcare providers can successfully interact with people from many ethnic backgrounds. Developed mostly in healthcare and social work, this theory stresses the need of accepting and including cultural beliefs, values, and practices into the provision of healthcare services (CampinhaBacote, 2002). Cultural competency is a dynamic learning, changing, and reacting to cultural variety so as to deliver fair and efficient treatment, not only a awareness or sensitivity.

Cultural Competence Theory is especially pertinent in the context of indigenous medicine. Local beliefs, worldviews, and historical events are deeply embedded in traditional healing systems. Many of these systems see health as a whole notion including the physical, emotional, spiritual, and social components of a person's well-being rather than just a biomedical state. In Ethiopia, for instance, traditional medicine frequently mixes herbal treatments with spiritual interventions like prayers, exorcism, and rituals practices that may not fit with Western medical models but are culturally significant and therapeutically important to the local population (Birhan, Giday, & Teklehaymanot, 2011).

Thus, to bridge the gap between traditional beliefs and contemporary medical approaches, healthcare professionals working in multicultural environments like Addis Ababa where biomedicine and local customs coexisting must develop cultural competence. Failure to grasp the patient's cultural context, honor native health seeking practices, and work with conventional healers where appropriate (CampinhaBacote, 2002) can cause distrust, medication noncompliance, and underuse of health services.

Cultural Competence Theory gives priority to the identification, understanding, and appreciation of cultural differences in healthcare provision. Culturally competent care, as understood by Campinha-Bacote (2002), involves the identification of patients' culture, beliefs, and values in medical treatment and decision-making. In Addis Ababa, a cosmopolitan city with numerous ethnic and religious groups, traditional medicine is greatly important to the identity of the community, spiritual convictions, and socially constructed norms. This theory also justifies the ongoing preference for conventional healing practices, as these provide culturally suitable care unavailable in mainstream healthcare systems.

### **2.5.2 Health Belief Model (HBM)**

The Health Belief Model (HBM) investigates how people's views about the risks and advantages of their health affect their behaviors related to health. This model is helpful for understanding how indigenous medicine is used. The HBM proposes that people will take part in activities that promote good health if they feel there is a risk to their health and they believe that taking a certain action will lower that risk (Kebede&Fentaye, 2022). In Addis Ababa, people may still use traditional medicine because they believe it works for certain health issues, especially long-term and culturally specific illnesses that modern medicine doesn't treat. For some people, using natural remedies for mental health issues or spiritual healing methods may be considered better and more successful.

Studies show that the believed advantages of conventional medicine, such as its comprehensive approach and compatibility with cultural beliefs, are often considered more important than the believed obstacles like lack of scientific proof or difficulties in accessing it in urban areas (Tadesse&Bekele, 2021).

The Health Belief Model (Rosenstock, 1974) forecasts health actions based on individual perceptions of vulnerability to illness, seriousness of a condition, benefits of taking action, and obstacles to taking action. The HBM in this study helps to explain why residents of Addis Ababa choose traditional medicine. Perceived effectiveness, affordability, cultural familiarity, and confidence in traditional healers are determinants of such decisions even when modern medical care is accessible.

### **2.5.3 Complementary and Alternative Medicine (CAM) Framework**

The Complementary and Alternative Medicine (CAM) model includes a range of healing practices outside conventional Western medicine, such as traditional medicine, herbal medicine,

spiritual healing, and manual therapies. Traditional medicine in the Ethiopian setting is generally perceived not as an alternative but as an adjunct to modern health care. People will employ both systems mutually exclusive or both simultaneously, based on the type of illness, its cause, and the accessibility of treatment options.

In Addis Ababa, the application of conventional and traditional means of medical care is common, especially in those conditions with chronic disease, mental illness, or preventive care. Urban residents tend to consult conventional healers for ethnically derived therapies while simultaneously availing themselves of biomedical interventions, which suggests a pluralistic healing and health approach.

Studies such as Feysel and Gebre (2021) have established that the use of CAM in urban places such as Addis Ababa is likely to be instigated by economic and cultural factors. Conventional medicine is more readily available and cheaper, and it suiting the cultural beliefs and values of a majority of the residents. Second, traditional healers are also perceived to be more accessible and sensitive to local circumstances, particularly when modern medical care is perceived as expensive, impersonal, or culturally detached.

The CAM model categorizes traditional healing practices either as complementary or alternative to modern medicine. As the National Center for Complementary and Integrative Health (NCCIH, 2021) defines, CAM involves practices used alongside (complementary) or instead of (alternative) modern biomedical treatments. Pluralistic healthcare is practiced in Addis Ababa by numerous residents who utilize both traditional and modern medicine either interchangeably or in combination depending on the disease. This model legitimates the role of traditional medicine as a culturally embedded and valid health option, rather than an oppositional system.

#### **2.5.4 Social Determinants of Health (SDH) Framework**

The Social Determinants of Health model highlights the social, economic, and environmental determinants with an impact on health outcomes. Poverty, educational status, housing, and urbanization in urban areas like Addis Ababa highly determine health-related behavior, including the consumption of traditional medicine. Under the SDH system, individuals who belong to lower socioeconomic groups tend to utilize traditional medicine because it generally is more accessible, affordable, and culturally acceptable than formal healthcare facilities. Urbanization often leads to over-populated or absent formal health infrastructure in most cases, and people turn towards indigenous practices as convenient and reliable alternatives.

In addition, the SDH model places in the limelight social networks, cultural norms, and community systems of support in health choices. For instance, long-established cultural practices, intergenerational information, and close family influence in Addis Ababa enhance the imperative to persist with the practice of traditional medicine despite the opening of modern medical centers (Gashaw&Meles, 2022).

The SDH model, as envisioned by the World Health Organization (WHO), describes the economic, social, and environmental determinants that affect health outcomes. Income, education, employment, and housing conditions affect healthcare decision-making and access. In impoverished urban slums of Addis Ababa, traditional medicine is commonly utilized due to its accessibility, affordability, and cultural acceptability. The theory accounts for the structure under which indigenous healing practice continues to be utilized.

#### **2.5.5 Bio psychosocial Model**

The Bio psychosocial Model of health combines biological, mental, and social elements in comprehending health and sickness. This model is especially important when studying native

medicine, which focuses on not just the body but also the mental and spiritual aspects of health. Indigenous medicine is commonly used in Addis Ababa for mental health problems, long-lasting pain, and illnesses that modern medicine may not effectively treat.

This model highlights the significance of comprehending the person as a whole something that native medical systems prioritize, especially in the application of customary ceremonies and therapeutic methods. Recent research has shown that individuals seeking traditional medicine often do it not only for physical illnesses but also to deal with mental and emotional needs, like the desire for spiritual healing or emotional assistance. The merging of mind, body, and spirit in therapeutic methods is a key belief of traditional medicine in Ethiopia, which is favored by numerous city residents (Gashaw&Meles, 2022).

The Bio psychosocial Model (Engel, 1977) integrates biological, psychological, and social elements in explaining illness and guiding holistic treatment modalities. Indigenous medicine therefore follows the model as it not only cares for physical ailments but also for emotional, mental, and spiritual well-being. Traditional healers in Addis Ababa are likely to incorporate rituals, counseling, and community-oriented treatments, offering holistic health experience attractive to many urban residents.

#### **2.5.6 Health Systems Strengthening and Integration Theory**

The theory of Health Systems Strengthening (HSS) recommends combining traditional medicine with formal healthcare systems to enhance health results and guarantee all-inclusive care. The theory highlights that health systems work best when they include a variety of health practices, including traditional healing techniques. The inclusion of traditional medicine into the official healthcare system has been a continual topic of conversation in Ethiopia, especially in cities like Addis Ababa. (WHO, 2013)

Studies have indicated that indigenous healers can play an important part in bridging healthcare disparities, particularly in areas where modern medical services are not available or inadequate. Incorporating traditional healers into the wider healthcare system by regulating, educating, and working with modern healthcare providers can improve the availability of culturally suitable treatment while maintaining better practice standards (Feysel&Gebre, 2021).

## **CHAPTER THREE**

### **3. METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the methodology approach employed to analyze the application and comprehension of indigenous medical traditions in Addis Ababa. The study employed a mixed-methods approach in an effort to grasp breadth as well as depth of the study problem. Quantitative methods were used to quantify prevalence, demographic variables, and statistical trends, while qualitative methods questioned cultural, spiritual, and experiential forces that shape healthcare decision. The integration of these approaches ensures thorough and comprehensive exploration of the problem.

#### **3.2 Research Paradigm and Philosophy**

A mixed-methods approach was employed to examine the research question in depth. This approach allowed the combination of quantitative and qualitative methods to provide a clearer understanding of perceptions toward local medical treatments. Numbers about commonness and social traits were gathered, and stats were run to find patterns. Simultaneously, the descriptive part explored the cultural and spiritual sides of local medicine, giving insight into beliefs and faith in healers. This blend gives a full, detailed view of the issue by combining hard data with personal takes (Creswell & Plano Clark, 2018; Tashakkori & Teddlie, 2010).

#### **3.3 Research Design**

This study used a mixed-methods design, starting with numbers before moving to words a QUAN-to-QUAL sequence, the kind researchers call an explanatory sequential design. In the first phase, researchers used quantitative tools like structured questionnaires to capture how

common indigenous medical practices were, who used them, and in what ways right down to the number of times a remedy might be brewed in a week. It gave the research a solid statistical base to build on, like firm ground under a new bridge. In the second phase, researchers used qualitative methods like semi-structured interviews and lively focus group discussions to uncover richer details about the cultural, spiritual, and lived experiences that shape healthcare decisions.

By weaving in the participants' stories their beliefs, perceptions, and day to day experiences the researcher could explain the numbers in context and bring the findings to life, ensuring a clear, full picture of the problem. Creswell and Plano Clark (2018) and Tashakkori and Teddlie (2010) point out that a sequential design works best when you start by spotting broad patterns in the numbers like a steady rise in survey scores then dig into those patterns through detailed, qualitative exploration.

### **3.4 Target Population**

This study looks who use traditional healing methods in Addis Ababa, especially those who rely on local therapies. The study focused on users of these health services, including individuals from diverse backgrounds, age groups, educational levels, and socioeconomic statuses. Wouldbe speaking to people living in the city and also those from nearby rural areas to see how these factors shape their attitudes towards traditional medicine. Include indigenous healthcare providers like herbalists, spiritual healers, and other respected traditional practitioners in Addis Ababa.

### **3.5 Sampling Technique**

The study employed a mixed-methods approach using survey questionnaires. All 135 licensed institutions offering traditional medical services in the city were considered as the

sampling frame. A sample size of 384 respondents was calculated using the single population proportion formula, assuming a 95% confidence level, a 5% margin of error, and an estimated proportion of 0.5 to achieve maximum variability. Approximately three respondents were selected from each institution. Participants were chosen through simple random sampling to ensure representation in terms of age, gender, education, and socio-economic status. For the qualitative component, purposive sampling was conducted to select participants (Lwanga&Lemeshow, 1991).

**Inclusion criteria were:**

Age 18 years and above. And residents of Addis Ababa who had accessed indigenous medical services or registered traditional medical practitioners (herbalists, spiritual healers, or manual/bone setters).

**Exclusion** was done in regards to individuals under 18 years, non-residents, and those not willing to provide informed consent.

This approach guaranteed that the sample represented the diversity of indigenous medical practitioners and users in Addis Ababa.

$$n = \frac{z^2 \cdot p \cdot (1 - p)}{e^2}$$

Where:

- ➡ n = required sample size
- ➡ z = z-score for the confidence level (1.96 for 95% confidence)
- ➡ p = estimated proportion (0.5, which is conservative and maximizes the sample size)

➡  $e = \text{margin of error (0.05 for 5\% margin of error)}$

**Given Values:**

\* **Confidence Level:** 95% ( $z=1.96$ )

\* **Margin of Error (e):** 5% (0.05)

\* **Estimated Proportion (p):** 0.5 (since the proportion of customers is unknown, we assume 50% for maximum variability)

$$n = \frac{1.96^2 \cdot 0.5 \cdot (1 - 0.5)}{0.0025}$$

$$n = \frac{3.8416 \cdot 0.25}{0.0025}$$

$$n = \frac{0.9604}{0.0025} = 384.16$$

Thus, for a 95% confidence level and a 5% margin of error, the required sample size is approximately 384 customers.

The overall population comprises all licensed practitioners and the various institutions in Addis Ababa that deliver traditional medical services. Currently, the total number of identified institutions stands at 135. The computation for the average number of participants (respondents) from each institution can be calculated as follows:

➡ Total Sample Size = 384 respondents

➡ Total Institutions = 135

Average Number of Individuals per Institution =  $384 / 135 \approx 2.84$  (rounded to 3 individuals per institution). Therefore, approximately three respondents were chosen from each institution.

### **3.6 Data Collection Methods**

#### **3.6.1. Data Collection Procedures**

Two parts were used in the gathering of data. First, participants chosen at random from institutions of traditional medicine were given organized surveys. Second, practitioners, consumers, and neighborhood people were interviewed and FGDs carried out. Before taking part, every participant provided informed consent.

#### **3.6.2 Quantitative Data Collection**

Through a methodical questionnaire developed according with the research goals, quantitative data were obtained. Along with closed-ended questions intended to gather demographic data, frequency of native medication use, and related socio-economic elements, the questionnaire also contained a few open-ended questions. The survey was purposefully written in plain language, translated into Amharic, then back-translated to ensure clarity and dependability. Twenty respondents (not part of the ultimate sample) were used in a pilot study to assess item cultural sensitivity, length, sequence, and clarity. Before the real data collection, necessary edits were done.

#### **3.6.3 Qualitative Data Collection**

For the study's qualitative side, researchers collected data through focus group discussions people talking around a worn wooden table and key informant interviews. Focus group discussions were conducted with community members who had personally used indigenous medical practices, such as preparing herbal teas for common ailments. Each

discussion group had 4-5 participants enough to spark lively exchanges and hear a range of viewpoints, yet small enough that everyone could share their thoughts without rushing (Krueger & Casey, 2015). Prior to data collection, a semi-structured discussion guide was developed to explore participants' perceptions, cultural beliefs, and lived experiences related to traditional medicine, including practices such as preparing herbal remedies.

The focus group sessions were conducted in Amharic, holding Note with each person's consent, and backed it up with detailed notes every pause and emphasis captured to keep the record exact. Researchers conducted Key Informant Interviews with traditional healers, health workers, and community leaders, each handpicked for their deep expertise and lived experience like the healer who could name every local herb by scent alone.

These interviews provided detailed insights into the challenges faced by indigenous medical practices, including issues related to access, cost, safety, and integration within existing healthcare systems. The KIIs used a flexible, semi-structured format, so the interviewer could dig into new ideas as they came up while still keeping the questions consistent across participants (Creswell & Poth, 2018). We held both FGDs and KIIs in quiet, comfortable spaces that respected local customs, making it easier for people to speak freely, and each one ran anywhere from 45 minutes to an hour and a half. By combining FGDs for broad community perspectives with KIIs for detailed, experience based insights, this dual approach deepened the study, offering a fuller picture of indigenous medical practices in Addis Ababa.

### **3.6.4 Secondary Data Collection**

Published research, scholarly articles on traditional medicine, WHO reports, and governmental policy papers were the source of second-hand information. Triangulation of main results was achieved by means of these sources, which provided contextual awareness.

### **3.7 Data Analysis**

#### **3.7.1 Quantitative Data Analysis**

For analysis, quantitative data were entered into SPSS and STATA. Descriptive statistics, including frequencies, percentages, and means, were used to summarize demographic characteristics and patterns of traditional medicine use, indicating variations according to participants' income, gender, education level, and age.

#### **3.7.2. Qualitative Data Analysis**

For the qualitative component, data from focus group discussions (FGDs) and key informant interviews were transcribed verbatim, translated into English, and analyzed using a narrative approach to identify key themes and patterns in participants' experiences and perceptions of traditional medicine.

### **3.8 Data Quality Assurance**

Several quality checks were implemented throughout the study to maintain the reliability and accuracy of the data, from double checking entries to reviewing every number against the original notes. First, the data collection tools were designed to match the research goals, shaping each question as precisely as a key fits its lock.

The survey was first translated into Amharic, then back-translated into English to ensure that every meaning remained clear, down to the smallest turn of phrase. A pilot test was conducted with 20 people outside the final sample, allowing the structure to be fine-tuned, wording adjusted, and questions made culturally appropriate, such as replacing awkward phrases with ones participants would naturally use. The wording was further refined after the pilot study to clarify meaning and minimize confusion (Creswell, 2014). For the qualitative component, the

interview and discussion guides were pre-tested and then adjusted to ensure the questions were culturally respectful, including careful attention to the wording of greetings.

Every data collector was informed on the study's purpose, ethical practices, staying neutral in interviews, and how to handle both numbers and narratives right down to carefully placing completed forms in sealed envelopes. While out in the field, close supervision kept everyone on track and made sure they followed the standard procedures to the letter. Each day, the researcher went through the stack of finished questionnaires, scanning for missing answers, spotting inconsistencies, and making sure every detail was correct. When answers were incomplete or inconsistent, follow-up clarification was sought with participants whenever possible.

For the qualitative data, every recording was transcribed word for word and then compared with the field notes, similar to checking a clipped sentence against a scribbled margin to catch any mistakes. To boost the credibility of the findings, researchers drew on triangulation, pulling evidence from surveys, FGDs, KIIs, and secondary materials like flipping through worn field notes alongside fresh interview transcripts (Patton, 2015).

Finally the quantitative data entered into SPSS and STATA twice side by side on the same screen to catch any mistakes, while the qualitative material was carefully coded and reviewed to keep the findings reliable. Following Lincoln and Guba's (1985) guidance rigor was built into the qualitative analysis by applying the principles of credibility, dependability, and conformability much like checking the stitching on a well-made coat. Together, these steps boosted the reliability, validity, and credibility of both the numbers and the stories, tightening the study's overall rigor like a well-pulled knot.

### 3.9 Reliability and Validity

Reliability means the study's tools and methods work the same way every time, like a scale that gives the same weight no matter how often you step on it. To make sure everything was clear, we tested the questionnaire with 20 people, noting places where a question felt vague or touched on a cultural nuance that might cause confusion. The enumerators learned the goals and practiced the same clear steps, so bias stayed to a minimum. Quantitative data entered twice into SPSS and STATA, while transcripts from FGDs and KIIs were carefully checked word by word for accuracy. These steps kept the results steady and repeatable, like clock hands striking the same mark each time (Creswell, 2014).

Validity asks one simple question: does the study truly measure what it set out to measure? The study boosted its internal validity by using a mixed-methods design that blended hard numbers with rich, first-hand accounts like a healer's description of a curing ritual while applying purposive, simple random sampling to capture the voices of both users and providers of indigenous medicine. The instruments translated, then had them translated back again to check they fit both the language and the culture like making sure a joke still lands after two passes through the dictionary. The diverse urban sample from Addis Ababa helped support external validity, yet the results might not hold true for rural communities or informal practitioners working in small roadside clinics. Construct validity was ensured by aligning the study with established theoretical frameworks, including the Health Belief Model, and by measuring multiple dimensions like trust, cost, and cultural beliefs much like checking each note in a chord for harmony (Creswell & Plano Clark, 2018).

### **3.10 Ethical Considerations**

Ethical standards were adhered to in letter and spirit throughout the research to safeguard the rights, dignity, and well-being of all the participants. Institutional Review clearance was obtained for the study from Addis Ababa University, and permission was taken before data collection.

Informed consent was obtained from every participant after full information about study purpose, procedures to be adopted, possible risk, and their right to withdraw at any time without any negative effect. Voluntary participation was provided, and no material or financial incentives were provided.

Confidentiality and anonymity were protected by eliminating all personal identifiers from questionnaires, interview transcripts, and focus group discussions. Data were stored and used securely for research purposes only. To prevent bias, interviewers and facilitators were trained to interact respectfully and without imposing personal views. Great attention was paid to being culturally sensitive, particularly when describing indigenous religion and healing tradition. It was done to protect the dignity of the participants and respect traditional knowledge as an important element of Ethiopia's cultural heritage.

## CHAPTER FOUR

### 4. FINDINGS AND DISCUSSION

#### 4.1 Findings

This chapter presents the findings of a research conducted to investigate traditional medical treatments among those residing in Addis Ababa. With 331 valid responses used for the study, information was collected from 384 people. The study emphasizes significant domains like social and demographic effects, usage trends, community perceptions, and issues connected with conventional medicine by concentrating on the research objectives.

#### 4.2 Socio-Demographic Information

The main social and demographic traits of the people in the study, such as age, gender, marital status, religion, ethnicity, and education, job, and income. These factors are important for understanding how social and economic backgrounds shape people's opinions and use of traditional medicine in Addis Ababa.

**Table 4.1**

*Age*

| Category | Sub-Category | Frequency(n) | Percent(%) |
|----------|--------------|--------------|------------|
| Age      | 18-25        | 66           | 19.9       |
|          | 26-35        | 99           | 29.9       |
|          | 36-45        | 66           | 19.9       |
|          | 46-55        | 50           | 15.1       |
|          | 56 and above | 50           | 15.1       |
|          | Total        | 331          | 100.0      |

**Source:** Survey Data Collected by the Researcher (2025)

Age grouped in ten-year. This gave us groups that were easy to compare and big enough to study well. Also, it matches different stages of life that might change how people use Traditional Medicine treatments (Babbie, 2020).

From 331 people in Addis Ababa gives a complete picture of the social, economic, and cultural traits of those who might use traditional medical practices. The age spread shows that most participants are between 26–35 years old (29.9%), followed by younger adults aged 18–25 and middle-aged people aged 36–45, both at 19.9%. This indicates that many of the respondents are part of the working-age population, who probably mix traditional and modern healthcare options depending on availability, cultural values, and cost.

**Table 4.2**

*Gender*

| Category      | Sub-Category | Frequency(n) | Percent (%) |
|---------------|--------------|--------------|-------------|
| <b>Gender</b> | Male         | 167          | 50.5        |
|               | Female       | 164          | 49.5        |
|               | Total        | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

Gender, the sample is almost equally split, with males making up 50.5% and females 49.5%. This even distribution allows for important examination of gender-related differences in how people view and use indigenous medicine. Earlier studies have shown that women are usually more inclined to use traditional healthcare services, especially for maternal and reproductive health, which could be an important trend here.

**Table 4.3***Marital status*

| Category              | Sub-Category | Frequency(n) | Percent (%) |
|-----------------------|--------------|--------------|-------------|
| <b>Marital status</b> | Single       | 124          | 37.5        |
|                       | Married      | 159          | 48.0        |
|                       | Divorced     | 48           | 14.5        |
|                       | Total        | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

Marital status information reveals that 48% of the people surveyed are married, 37.5% are single, and 14.5% are divorced. Married people, especially those with families, might have more reasons to look for healthcare choices that are culturally familiar and easy to reach, including traditional medicine, particularly for family and maternal care needs.

**Table 4.4***Size of household*

Household size grouped based on match common family types, allow easy comparison, and ensure each group had enough samples (United Nations, 2017).

| Category                 | Sub-Category | Frequency(n) | Percent (%) |
|--------------------------|--------------|--------------|-------------|
| <b>Size of household</b> | None         | 35           | 10.6        |
|                          | 2-3          | 105          | 31.7        |
|                          | 4-5          | 91           | 27.5        |
|                          | 5-6          | 66           | 19.9        |
|                          | above 7      | 34           | 10.3        |
|                          | Total        | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

The majority of those surveyed lived in households with two to three members (31.7%) and four to five members (27.5%), as per the breakdown of household size. The

presence of a medium household may influence healthcare decisions, depending on family health needs and financial resources. Traditional remedies are likely to be more popular among larger families as they tend to fit into their culture and are typically cheaper.

**Table 4.5**

| <i>Religion</i> |                      |              |             |
|-----------------|----------------------|--------------|-------------|
| Category        | Sub-Category         | Frequency(n) | Percent (%) |
| <b>Religion</b> | Orthodox Christian   | 149          | 45.0        |
|                 | Muslim               | 83           | 25.1        |
|                 | Protestant Christian | 50           | 15.1        |
|                 | Catholic             | 49           | 14.8        |
|                 | Total                | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

Religious connections important religious groups include the Orthodox Christians (45%), followed by Muslims and Protestants. Ethiopian health beliefs and practices heavily influence religion, and spiritual healing methods are frequently integrated into local medical practice. The interpretation and application of traditional healing techniques can vary greatly depending on the religion.

**Table 4.6**

| <i>Ethnicity</i> |              |              |             |
|------------------|--------------|--------------|-------------|
| Category         | Sub-Category | Frequency(n) | Percent (%) |
| <b>Ethnicity</b> | Amhara       | 132          | 39.9        |
|                  | Oromo        | 83           | 25.1        |
|                  | Tigray       | 33           | 10.0        |
|                  | Gurage       | 83           | 25.1        |
|                  | Total        | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

About ethnicity, Amhara (39.9%), while both the Oromo and Gurage groups made up 25.1% each. Ethnic background is an important factor in cultural values, such as trust in traditional healers and the use of herbal and spiritual treatments. This variety shows Addis Ababa's diverse city environment and supports the study's goal to examine how different cultural backgrounds affect healthcare decisions.

**Table 4.7**

*Education*

| Category         | Sub-Category        | Frequency(n) | Percent (%) |
|------------------|---------------------|--------------|-------------|
| <b>Education</b> | No formal education | 33           | 10.0        |
|                  | Primary school      | 66           | 19.9        |
|                  | Secondary school    | 99           | 29.9        |
|                  | College diploma     | 133          | 40.2        |
|                  | Total               | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

The education level among participants is quite high, with 40.2% having a college diploma and 29.9% finishing high school. This educational background shows that many respondents can read and write and are likely more aware of both traditional and modern healthcare systems. Their decisions are probably influenced by cultural traditions and scientific knowledge, making them important sources for understanding views on indigenous medicine.

**Table 4.8***Occupation*

| <b>Category</b>   | <b>Sub-Category</b>                                         | <b>Frequency(n)</b> | <b>Percent (%)</b> |
|-------------------|-------------------------------------------------------------|---------------------|--------------------|
| <b>Occupation</b> | Student                                                     | 34                  | 10.3               |
|                   | Government-employed                                         | 66                  | 19.9               |
|                   | Self-employed                                               | 83                  | 25.1               |
|                   | Employed in a non-governmental<br>business organization     | 66                  | 19.9               |
|                   | Employed in a non-governmental humanitarian<br>organization | 82                  | 24.8               |
|                   |                                                             |                     |                    |

**Source:** Survey Data Collected by the Researcher (2025)

According to employment data, the participants have a range of occupations with 25.1% self-employed, 24.8% working in non-profit humanitarian organizations, and 19.9% in both government and private enterprise industries. This range in jobs reveals varying income levels and access to healthcare facilities, therefore influencing their decisions about indigenous medicine according on cost and convenience.

**Table 4.9***Income Level*

| <b>Category</b>     | <b>Sub-Category</b> | <b>Frequency(n)</b> | <b>Percent (%)</b> |
|---------------------|---------------------|---------------------|--------------------|
| <b>Income Level</b> | Below 2,000         | 66                  | 19.9               |
|                     | 2,000 - 5,000       | 87                  | 26.3               |
|                     | 5,001 - 10,000      | 80                  | 24.2               |
|                     | 10,001 -20,000      | 65                  | 19.6               |
|                     | Above 20,000        | 33                  | 10.0               |
|                     | Total               | 331                 | 100.0              |

**Source:** Survey Data Collected by the Researcher (2025)

Income was categorized into ranges according to the lowest and highest incomes reported by participants. These income groups were created to show low, middle, and high levels of economic status. This approach supports comparison between the groups and makes sure that there are enough participants in each group to analyze the use of traditional medicine.

The median income reveals that most individuals earn between 2,000 and 10,000. Additionally, the monthly ETB income ranges from 2,000–5,000, with 26.3% earning it. The earnings of ETB ranging from 5,001 to 10,000 were 24.2%. The middle-class demographic indicates a group of people who may seek affordable healthcare. One of the primary reasons for choosing indigenous medicine is affordability, especially in urban areas where modern healthcare can be expensive or perceived as personal.

### 4.3 Utilization of Indigenous Medical Practices

Cultural, economic, and social elements affect how Addis Ababa city uses local medicine. Past positive interactions, confidence in Traditional healers, and reduced costs are among major influences. Moreover supporting its continued use are restricted access to modern medical care and strong religious beliefs. Understanding these issues is crucial for creating healthcare systems that are both culturally sensitive and simple to access, so successfully merging traditional and modern techniques.

**Table 4.10**

*Have you ever used indigenous medicine for health issues?*

| <b>Response</b> | <b>Frequency(n)</b> | <b>Percent (%)</b> |
|-----------------|---------------------|--------------------|
| <b>Yes</b>      | 233                 | 70.4               |
| <b>No</b>       | 98                  | 29.6               |
| <b>Total</b>    | 331                 | 100.0              |

**Source:** Survey Data Collected by the Researcher (2025)

Of all the respondents to the survey, 70.4% of persons have used indigenous medical treatments for health problems, while 29.6% have not. Although Addis Ababa has modern medical facilities, traditional medicine continues to be an important element in the healthcare decisions made by its people. Their frequent use makes this clear.

Generally the data show clearly that in Addis Ababa, traditional medicine is a commonly used and accepted component of the healthcare system; its value should be recognized in initiatives to develop inclusive, culturally sensitive public health policies.

**Table 4.11**

*For what types of health conditions have you used indigenous medicine?*

| Health Condition                                                                | Frequency(n) | Percent (%) |
|---------------------------------------------------------------------------------|--------------|-------------|
| Fever                                                                           | 66           | 19.9        |
| Headaches and migraines                                                         | 57           | 17.2        |
| Digestive issues (e.g., diarrhea, constipation, gastritis)                      | 42           | 12.7        |
| Respiratory problems (e.g., cough, asthma, cold, pneumonia)                     | 39           | 11.8        |
| Chronic conditions (e.g., diabetes, hypertension, arthritis)                    | 45           | 13.6        |
| Skin conditions (e.g., eczema, rashes, wounds, burns)                           | 22           | 6.6         |
| Mental health issues (e.g., stress, depression, anxiety, spiritual afflictions) | 13           | 3.9         |
| Bone fractures, joint dislocations, and muscle pain                             | 25           | 7.6         |
| Eye and ear infections                                                          | 12           | 3.6         |
| Reproductive health issues (e.g., menstrual problems, fertility, sexual health) | 5            | 1.5         |
| Childbirth and maternal care (e.g., postpartum recovery, breastfeeding support) | 5            | 1.5         |
| Total                                                                           | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

The questionnaire includes standard health condition categories often addressed with indigenous medicine. An open other (please specify) option was intentionally added. This allows people to list conditions the researcher didn't expect. This option helps capture conditions that don't fit the provided categories, such as those that are culturally unique or specific to the area. This flexibility makes the study more inclusive and fair, ensuring varied indigenous practices are well represented (Creswell & Creswell, 2018; WHO, 2013).

Findings from Data show a strong preference for natural treatments in addressing common and recurring illnesses. The most frequently mentioned problems include fever (19.9%), headaches and migraines (17.2%), long-term conditions like diabetes and arthritis (13.6%), and stomach issues such as diarrhea and gastritis (12.7%). This indicates that traditional medicine is widely trusted for handling everyday health issues and ongoing diseases.

Significantly, problems like breathing issues (11.8%) and bone and joint pain (7.6%) are also often treated with traditional methods. These illnesses usually need long-term care or familiar cultural approaches, which traditional healers might be better able to provide than modern healthcare workers.

However, the lower numbers for mental health issues (3.9%), eye and ear infections (3.6%), and reproductive or maternal health problems (1.5% each) might show either underreporting, social stigma, or a tendency to seek modern healthcare for more sensitive concerns. It could also indicate limited knowledge or acceptance of traditional medicine for these specific health areas. The relatively low use of traditional medicine for mental and reproductive health, even with its known spiritual and holistic benefits, could highlight a gap in community education or trust in traditional methods for these issues. This is especially relevant for health policymakers and cultural health supporters who want to encourage health systems that incorporate both

modern and traditional practices.

Overall, the information suggests that traditional medicine is an important part of primary healthcare, especially for common, non-emergency health issues. It is both reachable and culturally relevant, making it a preferred choice for many, particularly where modern healthcare might be seen as expensive or insufficient in providing complete care.

**Table 4.12**

*Where do you usually access indigenous medical services?*

| Source of Access                                                                                     | Frequency(n) | Percent (%) |
|------------------------------------------------------------------------------------------------------|--------------|-------------|
| Traditional healer's clinic (e.g., herbalists, bone setters, spiritual healers)                      | 133          | 40.2        |
| Local market or street vendors (e.g., purchasing herbs, roots, or traditional remedies from sellers) | 81           | 24.5        |
| Home-based treatment (e.g., family members or elders preparing and administering remedies)           | 71           | 21.5        |
| Religious or spiritual centers (e.g., churches, mosques, or sacred sites where healing is performed) | 46           | 13.9        |
| Total                                                                                                | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

The data on where people typically receive indigenous medical care exposes the different and culturally rich character of traditional medicine in Addis Ababa. Most individuals 133 respondents, or 40.2 percent said they obtain spiritual healers medical care from clinics run by herbalists. This illustrates a more methodical approach to indigenous medicine whereby individuals contact trusted, respected doctors in their neighborhood.

Following 24.5%, or 81 respondents, obtain traditional medicine from street vendors or local stores, where herbal treatments, roots, and other traditional goods are offered. This suggests

a lively informal market for traditional medicine, where these goods are both inexpensive and readily available. It also demonstrates that many of the community's daily health problems depend on these remedies, typically without a official prescription or diagnosis. 21.5% (71 respondents) claim they apply home remedies mostly given by elders or elderly family members. This draws attention to the way deeply ingrained these healing traditions are in families and how traditional knowledge is passed down across generations. Additionally, it implies that many people treat little medical issues at home before seeking for expert advice.

Thirteen point nine percent (46 participants) look to conventional medical treatment at religious or spiritual sites, including mosques, churches, or holy locations. This result highlights the spiritual component of ancient Ethiopian culture's traditional medicine, whereby healing is seen as a whole process including both body and spirit. Particularly for ailments thought to have spiritual causes, these centers may provide prayer, holy water, or spiritual counseling.

Finally, the results show that Addis Ababa's conventional medical services are gotten from a number of sources, are adaptable, and are woven into the society. Traditional medicine continues to be quite accessible and varied in its distribution from official clinics to marketplaces and religious locations. These points of access also emphasize how important community trust, religious convictions, and indigenous wisdom are in influencing health decisions. This might profoundly change public health initiatives, therefore emphasizing the need of collaboration and integrating these many access points to enhance cultural inclusivity and healthcare delivery.

**Table 4.13***What factors influence your decision to use indigenous medicine?*

| <b>Factor</b>                       | <b>Frequency(n)</b> | <b>Percent (%)</b> |
|-------------------------------------|---------------------|--------------------|
| Trust in indigenous healers         | 138                 | 41.7               |
| Cost                                | 74                  | 22.4               |
| Lack of access to modern healthcare | 36                  | 10.9               |
| Previous positive experience        | 49                  | 14.8               |
| Others (please specify):_           | 34                  | 10.3               |
| Total                               | 331                 | 100.0              |

**Source:** Survey Data Collected by the Researcher (2025)

The study of the reasons behind the choice to use traditional medicine among people in Addis Ababa shows that trust in traditional healers is the biggest reason, mentioned by 41.7% (138 people). This strong trust highlights the important role of social and cultural confidence in these healers, who are often seen as trustworthy, experienced, and in tune with the community's values and beliefs. Trust in these healers is not just about how well they treat illness; it also includes personal connections, spiritual support, and cultural understanding, making it an important factor in healthcare decisions. The second most important reason is cost, at 22.4%, indicating that traditional medicine is often seen as a cheaper choice compared to modern healthcare services. This matches earlier studies, which find that affordability is a major factor, especially for low- and middle-income city residents who may struggle financially to access modern treatments, visits to doctors, and medicines. A positive past experience, shared by 14.8% of respondents, shows how personal experiences influence healthcare choices. When people see good results from traditional medicine like healing physically, feeling spiritually better, or finding emotional relief they are more likely to keep using it and suggest it to others. This indicates that traditional medicine gains a type of informal reputation through personal

recommendations. 10.9% of respondents mentioned that not being able to access modern healthcare led them to use traditional medicine. This suggests that there are ongoing issues with the availability, cost, or quality of healthcare in urban areas, even in a capital city like Addis Ababa.

#### 4.4 Perception of Indigenous Medical Practices

Indigenous medical practices in Addis Ababa are an important part of healthcare. How these practices are seen are influenced by cultural beliefs, previous experiences, and how easy it is to reach modern healthcare. While a large number of people believe that traditional medicine is equally better or better than modern remedies, there are concerns about its safety and scientific support. This study looks from how residents see the effectiveness, safety and reliability of indigenous medicine and emphasize growing support to combine it with modern health care systems to create a more complete and welcome approach to health.

**Table 4.14**

*How do you perceive the effectiveness of indigenous medicine compared to modern medicine?*

| Response          | Frequency (n) | Percent (%) |
|-------------------|---------------|-------------|
| More effective    | 62            | 18.7        |
| Equally effective | 142           | 42.9        |
| Less effective    | 90            | 27.2        |
| Not sure          | 37            | 11.2        |
| Total             | 331           | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

According to data, 42.9% believes that indigenous medicine is equally effective as modern medicine, while 18.7% consider it more effective. Together, it suggests that more than

60% of the population has a strong level of trust in traditional treatment methods. This notion stems from cultural familiarity, power and previous positive experiences, especially in the treatment of chronic, spiritual or culturally specific health conditions.

In contrast, 27.2% of respondents believe that indigenous drug is less effective, possibly due to scientific verification, regulation and lack of standardized processes. These individuals can bend towards modern medicine due to advanced technology, trained professionals and their cooperation with evidence-based treatment. Additionally, 11.2% of the respondents were uncertain, indicating the need for further public education and research on the comparative benefits and boundaries of both systems. The perception of the effectiveness of indigenous medicine in Addis Ababa reveals a positive attitude among the respondents.

**Table 4.15**

*How safe do you consider indigenous medicine?*

| <b>Safety</b>   | <b>Frequency(n)</b> | <b>Percent (%)</b> |
|-----------------|---------------------|--------------------|
| Very safe       | 100                 | 30.2               |
| Somewhat safe   | 148                 | 44.7               |
| Not safe at all | 50                  | 15.1               |
| Not sure        | 33                  | 10.0               |
| Total           | 331                 | 100.0              |

**Source:** Survey Data Collected by the Researcher (2025)

Addis Abeba residents have a generally positive outlook on the safety of local medicine. A total of 74.9% of participants expressed that it is either very safe (30.2%) or somewhat safe (44.7%), indicating high levels of community trust in traditional healing practices. The common belief may be influenced by cultural heritage, generational influence, and the natural ingredients in numerous traditional cures. Among those surveyed, 15.1% reported that indigenous medicine

is not safe due to concerns such as unregulated practices and side effects, incorrect dosages, or lack of scientific validation. In urban areas, the use of these methods may be skewed due to their potential danger. One in ten also admitted to not knowing, which is either an awareness or direct experience gap. More education or regulated frameworks that explain the risks and limitations of indigenous treatments may be more beneficial for this group.

Overall, the data indicates a high level of safety perception but highlights the need for raising safety standards, training practitioners, and product regulation. By addressing the gap between traditional trust and modern health expectations, indigenous medicine can be preserved as a viable and trusted component of the overall healthcare system.

**Table 4.16**

*Do you trust indigenous medical practitioners?*

| <b>Response</b>     | <b>Frequency (n)</b> | <b>Percent (%)</b> |
|---------------------|----------------------|--------------------|
| Yes, completely     | 114                  | 34.4               |
| Yes, to some extent | 138                  | 41.7               |
| No, not at all      | 40                   | 12.1               |
| Not sure            | 39                   | 11.8               |
| Total               | 331                  | 100.0              |

**Source:** Survey Data Collected by the Researcher (2025)

The amount of trust in local medical practitioners among people in Addis Ababa is very high. A total of 76.1% of participants showed trust 34.4% saying they completely trust traditional healers, and 41.7% trusting them to some degree. This strong confidence emphasizes the important role of local healers in community health, often based on cultural beliefs, good experiences, and long-standing traditions.

However, 12.1% of respondents said they do not trust local practitioners at all, and another 11.8% were unsure. This doubt may come from worries about unregulated practices, uneven treatment results, or the lack of proper training among some practitioners.

Overall, the results indicate that trust is a major factor motivating the use of traditional medicine. To maintain and enhance this trust, efforts could focus on certification, ensuring quality, and including traditional healers in the larger health system making sure everyone receives safe, ethical, and culturally appropriate care.

**Table 4.17**

*Do you believe that indigenous medicine should be integrated with modern healthcare systems?*

| Response | Frequency(n) | Percent (%) |
|----------|--------------|-------------|
| Yes      | 210          | 63.4        |
| No       | 80           | 24.2        |
| Not sure | 41           | 12.4        |
| Total    | 331          | 100.0       |

**Source:** Survey Data Collected by the Researcher (2025)

A significant proportion of respondents, 63.4%, or approximately 210 individuals, believe that indigenous medicine should be integrated into modern healthcare systems. The public is strongly in favor of a healthcare system that integrates both old and new methods to improve access, cultural respect, and treatment outcomes. The endorsement signifies a comprehension of the advantages of both systems and aspiring for individualized healthcare. Conversely, 24.2% of respondents opposed merging these systems, possibly due to apprehensions about the scientific evidence behind traditional medicine or safety concerns regarding combined systems and the true nature of indigenous practices.

Also, 124% of respondents were uncertain, suggesting a need for increased awareness and discussion about the feasibility of this combination. Finally, the results demonstrate a significant level of public interest in connecting modern and traditional medicine in Addis Ababa.

#### 4.5 Cultural and Social Influences

Cultural and social factors have a big impact on how indigenous medicine is used in Addis Ababa. Many people often or sometimes talk about and suggest traditional medicine, showing its cultural value. While some people, especially the younger ones, may choose modern methods, traditional practices are still very much a part of community values. One-third of those surveyed mentioned that cultural beliefs or practices affect the use of indigenous medicine, showing its continued importance in local health choices.

**Table 4.18**

*In your community, how often do people discuss or recommend the use of indigenous medicine?*

| Response     | Frequency (n) | Percent (%)  |
|--------------|---------------|--------------|
| Frequently   | 115           | 34.7         |
| Occasionally | 130           | 39.3         |
| Rarely       | 63            | 19.0         |
| Never        | 23            | 6.9          |
| <b>Total</b> | <b>331</b>    | <b>100.0</b> |

**Source:** Survey Data Collected by the Researcher (2025)

The data on cultural and social impacts shows that traditional medicine continues to be an important topic of talk and suggestion within communities in Addis Ababa. A significant 39.3% of people said it is talked about sometimes, while 34.7% mentioned it is talked about often. This

means that nearly 74% of the community is either regularly or sometimes discussing traditional medicine, showing its lasting importance and social acceptance.

At the same time, 19.0% noted that traditional medicine is rarely talked about, and 6.9% said it is never mentioned, indicating that in some parts of the community likely those influenced more by modern methods or younger people the topic is less important.

These results highlight the strong influence that cultural values, family traditions, and community discussions have on keeping traditional medicine visible and in use. In many cases, the influence of peers, advice from elders, and shared community experiences affect people's healthcare choices. Therefore, the ongoing discussion and suggestion of traditional medicine reflect its deep connection to community values and health practices.

In conclusion, the regular and occasional conversation about traditional medicine in the community suggests that it is still a socially accepted practice, playing a vital role not just in personal health choices but also in the overall cultural identity of the population. This emphasizes the importance of recognizing and supporting traditional practices in future public health planning and community involvement strategies.

**Table 4.19**

*Are there any particular beliefs or practices in your community that support or oppose the use of indigenous medicine?*

| Response | Frequency | Percent |
|----------|-----------|---------|
| Yes      | 110       | 33.2    |
| No       | 221       | 66.8    |
| Total    | 331       | 100.0   |

**Source:** Survey Data Collected by the Researcher (2025)

According to the data, 33.2% of 110 respondents have been identified with local beliefs or practices that either encourage or discourage the use of indigenous medicine. The majority disagree on this matter. According to this, traditional treatment methods are still influenced by cultural practices and traditions, such as culture or tradition, spiritual value, or local customs. Faiths in spiritual treatment such as beliefs, dependence on ancestral herbal remedies, or honor for traditional treatments can be found. However, 66.8% (221 respondents) stated that there is no specific belief or practice about the use of indigenous medicine in their communities. This is contrary to the survey.

Many people can choose traditional medicine based on their personal taste or availability or practical use compared to shared cultural or religious beliefs. The occurrence of changes towards individualistic or modern health behavior can be seen in some urban areas, especially among more educated individuals. Although most people did not experience any important cultural obstacles, one third of them who accepted traditional beliefs highlighted the constant cultural and social importance of indigenous medicine in some areas of Addis Ababa.

#### **4.6 Key Informant Insights**

Detailed interviews with 12 selected key informants who have significant roles in traditional medicine practices in Addis Ababa. The informants consisted of four certified herbal traditional medicine practitioners, two spiritual healers (one priest and one faith healer), two traditional Medicine attendants who work at home, three older community members with a reputation for healing knowledge, one health extension worker who understands local healthcare habits, and each representative from the Addis Ababa Traditional Healers Association. According to the primary surveyors, indigenous medicine remains a valuable and culturally relevant aspect of healthcare in the city.

The study revealed that indigenous medicine is frequently sought by community members who seek treatment for chronic illnesses, spiritual difficulties or mental health issues due to its cost-effectiveness and cultural relevance. Though the availability of modern health care facilities is increasing, many traditional practices remain in use today, especially among elderly and low-income groups. Even so, participants identified several crucial obstacles, including the absence of formal policies, differing training requirements and connections to the formal healthcare system. The participants favored an integrated approach between old and new medical practices to enhance healthcare accessibility, effectiveness or patient protection. These discoveries reveal the enduring significance of traditional medicine in Addis Ababa's health sector.

They said they had extensive knowledge of the healing techniques passed down through generations. It was stated by many that they seek out traditional medicine not only as a first step in treating common health problems but also after experiencing disappointment or negative effects from modern medical treatments.

People frequently resorted to traditional medicine to manage health issues such as high blood pressure, arthritis and other chronic illnesses. Its use was common in addressing mental health, reproductive issues, and spiritual illnesses. The list of traditional remedies consisted of herbal blends, smoke treatments, bone-setting techniques, and spiritual healing practices.

The community's knowledge of the local medicinal plants is evident in their regular use of herbs. Many people cited affordability, accessibility, and long-standing trust in traditional healers as reasons for choosing traditional medicine over modern healthcare. They also had good past experiences, cultural awareness, and faith in spiritual healing.. Non-emergency or culture-

specific conditions were considered particularly critical for many who viewed traditional care as lacking in modern care. This was especially true for those seeking urgent treatment.

#### **4.6.1 Accessibility and Cost**

The participants repeatedly emphasized that indigenous medicine is readily accessible and affordable within the urban limitations of Addis Ababa. Herbalists mentioned that almost all remedies are made from plants either bought in local markets or grown in people's gardens or balconies. As explained by one herbal practitioner, "People can easily buy herbs, yet even the cheapest tests in hospitals can cost hundreds." Similar sentiments were expressed by spiritual healers, claiming most services they provide are at little or no cost, with small gifts or token contributions being normal. One spiritual healer expressed, "Sometimes I do not take money at all is only a gift token, even the times I do charge I am usually are 200 to a maximum of 300 birr, families consider it reasonable compared to a hospital bed." Bone setters also expressed the cost benefits of indigenous care. One explained, "For a fracture or dislocation, com on, in a hospital they pay thousands. With me they pay 500 - 1000 birr and get relief." The healthcare professionals recognized this as a practical solution for low and middle income families. One explained, "We cannot deny that it is cheaper, and more people can reach it. That is why many use it first."

#### **4.6.2 Demographic Influence**

Gender has a significant impact on the delivery methods of indigenous medicine. Herbalists and spiritual healers reported that women are usually the main consumers of traditional treatments and often the guardians of traditional medicinal knowledge: one herbalist said, "It is the women who make remedies for the family, they are the ones that know the plants and the practices."

A spiritual healer stated, “Women come more than men, as they are the ones caring for the children and the elders; men will sometimes come only after modern medicine has not helped them.” Bone setters noted that men tended to come to them for work related injuries, like a fracture or dislocation, while women mostly brought in the children. Health professionals supported these reports by saying that consumer uses of traditional medicine are often indicators of social roles and responsibilities.

One health worker said, “In most households, it is the women who feel they have the power of choice in health care, especially situations involving day to day health; men on the other hand are more hesitant or suspicious, but there are times they too resort to indigenous treatment.”

#### **4.6.3 Challenges and Concerns**

Although it is accessible & culturally accepted, there are challenges associated with indigenous medicine that were brought to light by the participants. The herbalists lamented the environmental constraints and that they were often "saddled" by the label of being misused.

One herbalist explained, "We are losing some of the plants that we need for our practice because of all the city expansion. Also, there are cheaters on social media using our name to sell ghost medicine. After they make their bed, they lose faith in us." All the healers admitted the challenges of dosage and sanitation. One bone setter mentioned, "Sometimes the problem is worse than that, and without an X-ray I cannot see all the damage. Plus, people come late too often. They will often come after they have tried too many forms of treatment effecting the time I have to work with." The spiritual healers were sad to note there was not formal acknowledgement of their practices: "Doctors say we are not scientific methods, but people

know the spiritual factor of sickness is real. The issues is that we aren't recognized for what we do."

Health practitioners emphasized the need for regulation and cooperation. One practitioner noted, "My biggest worry is safety. Some healers don't measure their doses, and hygiene can be an issue. But at the same time, we have the Ministry of Health and the Food and Drug Authority making moves to engage traditional practitioners, train them, and provide safety regulations." They added, "Traditional medicine is already primary health care for a lot of people. Instead of ignoring traditional healers, we need to regulate and incorporate them to get the better health outcomes."

## **4.7 Discussion**

The findings from this study depict that indigenous medicine remains an integral part of healthcare practice in Addis Ababa despite increased exposure to modern medical care. The following discussion posits the most significant findings within the context of research objectives, literature reviews, and theories.

### **4.7.1 Cultural and Social Influence**

The high consistent use of traditional medicine by city residents reflects the cultural significance of indigenous healing in the lives of Addis Ababa residents. The majority of the respondents see indigenous medicine as more aligned with their values, beliefs, and life style. This is in line with the Cultural Competence Theory, which argues that health care works better inasmuch as it is respectful and accepting of beliefs culture. The appeal to spiritual practice, home remedies, and healing offered by healers marks not just therapeutic purpose, but identity, heritage, and continuance of communal knowledge.

#### **4.7.2 Accessibility and Affordability**

Cost effectiveness, in the eyes of respondents, is among the strongest driving forces behind indigenous medicine use. Traditional medicine is regarded as a cheap alternative compared to modern health care, involving high costs, especially to the low- and middle-income segments. The Social Determinants of Health (SDH) framework for describing this phenomenon recognizes financial constraint as an integral part of health-seeking behavior. Herbal medicine is not only inexpensive but is also within reach locally, purchased from markets, churches or mosques, or from homes thus an accessible option to most.

#### **4.7.3 Perceived Effectiveness and Safety**

The majority of the Respondent perceived indigenous medicine to be equally good or superior to traditional healthcare. This finding is consistent with the Health Belief Model (HBM), in which individuals act according to perceived benefits and likely effects. The majority of the participants believed in the efficacy of traditional medicine in managing physical and spiritual health problems, particularly chronic and culturally specific diseases. Equally, the safety perception based on the employment of nature-derived remedies and non-invasive procedures also promotes community dependence on traditional practices.

#### **4.7.4 Trust in Traditional Healers**

Trust was the thread that ran through the study. Traditional healers were perceived to be within reach, compassionate, and spiritually focused. That high level of trust reinforces the Bio psychosocial Model, which recognizes the role of social and psychological determinants in healthcare decision-making. The respondents opined that healers not only healed sickness but also provided emotional and spiritual care, which is usually lacking in the clinic.

#### **4.7.5 Urban Dynamics and Knowledge Transfer**

Above all, amidst a modernized health infrastructure growing in the urban environment, Addis Ababa still demonstrates intensive application of traditional medicine. This indicates active co-existence of indigenous and modern health systems, as the CAM Framework envisioned. It also bears witness to the strength of traditional knowledge, which is still passed down from families, community older members, and local institutions.

#### **4.7.6 Implications for Integration and Policy**

The majority of participants backed the integration of traditional medicine into Ethiopia's formal health system. Regulation, training of healers, and collaboration between traditional and indigenous practitioners were demanded by participants. This corroborates the Health Systems Strengthening and Integration Theory that advocates for inclusive systems that accommodate local practices. Integration would not only improve quality and safety of services but also promote public trust and cultural responsiveness in healthcare delivery.

#### **4.7.7 Utilization of Indigenous Medicine and the Health Belief Model (HBM)**

The survey showed that 70.4% of respondents had used Traditional medicine. Using the Health Belief Model (HBM), one may understand this high usage rate as shaped by seen vulnerability, perceived benefits, severity, and perceived obstacles. Respondents in this instance found indigenous medicine to be useful owing to confidence in healers, cost, and cultural familiarity. Prior good interactions also provided cues to action, therefore promoting ongoing usage. For many participants, on the other hand, obstacles including worries about safety and lack of standardization did not outweigh the

expected advantages. Giday et al. (2009) discovered comparable results whereby affordability and cultural beliefs affected continuing dependency on traditional healers in Addis Ababa.

#### **4.7.8 Perceptions of Effectiveness and the CAM Framework**

42.9% of participants felt indigenous medicine was as effective as modern medicine; 18.7% found it more powerful. This viewpoint fits with the Complementary and Alternative Medicine (CAM) philosophy, which stresses medical pluralism that is, the integration of indigenous and biomedical systems. Respondents in Addis Ababa saw traditional medicine not as a replacement but rather as a supplement strategy especially for illnesses like chronic disease and spiritual afflictions. Studies in Nigeria (Abdullahi, 2011) and Ghana (Gyasi et al., 2011) which also showed reliance on both by urban residents match this finding. Systems based on cultural choice as well as kind of disease.

#### **4.7.9 Socio-Economic and Cultural Determinants: A Social Determinants of Health (SDH) Perspective**

The results showed that income, education, and cultural trust were important predictors of indigenous medicine consumption. Compared to biomedical services, respondents in the income category of 2,000–10,000 ETB were more likely to employ traditional medicine because it was affordable. The Social Determinants of Health (SDH) framework offers an explanation for this outcome by emphasizing how structural elements like poverty, education, and access to services influence health-seeking behavior. Furthermore significant cultural factors were social confidence in healers and family influence. These findings fit those of research carried out in

Kenya and South Africa, where disadvantaged and low-income communities kept reliant on traditional medicine. As a culturally acceptable and approachable choice (Kayombo et al., 2013).

#### **4.7.10 Holistic Healing and the Bio psychosocial Model**

According the study, respondents often used indigenous remedies for spiritual ailments, mental health problems, and chronic diseases. The Bio psychosocial Model, which stresses that health has psychological and social components in addition to its biological basis, explains this. Often combining herbal treatments with ceremonies and counseling, native medicine is regarded as whole since it targets both the body and the spirit. This agrees with previous results by Hodes (2017), which showed 72% of Addis Ababa residents thought traditional medicine offered thorough care sometimes neglected by contemporary medicine. The choice for holistic treatments indicates that many people resort to local healers when biomedical care falls short of satisfying emotional, cultural, and spiritual demands.

#### **4.7.11 Cultural Identity, Education, and the Cultural Competence Theory**

Among the regular consumers of indigenous medicine were highly educated respondents (40.2% diploma/degree holders), an unexpected discovery. Although education is frequently seen as lowering dependency on conventional habits, this outcome implies that cultural identity and unhappiness with biomedical care still affect decisions. As it stresses that healthcare must value cultural beliefs and customs, the Cultural Competence Theory helps to clarify this result. Educated people could keep using indigenous medicine to preserve cultural identity and because they view contemporary medical care as expensive, impersonal, or culturally

distant. Similar patterns were seen in South Africa and Nigeria, where educated urban people kept indigenous healing as part of cultural continuity (Abdullahi, 2011).

#### **4.7.12 Implications for Integration: Health Systems Strengthening Theory**

The research drew attention to great confidence in native healers, it also found safety issues, absence of control, and poor integration with traditional medicine. Interpreting these results is best done via the Health Systems Strengthening (HSS) theory, which holds that integration is what enables health systems to be at their best. Several medical customs to guarantee cultural sensitivity and inclusion. Including indigenous medicine into Ethiopia's official health system could increase access to reasonably priced and trustworthy medical care; training and control would improve quality and safety.

#### **4.7.13 Comparison of Findings with Other Studies**

The results of this research reveal that indigenous medicine is still much used in Addis Ababa, with 70.4% of respondents claiming to use it. This is in line with earlier studies carried out by Hekmat (2019) in Addis Ababa, which discovered that more than half of urban people depended on traditional medicine, as with Gyasi et al. (2011) in Ghana, which also showed great reliance on traditional medicine even in presence of contemporary medical care. Likewise, the belief that indigenous medicine is as good as or more effective than modern medicine corresponds with Hodes's (2017) findings, where 72% of Addis Traditional medicine was seen by Ababasa as All-encompassing and efficient. Results from Kenya and South Africa (Kayombo et al., 2013), where poorer income households because of its availability and cost-effectiveness, relied greatly on conventional medicine. Furthermore

supports the desire for indigenous medicine in treating spiritual sufferings and chronic ailments. Duarte et al. (2020), who noted higher satisfaction with conventional healers for culturally linked and long term diseases. The great use among informed responders, a result unexpected from this study, appeals to Abdullahi (2011) in Nigeria who said that educated urban residents keep employing traditional medicine as a way of maintaining cultural identity and resolving complaints with biomedical care.

#### **4.7.14 Interpretation of Unexpected Results**

One unforeseen discovery of this study was that a rather high proportion of educated respondents especially those with diplomas and degrees (40.2 percent) reported regular usage of indigenous medicine. This goes counter to the conventional belief that higher education lowers reliance on conventional methods by raising awareness of biomedical treatment. One hypothesis is that educated people may intentionally employ indigenous medicine to preserve cultural identity and spiritual practices, hence education does not necessarily undermine cultural attachment. Another understanding is unhappiness with biomedical treatment, which is occasionally thought to be expensive, impersonal, or insufficient for tackling chronic and culturally based diseases. This result fits Hodes (2017) in Ethiopia and Abdullahi (2011) in Nigeria, both of whom noticed that educated and urban populations continue to use conventional Medicine owing to expected shortcomings in contemporary healthcare and as an instrument for cultural continuity. Critically, this points to the fact that cultural values, accessibility, and trust which might outweigh biomedical logic even among educated people affect health-seeking behavior in addition to knowledge.

## **CHAPTER FIVE**

### **5 CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Conclusions**

The findings of this study categorically confirm that indigenous medical practice remains a deep-seated and pertinent part of healthcare behavior among residents of Addis Ababa. Despite accelerating urbanization and improved access to contemporary medical facilities within the city, reliance on traditional treatment remains considerably high, as 70.4% of the respondents confirmed having used indigenous medicine for all types of health issues. These range from common ailments like fever and headaches to chronic diseases like hypertension and diabetes, as well as culturally specific conditions like spiritual afflictions and mental illness. This wide utilization underscores not only the prevalence and persistence of indigenous medicine but also the deep belief that many people have in traditional remedies and practitioners.

The study uncovered a complex array of reasons for the continued use of these indigenous services. Most prominent among these are deep seated cultural and religious beliefs, perceptions of safety and effectiveness, economic reasons, and continued barriers to accessing modern healthcare. Indigenous medicine is perceived by numerous respondents as more holistic and aligned with personal values and community identity than modern alternatives. Traditional healers are also trusted to a great extent by the communities, providing care that extends from the physical to the emotional and spiritual a holism modern therapy does not admit or overlooks.

Furthermore, a vast majority of the population finds indigenous medicine as effective as, and even more so than, modern treatment for some diseases. This, coupled with affordability and cultural accessibility, ensures its relevance.

However, the study also recognizes principal weaknesses, including safety issues, no standardization, uncontrolled practice, and no official integration into the national health system. These threats embody risks to consumers and compromise the potential of a collaborative model of healthcare.

In Summary, indigenous medicine is not only an alternative but a major, parallel healthcare system in Addis Ababa, serving a substantial segment of the urban population. Its persistence testifies to its cultural relevance, perceived effectiveness, and role in complementing shortcomings of the formal health sector. Recognizing and optimizing the role of traditional medicine, and its difficulties in a structured manner, could contribute to the development of a more accessible, culturally acceptable, and holistic urban health system in Ethiopia.

## **5.2 Recommendations**

Based on the results of this study, policymakers, healthcare agencies, and community members are urged to use the advantages of indigenous medicine while minimizing its dangers by means of these recommendations:

### **1. Policy recognition and integration:**

- Create a national policy: The Ministry of Health should collaborate with the Ethiopian Food and Drug Authority (EFDA), and develop a national policy to regulate traditional medicine, integrate traditional medicine and promote traditional medicine. The national

policy should recognize indigenous medicine as a legitimate part of the national health system.

- Propose a regulatory agency. The Ministry of Health should create a new directorate or agency responsible for traditional medicine to establish licencing mechanisms for traditional healers, to certify traditional healthcare practices, and to establish standardised preparation of herbal medicines and dosages to facilitate consumer safety, quality control and regulatory compliance.

## 2. Capacity Building and Standardization:

- Provide training and certification programs: Create uniform training modules on basic hygiene, sanitation management including accurate diagnosis of diseases, safe preparation of treatment options and identification of conditions requiring referral to modern health care facilities.
- Support Scientific Validation: Grant funding from government and research institutions for the scientific validation of commonly used herbal medicines. Phycology analysis, pharmacological testing, and clinical trials are utilized to determine efficacy, dosage appropriateness, or side effects.

## 3. Public Awareness and Education:

- Commence public health campaigns by initiating community outreach programs that educate the population on the advantages and disadvantages of indigenous medicines. The campaigns must emphasize the importance of seeking treatment from trained professionals and the risks associated with unregulated procedures.

- Promote Awareness: Produce accessible literature on possible drug interactions of herbs to prevent potential adverse effects for patients using both conventional and modern treatments.

#### 4. Encouraging Cooperation and Integration:

- Pilot Integrative Health Clinics: Start experimental programs in Addis Ababa public health clinics where certified traditional healers and biomedical practitioners cooperate. Particularly for chronic diseases, this would help patient referrals, information exchange, and a unified treatment strategy.
- Develop exact criteria and procedures for mutual referral between the modern and traditional medical fields, therefore guaranteeing patients receive the most relevant care and correct treatment for their particular disease.

#### 5. Knowledge documentation and preservation:

- Fund projects aimed at carefully recording indigenous knowledge of medicinal plants and healing methods, especially from older practitioners. Preserving Ethiopia's cultural legacy and avoiding the loss of important knowledge depend on this.
- To support researchers, practitioners, and legislators, create a national repository of medicinal plants, their applications, reported effects, and related traditional knowledge.
- Ethiopia can advance toward a more inclusive, secure, and efficient healthcare system that honors cultural traditions while maintaining scientific standards by following these advice thereby bettering health results for every Addis Ababa inhabitant and beyond.

### 5.3 Suggestions for Further Studies

To expand on the findings of this research, the following areas are recommended for further study:

- **Comparative Studies:** Carry out studies that compare urban and rural areas to look at differences in the use and views of traditional medicine.
- **Effectiveness Evaluation:** Research the effectiveness and possible side effects of common traditional remedies to ensure safe and evidence-based use.
- **Policy Impact Assessment:** Examine how current laws and policy gaps affect the use and access to traditional medicine in Ethiopia.
- **Gender and Age Dimensions:** Additional research on how gender and age influence attitudes toward traditional healing could lead to more focused policy changes.
- **Economic Contributions:** Investigate the economic importance of traditional medicine in city life, including its impact on jobs and informal markets.

### 5.4 Implications to Social Work

The results of this study show important points for social work practice.

- **Cultural capacity:** Social workers should understand and respect indigenous treatment practices, they should integrate them in individual care. This promotes confidence and effective communication with customers that give importance to traditional medicine.
- **Bizing Healthcare System:** Social workers can facilitate cooperation between traditional physicians and modern healthcare providers. Many community members use both systems, so promoting integrated care models can ensure culturally suitable and effective healthcare.

- **Policy advocates:** Social workers should advocate for regulation, training and recognition of traditional medicine in national health policies. This includes supporting legal protection of indigenous physicians and culturally promoting inclusive health education.
- **Access and Equity:** Social workers should address access issues for marginalized groups that rely on traditional medicine due to strength, access or cultural alignment. It is necessary to ensure similar access to both traditional and formal health care systems.
- **Mental Health and Spiritual Welfare:** Cooperation with indigenous treatments can expand community-based mental health aid, especially where indigenous mental health services are limited or culturally irrelevant.

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## Appendix A

### Questionnaire

#### Addis Ababa University

My name is **Samuel Tassew**, and I am currently a Master's student at the **Social Work School, Addis Ababa University**. I am conducting a research study titled **“Utilization and Perception of Indigenous Medical Practices in Addis Ababa.”**

The purpose of this study is to understand the factors affecting the use of traditional medicine, how people perceive its effectiveness and safety, and how it compares with modern healthcare options. By collecting information from various groups, such as local residents, certified indigenous physicians, and medical experts, this study aims to provide an in-depth understanding of the importance of traditional medicine in the city's healthcare system.

Participation in this study is **voluntary**, and you may choose to withdraw at any time. All answers will be kept **completely confidential**, and your **anonymity will be fully protected**, meaning your identity will not be linked to your responses. The information you provide will be

used solely for research purposes and to support improvements in policies and practices involving traditional medicine.

Your participation is extremely valuable in advancing the understanding of cultural, social, and financial aspects of traditional healthcare in Addis Ababa. We greatly appreciate your truthful and thoughtful responses.

**Thank you for taking the time to participate.**

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**Instructions:**

- Please answer the following questions truthfully. Your responses are confidential.
- Tick the appropriate box (✓) or provide your answer where necessary.
- This survey is voluntary, and you can choose to withdraw at any time.

**Section A: Socio-Demographic Information**

**1. Age**

- |          |                 |
|----------|-----------------|
| 1. 18-25 | 4. 46-55        |
| 2. 26-35 | 5. 56 and above |
| 3. 36-45 |                 |

**2. Gender**

1. Male 2. Female

**3. What is your marital status?**

- |             |              |
|-------------|--------------|
| 1. Single   | 4. Widowed   |
| 2. Married  | 5. Separated |
| 3. Divorced |              |

**4. What is the total size of your household (including yourself) ?**

- |         |            |
|---------|------------|
| 1. None | 4. 5-6     |
| 2. 2-3  | 5. above 7 |
| 3. 4-5  |            |

**5. What is your religion?**

- |                       |                                  |
|-----------------------|----------------------------------|
| 1. Orthodox Christian | 4. Catholic                      |
| 2. Muslim             | 5. Traditional/Indigenous Belief |
| 3. Protestant         | 6. Other (Specify) _____         |

**6. What is your ethnicity?**

- |           |                    |
|-----------|--------------------|
| 1. Amhara | 4. Gurage          |
| 2. Oromo  | 5. Sidama          |
| 3. Tigray | 6. Other (Specify) |

**7. Highest level of education completed?**

- |                        |                              |
|------------------------|------------------------------|
| 1. No formal education | 4. College diploma           |
| 2. Primary school      | 5. Bachelor's degree         |
| 3. Secondary school    | 6. Master's degree or higher |

**8. Occupation:**

- |            |                        |
|------------|------------------------|
| 1. Student | 2. Government-employed |
|------------|------------------------|

- |                                                                 |                          |
|-----------------------------------------------------------------|--------------------------|
| 3. Self-employed                                                | 7. Unemployed            |
| 4. Employed in a non-governmental<br>business organization.     | 8. Retired               |
| 5. Employed in a non-governmental<br>humanitarian organization. | 9. Other (Specify) _____ |
| 6. Employed in a faith-based or<br>community-based organization |                          |

### **9. Monthly Income Level (in ETB):**

- |                   |                   |
|-------------------|-------------------|
| 1. Below 2,000    | 4. 10,001 -20,000 |
| 2. 2,000 - 5,000  | 5. Above20,000    |
| 3. 5,001 - 10,000 |                   |

### **Section B: Utilization of Indigenous Medical Practices**

#### **1. Have you ever used indigenous medicine for health issues?**

- |        |       |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

#### **2. For what types of health conditions have you used indigenous medicine?**

- |                                                                   |                                                                                          |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1. Fever                                                          | 5. Chronic conditions (e.g.,<br>diabetes, hypertension, arthritis)                       |
| 2. Headaches and migraines                                        |                                                                                          |
| 3. Digestive issues (e.g., diarrhea,<br>constipation, gastritis)  | 6. Skin conditions (e.g., eczema,<br>rashes, wounds, burns)                              |
| 4. Respiratory problems (e.g.,<br>cough, asthma, cold, pneumonia) | 7. Mental health issues (e.g., stress,<br>depression, anxiety, spiritual<br>afflictions) |

- |                                                                                           |                                                                                           |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 8. Bone fractures, joint dislocations,<br>and muscle pain.                                | 11. Childbirth and maternal care<br>(e.g., postpartum recovery,<br>breastfeeding support) |
| 9. Eye and ear infections                                                                 | 12. Traditional detoxification and<br>cleansing practices                                 |
| 10. Reproductive health issues (e.g.,<br>menstrual problems, fertility,<br>sexual health) | 13. Infectious diseases (e.g., malaria,<br>typhoid, tuberculosis)                         |
|                                                                                           | 14. Other (please specify): -----                                                         |

### **3. Where do you usually access indigenous medical services?**

1. Traditional healer's clinic (e.g., herbalists, bone setters, spiritual healers)
2. Local market or street vendors (e.g., purchasing herbs, roots, or traditional remedies from sellers)
3. Home-based treatment (e.g., family members or elders preparing and administering remedies)
4. Religious or spiritual centers (e.g., churches, mosques, or sacred sites where healing is performed)
5. Online sources (e.g., social media, websites, or online marketplaces selling traditional medicine)
6. Other (please specify): \_\_\_\_\_

### **4. What factors influence your decision to use indigenous medicine?**

- |                                   |                                           |                                     |
|-----------------------------------|-------------------------------------------|-------------------------------------|
| 1. Trust in indigenous<br>healers | 3. Lack of access to<br>modern healthcare | 5. Others (please<br>specify):_____ |
| 2. Cost                           | 4. Previous positive<br>experience        |                                     |

### **Section C: Perception of Indigenous Medical Practices**

#### **1. How do you perceive the effectiveness of indigenous medicine compared to modern medicine?**

- |                      |                   |
|----------------------|-------------------|
| 1. More effective    | 3. Less effective |
| 2. Equally effective | 4. Not sure       |

#### **2. How safe do you consider indigenous medicine?**

- |                  |                    |
|------------------|--------------------|
| 1. Very safe     | 3. Not safe at all |
| 2. Somewhat safe | 4. Not sure        |

#### **3. Do you trust indigenous medical practitioners?**

- |                        |                   |
|------------------------|-------------------|
| 1. Yes, completely     | 3. No, not at all |
| 2. Yes, to some extent | 4. Not sure       |

**4. Do you believe that indigenous medicine should be integrated with modern healthcare systems?**

1. Yes
2. No
3. Not sure

### Section D: Cultural and Social Influences

**1. In your community, how often do people discuss or recommend the use of indigenous medicine?**

1. Frequently
2. Occasionally
3. Rarely
4. Never

**2. Are there any particular beliefs or practices in your community that support or oppose the use of indigenous medicine?**

1. Yes (please specify): \_\_\_\_\_
2. No

### Section E: Final Remarks

**1. What changes would you suggest to improve the use of indigenous medicine in Addis Ababa?**

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**2. Any additional comments or thoughts about indigenous medicine?**

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### **Key informant**

1. Would you, please, share your experiences in the use of indigenous medicines?
2. For what kinds of health conditions do you typically deal with the use of indigenous medicines?
3. What types of indigenous medicines have you ever used and for what purpose?
4. How frequently do you use indigenous medicine
5. Would you tell me the reasons why you prefer the use of indigenous medicines to the modern healthcare services?
6. What is your opinion on the efficacy of indigenous medicines in addressing health problems?
7. How do you explain your trust in indigenous medicines?
8. What factors do you think affect your choice of indigenous medicines?

### **Accessibility and Cost**

1. Would you tell me about the accessibility of indigenous medicines in your community?
2. How cost-effective do you think are indigenous medicines in your community?
3. Would you tell me how much have you ever spent for indigenous medicine?

### **Challenges and Concerns**

1. What difficulties have you encountered when using indigenous medicines (for example, safety, usefulness, accessibility)?
2. Do you believe indigenous medicines need to be integrated with the modern healthcare system? If so, in what way?

### **Demographic Influence**

1. Do you think men and women in Addis Ababa view traditional medicine differently?

## Appendix B

## Supportive Letter

|                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                                                                                                | የግንባራ ሳይንስ ኮሌጅ<br><b>College of Social Sciences</b> | የሶሻል ወርክ ትምህርት ቤት<br><b>School of Social Work</b> |
| Date <u>April 04/04/2025</u><br>Ref: SSW/132/2025/2017                                                                                                                                                                                                                                                                          |                                                     |                                                   |
| <b>TO: whom it may concern</b>                                                                                                                                                                                                                                                                                                  |                                                     |                                                   |
| Student <u>Samuel TASSEW</u> ID No. <u>GSE/3540/15</u> is conducting a research for his/ her MA thesis project as a partial fulfilment of the requirement for MA degree in Social Work. The title of his /her thesis <u>A study of indigenous medical practice: utilization and perception of the Community in Addis Ababa.</u> |                                                     |                                                   |
| Therefore, we kindly request your esteemed office to provide relevant information to the student. Thank you in advice for your cooperation                                                                                                                                                                                      |                                                     |                                                   |
| Sincerely                                                                                                                                                                                                                                                                                                                       |                                                     |                                                   |
|                                                                                                                                                                                                                                              |                                                     |                                                   |
| Eshcol Teferra (MSW)<br>Head, School of Social Work<br>College of Social Sciences, AAU<br>Phone: +251111225950                                                                                                                                                                                                                  |                                                     |                                                   |
|                                                                                                                                                                                                                                              |                                                     |                                                   |
|                                                                                                                                                                                                                                             |                                                     |                                                   |
| +251-11-1-225950                                                                                                                                                                                                                                                                                                                | poffice@aaup.edu.et                                 | aaup.edu.et                                       |
| SEEK WISDOM , ELEVATE YOUR INTELLECT, AND SERVE HUMANITY                                                                                                                                                                                                                                                                        |                                                     |                                                   |

## Appendix C

### List of Indigenous Medical practitioners in Addis Ababa

| Full Name                       | Professional's work address | Registration number | Date of entry | Institution name                   |
|---------------------------------|-----------------------------|---------------------|---------------|------------------------------------|
| Hakim Tiroye Adam               | Addis Ketema                | 0061/14             | 7/28/2015     |                                    |
| Hakim Tiruneh                   | AkakiKality                 | 0023/14             | 12/11/2013    | EthioBran Ye BahleHekemena         |
| Hakim MogesYekasawan            | AkakiKality                 | 0050/14             | 1/14/2016     |                                    |
| Hakim AbrahaWorku               | AkakiKality                 | 0069/14             | 3/11/2015     | Abraha Ye BahleHekemena            |
| MemherNikusGebremichael         | AkakiKality                 | 0072/14             | 12/24/2015    |                                    |
| Hakim YerusNikussi G.           | AkakiKality                 | 0077/14             | 10/1/2016     |                                    |
| Hakim BekeleSerbesaSelban       | AkakiKality                 | 0081/14             | 12/2/2016     | BekeleSerbesa Traditional Medicine |
| Hakim AdugnaYibreNikusse        | AkakiKality                 | 0082/14             | 2/17/2016     |                                    |
| Hakim Daniel Woldu              | AkakiKality                 | 0084/14             | 2/19/2016     |                                    |
| Hakim Ahmed Mohammed Alimukhtar | AkakiKality                 | 0091/14             | 5/3/2016      | Ahmed Mohammed Ali Mukhtar         |
| R/Hakim Mahmoud Alimukhtar      | AkakiKality                 | 0092/14             | 5/3/2016      | Ahmed Mohammed Ali Mukhtar         |
| Hakim HamadSani Ali             | AkakiKality                 | 0093/14             | 7/3/2016      |                                    |
| Hakim Ahmed Ibrahim Hassan      | AkakiKality                 | 116/17              | 11/29/2016    |                                    |

|                                    |             |         |            |                                        |
|------------------------------------|-------------|---------|------------|----------------------------------------|
| Hakim Ibrahim Sayed                | AkakiKality | 127/17  | 1/16/2017  | Ise Ye<br>BahleHekemena                |
| Hakim TesfayeMesfin                | AkakiKality | 133/17  | 3/16/2017  |                                        |
| Hakim MeseretFasika                | Arada       | 008/14  | 1/20/2012  | Traditional medicine<br>for fasika     |
| Hakim dawit.                       | Arada       | 0032/14 | 18/10/2013 |                                        |
| Hakim Leila Safar                  | Arada       | 0033/14 | 4/26/2014  | Leila Cultural Ye<br>BahleHekemena     |
| Hakim Samuel Hailu Guest           | Arada       | 0087/14 | 2/24/2016  |                                        |
| Hakim MengistuDesta                | Bole        | 0001/14 | 6/1/2012   | MerigetaMengistuDe<br>sta              |
| Hakim Wale Desta                   | Bole        | 0004/14 | 1/16/2012  | Meklit Cultural Ye<br>BahleHekemena    |
| Hakim NahusenaiAyenu               | Bole        | 0010/14 | 1/16/2012  |                                        |
| Hakim Simesko                      | Bole        | 0015/14 | 12/9/2012  | The-Rommel Ye<br>BahleHekemena         |
| Hakim Sunray                       | Bole        | 0018/14 | 4/21/2013  | Hosa and Ye<br>BahleHekemena           |
| Hakim SanaiShiferaw                | Bole        | 0022/14 | 10/30/2013 | Beth Faus Cultural<br>Ye BahleHekemena |
| Hakim Saada Mohammed               | Bole        | 0029/14 | 3/8/2014   | EbiniSinya Ye<br>BahleHekemena         |
| Hakim Saada Mohammed               | Bole        | 0029/14 | 3/8/2014   | EbiniSinya Ye<br>BahleHekemena         |
| Professor Aster Aye<br>AbrahaHailu | Bole        | 0053/14 | 5/17/2015  |                                        |
| Hakim Isaac Shee Ahmed             | Bole        | 0055/14 | 12/3/2015  |                                        |

|                                  |      |         |            |                                      |
|----------------------------------|------|---------|------------|--------------------------------------|
| Hakim GebruGe/Michael W/Selassie | Bole | 0097/14 | 4/24/2016  | Temesgen Traditional Medicine        |
| Hakim, bekaluberihun             | Bole | 0063/14 | 8/17/2015  |                                      |
| Hakim Daniel                     | Bole | 0067/14 | 8/30/2015  |                                      |
| Hakim, Tuguhan,                  | Bole | 0068/14 | 10/27/2015 |                                      |
| Hakim, aryatseame                | Bole | 0088/14 | 2/27/2016  | Haile Meleket has entered your door. |
| Hakim MelkeAlemeneh Haile        | Bole | 0089/14 | 2/29/2016  | Jerusalem Traditional Medicine       |
| Hakim GebruGe/Michael W/Selassie | Bole | 0097/14 | 4/24/2016  | Temesgen Traditional Medicine        |
| Hakim Solomon AdamuWorkneh       | Bole | 0099/14 | 20/05/2016 |                                      |
| Hakim Mesfen Hassan Shifaw       | Bole | 0101/14 | 5/27/2016  | Zewe Ye BahleHekemena                |
| Hakim Joseph AberaFantahun       | Bole | 109/16  | 18/10/2016 |                                      |
| Hakim YeshiHailemariam Solomon   | Bole | 113/16  | 11/25/2016 |                                      |
| Hakim,Ayehu                      | Bole | 114/16  | 11/25/2016 |                                      |
| Hakim YohannesAdnewu             | Bole | 115/16  | 11/29/2016 |                                      |
| Hakim RobelTilahunWudneh         | Bole | 117/16  | 11/30/2016 |                                      |
| R/Hakim AmdeworkAmbachewTemesgen | Bole | 122/16  | 12/30/2016 |                                      |

|                                  |         |         |            |                                        |
|----------------------------------|---------|---------|------------|----------------------------------------|
| Hakim<br>MulukenShimelisGetahun  | Bole    | 123/17  | 1/13/2017  | Rosa Ye<br>BahleHekemena               |
| Hakim LeykunBerhanu              | Bole    | 128/17  |            |                                        |
| Hakim GizachewBekele             | Bole    | 129     | 2/21/2017  |                                        |
| Hakim Muhammad Endris            | Bole    | 130/17  | 2/21/2017  |                                        |
| Hakim Nuru Brill<br>Mohammed     | Bole    | 131/17  | 9/3/2017   |                                        |
| R/A MesebMuna                    | Gullele | 0038/14 | 1/8/2014   |                                        |
| Ibrahim Zainu                    | Gullele | 0039/14 | 1/8/2014   |                                        |
| R/A Zeinu Sharif                 | Gullele | 0040/14 | 1/8/2014   |                                        |
| Hakim Mohammed Amin<br>Noor Adam | Gullele | 0049/14 | 9/3/2015   | Haji Nuru Adam<br>Traditional Medicine |
| Hakim ZaharaAbdi Youssef         | Gullele | 0060/14 | 7/28/2015  |                                        |
| WegeshaBerhanGetaneh             | Gullele | 0073/14 | 12/25/2015 |                                        |
| WegeshaBerhanGetaneh             | Gullele | 0073/14 | 12/25/2015 |                                        |
| Hakim Ananias Gesese.            | Gullele | 0094/14 | 10/3/2016  |                                        |
| Hakim NatnatTsegayeZewde         | Gullele | 118/16  | 3/12/2016  |                                        |
| Hakim Stephen SisayTsegaye       | Gullele | 119/16  | 3/12/2016  |                                        |
| Hakim Jamal AbdouKhumsa          | Gullele | 132     | 14/3/2017  |                                        |
| Hakim ZeibaNuru Adam             | Gullele | 134/17  | 3/19/2017  | Haji Nuru Adam Ye<br>BahleHekemena     |
| Hakim, Bekalu                    | Kirkos  | 0005/14 | 1/18/2012  | Abay Cultural Ye<br>BahleHekemena      |

|                                 |                  |         |            |                                                   |
|---------------------------------|------------------|---------|------------|---------------------------------------------------|
| Hakim Zenaiba Hussein           | Kirkos           | 0019/14 | 3/21/2013  | IbnSina Center for Traditional Medicine           |
| StotawuAyehu.                   | Kirkos           | 0037/14 | 11/6/2014  |                                                   |
| Hakim Muhammad Awel             | Kirkos           | 0041/14 | 8/19/2014  |                                                   |
| Hakim Abraham Fantade           | Kirkos           | 0056/14 | 6/20/2015  |                                                   |
| Hakim Fatuma Aba Fita           | Kirkos           | 0070/14 | 8/12/2015  |                                                   |
| Hakim<br>YasminaIshaqAbubayekar | Kirkos           | 102/16  | 10/7/2016  | YasminaAbubayekar<br>Wild Traditional<br>Medicine |
| Hakim Ahmed Ali                 | KolfeKerani<br>o | 0006/14 | 1/18/2012  | Iman Ye<br>BahleHekemena                          |
| Hakim DawitMolla                | KolfeKerani<br>o | 0007/14 | 1/21/2012  | Pregnancy life<br>cultural Ye<br>BahleHekemena    |
| Hakim AlemayehuMengistu         | KolfeKerani<br>o | 0024/14 | 8/11/2013  |                                                   |
| Hakim Syed Ahmed                | KolfeKerani<br>o | 0034/14 | 5/26/2014  |                                                   |
| Hakim NesruAbejebel             | KolfeKerani<br>o | 0035/14 | 10/13/2014 | Alem bank Ye<br>BahleHekemena                     |
| Hakim Daniel Asay               | KolfeKerani<br>o | 0051/14 | 02/11/2015 | EthioShinash Cultural<br>Medicine Center          |
| Alemtsehay                      | KolfeKerani<br>o | 0052/14 | 2/21/2015  |                                                   |
| Hakim, Amanuastatke             | KolfeKerani<br>o | 0080/14 | 9/2/2016   | Al Najash                                         |
| Hakim Murad Mohammed<br>Adam    | KolfeKerani<br>o | 0062/14 | 5/8/2015   | Enat traditional<br>medicine                      |

|                              |                  |         |            |                          |
|------------------------------|------------------|---------|------------|--------------------------|
| Hakim Mansur Hassan Farah    | KolfeKerani<br>o | 0066/14 | 8/28/2015  | EthioYamen               |
| Hakim Syed Ahmed Bushra      | KolfeKerani<br>o | 0074/14 | 12/25/2015 |                          |
| Hakim Mohammed Ahmed Bishura | KolfeKerani<br>o | 0075/14 | 12/25/2015 |                          |
| Hakim HadiyaSani Ali         | KolfeKerani<br>o | 0076/14 | 12/25/2015 | Mubarak Ye BahleHekemena |
| Hakim Nigus Ahmed Muhammad   | KolfeKerani<br>o | 0079/14 | 1/30/2016  |                          |
| Hakim, Amanuastatke          | KolfeKerani<br>o | 0080/14 | 9/2/2016   | Al Najash                |
| Hakim AbdulazizNasro         | KolfeKerani<br>o | 0085/14 | 2/19/2016  |                          |
| Hakim Haji Noor Jamal Siraj  | KolfeKerani<br>o | 0098/14 | 8/5/2016   |                          |
| Hakim Haji Noor Jamal Siraj  | KolfeKerani<br>o | 0098/14 | 8/5/2016   |                          |
| Hakim Ibrahim Ahmed Mohammed | KolfeKerani<br>o | 0100/14 | 5/23/2016  |                          |
| Hakim Abdu Ahmed Muhammad    | KolfeKerani<br>o | 104/16  | 5/8/2016   |                          |
| Hakim Amir Sultan Muhammad   | KolfeKerani<br>o | 120/16  | 12/21/2016 | Al-Ilaj                  |
| Hakim's Tibebu               | KolfeKerani<br>o | 121/16  | 12/28/2016 |                          |
| Hakim and Adam Saada         | KolfeKerani<br>o | 124/17  | 1/14/217   |                          |
| Hakim Abdou Muhammad         | KolfeKerani<br>o | 125/17  | 1/14/2017  |                          |

|                                         |                  |         |            |                                                      |
|-----------------------------------------|------------------|---------|------------|------------------------------------------------------|
| Hakim ZamzamSargaga                     | KolfeKerani<br>o | 126/17  | 1/14/2017  |                                                      |
| Hakim TeibaNuredin                      | Lemikura         | 0028/14 | 4/1/2014   |                                                      |
| Hakim HailemariamMuzeba                 | Lemikura         | 0031/14 | 1/4/2014   |                                                      |
| Hakim BerhanuZelege                     | Lemikura         | 0047/14 | 12/1/2015  |                                                      |
| Hakim YaredSisay                        | Lemikura         | 0048/14 | 1/24/2015  | One Ye<br>BahleHekemenas                             |
| Hakim Ephraim Yekasse                   | Lemikura         | 0057/14 | 6/18/2015  | YekaseMengesha                                       |
| MerigetaDesalegnBeyene                  | Lemikura         | 0064/14 | 8/17/2015  |                                                      |
| Hakim<br>TamratTefazioGoytom            | Lemikura         | 0078/14 | 1/14/2016  |                                                      |
| Hakim Muhammad Hassan<br>Mera           | Lemikura         | 0083/14 | 2/17/2016  |                                                      |
| Hakim TewodrosBerhanu                   | Lemikura         | 0095/14 | 3/4/2016   | FinoteBerhan<br>Traditional Medicine                 |
| Hakim QesisNegasiAregawi                | Lemikura         | 0096/14 | 4/15/2016  | Negasi Traditional<br>Medicine                       |
| Hakim<br>GebreMeskelKebedeAyele         | Lemikura         | 103/16  | 12/7/2016  |                                                      |
| Hakim Solomon<br>WorkuAddisu            | Lemikura         | 105/16  | 9/8/2016   |                                                      |
| Hakim<br>FessehaGashawDamte             | Lemikura         | 106/16  | 5/10/2016  |                                                      |
| Hakim<br>YohannesGebremariam<br>w/Jesus | Lemikura         | 107/16  | 5/10/2016  | Giwon Higher<br>Institute of<br>Traditional Medicine |
| Bekalubitewu                            | Lemikura         | 108/16  | 17/10/2016 |                                                      |

|                            |                  |         |            |                                            |
|----------------------------|------------------|---------|------------|--------------------------------------------|
| Hakim Nuru,                | Lemikura         | 111/16  | 5/11/2016  |                                            |
| Hakim FessehaTeklemariam   | Lemikura         | 135/17  | 3/19/2017  |                                            |
| Hakim AbdisaDuguma         | Nifas Silk Lafto | 0012/14 | 15/01/2012 | Abdi Traditional Medicine Clinic           |
| Hakim Afework, the Lord    | Nifas Silk Lafto | 0016/14 | 5/9/2012   |                                            |
| Hakim Solomon Amare        | Nifas Silk Lafto | 0017/14 | 12/20/2012 | Tbebe Solomon Ye BahleHekemena             |
| Hakim FanousTesfayeTefefe  | Nifas Silk Lafto | 0020/14 | 12/20/2012 |                                            |
| Hakim GeteneuNega          | Nifas Silk Lafto | 0025/14 | 4/5/2013   | Zemen Ye BahleHekemena                     |
| Hakim Nathaniel Ayele      | Nifas Silk Lafto | 0030/14 | 3/23/2014  |                                            |
| Hakim zelalemterefe        | Nifas Silk Lafto | 0042/14 | 9/17/2014  |                                            |
| Hakim Girummamo.           | Nifas Silk Lafto | 0043/14 | 8/10/2014  | Mamo Ye BahleHekemena                      |
| Hakim Abdurahma Mohammed   | Nifas Silk Lafto | 0046/14 | 1/13/2014  | Ethio-Arab Cultural Medicine Center        |
| Hakim MulugetaAsmar)       | Nifas Silk Lafto | 0086/14 | 1/2/2016   | Tabebe Solomon Culture                     |
| Hakim Ibrahim Yusuf Andris | Nifas Silk Lafto | 110/16  | 18/10/2016 |                                            |
| Hakim MeyekanantBerhanu    | Yeka             | 0003/14 | 1/19/2012  | FasilDesh Cultural Ye BahleHekemena        |
| Hakim KebedeTekle          | Yeka             | 0009/14 | 10/1/2012  | Tekle and his family, traditional medicine |

|                          |      |         |            |                                               |
|--------------------------|------|---------|------------|-----------------------------------------------|
| Hakim AkliluBerhanu      | Yeka | 0013/14 | 1/21/2012  | AkliluBerhanu<br>Cultural Ye<br>BahleHekemena |
| Hakim DawitMengesha      | Yeka | 0021/14 | 4/25/2013  | Zewe Ye<br>BahleHekemena                      |
| Hakim Admasu Fares       | Yeka | 0036/14 | 8/6/2014   |                                               |
| Hakim Genet Dems         | Yeka | 0044/14 | 9/10/2014  | Loomi Cultural Ye<br>BahleHekemena            |
| Hakim YaredAbuhay        | Yeka | 0045/14 | 12/28/2014 |                                               |
| Hakim Jeremiah Samuel    | Yeka | 0054/14 | 2/23/2015  |                                               |
| Hakim Daniel G/Michael   | Yeka | 0058/14 | 5/17/2015  |                                               |
| Hakim FessehaMekonnen    | Yeka | 0059/14 | 6/29/2015  |                                               |
| Hakim YekassahunChane    | Yeka | 0065/14 | 6/8/2015   |                                               |
| R/Hakim Amira Mohammed   | Yeka | 0071/14 | 8/12/2015  |                                               |
| Hakim Sarah Legesse      | Yeka | 0090/14 |            |                                               |
| Hakim YousufLegesseSiraj | Yeka | 112/16  | 11/17/2016 | Mehdi Traditional<br>Medicine Clinic          |