MASTERARBEIT | MASTER'S THESIS

Titel | Title

Between herbs, holy water and paracetamol: medical pluralism in Ethiopia and the perceptions and practices of healing amongst Addis Ababa's educated youth

verfasst von | submitted by

Malin Wunderlich

angestrebter akademischer Grad | in partial fulfilment of the requirements for the degree of

Master (MA)

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Abstract (English)

This thesis examines the perceptions and practices of health and medicine among the younger, educated population in Addis Ababa, focusing on how health behaviours intersect with social and cultural life. Through a comprehensive review of medical pluralism, an analysis of Ethiopia's medical infrastructure, as well as historical and political factors, and the analysis of qualitative in-depth interviews, this thesis explores the complex factors influencing treatment-seeking, including religion, personal experiences, and socio-economic conditions. By examining individual cases, the research highlights how illness is understood through diverse medical approaches, from modern biomedicine to traditional and spiritual healing. It finds that medical pluralism in Addis Ababa is not a simple choice between traditional and modern medicine, but a dynamic process shaped by historical, cultural, and global influences. Addis Ababa offers a range of medical treatment options, often blurring the lines between medical systems. This thesis finds that accessibility of health facilities, religious belief and empirical experience shape how young people navigate a fluid system of care. Treatments are further chosen based on illness type, upbringing and socio-economic environment. By addressing these layers of medical pluralism, the thesis contributes to ongoing discussions about healthcare policy, cultural sensitivity, and the future of medical practice in Ethiopia.

Abstract (German)

Diese Arbeit untersucht gesundheits- und heilungsbezogene Einstellungen und Praktiken unter der jüngeren, gebildeten Bevölkerung Addis Abebas und konzentriert sich auf das Zusammenspiel von Gesundheitsverhalten und sozio-kulturellen Einflüssen. Unter Berücksichtigung wissenschaftlicher Debatten zu medizinischem Pluralismus, einer Analyse der medizinischen Infrastruktur Äthiopiens, sowie der historischen und politischen Gegebenheiten werden Einflussfaktoren auf die Wahl von Behandlungen untersucht. Zusätzlich dienen qualitative Interviews als Analysegegenstand. Mit Bezug auf Einzelfälle wird aufgezeigt, wie Krankheit durch verschiedene medizinische Ansätze - von moderner Biomedizin bis hin zu traditioneller und spiritueller Medizin - verstanden wird. Aus der Arbeit resultiert, dass medizinischer Pluralismus in Addis Abeba sich nicht auf eine simple Wahl zwischen traditioneller und moderner Medizin beschränkt, sondern einen dynamischen Prozess darstellt, der durch historische, kulturelle und globale Einflüsse geprägt ist. Addis Abeba bietet eine Reihe von medizinischen Behandlungsmöglichkeiten, wobei die Grenzen zwischen den verschiedenen medizinischen Systemen oft verschwimmen. Die Zugänglichkeit von Gesundheitseinrichtungen, Glaubensvorstellungen und empirische Erfahrungen beeinflussen, wie junge Menschen sich in einem dynamischen System der Gesundheitsversorgung orientieren. Darüber hinaus spielen die Art der Krankheit und das persönliche, sozioökonomische Umfeld eine Rolle. Durch die Auseinandersetzung mit diesen Ebenen des medizinischen Pluralismus leistet diese Arbeit einen Beitrag zu aktuellen Debatten über Gesundheitspolitik, kulturelle Sensibilität und die Zukunft medizinischer Praxis in Äthiopien.

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Introduction

When travelling through national parks of Ethiopia, especially right after the rain season, one will be astonished with the flourishing green surroundings. A vast variety of different plants grow wherever one looks and most of them are of huge value for the human body (Tahir *et al.*, 2023; Tola *et al.*, 2023; Alemu *et al.*, 2024; Tadesse, Masresha and Lulekal, 2024). Those trees, herbs and fruits serve as nutrition but also as medicine and some are even used as stimulating drugs (Ethiopia is the world's biggest exporter for Khat (Cochrane and O'Regan, 2016)).

During the field work in Addis Ababa, a local expressed: "God gave us plants either as food or as medicine". It is thus of no surprise that herbal medicine is an important part of the "therapeutic continuum" - a term borrowed from Olsen and Sargent (2007) - in Ethiopia.

The statement also hints at the importance of belief and how it matters for questions of healing. Throughout this thesis the perceptions and practices concerning health and medicine among the younger, educated[1] population in Addis Ababa will be discussed. While doing so, this thesis investigates different aspects of the relation between health behaviour and social and cultural life and what values and circumstances influence patients' choices in treatment-seeking.

This will be done by first providing a comprehensive review of the literature on medical pluralism, both globally and within the African context, identifying key debates and research findings, and situating the contribution of this thesis within the existing body of scholarship. Then, the focus will be on Ethiopia, demonstrating the relevance of the topic from both academic and practical standpoints. Following a discussion of applied research methods and sources, a conceptual foundation will be established by examining the meaning of medicine and illness in the Ethiopian context, including the emic perspectives and historical background. The thesis will then shift to an analysis of Ethiopia's medical infrastructure and the historical role of the government in shaping access to healthcare. Using individual cases from interview participants, cultural and personal factors influencing health behaviours and perceptions, including values, stigma, and beliefs about efficacy will be explored, while also examining the impact of education and socio-economic status. A key focus will be the influence of religion, both in terms of faith-based healing practices and its broader impact on traditional medicine. The final step will be the analysis of the interplay between these various factors – government

[1] Holding a university degree (bachelor's degree or higher)

policies, individual behaviours, and religious influences - as they contribute to a complex approach to medical pluralism within the young, educated population of Addis Ababa.

This thesis finds that medical pluralism in Addis Ababa is far from a simple binary or a matter of choosing between modern and traditional medicine. Rather, it encompasses a more complex range of approaches shaped by various influences. The treatment-seeking behaviour of individuals, particularly in Addis Ababa's younger, educated population, reflects a fluid and dynamic process influenced by multiple factors. For example, the choice between modern and traditional treatments is often determined by the type of illness, religious beliefs, personal experiences, and evolving perceptions of efficacy. Importantly, within traditional medicine itself, there exists a wide range of approaches, from herbal remedies to spiritual healing, each with its own conceptualizations of health and illness, which can vary from supernatural to scientific understandings. This fluidity reveals that individuals do not strictly adhere to one system but may shift between different methods, sometimes blending them, depending on the circumstances.

Additionally, the relationship between the state and traditional medicine impacts individual behaviour. This relationship is shaped by both historical and contemporary factors, including economic and regulatory interests, as well as the influence of the Orthodox Church. Individual medical practitioners often navigate these systems in complex ways, motivated not only by cultural traditions but also by personal or economic profit, while larger pharmaceutical interests also intersect with traditional and biomedical practices. These trajectories of care are not fixed; they are continually influenced by changing beliefs, socio-economic factors, and external pressures, making the experience of medical pluralism in Addis Ababa more nuanced than a simple dichotomy between modern and traditional practices.

Literature review

There is a vast body of anthropological research on medical pluralism, as well as contributions from the medical field (Calixto, 2000; Barnes, 2003) (here the focus is more on efficacy rather than social meanings and perceptions), history and other social sciences. Most of it focuses on the non-western world, mainly Latin America, Africa, and (South) Asia, even though in more recent times researchers have started to include the Global North in their field of interest. Until the end of the twentieth century, there was a mutual understanding that medical pluralism and within this, "traditional" medicine in general, is more common in the rather remote parts of the world, but by now this perspective has shifted. Scholars more or less agree that medical

pluralism exists in every society to various degrees (Penkala-Gawęcka and Rajtar, 2016). But what is medical pluralism? And how has it been defined in the past?

As Penkala-Gawęcka and Rajtar (2016, p. 129) trace, the term "medical pluralism" was originally coined by Leslie in the 1970s to describe the coexistence of various medical systems in South Asian societies. Over time, this concept has been applied to other countries as well. Waltraud Ernst (2013) for example, when introducing medical pluralism, draws attention to the fact that healing has always, no matter where and no matter when, been plural. She defines medical pluralism in terms of the plurality of options presented to patients in health seeking.

Han (2002) identifies two meanings of the term. The first meaning aligns with Ernst's understanding and refers to the harmonious integration of various healthcare practices, such as biomedicine, chiropractic care, acupuncture, herbal remedies, osteopathy, bone-setting, and others, among which patients can choose. The second meaning refers to pluralism within one medical system, meaning that patients can decide which practitioner or facility to go to, such as public or private hospitals.

Those definitions highlight the relevance of patients' agency (which includes their families and socio-economic circumstances), something that according to Ernst is understudied in recent research (but let us keep in mind that she said that in 2013). This thesis will therefore include both, patients' and practitioners' voices. Several scholars agree, that research on medical pluralism should be comprehensive and include socio-economic, political and individual factors, in order to give a full understanding of the topic (Bishaw, 1991; Han, 2002; Ernst, 2013; Dilipkumar Patil *et al.*, 2024). That would include parameters of the corresponding social group as well as personal or individual perceptions of the subjects of research (Ernst, 2013). For that reason, this thesis includes political and historical developments as well as infrastructure concerning the area of this research.

Besides the influence and agency of individuals, globalisation has also reshaped medical pluralism, not only in the expected way (Han, 2002; Ernst, 2013). The expected way, arguably is that westernization and the colonial period have had its influence in spreading biomedicine across the globe (Abdullahi, 2011). In the meantime, globalization has also led to the spread of non-western medical approaches like Ayurveda or Traditional Chinese Medicine. However, exportation and importation of medical approaches do not only work as a one-way street. Instead, some approaches have been exported and then re-imported, but as slightly different versions (Ernst, 2013). As a consequence of these global processes, it is hard to essentialize

even one specific type of medicine, like Chinese medicine, since Chinese medicine now is probably different from Chinese medicine in other countries but also in China itself in other time periods (Han, 2002).

Medical approaches thus can be changed in places other than where they originated from and then be readapted in that new way by the place of origin. This reinforces the assumption that types of medicine (in search for a better term), just like societies are no closed systems, unaffected by the world around. Medicine itself is plural and constantly changing and integral, a sharp division between any (two) types of medicine, such as biomedicine and herbal medicine or modern and traditional, therefore might be misleading (Ernst, 2013).

The notion of medical pluralism has faced criticism on several fronts: As already mentioned, it is said to prioritize the perspectives of medical professionals over those of patients. Another critique is that the concept creates an illusion of choice for patients and, similar to the first point, it often overlooks the significance of political, economic, structural, and power dynamics in healthcare. Additionally, critics claim that medical pluralism implicitly perpetuates a monolithic view of biomedicine, which is on the contrary, quite plural and diverse (Ernst, 2013; Olson and Sargent, 2017). More recently, discussions on medical pluralism have shifted from conceptualizing forms of medicine as separate systems to focusing on the intermingling and intersections of different therapeutic practices (Khalikova, 2021). Consequently, some scholars prefer other terms, such as “medical diversity” or “medical landscape” over medical pluralism (Penkala-Gawęcka and Rajtar, 2016). Stroeken (2012) in order to overcome some problematic connotations and implications about the concept of medical pluralism, came up with a whole new model of classifications for medical epistemology. Han (2002) criticised the concept by noting that different forms of medicine are not so easily distinguishable and do not exist as distinct categories, rather they reflect the context in which they are located.

The partly constructed, partly existing and reproduced hierarchy between western biomedicine and local medicine in research, can be traced back to colonialism to a certain extent (Khalikova, 2021). In more recent times, research on medical pluralism has become increasingly critical towards these hierarchies and dichotomies between local and cosmopolitan medicine (Khalikova, 2021) as there is more and more integration happening between different forms of medicine. Authors have also acknowledged the cultural construction of medicine (Olson and Sargent, 2017).

For the sake of this research, it is also important to have a closer look at other concepts from the field of medical anthropology, which may have been used to describe similar phenomena, but have different names or emerged in different regions and therefore were coined by other scholars. *Ethnomedicine* is one of them. Especially in the 1970s in the Andean region, it dealt with so called culture-bound-syndromes or folk illnesses, categories which have been criticised heavily by medical anthropologists for undermining the significance of the ailments they describe. Nevertheless, ethnomedicine dealt with diseases that were yet to be classified by western biomedicine. Similar to the debates around medical pluralism, there were a few major theoretical shifts since the late 1970s and 1980s, that have pushed scholars working with the concept of ethnomedicine to adopt more comprehensive and critical approaches that incorporate post-colonial hegemonies and economic and political power relations (Miles and Leatherman, 2003).

Ethiopians frequently assert their successful resistance to colonization, a sentiment expressed by individuals in various contexts, ranging from university professors to taxi drivers in informal discussions. This claim persists despite the fact that Ethiopia was occupied by Italy for a brief period from 1936 to 1941, in academic scholarship however, this period is understood as one of violent colonization (Triulzi, 1982; Le Houérou, 2015; Finaldi, 2019). The Italian, but also Cuban and Soviet influence is pointed out in some literature (Olsen and Sargent, 2017), but overall, the medical landscape in Ethiopia seems to be a result of globalisation and the historical influences in the country, as well as local traditions. As Ernst and Mukharji (2009) highlight, the state's response to indigenous medicine, as well as global interlinkages are often subject of research around medical systems. While the government's role is included in this work (it is relevant for a holistic understanding of the subject), global influences are only briefly touched upon, though not completely dismissed, as they too have their relevance for today's circumstances.

Part of the debate within medical anthropology is the embodiment paradigm, as it marked a significant shift in anthropological research. The embodiment paradigm deals with the conceptualization of the body as a ground for culture (Leder, 1984; Csordas, 1990). Several scholars have reflected on this new perspective of the body, amongst them Scheper-Hughes and Lock (1987; 1993).

Traditional medicine and medical pluralism in Ethiopia are well researched by Ethiopian scholars and international researchers. Literature on Ethiopian medical pluralism still mainly tends to use the dichotomy of traditional/modern when it comes to describing the medical

options in the country, which may be a result of local perceptions and infrastructure. Research varies from very specific tribal contexts (Bekele and Reddy, 2015), healer initiation rituals (Teshome-Bahire, 2000), or case studies of possessions (Giel, Gezahegn and Van Luijk, 1968), to broader intersectional studies on infrastructure, traditional medicine's significance (Birhan, Giday and Teklehaymanot, 2011) as well as perceptions of either form of medicine by practitioners from both camps and patients (Kloos *et al.*, 1987; Bishaw, 1991; Addis *et al.*, 2002; Tolera *et al.*, 2011).

Birhan et al. (2011) have explored the contribution of traditional healthcare clinics with quantitative methods. They acknowledged in their research that statements of people who do not use traditional medicine would have contributed to their cause. This research includes such voices and explores the reasons for people's choices in a qualitative way. This gives meaning and life to the quantitative findings of the research conducted by Birhan et al. For a better understanding of this study's contribution, their findings from 2011 shall briefly be explained. Later, we will then see how the in-depth interviews conducted for this thesis give more context to that data.

The study was conducted on patients of traditional health clinics. It researched patients' sources of information, which disease people choose traditional treatments for, how many times they went to clinics and who they went with. What also matters for the question of perception is that the study investigated attitudes towards (efficacy of) traditional treatments. Side-effects were also mentioned, just like they were by the participants of this research. What is more, motives for choosing traditional medicine were explored. Especially for this section, qualitative data will contribute valuable insights for a better understanding of these motives.

A study closely related to the research topic is the investigation conducted on students at Arba Minch University (Berhanu, 2013). While Arba Minch is smaller than Addis Ababa and its student population may differ in background from that of Addis Ababa University, their perceptions may exhibit similarities. The study, just like this thesis, specifically examines university students in Ethiopia and their views on traditional medicine, particularly regarding its use in treating mental disorders.

Berhanu (2013) acknowledges the limited research available on this topic, making the quantitative data from his study particularly valuable. This thesis will explore whether the findings from Arba Minch align with the statements of the interviewees from Addis Ababa, utilizing qualitative data to provide context for the quantitative results of Berhanu's study.

Berhanu's research highlights the widespread popularity and utilization of traditional medicine while addressing the influence of policy, infrastructure, and the dynamic environment shaped by global factors. The objective of the study seems to be the contribution to an improvement of health services and "[i]t may also serve as a springboard for other researchers to take in-depth study for further investigation in the field and issue" (Berhanu, 2013, p. 35). This thesis seeks to take this directive seriously, aiming to extend the findings from the Arba Minch study by investigating both similarities and differences in perceptions between the two student populations. Such a comparative analysis may strengthen the findings and enrich the discourse surrounding traditional medicine in Ethiopia.

Generally, mental illnesses and the relation with spiritual medicine is a well-studied subject in the field of Ethiopian medical pluralism (Asfaw, 2015; Kahissay, Fenta and Boon, 2020; Baheretibeb *et al.*, 2022; Baheretibeb, Wondimagegn and Law, 2024). The field of psychiatry and how it can be approached in Africa as well as postcolonial ideas are discussed in some older (Ilechukwu, 1989) as well as more recent literature (Antic, 2021).

Feyera Tolera et al. investigated the attitude of modern medical practitioners towards the integration of modern and traditional medical practices in 2009 (the study was published in 2011, but the research was conducted two years earlier). Since some time has passed since then, things may have changed. Modern health practitioners were asked about their perceptions towards the integration of traditional medicine and modern medicine. This thesis also includes an interview with one modern health practitioner and his views on modern and traditional medicine, so this can hopefully serve as an update on the question of modern health practitioners' perceptions. This study done by Tolera et al. is an important reference point. There was further research conducted on rather specific issues, like pre-eclampsia (Robbins *et al.*, 2021) or the influence of humanitarian aid (Carruth, 2014), all of which give valuable insights into health behaviour in different parts of Ethiopia and within different groups of people. They all acknowledge a pluralistic approach and highlight factors such as trust, accessibility, cost and empiricism, but also the impact and influence of relatives and external factors and developments (like humanitarian interventions), when it comes to choosing medical treatment.

Nevertheless, many of the research conducted on traditional medicine are quoting each other or simply rely on WHO definitions, numbers and classification, without the necessary critical approach (Kassaye *et al.*, 2007; Birhan, Giday and Teklehaymanot, 2011; Tolera *et al.*, 2011). Therefore, new, updated data is needed on the subject.

An important focus in the scholarship lies on female health, with specific relation to reproductive health, breast cancer, cervix cancer and other sex-specific topics (Berhane *et al.*, 2001; Belayihun and Mavhandu-Mudzuis, 2018; Tsegaye and Getachew, 2019; Tesema, Tessema and Tamirat, 2020; Robbins *et al.*, 2021; Berhe *et al.*, 2023; Shentema *et al.*, 2023). This may well be due to the disadvantaged position of girls and women in Ethiopia, who are more affected by health deficiencies, such as premature death and nutritional diseases (International Trade Administration, 2024).

Kloos et al. (2013) highlight the growing global interest in what is referred to as CAM or TCAM - traditional, complementary, and alternative medicine. This trend underscores the relevance of research on this topic, even if terms such as TCAM may be considered obsolete, as previously discussed. Given that this research focuses on individuals residing in Addis Ababa, Ethiopia's capital, it is imperative to examine the relationship between urbanization and medical practices in this context. Understanding this relationship can provide valuable insights into how urbanization influences health beliefs and practices within the population. Despite the assumption, that urbanization will decrease traditional medicine, it is instead coexisting with other medical systems and has adapted and commercialized (Teshome-Bahiru, 2006).

Lastly, a literature review about medical pluralism in Ethiopia would not be complete without mentioning Richard Pankhurst (1990), who was one of the first international scholars to deliver an overview of Ethiopia’s medical history (and other relevant topics). His stories of Ethiopia’s early international relations will contribute to a fundamental understanding of this research’s subject.

Generally, in the scholarship, critical perspectives point to specific aspects of traditional medicine but do never amount to generic negative assessment of traditional medicine. On the contrary, many scholars propose more integration as well as better research on traditional medicine (Kassaye *et al.*, 2007; Birhan, Giday and Teklehaymanot, 2011; Tolera *et al.*, 2011). Some point out potential dangers of the use of traditional medicine and call for better infrastructure as well as education on the topic (Berhanu, 2013; Carruth, 2014). Criticism of biomedicine on the other hand tends to focus less on its potential dangers and more on its shortcomings in integrating effectively within local communities. Scholars who highlight negative aspects of biomedicine often emphasize its narrow focus on the physical body, in contrast to more holistic approaches that consider the broader social, emotional, and spiritual dimensions of health (Leder, 1984; Bishaw, 1991; Kamat, 2009; Robbins *et al.*, 2021). Most scholars acknowledge medical pluralism as reality, and state that academic research should help

to make medical resources available and safe for those who need them. One step towards this goal is to contribute to a better understanding of that reality. This thesis will contribute to this body of research by focusing on the specific demographic of urban, educated youth, providing a detailed examination of their health behaviours. This group appears to be under-researched in the context of medical pluralism, and this study aims to address that gap.

Relevance of the topic

The relevance of this thesis lies in its exploration of how medical practices are perceived within the broader framework of health behaviours, particularly within urban contexts, since this is an understudied area (Van Andel and Carvalheiro, 2013). Health behaviours, defined as actions taken to restore health or the decision to forgo medical services, are influenced by a complex interplay of illness, demographic, socioeconomic, cultural, and environmental factors (Kloos et al., 1987). However, much of the existing literature is outdated or predominantly focuses on the efficacy of medical treatments, often overlooking the cultural and social dimensions of healthcare, especially in urban settings. As medical pluralism becomes more and more important in the healthcare landscape, there is a growing need for research that bridges gaps between medical anthropologists, healthcare providers, and policymakers (Dilipkumar Patil *et al.*, 2024). By providing in-depth insights into the motivations behind health behaviours through a qualitative approach, this thesis seeks to meet this need. Understanding the emic perspectives - how people perceive and experience their own health - is essential for developing healthcare services that are culturally and contextually appropriate (Kahissay, Fenta and Boon, 2017). Previous research, such as Kamat's (2009) study on childhood malaria, has demonstrated the importance of such an approach, revealing critical information that can inform more effective healthcare strategies to avoid risks like delayed treatment-seeking.

Moreover, most of the contemporary literature on topics within the field of medical pluralism in Ethiopia focusses on only one single aspect of medicine and usually also examines behaviours and attitudes as well as phenomena within one homogenic group. Several studies in the field investigate the collaboration between practitioners of traditional medicine and biomedicine and examine attitudes of practitioners, sometimes including patients' voices. Nevertheless, many studies have a focus on either faith healing from one specific Church or religious group or focus solely on the integration of herbal medicine. This research aims to draw a more holistic picture of the medical landscape in Ethiopia which offers a variety of methods to treat diseases or other forms of malaise. By defining the researched group not in terms of

religious or ethnical affiliation, the thesis provides insights into the diversity within the medical field in Addis Ababa.

Furthermore, scholarship on the issue often argues that limiting factors, such as access to health facilities and knowledge play a crucial role. A substantial body of research exists on gender-specific health issues, largely because women and girls are disproportionately affected by infrastructural shortcomings, as previously mentioned. As a result, there is extensive literature on reproductive health and other health concerns that specifically impact women. This thesis takes on another point of view and examines health behaviours and perceptions from what is arguably the most privileged segment of the Ethiopian population: young, educated men living in Ethiopia's biggest, best-equipped city: Addis Ababa.

Methods, sources and approach

To ensure the transparency of this research, this section outlines the data collection process. The thesis draws from multiple sources, with academic literature serving as main foundation. However, the research has been significantly shaped by primary data gathered through personal experiences while living in Addis Ababa, informal conversations, and semi-structured interviews. The latter method, in particular, has had the most critical influence. These interviews will be analysed throughout the thesis, and the insights gained from interviewees will form the structural basis of the main body of the work.

The qualitative approach focuses on in-depth analysis of individual beliefs and behaviours regarding traditional and modern medicines. Interviews, while limited in number, are analysed comparatively, with attention to the semantics and personal judgments expressed by participants. Follow-up communications further clarified points and deepened understanding.

Though formal participant observation was not conducted, personal experiences and informal engagements in Addis Ababa enriched the analysis. By integrating these interviews with existing scholarship, this methodology offers a nuanced exploration of medical pluralism while recognizing the limitations of time and scope.

In the following there will be a detailed explanation of the methodology, starting with the setting and circumstances in which the interviews were conducted, the choice of interview partners and some background information on the interviewees, while still allowing for them to stay anonymous.

All interview participants have consented to using their answers for the purpose of this work but have also asked for protection of their identity. For that reason, the form of consent they

signed will not be attached to this thesis. Instead, they are with me and disposed with the university of Vienna, where they will be guarded safely for the protection of the interviewees. Additionally, the participants' names were changed. Based on their preferences, some participants selected their own pseudonyms, while for others, I assigned names that are commonly used within their age group in Ethiopia.

Three oral interviews were conducted. In the next section, more information on the interview settings and the interviewees will be provided, followed by an explanation of how the interviews are analysed and integrated in this thesis. Given the qualitative nature of this research, a large number of interviewees was neither necessary nor practical for the scope of this thesis. Conducting in-depth interviews and allowing sufficient time for each conversation better aligned with the research goals, as the aim is to explore individual behaviours, opinions, and attitudes.

The scope of this research focuses on a specific subset of Ethiopia's diverse population, recognizing that it is not feasible to make generalized statements about "the Ethiopian people" as a whole, given the country's vast heterogeneity. Rather than attempting to provide a representative sample of the educated urban youth, this thesis aims to explore the perspectives of selected individuals within this group. Through three in-depth interviews, the study highlights specific practices and discourses that reveal how these individuals engage with and understand their relationship to the broader medical environment. The qualitative approach prioritizes depth over breadth, seeking to uncover nuanced insights rather than generalizing across a larger population. This methodology enables a more detailed examination of how particular individuals navigate the intersection of traditional and modern healthcare systems in an urban Ethiopian context.

All interview partners are young (between the age of 25 and 40), have higher education (bachelor's degree or above) and live in Addis Ababa. They also all happen to be male. However, two informal discussions about health behaviours were held with female colleagues while exploring potential research ideas. One classmate, who later referred me to Dr Mamo for an interview, shared some valuable insights. Although she had limited personal experience with traditional medicine, she provided information about bone setters, whom her family consults when needed. These informal conversations, while not directly included in the thesis, were instrumental in refining the research focus and offered an overview of the wide range of treatment options available in Addis Ababa. Another classmate, Saron (see appendix for our chat), also pointed out the existence of religious healing practices.

In addition to the three oral interviews, two text-based conversations with classmates, are included in the appendix alongside the transcripts of the oral interviews. These conversations provided valuable insights, and they will be referenced when relevant to support the analysis. Both individuals correspond with the research focus, and one of them is female. However, overall, women were generally less enthusiastic about participating in the study. For ethical reasons, no one was persuaded or pressured to participate, even though this has resulted in a gender imbalance in the research. But, as discussed, the perspective of the researched is intentionally a privileged one, to fill gaps in existing research.

Ethical clearance

All interview participants were informed about the purpose of the interview and the use of the disclosed information. All have consented orally and/or in written form.

Choice of interviewees

Other than the willingness of the participants there were some factors that influenced who was selected to participate in this study. The interviewees had to fit into the criteria of this research, but one could also argue vice versa, that this focus was chosen, because young, educated people were the most accessible group, since the research was conducted, while studying at Addis Ababa university. Issak and Engida were selected for this study due to prior discussions regarding the thesis topic, during which they provided insightful remarks. Additionally, a relationship had already been established with both individuals, facilitating an environment that encourages more open dialogue compared to interactions with complete strangers.

The process with Dr Mamo differed slightly. The thesis topic was introduced in a WhatsApp group chat comprising colleagues from the institute, where a request for participants was made. In response, Desta engaged in a written interview via WhatsApp. Additionally, a female classmate, with whom previous discussions regarding the topic had occurred, offered to share the contact information of a friend who is a practicing doctor at a hospital. This connection ultimately facilitated contact with Dr Mamo. His contributions were invaluable, providing insights not only into the patient perspective but also regarding the opinions and experiences of a healthcare practitioner. Furthermore, his diverse experiences working across various regions of Ethiopia enhanced the understanding of the country's health infrastructure.

Engaging with professionals in traditional medicine proved to be challenging throughout the research process. The only interaction with a traditional healer occurred via a phone call, during which Issak, another interview participant, facilitated translation. Key statements from this conversation were documented and will be integrated into the analysis to present multiple

perspectives. It is not uncommon for traditional healers to be inaccessible to foreigners, as only a limited number are proficient in English. Furthermore, the nature of their practice often entails a significant degree of secrecy. Traditional medicine can be a lucrative source of income, and the dissemination of their knowledge may pose a threat to their economic interests. Consequently, substantial time, language skills, and networking would be necessary to conduct interviews with traditional practitioners regarding their work and perspectives. Therefore, this study will primarily rely on existing research conducted by others to gain insights into these practitioners' viewpoints.

Having outlined the reasons for selecting the interview participants, it is essential to provide contextual information about their backgrounds, as this will help to contextualize their responses. Additionally, a description of the various interview settings will be presented.

Demographic features of respondents and interview settings

A set of questions was prepared, that can be found in the appendix. Those served as a guideline but were not always strictly followed. Follow-up questions were added, depending on the dynamics of the interviews. All interview transcripts can be found in the appendix. The questions asked served the purpose of investigating the research question.

Engida 18.12.23:

Engida is a PhD student at Addis Ababa university. We had met several times in group settings and have had one longer conversation on traditional medicine during a lunch break. This conversation was also what led to asking him if he wanted to give an interview. Engida is 37 years old and grew up in a smaller city outside of Addis Ababa. He lived in Addis Ababa at the time of the interview and is Christian Orthodox.

Interview setting:

The interview with Engida was the first interview conducted. We met at the lobby of a big hotel in Addis Ababa. A place he had picked, which was very fitting, since it was a rather neutral space, yet quiet and not very crowded. He did not wish to be recorded, so notes were taken instead. We sat on a sofa in that hotel lobby and the interview lasted about one hour and a half. Initially, Engida appeared to exercise caution in his responses, emphasizing his trust in scientific principles. However, as the interview progressed, he seemed to become increasingly open and forthcoming.

Issak 20.12.23:

Issak is a postgraduate student at Addis Ababa university. The first encounter took place at the university library, where an extensive discussion unfolded covering various topics, including the thesis subject. A connection was established during this conversation, facilitating a more productive interview process. Issak is 25 years old, grew up in a rural area in the northern part of Ethiopia and had been residing in Addis Ababa for several years at the time of the interview. His mother is a military doctor, while his father serves as a Christian Protestant priest. Although he was experiencing a period of reorientation regarding his beliefs, he still identified as part of the Christian Protestant Church.

Interview setting:

The interview was conducted at a café recommended by Issak. Despite the busy atmosphere, the conversation proceeded with minimal interruptions. Although Issak received several phone calls from family members during the discussion, he smoothly resumed our conversation each time. Following the interview, he introduced Telegram channels where traditional healers promoted their services, and we managed to call some of them to inquire about their practices, which proved to be a challenging venture but resulted in valuable insights. Overall, a comfortable rapport was established with Issak, who openly shared his experiences and ensured that I comprehended his points. He offered assistance throughout the process and even suggested reaching out to his parents for specific information. He expressed no concerns about being recorded and typically appeared unfazed by it; on occasion, he proposed pausing the recording when he felt he might say something irrelevant to the research topic. The interview lasted approximately one hour, while the entire meeting, including discussions about Telegram channels and calls to traditional doctors, extended to about two hours.

Dr Mamo 22.12.23:

As described earlier, the contact with Dr Mamo was established through a classmate. Thus, the day of the interview was the first time we met. He is a general doctor at a primary clinic in Addis Ababa. He is 30 years old and has graduated from Addis Ababa university. He is from Addis Ababa, grew up there and worked and lived there at the time of the interview. He has lived in two other smaller cities in Ethiopia after graduation, before eventually moving back to Ethiopia’s capital.

Interview setting:

Dr Mamo was the last person interviewed, which turned out to be of advantage, because it was possible to confront him with other participants' statements and see what he would have to say about it. We met at a restaurant that was close to the clinic Dr Mamo worked at. We were sitting outside and talked while having a coffee, so the atmosphere was relaxed. I started recording quite quickly after we had introduced ourselves and did some quick small talk. The interview went smoothly, I experienced Dr Mamo as an eloquent person, who was not hesitant to share his opinions and experiences. The interview lasted roughly one hour.

Analysis of the interviews

The following section outlines the methodology of integrating interview data with existing scholarship, highlighting how the theoretical dynamics discussed in the literature manifest in the concrete statements and behaviours of the interview participants. While the sample size is relatively small, the interviews complement the literature, serving to investigate recurring themes of medical pluralism and to represent the perspectives of the researched group. This was achieved through a comparative analysis, examining how different participants articulated similar phenomena. Special attention was given to both explicit and implicit judgments and values attached to these phenomena, allowing for an exploration of shared and divergent attitudes.

A further layer of analysis focused on the semantics used by participants, as particular attention was paid to their terminology and emic definitions. For instance, how did they refer to specific medical practices or practitioners, and what insights could be drawn from their language choices?

In addition, a method of follow-up communication was employed, reaching out to participants by phone for clarification and further explanation. This approach was particularly useful when initial interview data were unclear or when new topics emerged that required additional input. In this way, the interviewees remained an integral source of information throughout the research process.

Beyond direct engagement, continuous reflection on the interviewees' statements and explanations in relation to the broader scholarship was applied. Conversely, their experiences were used to contextualize and verify academic insights, allowing for a deeper exploration of the scholarship at a more individual and experiential level.

Other methods and sources

In addition to the oral interviews, conversations were conducted via chat with two classmates, Desta and Saron, whose input will be included where relevant. Alongside the analysis of primary data, existing research will be integrated at every stage of the thesis to contextualize findings and address areas that could not be explored in depth due to time and other limitations. Fortunately, there is a substantial body of research available, which will complement the analysis. Additional sources, such as data from the Ethiopian Health Institute and personal observations, will be incorporated where applicable to support the research.

While no formal participant observation was conducted - such as attending medical settings like clinics or churches - insights were gained from living in Addis Ababa and engaging with the local community. These informal interactions, along with personal experiences, provided valuable context for interpreting interview data and existing literature on Ethiopia. However, given the relatively short duration of the stay (three months), it is important to acknowledge that these observations are limited in scope and should be considered accordingly.

Limitations

This thesis does not claim to provide an exhaustive study of health behaviours and perceptions in Addis Ababa. The city's population is highly heterogeneous, and further research is needed to fully capture the complexities of this subject. Ideally, the research would have involved direct observation of treatment settings and a longitudinal study of individuals' behaviours. However, the limited duration of stay made this impractical. Additionally, my lack of proficiency in Amharic and other Ethiopian languages posed a significant limitation, resulting in missed opportunities to investigate the practices and perceptions of traditional healers. The secrecy surrounding their profession further compounded this challenge. The language barrier also introduced a bias in the selection of interview participants, as the research was restricted to individuals who spoke and understood English. The study is also constrained by the limited scope of three oral interviews, which may not adequately represent the diverse perspectives within the population. My status as a foreigner further limited my ability to establish a broad network during the three months in Addis Ababa. Moreover, the research has a gender bias, as previously mentioned. In hindsight, conducting this research in collaboration with a local Ethiopian scholar would have been advantageous, providing access to language skills, networks, and insider perspectives that could have enriched the study.

Positionality and subjectivity

I approach this study, knowing that my cultural background and personal experience as well as education inevitably influence the way I perceive and interpret the social and cultural dynamics within the communities I study. As a researcher, I want to act with awareness of my positionality. Thus, in order to make the process of research as transparent as possible, I am going to share my reflections in this section.

I am a white, 24-year-old German woman, born into a middle-class family in Germany with no migration background. My family is Protestant on paper, and I had some Christian education, but soon developed an interest in religion that exceeds what is being taught in the Protestant Church. This may have influenced my thesis topic, as I have personal interest in religious and culture related topics, such as spiritual beliefs and healing.

I conducted my bachelor's degree in Tübingen in cultural anthropology and media studies. This degree significantly influenced the way I approach academic research and is one of the main reasons I am writing this thesis with a perspective that is mainly anthropological, even though it serves the fulfilment of an interdisciplinary master's degree.

The interest in medical anthropology awoke through a seminar on health and healing in Nepal and the idea for this thesis started to arise already when I was studying in Belgium for the first year of the master program. Hence, I picked other seminars that dealt with Africa, some were of political content, others about art and literature and one dealt with medical anthropology. The subject of this thesis, therefore, is not totally inductive. I went to Ethiopia with the broader idea in mind and developed it further based on the circumstances I encountered there.

My stay in Ethiopia was the first time I ever visited a sub-Saharan African country. I am by no means an Africa expert, and my knowledge is mainly informed by European media and academia. The stay in Ethiopia was necessary and valuable for this thesis. Since there is always danger of inappropriately depicting other people (I am saying this with the writing culture debate and Said's concept of Othering in mind), I want to reflect on potential power dynamics.

Firstly, I did not feel in a superior position to my interview participants at all. We either had the same degree of education or the participants' educational degree was higher than mine. I was amongst the same age group. I felt very much at eye-level and did not have the impression anyone felt forced to talk to me or was not empowered to decline any of my requests. I made sure the participants could choose the environment for the interviews. If anything, they were more familiar with the surroundings than me, they were the experts on the topics and their

perspectives impact this research as much as mine, since they are my primary source of information. Nevertheless, there was the gender aspect. I am not entirely sure, why the women I approached did not seem enthusiastic about giving me an interview, especially because I am female myself. I do however understand that health can be a sensitive and intimate topic. I also felt like some of the people I asked did not feel like they were the right fit because they have not really been to traditional healers themselves. Even though I tried to explain, that it was not important, some people preferred not to give me recorded interviews.

I should maybe also make some general remarks on the fact, that I, as a white researcher from the so called "Global North" am going to an African country to research on a topic I might as well research in my home. As Luttrell (2019) notices, being aware of one's positionality is especially important for white researchers, as we have a responsibility to critically think about our privileged position. I found an interesting story of three PhD candidates, reflecting on their positionality, which hopefully makes this point clearer. They pointed out a vast difference that is being made between researchers from the Global North and the Global South, when it comes to where they should do fieldwork: While students from the Global North were free to choose any non-Global North country for their research, those from the global South were expected to conduct research in their own or other Global South countries. The authors point out a problematic dichotomy that perpetuated a divide between the "West and the Rest": students from the global South were valued for their "insider" perspectives, while those from the Global North were encouraged to adopt "outsider" positions (Bilgen, Nasir and Schöneberg, 2021). While for me it was not the case that anyone at university specifically told me what to write about and generally in the master's program there were no limitations, I do admit that I am an outsider and that provides different perspectives and outcomes of this research, as already mentioned in the limitations section. I want to briefly reflect on how that position had impacted the research.

Every now and then, my interview partners paused mid-sentence and said something like "in Amharic it is called so and so, I don't know the English word" Or Issak even once said "This is something only Ethiopians would understand". But then he still tried to give me an explanation. So, even though in some ways I might not immediately understand what people were talking about, my outsider position would make them explain things more deeply to me. I think this might well be an advantage, because no one assumed that I just knew or understood certain things, which led them to giving more detailed explanations. This may prevent misinterpretations later on in the research process. At the same time, it is also possible, that they

may have not always considered my lack of cultural knowledge and there might be certain points where I do misinterpret. I hope to prevent that, by having someone proofread my most important findings and maybe even ask my interview partners to check if I interpreted their answers correctly. I am in the comfortable position of always being able to ask follow-up questions, thanks to technology and the availability and willingness of my interview partners.

I also found it interesting how two of my interview partners explained the process of steam, inhaling to me, even though I have done that too in the past. I did not know that this was considered traditional/cultural Ethiopian medicine. I used it for skin clearance but have also heard that people use it for common colds, also where I grew up. Interestingly, they did probably not know that this method was not something exclusively used in Ethiopia, so they explained the whole process to me. These are some examples of how I was treated a certain way based on my background. People felt the need to explain a few things but also sometimes struggled and reached the limits of what was transformable into the English language and my field of knowledge.

But not only how the world interacts with me is influenced by factors such as education, nationality, gender, skin colour, etcetera; what is more, the way I experience and interpret the world mirrors myself. I think, most scholars would agree, that humanities, therefore, can never be fully objective. That is another reason why it is necessary for me to understand what my positionality is and what factors influence my thinking and shape my values, so that I can better understand the lens through which I see the world, which eventually also influences my research.

Again, it might not be possible to take everything into consideration, nevertheless, this is my attempt to reflect on my own biases, to keep an open mind and to understand that I too, am to a certain extend the sum of my parts.

Since this is qualitative research, the result of this would probably look different, if someone else had been the researcher here (we just have to think of the very famous example of Margaret Mead and Leo Fortune). So, my approach is to make everything as accessible as possible, by attaching the interview transcripts and adding this little refection part about my positionality.

As I am doing social science, it is not abstract numbers that I do research on. Instead, I talked to other human beings, who themselves are shaped by their surroundings. So, I will not treat my research as a biologist or mathematician would do. Instead, “[t]he goal is to humanize rather than objectify the knowledge we create” (Luttrell, 2019, p. 19).

In conclusion, my background, education, and outsider status inevitably shape the way I perceive and interpret statements from my conducted interviews and general findings on the research subject. While this outsider perspective can lead to more detailed explanations from participants, it also risks misinterpretation due to cultural differences. Recognizing these dynamics, I have strived to maintain reflexivity and transparency throughout the research. By sharing my reflections and attaching interview transcripts, I aim to make the research process as accessible and authentic as possible, acknowledging that the outcomes of qualitative research are inherently influenced by the researcher's positionality.

1. What is medicine (in the Ethiopian context)?

> *My perspective towards medicine is [that] it's a path of exploring the human body or our environment, where [an] understanding [of] causes and the problems takes place.* Interview Issak, 171

This thesis deals with medical pluralism. In the introduction, current debates about this expression and potential problems were presented, further a common idea about what is meant by medical pluralism was established.

Now, something even more profound will be reflected on: The question of medicine itself. While this may seem redundant to some, since one could contend that everybody knows what medicine is, it is essential to reflect on supposedly well-known meanings. Especially when dealing within a field where individuals may claim a certain label for themselves while accusing others of abusing that label by falsely calling something medical, for instance.

To underscore the importance of reflecting on the definition of medicine, it is essential to recognize that different individuals may label certain substances or practices in varying ways. For instance, ayahuasca is often categorized by some as a stimulating drug, while others refer to it as a form of medicine (Hamill *et al.*, 2019). This divergence in terminology highlights the subjective nature of what constitutes medicine and underscores the need for critical examination of these definitions.

At the same time, medical drugs are supposed to make people feel better, maybe even heal them but those exact same substances can cause addiction and sickness (Caplan *et al.*, 2007; DuPont, 2010; Cooper, 2013).

Medicine is usually connected to healing, that is to say, fixing a problem of a person that may be physical but can also be of non-physical nature and generally optimize someone's wellbeing on several levels. The quote at the beginning of this chapter indicates that for the participant, medicine is an empirical and logical practice, the approach that is being described has scientific elements. However, the quote does not exclude supernatural causes as underlying reasons of problems. Just like Evans-Pritchard (1950) famously demonstrates, witchcraft beliefs (and similar epistemologies, external to western ideas of reality) do not have to be irrational. Since concepts and explanatory models are often diverse, this section examines if there is a basic, shared understanding of medicine within academia and societies.

Instead of quoting WHO definitions of medicine, as many others have done (Kassaye *et al.*, 2007; Birhan, Giday and Teklehaymanot, 2011; Tolera *et al.*, 2011), this section will go a step further and include several scholars' elaborations, as well as those of interview participants.

It seems like for some, health has to do with being clean, that could be in terms of hygiene and keeping away from germs, as well as emptying the body and getting rid of parasites. For example in some communities in Ethiopia, camel milk is attributed with cleansing and healing powers, because it makes people vomit and excrete (Carruth, 2014). It can also mean washing away sins or staying pure from misbehaviour that could potentially contribute to becoming sick - physically or mentally (Baheretibeb, Wondimagegn and Law, 2024).

Some scholars define medicine in terms of regions or time periods (Ackerknecht, 2016), others in terms of ontological approach (Caplan, McCartney and Sisti, 2004). The interviewees often referred to the mode of production, which is also something Navarro (1983, p. 184) emphasises, as well as socio-economic, political and ideological circumstances, going as far as speaking of "feudal medicine, capitalist medicine, or communist medicine", based on the mode of production.

Han (2002) also speaks of medical systems which this thesis understands as distinct from medicine, but rather as something that defines the approach and ontological ideas as well as substances and methods used within a set of practices. Han on the other hand says both, medicine and a medical system refer to an interplay and network of different resources that collectively influence how individuals within a sociocultural group receive and handle medical care and treatment for illness.

Concepts about medical systems such as Chinese Medicine (which is widely spread and adopted, even one of the interviewees talked about it) entail the very idea of one shared system of actions, resources and beliefs/knowledge concerning healthcare and treatment of illness that have evolved or been borrowed from various sources over an extended period (Han, 2002). Han also acknowledges the importance of operating within a historical time period. This applies to all forms of medicine. But even with that in mind, it is questionable if such closed systems exist, as established in the introduction of this work, all forms of medicine are pluralistic to a certain extend and nothing exists in a vacuum.

Conclusively, most scholars provide different definitions of medicine depending on the context of the medical practices. It is therefore not certain if there is one universal definition of medicine. Even though, those definitions and perspectives tend to differ in how they describe the approach and methods of medicine, what they all have in common is the goal of restoring health:

> "Medicine is defined as an area of human knowledge concerned with restoring health. It is, in the broadest sense of the term, the science and practice of the prevention and curing of human diseases, and other ailments of the human body or mind" (Ali Shah *et al.*, 2022, p. 254).

This definition is compelling and suitable for the approach of this thesis, because it does not limit medicine to certain methods or aspects of human life (such as the physical body). It therefore includes various practices, that will be explored in more detail in the following sections.

1.1 Emic choice of words

Definitions of all sorts are nothing given, we create them ourselves. They serve us for a common understanding of things, but they can also change our perceptions, because, as is well known, language shapes our knowledge (Hall, Koenig and Meador, 2004; Boroditzky, 2011). There is a lot that can be said when it comes to terminology, especially if we are operating in the field of epistemology. I have made some earlier comments on the fact, that I am a white researcher, working on a topic from that part of the globe that is often dismissed as inferior in many ways. Which I of course acknowledge, it is not. Therefore, in this thesis any use of words that imply otherwise will be avoided. It is on the other hand possible that adapting this narrative of "the West and the Rest" or Global North/ Global South and constantly reflecting on it might reinforce the dichotomy instead. A perfect solution to this has yet to be found. Until then, to avoid any imposed or internalised hegemonial implications, this thesis seeks to argue from an emic perspective as much as possible. With "emic" referring to the researched subjects. Therefore, their choice of words will be adapted when talking about types of medicine and different phenomena. Accordingly, giving any names to different forms of healing in the interview questions was avoided at first, and every participant was asked, what types of medicine there were in Ethiopia. Here is what they answered:

> *Oh, okay. We can actually say traditional and modern medicine.*
>
> *Do you also call them traditional and modern?*
>
> *Yeah, yeah. Also, the community uses those terms.* Interview Issak, 10-12

> *And what types of medicine are there in Ethiopia?*
>
> *Yeah, well, basically we use modern medicine, and we give drugs. We educate people to use the modern drugs. Or at least to use just food or nutrition or water, rather than the traditional medicine. But there is still the traditional medicine.* Interview Dr Mamo, 17-18

I would classify [traditional medicine] in […] those who provide herbs to heal patients, those who provide spiritual assistance (for things considered spiritual), and those we go [to] for physical issues like broken or dislocated joints. Interview Desta

I know there is modern and cultural healing. Interview notes Engida

As can be seen, the answers were quite similar to each other. Almost everybody used the terms "modern" and "traditional", only one of the participants used the word "cultural". Apparently, those same terms are also used in Amharic, when referring to different forms of medicine (traditional*: bahlawi 'ባህላዊ';* modern: *zemenawi 'ዘመናዊ*). Thus, even though initially it was planned to avoid the terms modern and traditional, they were adapted in this thesis, since those were the commonly used words to describe different healing practices. Interestingly, those terms are even used by officials, the Ethiopian Public Health Institute for example has different sections on their websites and also distinguishes between traditional and modern medicine (Ethiopian Public Health Institute, no date).

Even though some people came up with their answers quite straightforward, the distinctions and meanings of traditional and modern medicine are not as clear, even to Ethiopians. A few examples will demonstrate what is meant by that. When talking about traditional medicine in informal settings, locals frequently asked for clarification of what was meant by traditional medicine. In the WhatsApp conversation, Saron asked "[W]hat do you mean by healers? Is your focus on religious healers or others?", which is how religious healers became an aspect of this thesis. Other words encountered throughout the research describing different phenomena that deal with giving assistance for certain problems were witchery, prayer, old medicine, herbal medicine, science, unorthodox medicine.

This thesis is not the first academic work to reflect on correct or unproblematic descriptions. As Han (2002) describes, giving an overview on the ongoing debate over the appropriate terminology to depict therapies that fall outside of what many might call conventional biomedicine (even though conventional is also a judgmental term), some argue that alternative medicine is the more fitting word, as it implies these therapies are a replacement for the perceived shortcomings of biomedicine. Also, complementary therapy is sometimes described as a more suitable designation. The idea behind this term is that these therapies are meant to complement biomedicine, not replace it entirely. This view also signifies the belief that complementary medicine can work in conjunction with biomedicine. Han also acknowledges certain problems about both terms and adds that another problem with grouping all these

therapies together is that it tends to lump both widely accepted practices like acupuncture and more controversial ones under the same umbrella. Han (2002) operates within a dualistic framework and uses the terms orthodox and non-orthodox medicine. This would however lead to confusion in this thesis, since the Ethiopian Orthodox Church, will be discussed a lot. For that reason, the term "orthodox" will not be used in the same sense as Han does. Furthermore, alternative and complementary imply a hierarchy on which biomedicine is presented as superior. Since this thesis seeks to refrain from any judgement on medicines, these descriptions will also be avoided.

Moreover, there are many different words which not always describe the same practices and there are far more than just two medical systems (Bishaw, 1991). This research will try to treat all these practices with the same suspicion. Concludingly, completely neutral (meaning value-free) terms do not exist. Other terms that feel fitting are biomedicine and herbal medicine, or indigenous medicine, hence they might also be used every now and then. They appear more descriptive than modern and traditional.

After these initial remarks on terminology, let us now look at the materialistic nature. What do traditional and modern medicine include in Ethiopia?

> *Yeah, well, basically we use modern medicine, and we give drugs. We educate people to use the modern drugs. Or at least to use just food or nutrition or water, rather than the traditional medicine.* Interview Dr Mamo, 18

This statement connects modern medicine to drugs and use in clinics, since the participant who said that works in a primary clinic. Further, the statement hints at what traditional medicine is not (drugs, food, water). Probably, not everybody would necessarily agree that food is not traditional medicine but let us have a look at the definitions for traditional medicine. Desta provided an explanation for three types of traditional healers that were confirmed directly or indirectly by many others*:*

> *[There are] those who provide herbs to heal patients, those who provide spiritual assistance (for things considered spiritual), and those we go [to] for physical issues like broken or dislocated joints.* Interview Desta

Following this description, traditional medicine includes herbs as a way of treatment, spiritual assistance, and physical treatments like massages for bones and joints. From the interviews, it seems, that out of the doctors considered traditional, those physicians are the ones who are accepted the most, even by those people very sceptical about traditional medicine. Teshome-Bahiru (2006) found herbalists and bone setters getting most respect in Addis Ababa to be a

result of the government's former persecution of spiritual healers as well as the Orthodox Church's condemnation.

More detailed explanations on traditional medicine were given, possibly because of the structures of the interview questions, but probably also because people assumed I know less about traditional Ethiopian medicine than about modern medicine, which is widely considered cosmopolitan and more connected to industrialized countries like Germany, where I am from and thus have more knowledge about. Issak nevertheless explained the distinctions of modern and traditional medicine like this, distinguishing between a community definition and his own:

> *Okay, for the community, it's basically how they could have access to it. Since the access in which emanates from, usually their mother's knowledge of a longer time with their family, or it's a secret family recipe, just like recipes of food. And a modern medicine is usually accessible for the community or the rural side of the society, after a very long effort to reach a certain hospital or, a clinic. So, with that, they classify modern and traditional medicine.*
>
> *For me, it's usually the access plus how it actually comes… the scientific procedures that have been taken towards making a medicinal product, classify that section of medicine, as a modern medicine for me. Though, there is a very slight touch of intersect, and some traditional medicine makers having this modern touch of experimental processes, I believe, the procedures, the procedures that the medicines are made, and approvals of international, medical taught and knowledge that classifies it for me as modern and traditional.* Interview Issak, 16

Engida also named the production procedure as a criterium for the classification of medicine, describing modern medical remedies as produced by manufacturing industries, while cultural remedies are supposedly home-made by the individual healer. He also said each healer has their own unique recipes. He stated the most important distinction to be the production at home versus mass production. He also mentioned exceptions to this rule, such as Chinese medicine. Further, Engida acknowledged that modern medicine has emerged out of cultural medicine, so it is just a different state of the same thing, Issak said the same in the interview. Profit-making and greed of medical industries were also mentioned as negative, defining aspects of modern medicine.

However, the aspect of profit-making and commercialization is not exclusively attributed to modern medicine (Han, 2002). Individual traditional medicine providers are making a living out of their profession and the state is also striving to make money out of traditional medical knowledge.

Scholars have defined traditional medicine in various manners, the most important note is that in Ethiopia, traditional medicine does not refer to one singular system. However, Bishaw (1991)

identified some common themes among diverse cultural and ethnical Ethiopian groups, such as the blending of mystical and natural explanations for illnesses and health and a holistic approach to treatment. Generally, traditional medicine is as cosmopolitan as modern medicine is believed to be, as it has existed in all human societies. Foreign influences may also already have played a role before some medical approaches were coined "modern". Even though some describe traditional medicine as "culture-bound" (Ali Shah *et al.*, 2022, p. 253), in reality, all medicine is culture-bound to a certain extent. It should also be considered that culture is not a closed system, but constantly changing and fluid.

The exploration of terminology in the context of modern and traditional medicine reveals the complex and often contested nature of these classifications. While definitions serve as tools for common understanding, they also shape our perceptions and can reinforce dichotomies, such as the distinction between "modern" and "traditional" medicine. Despite initial hesitations, the adoption of these terms is necessary due to their widespread use among the research participants and within (Ethiopian) public health discourse. They are also used for reasons of simplicity. However, it is acknowledged that these terms are not without their limitations, as they may oversimplify the rich diversity of healing practices in Ethiopia. By engaging directly with the language and perspectives of those involved, this research aims to avoid imposing external judgments and instead reflects the nuanced ways in which these medical practices are understood and valued within their cultural contexts.

1.2 The body and the other

Since this research deals with different approaches to medicine, there is one aspect that is essential to understand: The conceptualization of illness.

How can cures and treatments be discussed without a clear understanding of the root causes and nature of disease? This is particularly important to grasp, as these conceptions often vary significantly across different contexts and belief systems (Amzat and Razum, 2014). In biomedicine, the root causes of disease mostly lie in the physical/ material world. In other conceptual understandings, the body and the material world are not the only explanations for ailments, whether of physical or of spiritual nature (Rocca and Anjum, 2020).

Throughout many societies and time periods, people have distinguished medical issues and human entities into two components. The first one is the material, physical body. The other one is not so easy to define, since there have been different words and interpretations. The divide between the physical body and the other, often referred to as mind or spirit is also not inherit to

every culture and epistemology (Chan, Ying Ho and Chow, 2002). It is, nevertheless, a commonly used idea.

Not everyone would agree that these various concepts are synonymous. For instance, the mind is often linked to the physical body, particularly the brain, according to scientific explanations. However, mental health issues are typically addressed differently than physical ailments, with distinct practitioners such as medical doctors and psychiatrists specializing in each domain. The notion of the spirit, in contrast, is more abstract, often viewed as immaterial and not tied to the physical body. Certain symptoms that do not stem from identifiable physical causes may be interpreted as mental disorders by some, or as spiritual issues by others (Menezes Júnior and Moreira-Almeida, 2009).

These lines between the physical and the immaterial can however be blurry and the Cartesian segregation (the mind/body division) is not necessarily a universal approach to health. Interestingly, in some cultures, even spiritual problems are given a physical form (Stroeken, 2008). In other cases, physical problems might arise from non-material causes (Leder, 1984).

Throughout this chapter, different concepts about the human state of being will be looked at to examine how they fit within some of the concepts encountered throughout the research conducted for this thesis. Therefore, other researchers' works will be analysed as well as some conceptual ideas and explanatory models from the interview participants, to see if there are overlapping understandings. First, some theoretical considerations done by anthropologists in the past will be introduced.

Stroeken (2012) also argues that the mind-body division, or the Cartesian dualism (Csordas, 1990) is something inherent to biomedicine, and other medicines can therefore provide a more holistic approach to healing because they do not reduce a person to their physical body. The rethinking of the body, also known as embodiment paradigm, started decades ago. Two influential essays on the topic will be discussed to establish a base of thought to incorporate in further findings and reflections.

Leder (1984) and Csordas (1990) both argue that embodiment should be considered a central paradigm in understanding the world and humans. Leder stressed the importance of embodiment in medicine, whereas Csordas roots for its adaption in anthropology and other social sciences. The embodiment paradigm suggests that the body is not just a biological object but a fundamental medium through which humans experience the world. Drawing on

phenomenology, both authors emphasize that the body is the locus of perception and action, making it essential for understanding human experience and culture.

Csordas explores how various cultural practices - such as healing rituals, religious experiences, and everyday bodily practices - are deeply rooted in the embodied experiences of individuals. He critiques the Cartesian dualism that separates mind and body, proposing instead that anthropology should focus on the body as a site of lived experience.

By using examples from different cultural contexts, Csordas demonstrates that the body is both shaped by and shapes cultural practices. He argues that to truly understand human behaviour and social life, anthropologists must consider how people embody their cultural worlds. The text calls for a shift in anthropological focus, where embodiment becomes a key concept in analysing and interpreting human experience.

Similarly, Leder (1984) argues that the body should no longer be treated as a machine-like thing, separated from the mind. Instead, humans are one united entity, and medicine should treat it as such. Leder critiques the reductionist tendencies of modern medicine, arguing that these flaws stem from an exclusive reliance on the mind/body dualism. Alternatively, he proposes that incorporating the paradigm of the lived-body, as developed by thinkers like Straus and Merleau-Ponty, could offer a beneficial reorientation for medical practice. As humans, we are our bodies, for it is through the body that we experience and live, therefore there is a lived-body. He takes the argument even further by speaking of an "enworldment" (Leder, 1984, p. 29) within our bodies. A person is not only a subjective individual, but an entity that unites the world as perceived and lived within the body. Everything we experience, physically or through thoughts and emotions, is manifested in our bodies and may cause illnesses. The separation of mind and body is no longer suitable because it leads to an alienation of the body, with it being something "extrinsic to the self" (Leder, 1984, p. 33).

Regarding medicine, Leder further argues that the dehumanized treatment of patients, which often accompanies modern medical practices, is not merely a peripheral concern but a significant factor in the efficacy of treatment. He draws attention to the fact that subjective factors such as the patient's emotional state, self-image, and the quality of the therapeutic alliance are crucial in predicting the onset and progression of illness. These factors, commonly recognized under the term placebo effect, underscore the importance of the patient's belief in and experience of their treatment, which, according to Leder, is frequently neglected by the mechanistic approach.

While Han (2002) writes that neither biomedicine nor other medicines consider origins of disease and unwellness outside of the body (such as social circumstances) and opts for the involvement of changes in the political and economic surroundings, Bishaw (1991, p. 199) states that traditional medicine does consider other aspects of life. Those he calls mystical and claims that it is an existential advantage of traditional medicine to include these, in order to not become narrow and "mechanical" (a term that appears to be used quite frequently to describe modern medicine) by only focusing on empiricism. Bishaw and Han come from two different directions in this case, because Han argues that bigger political structures should be included in healing while Bishaw talks more about the closer social surroundings that do consider entities like spirits and forces that not everybody includes into their ontological understanding of reality.

Following these reflections, the Cartesian dualism is deconstructed by acknowledging that culture is something intrinsic to the body and the need to view humans through a more holistic lens, both in medicine and social science, is established. Now, we can have a look at Ethiopian understandings of the type of ailments, that are described as mental illness in modern medicine.

As the Ethiopian Orthodox Church is an important institution in Addis Ababa and offers crucial health services, let us have a closer look at their understanding of illness and the view on mental and physical ailments. According to Baheretibeb, Wondimagegn and Law (2024), priests of the Ethiopian Orthodox Church do see mental illnesses as a category distinct from other sicknesses. This is why they feel it is within their competence to provide relief from these types of sicknesses, even though they are no physicians that learn about the physical body. It should be mentioned, however, that even within those priests, there are heterogenous explanations of those illnesses. Those can be a mix of natural and supernatural causes, depending on the illness or the background of the priest. Some mentioned a bad childhood as possible cause or witchery as well as a physical injury, spirit possession or behaviour that insults God (Baheretibeb, Wondimagegn and Law, 2024).

This has led to the pluralistic approach of prescribing or taking both, religious or traditional remedies as well as biomedicine for mental illnesses. Another reason for this combination of medical treatments is a declaration by the current Patriarch of the Ethiopian Orthodox Church that advised patients to use both medicines since it is in accordance with the bible and God.

Spiritual understandings of illness often contain forms of possession (the Zar cult is one of the more researched aspects of spiritual healing (Boddy, 1988; Witztum, Grisaru and Budowski, 1996; Asfaw, 2015; Baheretibeb, Wondimagegn and Law, 2024)), its meaning within the

Ethiopian Orthodox Church will be explored in this section, even though possession also matters in Islam and other belief systems in Ethiopia.

In the Ethiopian Orthodox Church, spirit possession[2] manifests through a range of symptoms, which generally fall into physical, mental, and supernatural categories. Physically, individuals may suffer from unexplained illnesses such as muteness, blindness, headaches, or pain with no clear medical cause. Mentally, possession can lead to intense fears, recurring nightmares, hallucinations, depression, and extreme emotional reactions like anger or passivity. Additionally, those possessed may exhibit supernatural abilities, such as speaking in unknown languages, displaying extraordinary strength, or experiencing changes in voice, like a woman speaking with a man's voice - which is the spirit speaking through the possessed person's body (Asfaw, 2015).

In conclusion, many conceptualizations of health suggest an interconnection between the body and other dimensions, where physical causes may contribute to spiritual problems, and vice versa. However, the distinction between these realms remains significant in many societies and contexts. The notion that mental, spiritual, or emotional issues may represent different interpretations of the same underlying phenomena is not unique to this research. One interview participant, for instance, offered the following perspective:

> *I think if you go to the West, religious or spiritual life is declining, and because of that, no one would explain such problems in terms of spiritual explanation, so it is the way of explanation that differs, not because the problems are different.* Notes Interview Engida

These observations do not exclusively occur in Ethiopia. There is a vast body of literature that deals with spiritual medicine and the question of locally-bound illnesses (Lee and Balick, 2003; Koch and Binder, 2013; Jimenez Fernandez *et al.*, 2018).

Similar to the concept of the lived-body, Littlewood (2001) reflects on social structures as underlying causes of illness. Further, the author questions if there is a universalist, shared understanding of concepts of illness, that can be applied to contexts other than the one of origin (for instance, European therapy-models to Ethiopian "mental" or rather spiritual problems). In the Ethiopian context, such terminology and classification of illness might be completely dismissing of the reality: no such set of therapies can be applied to symptoms that are understood completely different in nature (Littlewood, 2001).

[2] For further discussion of possession, see chapter 4.2 The construction of evil and godlessness

Which leads to the question, the field of anthropology has been rethinking in recent years. Do we live in the same world and share the same reality, but have different views and explanatory models for it, or (and here the argument becomes more radical) do we live in different worlds? Accepting that we indeed create, or construct reality also means more fundamentally respecting "the Other", by not implying that "they" believe something, but we know. What is described as Ontological turn removes the assumption that one worldview is more real or true than the other (Cohn and Lynch, 2017). The discourse here becomes more philosophical, not only anthropological. The question of reality or ontology - is a phenomenon the same but with different names or is it something different - is not of importance for this research. What matters for practical implementations is the understanding and perception of the subjective communities or individuals dealt with. This being said, "the Ethiopian" context, does not exist as such, neither is something purely Western or European or even cosmopolitan. Epistemologies and ontologies, such as the conceptual understanding of a sickness, can differ even within one locality. As this research shows, even within the small, researched group there are different understandings and models of explanations. Additionally, the world is increasingly interconnected. Therefore, concepts and approaches interact and mix. Interestingly, this very idea of universalism of psychiatry or a "universal, global psyche" developed after world war two, in an attempt to decolonize the field (Antić, 2021, 2022). The question if this was successful and served the cause of a more equal coexistence is another one.

The exploration of the body and the other demonstrates that the conceptualization of illness is deeply influenced by cultural, spiritual, and material factors. While biomedicine often locates the causes of disease in the physical body, other traditions and epistemologies integrate spiritual or non-material explanations. The distinction between the physical body and other entities, such as the mind or spirit, is not universal but varies across societies. This chapter has highlighted the complexity of these concepts by discussing the embodiment paradigm and its challenge to Cartesian dualism. By recognizing that the body is not merely a biological object but a medium through which individuals experience their world, the foundation for examining varied perceptions of illness was set. These perspectives - ranging from mental and spiritual causes to social or supernatural explanations - reflect the pluralistic nature of health in Ethiopia and around the globe. Moving forward, this understanding will help to contextualize the interplay between traditional and modern approaches to medicine, with particular attention to the role of religion and culture in shaping health practices.

1.3 Historical overview of Ethiopian medicine

The history of medicine in Ethiopia reflects a dynamic interplay between traditional practices and the gradual introduction of modern medicine, shaped by various internal and external influences. From the early days of herbal and spiritual healing, documented in ancient manuscripts, to the arrival of foreign medical practitioners and the establishment of public health infrastructure, Ethiopia's medical landscape has evolved significantly. Despite the adoption of modern medical practices, traditional medicine has remained an integral part of Ethiopian culture, often coexisting with modern approaches. The complex relationship between these systems has been influenced by religious, political, and social factors, resulting in a unique and multifaceted medical history.

Dr Mamo referred to traditional medicine as "the old, old medicine", emphasizing its long-standing presence in Ethiopia. This characterization aligns with the natural human response to illness, as the search for cures is an inherent and necessary behaviour throughout history. However, it is improbable that this body of knowledge has remained static; rather, it has likely evolved over time, even though its origins date back to ancient periods (Tiruneh, McLelland and Plummer, 2020). There are old manuscripts that disclose herbal and spiritual healing practices, many are written in Geez, an old Ethiopian language, but some were subject of academic research (Burtea, 2016).

Since, as discussed before, medical systems are always bound to the social structures they operate in, and "loaded with historical assumptions" (Leslie, 1980, p. 191), a little historical overview will serve to understand these assumptions and developments that are the underlying base for the present day's state of the medical landscape in Ethiopia.

Ethiopia was almost exclusively relying on traditional medicine, until from the 19th century on, it has seen gradual development of modern medicine, influenced by different international interventions - even though this did not lead to the disappearance of other medical systems (Tiruneh, McLelland and Plummer, 2020). This chapter will provide and outline of these developments concerning medical care and infrastructure, including the adaptation of modern medicine and the respective facilities and infrastructure as well as the role of traditional medicine and the integration of the diverse medical systems. This will serve as a basis for understanding the health behaviour and perceptions amongst the population.

Early day Ethiopians were prone to adapting innovations from overseas, especially in the medical field. In 1521, the then emperor Lebna Dengel wrote to the Portuguese King Joao III

to send medical practitioners, such as surgeons and physicians. One of these men sent by the king was Joao Bermudes, the first recorded foreigner to practice medicine and share their skills with Ethiopians. Throughout the centuries many of the Ethiopian Emperors made efforts to import medical knowledge by receiving experts from abroad (Pankhurst, 1990).

For much of Ethiopia's history, traditional medical systems operated without competition from alternative approaches. Despite various emperors promoting innovation and being receptive to external influences, as just described, Ethiopian medicine, therefore, was not rejected. However, with multiple traditional systems in place, certain practices were more valued than others, largely due to the influence of the Ethiopian Orthodox Church (Chaillot, 2012). Similar to contemporary views and official stances on certain beliefs and practices, the church exerted pressure on emperors to outlaw rituals deemed to involve witchcraft or sorcery. For instance, emperor Yohannis IV (1872-1889), under the Church's influence, persecuted practitioners of the Zar cult (shamans), enacted prohibitions on the use of tobacco (integral to certain rituals), and expelled individuals involved in what was considered witchcraft from his territories. (Bishaw, 1991).

One more recent emperor specifically receives admiration from many Ethiopians: Menelik II, Yohannis' successor who ruled from 1889 to 1913, which some call an "[e]ra of innovation" (Pankhurst, 1990). He is known for his admiration for technology and foreign innovation; he, for instance, was the first one to own and drive a car Ethiopia. Bishaw (1991, p. 196) even calls him "the most enlightened leader in Ethiopia's recent history". Consequently, he also pushed modernization within medicine and established the first public hospital for Ethiopians in 1906 (Tiruneh, McLelland and Plummer, 2020).

Despite of being a pioneer in establishing modern health facilities, Menelik did not actively prevent the practice of other medicines and even made use of traditional medicine like holy water himself, when he faced severe illness (Bishaw, 1991).

Menelik is also widely admired because it was under his rule that Ethiopia fought off the Italians in the famous battle of Adwa in 1896. During this time, Ethiopia had an alliance with the Soviet Union, which introduced modern medicine with the purpose of caring for wounded soldiers in Addis Ababa (Tiruneh, McLelland and Plummer, 2020). During the Italian occupation from 1936 to 1941, the institutionalization of modern medicine in Ethiopia advanced further.

Following the end of the occupation, foreign aid further facilitated the expansion of modern medical infrastructure across the country under emperor Haile Selassie. The government began

collaborating with the World Health Organization (WHO), which supported the development and implementation of various projects and initiatives, such as health personnel training programs. This partnership also led to the establishment of the Public Health College in 1954, now the University of Gondar, which continues to play a pivotal role in health education (Gebeyehu, no date). Other health organizations started to emerge within the same time frame (Tiruneh, McLelland and Plummer, 2020).

The attitude towards traditional medicine remained ambivalent under emperor Haile Selassie: There still was discrimination against some spiritual healers and even persecutions, while others were even given feudal titles in recognition of their services. By the mid-20th century, Ethiopia formally recognized traditional medicine, with legal provisions established in 1942 and reaffirmed in subsequent proclamations, which permitted the practice as long as it did not negatively impact health. This period marked the beginning of official acknowledgment of traditional medicine within Ethiopia's legal framework, including guidelines for its practice (Kassaye *et al.*, 2007).

Another milestone was the 1957 Penal Code. In this Penal Code it was stated that treating ill people was forbidden for practitioners that were not trained or licensed, but in the meantime the code specifically mentioned that indigenous medicine executed by people recognized by their community should not be prevented. All this led to difficult implementation, which often appeared arbitrary (Bishaw, 1991).

Haile Selassie was overthrown in 1974 by the Derg, a military committee which had become more and more powerful over the years and finally seized power. The Derg regime played a crucial role in shaping Ethiopia's health policies, as the attitude became more and more positive towards traditional medicine. The government initially emphasized disease prevention and rural health service development. The adoption of the Primary Health Care (PHC) strategy in 1978 marked a significant shift, leading to a more favourable stance towards traditional medicine. The PHC was declared by the WHO and adapted by Ethiopia in 1978, as it was a WHO member state. The strategy required integration, development and even promotion of traditional medicine and Ethiopia on protocol agreed to utilizing all available resources (which include indigenous medicines) to improve health services for all (Bishaw, 1991). In 1979, the Office for the Coordination of Traditional Medicine was established to oversee the integration and development of traditional practices. This office conducted research, including chemical assays and biomedical studies, and registered thousands of traditional practitioners. However, despite these efforts, the implementation of policies remained inconsistent, reflecting ongoing

uncertainties about integrating traditional and modern medical systems (Bishaw, 1991; Kloos *et al.*, 2013).

The Derg regime had been weakened and in 1991 the Ethiopian Peoples' Revolutionary Democratic Front (EPRDF) was able to take over and form a new government. After this change of government, the Ethiopian Health Institute was tasked with researching traditional medicine and creating a pharmacopoeia, emphasizing the government's commitment to incorporating indigenous practices into the national health system (Kloos *et al.*, 2013).

2. Medical infrastructure in Ethiopia and the role of the government

> *If you've seen Ethiopians, we're kind of lazy. You've lived around us now for three months, right? We're kind of lazy. So, for a person to go to a doctor who's, like, three kilometers, five kilometers away, they wouldn't want that. They would rather go to a person who's, like, next door. Or to a person that will come to them. So, they seek traditional medicine because of that. So that's the reason.* Interview Dr Mamo, 54

Getting medical treatments can require different levels of effort. This may depend on the disease, the form of treatment one chooses and of course the availability of the treatment and whether or not a professional is consulted beforehand. Availability of those professionals and places to get certain treatments (like clinics and hospitals), as well as general access to (information on) medicine is what could be described as medical infrastructure.

Therefore, medical infrastructure plays a major role when it comes to health behaviour. As the interview quote above illustrates, proximity to health services impacts the frequency of visiting them. And this is not only true in the almost derogatory way described above. On a more serious note, it can cause major health disadvantages for people, if there is no adequate health service available (Douthit and Alemu, 2016). Some people argue that the use of indigenous medicine is a way of people to adapt to these circumstances and traditional medicine serves as a substitute for biomedicine (Khalikova, 2021). This is more or less what was expressed by Dr Mamo throughout the interview and it also mirrors the current stand of the WHO on this topic, even though the WHO also acknowledges the importance of traditional medicine and states it should not be dismissed as solely a substitute for modern medicine (World Health Organization, 2013). Nevertheless, infrastructure plays a role, not only in the use of traditional medicine, but also when it comes to the use of modern medicine and health behaviour in general. Whatever is easily accessible in terms of proximity and costs, is more likely to be used, as indicated in the initial interview quote. The argument that individuals rely on traditional medicine within their communities due to a lack of alternative options is prevalent in both academic literature and informal discourse (Tolera *et al.*, 2011; Baheretibeb *et al.*, 2022; Sultan *et al.*, 2023). In order to back this up with facts or evaluate if this is true, this chapter looks into the actual health infrastructure by looking at data and numbers on health services. The focus lays on Addis Ababa, since this is the spatial focus of this research. Additionally, the section investigates government actions, such as policies, that impact how certain medical branches can develop and how easy it is for individuals to offer and advocate their services.

The main pillars of this chapter are the works of Bishaw (1991) and Kassaye et al. (2007), who both analysed governmental policies concerning traditional medicine. They conclude that

Ethiopian traditional medicine is as diverse as the people of the country itself. While Bishaw criticises the fact that the government's effort to integrate traditional medicine solely focuses on herbal medicine, Kassaye et al. find that the diversity of the medical landscape is reflected in the policies. Both, however, acknowledge the limitedness of the government's efforts and speak of a cleavage between the stated policies and its actual implementations, which seems to persist throughout the decades.

Further information on the infrastructure is drawn from official sources of information like the Ethiopian Ministry of Health, the Ethiopian Public Health Institute and more scholarship on the issue. The interview answers serve as guideline. Before looking at specific numbers of health facilities, the health system in Ethiopia, including the role, use and function of health care will be explained.

The current biomedical health system is structured into three levels and organised by the Ethiopian government. There are primary units, which include health centres and health posts below them, secondary clinics and tertiary hospitals with specialized professionals (Robbins *et al.*, 2021). In big cities like Addis Ababa, there are units of all three levels, but the more rural an area gets the less secondary and tertiary clinics one will find. In Addis Ababa, there are currently 13 hospitals and 98 health centers (Ministry of Health Ethiopia, no date). In all of Ethiopia there were 353 functional hospitals, 3735 health centers and 17,550 health posts in 2020 according to the Ministry of Health.

Health care in Ethiopia is cheap but comes with conditions that repel some people from using it. Usually, one year of coverage costs around 1000 Birr (equals about 10 Euro). For context: the costs of going to see a doctor one time start from 400 Birr and will increase with every investigation. But in order for treatments to be covered by the insurance a person has to go to primary clinics first (which are often thought to be not as good). If that clinic cannot treat the patient, they send them to a secondary or tertiary hospital depending on the case. Additionally, the insurance only pays for public hospitals, not private ones. If a person wants to go to a specialized or private hospital directly, they have to cover the costs themselves. Dr Mamo (who works as a doctor in a primary clinic) described that due to inflation and increasing costs of living more and more people are making use of health care in 2024 compared to 2023. Furthermore, primary clinics are apparently improving in quality with better equipment and staff.

Additional to those biomedical health services there are other practitioners who offer all kinds of services concerning not only physical health but also spiritual wellbeing and even offer to assist with economic or interpersonal issues. Since they are usually not officially registered, it is hard to estimate how many there are in Addis Ababa or in all of Ethiopia. Some scholars estimate that about 80% of the population use traditional or alternative medicine (Bishaw, 1991; Kassaye *et al.*, 2007; Birhan, Giday and Teklehaymanot, 2011; Berhanu, 2013; Mekonnen *et al.*, 2024) but since those numbers seem to come from the WHO's estimation for the whole world's population or from old sources it is very difficult to draw any conclusions for current day Ethiopia. What is more, many people use several medical treatments but that does not mean that they would consider going to just any place. Any concrete numbers or percentages are thus to be treated with suspicion. The complexity of this interplay should not be underestimated.

There is a number of measurements taken by the Ethiopian Government to strengthen the (still insufficient) health infrastructure throughout the country, as the Ministry of Health somewhat proudly displays on their website. One of the actions taken by the government are the so-called Health Sector Transformation Plans - basically strategies to improve the health sector on various fronts in order to better ensure good health of the Ethiopian population. The first one (HSTP-I) was implemented in the time period between 2015 and 2020. At present, the second Health Sector Transformation Plan (HSTP-II) for the period from 2020 to 2025 in being executed (Ministry of Health Ethiopia, no date).

The government does not only support biomedicine though, even if it may seem like it on the first glance. The Ethiopian Public Health Institute encourages traditional medicine by offering trainings for practitioners and also does research on traditional medicine (Ethiopian Public Health Institute, no date)[3].

The motives why the government supports traditional medicine might be diverse, but one of the workers of the Public Health Institute said that she herself values traditional medicine because it has less harmful side-effects than modern medicine and she used to use it in her family and also gives it to her kids. Additionally, she claimed that the research shows that most of the traditional (and by that she was referring to herbal) medicine is effective, but that the problem

[3] Once, I visited the institute and got to talk to one of the staff members there. I gained some very interesting insights from her, and she gave me her phone number for further exchange or even an interview, but unfortunately an interview never took place. This woman was not very available (I never found out whether she purposefully ignored calls and texts or if she was actually busy, but the day of the visit she seemed quite eager to help).

lies in the dosage. Those remarks are in line with Issak's explanation about the government's relationship with traditional medicine. He described the relationship between the government and traditional medicine in Ethiopia as complex, noting that many government officials, regardless of their education level, come from communities where traditional medicine is widely practiced and accepted. This background influences the government's perspective on traditional medicine. He mentioned that institutions like the Ethiopian Public Health Institute have started viewing traditional medicine not just as something potentially illegal, but as a valuable local knowledge that could be integrated into the scientific community to create positive change.

He also mentioned how the government tried to find a cure to covid with the help of traditional doctors and apparently invested a lot on research for this, which eventually had an influence on the status of traditional medicine:

> *So, I believe the mix of crisis, social acceptance, the opportunity of the practitioners to present their works, these three things, mixed together have created a more positive perspective towards the practice, I guess.* Interview Issak, 22

As described by Issak, it appears that, particularly in recent years, the government has adopted a relatively positive stance toward traditional medicine, actively seeking to integrate and utilize it within the healthcare system. Engida further noted that the government was engaged in developing a traditional medicine-based treatment for COVID-19; however, this initiative was ultimately abandoned due to significant external pressures from the pharmaceutical industry and the World Health Organization (WHO). This situation warrants further examination. Notably, it seems that this trend toward integration is not a new development spurred solely by the pandemic and associated influences, as demonstrated in the chapter above. Already decades ago, the Ministry of Health established a plan for integration and promotion of traditional medicine (Bishaw, 1991).

What also needs to be investigated is, if this is true for all traditional medicine or if this only applies to the "material" type (which would exclude spiritual healing and other forms of assistance). Further, there is the question of the government's motives and influence. What comes to mind immediately are different interests of the government: Making up for the lack of sufficient public health services, strengthening a sense of patriotism by strengthening indigenous medicine, while at the same time establishing it in the "modern" landscape, by testing it with scientific methods that are approved by standards of the industrialized world, and

lastly, commercializing (secret) community knowledge, by producing drugs that can eventually be exported.

The point that traditional medicine is necessary, because there are simply not enough biomedical health facilities available, especially in rural areas is an argument that is quite common. Just like Dr Mamo described here:

> *[I]n Jimma, where I was, it was, it's still a small town. There, some people just might not get modern medicine as a first-line treatment. So, to those people, you can't tell them to not go to the traditional medicine.* Interview Dr Mamo, 48

This narrative, however, does not explain why the use of traditional medicine is nevertheless common in urban areas, like Addis Ababa. For the investigation of governmental motives on the other hand, the point seems reasonable. With the reasoning of "filling the gap" (Khalikova, 2021, p. 6) with traditional medicine, Ethiopia is by no means alone. But, if traditional medicine is a substitute, yet not one as good as modern biomedicine, one might wonder why the government does not put more effort into strengthening the medical infrastructure, instead of relying on unstandardized and potentially dangerous means. Khalikova (2021) argues, that the official acknowledgement of traditional medicine can as well be interpreted as the inability of a government to provide what is necessary. In the past, the government itself has recognized, that there were simply not the resources to sufficiently supply enough medical care (Bishaw, 1991).

There is also a strong empirical aspect in traditional medicine, which makes it closer to the empirically based approach in modern medicine. Indeed, according to Bishaw (1991, p. 199) this focus on empiricism is making traditional medicine "as mechanical and segmented as modem medicine may have become of late". This rapprochement of traditional medicine to modern medicine by focusing both on empiricism and efficacy might even be intentional since it may give more legitimacy to traditional medicine in the eyes of an international community as well as those who trust (only) in scientifically proven means. It somewhat supports the point that one of the interviewees made, hinting at the fact, that modern medicine and traditional medicine are maybe just different stages of medicine (with traditional medicine being an earlier stage in a process of trial and error). That does however not negate that there is knowledge within the field of traditional medicine, that modern medicine is lacking. Traditional medicine often integrates holistic approaches, cultural understandings, and community-based practices that have been developed over centuries. Further, Ethiopian communities have fostered knowledge about how to use the local flora for medical remedies, that is unknown elsewhere

(Tahir *et al.*, 2023; Tola *et al.*, 2023; Alemu *et al.*, 2024). The existence of this knowledge is a primary driver for research into traditional medicine, as scholars and practitioners seek to explore its potential applications and integrate its insights into biomedical practices. This interest often culminates in efforts to incorporate traditional remedies into modern pharmacological developments, thereby enriching the therapeutic options available in modern medicine.

Apart from the will to ensure health and provide treatments or prophylaxis of diseases by researching on medicine, there is an undeniable economic interest of the discovery of new medicine and the production of pills (or vaccinations etcetera). That same reason some of the interviewees named for distrusting the pharma industry (profit seeking) does not leave traditional medicine unaffected. Already in the 1980's, the Ministry of Health wanted to promote and exploit traditional medicine via "the organization, training, and supervised utilization of traditional medical practitioners" (Bishaw, 1991, p. 197). This observation is noteworthy, as it appears to reflect ongoing efforts by the government in contemporary times. As previously mentioned, the Ethiopian Public Health Institute is actively engaged in providing training for traditional medicine practitioners and is keenly interested in researching medicinal plants. Researchers conduct this work by engaging with local communities to assess the efficacy of traditional remedies. Dr Mamo said about this:

> *[T]here was this symposium where I heard them speak. The goal is to make pills or dosage, like dosed medicine out of the traditional medicine. So, the herbs that […] that you know will give you a relief, the plan is to make them, for example, a herb medicine for constipation, like I said, to make them in a pill form, dose them appropriately and sell them. And the Ethiopian government is actually championing that. Yeah, because the government thinks it's a special thing for Ethiopia. It's a special thing that's done in Ethiopia by Ethiopians and not done anywhere else. So yeah, they champion it.* Interview Dr Mamo, 154

From his answer it becomes clear that first of all the government is actively trying to utilize this often secret knowledge about medical plants. Secondly, it also shows pride for something uniquely Ethiopian - even though the Ethiopian government is in fact not the only government involved in this practice (Kloos *et al.*, 2013).

This argument of pride or patriotism was sparked by an initial conversation with Engida, prior to the interview. He pointed at a general re-embracing of old values, culture and pride for Ethiopia that also includes a new appreciation for what he calls cultural medicine, which also shows in Dr Mamo's statement. Pride and patriotism might play a role, within a broader anti-colonial discourse, adapted both by the government as well as the population. Several scholars

have acknowledged a connection between anti-imperialis feelings and a support of indigenous medicines (Han, 2002; Alter, 2015; Khalikova, 2021). Its impact is hard to test objectively, but it remains the fact that traditional medicine is deeply ingrained into Ethiopian culture: it is part of the everyday life of many Ethiopians and widely accepted by individuals, communities and even official institutions within and outside of Ethiopia (Bishaw, 1991; Kassaye *et al.*, 2007).

These questions arose, following Dr Mamo's interview statement: How do researchers manage to get that medical knowledge from communities, even though there is so much secrecy involved? And: Do the communities actually benefit from this? Are the communities being paid back in any form for sharing their knowledge, especially if this will eventually lead to profit making? It will not be possible to give fully satisfying answers to these questions, since a whole new study could be done only about these questions. But the research reveals some information that might give hints about the whole process. As established before, this is not a new process. Already decades ago, there was the question of profiting or exploitation by governmental actions to research traditional medicine. It is plausible that people are not as free to refuse to corporate with the government, especially in a country like Ethiopia, where this might have dangerous consequences. When the government came up with their plan in the 1980's, they expected experts of traditional medicine to cooperate, but not everybody did. Instead of an open refusal however, those who did not want to give away their knowledge shared wrong or incomplete information. Those practitioners

> defended their actions by arguing that no one had the right to take away an important means of their livelihood without any assurance of involving them both in the testing of their drugs and in the sharing of the possible benefits should these medicines be found useful enough for mass production and marketing (Bishaw, 1991, p. 197).

It appears like, at least back then, there was no compensation nor sharing of profit. As far as the status of this research goes, this has not changed until this day. Dr Mamo, when asked if the communities get any compensation for sharing their knowledge, simply said that if the medicine works, at some point one can make money out of it. Apparently, the argument is that economic advantage will eventually be beneficial for the whole population, which is a very neoliberal perspective. There remains some doubt about how much local communities will actually profit from the commercialization of their knowledge. Especially, because those processes require time and so far, we have not seen the appropriation of indigenous knowledge to be a positive thing for those deprived.

The commercialization of traditional medicine in Ethiopia is part of a broader global trend where plant-based medicines have become a multibillion-dollar market, as observed in regions

such as China, Western Europe, and the Americas. This lucrative market attracts various stakeholders, including local practitioners, entrepreneurs focused on immediate financial returns, and large corporations seeking valuable chemical compounds for pharmaceutical development. In Addis Ababa, the commercial aspect of traditional medicine is increasingly evident, leading to significant changes in the status of traditional healers and the emergence of "false healers" who exploit the growing demand (Teshome-Bahiru, 2006; Kloos *et al.*, 2013). The state (and therefore in this case, the Ethiopian government) plays a crucial role in this commercialization process, aligning with the capitalist mode of production, despite its nominal autonomy, and actively supporting the integration of traditional medicine into the broader economic framework (Han, 2002).

The government's acknowledgment of traditional medicine as a valuable resource, coupled with its efforts to integrate it into the healthcare system, reflects a broader trend toward recognizing indigenous knowledge. However, this integration is not without complexities, as it raises questions about the motivations behind government policies and the potential for exploitation of local communities' knowledge. The examination of historical and contemporary governmental efforts to support traditional medicine reveals a persistent gap between policy intentions and actual implementations. Moving forward, further analysis of the health infrastructure in Addis Ababa will provide deeper insights into this multifaceted landscape.

2.1 Accessibility of health services

Accessibility is perceived to play a tremendous role in health behaviour, by scholars and practitioners of medicine. This section seeks to test this assumption by looking at interviewees' statements on the topic. This will be especially telling because this research focusses on the urban youth, which is arguably the group with the least restrictions in terms of availability of health services.

Particularly Dr Mamo mentioned several times how traditional doctors are often a patient's first choice, due to the low effort of getting traditional treatment:

> *It's easier to go to the traditional doctor or to call him to your house here.*
>
> *Why is it easier?*
>
> *Because they're around every neighbourhood. And they're known by name. And when you call them, because they want to get money, and that's their living, they'll come to you. So, you don't have the hustle to go. There's no hustle. You don't need to go to the hospital. You don't need to pay a lot of money. So, the traditional ones, they're*

> *cheaper. And they just come and give you a temporary fix, not a whole fix.* Interview Dr Mamo, 28-30[4]

The stories Issak told about the work of his mother also indicate that traditional medicine can be a substitute for modern medicine, when there is nothing else available. He said that she was forced to use whatever was at hand and she also comes from a community where using traditional medicine was a common practice, thus her perspective towards it is positive.

One theme that came up frequently was the divide between rural and urban areas in terms of accessibility. As already established in earlier chapters, the infrastructure in rural areas is a lot worse, meaning that there are far less and less specialized modern health services available. We will see how that impacts perceptions and practices concerning healing in the following section.

2.1.1 Rural/ urban divide

> *Do you ever talk to your patients about traditional medicine?*
>
> *It depends. It depends on where you are. In Addis, you tell your patients to avoid traditional medicine. But in Magale, in the northern part of Ethiopia, it's a little bit smaller, but it's still a town, and in Jimma, where I was, it was, it's still a small town. There, some people just might not get modern medicine as a first-line treatment. So, to those people, you can't tell them to not go to the traditional medicine. But you tell them to avoid certain things.* Interview Dr Mamo, 47-48

Infrastructure differs of course within the country, and whether someone lives in a rural pastoralist community or in Gondar, Awassa or Addis Ababa can be determining in where they go to for medical problems. In many rural or pastoralist communities for example, young men are responsible for bringing injured or sick members to the hospital if needed, but that would take very long and is not something done for minor health problems.

It becomes even clearer how much it matters where someone lives, when looking at one statement from Issak's interview. He went as far as saying, the community would define whether something is considered traditional or modern medicine by accessibility:

> *And a modern medicine is usually accessible for the community or the rural side of the society, after a very long effort to reach a certain hospital or a clinic. So, with that, they classify modern and traditional medicine.* Interview Issak, 16

[4] Dr Mamo has an overview of general health behaviour, because he deals with patients on an everyday basis. However, the people he refers to are also a biased selection (since they are his patients, so those of a modern medical practitioner). In future research it could be beneficial to see what patients say about this that exclusively use traditional medicine (even though this limited research scope indicates that they are very scarce in Addis Ababa).

In Addis Ababa on the other hand, most people have easy access to hospitals in terms of proximity. Costs are another question. This research also suggests that differences in perceptions of medicine between rural and urban communities do not necessarily all come from accessibility but might also have to do with how a person was raised and what values they were being taught. All interviewees indicated that perception on medicine depends on where and how you grow up. A person that grew up on the rural side of the country, who then moves to Addis Ababa for example, has all the possibilities they could have in Ethiopia in terms of medical services. It might still be that they prefer going to traditional healers as their first choice, because it is what they grew up with and what they know.

Dr Mamo for example even said that if he grew up differently, in a family less "modern", maybe his first choice would be the traditional healer instead of the modern medicine. Issak said that his mother was heavily influenced by her upbringing on the countryside, which is why she has a positive attitude towards traditional medicine. This was also influenced by her education, because the military training taught her to use whatever medicine was at hand and plants are easier to find somewhere in the middle of nowhere than processed drugs. On the other hand, she also trusts modern medicine "100 percent", maybe also because of her profession as military doctor. Issak himself was impacted by this mix of influences. He grew up in a smaller town, but not too far away from Addis Ababa. His parents' choices influenced his approach to medicine. And what is very important to note is: he has a choice. What Dr Mamo always stressed was that some people do not have this choice because sometimes traditional medicine is the only thing available. For that reason, even the way he advises people on the rural side of the country differs. And, as a doctor, he is mostly seen as a person of medical competence and authority. This shows very much that medicine is context dependent.

Issak said that the "social setting" influences not only acceptance of certain practices within communities, but also the positioning of practitioners depends on their surroundings. He noted that the visibility of the practitioners might be smaller in a big city like Addis Ababa, than in his hometown. Nevertheless, the practitioners are there. Indeed, as a foreigner it is hard to find out where these practitioners are, even though locals insist that there are plenty of them and that they could easily be found by simply asking around in the neighbourhoods.[5] In urban settings, it is a must for individuals to be well-informed about the available traditional medical

[5] I even had one strange encounter with a guy on the minibus. We started talking and I told him about my research and then he suddenly said that he was a traditional healer himself. I did not really believe him and of course he did not want to give me an interview, either because it was all a farce or because he did not want to share his secrets.

practitioners, their locations, and their credibility. For modern medical practitioners, there exists a greater assurance of legitimacy, as they are formally recognized, trained, and operate within official healthcare institutions such as clinics and health posts. In contrast, on the countryside, even traditional healers face greater scrutiny, as the close-knit nature of these communities makes it more challenging for "false" practitioners to operate undetected. The familiarity among community members leads to an easy identification of individuals who may lack genuine qualifications or expertise (Teshome-Bahiru, 2006).

Dr Mamo does not have a very positive opinion about traditional medicine. He mentioned several times, that it is rather frowned upon in the hospital context, that he would refrain from using it and that he does not believe it can give a permanent fix to a medical problem. He also mentioned his education, upbringing and modern and religious values of his family as reasons. Nevertheless, besides admitting that the use of traditional medicines could be harmful, it seems that he still thinks traditional medicine is better than not getting any treatment at all:

> *Again. Because in the northern part of Ethiopia, even in the southern part, in rural parts of Ethiopia, hospitals are not as near as there. You get me, right? So, because they're not near, the patients will end up not going. If you tell them not to go to traditional medicine, they will stop going. They might sometimes find a good traditional doctor. Not a doctor, but rather a physician. Someone that calls themselves a doctor. So, if they find a good enough one, he'll suggest some things and he'll send them to a clinic. You know? So that's why I say if they don't go to a traditional doctor, they'll not go. They'll not come to a hospital. But after traditional medicine, they'll say that didn't work for me and they'll come. Even if it's a day away or two days away.* Interview Dr Mamo 58

There are several noteworthy aspects in this quotation, which is why it is directly quoted it in full length here: first of all, Dr Mamo says "not a doctor, but rather a physician. Someone that calls themselves a doctor". This implies that Dr Mamo does not think traditional practitioners are "real" doctors, instead they appropriate this term that is not meant for the kind of work they do. Secondly, he refers to physicians. As previously mentioned, out of all the different practices and practitioners considered traditional, those physicians (or bone setters) seem to be most accepted, even amongst those sceptical towards traditional medicine (Teshome-Bahiru, 2006). This statement supports this argument. Later in the interview, Dr Mamo also talked about this one very respected and skilful physician that successfully treats a lot of people (often of high status).

Moreover, Dr Mamo judges how "good" the practitioner is based on whether or not they would send the patient to a hospital. So, the hope is, that going to a traditional doctor might make the patient believe in modern medicine, because of the advice of the traditional doctor, they trust.

This is actually the case, as traditional doctors, quite often send patients to modern doctors (Osowole *et al.*, 2005). Or, Dr Mamo lets people try the traditional medicine, so that they will see from experience that it does not work and then come back to him for biomedical treatment.

Engida indicated that individuals select treatments based on their effectiveness, noting that cultural medicine is often sought when hope in modern medicine wanes. He asserted that in the case of severe illnesses, individuals would typically seek care at a medical center; however, he pointed out that the situation differs in rural areas. When questioned about the reasons for this difference, specifically regarding trust or availability, he acknowledged the complexity of the issue, as it encompasses various perspectives. Ultimately, he concluded that traditional healers are located far from urban medical centers, and the choice of treatment is influenced by a combination of accessibility and trust. This is further compounded by the fact that individuals in rural areas often lack comparative options.

The answer was quite well reflected because it took many factors into consideration. Indeed, people cannot really compare their community healer with a modern doctor if they only ever go to the community doctor because of the lack of biomedical practitioners around. Kloos et al. (1987) already noticed this behaviour, stating that 92% of the rural population depend on the health facilities they have in proximity.

Accessibility is one of many factors that influence a patient's choice. But this research focuses on a very specific group of people who live in Ethiopia's biggest, best equipped city and all of them are of young age and very mobile. Consequently, there are not that many limitations in terms of accessibility for them. This indicates that accessibility is not the only motive for patients' decisions. What also showed is that for severe illnesses, a person does not care that much about the accessibility anymore, therefore, other factors that play into the decision-making process will be disclosed in the following sections.

3. Individual cases and motives from the interview participants - implications for individual and cultural factors for decision making and health behaviour

This chapter delves into the individual cases and personal motives that shape health behaviour of interview participants, in the context of traditional and modern medicine. While accessibility remains a key factor, many other considerations influence treatment-seeking decisions, as reflected in the diverse opinions expressed in the interviews. By examining specific cases and personal stories, this chapter aims to uncover the values and beliefs that drive individuals' healthcare choices, offering insight into how various factors, beyond mere access, play a significant role in shaping treatment-seeking and perceptions about medicine. The exploration of these individual narratives will provide a nuanced understanding of the complex interplay between personal motives and the broader healthcare landscape.

3.1 Values and stigma

One of the factors that somewhat implicitly plays a role (or, depending on the interviewee, also more explicitly) are values and stigma about medical streams. Conventionally, there are certain values attached to different forms of medicine, such as modernity to biomedicine, traditionality to herbal or spiritual medicine as the names of these medicines imply. Stroeken (2012) also mentions other dichotomies implied in the literature, like urban vs. rural, Western vs. African or backwardness vs. progressiveness. This thesis seeks to address these issues from a value-free position, avoiding such implications. Therefore, connections, the interviewees made shall be investigated with focus on the participants' perspectives.

Who someone choses to get medical advice from depends on the trust they have in an institution or an individual. This trust can be based on different things, such as reputation, experience, value and associations. The following sections aim to declutter those factors.

3.1.1 Profit-seeking and distrust

One common theme was the narrative of the profit-seeking pharma industry, driven by market orientation. Especially Engida mentioned this several times as a reason to distrust modern medicine. He specified that he does not distrust the individual doctor but rather the industry behind, that does not have the goal to cure the patient. Rather, he stated, the goal is to make more money, for instance by making someone dependent on the medical remedy. Side-effects of modern medicine were also mentioned by some as a repellent to use modern drugs. Engida and Issak also linked the profit-seeking behaviour to the COVID-19 pandemic, particularly in the development and distribution of treatments and vaccines. This period exposed global inequalities and highlighted the prioritization of financial gain by pharmaceutical companies,

rather than a genuine commitment to making vaccines accessible to all populations (Bayati *et al.*, 2022; Bown and Bollyky, 2022; Deruelle, 2022; Pilkington, Keestra and Hill, 2022).

However, it is not only modern medical institutions that take money for their services. While there is not one big, organized industry behind cultural medicine (yet), individual practitioners do make a living out of their profession. As already elaborated, healing is often a profitable business. This encourages the emergence of fake healers or scammers (Kloos *et al.*, 1987; Teshome-Bahiru, 2006) and the interviewees confirmed that it is sometimes hard to distinguish "real" practitioners from false ones. Dr Mamo said that people sometimes spend a lot of money on traditional healers' services, just to end up coming to the hospital worse-off. There is, however, the argument that the income of traditional practitioners is highly dependent on their reputation, which could serve as a strong incentive for them to demonstrate their abilities. In a city as large and anonymous as Addis Ababa, however, this factor may be less significant.

3.1.2 Beliefs about efficacy

There are different levels of trust in the efficacy of different healing methods. Those levels are highly individual and depend on the upbringing and personal experiences of the interviewees. Nevertheless, all of them agreed that under certain circumstances traditional medicine might cause danger. Some explained this, with the lack of the chance within traditional medicine to experiment with proper dosage, others say that it depends on the healer's experience. Dr Mamo had a generally negative outlook on traditional medicine and did not believe it could provide permanent relief at all. Nobody completely denied the efficacy of modern medicine, but some voiced concerns about possible harmful side-effects. There were different opinions about certain types of traditional medicines, that people would describe as witchcraft.

3.1.3 Capacity/competences in different areas

Certain types of medicine were connected to certain types of diseases. Issak explained that it is common to go to traditional bone setters for fractures of bones and joints, smaller injuries are often treated with leaves or powders or other traditional remedies. Another big aspect of the assignment of certain ailments to a special type of treatment are mental illnesses or spiritual problems. Much of the literature on Ethiopian traditional or spiritual/religious healing deals only with the treatment of what Westerners would call mental illnesses. Stroeken (2012) notices that consulting traditional healers for those types of illnesses is a logical response, given that biomedicine often fails to properly cure these. Remarkably, it is not only the way of treatments that differ, but also the whole conceptualization and understanding of sickness. This can also

be the case for some physical issues but becomes especially evident with spiritual problems as well as other types of misfortunes that would not be classified as sicknesses in biomedicine.

Because these modes of explanation differ so drastically, it is evident that people who believe (only) in one of those modes, would deny the form of treatment that aims to tackle the root of a problem, that elsewhere is not even seen as the root. To make this sound less abstract, here is an example: Schizophrenia would be described as a trauma response or a problem within the brain/body in biomedicine/psychology. In Ethiopian Orthodox religion it might be described as the outcome of a possession of that person by an evil spirit. It makes sense to use the type of medicine that aligns with one's beliefs about the cause of a problem, which leads back to the question of ontology, as discussed earlier. Engida for example stated:

> *For spiritual diseases, modern doctors don't know anything, for instance demonic possession, they would maybe call it psychological disorder, which is never the case.* Notes Interview Engida

3.1.4 Education and the notion of backwardness

During the interview, people sometimes decisively distanced themselves from certain beliefs or practices, all of them connected to traditional medicine. Nobody seemed to feel the urge to distance themselves from modern medicine in the same way. Engida did it less, he also was the one who spoke most positively about traditional medicine and most negatively about modern medicine.

One particularly interesting statement from Issak was this one:

> *I did not have -back then- the mentality to go to a traditional medicine, please.* Interview Issak, 56

This sounds like he is saying that he would not have been crazy enough to turn to traditional medicine if his experience with modern medicine had not failed and it was not for his parents that made him go. The question arose if he wanted to rationalize his choice, implying that it is not rational to go to a traditional health facility. It almost sounds like using traditional medicine is connected to shame and stigma and needs to be justified (more than using modern medicine). Issak himself at some point of the interview used the word stereotyping. He said that almost every practice that is not modern is labelled as witchcraft. When talking to Dr Mamo, this sort of proved to be true, he said that in the clinic, they "educate people to use modern drugs". For him it is a question of education, meaning that education leads to the use of modern medicine rather than traditional medicine. This is not necessarily true, based for example on Berhanu's (2013) study, which exclusively studied university students and found that many of them do

indeed use traditional health services. The research for this thesis also implies that a high level of education does not necessarily lead to the neglection of traditional medicine. Issak, for example was very surprised, when he entered the shop of a traditional doctor, and everything was very organized and looked like a pharmacy. This systematic and clean environment was nothing he connected with traditional medicine. Moreover, there is the persistent connection of traditional medicine to backwardness or something that belongs to the past amongst some people, even though we do see increasing popularity of traditional and alternative medicines in recent times (Abdullahi, 2011). This shows also in how people speak about certain practices.

Dr Mamo makes the connection between having a modern family and not using traditional medicine, he also said he grew up in Addis Ababa his whole life and was always exposed to modern technology, he said this has heavily influenced his perceptions also about medicine and made him lean more towards biomedicine. As previously established, upbringing plays into these perceptions and the interviewees connected the urban setting they live in to an exposure to modernity and with that biomedicine. As the interview participants are educated, urban residents, class may also play into this. Therefore, distancing oneself from rural habits (such as visiting traditional doctors and believing in traditional medicine) might be a way of identity creation, signalling they belong to a certain elite. Notably, Dr Mamo often used the word "still" when talking about traditional medicine, as if these practices are something to overcome:

> *There is still the thought that it's the right way.* Interview Dr Mamo, 24

> *There are some doctors that still believe in the holy water, that still go to the holy water first.* Interview Dr Mamo, 104

Plus, Dr Mamo connects traditional medicine to something old ("we're pro herbs but against the traditional, the old, old medicine"). This arguably makes sense, since traditional medicine has a longer history in Ethiopia than biomedicine. This connection to Ethiopia's roots and culture can also be seen as something positive, based on the individual's perspective. Enigda, as described earlier talked about a new-found connection to Ethiopia's roots and an increasing pride of its cultural past and heritage that he also applies to cultural medicine. These contradicting opinions show very well in the discussion of a famous healer, that both participants mentioned to me. Their different depictions of that person will be the explored in the next section.

3.1.5 The story of Hakim Abebech from two points of view

The first time this woman called Hakim Abebech came up, was during a lunch break conversation with Engida. When doing research to get further information about her, one finds several videos with her on the internet but very little material in English. Therefore, the sources that deal with Abebech are limited to the interview participants. She is very well known in Ethiopia and apparently was also involved in the search for a traditional covid cure (Neguede, 2020; *Ethiopia Announced Possible Traditional Medicine for-COVID 19*, no date) which was a hot-topic also in the interviews. The information they revealed about Abebech is that she is a respected and renounced traditional practitioner who lives about 20 kilometres outside of Addis Ababa, where she has her own traditional medicine center.

As mentioned, Engida talked about her in an early, informal conversation. He spoke very fondly of her and claimed that she has a lot of knowledge and is therefore very respected and acknowledged, even internationally and by people of fame and status. She had been trained since she was a child. Her family is a family of healers, and their knowledge has been passed on for several generations. Engida claimed that her famous TV-interviews and her general popularity marked a turning point in the outlook on traditional medicine, as she contributed to its broader acceptance. He talked about how she grows and stores all types of herbs and plants at her center and frequently gets visited, not only by followers of traditional medicine, but also by biomedical doctors who want to learn and exchange.

Dr Mamo on the other hand, talked about her in a very different way. He started his story by saying that he met this woman on a flight, she was sitting next to him on the plane, and he had no idea who she was. They started talking and she told him about her profession and all the herbs she grows at home and also told him about all the problems she cured people from in the past. Dr Mamo was sceptical about many things she said and gave some biomedical explanations for why these things might have worked. He said he did believe that she probably has some knowledge in certain areas since she had been trained her whole life, but he also said that not everything she claimed could have been true, describing some of her statements and practices as “weird” or “bizarre”. He was especially sceptical when she started to talk about astrology which is something Dr Mamo very strongly distanced himself from. He claimed that this was rather witchcraft, not herbal medicine, even though she disagreed. A few years later, Dr Mamo saw her on TV and recognized her. Apparently, she is, what he called “the modern traditional healers’ head” – a term that sounds very paradox at first glance, but also proves that so called traditional medicine is heterogenous and constantly changing and developing.

This example of how two people view the same person in a very different way is illustrative of two opposing views on traditional medicine that exist within the same group of people (educated urban population), even though Dr Mamo's profession should be considered as it likely influences his view.

3.2 Rationality and empiricism

A range of factors influencing individuals' perceptions of medical practices were investigated, with one predominant theme emerging from the interviews: experience. When asked about their motives, many respondents indicated that their approach to treatment often involves experimenting with different options. The initial choice of treatment is typically influenced by factors such as social environment, education, and past experiences, either their own or those of family and close friends. This suggests that health-seeking behaviours are adaptable and can change based on new experiences. Thus, the process is often one of trial and error, with individuals gravitating towards whatever proves effective. If a particular treatment fails, they may explore alternatives, often across different medical systems. Several interviewees described how traditional medicine is frequently sought as a last resort if biomedical treatments fail, while others noted that it could work the other way around - traditional medicine may be the first option due to availability, with biomedical care sought only if traditional methods are unsuccessful. The number of treatments people attempt, and the duration of this decision-making process depend on various factors, many of which are discussed throughout this thesis. To illustrate this experience-based decision-making process, Issak's medical history will be used as a case study. Additionally, Stroeken's (2012) fourfold model of epistemological medical approaches will serve as a theoretical framework for further analysis.

3.2.1 Issak's experience

Issak is an excellent example of reasonable health behaviour that supposedly can be seen as very typical for his peer group. To understand where his and his parents' decisions in terms of treatment seeking are coming from, here is a brief summary of their background (of which a big part has already been disclosed). Issak's father is a priest, his mother is a military medic. Issak himself comes from a smaller town outside of Addis Ababa and grew up in a community where the use of traditional medicine is quite common. Both of his parents have a positive attitude and trust towards modern medicine. Issak has been living in Addis Ababa for some years, he has moved there for his studies. He studies political sciences at master's degree's level. This is what he shared about his medical history and treatment experiences:

Throughout the interview, Isaak described two major health issues he has had in the past. The first one was a recurring gastric issue that troubled him from a young age. Initially, he sought help from modern medical facilities. He visited a hospital where his condition was diagnosed as a dietary issue. Despite following medical advice, the persistent gastric discomfort continued to affect him, suggesting that the modern treatment had not fully resolved his problem.

As his symptoms persisted, Issak's parents decided to explore alternative solutions. They turned to traditional medicine, seeking out a renowned local healer known for his effective remedies. Notably, it was only after modern medicine had failed, that the family decided to try the traditional medicine. Issak mentioned, that he still remembered how well-organized the shop of the traditional doctor was, resembling a pharmacy with a variety of treatments for different ailments. This aspect impressed and surprised him, which also shows some presumptions Issak had about traditional medicine. For his ongoing gastric issues, the healer prescribed a herbal remedy. The treatment involved a leaf that was ground into a liquid, which Issak was instructed to drink periodically. This mixture actually began to alleviate his gastric problems within a few weeks, offering relief where modern medicine had fallen short.

The second health issue Issak had, were two bone fractures during his youth—one from soccer and another from basketball. The first fracture was treated at a hospital, but the pain lingered despite the initial treatment. When the second fracture occurred, he visited a bone setter (which in Amharic are called *Wogesha* (Mekonnen *et al.*, 2024)). This time, the traditional healer used a combination of techniques that included physical examination, massage, and bone realignment and according to Issak, it worked better than the hospital treatment he had gotten for the first injury.

The traditional treatment for his fractures involved a detailed process. The healer applied wooden sticks to immobilize the injured area, adjusting the treatment over several weeks. It seems like these experiences profoundly shifted Issak's attitude towards medicine. After finishing the story, he concluded:

> *[N]ow, after I saw the experience and what it did, I believe I would consult both [in case of having another medical issue], especially things that are connected with broken bones, dislocated shoulders and those type of things. I would probably go to the traditional side first, then to check with X-rays and stuff in modern hospitals.* Interview Issak, 56

The experience did not only impact Issak's approach, but his whole family's, as his brother faced similar problems at some point after Issak's own treatments. When the problems arouse, the family did not take the brother to the hospital first, instead they took him directly to the

traditional doctor that had helped Issak before. Concludingly, Issak explained that there were specific problems that people choose the traditional path for and other problems that they would seek biomedicine for. This does not necessarily depend on the severity of the problem. Instead, it supposedly is a matter of trust which is based on experience. Not only individual experience, as Issak's example shows, but also community experiences that will spread in a highly interlinked community. As Issak stated,

> *people who have actually practiced or who have encountered those problems and used the traditional side and actually had a healing will usually prefer that side. And as a community, you know the interlinkage between people sort of created that.* Interview Issak, 159

Motives for people's decisions are therefore based on results they witnessed or heard of. Whatever has proved to work will be sought - a highly empirical approach. To give a theoretical framework, Stroeken's (2012) medical cosmologies will be used. The table below is his visualization of the theoretical model he developed to describe medical epistemologies. The model is supposed to provide an advanced and more nuanced description than the term medical pluralism.

Table 2. Four types of relation between, and transmission of, medical epistemologies.

	Relation	
Transmission	Closed	Open
Habitual	Dualism	Pluralism
Empirical	Monism	Radical empiricism

(Stroeken, 2012, p. 126)

Stroeken distinguishes epistemologies in terms of relation and transmission. Transmission is to be understood in the way of knowledge acquisition, relation describes the openness towards other ontologies or approaches.

Pluralism is the epistemology that is the most common one actually practiced in reality. It describes "shopping around" (Khalikova, 2021) between medical services of many kinds. It is habitual and follows cultural rules and family habits, rather than experimental empiricism. It is open, because it is not limited to one single medical system.

Radical Empiricism is exactly what its name implies. It follows no rules of habit, logic, science or culture, ideology or religion. Rather, it focusses on whatever works to cure or relief pain or sickness (and other ailments), based on experience

It is apparent from Issak's story, that he definitely follows an open medical cosmology, since he visited both modern and traditional health facilities. The question of habit and empiricism is harder to answer. In the beginning Issak's parents took him to a hospital, we do not know what exactly that decision was based on. When this did not work, they tried something else. After this treatment showed to be effective, they took the brother, who had the same issues to the man that had helped Issak, some years before. Issak himself said after the experience he had, he would consult both, traditional and modern practitioners. This is interesting, because if he would consequently follow his experiences, he would probably only go to see a traditional healer. He said in the quote from earlier in this chapter, that he did not have the mentality to go to a traditional healer earlier. The fact that after the negative experience he had with modern medicine he would still go there implies that his approach is still influenced by habit and beliefs/education (amongst other things). Nevertheless, he said if he had a problem similar to those he had before, he would first go to a traditional healer. What to do with this?

The fact that he would consult both might on the other hand also show, that he is still open (because maybe Radical Empiricism at some point loses its experimental character if an effective cure is found). There is definitely an experimental spirit involved in Issak's and his family's approach. But there is also a habitual one that cannot be neglected.

His approach could maybe even be defined as Monism. Here is why: Monism is closed in the sense that there is only one type of medicine, for instance scientifically tested biomedicine. Alternative medicine does not really exist as a category, because as soon as it gets scientifically tested, it can be classified as biomedicine in case it works. It is empirical in this sense, that it can be approved or disapproved through scientific methods. It is also closed because it only accepts scientific rules and classifications. It is hierarchical because with this explanation it puts alternative medicine that is not (yet) tested in an inferior position. Issak mentioned during the interview that traditional medicine can be viewed as an earlier stage of modern medicine. He explicitly stated that the difference between modern and traditional medicine is that traditional medicine has not been tested properly but could also be explored by scientific means.

Issak's view on medicine can however not be classified as Dualism, as it means that there can be two (or more?) different categories of medicine of which one is culturally accepted and the other one (though it might be effective) is opposed to it and neglected. Therefore, Dualism describes a segregation of medical systems that are different from one another. Issak, however is open to trying different medical options, without neglecting any. Stroeken names Christian approaches as example for dualist approaches, since in Christianity, traditional medicine is

sometimes condemned as witchcraft. This is especially interesting in the case of Ethiopia, as Dualism might be a good tool to classify, but the term itself is misleading because there are more than two systems with different levels of acceptance. Dualism is habitual because it does not accept empiricism to determine whether or not a medical system is being used and accepted, instead it is reliant on culturally established habits, values and rules. It is closed because within Dualism people are not willing (in theory) to incorporate treatments from other medical systems.

The following section briefly discusses another time Issak fell sick, shortly before the interview for it is also very telling in terms of epistemology.

This time, Issak had a simple cold or flu. In search for an appropriate treatment, he tried various different things suggested by family members, some of which sound rather abstruse to an outsider.

The first thing Issak did was to inhale steam from boiling water. This method, a common home remedy, was meant to clear his nasal passages and ease his breathing. Initially, he used just plain water without any herbs, relying on the steam's natural heat to help relieve his symptoms. The steam inhale is considered a traditional medical practice in Ethiopia, even though it is also practiced elsewhere.

Shortly after, Issak's family, particularly his sister, suggested boiling the soda Mirinda and drinking it while it was still hot. Although this was a new idea for Issak, he followed their advice, trusting in their belief that it could cure his cold. When asked where his sister got that idea from, he said that he was not sure, but it was probably something passed down through the community. Following the Mirinda remedy, Issak tried a tea made from orange and garlic and after, milk mixed with garlic. As his symptoms persisted, the next thing he turned to was a local herb, which he inhaled in its liquid form. Apparently, he got that herb from some vendors in shops at the streets. After trying these various traditional methods, Issak eventually transitioned to modern medicine. He took the modern medical drug, snip, which is a tablet against cold and flu, which contains different active ingredients like paracetamol. After having taken all these medicines, his symptoms got better. To the question what has made the cold go away in his opinion, he said it was probably a mixture of the medicine he took, stressing that he has full trust in the herbs he took and his body's immune system. He thinks that the medicine just sped up the process of healing that would have occurred naturally - even without any medication.

It is noteworthy, that Issak followed a different order of trying things than with his bone fractures and gastric problems. This time, he first turned to traditional remedies and then took the modern pills. He explained why:

> *There is this underlying agreement where our society chooses the traditional path for problems that are not severe. For example, cuts. We usually use some plants and grinded coffee beans, coffee powder.* Interview Issak, 147

To further questions about how people would usually act and if their decisions for treatment-seeking are based on availability or trust, Issak said it is a question of experience, that will be shared with other members of the community. Issak titled this "community trust", which comes close to what Stroeken (2012, p. 127) described as "decisions that are empirically based and mediated by the collective". Whenever this happens, Pluralism can turn into Radical Empiricism. Arguably, this is not necessarily something that has a clear starting and end point but is an ongoing process. This process is what is described in this chapter with the exemplifying case of Issak.

3.3 Influence of family and friends/community

One emerging theme in the previous sections has been the influence of family and friends or in the broader sense community in general, as also indicated above. How strong this influence is shows throughout the interviews, where many of the participants permanently stress that the upbringing and the surrounding of a person will shape their perspective on medicine.

Moreover, there are some very concrete examples that the interview participants mentioned that showed that they heavily rely on their family's advice when it comes to making medical decisions and seeking treatments. Issak's treatment seeking behaviour clearly shows that his family more or less made decisions for him. This is not surprising, given that he was still living with them and more or less a child when the gastric problems and the bone fractures occurred. But even now that he is older, he still relied on his family's and sister's advice when trying to mitigate the cold he had shortly before the interview. When asked if he believed in the treatment, he literally said:

> *I believed in them [referring to his family]. So the credibility fell on them towards the medicine, so..* Interview Issak, 119

This really show the trust Issak had in his family members. One could now argue that Issak generally is willing to experiment with different treatments, but it is not only him that relies on family knowledge and advice. Even the biomedically educated Dr Mamo, who has a strong, negative opinion on traditional medicine said that he would consider taking a leaf that his family

uses for constipation. He revealed that is the only traditional remedy he would take, because he has seen it work within his family.

This chapter has explored how individuals perceive different medical systems, driven largely by personal and collective experiences. The case of Issak illustrates that health-seeking behaviours are not rigid but shaped by a combination of experimentation and cultural habits. His story exemplifies how traditional and modern medical practices can complement each other, depending on the illness and the treatment history of the individual. Experience, both personal and communal, plays a pivotal role in decision-making, but values and self-perception (as in Dr Mamo's case) are also impactful. The examples provided in this chapter illustrate how medical choices are influenced not only by what has worked in the past but also by familial and community trust.

4. Religion and its impact on everyday practices

One of the things that can surprise foreigners when visiting Addis Ababa is the visibility of religion. The images that come to mind when thinking of Addis Ababa are big buildings, often under construction, many abandoned during the process, huge streets with many cars, small dirty alleys and women in white clothes and scarfs. Men were also wearing white clothes occasionally on special holidays. People wear white to go to church, of which there are many in Addis Ababa. Many Ethiopians cross themselves whenever they pass one of the churches (which happens very often).

Christan Orthodox symbols are also very present in cars, with crosses dangling from the interior mirrors, pictures of saints being placed on the car dashboards or windows and Ethiopian Orthodox Christian songs playing from the speakers. And almost everyone has crosses hanging from their necklaces, they are often stitched on clothes, to the point where it was difficult to find a shirt without a cross for our Muslim friend. Mostly, it is a sort of square cross, with artfully intertwined lines, very typical for Ethiopia. But Ethiopian Orthodox Christianity is not the only religion in Addis, though it is the most popular one, followed by Islam and Protestant Christianity (Robbins *et al.*, 2021).

Atheists appear to be extremely rare amongst the population in Addis Ababa. In informal conversation, religion came up frequently and never did anyone say they were not religious. All of this illustrates what a major role religion plays in all aspects of life (Karbo, 2013; Steen-Johnsen, 2017; Mihretu, 2021), including of course health and healing.

All of the interviewees agreed that their faith influences their health behaviour. For that reason, and because religious healing is one of the many medical practices existing in Ethiopia, religion needs to be given some space in this thesis.

The fact that somebody is religious can have different impacts on their use of medicine. It can interestingly be a reason why they make use of certain practices or, quite the opposite. Dr Mamo stated that his family thinks it is bad to use traditional medicine *because* they are religious, which is why they do not use it.

Because this apparent contradiction exists, it is even more important to differentiate between types of healing. While the religion of a person did not appear to have notable influence on their perception of biomedicine, it definitely influenced what they thought of certain other practices and individuals.

It seems like some practices are dismissed as witchery or devilish, while others are perceived as holy and have less to do with the actual ritual or practitioner. Faith or religious healing, as the research shows, is more about an absolute faith in the power of God, who is omnipotent and therefore of course also able to heal all disease, even cancer. People repeatedly emphasized, that faith is what can heal, not a certain practice in that context. This perspective that all healing power comes from God and faith is something found in other religious communities as well (Padela *et al.*, 2011). All these aspects will be explored more deeply in the following sections, since they require some more investigation and attention.

This chapter looks into the nuanced perceptions surrounding spiritual and traditional healing in Addis Ababa. The scepticism around these practices is often rooted in fears of malevolent powers at play, creating a tension between perceived efficacy and spiritual legitimacy. The construction of evil and godlessness among the people studied is shaped by a complex interaction between faith, personal experience, and doubt, illustrating how individuals and societies grapple with the unknown and the extraordinary within their religious and cultural frameworks.

4.1 Religious healing

Since there are different predominant religions in Ethiopia, it is also important to note that religious healing may differ from religion to religion, even though it seems that there is some overlapping. Religious healing or faith healing involves treatments through prayer and religious belief (Kloos *et al.*, 2013).

Generally, the Ethiopian Orthodox Church has strong influence also on Islamic and Protestant religious healing practices. Religious healing in this section describes any action taken by a group, authority or individual to restore wellbeing by religious means, that is by means that claim to be done according to the will or rules of God. This thesis will mostly talk about organised forms of religious healing done or approved by a member of a Church/ religious community. Aspects of religious healing may include amongst others, prayer, exorcism and working with holy water (*tsebel*) or the cross (*mesquel*) (Asfaw, 2015). Most literature investigates faith healing within the Ethiopian Orthodox Church (Ragunathan and Solomon, 2009; Asfaw, 2015; Baheretibeb *et al.*, 2022; Baheretibeb, Wondimagegn and Law, 2024), since this is predominant in most of Ethiopia. There is however also existing literature on Muslim and/or Protestant Ethiopian communities (Kahissay, Fenta and Boon, 2020). Furthermore, some of the religious holy water sites are frequented by followers of different religions, not only the Orthodox Church. Many people believe, that the holy water can heal

anyone, regardless of confession, as one of the participants from the study conducted by Kahissay, Fenta and Boon (2020, p. 953) stated:

> So, the holy water heals everyone who uses it. In the eyes of God everyone is equal. Because of our differences in our beliefs, language, and so on, we call ourselves Muslims or Christians. But God did not create us separately. We conspired to bring too many religions. … Because the holy water is given from God, it heals Muslims and the Christians alike. God sees everyone with one eye, he does not say black, white, red, bent, straight, tall, short [Priest Admasu, Male, 69].

Engida also stated, that the person who seeks relief, can be healed even if he or she does not have the faith (or the power to express that faith) themselves.

> *If you are possessed, you cannot express your own will, that means someone else will pray for you, and if that person has a good and strong believe, you might be treated. Someone will be treated not only for his own [believe], but we can pray for others. If the other believes that the holy water will cure you that is powerful itself. It is not the person that heals it is the power of God.* Notes Interview Engida

To fully understand this and other statements, a comprehensive overview of the meaning of *tsebel* (holy water) needs to be provided. There is a huge number of tsebel sites within Ethiopia, according to Bekele (2013, quoted in Kloos *et al*., 2013) it is more than 10000 with over 20 million people who are being treated with it per year. But again, it is hard to find reliable data on this. Nevertheless, this shows the huge relevance of religious healing. Experts even believe that the number of people making use of tsebel has been increasing in the past years (Kloos *et al.*, 2013), if this is true and the trend continued in the past decade, it is well possible that those numbers from 2013 are still way too low. We will discover in the next few pages how relevant holy water and religious healing is to the interview participants and see what conclusions can be drawn from that.

4.1.1 Tsebel/ holy water

> *[I]n Ethiopia, there's this practice where in Amharic it's called tsebel. It is the emergence of a holy water from the underground.* Interview Issak, 185

There are several locations within and around Addis Ababa, where tsebel can be found. Basically, they are natural springs that have been declared holy by the Church, due to miracle healings that have happened there in the past with the help of the water (Baheretibeb, Wondimagegn and Law, 2024). These holy water sites then were established as well-recognized spiritual sanctuaries and people come with all types of ailments, physical and mental/spiritual and to receive blessings (Kloos *et al.*, 2013).

Several people have claimed that they were able to witness healings through this practice, which cannot be explained scientifically. Saron said that it was interesting that it works despite the

lack of scientific evidence. She herself follows Orthodox Christianity and had witnessed several healings.

And even Dr Mamo said that he had witnessed such healings and even saw people live a lot longer than it was predicted in the hospital after getting a holy water treatment. He said that as a doctor this is hard to believe, but as a religious person, he does believe in it.

This illustrates how religion (and empirical observation) impacts people's understanding of medicine, even more than education does. That is also demonstrated by this quote from Asfaw's (2015, p. 89) research:

> In the area I used to live, it is a common thing to see possessed people suffering from some form of illnesses. Though I am educated enough to understand biological explanations for diseases, it is something odd if I say I don't believe things that I see with my own eyes. I have observed people that are possessed by the Zar spirit; I have seen people suffering from other different spirits. I think these experiences have influenced me so much. I even visited a Debtera in my area, though I could find nothing for my problems.

Here, the interviewee even stressed himself, how empirical his approach is by saying that it is odd, not to believe what he sees with his own eyes.

What is also mentioned is spirit possession, which is something, many scholars have researched from different perspectives. The interview participants for this research have not talked about this exhaustively, while holy water was known to everyone. While it plays a crucial role for questions of faith healing, holy water it is usually embedded in broader religious beliefs that will be explored in the following section.

4.1.2 Statements on faith and its healing power

As different individuals were interviewed, opinions and attitudes naturally differed, when talking about the role of religion in healing. Some had more trust in it, others less. Empiricism played a role and none of the interviewees completely neglected the effectiveness of religious healing. Nevertheless, one aspect kept coming up: the fact that it is usually not the water or a person that heals, but the faith in God or the power of God himself is the underlying force. This belief is also shared by research participants from other scholars. The following section will disclose the statements that lead to this conclusion.

> *Well, again, I don't believe in the religious healers. I like to read my Bible; I like to believe in what it says but I do not believe in the people. Just the religious healers and the pastors and everything and k'esi [Amharic word for priest] and stuff. Rather, I read about it, and I take it in and I think about it and if it's truly what I believe and what it*

> *makes me believe in it, I just take it for myself. Rather than go to a person who has read it and say, heal me or something.* Interview Dr Mamo, 84

In this statement Dr Mamo expressed his interpretation of belief. It comes down to a very high significance of the bible and a type of faith that is detached from institutions. It seems like he wants to think critically and make his own decisions about what to believe and what not. For him, there is no external thing (like a person or a place or practice) that has religious authority or wisdom. The bible is presented as the center of belief and the ultimate truth. This is also reflected in his opinion about holy water treatments:

> *There are a lot of people who use that here in the Orthodox and in the Protestant and every Christianity and even the Muslims do it. Yes. But, for me, again, it goes back to the Bible. It says, for me, I like reading this verse. There's this verse that says, believe and you will be healed. So, for me, rather than the water being blessed, I believe, it's the belief, it's the trust and the faith that makes them heal. And that fixes them. Rather than just the water, it's being blessed by the people. So that's what I think.* Interview Dr Mamo, 88

To the question if there is a scientific explanation to why the holy water treatment can work, he answered with sharing a story about a Japanese scientist who conducted an experiment with three cups of water. The first cup, which he thanked daily, showed a beautiful and glowing structure under the microscope after a year. The second, which he cursed, appeared ugly and dark, while the third, which was ignored, became rotten and smelly. Dr Mamo connects this to traditional medicine, suggesting that positive attitudes, gratitude, and faith in God can aid healing. Conversely, negative attitudes or self-neglect may prevent healing, even with holy water. He also mentioned cases of people being healed through dreams, emphasizing the mysterious nature of such healing experiences.

Basically, Dr Mamo stated that holy water by itself is powerless, which reinforces his earlier statement, that the power lies in the faith in God. This was also directly stated by Engida:

> *Is it neither a person nor water that cures but the power of God, through both.* Notes Interview Engida

His approach does however slightly differ, since he does acknowledge that priests have some power, provided by God. For Engida the bible also plays a crucial role, since he quoted it, just like Dr Mamo, saying that "the bible says believe can cure anything". But he questions the accuracy and authenticity of the bible in certain contexts, stating that the meaning of the bible has been impacted by numerous interpretations and translations over time, with some translators manipulating its message. According to him, it is therefore important to seek the original meaning. He explained that the bible in Ethiopia was translated as early as the 4th century and

that Ethiopia was introduced to Christianity through Apostle Philip, who baptized the nation, making it one of the earliest adopters of the faith.

His statement indicates trust in the Ethiopian bible and supports the earlier argument that concludes that pride for Ethiopian culture is sometimes related to the use of traditional medicine. Kloos et al. (2013, p. 146) support the argument that Christianity in Ethiopia has a long history, stating that the Ethiopian Orthodox Church is "the oldest indigenous Christian church in Sub-Saharan Africa". Which is also something that came up in the interview with Issak, who is Protestant and explained how influential the Orthodox Church was and is in Ethiopia:

> *Since the Orthodox Church has already been there for a long time, since ever. The Orthodox Church has actually become the society. The state and the Church were the same. Traditional healing is usually on the side of the Orthodox Church.* Interview Issak, 183

He mentioned this, in part, to provide a broader contextual understanding (illustrating once again how being an outsider can have the advantage of prompting more detailed explanations, while also mitigating the expectation of prior knowledge). Additionally, his comment was intended to clarify that, as a Protestant, he has encountered the practice of healing through holy water to a lesser extent. Nonetheless, he went on to note:

> *But this modern-day prayer and healing practices, the holy spirit clinics and practices as it happens all over the world, that exists.* Interview Issak, 183

When asked about his opinion, Issak described his position like this:

> *I believe there can be a healing. I believe, not just a water can be holy anything can be holy, a human can be holy. And the holiness does not emerge out of the place that it went. For example, in Ethiopia, there's this practice where in Amharic it's called tsebel. It is the emergence of a holy water from the underground. There are those practices. I don't believe in that. I don't believe that holiness emerged out of specifications, but I believe holiness emerges out of a belief, a prayer and a choice.* Interview Issak, 185

All these statements indicate a clear focus on the power of belief and the bible, which ultimately also trumps scientific power or the power of modern medicine. Conclusively, this might give some implications for the interplay of modern medicine and religious medicine, as one is sometimes seen as either a last resort or as complementary to the other. This chapter indicated how faith can be connected to healing. The next section will investigate how religion can influence people's perceptions about other types of traditional medicine negatively.

4.2 The construction of evil and godlessness

The previous chapters have shown that religion impacts how people approach healing and that faith, and its biblical roots play a big role. Therefore, religious healing is something whose efficacy none of the participants completely denied - given it aligned with their own beliefs. But how do people respond to healing practices rooted in beliefs that differ from their own? This chapter serves the disclosure of how medical practitioners and practices are framed, that are not seen as part of one's own religious views.

Collaborating with Issak, it was possible to speak on the phone with one traditional *mergeta* (medical practitioner). This man explained that he had learned his skills from his father in childhood. During the conversation, he made a statement that stood out: "I am not someone who worships stones and trees; I worship God". At the time, I did not fully grasp the importance of this comment, but later, it became clear.

The statement highlights a critical theme that emerged throughout this research in various contexts: the need for traditional healers to distance themselves from accusations of paganism or idolatry. The healer's remark was not just a casual clarification but a deliberate effort to assert his religious alignment, reflecting a broader societal tension. Many participants, as well as individuals encountered in Addis Ababa, expressed a strong tendency to label certain practices as blasphemous, pagan, or even associated with the devil.

For instance, on a group hike one day during the field work, a fellow participant criticized a group having some sort of get-together at a mountain top we passed by, claiming, "these people are not even Christians," only for me to later find out that this was not the case. This tendency to view unfamiliar or alternative practices with suspicion is a recurring theme, driven in part by religious teachings, as Issak hinted at.

This whole dismissal of practices outside of the own religion became a bit more evident during the interview with Engida. The topic of Muslim spiritual healing came up, which is something another interview partner, Desta mentioned. It works similar to the Orthodox healing and there are also Muslim spiritual clinics in Addis Ababa. While Engida admitted that his knowledge about Muslim healing was limited, he did connect it to witchery. Further, he claimed that Muslim healing is not purely Muslim, but it is mixed with pagan rituals. To the question about efficacy, Engida simply said that as an Orthodox Christian he could not believe that this works. He talked about good and evil forces existing and that he does not believe the Muslim healing

could do anything good. On the other hand, he said, since Muslims might also use holy water, it might work for them because of their belief.

Dr Mamo also admitted that his religious background makes him suspicious of traditional medicine (as mentioned before). That also reinforces Issak's earlier remarks that some confessions disapprove of traditional medicine. Issak also stated that he does not like the witchcraft factor about traditional medicine, as some traditional practitioners claim to heal patients from supposedly witchcraft inflicted ailments - something he does not believe in. Issak and Dr Mamo are both Protestants and their rejection of traditional medicine resembles what Stroeken (2012) describes as Christian medical dualism, an epistemology, that denounces traditional medicine, as explain earlier. Even though, as demonstrated with the example of Issak's case, individual behaviour and opinions do not always obey the rules of such classifications.

The interview with Engida at some point turned towards what is titled the construction of evil in this thesis. Evil here is to be understood as opposing good: supernatural forces that derive from a source other than God. While some scholars have explored the question of evil as a paradox within the belief in an omnipotent, good God (Cordeiro-Rodrigues and Agada, 2022), this did not seem to be a problem for any of the participants. Rather, the acknowledgement of the existence of the devil or evil served as explanation for bad things happening, despite God's existence and power. Evil could occur because of the devil's will or the involvement of individuals in actions and practices that go against God's will.

Engida said that some people who learn their knowledge from the Orthodox Church are "not innocent", and some align themselves with the devil or sell their souls. Some people are powerful because they get help from a demon, even though this power would never provide a long-lasting relief from sickness. Similarly, Asfaw (2015) describes that people might get possessed by involving themselves in occult or magic, such as astrology. Furthermore, supernatural ability can be a symptom of such possessions (Asfaw, 2015). Engida's claims seem to follow that doctrine that goes back to the Orthodox Church.

But not only healing power can be seen as the work of supernatural entities. Illnesses and misfortunes of other kinds are also believed to be caused by spirits or people who wish bad for others (Bishaw, 1991). Singh (2021, p. 2) describes that it is common in many societies, not only in Ethiopia, to link misfortunes to actions of "group mates", using supernatural powers.

Getting rid of spirit caused diseases is the job of spiritual, religious healers, since this is a field, as Engida put it, "modern doctors don't know anything" about. In the Orthodox Church on the other hand, healers or priests are specialized in demonic possession, as Engida indicated, hinting at a number of classifications, which aligns with Asfaw's (2015) findings. This belief in an alliance with the devil to get certain powers was also mentioned by Dr Mamo, which will be examined after briefly exploring the spirits that can cause harm.

4.2.1. Buda and other evils

In our interview, Issak discussed the concept of Buda, a term in Amharic that refers to witchcraft practices in Ethiopia. He explained that Buda is associated with individuals who are believed to possess the ability to harm others simply by looking at them, a form of witchery that is feared for its supposed capacity to "eat souls". Issak said that Buda literally means "eating their souls", while Dr Mamo said it was a term for Satan, but more in ghost form. Scholars have also titled Buda "evil eye" (Reminick, 1974; Hodes, 1997; Singh, 2021) for its capacity to inflict harm on others via stare.

Baynes-Rock (2015) on the other hand, disconnects Buda from the evil eye, claiming that there are too many heterogenous descriptions of Buda. He instead focusses on the Buda-individuals' capacity to transform into hyenas[6] as a common theme amongst those descriptions.

Buda is one of several spirits prevalent in Ethiopia that are linked to possession, sorcery or mental illnesses. Below is a list of spirits researched in Ethiopian contexts (Asfaw, 2015; Baheretibeb, Wondimagegn and Law, 2024):

Zar Spirit	Believed to be passed down through family lineage, the Zar spirit haunts and controls individuals, often making them its property. It is commonly invoked during rituals like coffee ceremonies, and possession can occur during these events, leading to behaviours such as speaking in unknown languages.
Ayine Tila (Spirit of the Shadow of the Eye)	This spirit doesn't cause physical illness but instead brings misfortunes by manipulating the host's life. It creates obstacles, prevents success, and subtly influences others to act against the host, making it difficult to identify and overcome.

[6] I have not heard of this association during my time in Ethiopia.

Buda Spirit (Evil Eye)	This spirit is transmissible through family lines or can be acquired from others. It controls the fortunes of those it possesses and can cause suffering and misfortune. The Buda spirit can be transferred through the eyes and is viewed as a curse within the family.
Digimt Spirits (Spirits from Conjuration	These spirits are summoned by sorcerers or witches to harm others, often out of jealousy or malice. One type of Digimt spirit, *the spirit of affection*, can be used to force someone to fall in love, demonstrating the power these spirits have to control minds and emotions.

One can get involved with these spirits for different reasons like disregarding God's will, participation in pagan rituals, attacks by others for reasons like jealousy or revenge or falling for temptations by the devil. Out of these spirits listed here, Buda was the only one explicitly mentioned in the interviews. The evil eye, and within this narrative also Buda, is often linked to envy (Singh, 2021): the Buda possessing person looks at someone with envy and inflicts harm on that individual (Baheretibeb, Wondimagegn and Law, 2024).

The concept of Buda is a key example of how certain individuals can be framed as evil. Buda is not only feared but also demonized within certain religious narratives, particularly those that categorize unexplained or harmful events as the result of malevolent forces. This categorization of Buda as evil fits neatly into the larger theme of how religious groups construct boundaries between what is considered holy and what is deemed sinful or blasphemous. Singh (2015) explains the belief in evil eye with his classification as "plausible explanation". According to the author, beliefs in witchcraft and sorcery can occur because they provide explanations for otherwise hardly explainable events. In contrast to other scholars, that say those beliefs serve a social cause, Singh also states that those believes are instrumentalised as justification for harming or disrespecting others (a subgroup). In case of the research for this thesis, only the first explanation could be applied, because it may explain misfortune happening to an individual, caused by someone else through a stare. One should however be careful with such categorization, as it may imply a lower level of agency amongst the researched, who do not lack the ability to connect misfortunes to natural causes. Further, explaining Buda in such terms is an epic way of framing perceptions amongst the research group, contrary to the aim of including emic perspectives. During the research, diverse perceptions of Buda became evident.

There is Issak, not believing in it and calling it a community fairytale; and Engida who does say people get harmed by malevolent entities.

The fear and demonization of Buda is not an isolated phenomenon but part of a broader religious narrative that frames unexplained or harmful events as the result of evil forces. In much the same way, other spirits such as Zar and Ayine Tila, although not explicitly mentioned in the interviews, are also linked to illness, possession, and evil.

4.2.2 Expelling the demon

Several interview participants indicated that people could get possessed by evil forces be it the devil or spirits. But what happens next? Here is where the Church comes into play. There are possibilities to get rid of the possessing spirits, some of which include talking to the demon, beating or tapping the possessed with the cross, washing them with holy water or a mix of all these practices (Asfaw, 2015).

Several people during the interviews but also in other conversation mentioned different practices to expel evil forces out of someone. Engida and Dr Mamo talked about them and their stories sounded pretty similar, even though they are followers of two different confessions, which is probably because some practices established within the Orthodox Church have also influenced other Churches in Ethiopia. Dr Mamo, when talking about it, made sure to stress that his ultimate authority is the bible and that he has faith in what the bible says. He had witnessed people being possessed and then change completely after they have been prayed for. He saw this several times because he frequently goes to church. And because he has seen it, he says, he believes it works.

Again, the empirical approach is shown, he believes what he sees. He nevertheless is cautious about these things, because of the many imposters that claim to have the healing power, but actually do not.

People completely changing in behaviour after a treatment at the church is something several people talked about, one of them was Engida. People sometimes have to be chained and forced to go to church/the holy water site, because “they are acting mad” but will then go back to behaving like a “gentleman” and once healed, can talk about their experience and how they were not themselves. Issak was the only person talking critically about this practice as he explained with disapproval that sometimes their own families would chain persons and apply force. Engida mentioned how the visible, real effects of this practice are something not even science could deny but will nevertheless not accept.

The stories about demonic possession and the role of the Church in healing these afflictions reveal how the line between good and evil is drawn within religious healing practices. Both Engida and Dr Mamo described witnessing people change completely after undergoing spiritual treatments in their respective Churches. This phenomenon, while remarkable, is also indicative of how healing is perceived to be a battle between divine and demonic forces.

In these stories, the Church acts as a mediator between the afflicted and the supernatural forces at play. The fact that some individuals are possessed and must be prayed over to expel evil spirits aligns with the religious framework that views illness - particularly mental illness or abnormal behaviour - as influenced by supernatural or demonic forces. The act of expelling these forces, often involving rituals such as beating with the cross or washing with holy water, reinforces the idea that the Church holds the power to restore godliness to those who have been overtaken by evil.

This ties back to the broader theme of good and evil within religious healing: illness and possession are seen as manifestations of evil, while healing is perceived as the triumph of godliness - as long as it is carried out by the right practitioner. The role of the Church in these practices strengthens its position as the arbiter of divine intervention, further legitimizing religious healing while casting suspicion on other forms of traditional or non-religious healing.

4.2.3 The story of the monk

Dr Mamo shared a story about a man he knows, someone who claims to be a former monk with an extraordinary past. This man was raised in the Ethiopian Orthodox Church and was trained in traditional medicine from the age of five. However, he has since converted to Protestant Christianity and now travels around, urging others to repent for their involvement in practices he now deems wrong.

One day, this man confided in Dr Mamo, claiming to be the smartest person anyone could ever meet. Curious, Dr Mamo asked him why. The man explained that he has a photographic memory, a gift he says he received under unusual circumstances. He recounted how, during his time with another monk, he was trained to study certain signs and symbols. Once he had mastered these, the monk led him to a pond, where a stick mysteriously emerged from the water and according to Dr Mamo's story, entered the monk's brain. Since that moment, the man claimed, he has had a photographic memory, and he even has a scar on his head that he insists was caused by the stick.

This man, who, according to Dr Mamo, speaks six or seven languages and has written numerous books, attributes his intelligence and skills to his early training in traditional medicine and the mystical experiences he underwent. Although he professes to be a devout Christian now, Dr Mamo feels there is a troubling contradiction in his story. The man may claim to praise God, but the practices he describes, the very ones he was trained in, seem more akin to witchcraft than to Christianity. Dr Mamo remains sceptical of his true beliefs, suspecting that this man is more aligned with darker forces than with the faith he now professes; Dr Mamo used the term "devil ways".

This story showed again how it does not necessarily matter if the *mergeta*, aka the traditional practitioner, claims to be Christian. There is prevalent suspicion against skills that are hard to explain scientifically. Those practices are therefore often deemed as witchcraft, like Issak said.

The story of the monk, who converted to Protestantism after a lifetime of involvement in traditional medicine, is an illustration of the tension between traditional knowledge and religious orthodoxy. The man's extraordinary claims - such as receiving a photographic memory after a mystical experience - highlight the ambiguous space between healing practices that are considered legitimate and those that are viewed as aligned with darker, spiritual forces.

While the monk professes his Christian faith, Dr Mamo's scepticism about the man's past, particularly his association with practices that resemble witchcraft, speaks to the suspicion that often surrounds traditional healers. The monk's narrative reflects the larger theme of how religious communities construct the idea of godliness versus godlessness. Even though the man has converted to Protestant Christianity, his background in traditional medicine, which is often seen as suspect or even evil, raises doubts in Dr Mamo about the authenticity of his transformation.

This story ties back to the broader argument about the perception of healing within religious contexts, emphasizing that practices seen as straddling the line between spiritual and supernatural can be viewed with suspicion. The monk's journey reflects the complex dynamics of religious conversion and the lingering associations of traditional healing with forces outside the realm of godliness. It also resembles the tendency of Dr Mamo to treat traditional practitioners with suspicion, even if they themselves claim to be Christian, as we have already seen in the case of Hakim Abebech.

4.2.4 Community fairy tales

The interview questions asked to Issak very specifically investigated witchcraft and other supernatural phenomena that emerged in preparation for the interview. Issak strongly distanced himself from those beliefs and labelled these stories “community fairy tales”, hence the title of this section.

Issak shared his thoughts on how community fairy tales and superstitions can be exploited, particularly in contexts where there is no solid evidence to support them. He compared this to market sabotage, where people in the business of facilitating international adoptions, for example, might use these tales to undermine organizations whose values they disagree with. While this sabotage might not directly involve traditional medicine, it often includes the manipulation of community beliefs, especially at a local level.

Issak mentioned a specific superstition about Buda as explained before. He recounted how people believe that if someone had a torn shirt or dress, particularly under the armpit, it might be a sign that they were bewitched. The belief was that if you suspected someone of being a Buda, you could secretly tear their clothing in that spot as a way to counteract the spirit's influence.

He then shared a story about a maid from his community who had been influenced by these beliefs. The maid worked for a successful family, and after hearing rumours from neighbours and other maids that her employers were Buda, she went and tore their clothes in the designated spot to counter the witchcraft. This led to a major conflict and resulted in her being fired. Although Issak emphasized that this was the only firsthand experience he knew of, he acknowledged that such beliefs are still part of the community’s collective memory, though he considers them more like fairy tales than reality.

Finally, Issak reflected on why people might be accused of being Buda, suggesting that it often stems from envy or resentment towards those who are doing well in life - a phenomenon witnessed and researched, for example by Allen (2015), in the context of Uganda. Issak linked this to the Western tendency to suspect that highly successful people may have cheated the system. Interestingly, the exact same term - cheating - was also used by some scholars to describe “mystically powerful” individuals (Singh, 2021, p. 6). A point that could require more investigation by future research.

4.2.5 What is evil and what is holy?

In exploring the construction of evil and godlessness, it becomes evident that beliefs surrounding spirit possession and supernatural forces play a significant role in the interpretation of experiences that cannot be easily explained or remedied by science. When faced with phenomena that defy scientific explanation, consequently, the interpretation often leans towards supernatural causes, rooted in the deeply ingrained religious beliefs that permeate society in Addis Ababa. This connection between mystical occurrences and spiritual explanations follows an empirical approach. As one priest from Asfaw's (2015) research pointed out, it would be odd not to believe in what is witnessed.

Spiritual healing, therefore, occupies a vital space in the medical landscape of Ethiopia, coexisting with and even influencing those who align themselves with modern science and medicine. Despite this widespread acceptance, there is an awareness of the presence of fraudulent healers and a general scepticism toward unverified claims. People may place their trust in spiritual healing, but they do so with discernment, often acknowledging the possibility of being deceived.

As we have seen, the perception of traditional healing varies significantly depending on the religious or institutional backing of the healer and the observer. What is accepted as a cure for spiritual affliction within one context may be dismissed as witchcraft in another. The institution or Church supporting the healer often determines whether the practice is seen as legitimate or as a form of sorcery. This distinction is crucial, as witchcraft accusations can be consciously or subconsciously weaponized, whether to discredit individuals or to assert social control (Singh, 2021).

Ultimately, the approach to spiritual and traditional healing is nuanced. People may believe in the efficacy of certain practices without necessarily endorsing their moral or religious legitimacy. In this context, efficacy does not equate to approval. This mistrust stems from a fear that suspicious or malevolent powers might be involved in the healing process.

In conclusion, the construction of evil and godlessness within the researched group is deeply intertwined with religious and cultural beliefs. It reflects a complex interplay between faith, empirical experience, and scepticism, shaping how individuals and communities navigate the challenges posed by unexplained or extraordinary events.

5. Interplay

So far, this thesis has explored a number of different factors that influence health decisions of the researched group. Further, different perspectives were shown and a tendency towards pluralistic approaches to medicine became visible. Now, the question remains what that means for actual health behaviour and recommendations in practice. To investigate this, this section will use Dr Mamo's statements about his role as a doctor and how he deals with the pluralistic and diverse reality of the medical landscape, in terms of advising patients. More context will be given to these statements in particular and other findings from this work by framing people's health behaviour with further scholarship.

Dr Mamo's statements on how he deals with patients' questions about competing medical services reflect not only his personal and professional attitude towards medicine, but also the broader Ethiopian infrastructure and cultural setting as we will discover in this section. Previous chapters have already discussed how Dr Mamo adapts his advice based on where he works: in rural areas with few modern medical services available, he refrains from telling people to avoid traditional medicine due to a lack of options. In Addis Ababa, this is different. But it is not only infrastructure that plays a role.

Dr Mamo's approach to advising patients, particularly those with serious illnesses like cancer, is characterized by a balance between scientific medical practices and the consideration of the psychological and emotional well-being of the patient. Which shows that what Leder (1984) criticises about modern medicine, namely the mechanical approach to illness and the neglecting of a patient's emotions is not necessarily what actually happens during treatments and in doctor-patient relations. While Dr Mamo's scientific training emphasizes adherence to conventional medical treatments, such as chemotherapy and radiation, there is also a recognition of the patient's psychological state, especially when they seem to lose hope or give up on life.

In such cases, Dr Mamo advocates for incorporating traditional or religious practices, like consulting a traditional healer or using holy water, not as a replacement for medical treatment but as a supplementary source of hope and comfort. This approach aims to uplift the patient's attitude and maintain their will to live, which can be crucial in their overall well-being. Dr Mamo stressed that these practices are not recommended as cures but as a means to provide emotional support.

When patients express dissatisfaction with medical treatments and show an inclination toward conventional methods, he further allows them to explore these alternatives, recognizing that

fighting or challenging their beliefs is unproductive. The underlying strategy is to encourage patients to continue with their medical treatment while also engaging in practices that align with their faith, thereby creating a dual approach. Dr Mamo acknowledges that any positive outcomes from traditional practices are likely due to the patients' belief and faith. Generally, it is common for doctors to talk about spirituality and religion with their patients when they suffer terminal diseases (Best, Butow and Olver, 2016).

Shifting the focus to the traditional practitioner's perspective is relevant if we are to get a more balanced picture of the patient's experience. The work of Berhanu (2013) is an important basis for this, as it found for example that there is displeasure within some spiritual healers when it comes to the collaboration with modern healers. One of the interviewed practitioners complained that while he sometimes sends patients to modern doctors if he feels the person should be better treated there, the modern doctors never send anyone back to him. According to Dr Mamo, this is not necessarily true, as just described. He said that he has recommended holy water treatments many times, but insists on using both, cultural and modern treatment.

This recommendation of using both medical paths also aligns with what a priest said in the study of Baheretibeb, Wondimagegn and Law (2024, p. 251), referring to the Ethiopian saying "Trust in God, but tie your donkey". The fact that modern doctors and other health workers sometimes advice their patients not to use traditional medicine is nevertheless true on the other hand, which is not only something Dr Mamo confirmed, but also a finding of other research (Kloos *et al.*, 2013). This bias against other forms of medicine within practitioners of biomedicine might also be a result of the ideological implications those practitioners unknowingly acquired throughout their training, framing biomedicine as the only logical, safe and efficacious form of healing (Leslie, 1980). To review, while some biomedical doctors refer patients to traditional healers in exceptional situations (either while operating in a poorly equipped area or when dealing with a patient with a terminal/ uncurable disease) or at least tolerate the use of alternative treatments, there is still room for improvement in the integration of different forms of medicine.

5.1 Institutionalised medical pluralism

These examples from practitioners' experiences and statements show that not only patients, but also doctors are well aware of the pluralistic approach to treatment-seeking, common in Ethiopia and elsewhere. So common, that scholars came up with different names for it, such as "healer hopping" or "shopping around" (Khalikova, 2021).

The research conducted and discussed for this thesis reveals a tendency to attend different health services and seek various treatments, often depending on the nature of the ailment. A behaviour, similar to so called "forum shopping", meaning choosing whichever option seems most profitable for the subject that is choosing - a concept developed in the legal and juridical field and applied and discussed by several scholars (Von Benda-Beckmann, 1981; Ruiz-Chiriboga, 2019; Lund, 2021). However, just like the subjects in the studies on legal forum shopping, not everybody is equal in their position when it comes to making medical decisions. Several factors might limit choices, such as access to knowledge and infrastructure. This is why a relatively homogenous group in terms of these limiting factors was chosen. The results of the research with this group of people nevertheless reveals a prevalent diversity in preference of treatment, experiences and perception, which hints at the influential role of other factors, such as religion, upbringing, medical history and personal openness and beliefs.

These individual behaviours appear to reflect broader societal structures, discussed in this thesis, particularly governmental and religious influences. Just as the government recognizes and regulates certain forms of medicine, individuals similarly recognize and prioritize treatments within their personal healthcare decisions. Furthermore, the role of religion in society is mirrored in the respect and importance individuals place on religious practices within their treatment choices. These findings suggest that governmental behaviour and societal structures are deeply intertwined with individual actions and preferences, offering a nuanced understanding of medical pluralism in contemporary society.

Traditional healers' services remain a significant option for patients seeking healthcare, due to the perceived efficacy, safety (with exceptions), and affordability of traditional medicines. These services contribute considerably to public healthcare in Addis Ababa, among diverse socioeconomic groups, including high school graduates and government employees. The popularity of herbal medicine has risen, in part, due to its commercialization in urban areas (Birhan, Giday and Teklehaymanot, 2011; Kloos *et al.*, 2013).

Medical pluralism, broadly understood in this thesis as the practice of alternating between different therapeutic options, can also be described as a reflection of the commodification of healthcare in capitalist societies, which affects all medicine systems, even though some of the participants accused only modern medicine of seeking profit (Engida), while others claim that traditional doctors ask for a lot of money and are not always trustworthy (Dr Mamo). Despite the perceived ontological differences between those medicines, Han (2002) argues that their commodified nature brings them closer than traditionally thought.

Furthermore, traditional medicines are particularly valued in the treatment of mental disorders, largely due to their safety and cultural familiarity (Stroeken, 2012; Berhanu, 2013; Baheretibeb *et al.*, 2022). Family influence plays a key role in shaping individuals' decisions to use traditional medicine, providing guidance and validation of its efficacy. Berhanu's (2013) findings about university students, who express positive perceptions toward traditional medicines, associating their use with affordability and availability partly align with the findings of this thesis, though other factors play a role and risks, such as wrong dosage or consulting a fake healer are considered.

Rivalry amongst healers may impact how they view each other, and religious beliefs also play a crucial role in the interplay of medicinal services. Patients' behaviour is influenced by those structural factors as well as individual experience. All this leads to making use of different forms of medicines and treatments following different advice and beliefs. Ultimately, this supports the argument that health behaviour within the researched group tends to be pluralistic and empirical to a certain extend.

This ongoing reliance on traditional medicine, combined with the increasing integration of modern healthcare practices, highlights the complexity of healthcare choices in Addis Ababa, shaped by economic, cultural, and social factors.

Conclusion

The question of this work was to detect perceptions and practices concerning healing amongst the educated young population in Ethiopia's capital Addis Ababa. This thesis has reflected on academic understandings and discussions of medical pluralism in general and looked at other cases of research in the field of medical anthropology outside of and in Ethiopia.

The main body of this research consists of the exploration of a variety of factors that influence health practices and perceptions, as well as prevalent narratives and themes that occurred during the research. This work has provided the foundations for an understanding of the concepts of medical pluralism, medicine and illness, explored different medical systems within Ethiopia and their historical development as well as their status, coexistence and integration within the country. Patients' and practitioners' perspectives were included in this research, as well as the state and its role in the promotion of medical systems. By adapting the interviewees' choice of words and descriptions, I have tried to argue from a partly emic point of view while keeping the outsider's perspective as a foreign researcher for critical evaluation. Academic literature has served for contextualizing findings from the interviews and as a source of information, where the research was lacking crucial data. This way, it was possible to draw a holistic picture of the medical landscape as well as the socio-economic and cultural framework within which the research participants are operating. In the following the main findings will be presented.

Scholars have been debating on the term of medical pluralism for decades, coming up with new concepts and models, all to describe a plurality of medical options, coexisting and available to patients in various degrees. In Ethiopia, there are several medical systems: Modern medicine (or biomedicine) and bone setting, herbal medicine as well as spiritual healing. The last three are often all summarized under the term traditional medicine. Mixed forms exist and as indicated earlier in this thesis, medicine is always plural (Khalikova, 2021). Therefore, the strict distinction of these medicines is a simplification of reality. Nevertheless, those distinctions are made by people in the field and the terms "traditional" and "modern" are frequently used descriptions by patients, practitioners and institutions. Concepts of illness differ as much as understandings of the world and the state of being human do throughout and within societies. While modern medicine treats illness and disease mainly as a material, physical problem, traditional medicines seek causes (and cures) everywhere, including the social and spiritual world of the patient. These different approaches coexisting in Addis Ababa are shaped by various factors, one of them being the country's historical developments. While traditional medicine was the only medicine available before the introduction of foreign medicine,

Ethiopia's emperors have pushed medical innovations. Different international influences have further developed the establishment of modern medicine, while the status of traditional medicine was ambivalent. Persecution of traditional practitioners, but also the acknowledgement of certain individuals, as well as the influence of the Orthodox Church have created a climate of uncertainty before traditional medicine regained official support through the influence of the WHO among other things. Medical infrastructure in Ethiopia remains insufficient, leading to the use of traditional medicine as only available remedy in certain, mostly rural areas, while in bigger cities, like Addis Ababa, all sorts of health services are available. This leads to the conclusion that accessibility is not the only factor that influences people's treatment-seeking as research participants mostly make use of several available health services that are not limited to one medical system.

Health behaviours were found to be individual, even though there were some common themes. While Dr Mamo mostly refrained from using traditional medicine, the other participants made use of it as well as modern medicine. Modern medicine was not completely neglected by anyone, indicating that it plays a crucial role and that the educated youth in Addis Ababa has high trust in its efficacy. Concerns were voiced about side-effects and trustability of medical industries. Traditional medicine on the other hand was criticised for not being sufficiently tested and experimented, leading to risks of using it, especially referring to the dosage of the substances. Traditional practitioners, while also making money out of their profession, were perceived as more trustable, because they have a reputation to lose and are usually well-known and respected if they do a good job. Critics of traditional medicine point out the high number of false healers emerging, especially in urban areas, due to the commodification of medical services.

Another reason why people picked a specific doctor is that they are attributed with competencies in different areas. This is not only true for the practitioners, but also for the medicines itself. Bone fractures are often treated by traditional bone setters and smaller cuts or injuries with some sort of powder or leaf. Mental illnesses are very often also believed to be better cured by spiritual healers, which is related to the conceptualization of such illnesses, whose cause is often seen in spirit possession. To a certain extend some stigma of backwardness attached to traditional medicine was found, even though this was expressed rarely and more implicitly.

By explaining one participant's journey of treatment seeking, this thesis was able to illustrate how a pluralistic approach to medicine in Ethiopia can look like and how patients chose

available medical services based on family advice and empirical experience. Both play a tremendous role in health behaviour as was also indicated in other interviewees' statements.

Another equally influential factor for medical decision making and perception within the researched group was religion. It has profound impact, both on how participants view religious healing practices within their own confession and how they perceive traditional medicines condemned by their Church. A common theme was the central role of faith as the ultimate factor that can determine a person's healing. All interview participants referred to faith as being more important than either holy water or a priest in terms of capacity. The other way religion influenced perceptions of healing is that there is a tendency to frame practices that go against one's own belief as evil. The existence of evil or Satan also manifests in evil spirits that can harm others as well as powerful individuals who received their powers by being involved with such evil entities. Supernatural powers, including healing capacities might therefore be viewed with suspicion.

All in all, health behaviour within Addis Ababa's educated youth is diverse, but often plural, with patients making use of various treatment options, reflecting individual motives as well as cultural, historical and broader societal structures.

By investigating a privileged subgroup in Ethiopia, namely educated urban young people, mostly male, this research revealed that medical pluralism and the use of traditional medicine is not a phenomenon prevalent only in poorly equipped areas with low education rates. The use of diverse treatment services prevails when there are no or few limitations. Reasons for this range from individual upbringing, influence of community, experience (empiricism), type of disease, personal beliefs, cultural norms and other values. Costs and availability/ accessibility are only some of many contributing factors.

Understanding all these factors is of importance for further health care implications and may improve healthcare policy, patient care and cultural sensitivity when dealing with patients inside and outside of Ethiopia. This research contributes to making relevant adaptations on all these fronts and can help making informed decisions for improving health care services in Addis Ababa.

Given the scope and focus of this thesis, a possible limitation is the restricted dataset and sample size, which may not fully capture the diversity of factors influencing health behaviour and perceptions of the urban educated youth in Ethiopia. The time constraint and the evolving nature

of the field could mean that certain emerging trends or recent data were not fully incorporated into the analysis. Therefore, ongoing and future research is important.

Some areas that require more investigation could be identified, such as commodification of traditional medicine and the emergence of false healers, the exploitation of community knowledge and how research on Ethiopian traditional medicine can be made beneficial for the communities of origin, efficacy of treatments in Addis Ababa and holistic approaches to healing. The field of medical anthropology in Ethiopia is huge.

In conclusion, the research offers profound insights into how diverse medical traditions coexist and interact within a society. This phenomenon is not unique to Ethiopia but reflects a broader global reality where different medical systems often intersect and influence one another. In a globalized world, respecting and acknowledging these diverse medical traditions is crucial, as they represent deeply embedded cultural knowledge and practices that continue to shape health behaviours and care-seeking strategies.

Interdisciplinary research plays a vital role in bridging the gaps between these different health systems by fostering a more holistic understanding of human health and illness. Through its focus on cultural context, anthropology, like it was practiced in this thesis, encourages dialogue between disparate medical traditions and promotes the integration of diverse healing practices in ways that are respectful and inclusive. By recognizing the value of all medical knowledge, researchers can contribute to the creation of health systems that are not only more effective but also more culturally sensitive and equitable. This approach is essential for promoting global health in a way that respects the complexities and nuances of human societies.

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Appendix

Interview guide

What would an outsider need to know about the medical landscape in Ethiopia?

What kinds of healing are there in Ethiopia?

In your understanding, if there are different forms of medicine in Ethiopia, how would you explain them to someone who has no idea about medicine at all:

How do your family and friends act about being sick?

If you are sick, what do you do about it?

What are your experiences with medicine?

What do you think about herbal/native/spiritual medicine or biomedicine/modern medicine?

If you have a simple cold, what would you do?

What is your religion?

What influence does your religion have on your approach to medicine?

Is healing something religious?

Do you think “modern” medicine can heal?

Do you think “alternative” medicine can heal?

Did you ever consume certain plants for your health?

Did you ever take chemical drugs for your health?

What effect did that have on you?

Under what circumstances would you consider going to a traditional doctor/ modern doctor?

Which factors influence if you trust a medical practitioner?

Interview guide for medical personnel

What kinds of healing are there?

What would you call the medicine you practice? How would you explain to me how it works, if I had no idea about medicine at all?

Why did you choose this profession?

What do you think about traditional medicine?

Are there certain diseases that cannot be cured in a hospital but can be cured by traditional doctors and vice versa?

How do you think people in Addis feel about coming to a hospital? Do they trust you?

Do the patients that come to you also visit traditional doctors?

Is traditional/alternative medicine something that is discussed here?

Do you give your patients recommendations about this?

(Do you ever have people coming here with problems that arouse from going to a traditional healer?)

Personally, how do you act about being sick? Why?

What is the role of religion when it comes to medicine?

Transcript Interview Issak:

1: Malin: Okay, I'm starting now. Maybe say one more time that it's okay that I record you.

2: Issak: Yes, it is okay to be recording perfect.

3: Malin: I have your contact; I might send you like a form later.

4: Issak: A consent form?

5: Malin: Yes

6: Issak: Really? Yeah. Okay.

7: Malin: My supervisor said I should have just in case. Okay, so what types of medicine are there in Ethiopia?

8: Issak: Can I have a bit of a clarification. Is it how they're made? Or is it how we classify them?

9: Malin: How you define them.

10: Issak: Oh, okay. We can actually say traditional and modern medicine.

11: Malin: Do you also call them traditional and modern?

12: Issak: Yeah, yeah. Also the community uses those terms.

13: Malin: And what's the difference?

14: Issak: The difference for me or for the community?

15: Malin: Both.

16: Issak: Okay, for the community, it's basically how they could have access to it. Since the access in which emanates from, usually their mother's knowledge of a longer time with their family, or it's a secret family recipes, just like recipes of food.

And a modern medicine is usually accessible for the community or the rural side of the society, after a very long effort to reach a certain hospital or, or, or a clinic. So with that, they classify modern and traditional medicine. For me, it's usually the acces plus how it actually comes… the scientific procedures that have been taken towards making a medicinal product, classify that section of medicine, as a modern medicine for me.

Though, there is a very slight touch of intersect, and some traditional medicine makers having this modern touch of experimental processes, I believe, the procedures, the procedures that the medicines are made, and approvals of international, medical taught and knowledge that classifies it for me as modern and traditional.

17: Malin: And so traditional, is made in what way exactly? It's passed… the knowledge is passed on?

18: Issak: Mhm [yes]

19: Malin: Okay. And then what you call modern medicine would be with like science that is approved by academia?

20: Issak: Yes, the academia's approval, it's, it's how they're made is usually, the knowledge of traditional medicine making is usually as just as you've described is passed on, from usually, from family bloodlines, since it's not just a simple practice, but it's also a profitable business. So it's, it's a past on tradition, and knowledge. And some, some, some people have been taught that too, these days, especially around my hometown, there have been these more organized forms of recognized, recognized traditional medicine men, and, and those those people have usually trend or mentored one or two people around them, just as a hope. And those people have emerged to become traditional doctors, but usually they emerge from connection that has come from a bloodline. And the modern medicine, as, as I had mentioned earlier, emerged through the scientific innovation that had been approved by the academia as well as the government help control measures. So that's how it's differentiated.

21: Malin: I saw that there's also there now, there's also I think, some government institutions that subsidize traditional medicine, I went to this institute, and it's a governmental Institute, and they do research on traditional medicine, too. Do you think it's like, so do you think this is something that is accepted by the government as like medicine that is supposed to be promoted?

22: Issak: Okay, so there's that quagmire that exists between the government acceptance and traditional medicine. So, one huge point is that people, usually at the government positions, whether they have been educated or not come from a society where traditional medicinal practices have been practiced freely and accepted. So that will definitely have an influence on the perspectives of the state towards the traditional medicine. The community. The other one is, especially if they… like last I heard Ethiopian Public Health Institute have had a closer look at traditional medicine practices as not just a cautionary perspective, towards an illegal practice, but also towards a way to adopt a local knowledge into the scientific community to actually create change. But the point that I actually may have been printed on me that I couldn't forget, in the past couple of years towards the relationship between the government and traditional medicine or practices is that when COVID emerged, the research, the academic research that's been going on throughout the world, funded with billions of dollars, and given much focus. And the Ethiopian government actually brought traditional medicinal men, that this practitioners to the public, and actually subsidized the procedures towards making a possible a possible medicine or product for COVID. So, it's just like, I expressed it earlier, there's that perspective where the possibility of it the possibility of people who emerged out of the society and held the administrative seats, accepting that practice, and also when there are social crisis is like that. the pressure to find solutions will emerge. So, I believe, crisis, the mix of crisis, social acceptance, and the opportunity to present the opportunity of the practitioners to present their works, these three things, mixed together will have created a more positive perspective towards, towards the practice, I guess.

23: Malin: Do you know what happened when the government invested in adapting traditional medicine against COVID?

24: Issak: So the first thing that they did was there's this administrative practice where you bring the topics to the public, and attempt to analyse the responses towards that, that practice. So as time where society was stressed enough, to actually be more likely to accept anything that comes on the hand, that appears as a solution, the time where the practitioners were presented to the public and subsidized publicly, which have been publicized technically. I believe the practices went through and, and there were some news that some milestones were travelled, but as soon as the the international medical companies, corporations, were able to produce those COVID shots, I believe, the government understanding the perspective of the burden of the necessity of time, it's actually shifted too fast to bring their shots. So, I believe, I believe the timing just did not help. It helped the society, the data of the practitioners, but I think they went through some phases where positive results were being recorded. Those have been stated publicly, actually. So..

25: Malin: Interesting. And you also said, like, is it illegal to practice traditional medicine? Because you just said some, like already said something, but it's no longer only viewed as an illegal practice?

26: Issak: I don't think it's illegal. So, I specifically don't think it's illegal. Though I am not saying this out of a legal knowledge, the level of practice where, where visibility has been attached to this practice. I believe that that shows medicinal practices. Also, the recognition aspect by the government shows that there's a there's a very mysterious oversight, legal oversight and practical oversights over the practices but they haven't been receiving any legal measures. One being practices practiced all over the town country.

27: Malin: So, you said in the town where you're from, there are like, there's more like traditional medicine, right? And now in Addis, there's probably not so much because it's the biggest city or what do you think?

28: Issak: Yeah, I mean, the social structure basically will influence how, how the community will accept and practice and actually the practitioners will evolve in the business. Since Addis is a bigger city, their visibility might be thinner than my hometown. But as I told you, the social setting will definitely influence it. But in my, in my hometown, I mean, even I have had the chance to, to to, to be part of not the practice, but to be treated by those men.

29: Malin: Yeah? man. What did you have?

30: Issak: I was treated twice. I've had one, one was a stomach problem. And these gastric problems I usually used to have. And though it was declared a dietary problem by the hospitals, it actually continued to still affect me. So, my parents, I usually did not go to that place.

31: Malin: Right. So, you went to the hospital first?

32: Issak: Oh, yeah.

33: Malin: Okay. So, you had the problem. You went to the hospital? And then they said, it's a problem about your diet?

34: Issak: Yeah, no, no, it's a gastric problem now. And since it was a dietary problem that continued, my parents went for another solution to be traditional medicine. That's one. The other

one is, I don't know if if it's classified in the traditional manner, medicine practice. Fixing broken bones is that's practice. So medical practice. Yeah. Yeah. They call them Waukesha in our communities. And I've actually had a broken hand playing ball playing basketball. I wasn't sure. So, I had a broken bone. I actually had twice a fracture twice. The first one was soccer. And it sort of was treated in a hospital, but it actually kept… the effects kept coming.

35: Malin: So it was still hurting or what?

36: Issak: Yeah, it was still hurting, the effects are still there. But I just left it. I was just a little kid. And I kept on playing. The first one was soccer. The second one was basketball. The basketball one actually cracked the bones.

37: Malin: Oh, shit.

38: Issak: Yeah! It's fine now. So, then I went to these practitioners, and it actually had been better than the one that I had. It actually showed better effects than the one I went to from the hospital.

39: Malin: So, what do they do there?

40: Issak: Oh. So, the first thing that you do is that they understand your problem. They ask you, they interview you how, how you felt how that problem occurred, then, then…what happened then? Then he asked me about how I felt. After that, we went into a physical sort of physical examination, where he actually felt places and asked me a question about where it hurts, how it hurts, how much it hurt, those sorts of things. Then he continued about his medicine, his medicinal practice, it was sort of a massage.

And it was also it was also something that that you see in medical places where ribs have been relocated those bone movements, relocations, and the massage and the relocating practice the relocating job took place then after that, yeah, he brought this wood small woods, four woods, and he actually clapped with them on the opposite of each other as a rectangle. Then, then he tied it up and he told me to come back after I have observed the change. I did this. And that that occurred after some time we observed. After a couple of weeks, he did the same thing. Then you actually took out the four sticks, and he made it two. Then after a couple of weeks, he told me to take it off. And I took it off, and I've been fine since.

41: Malin: Okay, and for the first thing, you also went to the hospital and like for the stomach thing, and it didn't work. And then what what happened then? You went to this other doctor?

42: Issak: Yeah, my parents, my parents, since the man was famous for his medicinal practices, they went to them. And he actually had a very organized shop, which I did not expect from a traditional medicine practitioner. He had this very organized place where medicines for every specific for almost every specific problem existing, sort of like a pharmacy.

And the first time I didn't go there, the first time, they just went there and brought the medicine to me. I took it, it actually worked.

43: Malin: And what kind of medicine was it?

44: Issak: It was it was a leaf, I think it was it was this green plant, where it was grinded. And there's this liquidation thing with it. And I was supposed to drink it every couple of days. And after a couple of weeks, it actually went fine. And I have experienced a couple of those gastric problems. But not like not like those moments where I actually coughed blood.

45: Malin: Really? You were coughing blood?

46: Issak: Yeah, I even vomited blood.

47: Malin: And the hospital said..

48: Issak: …it was a gastric problem.

49: Malin: Wow. That's crazy.

50: Issak: Yeah, it happens.

51: Malin: Okay, so you so both of the times you were treated it helped?

52: Issak: Yes. Yes. Yes. Perfectly. Yeah.

53: Malin: Now, if you would become sick again. What would you do?

54: Issak: I would probably consult Both.

55: Malin: Both?

56: Issak: Yeah. The belief I had towards these people was as a person that's still that 21st century with all that perspective of a global medical opportunity, where anything can be heard, and everything is explored.

I do not have -back then- have the mentality to go to a traditional medicine, please. But now, after I saw the experience and what it did, I believe I would consult both, especially things that are connected with broken bones, dislocated shoulders and those type things. I would probably go to the traditional side first, then to check with X-rays and stuff with modern hospitals.

57: Malin: And how about your parents? Because they're the ones who decided to take you to the different places, right?

58: Issak: Yes.

59: Malin: What do they think? How do they approach medicine?

60: Issak: Oh, there's a there's a very funny mix into that. My mother who actually proposed the idea of utilizing the traditional medicine path as actually a combat medic.

[little interruption because Issak received a phone call]

61: Malin: Okay, so we were talking about your mom. How she's, like, medical person herself.

62: Issak: Also.

63: Malin: Also?

64: Issak: Yes.

65: Malin: She works for the military, right?

66: Issak: Yes.

67: Malin: She has like a medical background or?

68: Issak: Oh, yeah. She's a colonel at the military. She's been there for 30 years. 30 something years. She's been there for 30 something years. But she also practiced the medical side along the way since 30 years ago in the Ethiopian, the current Ethiopian army, especially the senior ones were at war with the back then central government. She was a field medic. So, the medical practices were confined to field medic.

69: Malin: So field medics, what do they do? They act like doctors basically?

70: Issak: Yeah, they're basically doctors at the field. But they are more oriented steered towards the dangers that have been correlated to a, you know, complex shootout. Those timings, something that occur, at battle, battlefield injuries.

71: Malin: So, but how does that influence her thinking about those types of medicines? Does it have an influence?

72: Issak: Yeah. So how I was coming from that to this one was to the point of traditional medicine was that after that practice, the war was over, and she actually shifted to full time medical practice. She went to medical school again, twice. And she continued to do the medical work. So currently, as a doctor, that was that was back then force it to utilize whatever was at our hand to see for patients. Plus, as a doctor that spent 30 years in the medical field, plus, as a doctor that upgraded from utilizing anything towards practicing a more community level agreeable practice of medicine. She has a very positive perspective towards it.

73: Malin: Towards what?

74: Issak: Towards traditional medicine. So, I believe she has not only has a good perspective, but also had positive results by utilizing those methods, especially in the field.

75: Malin: So, she also used them to help patients?

76: Issak: Yes.

77: Malin: Okay. Where, how did she get the knowledge from?

78: Issak: Okay, so generally, the military training equips you to that. These practices usually teach you that also, I believe there are some, there are some knowledge in the military doctrine to the military taught doctrine, where first aid and other medical measures can be taken when you are short of supplies. So, I believe there's that and also she grew up on the rural side of the country. She went there when she was 16. To the rebellion, so I believe there's that effect. So I believe her, youth, her childhood experience, plus her medical responsibility, then also the other experience that she had with me and other patients, I believe those pushed her to (mumbling)

79: Malin: But she also has a positive perspective on modern medicine, or is she more like distrustful? I don't know.

80: Issak: No, she has, she has a *very* good trust of modern medicine. *Very, very* good trust on modern medicine, though, she actually agrees on the possibility of occurring side effects by some medicine. Yeah, medicine prescriptions. She still has 100…I don't know a 100, but a very big trust in modern medicine.

81: Malin: And so, you have siblings, right?

82: Issak: And not by blood.

83: Malin: Okay. So, your parents usually will take you to hospitals? Or, I mean, it doesn't happen also that often that people are sick, right, but yeah…

84: Issak: Okay, since your question serves as an umbrella that my parents have been, you know, have been choosing for the people that they're raising, I do have people that were raised with me and sister and other two people adopted. So we are four, totally. Do they choose that? Yes, they do.

My other brother also had gastric problems. And they took the same measures.

85: Malin: So, they took him to the hospital first?

86: Issak: No.

87: Malin: They took him directly to that guy that helped you?

88: Issak: Yes.

89: Malin: Because they saw that it helped you?

90: Issak: Yes. Mine occurred first despite that he was much older than me. Yeah. My issue happened first, so my sickness. After that he was having the same problem. So they did the same.

91: Malin: Okay, Okay, interesting. And you when you have like a simple cold or stuff like that, what would you do about it?

92: Issak: I actually just got out of a very terrible cold.

93: Malin: Oh, right, you told me that you were sick. I hope you're better now.

94: Issak: Very much, it's gone now. You're safe.

95: Malin: Oh, I'm not worried about myself.

96: Issak: Oh really? Why not?

Mumbling

Issak: So, okay, the first thing I did. First thing I did was inhale a steam. A water steam.. That's what I did.

97: Malin: Yeah. With like herbs in it?

98: Issak: Oh, no, no, not first. Just water. Yes. Just water. I did that first. Then..Do you know what Mirinda is? It's a local soda.

99: Malin: Yes.

101: 100: Issak: Oh my god. Okay.

102: Malin: It's like Fanta, right?

103: Issak: It was gonna be a terrible joke.

104: Malin: Go ahead!

105: Issak: On Record? Fanta…it came from Germany, right?

106: Malin: I don't think so.

107: Me and Issak going back and forth about this for like 10 seconds..

108: Malin: So, you drank Mirinda?

109: Issak: Oh, yeah, they made me boil the Mirinda.

110: Malin: Who is they?

111: Issak: My family, especially my sister…was the bully who made me drink the Mirinda after it was boiled.

112: Malin: Wait.. so you boiled it?

113: Issak: Yes.

114: Malin: And then you drink it hot?

115: Issak: Yes, very well.

116: Malin: Because you want to cure the cold with it?

117: Issak: Yes. They believed it cured the cold so…

118: Malin: Did you believe it to?

119: Issak: I believed in them. So the credibility fell on them towards the medicine, so..

120: Malin: Okay. How Where did that come from? I never heard this.

121: 1Issak: Yeah, I think it was my first time hearing about it, too.

122: Malin: Yeah. But where did your sister know this from?

123: Issak: Probably these local practices that have been passed on through the community there. You know, people tell each other when they live in community solutions of someone… someone's sickness. So, I believe that's where it occurred.

The other one, the third one. This This all happened before I started taking tablets. Sneak tablets. Yeah. Okay, tablets. The third one was …I didn't order things. Okay. The first one was the water

steam, inhaling the water steam. The second one was the boiling Mirinda. The third one was having an orange tea with garlic. The other one was milk with garlic, I guess.

124: Malin: How does that taste?

125: Issak: Terrible! Very terrible. I'll tell you that. And after that, after that, what was it? What was it? Oh, yeah, I took a herb. I smelled the herb.

126: Malin: And what herb? Do you know?

127: Issak: [*says an Amharic word I could not identify*] I don't know what that is?

128: Malin: It's like local herb?

129: Issak: Yeah, it's a local herb. We can google it.

130: Malin: So where did you get it from?

131: Issak: So, these herbs have been recognized by the community and some entrepreneurs have been, have been bringing them. And I don't know how they're how they're squeezing a liquid out of those plants. But it's a liquid. It's a liquid herb.

132: Malin: And where did *you* get it from?

133: Issak: Yeah, these entrepreneurs have actually acted to conduct some sort of selling it.

134: Malin: In the pharmacy?

135: Issak: Yeah in the open community. On the street.

136: Main: In Addis?

137: Issak: Yeah in Addis. On the street. So, so there's that. I took the herb and I took snip.

138: Malin: What's that?

139: Issak: It's a medicine, modern medicine. Modern medicine. Then I shifted to the modern medicine. Yeah, then things…

140: Malin: got better.

141: Issak: Oh, yeah. Very, very much better.

142: Malin: I mean, you took a lot of stuff.

143: Issak: Oh, yeah.

144: Malin: It's, you know, what was it that helped you? Or was just in the end your body that healed itself?

145: Issak: Both, I guess. So, knowing how cold operates. It goes into your system, it attempts to fight your system through your inhaling exhaling, inhaling paths, and not just your inhaling path, but also your immunity system. And at some point, the virus it's a cold, cold is a virus, right? So that sickness will sort of lose that fight with your immunity system and it will just lead to time. That's why people who have cold who just kept going can still survive, but I believe

it will, fasten the reactions. I believe this helped. The herbs though, I've had full trust in them done this.

146: Malin: It's interesting that you took the herbs first and then you took the other medicine. And then when you had something severe, you did it the other way around, you went to the hospital first and then you took the traditional medicine. Why do you think that is?

147: Issak: I believe local practices or no..not practices.. There is this underlying agreement where our society chooses the traditional path for problems that are not severe. For example, cuts. We usually use soe plants and grinded coffee beans, coffee powder.

148: Malin: And you put that on the wound?

149: Issak: Oh yes. On the wound. There are these practices.

150: Malin: You do that too?

151: Issak: No, I haven't done it. Thank god.

152: Malin: Why?

153: Issak: I did not have that much of a chance

154: Malin: Ah, you didn't have a cut?

155: Issak: Yeah, have not experienced that. But people who have, I've seen them do it. And there are also other practices of urgameat urgameat danbeele [*says some Amharic word]*. Sucking blood out of your system.

156: Malin: And you call it urgameat.

157: Issak: Yeah, don't worry, we can ask about that to my parents. We can talk to them if you have questions. So, there are these practices, and I believe, there are certain sicknesses, certain problems that the society usually chooses the traditional path for. Like having a broken hand for example, it is a bad thing, it is severe. But usually, people choose the traditional side instead of the modern side.

158: Malin: Do you think that is because they trust it more or because it's more available?

159: Issak: I believe it's a matter of trust. You know, people who have actually practiced or who have encountered those problems and used the traditional side and actually had a healing will usually prefer that side. And as a community, you know the interlinkage between people sort of created that.

160: Malin: Okay, so it's a community

161: Issak: community trust

162: Malin: And also, because you see the results?

163: Issak: Yes, based on the results especially. Though there are a lot of people who blindly believe the traditional side or the rural part of the country, even people in the city. There might be people like that but the majority of us, the majority of the people in Ethiopia usually prefer

the traditional side for certain problems and choose the modern one for the rest. Not just due to severity. Severity is a factor but seeing the result and trusting them, that is also another factor.

164: Malin: And do you think… I mean your experience shows that there are certain things maybe they can't be cured in a hospital and then they can be cured with a traditional healer. Do you think there's more of these?

165: Issak: More of these?

166: Malin: Do you think that happens a lot? That there is a certain sickness and the hospital says we cannot cure this and then you go to a traditional healer and then they can?

167: Issak: Are there specific things or do you think there are a lot of these?

168: Malin: Are there specific things?

169: Issak: Oh yeah I do [think there are]. For example, broken hands, from my experience and other problems that people usually choose to even you know.. I even remember as a kid either in my house or in my neighbourhood, people would be told to bring plants from their gardens instead of taking them to the hospital. So and which actually have shown [more] positive results than the hospitals. So yeah I believe they exist, those sort of thing.

170: Malin: Do you believe the other way round exists too? That certain things can only be cured with modern medicine?

171: Issak: So, my perspective towards medicine is it's a path of exploring the human body or our environment, where understanding causes and the problems take place … whoever explored one side more than the other I believe they will succeed. But the modern medicine definitely has an advantage towards technological advancement and a longstanding experimental practice where it has had the upper hand so I don't believe there is someone that could be confined to exploring something and the other one the other way but I believe, someone got a better chance

172: Malin: Okay, I've heard some people talk about how sometimes the doses of the traditional medicine of certain herbs or something can be dangerous cause sometimes it's too much or whatever. Have you heard of that too?

173: Issak: Yeah. They lose trust.

174: Malin: Do you think there is actually danger that comes out of some sort of medicine or is that.. does that not happen?

175: Issak: I think it's possible. The problem with .. not the problem, the disadvantage with traditional medicine is the opportunity to actually experiment it before giving it to humans, prescribing it to humans. So, it's usually slower to understand the effects it has on people. Since it's less of advantages on the path of understanding faster, on the effects of it, yes I believe those things are possible.

176: Malin: I also heard about religious healers. Have you heard of that too?

177: Issak: In terms of what? Religious healers. Since I'm a part of the protestant church there are perceptions that prayers heal. Preachers who pray heal. And also this

178: Malin: Your father is a priest, right?

179: Issak: Yes, is a pastor.

180: Malin: For the protestant church? Or orthodox?

181: Issak: Protestant. Orthodox church has a priest, not a pastor.

182: Malin: Ah, okay. But your father doesn't have anything to do with any religious healing?

183: Issak: No, the protestant church usually does not.. okay, so the nature of the religious healing in Ethiopia is usually positioned where the protestant church, that emerges out of the catholic church happened to be inserted to Ethiopia through a missionaries path. Not just in a missionary path, it's a path that occurred a hundred years ago or less. So, it did not have time to mix itself with the culture since the did not meet the people as being atheists, they met them as being orthodox. So they faced that the delivery, the gospel they had, towards the orthodox not the people who were atheists. So that gave them the disadvantage to mix themselves with the culture. Since the orthodox church has already been there for a long time, since ever. The orthodox church has actually become the society. The state and the church were the same. Traditional healing is usually on the side of the orthodox church. But this modern-day prayer and healing practices, the holy spirit clinics and practices as it happens all over the world, that exists.

184: Malin: What's your opinion on also like, healing with holy water and spiritual healing? Do you have any strong opinion about that?

185: Issak: Okay, so I'm sort of in a position where I have to figure out more about my religious beliefs, I have certain principles. But trust is okay. But I would, okay, let me just say, Yes, I do trust, I believe there, there can be a healing. I believe, not just a water can be holy anything can be holy, a human can be holy. And the holiness does not emerge out of the place that it went. For example, in Ethiopia, there's this practice where in Amharic it's called [insert word in Amharic, ask Yosef]. It is the emergence of a holy water from the underground. There are those practices. I don't believe in that. I don't believe that holiness emerged out of specifications, but I believe holiness emerges out of a belief, a prayer and a choice.

186: Malin: Okay, let me check what else I wanted. One last question. Do you think that religion or your religion has any influence in how you approach medicine?

187: Issak: Yes.

188: Malin: In what way?

189: Issak: That sort of contextualizes on how we see the religions, the protestant church usually protested from that Catholic Church practice and Orthodox Church practice. Were in Ethiopia, those protested church, not the protesting church, but the protested church, the Catholic and Orthodox have been mixed knee deep in the practices of those things. So when a certain religious sees the other one he sees for the whole of it and divisions between those religions would definitely affect the perspectives on those and it does affect Yeah, I think I am a bit biased towards I was specially I am I don't know, but I was biased and it had it did influence me towards

this traditional medicinal practices as as some were treated as witchcraft. And some were given the name with I do not know how to describe this. This is something only Ethiopians would understand… It's called. Buda in amarinja. B-u-d-a. So, so basically, those are witchcrafts, but also they were considered as people who, who practiced witchery by just looking at people.

190: Malin: I heard of that.

191: Issak: Oh, yeah. And eating their souls. That is the exact translation. Eating their souls.

192: Malin: That's the translation of the word Buda?

193: Issak: Yeah, no Buda, I don't know if it has a translation to English, but that's the, the visible practices that are perceived to be that so, so religions, perceive those on each other, and people usually practicing the community cultures are usually perceived to become, in being part of the Orthodox Church, since the Orthodox hasn't been set itself with the society, people who are not even part of the Orthodox Church practice, but who actually practice the social things the social matters, are perceived as people from the Orthodox Church. So, people who see the Orthodox Church usually perceive this people to be with them. So, it did affect me, it used to affect me, and it still affects people.

194: Malin: But so, I didn't fully understand. So, these people who are supposedly performing witchcraft, they are also people you go to when you need to be healed from something.

195: Issak: No.

196: Malin: That's a different thing, then?

197: Issak: Yeah, it's sort of like stereotyping almost every practice out there everything that's not modern, used to be taken as witchery. But people who actually emerged these days as traditional medicine practitioners have changed the perspective of the people, but as you say, as you asked, the religious element used to influence the perceptions.

198: Malin: But so nowadays, for example, the guy you are the person you went to for your stomach issues. He was not perceived as like a witch?

199: Issak: No, he wasn't. He was legally selling it out there. There were posters, publicity is like a legal paperwork.

200: Malin: And then there are also people who heal you from mental diseases or spiritual diseases.

201: Issak: There are people who claim.

202: Malin: Who claim?

203: Issak: Yeah.

204: Malin: But you don't believe that exists?

205: Issak: I don’t.

206: Malin: You don't believe the disease exists or you don't believe that they can heal that?

207: Issak: Oh, no, I don't believe they can heal that. Of course, the disease exists. Yeah.

208: Malin: Because I like someone else told me about, but that was more like the religious thing, about like, how people would be possessed and then they would go to church and then or like a monastery and then there would be like the thing with the holy water Yeah, and then the procession would be, they would be cured.

209: Yosef: Yes, that practice is, is taking place in the Orthodox Church to where I told you as holy water would merge out of the ground, people usually are that are considered to be possessed usually are taken even tight, and even sometimes abused by their own parents, just to be transported to that place and be submerged in the water and be healed. And some beatings also exist. Cross beatings, beating by a cross. I'm actually going to search for you a traditional medicinal group.

[short interruption of the interview]

Usually what I did was, usually the people, these practices. These practices are visible in the northern part of the country, since Ethiopia was decentralized back then.

210: Malin: Aren't you from the northern part?

211: Issak: Yeah. So, since Ethiopia has been a decentralized state back before 100, and whatever years the state, the state that controlled all the western part of Ethiopia, was sitting on the northern side. So that means the church travelled to the state, and the church was dominant is still dominant, actually, on the northern part of the state, the Orthodox Church, the Christian church. So, the name that's given the very ambiguous name that's given two titles, the title that's given to traditional medicine lawmen is Mergeta.

212: Malin: Mergeta?

213: Issak: Yes, we can write that down, don't worry. We can ask for local terms, even by calling our parents. Uuh my parents.

214: Malin: My parents wouldn't know.

215: Issak: So Mergeta. So, there are these groups that emerged in telegram in Facebook that added you to this groups where it says Mergeta that and that. [Amharic words again] Yeah, these have been becoming very visible.

216: Main: Are you in one of those groups?

217: Issak: I used to be I used to block them. They used to annoy me with notifications. Every single day.

218: Malin: What were they what were they writing about?

219: Issak: Exactly! I just now, I just searched for Margeta on telegram. And there are actually groups. This is a mergeta [Amharic word]. This means Margeta traditional medicine. They're supposed to be usually the name happens to come after that. There's zigga Margeta Sagei, see Sagei is the name. There's that because Mergeta belsd bahalaig. Mergeta traditional medicine, traditional healing, I guess. And there are also traces of those names in other groups used for

sellers in Ethiopia. See there are different names. Different names. This is Margeta Siyum. This is there's Margeta Mekuanent there are different names. There's Margeta Haptamu. See, these are three other names. So, we have other groups. There's Habtamu, you've already seen Habtamu. So, this is in a single channel. See, the channel is called used phone seller.

220: Malin: But so that it's for phones?

221: Issak: Oh, yeah. But it's advertisement group where you can sell your product. And that will be advertised is usually created for used phones.

222: Malin: But then other things too.

223: Issak: Yeah, people sell their stuff. So, this this, this is something that you should be aware of.

224: Malin: Yeah, I had no, that's the first time I hear about this.

225: Issak: They are merging with the public scene, okay, where people with technology has actually been since we consider people who have access to technology as the people who live in urban area. People who have had the education of the modern academia have been targets of this business path, too so I believe that change the dynamics of..

226: Malin: So now they find other ways to advertise businesses.

227: Issak: Yeah, Facebook, and they're very annoying. Yeah. They send notifications every day.

228: Malin: Do you think that's something like, those are like serious people, are they just scam?

229: Issak: I don't believe Ethiopia has reached a point where scams can be something you could be scared of a lot. Scams do exist. Some are pyramid schemes. Some, some can be a coordinated theft. But I don't believe scams are, are in place just like the other side.

230: Malin: But do you mean like, do you think these people actually have solid medical knowledge? Like in terms of traditional medical knowledge? Do you think they are good? Like, if you would go there, they would have the capacity to heal you? Or do you think they just want your money? That's what I mean.

231: Issak: I think the risk of both happening. It's some version of business making, right? But I believe that I believe that most of them are actually practitioners. They're they have a mistaken Passover for knowledge, or whether they don't have a better experimentation experience, when they just like, as you mentioned, the dosage problem. Yeah. Yeah, those issues. Those may exist, but I believe they are on the right track.

232: Malin: And then you're talking about these people, the people who can stare at you and kill you? Oh, how does it work? That because I also like some I was talking to a taxi driver the other day, and he told me about how there's this that people come to orphanages and want to adopt children, and then children die because of the eyeglance.

233: Issak: Oh yeah, the looks.

234: Malin: What is that about?

235: Issak: Okay, for instance, further No, not for instance, for for the record. My stand on that is a huge disagreement. I don't believe that that exists. I believe that it's a community fairy tale. Or the so called people who I have not encountered, but have heard of, in practicing, witchery or other practices of sorts, probably might be engaged in those activities. But since I don't have practical evidence where that happens, I can't say.. I not only can't say, but I also don't believe that they exist, especially this, this this fairy tales where children died because of people who wanted to adopt appeared. This, this okay, the thing about community fairytales or this community level accepted? community level accepted.

[phone call interruption]

236: Malin: Okay, so we were talking about the orphanage thing and you said that you personally don't believe it.

237: Issak: Yeah, the thing about community fairytales is that they can be taken advantage of as they don't have profound evidence attached to them. So, so just like market sabotage, people can actually people in the business in the business of making or making adoptions, especially international adoptions possible, will help other country, country groups, where their ideology of giving their children to someone out of the country is not something they agree on. So people could actually use those. Those fairytales, as a as a as a sabotaging method against those organizations. They have that those have happened, maybe not specifically with traditional medicines. But using community fairytales for the sake of sabotaging businesses. You should expect for example, that specifically the glance and biting thing, biting the soul, that usually happens, especially at the community level. And there's even this funny example where if you have t-shirts, jackets, dresses that have been torn over here, right over here, [under our armpit] there's a possibility that you aren't that you're that [mumbling]

238: Malin: Oh, okay.

239: Issak: Yeah, there's that there's that, too. And that is a widely that used to be at least widely accepted. And we do talk about that this day.

240: Malin: So, if you would have the shirt and it had like, it was torn here. Would you think, oh, no, it means I, ..

241: Issak: Yeah, people usually used to say those.

242: Malin: And then what do they do?

243: Issak: The things I heard were Two different things. One is there are torn there, too, if you suspect people are Buda, the Witch, the Witch, if you expect them, if you suspect them to be that you should tear the clothes on that place. And it will I guess, counter your spirits, I guess.

244: Malin: I will counter the spirit?

245: Issak: Yeah, if you do that secretly. On their clothes, yeah, this this though this has been practiced. This has been visible. And I have actually had not a first-time experience, but people have experienced this. I've seen.

246: Malin: They’ve experienced that somebody else has torn their clothes? Or they have torn someone else’s clothes?

247: Issak: Yes, it's usually it usually happens by maids, maids would have access to their clothes and maids live in places where people are usually profitable, accepted and successful. And who usually, maybe they went in a disagreement, maybe there was a belief by those people that were close to them as as they went up. But the specific situation I encountered was that the maid heard that the family that you worked for was Buda and usually people who interact throughout the neighbourhood usually talk about this stuff. So other other maids as well as the neighbours told her this was the solution. And she did that and they had a huge fight and fallout. Ultimately, she got fired at that time. That first that was first time experience. But the rest as I told you, it's a fairy tale.

248: Malin: Yeah. But why would people be accused of being Buda? Because they are doing well in life?

249: Issak: Yes, just like this, this this idea of where people are told in the western side. Okay, so the Western world usually says people who are lavishly successful, might be called out as people who cheated the system, right? Yeah. In Africa, people are usually especially the western side. I've heard this from a lot of friends in the west side that…

250: Malin: In West Africa?

251: Issak: Yes, the West, usually use the use the term witch witchcraft. They use that even I think a certain president or someone who's that a certain public official in Africa actually use those terms against people. So, they do have social elements.

252: Malin: Yeah. Interesting. Okay, I think that's it for now.

Transcript Interview Dr Mamo

1: Malin: I'm just going to put this close, so I can hear you.

2: Dr Mamo: Sure, I can hold it if you want.

3: Malin: If you want to, I think this is the microphone. But I don't know how long this is going to take. If it bothers you to hold it, you can just put it back down.

4: Dr Mamo: Don't worry, don't worry. It doesn't matter.

5: Malin: First of all, maybe just say what is your profession.

6: Dr Mamo: Okay, do you want my name?

7: Malin: That too, yeah.

8: Dr Mamo: My name is Dr. Mamo [name changed by researcher], and I'm a doctor here. I'm a general physician here. And that's about it. I graduated like three years ago. And that's about it.

9: Malin: What kind of doctor are you?

10: Dr Mamo: I'm a general physician. That means that I can treat any disease. And I can... For example, in Germany, you have a family doctor, right? So me, I'm the family doctor, but I'm kind of the general family doctor. Then I can send them to other doctors.

And I've worked in Meghalaya and Jimma. So, the northern part of Ethiopia and the southern part of Ethiopia.

11: Malin: And now you're working in Addis?

12: Dr Mamo: I'm working in Addis now.

13: Malin: How long have you been working here?

14: Dr Mamo: So, about seven months or so. But in Magale, I worked for a year, and in Jimma for about nine months.

15: Malin But so do you work in a hospital, or do you have your own...

16: Dr Mamo: It's a hospital. It's not a clinic. And Jemma and Magale, it was a big hospital. Like the tertiary, big referral hospitals. But here it's smaller, like a primary hospital. But still a hospital.

17: Malin: And what types of medicine are there in Ethiopia?

18: Dr Mamo: Yeah, well, basically we use modern medicine, and we give drugs.

We educate people to use the modern drugs. Or at least to use just food or nutrition or water, rather than the traditional medicine. But there is still the traditional medicine.

19: Malin: Okay. And so by modern medicine, you mean what is practiced in hospitals?

20: Dr Mamo: Yes. Currently in hospitals, it's always modern medicine. And traditional medicine is kind of frowned upon.

21: Malin: It’s what?

22: Dr Mamo: Frowned upon. It's like we tell the people not to use that at all.

23: Malin: Yes. Do people who come to you also use traditional medicine?

24: Dr Mamo: Yes. There's still the thought that it's the right way. Some things are still right. For example, I had this patient, weirdly, three days ago on Wednesday. You know the tonsils? So usually in traditional settings in Ethiopia, you take them out. When a baby is young, like before six months.

25: Malin: Even if it's not infected?

26: Dr Mamo: Even if it's not infected. They think it will avoid the infections. So the mom brought her little kid, and she was like, I'm so mad. I missed getting her tonsils out. Now she gets tonsil infections. Tonsillitis every time. But the simple fact was that she didn't clean her teeth and her tongue. So, the kid kept getting tonsillitis. So, they still use it.

27: Malin: And what do you think about it? Do people often come to you? Because I've heard someone else who also works in hospitals say, yes, sometimes people come to the hospital because they went to a traditional doctor first, and then they fucked it up, and now it's even worse, and then they come. Does it happen to you too?

28: Dr Mamo: Yeah, many times. It has happened to me many, many times. It's easier to go to the traditional doctor or to call him to your house here.

29: Malin: Why is it easier?

30: Dr Mamo: Because they're around every neighbourhood. And they're known by name. And when you call them, because they want to get money, and that's their living, they'll come to you. So, you don't have the hustle to go. There's no hustle. You don't need to go to the hospital. You don't need to pay a lot of money. So, the traditional ones, they're cheaper. And they just come and give you a temporary fix, not a whole fix.

31: Malin: But it does something?

32: Dr Mamo: It does something. There's a placebo effect to it. But at the end, they end up coming to the hospital worse off. Yeah.

33: Malin: Do you have an example in mind where that happened?

34: Dr Mamo: Yes. Once I had this patient. He was climbing a tree. He was in his 50s, I remember. He was climbing a tree. And he kind of slipped and fell down. And it was from a 6-meter tree or a 5-meter tree. He fell down, broke his knee in three places and dislocated his leg, the whole leg, the right leg. So, the traditional doctor came, and he just massaged him, numbed him up with some leaves and stuff. He gave him something to smoke and stuff. Then he tied it up from the start, like literally near the pelvic bone. So, he tied it up so tight. When the patient came to us, the leg was already gone. It was gangrenous. So, we had to cut it off from the pelvis, from above the knee, from above the leg, around the leg. So yeah, that was the worst example I could give. I do remember.

35: Malin: Do you feel like people... What do you think people and others think about coming to a hospital? Is there trust? Is there distrust? What is their perception?

36: Dr Mamo: For the big modern hospitals?

37: Malin: Or to you? Just say to you.

38: Dr Mamo: Basically, they trust us. There is a trust that if a doctor says something, it's always the truth. But at the same time, they think the hospitals are money printing machines. So for example, the people who come to me, usually look at my face, look at my demeanour, and how I act with them, if I give them attention, and that will be their satisfaction. But the people that sometimes, if they find a bad doctor, or a tired doctor, or an annoying doctor, they think very negatively of them. Hence, they'll think negatively of the hospital.

39: Malin: Because I've also heard that, like you said, some people say, especially big pharma companies just want to make money, and the goal is not to heal people. And that's why sometimes they choose to go to traditional doctors.

40: Dr Mamo: Exactly.

41: Malin: Why did you choose to become a doctor?

42: Dr Mamo: Well, I started studying medicine 10 years ago. It was between medicine, if you're smart in Ethiopia, you either go to medicine, or engineering. So, I was too smart for engineering. Like I hated physics, and it was too simple for me. The only thing that I think that would challenge me was, if I go into medicine. And yeah, I went into medicine. I had so many offers from abroad, and even here, but I just chose medicine here.

43: Malin: Are you happy that you, did it?

44: Dr Mamo: I am happy, because every time I get to help people, and they, especially my patients, they're very thankful. I don't know if they're just older or something, but they're very thankful. Those moments excite me, and I find it very, it makes me very happy. But there are moments where I wish, because less smart people, they go into software engineering, computer science and stuff, and they're less happy, but they're more, you know, they're going to get out, they live their lives more, and my life is always busy, hustling and running around, but I don't regret it at all.

45: Malin: But it's a lot to do.

46: Dr Mamo: But it's a lot to do. You have to read, you have to see patients, and you have to update yourself, and it's always work, always. So just to rest, you have to force yourself to rest. That fact is the only thing I don't like, but the rest, I love it.

47: Malin: Do you ever talk to your patients about traditional medicine?

48: Dr Mamo: It depends. It depends on where you are. In Addis, you tell your patients to avoid traditional medicine. But in Magale, in the northern part of Ethiopia, it's a little bit smaller, but it's still a town, and in Jimma, where I was, it was, it's still a small town. There, some people just might not get modern medicine as a first-line treatment. So, to those people, you can't tell them to not go to the traditional medicine. But you tell them to avoid certain things.

49: Malin: Like what things?

50: Dr Mamo: Like the placebo effect. So, if a person gives you a leaf for, like, say, a tummy ache, to swallow, and just, I tell them to know about that leaf ahead. To ask about it. Just do not trust it and take it. Rather, ask about it. Educate themselves. And make the decision by themselves, rather than because of the traditional doctor. Because that might make things worse. So that was what I did when I was there. But the ultimate decision is theirs, and I tell them, if you, I would like it if you don't do, if you don't go to a traditional doctor. But if you do, just be aware of the decisions you make. That’s what I tell them.

51: Malin: So, you think people also go there because it's harder to get access to modern medicine?

52: Dr Mamo: Not harder.

53: Malin: But?

54: Dr Mamo: If you've seen Ethiopians, we're kind of lazy. You've lived around us now for three months, right? We're kind of lazy. So for a person to go to a doctor who's, like, three kilometers, five kilometers away, they wouldn't want that. They would rather go to a person who's, like, next door. Or to a person that will come to them. So they seek traditional medicine because of that. So that's the reason.

55: Malin: But then, why didn't you tell, like, I don't understand. Because in Addis you said you tell them not to use traditional medicine, but in the northern part you told them to be cautious with traditional medicine.

56: Dr Mamo: Yeah.

57: Malin: And why is the difference again?

58: Dr Mamo: Again. Because in the northern part of Ethiopia, even in the southern part, in rural parts of Ethiopia, hospitals are not as near as there. You get me, right? So because they're not near, the patients will end up not going. If you tell them not to go to traditional medicine, they will stop going. They might sometimes find a good traditional doctor. Not a doctor, but rather a physician. Someone that calls themselves a doctor. So if they find a good enough one, he'll suggest some things and he'll send them to a clinic. You know? So that's why I say if they don't go to a traditional doctor, they'll not go. They'll not come to a hospital. But after traditional medicine, they'll say that didn't work for me and they'll come. Even if it's a day away or two days away.

59: Malin: Do you personally, when you were a kid, did you ever use traditional medicine?

60: Dr Mamo: Yes. There was this one leaf. It's smashed up, dried up, and you swallow it with water.

It's usually used for constipation. And it actually works. So whenever my family members that usually know it's for constipation, they took it. I was like, can I have some? I kinda asked them. And they said, yes, you can. And I just took some. But didn't do a lot for me. I remember it's just made nothing. I was a kid and it didn't do anything for me. But people swear by it. It helps constipation.

61: Malin: Other than that, you never did anything? You never took any sorts of herbs or something?

62: Dr Mamo: No.

63: Malin: Not even like tea with garlic or ginger?

64: Dr Mamo: That I do. That you do for health.

65: Malin: But you don't consider that traditional medicine?

66: Dr Mamo: No, no no. That's more of herbal medicine for me is not traditional medicine.

67: Malin: What's the difference then?

68: Dr Mamo: For me, I was actually involved in a research about herbs. And I read the research. And for us, because we grow a lot of trees here and a lot of herbs and leaves, we kind of supplement the medical background, the medical world with herbs. For example, if you're taking a cough medicine, a cough syrup, just drink some ginger and some mint with it.That's it. We just say, that's good, we're pro herbs but against the traditional, the old, old medicine. Just taking herbs just to be healed, we don't recommend. Use herbs but also use medicines, medical drugs. But if you use the herbs, also use the herbs *we* recommend rather than just taking it out of someone that hasn't taken any science.

69: Malin: How about your family? What do they think about traditional medicine? Do they use it?

70: Dr Mamo: No, we don't use it.

71: Malin: Because of you or because you're a doctor now or already before?

72: Dr Mamo: Already before. Our family is kind of modern. My grandmother, before, maybe she might have used it before she died. This was in the 90s. Maybe she might have used it. I have heard but now, some religious family, my family is kind of religious and they think it's kind of bad to use traditional medicine. So they don't use it.

73: Malin: What religion? Like Orthodox?

74: Dr Mamo: No, Protestants.

75: Malin: So, you think religion also plays into that?

76: Dr Mamo: Yes, it does.

77: Malin: That was actually one of my questions. So it's sort of like some sort of witchcraft or..?

78: Dr Mamo: Yes.

79: Malin: And do you believe in that?

80: Dr Mamo: Well, I do not believe in witchcraft at all. But the traditional doctors, the traditional medicine people, they sell themselves as doctors that can heal witchcraft as well. That can stop witchcraft as well. So, I don't like that factor in it but I don't believe in witchcraft at all.

81: Malin: How about, because there's also religious healers, right?

82: Dr Mamo: Yes.

83: Malin: How about that? What do you think of that?

84: Dr Mamo: Well, again, I don't believe in the religious healers. I like to read my Bible, I like to believe in what it says but I do not believe in the people. Just the religious healers and the pastors and everything and k'esi [Amharic word for priest] and stuff. Rather, I read about it and I take it in and I think about it and if it's truly what I believe and what it makes me believe in it, I just take it for myself. Rather than go to a person who has read it and say, heal me or something.

85: Malin: Because I also heard about this holy water which then again is not about the person, it's about the spirit of God healing through the water, right?

86: Dr Mamo: Yeah.

87: Malin: Have you heard of that too?

88: Dr Mamo: Yes. There are a lot of people who use that here in the Orthodox and in the Protestant and every Christianity and even the Muslims do it. Yes. But, for me, again, it goes back to the Bible. It says, for me, I like reading this verse. There's this verse that says, believe and you will be healed. So, for me, rather than the water being blessed, I believe, it's the belief, it's the trust and the faith that makes them heal. And that fixes them. Rather than just the water, it's being blessed by the people. So that's what I think.

89: Malin: But have you seen people being healed through this?

90: Dr Mamo: Yes. Yeah. Well, they claim to be healed, of course. I have seen them, I have seen people live longer because of it. And, yeah, as a doctor, it's very hard to believe in. But as just a human being and who's a religious person, you kind of believe in it. And I have seen people, I have seen a person that was given two years because of cancer, live through like 20 years, 15 years and they're still alive actually. So, yeah, I do believe in it.

91: Malin: Yeah, that's what I heard, that, I also heard that some people would go to a hospital and then if they have something that the hospital cannot cure, they choose either spiritual healer, religious healer, traditional healer. Do you see that happening a lot?

92: Dr Mamo: Yes, they still do that. Yeah? They still do that.

93: Malin: But would you ever advise someone if, for example, somebody is diagnosed with cancer, would you tell them maybe try with like a traditional healer?

94: Dr Mamo: So, basically it goes to giving a person peace. You know? Because I've worked so much now, scientifically, my scientific brain, my scientific side of the brain like says, don't suggest that. Let them take the medicine and do what's medically possible as much as they could. Or they can. But, you see a person giving up, for example, in cancer, if they have to take radiation, then chemotherapy, and if the cancer is not remitting anymore, in remittance, and they have to do it again, you see a person giving up, not eating, not spending time outside and stuff. So the only way you can cure up or give a person hope is tell them to go to a religious healer or to do this holy water and stuff and pray. But also advise them on continuing the radiation and the chemotherapy. And I have seen people cheer up because of it, just because they kind of think they are doing both, so one will save them, but I have seen people die and nothing saving them. But again, yeah, it's just giving them hope. And not as a fix. We don't recommend it as a fix. Rather, let them have hope. And I have recommended it many, many times.

95: Malin: But then, I can, I think, I'm just thinking, if I would be in your position and if I would tell them hey, you could try this, and then it doesn't work, and then they had their hopes up, but then they would be even more disappointed, do you think about that too?

96: Dr Mamo: Yeah, yeah, yeah. They tell us. They even tell us. They say, doctors, doctor, I'm not, this is not helping me, this drug. Either you don't know my sickness or my sickness is not there or like, I should go to the traditional healer and try it. In that case, I let them try it. You know? For example, there's no need in fighting them or in challenging them. So I let them try it. If it works for them, good. If it doesn't, I know they'll come back to me. So when they do, I start the treatment again. But what I still recommend is please just try and do both at the same time. If you have to take your drugs, your medicine, take your medicine. And do the holy water. Yeah? That's what I mean.

97: Malin: Okay. But so you were saying it can work if people are cured because they do the holy water thing?

98: Dr Mamo: Yes, but again, it becomes, it is because of their faith, their belief rather than the holy water. The holy water. The holy water. It can work.

99: Malin: Do you think it's a scientific explanation or rather religious one? Do you think it's like, do you know what we call placebo? Because they believe in it or because it's God, because they believe in the power of God? How would you personally explain it?

100: Dr Mamo: Well, I was actually reading a book last week and in that book, maybe you know this research. Maybe you've heard about it. There was a Japanese scientist and he put three cups of water, glass of water, and he thanked that water. The first cup he always thanked. The second cup, he always cursed and he just ignored the third cup. And at the end of the year, the year of doing this every day, he took a sample of the first cup, the first water sample. He looked at under the microscope and it was a beautiful, beautiful shape and size and it was glowing and everything. Second one, it was still clean, but it was, when under the microscope, it was ugly and it was black and everything. The third one just went and rot. It was smelly and everything. When you looked at it, it was dark. So I think it's the same thing here. I think with traditional medicine, same thing applies. So, when you're feeling good about yourself, thanking God with everything that has happened, I believe there is a thing, there's a factor that helps you heal. You know? But if you're just going to a holy water and you're still ignoring yourself, you're cursing yourself, the holy water will not do anything to you. So, like also, but, yeah, I have heard people also say they didn't go to the holy water, but they were healed while sleeping in their dreams. Someone came and touched them. So there is also the factor of God helping them, just helping them. So, these things are very hard to explain, but very possible.

101: Malin: Okay. Yeah. Do you think it's... Do you consider it dangerous if people go to traditional doctors for their health?

102: Dr Mamo: Mh…Yeah, I do. I do think it's dangerous. Because, like I said, people come to us way too late sometimes. So some things that could be healed with a simple drug, with a simple pill, will end up costing them thousands and costing us energy and time and equipment and like surgery and taking them out like in a coma or something. So, because of that fact, I think it's dangerous. So I believe they should try the doctors first if they want the modern medicine with the traditional medicine. I think that is what they should do and come to us first.

103: Malin: Do you think your colleagues have a similar perception on this?

104: Dr Mamo: Well, not all. We had this conversation with many doctors before. There are some doctors that still believe in the holy water, that still go to the holy water first. They're doctors, but they still go to the holy water first. So, it depends on where you grow, what kind of parents you have, what kind of belief you have. So, yeah.

105: Malin: Do you think that your education plays a role in how you think about modern medicine and traditional medicine?

106: Dr Mamo: Like I said, it depends on where you grow. Because I've grown all my life here in Addis, I have been more exposed to the modern stuff. You know? New phone, I get it. New tablet, new something, I get it. So, for me, it's not because of what I learned, rather than how I grew up. So, I imagine if I grew up in the rural part of Ethiopia, my first, my first take, my first stop would be the traditional doctor. Then, the modern doctor. But, yeah.

107: Malin: I have talked to other people before and, um, they both have had these experiences, especially one of them. And he had, like, some gastric problems. And he went to, like, a hospital. And he was even coughing blood, apparently. And they didn't really do much. Or, like, the treatment from the hospital didn't work. And then after, he went to a traditional doctor and he

got some, I think also, like, a plant pressed into some liquid form. And that helped. How would you explain that? Or how do you think about this?

108: Dr Mamo: Yeah, well, look. For example, I know a traditional doctor. Here in Addis.He basically just does massages. Um, people that go to him are, like, well-known, well-educated, scientific people that you see on TV here and, like, that you hear on TV, on the radio. And I always wonder, why do they go to him? It's because, you know, they go to a modern doctor. There's the CT, the MRI. They spend lots of cash, lots of money. And the pain doesn't go away or it goes away just a little bit. They go to this doctor and basically with back pain, leg pain, bone pain. And this traditional doctor basically gives them massages. But rather than just doing it once, he gives them massages, like, every month, every two, three months. So he gives them a constant relief of their pain. And they swear by it. And they say he has healer hands and everything. And I always question, why is he that good? And I've asked them this. And the only answer I've gotten, not him, but the people, the only answer that I've gotten is because he's been doing it since he was 20. He's currently 60. He is well-trained. He has trained himself so much in it that he knows the exact spots to touch. So those people, they go and get relief and they swear by the traditional medicine where they did get the treatment. But also, in the modern medicine, there was the treatment, surgeries, the treatment, and other stuff. So if they had done that, they would have gotten the solution. But people don't do it. So the things they do, it's easier to just go back and forth and get the treatment and get your health. That's why they keep on doing it. Rather than getting the absolute fix. You know? So for example, this gastric problem guy, he might need just a clamp, an endoscopy and a clamp put in the bleeding area and that would have fixed it. Or a surgery and just to tie it up, fixed. But maybe he was just afraid of the surgery or the endoscopy. He went to this doctor and this doctor kept giving him some herbs or something to drink or eat and it would give him a fix for a while. But he will have the same problem. Then he would come to me and I would give him the absolute fix. You know? So the difference is between a quick fix and an absolute fix. But they think it's being fixed. I don't believe it's really being fixed.

109: Malin: There's another story also of a guy who has broken his hand while playing basketball or something. And it was the same thing. At the hospital, I think they did surgery. I'm not sure. But it kept hurting. And then he went to... Because there's also these people who deal with broken or dislocated joints, right? So he went to one of these. And he also gave him a massage and then fixed some... I don't know, some sticks or something to fix it. And then it was completely gone apparently.

110: Dr Mamo: Yeah. So again, it comes back to the quick fix and the absolute fix. For example, I have had a patient who got his ankle massaged and when he came to me, it was already too late. We had to do surgery. If that guy had come before the massage, I would have just given him a cast, put him in a cast and sent him away. In six weeks, it would have been healed. So that's the reason. But after the six weeks, he would have needed physiotherapy. He would have to come to us again and again. That's the thing. In Ethiopia, not a lot of people continue with the treatment. They'll just think, the cast is on, I'll get healed. When the cast is off and they don't get healed, they'll try and go to another doctor. And that doctor knows what to do actually. Because it was already healed, it has already healed, he'll get healed. He thinks it's because of the traditional and not the modern. That's the reason. But you don't see an absolute fix. Mostly. I've not seen an absolute fix so far. So far. Rather like quick fixes, short fixes, but not absolute fixes.

111: Malin: Is there anything that could, under what circumstances would you ever go to a traditional doctor? Is there anything that would get you to go?

112: Dr Mamo: Well, maybe if I need that leaf, that herb for constipation.

113: Malin: Oh, okay. Theone you already know from your family?

114: Dr Mamo: Yeah, the one I trust because I've seen it work. Rather than just go to a traditional doctor. They claim to get you married, get you graduated, give you stuff to get you graduated and stuff. But I don't trust them at all, like no way.

115: Malin: Do you think there's also a lot of scammers or do you think people actually believe in what they do? That they actually have skills to heal people? Do you think they just pretend so that they can make money?

116: Dr Mamo: It depends. Once I was on a plane and there was this woman that sat next to me. I didn't know who she was. She kept talking about herbal medicine and growing a lot of leaves in her home and being a fourth generation herbal doctor and stuff, traditional doctor. And she claims to have fixed hemorrhoids, gastric problems, heinous problems, has the back pain and I didn't know who she was. And after a couple of years, I saw her on TV and apparently she was the traditional, modern, the modern traditional doctor's head. Her name is, I forgot her name.

117: Malin: Is it Hakim Abebech?

118: Dr Mamo: Yes.

119: Malin: I heard of her.

120: Dr Mamo: Yes, she's Abebech. And she was sitting on me, next to me on a plane and she was speaking a lot about traditional medicine and things she said was for me a bit weird. Some seem possible. Some seem, like I said, a quick fix. Some things that need a quick fix or, for example, if you have an inflammation of the eye, all you need to do is wash it with warm water and some salt and clean it up every day. So she claims to have fixed those with a leaf or something. But it's not the leaf. It's because you wash it every day after, you know? That's the placebo effect. And some quick fixes she does well, but some I don't trust her. So basically, there are people like her that are 4th, 3rd, 2nd generation traditional doctors which are okay. Which I believe know what they're doing and do know they have the skills because they were trained by their parents. They were trained by looking and by touching. And there are some that are purely scammers. And currently the scammers are taking over rather than the good ones.

121: Malin: Did you tell her that you were a doctor?

122: Dr Mamo: Yes.

123: Malin: Did you guys have a discussion about this?

124: Dr Mamo: Yes. She talks about herbal medicine and the horoscopes. Yes, and the moon and stuff, which seemed a bit bizarre to me. Again, I don't trust horoscopes. I don't believe in them. I don't trust in the moon being... Like if the moon is out in full and doing... That's more of a witchcraft for me. So I even asked her. I asked her. I asked her, are you sure you're not a witch? Like you're telling me things that witches and other people do rather than the herbal doctor. And she said, no, we're not witches. We just know what we're doing. And because it was passed down through generations, it's a sure fact, she said. Which I said, I do not trust that and I'll never try it. But she said, a lot of famous people come to me and I give them a lot of medicine and herbs. Wow.

125: Malin: But then so when you say, are you sure you're not a witch? What is for you? What is a witch then?

126: Dr Mamo: Look, I don't think there's a like... Witches, not the movie ones, when I mean a witch. OK, so there are religious people who trust in the Bible and there are people who are religious and don't trust in the Bible or the Quran and rather trust in the moon and the leaves and trees. Those are witches for me, you know? Like if a wind blows this way, it doesn't mean anything to me. And if it blows left, it doesn't mean anything. It's just the wind blowing. If you make something out of that, you're a witch.

127: Malin: OK, I see. You know, because me and a friend were also calling a man who claimed to be like a traditional doctor too. And he would also offer social things, like tackle all the social problems that there are, like marriage or success at work, these things, but also deals with some physical diseases. And for him, it was important to mention, I am not somebody who worships stones and trees. I worship God and the Bible. So he actually mentioned, no, I am actually Christian. But he also does these things.

128: Dr Mamo: Yeah. Again, it goes back to getting it from your generations, being a second set. I know this guy who claims to be a monk. And he was raised in the Orthodox Church. And he was actually trained in traditional medicine since he was five. All he knows is that.And he's now a Protestant Christian. And he goes around and tells people about the wrong things he has done and kind of repenting and trying to make them repent and not do these things. And he told me the story. I'm not sure if it's true or not, but he told me. I believe him. And he said, I'm the smartest guy that you can ever know. And I was like, why? He said, I have a photographic memory. I started having this photographic memory after I was trained with a certain monk, another monk. And that monk showed me some signs, make me study the signs, showed me the names. When I was perfect in reading those, apparently I was taken to a pond and there was a stick that came out and just went into my brain. Since then, I've had photographic memory. And he has a scar in his head. And he promises it's the stick that went into his brain. And apparently he's very smart. He speaks about six, seven languages. He wrote books, a lot of books. And he, you know, all like the genius stuff, stuff he claims he got it because of those traditional medicine, because of the traditional scripts and because of how he was trained. And they claim he used to be a monk. So he claims to praise God and, you know, be a Christian. But at the end, the things he studied and the things he did, he claims he did, they are more of witchcraft, you know? So yeah, there is this mismatch between that. But I don't believe they're really Christians. I just believe they're just... They just know ways and the devil ways. These are the devil ways, I think, yeah.

129: Malin: Yeah, because there's also people who would... I'm sorry, you don't even get to drink your coffee.

130: Dr Mamo: Oh, it's okay, it's okay. I don't mind.

131: Malin: Like other people told me also that there's possessions. And then church can also heal you from this.

132: Dr Mamo: Yes.

133: Malin: But then that also some healers or like some traditional doctors have like a deal with some sort of demon or the devil. And that's how they get this power.

134: Dr Mamo: Yeah.

135: Malin: Do you think that's true?

136: Dr Mamo: 1 I have seen, don't get me wrong, like I believe in what the Bible says. I have seen begin devil possessed and I have seen people who pray for them. Claim to have expelled the devil. And I have seen lives changed after that, you know, because I've always grown in the church, in the Protestant church. I have seen people who were evil possessed, devil possessed. And after that, how their lives change. So I believe it works. I do believe it works. But now, because there are a lot of imposters, rather than telling you and doing it as the Bible says, they just do it their way just to get money out of it. So those ones I do not trust. But the ones that believe in the Bible and do it the right way, I do believe, I do believe. And I do believe people sometimes get devil possessed because I've seen people's lives be changed at the end. So yeah.

137: Malin: Do you think that can also work? Because that's also the same. It's also for like Muslim people.

138: Dr Mamo: Yeah.

139: Malin: There's also religious Muslim healers. Yeah. Do you think that works too?

140: Dr Mamo: Again, for me, being healed comes down to your faith and having a belief in God. So, I believe there's one God, different names. Yes. If you believe in God, rather than the person that's giving you the healing, you'll get healed. That I believe. It doesn't mean you're Christian or a Muslim or something. It doesn't matter. I believe there's only one God. But again, it depends on your faith and having faith in God rather than just Allah. Not Allah, he's more like God, but just Muhammad or just Miriam or just the prophets or just a person. But rather having the right faith in God. So that's what I believe.

141: Malin: Okay, interesting. I think that was it with my queations. Is there anything else you want to say on the topic?

142: Dr Mamo: On traditional medicine? I have seen, I told you, I have travelled quite a bit. I have seen, this is not just a prevalent thing in Africa or in Ethiopia. I have seen traditional healers that claim to heal you even in Europe and in the US. So still, my advice is, just before you do anything, just know what you're doing and let it be your choice rather than the traditional healer’s, the traditional doctor’s. Yeah, that's it

143: Malin: No, it's true. I just feel like here it's more common than in Germany, for example.

144: Dr Mamo: Yeah, yeah.

145: Malin: But it also exists. And then it's also always a question of what do you define as traditional medicine? Do you go to physiotherapy? I mean, that's also like some massaging and some moving.

146: Dr Mamo: Yeah. But I think it's different. For example, in Germany, I have seen people, in Amsterdam, marijuana is allowed, yes? So I have seen people taking marijuana for pain.Yeah. So for me, that's more like a traditional medicine because the old people that were in ships, that travelled in ships to avoid pain and cold and fatigue, they used to take marijuana to just make them strong and opioids, opium and stuff. So people still do that. But it's labelled as modern medicine because it's been studied and stuff. But that is traditional medicine.

147: Malin: But then I wonder, because I mean, almost all of the modern drugs, I mean, some of them are produced based on plants, right?

148: Dr Mamo: Yes.

149: Malin: So, it used to be traditional, you can say, I guess.

150: Dr Mamo: Yeah, yeah. It's just now the grams and the milligrams are weighed and like they're controlled. That's the only difference. That's the difference. Back then, you can just overdose with simple, simple drugs.

151: Malin: There's also this institute here in Addis, Ethiopian Health Institute. And they also have like a research group on traditional medicine.

152: Dr Mamo: Yeah, yeah, yeah. I've heard of it.

153: Malin: Yeah, they go to the rural communities, ask them about different plants, take the plant and scientifically test them. I'm not sure if the goal of this is to make drugs of it or I'm not sure what the goal is.

154: Dr Mamo: There was a symposium a couple of months ago, I think five months ago. Maybe you've missed it at the Science Museum. And there was this symposium where I heard them speak. The goal is to make pills or dosage, like dosed medicine out of the traditional medicine. So the herbs that are a sure thing, that you know will give you a relief. The plan is to make them, for example, a herb medicine for constipation, like I said, to make them in a pill form, dose them appropriately and sell them. And the Ethiopian government is championing that. Yeah, because the government thinks it's a special thing for Ethiopia. It's a special thing that's done in Ethiopia by Ethiopians and not done anywhere else. So yeah, they champion it. They want you to do it more.

155: Malin: Do they pay the local communities anything in exchange for the knowledge?

156: Dr Mamo: No, it's basically if this knowledge comes to fruition and it catches on and people start doing it and taking it more and more, you'll get money out of it. That's how they encourage them. So that's it.

157: Malin: Do you think because you said if people go to traditional doctors or take the medicine, they should know what they're doing?

158: Dr Mamo: Yeah.

159: Malin: Do you think people always know about the pills that they get?

160: Dr Mamo: The fact is they don't even ask. Yeah. That's what annoys me. So whatever you put, you swallow, you put in your mouth and you just take as medicine, I believe you should know about it. I believe you should ask more than one person rather than just a traditional doctor. For example, if he gives you ginger for a cough or for a sore throat, you should check, you should ask him what it is. Then also check with friends or family. Most people here know about herbs, about the plants and stuff. So they'll get more information and they'll say, okay, I can take it. But just taking it straight from the doctor and swallowing it, I don't trust.

161: Malin: But even if *you* say take these pills, you want them to apply the same amount of caution or do you think no, it's fine?

162: Dr Mamo: Well, basically, that's how it works, isn't it? So when I give drugs, I tell them what it does. Then they go to the pharmacy and the pharmacist tells them what it does. So there is this check and balance here where they double check with me and the pharmacist. So that is basically how it is. And even here, the pharmacist, before they give them, just to check, you know, just to check it for them rather than just to have... For example, if you give them a steroid, some people here use it for working out and stuff. So they'll look at you and they'll say, so what are you sick? Are you sick? Are you having constipation? Or do they just double check? So

that's how I believe it works. And then I'm not saying you should just trust me, but double check in everything we do.

163: Malin: All right, thank you.

164: Dr Mamo: Yeah, you're welcome. This was interesting.

165: Malin: Yeah, no, it was interesting for me mainly.

Notes taken during Interview with Engida, 18.12.23

Engida did not want to be recorded, so I took notes of our conversation.

What types of medicine are there?

I know there is modern and cultural healing

What's the difference between those?

Cultural: produced by manufacturing industries, cultural: produced by individual professionals, cultural experts, ind. Has knowledge about medicine, own specifications, differences in doses, types of order might be different

- Most important: produced at home/ homemade, differs by producers, no mass production

China: cultural medicine produced in modern way, modernized dose is determined, good if properly researched, modern medicine has emerged from cultural medicine

- Sometimes cultural medicine is better than modern medicine
- Modern medicine: profit making, determines type of medicine
- Covid vaccine: witnessed greed of medical industries, wanted profit instead of helping people

CM (cultural medicine) MM (Modern medicine)

CM doctor wants to assist you in curing (good for reputation), trustable in this regard, but not all of them effective, some might be manipulating, some don't have deep knowledge, about dosage, some might cause danger

In Ethiopia, CM is promoted by state, number of centers here has increased recently, Hakima Abebech (healer) was turning point

TV interview on CM, seen by many people, has medicine

For covid, even modern specialists had joined her to find covid cure

Covid becomes politicised "modern doctors pact of team with her" researched plants, 50 types of medicines government declined and disbanded the team

Engida's explanation: government failed challenges from medical companies, WHO made statement that CM should not be applied, undermines local capacity, also in other African countries like Madagascar were doing CM research on covid cure. Companies playing at background of WH, politics influencing

I trust that because it was also specialists

Why?

WHO gets donations by strong medical companies, Lobbyism, less market cooperation for the reason: to make more money

Ethiopian government: Individual decision. Madagascar government has promoted

There were less deaths than predicted in Africa

Reasons: Food s spicy and nutritious, capacity for avoiding disease, society uses own cultural ways to take covid and I think it has worked we only had ….

Only material explanations, I think this is unjust. Knowledge should not be denied or blocked in terms of 3D, no evidence that there are no other dimensions, for instance in physics we know, what we see makes up only 5%, the rest is invisible existence, but this is not effectless, there is invisible power , science accepts that. Assumptions in science: if we know about the smallest particle, we can understand the universe. Quarks are just invisible vibrations , works in vibrations, not in matter, **invisibility does not mean non existence**, I explain this because in medical terms there are also things, that can be explained beyond natural explanations, only focusing on material is blocking and unscientific, science is limiting itself, because of its own rules and limited dimensions if you ask rural individual they will say it is a curse from god

(own notes, me saying about translation theory, meaning how to translate paradigms/ontologies and explanations)

I'm explaining both ways number of explanations, sometimes contradicting, shows our knowledge capacity (?)

Issue is not only an issue in this case of research, it emerges everywhere, explanation is often just material which is what I am challenging

You are orthodox?

Influence of religion?

Two types of diseases, physical and spiritual in case of Ethiopia in other cultures too

Mental diseases are physical diseases too, resulting from brain disorder, neurocells are material things existing in mind, examples for mental disease, like growth of mind might stop, stuck mental development, I am also student of philosophy I am classifying them in my own terms.

For physical you can go to modern or cultural doctors

For spiritual diseases, modern doctors don't know anything, for instance demonic possession, they would maybe call it psychological disorder which is never the case.

They have been treated by holy water, it is a reality, that you can perceive, they can go to holy water or monastery people will tell you after what has happened to him after, you will perceive that he is a different guy, there is a clear visible

It's a common thing for Ethiopians to witness and thing

Why does it exist here but not elsewhere?

I think if you go to the west, religious or spiritual life is declining, and because of that, no one would explain such problems in terms of spiritual explanation, so the way of explanation that differs, not because the problems are different.

People are being chained because they are acting mad and then they will be treated and after they will tell you how it happened, they will turn into being a gentleman, they themselves will tell you. Science cannot deny that but will not accept this.

Muslim and Christian religious healers?

This knowledge is known by orthodox churches, there is particular medical study in orthodox churches, for spiritual diseases, demonic possessions, number of names and classifications for this.

Medical doctors manipulate doctors, some of them learn from Ethiopian orthodox churches are not innocent in terms of applying the knowledge, in Orthodox Church it is forbidden to align oneself with the demon, sometimes they might sell their souls, there might be manipulation in terms of this knowledge, to get power on earth, demon may help them, but the cure that they are making won't be perpetual, because it os not casted out of that person. Not perfect, so church only provides healing through baptising.

Is it neither person nor water that cures but the power of God, through both. People do not claim to represent God the same way that the pope proposes.

Can prayer cure too?

The priests are provided with the power because they are given the power by God.

Biblical scriptures have been interpreted and translated many times which has affected the meaning of the bible. It is crucial to find the original meaning, some translators have manipulated is. Original bible in Ethiopia has been translated in 4th century, scientist have proved that too.

Ethiopia has learned Christianity from apostle Philip and Ethiopia had been baptised by him and Ethiopia has received Christianity very early was first person to go to Israel.

Muslim spiritual healing?

Most famous healing is out of Christian healing matters, which might be manipulated by performers.

Priest will pray through holy water. I have no detailed knowledge about Muslim healing, it is more about witchery, has it's own nature it is not purely a Muslim way of healing, has combination with some sort of pageant.

Do you think it works?

I don't believe as an orthodox, I cannot believe, it is not purely Muslim, it will have effect I believe, a person can have two sides evil or good, either with angel or evil, there is no in between. I am just telling you from spiritual perspective. We have different personalities; I have different dimensions too. I don*t believe their way of treatment will do any good. The Muslims might also use holy water, and it will work for them because they believe. They will even celebrate the saints of orthodox church.

Do you think believe matters if you want to be cured?

If you are possessed, you cannot express its own will, that means someone else will pray for you, and if that person has a good and strong believe, you might be treated. Someone will be treated not only for his own, but we can pray for others.

If the other believes that the holy water will cure you that is powerful itself.

It is not the person that heals it is the power of God.

Can physical diseases also be cured by this?

Yes, the bible says believe can cure anything. So physical diseases can also be cured by this. We are surprised by spiritual treatment for physical sickness because we think in material terms but there is more to it

If you are sick. Like if you have a cold what would you do about it?

If you have a common cold, there is cultural treatment that is common everywhere, there are leaves of plants, it will be collected, put into a jar of hot water. You will take a blanket this is not a spiritual treatment it is just material/physical. Cold attacks your nose and your respiratory system, this will be applied at evening before you sleep, you will take blanket over head, water will be before you, you cover head and inhale (describes inhaling), there are the damps from boiled water. That will enter your mouth and steam bath will help you.

Is it eucalyptus?

I don't know they name in English, we call it eucalyptus is white eucalyptus we use but that is not the one we use, there is white eucalyptus, that is one ingredient, there is also other thigs whose names I don't know. After you take that steam you will sleep, you will be sweating your body is clearing itself, cold will go out, next day you wash your body, if it persists you will try next days, for about three days.

Are there diseases that cannot be cured by cultural medicine?

So far I know, I don't know. Through newspapers cultural doctors announce a number of diseases that they will cure. But some of them are not real in terms of capacity. There are real ones as well, there are centers here in Addis, they are famous because they are making some sort of difference I thin. Some of modern doctors have proved that these cultural treatments are working. In bole there is a center which was opened by a medical expert who had been serving in Canada, he made research in cm like you are and he moved to rural areas and found people working there and had witnessed amazing facts. He went to the desert and some plants can only be extracted at certain time and period they only have curing power unless they are chopped at that time. When he went to plant, plant had its own shadow, on the shadow side there was a python and the python could not move because of the power of the plant. He was so surprised because he was like any other person who works in modern medicine. Medical doctor told him this is the power of the plant. This is even scientific.

Center in Bole (ask around in Bole)

Do you think modern medicine also works?

It is simple, yes! In terms of modern medicine, my suspicion is not with the capacity of the practitioners, rather with the discipline they are following. There is more market orientation, so this motive determines the medicine. They won't give you cure because that means they make more money; goal is to make you dependent on the medicine.

Is this intention of the individual doctor?

No they will give you what the companies prescribe, rather it is the company, the giant doctors?

Other than the steam bath, what else did you use in the past?

For cold, u may use coffee, there is a herb (green one), so that is curing too.

Garlic?

Difficult to claim it as cultural medicine because it is known almost everywhere and tea is not indigenous in Ethiopia, it Is rather coffee, all gathering here are around coffee.

If you had a severe disease?

I had no such serious disease, but on occasions I would go to medical centers. Mostly people go to cultural medicine when they loose hope in modern medicine. Otherwise, they will just use modern centers in urban centers, but in rural areas it is different.

Do you think that is because of availability or trust?

It is hard to give an answer for this question, there are different perspectives on different areas of the country. It is difficult to answer. In general, we may say that in the vast majority of healers are a bit far from urban areas with medical centres so cultural ways are very accessible and they also have trust, in fact they have not much comparison too.

Did you ever take like pain killers or other "modern medicine"?

Yes, for headache for example, it is common for people to use this. For me that was years back but it was a long time ago I had it just very few times.

Why? Because you don't like it?

No, first of all I don't have a need so much. No urgency to use that.

How about friends or family of yours?

In fact, knowledge and perspectives different and difficult to say, you cannot generalize.

The broadcasting from hakim abebech, the general public in Ethiopia narrative is becoming something more linked to its roots, it want to attach itself to its roots, aspires to return back to this knowledge it more or less proud of this past cultural basis and other values and want to align itself to its past. If things are going well and if cultural medicines get researched through helpful ways, I have no doubt that vast majority of people would accept this. It is not just a matter of economy or culture it is also politics, there are many dimensions to this.

Follow up questions 11.7.24:

Engida

Age, 37

grew up, outside of Addis, zona regions of medicine available, grand hospital and private clinic were there cm or modern medicine, not familiar to treatment if it happens I would rather prefer to go to clinic

etc

How has age influenced their medical choices,

"the same with parents" indigenous medical treatments are used by community, society doesn't go to clinics or hospitals, they use plants or leaves for common flus they would not rush to hospitals they use indigenous medicine, not even go to cm centers, I know what plants to use, there are 2 or 3 types of plants, you chop their leaves and then put it into a pot, before you sleep, inhaling

Is there any other cultural treatment that people do at home that you know?

There are also some other, mostly in countryside areas, people have good knowledge of cultural treatments or they use different methods. There are also specific people who have more knowledge about this. Countryside people have more knowledge than city people. I do not have such knowledge, I do not know any further than this. You may also not find the plants, nowadays people are not able to find them everywhere, they are being used a lot and nit replaces, so reducing. There is also another treatment. When you take coffee. You add other tree leaves and mix it into the coffee, that is also another treatment. Coffeeshop culture is very new in terms of

commercialization. And with that comes the plant that denadam in Amharic (hands of adam). Very strong healing power, not only known in cm also known to modern medicine.

What do you use it for?

You add it into the coffee, it is used for common cold, it also has its treatment for spiritual problems. When people have stress, you will chop the leaf and put that into their nose so they smell it ad it will go to your brain and will bring you relief.

how do they differ from their parents' or grandparents' views or behaviours?

Do you feel like older people have better knowledge?

Yes of course, you learn from your ancestors so the older know more. And the younger are more exposed to the urban lifestyle so don't pay much attention to the old knowledge. When it comes to the elders, they are closer to their culture and more connected to this knowledge. You can say age plays a role. But nowadays the plant in the coffee is expanding in different parts of the city because there is more coffee consumption.

Even in the cities the usage of cm is growing because a few years ag the government has authorized cm officially which gave the industry a booming effect! Somecultural clinincs are financially really strong almost as much as modern medicine, big bog demand, people might not get appointments, because of high demand. Everything is very established, so in some regard cm is growing just like its usage without limit on age. But there is no doubt that the older generation is more attracted to that then the younger generation.

When it comes to age, I have to mention cellular age and normal age cellular age is the age of your cells, a 60-year-old person can have a cellular age of 40 year, which means he is strong and young as a young person.

Ancestors are not passing their knowledge to the younger generation because there is less interest in the younger generation to get this knowledge. Because of a wrong understanding of modernisation.

WhatsApp Chat Desta

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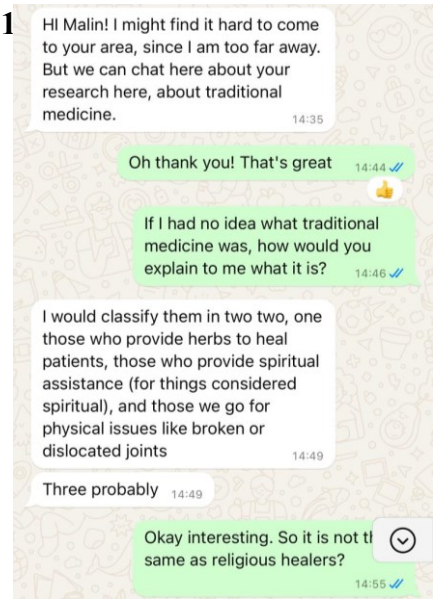

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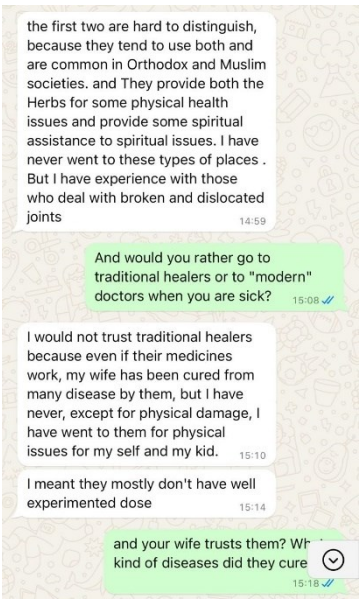

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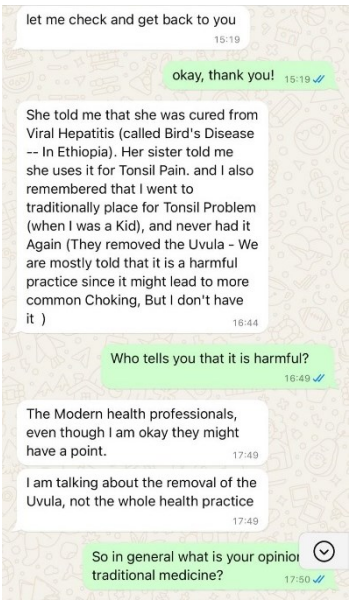

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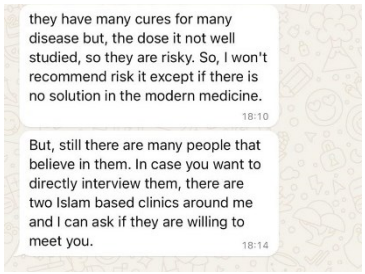

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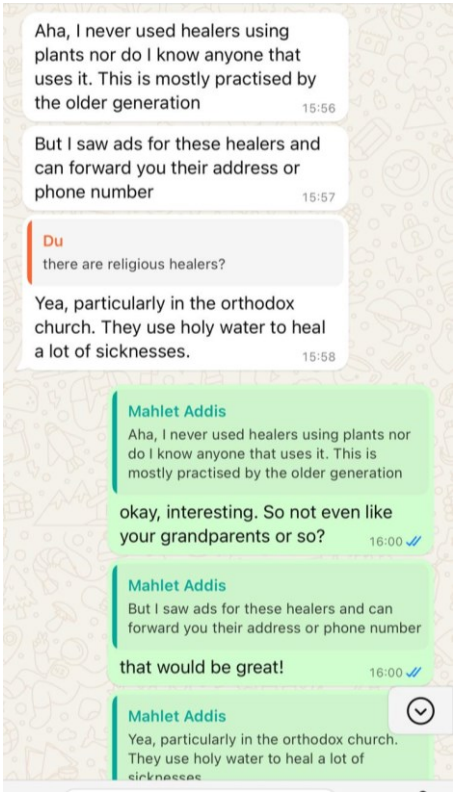

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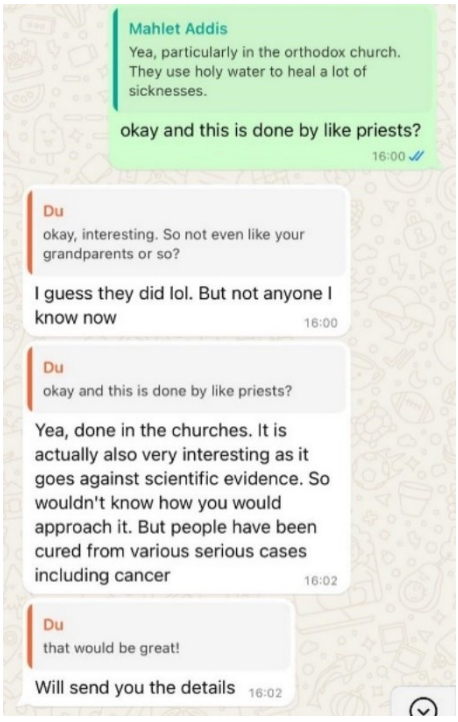

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