

Perceptions and practices of modern and traditional health practitioners about traditional medicine in Shirka District, Arsi Zone, Ethiopia

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Abstract

Background: Traditional medicine is an ancient medical practice that is still widely used in prevention and treatment of various health problems in Ethiopia.

Objective: To evaluate perceptions and practices of modern and traditional health practitioners about traditional medicine in Shirka District of Arsi Zone, Ethiopia.

Methods: A cross-sectional study pertaining to the perceptions and practices of modern and traditional health practitioners was carried out in February 1999 in four peasant associations of Shirka District. Two types of questionnaires (with closed and open-ended questions) were prepared to assess the respective practitioners. Fourteen modern practitioners and 80 traditional healers were interviewed.

Results: Most of the practitioners in both systems had used traditional medicine at least once in their lifetime. The indigenous knowledge surrounding traditional medicine is mainly conveyed verbally and to some extent still employs superstitious beliefs and harmful practices. To substantially reduce the drawbacks and promote its positive elements, both types of practitioners expressed their willingness to collaborate among each other and believe in the need for government support.

Conclusion: The knowledge surrounding traditional medicine incorporates a number of harmful practices. To make matters worse, this knowledge is mostly conveyed verbally which may result in the inevitable distortion of original information leading to the expansion of more and more harmful practices. Therefore, the need for more effort of recording the knowledge is stressed. Government support and coordinated effort among the various institutions are emphasized for promotion and development of traditional medicine. [*Ethiop. J. Health Dev.* 2002;16(1):19-29]

Introduction

The term traditional medicine is used to explain the traditional medical practice that has been in existence even before the advent of modern medicine. It is still widely accepted and used in prevention and treatment of physical and mental disorders as well as social imbalance. Due to its intrinsic qualities, unique and holistic approaches as well as its accessibility and affordability, it continues to be the best alternative care available for the majority of the global population, particularly for those in the rural areas of developing

countries (1).

Experience from many countries such as those in South East Asia suggest that integration of traditional and modern health care systems can solve much of the problems by providing basic health care services for the people in developing countries particularly the under served majority (2,3). In these countries, both systems are equally developed and supplement each other in the endeavor of achieving optimal health care coverage (4). Many of the traditionally used medicinal plants contain pharmacologically active compounds and are used in the preparation of both traditional and modern medicines (5). Well over 25% of the pharmaceutical preparations in the world and

more than 50% in the U.S.A. contain plant derived active principles (6,7,8). In Africa, traditional medicine is still widely practiced because of its socio-cultural appeal, accessibility, affordability, and effectiveness against some health problems (2,3,9). In contemporary health care delivery system, traditional medicine is found firmly established closing the gap in modern medical care (10).

Ethiopian traditional medical system is characterized by variation and is shaped by the ecological diversities of the country, sociocultural background of the different ethnic groups as well as historical developments which are related to migration, introduction of foreign culture and religion. Previous studies showed the existence of traditional medical pluralism in the country (11-14). Based on historical data, Slikkerveer (14) identified three medical sub-systems in the highland of Eastern Hararge Zone (Babile area), namely, Cushitic Folk Medicine, Arabic Medicine and Amhara Medicine, which constitute the present indigenous health care system in the area. These health care sub-systems have their own historical background, perceptions about health and illness, practices and types of healers. Even if there are differences, ethnomedicine of a country is an amalgamation of beliefs (religion and magic) and empirical practices (12-15). Based on the varied and extensive range of their practices, some authors have attempted to classify traditional healers as herbalists, surgeons, traditional birth attendants, spiritual healers etc. at local or even at country level. However, they found it difficult to clearly put them into distinct categories on the basis of their specialization and methods of treatment (12-16).

Generally, knowledge of Ethiopian traditional healing methods is based on oral tradition or medico-magical and/or medico-spiritual manuscripts (11-13). Though the country has a long history of written language, at least in the Northern part, the first known traditional pharmacopoeia dates back to the 15th century (12,13). The vast knowledge surrounding

traditional medicine is not fully documented and is conveyed from one generation to the next through word of mouth (11). Because of this and the aging of the healers (custodians of the information) as well as the persisting negative attitudes of traditional and modern medical practitioners for collaboration, ethno-therapy of the country faces uncertain future (11).

In Ethiopia, traditional medicine still remains to be the only available health service system for the majority of the population (17-19). However, it is often postulated that modern health professionals consider it as a practice that serves no purpose and in their view its continued existence is merely because of lack of access to modern health care service (1,11). Such negative attitudes may possibly stem from misgivings about its biomedical values and probably from many other factors.

The present study was therefore undertaken to explore the knowledge, attitudes and practices (KAP) of traditional and modern health practitioners with regard to traditional medicine in the contemporary health care delivery system in Shirka District. It is hoped that this will help in promoting positive elements of traditional medicine and its integration with modern health care practices as well as in formulating a policy that includes both practices for optimum health care coverage.

Methods

A cross-sectional study of perception and practices of modern and traditional health practitioners was carried out in February 1999 in Shirka District of Arsi Zone. The altitude of the district ranges from 1200m to over 2500m above sea level. According to the 1997 census, the rural and urban population of Shirka was 114,879 (20). The ratio of males to females was equal and about 35% of the rural households are considered poor (20). There is strictly limited supply of clean water in the rural areas of the district. Shirka has a health center and a clinic that are located in Gobessa

and in one of the peasant associations (Hela Tereta), respectively. Both health facilities have serious shortage of medical facilities and medicines.

Four peasant associations (PAs), *viz.*, Hela Gelebe Goro, Hela Mekana Kersa, Hela Tereta, and Limu fi Tijo representing all the three agroclimatic zones (*Kolla, Woyna Dega* and *Dega*) which were involved in the present KAP study were selected in consultation with Shirka District Agricultural Office, Pilot Agricultural Development Scheme (PADS) and Istituto per la Cooperazione Universitaria (ICU).

A total of 14 modern health professionals (all of whom were available in the district during the time of the investigation) as well as 80 traditional health practitioners (all the prominent healers in the four PAs) were involved in the study. Social and demographic characteristics of the study subjects are shown in Table 1. The modern health practitioners were contacted at their respective working places, while the traditional healers were approached through the concerned peasant association officials in their respective PA offices. There was no any document indicating the number and type of traditional health practitioners in the district health office and the selected PAs.

Two types of questionnaires, one for the modern and another for the traditional health care practitioners were used. The study questionnaire for the traditional healers contained the following main components:

- a) Personal data including name, address, age, gender, religion, educational status and ethnicity,
- b) Their knowledge and practice about traditional medicine which included source of knowledge, year of service, type of traditional medical practices (eg. herbalism, bone setting, and traditional birth attendance, etc.), main health problems for which they provide medicament, documentation of the history of their clientele, collaboration with traditional

and modern health practitioners, their advice to their clientele to maintain health (such as personal and environmental hygiene, balanced diet, vaccination, etc.) as well as their belief and practice about harmful traditional health practices,

- c) Their attitudes such as preference for modern to traditional health care practice or willingness to convey their knowledge, cooperation with modern health practitioners (researchers) and integration of the two systems, reason for the acceptance of traditional medicine by the community, their views to improve and promote traditional medicine.

The questionnaire for the modern health practitioners comprised of the following components:

- a) Socio-demographic characteristics of the study subjects such as age, gender, qualification and facility of assignment (clinic vs. health center).
- b) Knowledge, practice and attitude towards traditional medicine such as acceptance of traditional medical system by the practitioner and the community, current collaboration and future willingness to collaborate with healers, importance of training of the healers for promotion and development of the system, recommendations for promotion and integration of traditional medicine with the conventional system.

Both questionnaires were semi-structured with closed and openended questions. Prior to filling the questionnaire, informed consent was obtained. The first and second authors conducted the in-depth interviews. The questionnaires were prepared in Amharic and most of the traditional healers responded in Oromifa. Limitations posed by language barriers between the interviewers and the traditional healers were solved by translators from Gobessa Health Center and Shirka District Agricultural Office. Data were classified into categories and the results were presented in absolute figures and percentages.

Results

Socio-demographic characteristics: Table 1 shows selected socio-demographic characteristics of the study subjects. The gender distribution of modern health professionals was 12(85.7%) and 2(14.3%) for males and females, respectively. Of these, 64.2% were 20-30 years of age, 85.7% served ≥ 10 years, and 78.6% were health assistants, 14.3% nurses and 7.1% druggist.

The distribution of traditional healers by age category of >31 years accounted for 72(90%),

males 70(85%), those who served ≥ 10 years were 55(69%); 58(73%) were herbalists and 22(27%) were bone setters, traditional birth attendants or those who exercise two or more of the practices (no spiritual healer was reported to be prominent in any one of the PAs). Moreover, 75% were Oromo, 23% Amhara; 57.5% Muslims and 42.5% were Christians. Illiterates, those who can read and write, and those who have had modern education at elementary or senior high school levels accounted for 47.5%, 27.5% and 25%, respectively.

Table 1: Socio-demographic characteristics of modern and traditional health practitioners, Shirka, 1999

Variables	Modern health practitioners (N = 14)	Traditional healers (N = 80)
Gender		
Male	12(85.7)	68(85.0)
Female	2(14.3)	12(15.0)
Age in years		
20-30	9(64.2)	8(10.0)
≥ 31	5(35.8)	72(90.0)
Years of service		
0 - 9	2(14.3)	25(31.3)
≥ 10	12(85.7)	55(68.7)
Modern health practitioners by qualification		
Health Assistant	11(78.6)	—
Nurse	2(14.3)	—
Druggist	1(7.1)	—
Traditional health practitioners by type of practice		
Herbalists	—	58(72.5)
Bone-setters	—	10(12.5)
Traditional birth attendants	—	5(6.3)
Two or more of the practices	—	7(8.7)
Ethnicity		
Oromo	—	60(75.0)
Amhara	—	18(22.5)
Others	—	2(2.5)
Religion		
Muslim	—	46(57.5)
Christian	—	34(42.5)
Educational status		
Illiterate	—	38(47.5)
Read and write	—	22(27.5)
Primary school	—	14(17.5)
Secondary school	—	6(7.5)

Note: Numbers within parenthesis are percentages

Practices and perceptions of modern health practitioners: About 79% of the modern health practitioners have visited traditional healer(s) at least once in their lifetime to seek treatment. Majority of them (71.4%) believed in the importance of traditional medicine for maintaining health. Among the practitioners, 28.6% came across patients who were advised (referred) by traditional healers to take medication in the clinic or health center, and 85.7% of them encountered patients who first visited traditional healers for the same illness episode. It was demonstrated that 78.6% of the modern health practitioners prefer modern health care services compared to the traditional. 86% of them were in favor of collaboration of modern and traditional practitioners, integration of the two systems, and the importance of scientific research into traditional medicine for its promotion and development. The majority (92.9%) indicated that the government should support traditional healers. Training of healers was strongly felt to be important for the improvement of the service and should focus on dosage determination and side effects, while 50% stated hygienic preparation and administration of traditional medical preparations as equally important (Table 2).

Practices and perceptions of traditional healers: Among the traditional healers, those who obtained their knowledge from their relatives, expressed willingness to convey their knowledge, and preferred modern medicine accounted for 56.2%, 78.7% and 77.5%, respectively. Furthermore, those who believe in the acceptance of traditional medicine by the community for a mere cultural or other reasons accounted for 98.7%, whereas 65% of them indicated efficacy of the preparations as the main reason behind its acceptance. About 97% of the healers stressed the need for training, 98% were willing to collaborate and 84% supported integration of modern and traditional medical systems to improve health care coverage of the country (Table 3). As depicted in Table 4, only 7.5% of the traditional healers collaborated with other

Table 2: Modern health practitioners' perception and practice about traditional medicine, Shirka, 1999

Questions	Response (N = 14)
Do you accept traditional health care practice?	
Yes	10(71.4)
No	4(28.6)
Have you ever visited TMP?	
Yes	11(78.6)
No	3(21.4)
Do you have any collaboration with TMPs?	
Yes	5(35.8)
No	9(64.2)
Have you come across patients who visited modern health care service soon after visiting TMP?	
Yes	12(85.7)
No	2(14.3)
Have you ever treated patients referred by TMP?	
Yes	4(28.6)
No	10(71.4)
Which health care service do you prefer?	
Modern	11(78.6)
Traditional	2(14.3)
Both	1(7.1)
Do you support cooperation of modern and traditional health practitioners, and integration of the two systems?	
Yes	12(85.7)
No	2(14.3)
What are the solutions you sought for the improvement of THPs?	
Scientific research	12(85.7)
Training TMPs	5(35.7)
Sustainable utilization of medicinal plants	2(14.3)
Government assistance to TMPs	1(7.1)
Provision of license to TMPs	1(7.1)
Do you agree with training of TMPs for the improvement of the practice?	
Yes	13(92.9)
No	1(7.1)
What are the important areas of training TMPs	
Dosage and side effect	13(92.9)
Hygienic preparation and administration of medicaments	7(50.0)
Diagnosis of health problems	2(14.3)
Revealing indigenous knowledge	1(7.1)
Sustainable utilization of medicinal plants	1(7.1)
Do you agree with government support to TMPs?	
Yes	13(92.9)
No	1(7.1)

Table 3: Traditional healers' perception about traditional medicine, Shirka, 1999

Questions	Response (N=80)
From whom have you acquired the knowledge?	
Relative	45(56.2)
Traditional healer	24(30)
Myself	3(3.7)
Religious books	2(2.5)
No opinion	6(7.5)
Are you willing to convey your knowledge?	
Yes	63(78.7)
No	14(17.3)
No opinion	3(3.8)
Which health care service system do you prefer?	
Traditional	10(12.5)
Modern	59(73.8)
Both	5(6.3)
No opinion	6(7.5)
Do you believe that traditional medicine is accepted by the community?	
Yes	79(98.7)
No opinion	1(1.3)
What are the main reasons for the acceptance of traditional medicine by the community?	
Effective	52(65.0)
Cheap	1(1.3)
Lack of MHCS	2(2.5)
All the three combined	16(20.0)
No opinion'	9(11.2)
Do you recommended training of TMPs for their practice?	
Yes	77(96.3)
No	1(1.3)
No opinion	2(2.5)
Are you willing to cooperate with modern health practioners/researchers?	
Yes	78(97.4)
No	1(1.3)
No opinion	1(1.3)
Do you support integration of traditional and modern health care services systems?	
Yes	67(83.8)
No	10(12.3)
No opinion	3(3.8)

Note: Numbers within parenthesis are percentages

traditional practitioners. According to all the respondents, there was no collaboration with their modern counterparts. Their response further showed that 61% give free service for those who can't afford to pay, 3.8% provided modern drug(s) along with their herbal preparations. Only 22.5% of the healers advised their patients to visit modern health care service at times of failure of their treatment. About 24% provided treatment for rabies, followed by gonorrhoea (13.8%), eczema (13.8%), chronic skin or other disorders (*nekersa*) such as TB (12.5%), and other health problems such as evil eye (*buda*), diarrhoea, parasitic infection, hepatitis, leishmaniasis, hiccup, stomach ache, etc. Less than 40% believe that there are harmful traditional practices. This was demonstrated in the present study where over 55% approve female circumcision, 37% uvulectomy and 32% tooth extraction.

Discussion

Abebe and Ayehu (11) indicated that modern health practitioners stand against the promotion of traditional medicine and its integration with modern health care delivery system. However, Bishaw (21) confirmed that the alleged antagonism is an exaggeration. Though further studies are required, our present findings also seem to agree with the later statement.

The present study revealed that most modern health practitioners have utilized traditional medicine at least once in their lifetime. It was further confirmed that the practitioners are in favor of utilizing traditional medicine even when conventional care is available. However, these same practitioners have strongly recommended the need for training of traditional healers in dosage determination and about the side effects of the remedies, hygienic preparation and administration of the medicaments as well as proper diagnosis of the health problems as crucial components in the

Table 4: Traditional healers' practice about traditional medicine, Shirka, 1999

Questions	Response (N = 80)
Do you have any collaboration with other traditional healers?	
Yes	6(7.5)
No	69(86.3)
No opinion	5(6.3)
Do you have any collaboration with modern health practitioners?	
No	80(100)
Do you record history of your patients?	
Yes	1(1.3)
No	70(87.5)
No opinion	9(11.2)
Do you provide free service for clients who can't afford to pay?	
Yes	49(61.3)
No	12(15.0)
No opinion	19(23.7)
Do you provide modern drug along with traditional medicaments?	
Yes	3(3.8)
No	70(87.5)
No opinion	7(8.7)
What measures do you take in case of failure of your clients to be treated by you?	
Nothing	23(28.8)
Give advice to visit modern health care service	18(22.5)
Attempt other medicaments or provide additional dose	11(13.8)
Refer to other traditional healer	4(5.0)
All patients were are treated	4(5.0)
No opinion	20(25.0)
What are the advises you give to your clients during and after treatment?	
About balanced diet	13(16.3)
About hygiene	14(17.5)
Others	38(47.5)
Nothing	8(10)
What is (are) the-major health problems (s) for which you provide treatment?	
Rabies	19(23.8)
Gonorrhoea	11(13.8)
Eczema	11(13.8)
Chronic skin diseases (Nekersa) and/or TB	10(12.5)
Evel eye (Buda)	5(6.3)
Others (such as diarrhoea, parasites, hepatitis, leishimaniasis, hiccup, stomach ache, etc)	56(70.0)
Veterinary health problems	24(30)
Do you think that there are harmful traditional health practices?	
Yes	31(38.8)
No	40(50.0)
No opinion	9(11.2)
Which of the following traditional health practices do you exercise or believe are important?	
Female circumcision (Ye'set girizat)	45(56.3)
Uvulectomy (intil mekuret)	30(37.5)
Tooth extraction (Gig mautat)	26(32.5)
Counter irritation (Metekos)	10(12.5)
Bleeding (Ye'dem sir mebtat)	6(7.5)
Not at all	21(26.3)

Note: Numbers within parenthesis are percentages

improvement of traditional health practices. Furthermore, collaboration with the healers as well as scientific research in the establishment of mainly efficacy, safety, and contraindication of the medicaments and sustainable utilization of the traditionally used medicinal plants were viewed as vital in the improvement of traditional medicine. These activities were recommended as a key to the improvement and promotion of traditional medicine and its eventual integration with the modern health care delivery system. Nevertheless, the involvement of modern health practitioners and their collaboration with their traditional counterparts so far was found to be very limited. This seems to stem mainly from persistent negative attitudes among the practitioners to one another (11) though our present finding rather demonstrates the existence of good will among most of the practitioners in both systems for rapprochement.

This study showed that over 85% of the contemporary traditional healers in Shirka were males and this is in agreement with a previous report (21). Moreover, the great majority of the practitioners have acquired their knowledge about the uses of medicinal plants and other traditional medical practices mainly from their relatives and others engaged in similar practice. Only 2.5% of the practitioners have acquired their knowledge from literature, particularly medico-religious manuscripts. This indicates that the knowledge is mainly transmitted through word of mouth from parents and traditional healers to their successors. This information conveyance system will lead to distortion of original knowledge or even bring about the total demise of the practice. A number of factors such as the apparently increasing acculturation, mobility, displacement of communities, habitat destruction as well as negligence of the contemporary generation to acquire the knowledge appear to re-enforce the threat to the continuity of the practice (17, Addis et al. unpublished report).

The preference for a given health care delivery

system has universally been acknowledged to depend not only on the type of services available, but also on the difference of the socioeconomic status of the various communities, i.e., whether it is affordable, accessible and acceptable to them. Thus, among the rural communities of Ethiopia where there seems to exist a conservative ethnomedical attitude coupled with relatively lower socioeconomic level than their counterparts in the urban areas, there is a tendency for greater utilization of traditional (rates vary with age, sex, type and duration of illness) than the conventional health care service (22). In the present study, about 99% of the healers believe that traditional medicine has acceptance by their local communities. However, 82% of them tended rather to opt for modern care, if this was easily accessible. The main reason behind the preference of traditional to that of modern medicine was that the former is more efficacious than the latter. This finding is in agreement with previous reports from Northern Ethiopia (23). According to these studies, there is a perception that the modern system is inadequate to diagnose and treat certain diseases like *buda*, epilepsy and gonorrhoea. However, unlike our findings, studies made on the utilization of traditional medicine among inpatients of Jimma Hospital indicated accessibility of the service as an important factor for its utilization (24). The same study showed more preference to the modern health care service (compared to traditional) than hospital patients of Addis Ababa (25). The present finding appears to agree with the former study.

Most of the healers have shown the interest to work in collaboration with modern health professionals as well as other researchers in the field and that they are willing to reveal their knowledge on traditional health care practices for further research. However, previous studies showed that in actual practice, the healers may not always reflect their orally expressed commitments. This was reflected in the ethnobotanical survey, which was conducted in the same study site (Addis et al.

unpublished report). The main underlying reason behind the resistance of the healers seems to relate to the fear they have about being put out of business after revealing their healing techniques. The traditional healers seem practically ready to work with researchers if they are provided with incentives and convinced about the importance of their knowledge and its documentation for the coming generations and the country at large. Average age of the healers who were involved in the present study was 46. Hence, most of the practitioners are old aged and immediate action should be taken to explore, collect and document the information before it is irretrievably lost.

Despite its positive contribution, traditional health care system may also incorporate some harmful practices and beliefs (23,26,27). In the present finding, 67.1% of the healers employed one or more harmful traditional practices or at least they believe in the importance of such practices. Some of the healers prescribed pharmaceutical drugs along with their traditional medicaments. This is not only dangerous health-wise, but it is wastage of meager resources on the part of the poor patient. The direct consequences of such irresponsible drug use can lead to treatment failure, adverse effects and antibiotic resistance (28). A worrisome and unpredictable interactions between medicinal herbs and modern drugs may take place which could increase or decrease the pharmacological or toxicological effect of either or both components. Bleeding, serotonin syndrome development, decreased bioavailability of drugs, induction of mania, exacerbation of extrapyramidal effects, increased risk of hypertension, potentiation of corticosteroides, hypoglycemia and reduction in absorption of drugs are some of the reported cases of herb-drug interaction (29). Previous studies have shown that about 85% of hospital patients in Addis Ababa utilized traditional medicine at least once in their lifetime and 24% used the same for the illnesses to which they sought modern medical assistance (25). Such practices indicate the possible existence

of utilizing traditional medicaments along with pharmaceutical preparations. Therefore, patients need to be advised against taking pharmaceutical drugs along with traditional preparations. The detrimental practices of the healers can similarly be minimized or possibly eradicated through learning and teaching process between the practitioners of both systems. This was highly supported by those who participated in the present study. The lesson will also help to disseminate information on health, illness, prevention and therapy to the local people. This is because traditional healers are integral parts of their communities, having the same cultural beliefs and practices as their clientele with regard to health care. They receive heavy patronage from their local communities for several if not all manners of health problems even in the presence of modern medical service (13,17,27).

Conclusions

Results from the small sample size and study site of this investigation do not pretend to represent KAP of both modern and traditional health practitioners about traditional medicine in Shirka District. It is therefore strongly recommended to explore the nature and similarities of the practitioners with regard to their KAP both in the urban and rural areas of the district and Arsi Zone at large. Nevertheless, the findings of this investigation have revealed that traditional medicine is not free from superstitious beliefs and harmful practices. Therefore, the need for educating the traditional practitioners in particular and the community in general should be considered as a goal to be seriously pursued. Moreover, the knowledge surrounding traditional medicine is conveyed from one generation to the next mainly through word of mouth. This information conveyance system leads to distortion or total demise of the knowledge and necessitates urgent documentation. The study further showed the presence of mutual respect and recognition among practitioners of both systems and the majority agreed to collaborate with one another. Their agreement for joint effort is supported since they will obviously

learn from each other and lead to reciprocal benefit to each system. This collaboration will provide the patient with a choice of the modern vs. traditional health care system. It further helps in the improvement of general health care knowledge, enhancement of the quality and number of traditional practitioners, dissemination of knowledge on health care, and most importantly it brings the best possible health care for the population in the developing countries like that of Ethiopia particularly to the underserved rural population at a relatively reasonable cost (1,11,15,21,27,30,31). Realization of these facts will pave the way for integration of the two systems provided that cautious approaches are followed, adequate knowledge in various fields of study are acquired, intersectoral and interinstitutional collaboration are exerted, and policy decision-makers are convinced to develop and implement scientifically sound and socio-culturally acceptable programmes (1, 14, 21, 30, 31).

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