

Assessment of Knowledge, Attitude, Practice and Management of Traditional Medicine among People of Shopa Bultum, Arsi Negele Woreda, West Arsi Zone, Oromia, Southeast Ethiopia

By

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Abstract

Background Information: In addition to the health care provided by the health facilities in developing countries, the population still largely depends on traditional healing systems for majority of diseased conditions. Traditional medicine covers a wide variety of therapies and practices which varies from country to country and region to region. It should be used rationally to get health benefits with minimized adverse effects without delay in healing from poor knowledge, attitude, practice and management.

Objective: The study was conducted to assess the knowledge, Attitude, practice and management of traditional medicine among the community of Shopa Bultum Kebele, Arsi Negele, West Arsi Zone.

Methodology: A cross-sectional study was conducted on a total of 151 sampled individuals out of a total of 1113 population who lives in the community. Individuals were interviewed by trained data collectors using structured questionnaire. Data was checked for completeness, coded and analyzed manually, Association between different variables was drawn and tested for significance by using chi-square.

Result: A total of 151 study populations were interviewed and (69.53%) had knowledge on more than three types of traditional medicine. Most of the respondents (71.52%) preferred traditional medicine for its affordability, accessibility and acceptability. The most common traditional practice was medical herbalism (79.47%). Some of the respondents were (35.76%) prefer to keep their knowledge as a secret. (72.85%) of the respondents manage their acute/ chronic illness by both self- medication and visiting TMP.

Conclusion: The study has identified different types of traditional medicine and their usage which may be important part of health care system if they are integrated to modern health care system after having further study results on their constituents. Source of information on traditional medicine for most of respondents were family and relatives

Recommendation: The concerned bodies and authorities of the community should consider integration of the traditional system to modern health care system and documentation of traditional medicine should be encouraged to preserve knowledge of TM. In addition to this focus should be given to traditional medicinal plants use and further research should be encouraged on the issue.

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Acronyms and Abbreviations

CAM – Complementary and Alternative Medicine

KAP – Knowledge, Attitude and Practice

TM – Traditional Medicine

MM – Modern Medicine

UK – United Kingdom

MGT – Management

CNS – Central Nervous system

WHO – World Health Organization

TB-Tuberculosis

PHC- Primary health care

CHAPTER ONE

1. Introduction

1.1 Background Information

The World Health Organization (WHO) defines traditional medicine as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses and maintain well-being ^[1].

Traditional medicine has maintained its popularity in all regions of the developing world and its use is rapidly spreading in the industrialized countries. In Africa, up to 80% of the population uses traditional medicine for primary health care ^[2].

One-third of the population in developing countries lack access to essential medicines. The provision of safe and effective TM/CAM therapy could, thus, become a critical tool to increase access to health care ^[2].

There are wide spread systems of traditional and complementary /Alternative medicine which includes Ayurveda-Medicine in south Asia, especially in Bangladesh, India, Nepal, Pakistan and Sri Lanka. In China, Traditional herbal preparations account for 30% - 50% of total medicinal consumption ^[2].

In Africa, up to 80% of the population uses TM for primary health care. In Ghana, Mali, Nigeria and Zambia, used widely for treatment of fever resulting from malaria. Traditional birth attendants are commonly assisting in many African countries ^[1].

The majority of Ethiopians depends on Medicinal plants as their only source of health care, especially, in rural areas where access to modern health care is limited. Medicinal plants and knowledge of their use provide a vital contribution to human and Livestock health care needs throughout the country ^[3, 4]. WHO estimates that 80% of the world's population presently used herbal Medicine for some aspects of PHC ^[3].

In the study conducted in Asendabo district, Jimma, Ethiopia revealed that majority of the reported preparation in the area were drawn from single plant and mixtures were rare ^[4].

In Ethiopia, up to 80% the population uses TM due to the cultural acceptability of healers, local pharmacopoeias, the relatively low cost of TM and difficult access to modern health facilities. In 2000 only 9.45% of all deliveries in Ethiopia were attended by trained attendants and health worker. The rest were attended by traditional birth attendants or relatives ^[5, 6].

The vast majority of Ethiopian population lives in rural areas where the health care coverage is low and where existing public sector resources are being stretched to the limits. One of the greatest challenges facing the country is determining how best to narrow the gap between the existing services and the population whose access to them is very limited ^[7, 8].

1.2 Statement of the problem

In developing countries all over the world, especially Africa, a large number of people die daily of preventable and curable diseases because of lack of even simple health care. In all cases the countries have certain features in common, that is extremely limited resources, poor communication and lack of education ^[9].

If the goal of improving the level of health in developing countries is to be taken seriously, the modern biomedical approach alone must be considered futile. In order to improve the prospects and potential benefits of TM to society, the contribution of both traditional and modern health care system needs, to be considered ^[10].

Due to poor access to health services, especially in the rural areas, the majority of the Ethiopia people rely mainly on TM for their primary health care needs ^[5]. Nevertheless, the system has been neglected and its therapeutic potentials as well as adverse effects have not been thoroughly studied scientifically. Moreover, the integration of the practice of traditional medicine into the formal health system has not been seriously considered. Progress made so far in this direction in other countries has allowed for a wide utilization of traditional medicine and better recognition of its practitioners as heritage benefiting the majority of their people ^[11].

In most scenarios, the traditional knowledge in Ethiopia is passed verbally from generation to generation and valuable information can be lost whenever a traditional practitioners passes without conveying his traditional Medicine knowledge ^[12].

The interest in and intrinsic value of traditional Ethiopian medicine should not be only be attributed to the lack of access to modern medicinal services. Even in cities where modern health services are more accessible and specialized; many people continue to go to traditional healers ^[6].

In Ethiopia, traditional medicine still remains to be the only available health service or majority of the Ethiopian population. Traditional medicine practitioners don't ignore modern medicine practices and they look for their counter parts to get more information about the problem. But practitioners of modern medicine have usually ignored and avoid contact with traditional healers. It is also postulated that MMPs considers 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. Such negative attitude of MMPs may stem from misgiving about its biomedical values and probably from many reasons. Such negative attitudes may possibly stem from misgivings about its biomedical values and probably from many other factors ^[13].

Even though the wide acceptance of TM is a well-established fact, its status in the population with access to modern health is not well clear in the whole country ^[13, 14].

Some plants used in TM such as taenicides are widely known to be toxic. For example, blindness and changes in CNS function have repeatedly been found in people who took over dosage of *Hagenia abyssinica* ^[15]. Traditional healers may cause delay in treatment of communicable diseases such as TB if they fail to refer patients to modern health service ^[16]. Moreover, a number of harmful practices have been traced to healers, including female genital mutilation, Uvulectomy, and milk tooth extraction ^[17].

The use of traditional medicine by patients presents a unique concern. On the one hand, the concern is practical because so many commonly used traditional remedies have the potential to adversely interact with conventional medicines. On the other hand, the use of traditional medicine brings up the issue of culturally constructed notions of health and illness and demands a place in health care provision discourse. In many cases Ethiopian patients use traditional remedies in combination with prescribed conventional medications for related or unrelated health conditions without informing their physician ^[8].

Many herbal substances that are used in Ethiopian traditional medicine, when utilized for medicinal purposes, they may cause an increased likelihood of adverse interactions with conventional medicines, including anti-arrhythmic, anti-seizure, anti-diabetic and anti-coagulant medications ^[18].

Therefore, it would be of important value to assess the knowledge, attitude and practice and Management of TM among communities who already have access to modern health care system.

1.3 Significance of the study

Supply of essential drugs in existing health services. For this reason the study of TM, which are naturally available in our locality is believed to be potential sources of new drugs that needed to be undertaken Modern medicine has faced two major challenges. Limited access to basic health care and short to alleviate these problems.

Utilization of easily available resource is one of the strategies of PHC. Therefore, this study can promote KAP and Mgt of concerned bodies towards the utilization of TM, which are found in the study area and at some time to document them for the coming generation.

The study can serve as base line data for applied research which may be conducted in the same area in the future by responsible bodies on the utilization of TM and opinion of the community on integrating traditional medicine to PHC.

CHAPTER TWO

Literature review

According to Richard L, disease refers to abnormalities in the structure and or functions of the organs and organ system. Illness on the other hand, refers a person's perceptions and experiences of certain socially disvalued states, including, but not limited to disease. Modern medicine is concerned only with identifying and curing diseases. Traditional medicine, by contrast is concerned with managing illness which include diseases and psychological and spiritual condition of the person ^[19].

It is a well-known fact that. Traditional systems of medicines always played important roles in meeting the global health care needs. They are continuing to do so at present and shall play major role in future also ^[19].

Over one third of the population in developing countries lack access to essential medicines. The provision of safe and effective TM/CAM therapies could, thus become a critical tool to increase access to health care ^[2].

It is known that many countries in Africa, Asia and Latin America use TM to meet some of their primary health care needs. In Africa, up to 80% of the population uses TM for primary health care need ^[2].

A study conducted in a Caribbean Horticultural village shows that knowledge of traditional Medicine varies with age sex and educational level of the individuals. Years of Formal education are predicted to be inversely related to knowledge of traditional Medicine. Older individuals and women are predicted to have more familiar with traditional Medicine knowledge. Senior members of community tend to function as keepers of traditional knowledge ^[20].

Traditional Medicine has maintained its popularity in all regions of developing world and its use is rapidly spreading in the industrialized countries. In chine for example, traditional herbal preparations account for 30% - 50% of the total medicinal consumption. In Ghana, Mali, Nigeria and Zambia the first line of treatment for 60% children with high fever resulting from malaria is the use of herbal medicines at home. WHO estimates that in several

African countries traditional birth attendants assist in a majority of births? Traditional birth attendants deliver most of the babies born in Kenya up to 75% in some regions ^[1].

In Bangladesh in 1998 it was revealed that the practice of traditional medicine in this country has flourished tremendously in the recent years along with that of modern medicine. As a result, even at this age of highly advanced allopathic medicine, a large majority (75-80%) of the population of this country, particularly in the rural and semi-urban areas, still prefer to use traditional medicine in the treatment of most of their diseases even though modern medical facilities may be available in the neighborhood. However, the concept, practice, type and method of application of traditional medicine vary widely among the different ethnic groups living in different parts of the country according to their culture, living standard, economic status, religious belief and level of education ^[21].

According to interviews conducted in Chile, in 2009, Tori (2012) conducted 42 semi-structured and open-ended interviews with Mapuche patients, doctors, and nurses at Makewe Hospital to evaluate the hospital's intercultural health care model. The majority (60%) of patients used both the Mapuche and the biomedical systems, 30% used only biomedicine, and 10% sought care exclusively from Mapuche healers, suggesting that the hospital's intercultural emphasis was successfully promoting the use of biomedical care while still respecting Mapuche practices ^[22].

Many traditional healers consider their medical knowledge as personal property which they protect by keeping it secret. Only a few selected people are allowed to know their secret, for example an apprentice who has paid for his training or a relative who is destined to succeed the healer in the future. The secrecy may be medically legitimized; if the secrecy around a treatment is broken, the treatment loses its efficacy. The secrecy also has consequences for the healer-patient relationship. The patient knows nothing and must totally surrender to the healer. Paying for received treatment is a sign of respect and appreciation. If no reward is given, the patient runs the risk of falling sick again. Like the concept of secrecy, the payment contributes to the efficacy of the treatment ^[12].

From the study done in Nigeria contemporary community, it was observed that (44.7%) had knowledge of traditional medicine and what it entails. A total of 101 (33.7%) believed that every ailment has spiritual implications and that drugs alone are not adequate for therapy. Furthermore, the majority of the subjects considered traditional medicine unreliable when

used alone. They would, therefore, combine it with orthodox drugs for better efficacy. However, only 8.3% advocated the replacement of western medicine by traditional medicine [24].

Despite its existence and continued use over many countries, and its popularity and extensive use during the last decade, traditional medicine has not been officially recognized in most countries. Consequently, education, training and research in this area have not been accorded due attention and support. The quantity and quality as well as the safety and efficacy of data on traditional medicine are far from sufficient to meet the criteria needed to support its use worldwide. One of the reasons the lack of research data is due to health care policies [1].

It is impossible to pinpoint the birth of medicine in Ethiopia, but certainly the evolution of curative practices closely follows the path of the disease. Traditional medical practitioners mostly implement herbs, spiritual healing, bone setting, and minor surgical procedures in treating disease. Ethiopian traditional medicine is vastly complex and diverse and varies greatly among different ethnic groups. Most traditional practices in Ethiopia rely on an explanation of disease that draws on both the “Mystical” and “natural” causes of an illness and employ a holistic approach to treatment [25].

Traditional Medicine in Ethiopia is characterized by great variation and has been shaped by a host of ecological, socio cultural, and historical factors. First, variations in climate, elevation, topography and social type play a major role in the distribution of disease that TM is called up on to deal with. Second, the Ethiopian ethno medical system has been influenced by the multi ethnic character of the population and uniqueness of the individual socio cultural environments within which it developed. Third, the ethno medical heritage has been influenced also by historical developments related to prolonged immigrations from the southern Arabian Peninsula, the influence of Green culture, and the introduction of Christianity and Islam [14].

A Survey conducted in shirka district, Arsi Zone revealed that among Traditional health Practitioners interviewed 84% were completely willing to cooperate with Modern health care practitioners and supported integration of the two systems to improve health care coverage in the Country and 24% of them were used combination of TM and MM in their Life and no any problem encountered from it (26).

Despite Western medicine becoming more wide spread in Ethiopia, Ethiopians tend to rely more on traditional medicine ⁽²⁷⁾.

This may be due to the cultural acceptability of healers, the respect they have and their easy accessibility to clients. The healing process is often carried out in an atmosphere of mutual confidence and shared expectations. Compensation in traditional medicine is different from the payment system of official health services ⁽²⁸⁾.

Healers typically receive an initial payment in money (or in goods in rural areas) and then negotiate subsequent payments with the patient. In cases, where treatment is ineffective, the payment does not have to pay beyond the initial payment ^[28].

A cross sectional study conducted in Dembia district, northwestern Ethiopia revealed that a majority of modern health practitioners i.e. 60.9% believed in the importance of TM for maintaining sufficient healthcare service to the community. Among the practitioners, 18 (78.3%) encountered patients who came soon after visiting traditional healers for their present complaint. Almost all the MHPs 22 (95.7%) agreed to government support for THPs and the importance of scientific research into TM, for its promotion and development. They also sought different solutions they believed would bring about a change in the improvement of the practice. It might come as a surprise that another 8% of the responses suggested that traditional medical practices be totally stopped ⁽²⁷⁾. Half of the healers 10 (52.6%) responded to have collaboration with other traditional practitioners. Thirteen (68.4%) of them expressed their willingness to convey their knowledge, whereas, five (26.3%) preferred not to talk about their healing power, and one healer gave no opinion ⁽²⁹⁾.

Moreover, conventional Medical services remain concentrated in urban areas and have failed to keep pace with the growing population, keeping health care access out of reach for most Ethiopians living in Ethiopia. Because traditional medicine is culturally entrenched, accessible and affordable. Up to 80% of the Ethiopian population relies on traditional medicine remedies as a primary source of health care ^[30].

In 1986, Over 6000 practitioners of traditional medicine were registered with the Ethiopian Ministry of health ^[1].

In a study conducted in Addis Ababa to determine the utilization of traditional medicine among hospitals patients shows that 47.4% of patients prefer TM because of easily

accessibility, 53.5% of attribute to greater efficacy, 8.8% because of lower cost and 5.8% due to decisions by parents and failure of Modern treatment. This study shows that Illness such as Mitch, din lama and kosso were diagnosed and treated by the family Members of neighbors. Ye wefbashita (jaundice) was initially treated by traditionally and Uvulectomy and hemorrhoids were treated almost exclusively by the traditional practitioners ^[31].

Ethiopian people's reliance on traditional medicine is also reflected by the fact that Ethiopian Migrants in developed countries continue using them. For example, a number of herbs, traditional medical devices and traditional practitioners are available in the UK ^[27].

It is imperative that health care providers are aware of traditional medicines that their patients may be using. Unusual changes in a patient state of health or reaction to a prescribed medication may be explained by the concurrent use of traditional medicine. Health care providers should closely observe their patients and be conscious of adverse herb-drug interactions. Talking to patients about traditional therapies is crucial and should be done in a nonjudgmental manner to encourage the patient to feel comfortable in sharing this information with their health care provider. Asking the right questions in multiple ways may be useful in clarifying whether the patient is using traditional medicine for an illness that is related or unrelated to the health concern that brought them to the hospital or clinic ^[8].

Ethiopian patients who use TM and do not inform their health care providers may do this for several reasons. They may be self-treating an unrelated illness and do not think that it is significant. For instance, a wide spread Ethiopian remedies for the common cold involves the consumption of large quantities of garlic and ginger which has potential to interact with anti-coagulant, hypoglycemic and cholesterol lowering medications.

patients may feel that they will be judged by their physicians if they disclose their use of TM^[8] cultural differences in understanding and treating symptoms of illnesses may contribute to patients feeling misunderstood by their health care providers and design more likely to seek satisfactory treatment in the form of traditional medicine ^[32].

The main body of Ethiopian TM is based on the use of ethno botany some of the ailments that are ordinarily treated with medicinal plants include abscess, arthritis, ascariasis, burns, colds, colic, constipation, diabetes, dysentery, eclapsia, gastritis, gonorrhoea, heart burn,

headache, hemorrhoids, hepatitis, herpes simplex, kwashiorkor, leprosy, malaria, measles, rabies, rheumatism, scabies, syphilis, schistosomeiasis, toothache^[14].

Many herbal substances that are used in Ethiopian traditional medicine are also used as ingredients and spices in Ethiopia food. consumption of these herbs and spices as part normal diet is not likely to cause adverse herb - drug interaction because they are consumed in relatively small quantities. However when these herbs and spiced are utilized for medicinal purposes there may be an increased likelihood of adverse interaction with conventional medicines. There are several classes of medication that are at a higher risk for adverse herb-drug interaction including anti—arrhythmic, anti-seizure, anti –diabetic and anti-coagulant medication. Health care providers are particularly attuned to this interaction because these drugs are typically monitored with serum levels and serum markers. e.g.warfarin, digoxin the risk is increased because of the chemical composition of these medicines and because they treat some of the most common illnesses in the Ethiopian population^[18].

In many countries notably Ethiopia spices are used specifically for their medicinal value and are consumed in quantities far exceeding how they would be used as a normal food additive, not just in terms of volume but in frequency of dosing^[8].

In spite of the promulgation of the necessary policies little has been done in recent decades to enhance and develop the beneficial aspects of traditional medicine including related research and its gradual integration into modern medicine^[5].

CHAPTER THREE

Objectives

3.1 General Objective

To assess the knowledge, attitude, practice and management of traditional medicine in shopa bultum kebele, Arsi Negelle woreda, west Arsi zone, Oromia, Ethiopia.

3.2 Specific objectives

- To assess the knowledge of the community regarding traditional medicine
- To determine the attitude of the community towards traditional medicine
- To assess the practice of traditional medicine among the community of shopa bultum kebele.
- To identify the most commonly used traditional medical practices and remedies for the management of illness in the community

CHAPTER FOUR

Methodology

4.1 Study area and period

The study was conducted in shopa bultum kebele located in Arsi Negelle woreda, west Arsi Zone, 27 Kms away from Arsi Negelle town.

4.2 populations

4.2.1 Source population

All residents of shopa bultum

4.2.2 Study population

All individuals selected for the study.

4.2.3 Study unit

Sampled individuals from the community who were interviewed.

4.3 Study Design

Descriptive cross-sectional study design.

4.4 Sampling technique

Systematic random sampling technique was used. Every 5th house in the community was interviewed.

4.5 Variables

Independent variables:

Age

Sex

Marital status

Religion

Educational status

Occupation

In Come

Dependent variables

level of knowledge on TM

Attitude towards TM

practice of TM

management of TM

4.6 Data Collection

Data was collected by 3 persons, interviewing the individuals, using both closed and open ended questionnaires

4.7 Data quality Control

Data collectors were briefed on the objective and relevance of the study. On terms and how to collect the data. The collected data was first being cleaned and checked for completeness.

4.8 Data analysis and interpretation

Analysis was manually. Statistical significance of association was tested using chi-square Results was analyzed, interpreted and presented in writing, tabulation and figurative presentations. Comparison with other studies was done and results were discussed.

4.9 Ethical Issues

Letter of permission was written from Jimma University pharmacy department to the chairman of shopa bultum kebele community and explanation about the objectives and use of the study was given to the community

- Informed consent was taken from each person after explaining the purpose of the study.
- Respondents were assured for the confidentiality of their responses. The interviewers were advised to be as polite as possible and respect the response of the person what so ever it was.

4.10. Dissemination of the study

After the data changed in to valuable information a formal report was made then, the copy of the study finding was given to the school of pharmacy student research program and the concerned bodies.

The research was helping the responsible bodies to take appropriate measures according to the finding of the study.

4.11 Operational definitions

Traditional Medicine is the sum total of all knowledge and practice used in diagnosing, or eliminating of physical, mental or social diseases which may rely exclusively on post experience and observation handed down from generation to generation verbally or in writing.

Traditional healer is a person who is recognized by the community in which he she lives as competent to provide health care by using vegetables, animal and mineral substance and certain other methods.

Modern medicine a system of health care services where modern surgery and manufactured drugs are used to treat diseases diagnosed by different techniques of investigation.

Complementary and alternative medicine (CAM)

A group of diverse medical and health care systems practices and products that are not presently considered to be the part of conventional medicine

Primary health care-essential health care based on practical, scientifically sound and socially acceptable method and technology universally accessible to all in the community through their full participation at an affordable cost and guard toward self-reliance and self-determination.

Illiterate- those who can't read and write.

Criteria Value on knowledge and practice of TM

Medical Herbalism

Spiritual/faith healing

Bone setting

Tooth extraction

Traditional Birth attendants (TBA)

Cauterization

Massaging

Cupping

Uvulectomy

Animal products /minerals

Poor knowledge- is value as if the respondent(s) knew not more than three (3) out of the above 10 or any other types of traditional medicine

Fair knowledge –is if the respondent(s) knew (4-5) different types of traditional Medicine listed above or any other.

Good knowledge-termed as if the respondent (s) knew more than 6 different types of traditional medicine in the community.

Criteria Value on practice of TM.

1. **Poor practice:** If the respondent(s) were not practice any type of traditional Medicine at all.

2. **Good practice:** If the respondent(s) were practicing (1-4) different types of TM Either from the above types of TM or any other forms of TM.

3. **Very good practice:** If the respondents were practicing (5-6) different types of TM.

4. **Excellent practice:** If the respondent(s) were practicing greater or equal to 7 different types of TM.

Criteria Value on attitudes

-Agree

-Disagree

CHAPTER FIVE

Results

Socio demographic Distribution of respondents

A total of 151 respondents were interviewed .Among these 86(56.95) were female and 65(43.05) were males. The age of respondents 15-19(10), 20-29(46).30-39(47), 40-59 (31) and >60(17) .Most of respondents were Oromo (98.01%) and Muslims (68.21%) Most of the respondents were range Grade 1-6(24.50%) and Illiterate (22.52%) in their educational status level. (Table1)

Table 1: Socio-demographic distribution of respondents around shopa bultum, west Arsi zone south East Ethiopia. 2013

Variable	Attributes	Total number of individuals who interviewed	Percentage (%0
Age			
	15-19	10	6.62
	20-29	46	30.46
	30-39	47	31.13
	40-59	31	20.53
	>60	17	11.26
Sex	Female	86	56.95
	Male	65	43.5
Ethnicity	Oromo	148	98.01
	Amhara	3	1.99
Religion	Muslim	103	68.21
	Protestant	19	12.58
	Orthodox	16	10.60
	Adventist	13	8.61
Marital status	Married	123	81.46
	Single	21	13.91
	Widowed	5	3.31

	Divorced	2	1.32
Level of education	Illiterate	34	22.52
	Reade &write	19	12.58
	Grade1-6	37	24.50
	“ 7-8	24	15.89
	“ 9-12	26	17.22
	“ >12	11	7.29
Occupation	Farmer	74	49.01
	House wife	41	27.15
	Student	26	17.22
	Government Employer	10	6.62
Average monthly in come	<100	52	34.44
	101-200	46	30.44
	201-300	26	17.22
	301-400	5	3.31
	401-500	5	3.31
	>500	17	11.26

The result of the study has shown that all respondents were known that the existence of traditional system (100%) and all of them had promotional information on TM practice only from informal sources (family member and friends (100%). The common types of traditional medicine that were known by the respondents were medical herbalism (99.34%), spiritual/Faith healing (86.76%) Tooth extraction(47.02%), cauterization (41.06%),TBA(40.40%) bone setting(35.10%) and others were 1.33%.Most of the respondents where knew harmful effects of TM(75.50%) more than half of the respondents were knowing that Diarrhea and vomiting (63.58% and 62.25%) the most harmful effect of using TM.

Table 2: knowledge of respondents on Traditional Medicine in shopa bultum in 2013.

Variable	Attributes	Number	Percentage
A ware of any there way of getting treatment apart from the hospital	Yes	151	100
	No	0	0
Forms of therapy aware of	Medical herbalism	150	99.34
	Spiritual/faith healing	131	86.76
	Tooth extraction	71	47.02
	Cauterization	62	35.10
	TBA	61	33.78
	Others	53	29.12
Had promotional information on traditional medicine	Yes	51	100
	No	44	0
Source information	In formal	151	100
	Formal	0	0
Aware of harmful effect of TM	Yes	151	75.50
	No	0	24.50
Reported harmful effects	Diarrhea	114	63.58
	Vomiting	37	62.25
	Abdominal pain	96	44.37
	Skin reaction	94	14.57
	Others	67	49.01

The study has shown that 55(36.42%) of respondents were under the category of fair knowledge, 50(33.11%) good knowledge and 46(30.46%) were poor in knowledge.

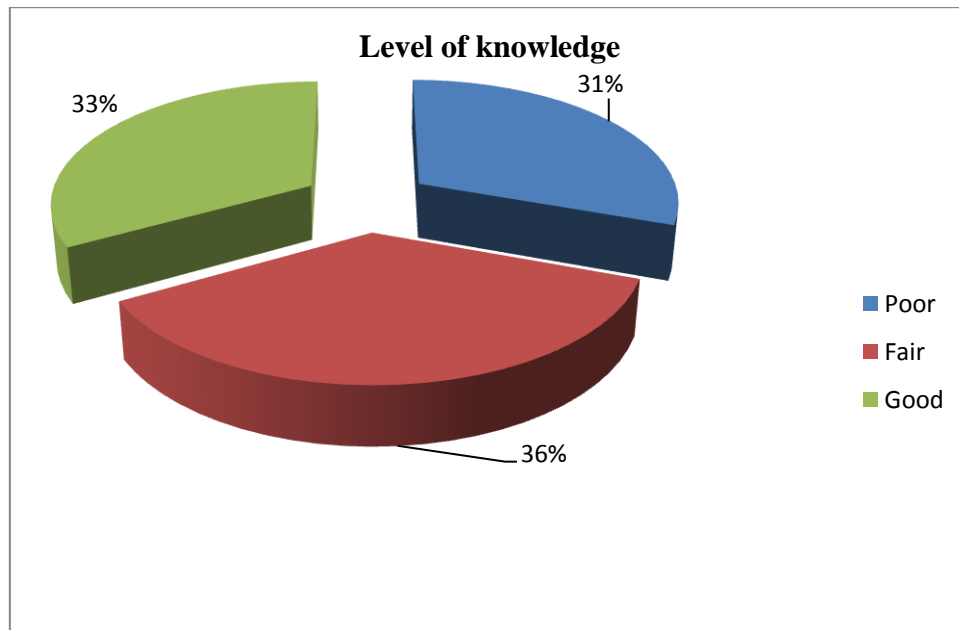


Figure 1: The overall measured the level of knowledge of the respondents under the study according to the criteria value of knowledge preset

From the table below good knowledge is higher along with elder age and lower educational level. In addition to this the percentage of male roughly increases from poor to good knowledge whereas that of the females decreases (table 3).

Table 3: Association between level knowledge of respondents (155) observed in relation to their age, sex and Educational status among the respondents of shopa bultum kebele, February, 2013

Age sex educational status		Level of knowledge			Association
		Poor	fair	Good	
Age	15-19	9	1	0	$X^2=$ Df=6 P=0 (p<0.001)
	20-29	37	9	0	
	30-39	0	45	2	
	>40	0	0	48	
Sex	Male	15	22	28	$X^2=$ Df=2 P= 0.019
	Female	37	27	22	
Educational status	Illiterate	0	7	27	$X^2=$ Df=10 P=
	Read & write	1	9	9	
	Grade 1-6	9	23	5	
	Grade 7-8	15	5	4	
	Grade 9-12	16	7	3	
	>12	5	4	2	

Table 4: Attitude towards Traditional medicine among the respondents of shopa bultum kebele, February, 2013

The study illustrates that the majority of the respondents 101 (66.89%) were selecting both TM and MM for curing illness, 32(21.19%) choosing MM alone and 18(11.92%) selects TM alone to cure illness. (Table4)

Rate curing illness better	Number	Percent
Traditional Medicine alone	18	11.92
Modern Medicine alone	32	21.92
Both TM and MM	101	66.89

The study shows that from the total of 151 respondents 120(79.47 %) respondents believe that TMP can cure diseases better than modern Doctors.

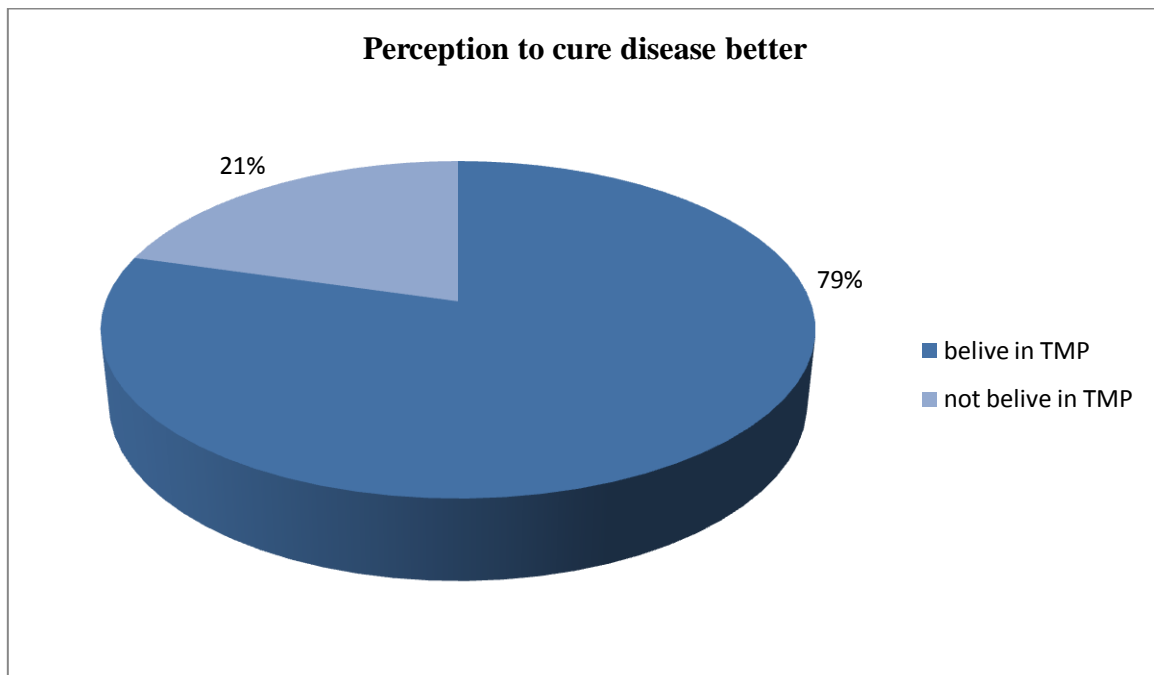


Figure 2: The opinion of the respondents of shopa bultum to cure diseases better in February, 2013.

Table 5: Diseases cured by TMP rather by modern doctors as per perception of respondents of shopa bultum in February, 2013.

Diseases that cured by TMP	Frequency	Percent
Hemorrhoid	120	79.47
Jaundice	100	66.25
Rabies	28	18.54
Others	15	9.93
-disease that TMP fail to are		
TB	31	20.53
DM	19	12.58
Others	16	10.60

The results of the study shows that Hemorrhoids 120(79.47%), Jaundice (115) 58.15% and rabies 25(18.54%) TMP where filed to treated by long by were among common illness bettering treated by TMP better (Table 5).

The following figure shows that more than two third of the respondents 108(71.52%) prefer TMP to visit first whenever they sick.

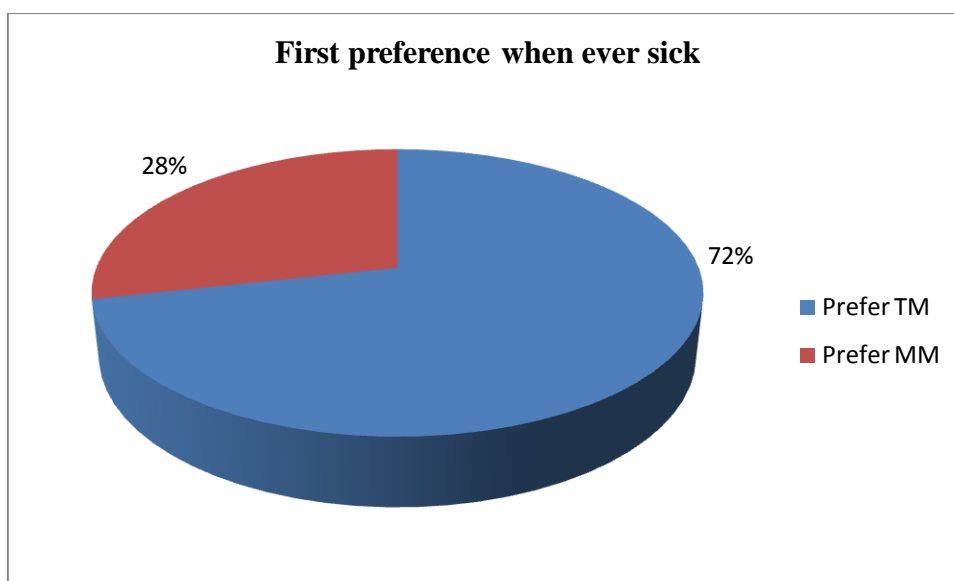


Figure 3: The first preferences to Visit whenever sick of acute or chronic illness among respondents of shopa bultum in February, 2013.

The table below shows that the majority of the respondents prefer TM to MM due to affordability, accessibility, acceptability and efficacy (71.52% and 50.99%) respectively (table.6)

Table 6:- Reasons for preferences of TM to MM among respondents of shopa bultum in February, 2013.

Reason	Frequency	Percent(%)
Affordability	108	71.52
Accessibility	108	71.52
Acceptability	108	71.52
Effective	77	50.99
Delay in hospital	41	28.46

Only (8%)-need replacement of TM by MM The result of the study shows that almost all of the respondents had positive attitudes towards integration of TM and MM 139(92%).

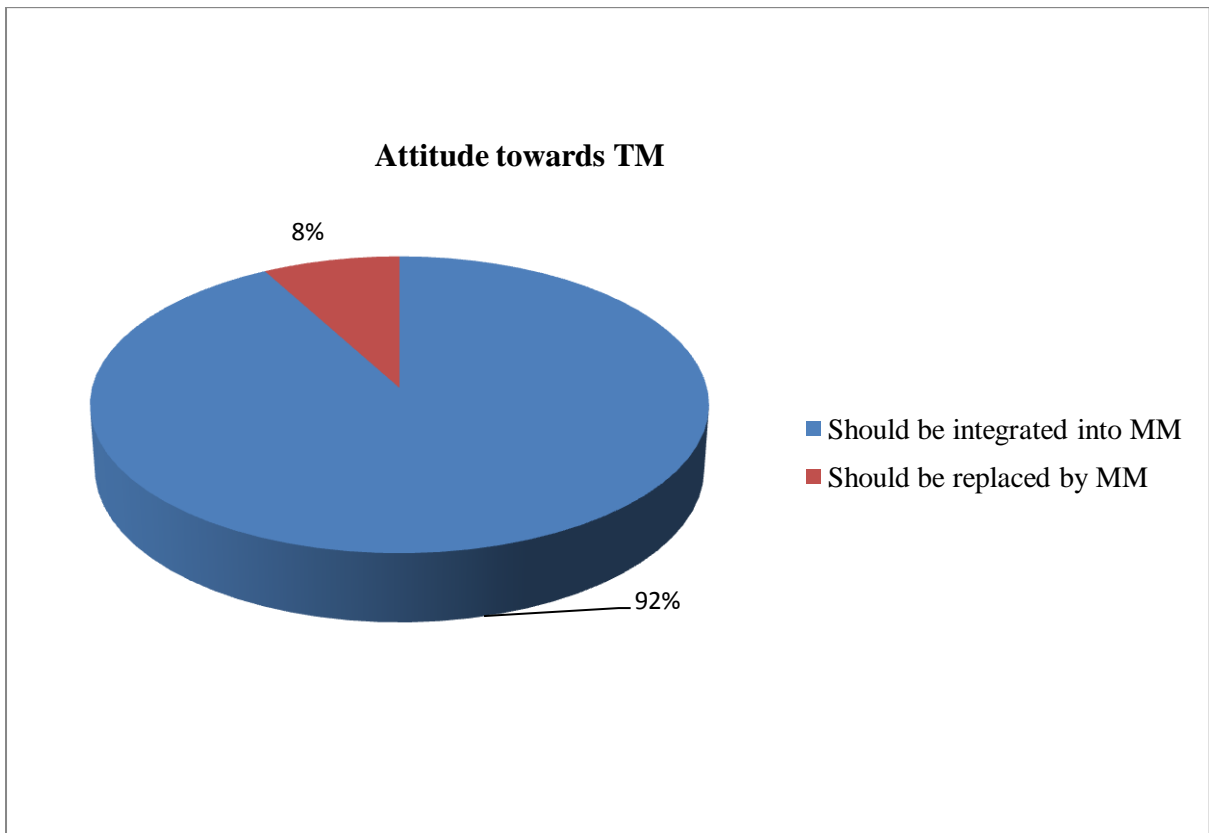


Figure 4:-Attitude of respondents of shopa bultum towards integration of TM and MM in February, 2013.

The study shows that more than three fourth of the respondents practices traditional Medicine in the Last 2-years 120(79.47%) practices And traditional medical practices were Most commonly given to the children 92(60.93%). and only a few respondents use combination of TM with MM in their Life time 10(6.6%) and also more than half of the respondents advice sick person first to for TMP 96(63.58%) whereas (36.42%) did not advice to visit TMP first(table.7).

Table 7: Practice of Traditional Medicine by the respondents of shopa bultum in February, 2013.

Variable	Attributes	Number	Percent
Used TM in the last 2 years	Yes	120	79.47
	No	31	20,53
TM mostly given for	Children	92	60.93
	Elder	50	33.11
	Pregnant women	8	5.30
	Adult	5	3.32
Combines TM and MM in their life time	Yes	10	6.62
	No	141	93.38
Can advise a sick person to first go for traditional medical there pay	Yes	96	63.58
	No	55	36.42

The result of the study shows that the majority of respondents 110(72..85%) manage their acute/chronic illness by both self-medication and visiting TMP river, Ascasis malaria, cough and diarrhea(76.82%74.17%70.20%74.83%and 56.95%) the most commonly managed illness respectively Medical herbalism was the most commonly used type of TM (79.47%) and followed by spiritual /faith healing (70.86%), 35.76% of the respondents select time to collect herbal medicine, 64.90% of the respondents seeks kalicha in the last two years.(Table8)

Table 8: Management of Traditional Medicine among respondents of shopa bultum, February 2013.

Variable	Attributes	Frequency	Percent (%)
How to manage acute(chronic illness	Self –medication with traditional medical practice only	5	3.31
	Visiting TMP only	5	3.31
	Both	120	72.85
	Fever	116	76.82
	Cough	113	74.83
Type of Illness TM used for	Ascariasis	112	74.17
	Malaria	106	70.20
	Diarrhea	86	56.95
	Others	28	18.54
Type of TM used	Medical herbs	120	79.47
	Spiritual faith healing	107	70.86
	Bone setting	42	27.82
	Animal product /minerals	35	23.18
	Others	26	17.22
Select time to collect and use herbal medicine	Yes	54	35.76
	No	66	43.71
Reasons to seek select time to collect and use herbal Medicines	Income purpose only	26	17.22
	Psychological purpose only	1	0.66
	Both	27	17.88
Type of spiritual healer in the community(faith)	Kalicha	98	64.90
	Debtera	78	51.66
Type of illness managed by spiritual healer in the community	Evil eye	105	69.54
	Golfa	33	21.85

The results of the study has shown that most of respondents store their prepared drugs in pieces of cloth 117(77.48%), Bottles 109(72.18%) and the paper 25(16.56%), leaves 23(15.23%).

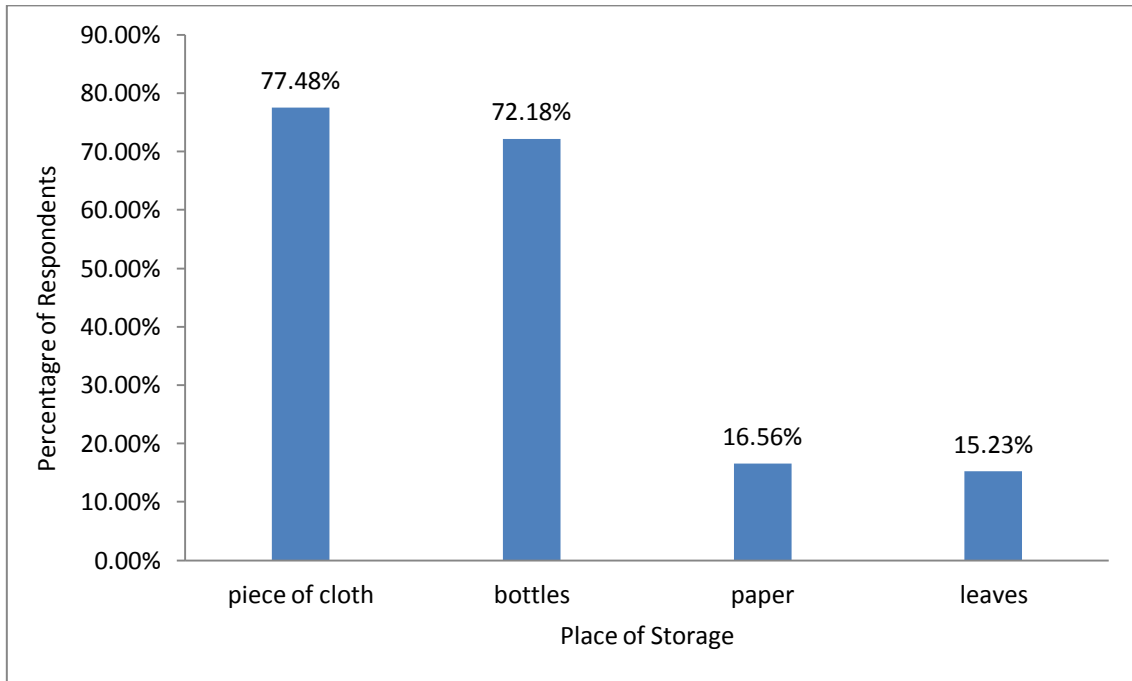


Figure 5: The storage places of prepared traditional Medical drugs among respondents of shopa bultum, February 2013.

In the community there were more than 80 different plants used as single preparation, some of them listed below with their preparation method (table 9) and some of the medicinal plants used in combination of different parts of the plant (table 10).and also different animal products used in the community (table11).

Table 9: Medicinal plants used in single preparation to treat human and livestock animals around shopa bultum, 2013.

s. no.	Local name of plant	Scientific name of the plant	Part of the plant used	Illness to which the plant used for	Preparation method	Route of administration
1.	Appilii (0)	<i>Malus sylvestins</i>	Fruit	-TB,Cold,Ulcer,cough ,Hemorrhoids, eye disorder, expel poisons-Substances from the blood,HF	Eating the fruit	Oral
2	Heto(0)	<i>Hagenia abyssinica</i>	Flower	Ascariasis	Dried flower is powdered, mixed with milk and drink in the morning	Oral Oral
3	Mokkonnii sa(0)	<i>Croton macrostachyus</i>	Leaf	- Hagenia abyssinica Resistant Ascariasis	Fresh leaves pounded and squeezed, Juice is drunk	Oral
				-rabies	Fresh leaves are squeezed Juice is drunk	Oral
				Scabies	Fresh leaves are squeezed Juice is applied on skin	Oral
			Bark	Male organ infection	Peeled the bark, pound the inner part, keep until 2 day ,mix with Hexo,and drunk	Oral
				bloating of animal stomach	The bark is peeled,pounded and juice is given.	Oral
				-TB	The bark is peeled; powdered and dried then juice is drunk.	Oral
			Route	Tooth ache	The route is pounded and kept between teeth.	Sublingual

s.no	Local name of plant	Scientific name of plant	Part of plant used	Illnesses to which plant used for	Preparation method	Route of admi of
4	Chironta (0)	<i>Brucea anti dysenterica</i>	Flower	Tooth ache	Keeps fresh flowers with in the teeth	Sublingual
				Kwasherkoir	Fresh leaves are pounded, Juice is drunk	Oral
				Skin disease(scabies)	The flower is pounded, juice is applied on	Topical
				Anemia	Fresh leaves are pounded, Juice is drunk	Oral
			Civil eye	The flower is pounded boiled and fumigated.	Nasal	
			Leaf	Snake bite	The leaves are pounded; Juice is drunk or applied on area.	Oral or topical
5	Damakase(0)	<i>Ocimum bamic folium</i>	Leaf	Mitch	Fresh leaves are pounded, Juice is drunk.	Oral

6	Hargisa(o)	Aloe Sp	Leaf	Malaria	Fresh leaves are squeezed in a cup , salt is added, its juice is drunk	O
				Ear disease	The leaves are squeezed juice is dropped in to ear	Ear
				Diarrhea	Fresh leaves are squeezed in a cup , salt is added, its juice is drunk	O
				Trachoma	Fresh leaves are squeezed and juice is dropped ocular	eye
7	Handode(0)	Phytolacca dodecondro	Leaf	Male organ infection	Fresh Leaves are pounded and dissolved in water and taken after taking some butter.	oral
				Rabies	The fresh leaves are pounded, small amount of its juice is drunk	oral
8	Fiti (0)	Climatic SP	Leaf	Skin diseases of domestic animals	Leaves are grinded and bandaged on affected area of skin	T
			Route	Toothache	Chewing the fresh route and holds in the mouth	S

9	Kulubi adi (0)	Allium sativum	Bulb	common cold	Holding the bulb in the nose	N
				Malaria	Eating the bulb	O
			Leaf	Mitch	Boiled with tea and drunk five	O
			flower	Wound	Five bulbs are grinded. And bandages on wounds	T
				Hemorrhoid	Pounded bulb .boiled with tea and drunk	O
10	Banji (0)		Leaf	Rabies	Fresh leaves are pounded and added in water and its solution is drunk	O
			Fruit	Pheripheral Edema	the leave are grinded .juice is bandaged on area	T
				Skin disease(scabies)	fresh flowers are pounded ,mixed with butter, and applied on in sun light	T
				Tooth ache	The fresh flowers are boiled and fumigated	N

11.	Basobila (A)	Sweet basil ocimum basillcum	Leaf	Uses as spices	Uses as spices	Oral
					The leaves are boiled with butter and fumigated	nasal
12	Lomi (0)	Citrus Limon	Fruit	Scabies	Fresh fruit is squeezed and juke is applied on skin	topical
				-prevent vomiting, Headache	The fruit is fumigated	nasal
					The fruit is squeezed. juice is drunk	Oral
13	Hadami (0)	Euphorbia abyssinca	Leaf	Male organ infection	The fresh leaves are squeezed and its juice is drunk.	Oral
			Bark	Hemorrhoids, Skin diseases Domestic animal	The leaves(bark) are pounded, juice is applied on	T
14	Mukkure (0)	Tekethila	Leaf	Strengthen the body	The leaves are squeezed, juice is drunk.	Oral
				Kwashiorkor	The fresh leaves are pounded boiled added butter juice is used to wash the children's bodies	T
15	Wodesa (0)	Cordial Africana	Leaf	Male organ infection	The fresh leaves are pounded and Juice is drunk	O
16	Komana(0)	Haplosciadium Abyssinia	Leaf	Stomach disorder	The fresh leaves are pounded and Juice is drunk	O
				Prevent menstrual bleeding	The fresh leaves are pounded and Juice is drunk	O
17	Hadhesa(0)		Leaf	Abdominal bloating of domestic animal	The fresh leaves are pounded and Juice is drunk	O
18	Oromo (0)	Salianium SP	Leaf	Wound	The fresh leaves are pounded and Juice is applied on wound	T
				Prevent bleeding	The fresh leaves are pounded and Juice is	T

					applied on bleeding area	
19	Ajessa (0)		Leaf	Kwashiorkor	The fresh leaves are pounded and Juice is drunk	O
20	Absudaa(0)	Black cumin (Nigella sativa)	Fruit	Intestinal parasite	Dry fruit is pounded and taken with butter	O
				Asthma	The fruit is powdered, mixed with honey and drunk	O
21	Kara(0)	Erythrina abyssinia	fruit	Abdominal pain	The fresh fruits are pounded and ate or decoction is made	O
				Malaria	The fresh fruits are pounded and ate or decoction is made	O
22	Barbare(0)	Capsicum abyssinicum	Fruit	Abdominal pain	Dried fruit is pounded, mixed with salt and sugar and its solution is drunk	O
23	Ebicha (0)	Verhonia amygdalina	Leaf	Diarrhea	The fresh leaves are pounded and Juice is drunk	O
24	Ara (0)		leaf	Cancer	Fresh leaves are pounded ,bandaged on area or dissolved in water and drunk	O
25	Ananno(0)		Leaf	Hemorrhoid	The fresh Leaves are squeezed Juice is drunk	O
			Bark	Skin diseases	The fresh barks are pounded, and squeezed, Juice is applied on	T
26	Sariti(0)	Asparagus racemosus	rout	Male organ infection	Routs are pounded boiled and decoction is made	O
				Abdominal pain	Fresh rout, pounded, dissolved in small water, juice is drunk	O

27	Diddissa (0)		Leaf	Snake bite	The fresh, Leaves are pounded and bandaged to affected area	T
28	Guna		Leaf	Scabies	The leaves are boiled, and bandaged on skin	T
				Wound	The leaves are pounded and bandaged to affected area	T
				Tooth ache	Fresh Leaves are kept within the mouth	S
29	Dambi(0)	Cadaba farinose	Bark	Male organ infection	The bark are peeled, cooked its inner part and juice is drunk	O
30	Dado(0)		Leaf	Malaria	The fresh Leaves are pounded and squeezed Juice is drunk	O
31	Hobe-mada(0)		Leaf	Tooth ache	The Leaves crushed and its juice is kept in Mouth	S
32	Kinizaf(A)		Leaf	Diarrhea	Fresh leaves are pounded dissolved in a cup of water and drunk	O
33	Shabe (0)	Kumex hepalensis	Route	Skin disease	Fresh routes are pounded and bandaged on skin	T
34	Hirkamu (0)		bark	Diarrhea of animal	The bark peeled .pounded and boiled (cooked) and juice, is given	O
35	Korakka(0)	Bersama abyssinica	Flower	Skin disease	Fresh lowers pounded, boiled and applied on skin	T

36	Timatima (0)	Lysopersiconesculentum	Fruit	-cancer -prevent bad smell -strengthening of the stomach	The fresh fruit washed and ate without cooking	O
37	Muzi (A)	Musa sapientum	Fruit	-improves appetite -prevent renal wounded -damage	Eating the fruit	O
38	Garbuu(0)	Hordeum SP	seed	Diarrhea	In the form of basso	O
39	Boba hare(0)		Flower	Skin disease	The flower pounded mixed with butter then applied on skin	T
40	Abayyi(0)	Myrica salicifalia	Flower	Scabies	The dried flower is powdered and mixed with butter then applied on skin	T
41	Cekata (0)	Calpurnia aurea	Leaf	Ear discharge	Fresh leaves are pounded. mixed with butter. Juice is taken	ear
				Itching	Fresh Leaves are pounded and squeezed and its juice is applied on body	Topical
				Skin diseases	Fresh leaves are pounded. mixed with butter, applied on skin	Topical
42	Charota(0)	Ruta chalapensis	Leaf	Evil eye	Fresh leaves are boiled mixed with butter, fumigated	N

43	Dhummuga (0)	Justicia schimperia no	Leaf	Skin diseases	Fresh leaves are boiled, juice applied on skin	T
44	Fayo (0)	Melia Azedarach	Leaf	Hypertension	The Leaves are pounded and juice is drunk	O
				Diarrhea of human	The Leaves are pounded and juice is drunk	O
			Bark	Prevent irregularity of menstrual cycle	The bark is chewed ,and used as a brush	S
45	Ganjibelo(0)	Zingiber Officinale	Rhizome	Cough	Boiled with tea and drunk	O
				Constipation, CLD, In potency	Rhizomes pounded. boiled and Decoction is made	O
46	Kobbo (0)	Ricinus Commenis	Seed	Headache	The seed powdered, cooked with oil	O
				Expel placenta after delivery	The seed powdered, cooked with oil and taken	O
47	Bargamo adi(0)	Eucalyptus globules	Leaf	Burning urine, Headache	The fresh in Leaves are pounded ,boiled and decoction is made	O
48	Kararu(0)	Amionguria altussima	Leaf	Scabies	The fresh leaves are pounded juice is applied on skin	T
49	Maxxanne (0)	Achyranthes,aspera	Route	Small tongue disorder	Fresh routes are pounded and squeezed and its juice is drunk	O
50	Sunfa (O)	Garden cress lepidium sativum	Seed	Skin diseases	Seed is powdered, and applied on skin ,	T
				Abdominal pain, cough, Mitch	The seed is boiled Juice is drunk	O

51	Tsigereda (A)		Leaf	Clean the stomach	The leaves are pounded, powdered mix with honey & drunk	O
				Bloating of abdomen	The Leaves are pounded ,boa lot and juice is drunk	
52	Shuko(O)	Fenugreek Trigonella foenum-graecum	Seed	Stimulate Uterus	The seed is powdered, boiled and sat on	T
				Expel placenta	The seed is powdered, boiled and juice is drunk	O
53	Bursa (O)	Echinops kebericho	Route	Flank pain, back pain, kidney disease	The routs are pounded ,Boiled and juice is taken	O
54	Talba (O)	Linum usitatissimum	Seed	TB swell, Liver diseases, spleen diseases	The seed are powdered, Boiled and Decoction is made	O
55	Rafu (o)		Leaf	Hemorrhoids Constipation	Cooks and eat or Decoction is made	O

(Hint O=oral, T=topical, S=sublingual, N=nasal)

Table 10:Herbal medication with two different plant part prescription used treat human ailments around shopa **bultum community, west Arsi zone**, south east Ethiopia, 2013

S.No	Local name of plants (Afan Oromo)	Scientific name of the plants	Part of plants used	Illness to which the plants used for	Preparation method	Route of administration
1.	Chekata Fiti	Calpurnia aerea Clematis sp	Leaf route	Animal lice	Fresh leaves and routs are pounded, mixed with little butter and applied on affected skin	Topical
2	Dhumuga Hindheessa Garamba	Justicia schimperia	Leaf Leaf leaf	Jaundice	The leaves are pounded and juices drunk	Oral
3	Chironta Balbaletti	Brucea antidysenterica	Route Route	Cancer	The fresh routs are pounded and juices drunk	Oral
4	Gorxa Hexo sukke or marachisa	Calsalipinia decapetala Hagenia Abyssinica	Route Flower Bark or route	Aba sanga	Fresh routs, flower and bark or routs are pounded together and Juice is drunk	Oral
5	Handode chironta mokonnisa	Phytolaccadodecandro ,Brucea anti dysenterica croton macrostachyus	Leaf Leaf Leaf	Rabies	The leaves are pounded together, and its juice, is drunk	Oral
6	Charota Ganjibelo kulubi adii	Ruta chalapensis zingiber officinale Allium sativum	Leaf Bark bulb	Cough	Boiled together and juice is taken	Oral
7	Marachisa Banjii	-	Leaf leaf	Rabies	The fresh leaves are pounded together juice is drunk	Oral

Table 11: Animal products or minerals used treat human ailments around the community of shopa bultum, west Arsi zone, southeast Ethiopia, 2013.

S. No	Animal	Product	Use	Preparation method	Route of administration
1	Tiger	Meat	skin diseases hemorrhoids, Evil eye	Cooks and decoction is made	Oral
		Mora	Kwashiorkor	Cooks and decoction is made	Oral
2	Pig	Meat	Kwashiorkor	Cooks and decoction is made or eating cooked meat	Oral
			Evil eye	Boiled, mix with butter and decoction is made	Oral
3	Hodge	Meat	Kwashiorkor Asthma	Cooks and decoction is made	Oral
4	fish	Meat	Giardia, Colds	cooked and ate	Oral
5	Bee, cow	Honey, Butter	Malaria, Colds	Honey and butter boiled, decoction is made	Oral
6	Fox	Meat	Rabies	The meat is burnt and fumigated	Nasal
7	goat	Bile	Malaria	The freshy bile is taken and drunk	Oral
8	Cow	Butter	Nose bleeding -Ear discharge	The butter is boiled, administered	Nasal Ear
9	Columbus monkey	Bone marrow	Skin diseases	The bone is broken and its marrow is taken, then applied	oral
10	Sheep Bee	Tail meat Honey butter	Asthma	Tail meat Honey butter boiled to there and decoction is	oral
11	Tortoise	Meat/bone	Horse which can't urinate	Attach meat/bone on the neck	Topical

Table 12:—chi-square (cross- tabulating) of Traditional medicine practice by the community in relation to age ,sex Educational status and Income of the respondents in shopa bultum, February 20113

Age, sex,educational status, monthly income	Practice of Traditional Medicine						p-value df routs results
	Yes	%	No	%	Total	%	
Age							$\chi^2=13.3$
15-19	4	2.65	6	3.97	10	6.62	df=4 p=0.001
20-29	35	23.18	11	7.28	46	30.46	
30-39	38	25.17	9	5.96	47	31.13	
40-59	27	17.88	4	2.65	31	20.53	
>60	16	10.60	1	0.66	17	11.26	
Total	120	79.47	31	20.53	151	100	
Sex							$X^2=1.17$
Male	49	32.45	16	10.60	65	43.05	Df=1 P=0.28
Female	71	47.02	15	9.93	86	56.95	
Total	120	79.47	31	20.53	151	100	
Educational status							$X^2=12.3$
Illiterate	31	20.53	3	1.99	34	22.52	Df=5 P=0.031
Read& write	16	10.60	3	1.99	19	12.58	
1-6	31	20.53	6	3.97	37	24.50	
“7-8	18	11.92	6	3.97	24	15.89	
“9-12	19	12.58	7	4.64	26	17.22	

">12	5	3.31	6	3.97	11	7.28	
Total	120	79.47	31	20.53	151	100	
Monthly Income							$X^2=6.75$ df=5 p=0.240
<100	44	29.14	8	5.30	52	34.44	
101-200	38	25.17	8	5.30	46	30.46	
201-300	21	13.91	5	3.31	26	17.22	
301-400	4	2.65	1	0.66	5	3.31	
401-500	3	1.99	2	1.33	5	3.31	
>500	10	6.62	7	4.64	17	11.26	
Total	120	79.47	31	20.53	151	100	

As shown in the above there is significant association between age and practices of TM(p=0.001) and also there is association between educational status and practices of TM(p=0.031).

CHAPTER SIX

Discussion

The result of this study revealed that over all knowledge of TM in the community is 69.53%. However, this result is in consistent with the finding obtained from Nigerian Contemporary community which is 44.7% had a knowledge of TM and what it entails ^[24].

This difference is might be due to age of the respondents in our study, educational level and religion of the respondents slightly differ.

In the study area the most widely known forms of traditional medicine was medical herbalism which is in line with previously reported studies, where the majority of Ethiopians depend on Medicinal plants as their only source of health care especially in rural areas access to modern health care is Limited, Hence medicinal plants and knowledge of their use provide a vital Contribution to human and Livestock health care needs throughout the country ^[3, 4].

This similarly is might be due to the studied community was rural area, in which availability of d/t species of plants is high and accesses to modern health care is limited.

From the Results of the study the knowledge on traditional medicine is good among the elders of the community and sources of the knowledge on TM for all of the respondents in shopa bultum community were their family and friends. This finding is similar with the most scenarios, the traditional knowledge in Ethiopia is passed verbally from generation to generation and Valuable information can be lost whenever a TMP passes without conveying his traditional knowledge ^[12].

This similarity might be due to lack of documentation of knowledge and the valuable information may lose from generation to generation as it passes through without documental evidence.

From the study the majority of the respondents (66.89%) were selecting both traditional medicine and modern medicine using to cure their Illness well. This finding of the study agrees with interviews done in Chile in 2009, between Torri and mapuche patients, doctors and Nurses which was 60% of the patients used both traditional healing and biomedical treatment to cure their illnesses ^[22].

In the study area most of the respondents believes that TMP can cure diseases better than Modern doctors (79.47%). This result shows slight difference with study done in Dembia district North western part of Ethiopia which is that 60.9% of Modern health practitioners believed in the importance of TMP maintain sufficient health care services to the Community ^[29]. This is might be due to the studied population was highly rely on TM whereas the study in Dembia District was done on modern health practitioners w/c may not rely on TM ^[29].

In this study Hemorrhoids and Jaundice (79.17% and 66.25%) respectively were among common illness better treated by TMP than modern Doctors whereas TB (20.53%) TMP fail to treat. This is consistent with a study done in Addis Ababa to determine the utilization of TM among hospital patients shows wef bashite (Jaundice), initial for which traditional treatment is used; Uvulectomy and Hemorrhoids were treated almost exclusively by the traditional practitioner ^[31]. This consistency is due to efficacy and experience of TM to treat such disease.

According to this study the majority of the respondents (71.52%) prefer TMP to visit first whenever they were sick. This result is in line with the study done in Dembia District, Northwestern part of Ethiopia, which is 78.3% of modern health practitioners were encountered patients who come soon after visiting traditional healers for their present complaint ^[29].

This similarity might be due to availability and acceptance of Traditional healer. The study also agree with the data from Bangladesh (1998) which is (75-80%) of the population of this country particularly in the rural and semi urban areas. Still prefer to use TM even though MM facility may be available ^[21]. This agreement may be due to due to the studied area is rural area w/c is rich in Medicinal plants and acceptance of TM practice.

The results of the study show, due to afford ability, accessibility acceptance and (50.99 preferred due to efficacy of TM however this result is inconsistent with the finding obtained from A study done in AA to determine the utilization of TM among hospitals patients, that is 8.8% prefer due to afforded ability 47.4% due to accessibility and 53 5% due to efficacy 5.8% due to decisions by parents and failure of modern treatment ^[31]. This difference might be due to the studied area is not urban as Addis Ababa, where there is no problem of TM is low.

In this study nearly all of the respondents had positive attitudes towards integration of TM and MM (92%) This result in Line with the survey conducted in shirka District Arsi zone, which 84%

of modern health practitioners supports integration of modern and traditional medical system to improve health care coverage of the country ^[26].

The result this study revealed that over all practice of TM in the community is 79.47% which is in line with previously reported studies, where in Ethiopia up to 80% and in most African countries greater than 80% of the population uses traditional medicine ^[2]. This similarity might be due to the belief or acceptance of traditional medicine being accessible and affordable to the community.

In this study the traditional Medical practices Most commonly used for the treatment of children illness (60.93%). This finding is consistent with previously reported studies, which are in developing worlds. Like Ghana , Mali, Nigeria and Zambia the first Line of treatment for 60% children with high fever resulting from malaria is the use of herbal medicine at home ^[1]. This consistency might be due to children's immune system is weak in resisting many illness

According to this study only 6.62% of respondents use concomitant TM and MM in their Life time However; survey conducted in shirka district, Arsi zone revealed that about 24% of the respondents had used the combination of TM and MM in their life time ^[26]. This difference might be due to the current health policy and increased number of health extensions in the country.

The study illustrates that the community were seeking both self-Medication of TM and visiting of TMP to manage their acute/ chronic illnesses (72.85%).This value consistent with survey conducted in shirka District. Arsi zone, w/c is about 79% of the modern Health parishioners have visited traditional healers at least once in their Life time to seek treatment ^[26]. This similarly May be due to cultural acceptability of healers, the respect they have and their easy accessibility to clients hierarchy of the knowledge.

In the studied area some of the ailments TM is used for include Mitch (76.82%) cough (74.83%) ascariasis (74.17%) Malaria (70.20%) diarrhea (56.95%) rabies, cancer. Jaundice, skin diseases, wound. Hemorrhoids, Headache, Male genital organ infection, constipation, toothache. Kwashakoir, snake bite, Anemia colds, ulcer, HF, HTN, TB and evil eye .This results consistent with previously reported studies In Ethiopia ^[1]. This similarity might be due to the evolution of curative practices closely follows the path of the diseases.

The result of this study revealed that about 79.47% of the community was medical herbs for management of most of their diseases. This is consistent with WHO estimation that is 80% of

world's population presently uses herbal medicine for some aspects of PHC ^[3]. This consistency might be due to easily accessibility and affordability of medical herbs.

According to results to this study 35.76% of the respondents seeks secrete time to collect and use herbal medicine. The value is in line with survey conducted in Dembia district, where 26.3% of traditional health practitioners preferred not to talk about their healing power and also many traditional healers consider their medical knowledge as personal property which they protect by keeping it secret ^[23,29]. This might be due to Income (payment) purposed and psychological purposed. Some of the healers believe that if secrecy broken, the treatment loses its efficacy. And the payment Contributes to the efficacy of the treatment.

CHAPTER SEVEN

Conclusion and Recommendations

7.1 Conclusion

The present study signals the information and identification of different types of traditional medicines and their Usage for the treatment Illnesses in the study area Nearly more than two thirds (69.52%) of the respondents had knowledge regarding the traditional medicine

This indigenous unique knowledge of traditional medicine has been passed from generation to generation through word of mouth, experience and observation. This study results clearly shows that the majority of the respondents (71. 52%) prefer TMP to visit first whenever they were sick due to affordability, accessibility acceptability and efficacy of TM.

The study results revealed that all most all of the respondents (92%) need the integration of TM and MM to improve health care coverage of the country. practice of traditional medicine in the community is in the range for developing countries (79.47%) But unless further study conducted and necessary measures taken; the useful traditional medicines may be lost due to Lack of responsible and more trained human power.

Despite the wide use of traditional medicinal practices in the community, we haven't come across any traditional healers working together with the heal th care system of the country

The community believes in effectiveness of small number of medicinal plants over modern Medicine for specific condition. In this study area some of the respondents prefer keeping their knowledge as a secret.

7.2 Recommendations

Based on this study it is recommended that the government and other concerned bodies should implement and encourage the use traditional and indigenous health care resources and their integration with the modern medicine in their health care program.As well there is a gap to hand over knowledge of traditional medicine from generation to generation. Thus, documentation of traditional medicine should be encouraged to preserve knowledge of traditional medicine.

In addition to this focus should be given to traditional medicine knowledge to promote their use and for their research should be encouraged on the issue.

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Questionnaire

Questionnaire designed to assess the knowledge attitudes, practices and management of traditional Medicine among population of shopa bultum kebele community, Arsi Negelle Woreda, West Arsi zone, February 2013.

Jimma University
College of Public Health and Medical Science
Department of Pharmacy

Instructions:-

The data to be filled by data collectors should be appropriately written in the blank spaces or responded answers encircled correctly.

Respondents need to be willing and verbal consent should be asked and purpose of the question should be addressed before starting the interview.

Any information given will be confidential and names are not required.

1. Age _____
2. Sex Female male
3. Marital status single Married widowed divorced
4. Ethnicity Oromo Amhara Tigre
 Other, specify _____
5. Religion: Muslim Orthodox Protestant _____
6. Educational status Illiterate Read and write grade 1-6
 Grade 7-8 Grade 9-12 > 12th grade
7. Occupation Unemployed Governmental employee farmer
 Student Merchant Maid/house wife Daily laborer
 Other specify _____
8. Income per month _____

I knowledge on Traditional Medicine

1. Do you know that there is traditional system of medicine apart from hospital care system?

Yes No

2. If yes, what type do you know?

.Medicinal herbs Bone setting spiritual/religious practice

Cauterization others, specify _____

3. Have u ever come across promotion regarding TM?

Yes No

4. If yes, what was the source of promotive information?

Informal (friends, family member) Newspaper/magazine

Television/Radio Other specify _____

5. Do you know any harmful effect of TM?

Yes No

6. If yes, what type do you know?

A. _____

B. _____

C. _____

D. _____

III. Attitude towards traditional medicine

1. Which one do you think cure illness better?

Traditional/medicine alone modern medicine alone

Both TM and MM I don't know

2. Do you believe Traditional Medical Practitioners can cure diseases better than Modern Doctors?

Yes No

3. If yes, to the above questions, for what disease treatment that TMP are better in your opinion?

4. If no to the previous question, for what disease treatment that TMP fail to cure in your perception:

TB

Malaria

DM

Other-----

5. Whenever you are sick of acute or chronic illnesses, whom do you prefer to visit first?

TMP MM

6. Reasons for preferring TM

Cheap Delay in hospital acceptable Accessible
other specify_____

7. Do you think traditional medicine should be replaced by modern medicine?

Yes No

8. If no to the above question, do you think it is better if TM is integrated with MM?

Yes No

Iv. Practice of traditional medicine

1. Have you ever used traditional medicine in the last two years?

Yes No

2. For whom TM is most commonly given?

A.Children

B. Adult

C.Elder

D. Pregnant women

3. Have you ever combined medication given in traditional system with modern medicine?

Yes No

4. If yes, was there any problem encountered by using both?

Yes No

5. If yes, to Q₃, please specify what problems were encountered_____

6. Do you advice for sick person to first go for traditional medicine rather than modern medicine? Yes No

V. Management of Traditional Medicine

7. If yes to question #1 above, in the practice part, how do you manage acute or chronic illness?

A. Self-medication with traditional medical practice

B. Visiting TMP

C. Both

8. If yes to Q1 above in the practice part, for what type of illness, did you use?

Malaria Ascariasis fever

Diarrhea Cough other

9. If answer to Q₈ is specified, what type of traditional medicine did you use?

- A. Medicinal herbs
- B. Spiritual/faith healing
- C. Bone setting
- D. Animal products or minerals
- E. Others, specify _____

10. If your answer to Q₉ is herbal medicine, please the table below

Local name of drug source	Part of plant used	Intended use of drug	Preparation method	Route of application

11. Do you select the time when to collect and use herbal medicine?

Yes No

12. If yes, please specify the reason _____

13. In what containers you store your prepared drugs?

Bottles Paper Pieces of clothe

Leaves Others, specify _____

14. If your answer to Q₇ is spiritual /religious practice, what types of traditional healer exist in your community?

Kalicha

Debtera

Others: -----

15. What type of illness is commonly managed by the above healers?

Specify: -----