



JIMMA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES  
COLLEGE OF SOCIAL SCIENCES AND HUMANITIES  
MA PROGRAM IN SOCIAL ANTHROPOLOGY

INDIGENOUS BELIEFS AND HEALING PRACTICES: THE CASE OF OPO COMMUNITY  
IN ITANG SPECIAL WOREDA, GAMBELLA PEOPLES' NATIONAL REGIONAL STATE

BY: DOMACH KOANG BONG

SEPTEMBER, 2021

JIMMA, ETHIOPIA

JIMMA UNIVERSITY  
COLLEGE OF SOCIAL SCIENCES AND HUMANITIES  
SCHOOL OF GRADUATE STUDY

INDIGENOUS BELIEFS AND HEALING PRACTICES: THE CASE OF OPO COMMUNITY  
IN ITANG SPECIAL WOREDA, GAMBELLA PEOPLES' NATIONAL REGIONAL STATE

BY: DOMACH KOANG BONG

**THESIS ADVISORS:** DEJENE TESHOME KEBRET (PhD)  
ZERIHUM MEKURIA (MA)

A THESIS SUBMITTED TO THE DEPARTMENT OF SOCIAL ANTHROPOLOGY IN  
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS  
OF ARTS IN SOCIAL ANTHROPOLOGY

SEPTEMBER, 2021

JIMMA, ETHIOPIA

## **Acknowledgements**

No form of any accomplishments in life is ever the result of individual isolated effort, but the product of contributions and supports of many people in our lives. This work is no different.

I am First and foremost, deeply indebted to my esteemed advisor Dr. Dejene Teshome Kebret (PhD) for his constructive advises, instructions, comments, and unreserved perseverance, guidance and supports that yielded this thesis to a reality.

Secondly, to extent my honest appreciation and heartfelt gratitude to my Co-Advisor Mr. Zerihun Mekuria (MA) by shaping my thesis for his well and helpful advises, comments and direction.

Thirdly, I am greatly beholden to my dear wife Nyapuka Lok Rom for her patients and courage in caring for our two sons: Immanuel and Tesloach while I was away for my study period right I remain forever thankful ;likewise, I must thank my treasured mother, brothers and sisters for their invaluable supports and courage, I also acknowledge my relatives and friends for their support in one way or another.

I would also extent my gratefulness to Mr. Chuol Athuthan and his humble wife Nyageme for facilitating my entry in to field and accommodated me during my stay with them, in Opo community. I would also like to thank all my colleagues who assisted in proofreading the thesis to its final shape; and to all who have been with me supporting and encouraging me in this study period. My sincere thanks also goes to Itang Special Woreda Administration, esteemed participants in Wankey and Mera ,for without them field work would not have been bearable.

Finally, I thank Gambella University for sponsoring my studies. I would appreciate you all for the help you have been doing on very step to the final point of the work we complete here.

## Contents

Acknowledgements.....	i
Acronyms And Abbreviations .....	v
Declaration.....	vi
Dedication.....	v
Abstract.....	vi
Glossary of the Opo terms .....	iv
CHAPTER ONE .....	1
1. INTRODUCTION .....	1
1.1. Background Of The Study .....	1
1.2. Statement Of The Problem.....	3
1.3. Major Research Questions .....	4
1.4. Objectives of the Study .....	5
1.5. Scope Of The Study .....	5
1.6. Significance Of The Study .....	5
1.8. Organization Of The Study .....	6
CHAPTER TWO .....	7
2. CONCEPTUALIZATION AND LITERATURE REVIEW .....	7
2.1. Introduction.....	7
2.2. Indigenous Beliefs and Health .....	7
2.3. Indigenous Knowledge .....	9
2.4. Healing Practices.....	10
2.5. Policy Guidelines in Relation to Healing Practices .....	12
2.6. Theoretical Framework .....	14
CHAPTER THREE .....	17
3. RESEARCH METHODOLOGY.....	17
3.1. Description Of The Study Area .....	17
3.2. Brief History of Opo Community.....	19
3.3. Geographical location .....	19
3.4. Political system And Religious among Opo.....	19
3.5. Social Organization .....	19
3.6. Study Design.....	20

3.7. Sources of Data .....	21
3.8. Sample Population .....	21
3.9. Sample Size Determination And Sampling Methods.....	22
3.7. Sampling Methods .....	22
3.8. The Methods of Data Collection.....	24
3.8.2. Observation .....	24
3.8.3. Focus Group Discussion.....	24
3.9. Data Collection Procedures.....	25
3.10. Data Analysis and Interpretation.....	26
3.10. Ethical Consideration .....	27
CHAPTER FOUR.....	28
4. RESULT AND DISCUSSION .....	28
4.1. Introduction.....	28
4.2. Cultural Context of Health and Healing among Opo community.....	28
4.2.1. Opo Community Ways of life.....	29
4.2.2. Marriage among Opo Community .....	30
4.2.2.2. Sisterly exchange .....	30
4.2.2.3. Elopement and Impregnation .....	31
4.2.1.2. The Process of Marriage .....	31
4.3. Farming Practices.....	33
4.4. Fishing.....	34
4.5. Hunting and Gathering (foraging).....	35
4.7. Indigenous Medicines and Healing Practices among Opo Community.....	39
4.8. Indigenous Beliefs on the Cause of Illness and Healing Processes .....	46
CHAPTER FIVE .....	54
4. CONCLUSION.....	54
REFERENCES .....	57
APPENDICES .....	63

## **List of table and Figure**

Tables	Pages
Table 1: General Characteristic of the study population (Participants) by their gender, age, social group, role in the study, marital status and religious orientation -----	29
Table 2: Summary of the indigenous medicines in study area-----	46
Figure 1: Map of Itang Special Woreda, GPNRS-----	18

## **Acronyms And Abbreviations**

<b>ATM</b>	Assessment Team Members
<b>IK</b>	Indigenous Knowledge
<b>GPNRS</b>	Gambella Peoples' National Regional State
<b>CSA</b>	Central Statistical Agency
<b>SNNPRS</b>	Southern Nations Nationalities and Peoples Region
<b>FGD</b>	Focus Group Discussion
<b>KII</b>	Key Informant Interview
<b>IH</b>	Indigenous Healers
<b>WHO</b>	World Health Organization





## **Dedication**

This thesis is fully dedicated to my lovely mother, Nyaliw Kuoth Reat, who had not been only an ordinary mother but also doubled as a father, mentor, and advisor to me and my siblings.

## **Abstract**

*Every human community replies to the challenge of maintaining health and giving illness by developing a medical system based on indigenous philosophies, beliefs and experience that are passed from generation to the next. The aim of this study is to explore and investigate the indigenous beliefs and healing practices among Opo community in Wankey and Mera. Qualitative approach was employed with ethnographic as study design. Purposive sampling was used to select an indigenous healers, local elders and patients on the individual and group based to generate the data from participants. In general, twenty nine participants were participated in the study process. The methods used in data collection was different tools and triangulated for their trustworthiness and rationality purpose: such as key informants interview, observation and focus group discussion. The data were analyzed by using descriptive method and/ or qualitative approach. The finding of the study show that cultural context of the community in relation to indigenous beliefs and healing practices in health care system is significant in providing health. Local elders, indigenous healers and patients were involved in the series of discussion on how health care system and healing knowledge acquisition toward maintaining their health among community members. Opo ways of life, livelihood and their health is influenced by the culture and natural surroundings. This indicate that the knowledge rest on their culture and natural environment. This study also reveal that the role of indigenous beliefs of local healers and patients among Opo community in Wankey and Mera toward the indigenous medicines is essential for their health and healing in local health care systems. Moreover, this study indicated that the indigenous knowledge of healing contribute to the delivery of services to prevent and cure illness to the community. The knowledge acquisition is passed from the parent to children depending on who is interested to take skill from the specialist. The government should provide the necessary support and help to indigenous healers and community elders in sustaining the knowledge. Basically, there is a need to understand the indigenous beliefs and healing practices among Opo community dwelling in Gambella Regional State .*

**Key terms:** Indigenous Belief, Healing Practice, Opo



## Glossary of the Opo terms

- Opo:** refer to *people/Human being*.
- Waar:** Opo indigenous name of *God*
- Kototon:** Pronounced as ‘*koo to ton*’ this refers to the *culture* in Opo
- Thawuthin, Haledan (I know/We know):** refer to three different term but with the same meaning in Opo language, such as: (Pronounced ‘*thaa wuu tiin*’, and ‘*haa le daan*’) terms equivalent to *belief/acceptance*.
- Ukue wethin and/or Naha apeni:** Pronounced as ‘*huku wethin*’, ‘*nahaa peni*’ these terms refers to *indigenous/local*
- Wankey:** It is a name of the village of Opo which mean *border*.
- Hithpotow:** Pronounced as ‘*hith potow*’ a term refers to *Health*
- Hethaaw:** Pronounced as ‘*his thaaw*’ a term refer to *Illness*
- Ohoku caa/Otahithpotow:** terms equivalent to *healer*. In Opo language they are two different terms combined together, these are ‘*huku*’ meaning *owner* and ‘*caa*’ *medicine*.
- Tayi kay:** Pronounced as ‘*taa yii kay*’ which refer to *healing*.
- Caa:** Local name for *medicine* in Opo language
- Kumu caa:** Pronounced as ‘*kuumu caa*’, which are two different words ‘*kumu*’ which mean *house* and ‘*caa*’ which mean *medicine*, altogether *house of medicines/hospital*.
- Kuthi caa:** Local name for *Natural forest*
- Wuthawheth:** Pronounced as ‘*wuu thaaw heth*’ a term refer to *patient/sick person*

- Ma opo:** is a combination of two different terms in Opo language, such as ‘ma’ meaning food and ‘opo’ mean people/human being. This should be translated as *people’s or human being’s meal*. It is an indigenous food of Opo.
- Cagal:** Pronounced as ‘ca gal’. It’s a phrase equivalent to committing *adultery*. Having relationship with girl without legal marriage is considered as adultery by Opo.
- Lek:** Pronounced as ‘le ek’ which is a *smallest fishing net* used to catch the small fish by Opo community.
- Dur:** Pronounced as ‘du ur’ this is *average fishing local wooden net* with wider open tip.
- Mir mir:** Pronounced as ‘mir mir’ this is *fishing wooden net bigger than lek* with narrow top and bottom
- Thiyaa/Oya:** Pronounced as O-ya, which refer to ‘Love’
- Tuka:** Pronounced as ‘tuu ka’ this is *fishing wooden net large than all* with wider top open and narrow bottom.
- Waapuol:** Pronounced as *wa-apuol*, which mean *summer season*
- Waawgul:** Pronounced as *wawgul* which mean *winter season*

## CHAPTER ONE

### 1. INTRODUCTION

#### 1.1. Background Of The Study

Generally, Anthropology with its sub-branches area is defined as study of human kind. “Medical anthropology as specialization in socio-cultural anthropology, delves in how people in different cultures and social groups explain the causes of ill health, the kinds of treatment they believe in, and to whom they turn if they do get ill”, Helman, (2007). The indigenous beliefs systems and healing practices, relating to the concepts of health, illness, and, healing are found in all cultures worldwide, Margaret, (2009:1). However, people within a specific cultural group define health, and illness as being influenced by varieties of factors. In many parts of the world, beliefs on indigenous knowledge can be used to explain the cause of ill health and response to cure depends on the community’s beliefs. The belief in medical system has mysterious nature and it’s hard to comprehend in a very simple way. As Margret, (2009) indicates there are many factors that influence the beliefs and healing practices as its not only being explained biologically.

Health care activities do not occur in a vacuum in any community. They are based on healer-patient rapports. Social norms and individual conducts are also considered in healing process. In that case, cultural environment of any community can support the health care and healing practices. The culture of the indigenous people has been used to maintain health, as well as to prevent illness, Mahomoodally, M. F. (2013). Their social norms, cultural values and shared rules of interpretation and individual experiences direct them to identify signs and symptoms of any ailment, Ibeneme, S., Eni, G., *et al.*, (2017:14). The use of local resources such as plants, animals, or minerals for healing purposes is seen as indigenous knowledge, something developed and refined locally, with many some practices lasting for many generations, Margaret, (2009:1). “Indigenous healing practice is an important and integral part of healthcare systems in almost all countries of the world”, Haque et al., (2018).

Beliefs about health and illness have also basis in wide socio-cultural context. They are simply strong version of indigenous medical knowledge that bring healers and patients together. They are shaped by people, such as their structural location, cultural context and social identity. Thus, the indigenous healing system and notions of wellness are constructed by a particular community

based on existence cultural practices Kenedy, *et al.*, (2017:36). Indigenous healing practices are rooted in cultural inheritance, Haque et al., (2018).

In Africa, studies have shown that vast majority of the rural population rely on indigenous medicines for healing. The indigenous people have been using indigenous medicines to prevent and cure diversities of illnesses. Stretching from, Tanzania, South Africa, and Zambia to Cameroon, Nigeria, and Ghana more than 80% of the rural population rely on indigenous medicines. The African indigenous healing system remains highly dependable to large segments of the rural populations as part of life. Many years back, indigenous medicine in the southern and eastern African communities has been used as the leading healing system and been frequently observed as the more appropriate mode of treatment by indigenous healers and recipients, Konadu, (2008).

In Ethiopia, the indigenous beliefs and the healing systems are common in every community across the country, Endashaw, (2007). Every culture has its own specific classifications of ill health and how to cure it. “Yet, after the introduction of biomedicine in Ethiopia, indigenous medicine served as the major source of health care Dejene, (2013). People continue to use indigenous way of healing, since indigenous medicine provides both preventive and curative effect, Dejene (2017). “Indigenous medicine is an essential part of the healing in most culture of the Ethiopian people due to its long history of practice and existence. More than 90% of the Ethiopian populations was relying on indigenous medicines, Urga, K., A., & Merga, G. (2004)”.

## **1.2. Statement Of The Problem**

The apprehensions of illness and health are worldwide in human life and present in all societies. The indigenous beliefs and healing practices concerning health are also different from one society to other. Indigenous beliefs and healing practices vary from country to country and from region to another as they are influenced by differences issues such as culture, history, personal attitude and philosophy, WHO, (2000:1).

The beliefs and healing are associated with socio-cultural aspects of the community. Since beliefs is not a tangible thing that should be agreed by people in different culture, it has to be a concept, symbolic idea attached to the meaning by each culture that deal with it. For instance, the roots of indigenous health beliefs among the Lepchas and Dzongu tribe in India are on thymes and ritual, Kamla-Raj, (2007), which can be understood from its oral transmission from generation to generation by any community worldwide. believed that around seventy-five to eighty percent of world population depends upon one or the other form of indigenous medicine for primary health care, Gewali, M. B., & Awale, S. (2008).

In Africa, study has shown that 80% of the population use indigenous medicines and their choices are mostly indigenous healers for their primary health care, Dejene, (2017). In many developing societies, thus, this form of the traditional medicine is kicking and alive, Gewali, M. B., & Awale, S. (2008).

Many African countries including Ethiopia are using indigenous medicine. Ethiopian indigenous life is painted with the hallmark of widespread use of traditional medicines. The cultural and indigenous knowledge of medicinal plants in Ethiopia is unevenly distributed among each community members. For centuries in Ethiopia, large numbers of population mainly rural people have been depending on indigenous medicine to maintain their primary healthcare due to limited access to conventional medicines. Ethiopia being one of the developing counties with limited access of conventional medicine, the indigenous healing practice still maintains its significance than conventional one in rural communities. The country has a long history of indigenous medical practices and healing systems. Indigenous healer may base their power or practice on experience acquired from ancestors, or family heritage, religion, the supernatural, Wagaye, (2016), & Birhan et al., (2011).



The indigenous health care and medical systems are at risk of disappearance because of the rapid change of social and natural environment at the global scale and healing practices as it seem to be inappropriate for new challenge. Besides, many indigenous healing practices may also disappear because of the interruption of distant skills that promise short-term solutions to human problems. The reason is that the knowledge of indigenous medicine and practices is acquired and transmitted orally from generation to generation dwindle its effectiveness, but documenting the knowledge of healing practice is helpful as change is so dramatic and difficult to hold on the indigenous knowledge, World Bank, (1998), & Endashaw, (2007).

Studies have been conducted in some part of the Ethiopia, but few have been done in Gambella region. For instance, Jemberu and Ketema, (2019), have conducted their study on how plant medicine has been used as remedy for both human and animal's ailment only among three ethnic groups namely: Nuer, Anywaa and Majang in the region. Gambella communities' indigenous knowledge is not only for conservation of the indigenous medicines, but also for community's health care.

However, the above studies seldom traced some points on Opo indigenous beliefs and healing practices that also need inquiry and also an inspirational factor to conduct this study. The themes of indigenous beliefs and healing practices have never been researched in Opo community. Therefore, the researcher has intended to seize this opportunity to explore indigenous beliefs and healing practices of Opo community.

### **1.3. Major Research Questions**

1. What are the beliefs in relation to health and healing in Opo cultural context?
2. How are the indigenous healing knowledge acquired and practiced in Opo community?
3. What are the contributions of indigenous knowledge to the health of Opo community?

## **1.4. Objectives of the Study**

### **1.4.1. General Objective:**

The general objective of the study is to explore the cultural context of health and healing practices among Opo community.

### **1.4.2. Specific Objectives:**

The specific objectives of this research are:

- To explore the beliefs in relation to health and healing in Opo cultural context;
- To describe the indigenous healing knowledge acquisition and practices in Opo community;
- To investigate the contribution of indigenous knowledge to the health of Opo community.

## **1.5. Scope Of The Study**

Gambella Regional State is inhabited by five indigenous ethnic groups, all of which is equally unique from others in terms of culture and social aspects. For this obvious social and cultural uniqueness, beliefs and healing practices are also different across the region. This study is limited to Itang Special Woreda, particularly Opo community in Gambella Regional State and other communities in the region and also in Itang Special Woreda were not included.

## **1.6. Significance Of The Study**

This study was to provide some account on Opo community indigenous health beliefs and healing practices. Some regions such as Gambella for example, have certainly not been involved in study of indigenous health beliefs and healing practices. As a result, beliefs and healing practices information of the region in general and Opo community in particular, are not involved so far. Interested scholars can further inquiry the cultural competence in health care system and comparative study between the biomedicine and indigenous medicine in Gambella region.

Most of the study participants have participated in healing practices or they have relative who take part in healing practices and/or being heal by living in this community as they are healer or patient in one way or the other. It also has further help as a firsthand especially on their individual personal experiences in the context of indigenous beliefs and healing practices

concerning community healthcare system. It will also serve as source for further research activities in this particular community. The study will give known how about indigenous belief and healing practices.

### **1.7. Fieldwork Experience**

In February 2020, I conducted a field visit sojourning to Opo community in Itang Special Woreda, the rural kebeles of Wankey and Mera. The aim was first to acquainted and socialized myself with the community in order to obtain the data for this study. While in the setting, I contacted the local Kebele leaders to introduce me to the community in order to create a good rapport with the participants of the study. I stayed there in the area from February through the end of April 2020.

Indeed, hospitality accorded from every community members differs depending on the way of life in that community. It was my first leg to visit the Opo community. Surprisingly enough, I was warmly accommodated by for some reasons: first, Opo community is friendly to embrace any guest like me. Second, most of the Opo speak the Nuer language as I do. I found a rather thrilling experience which I never expected from this community contrary to the perception I treasure about them.

Conversely, I faced many challenges pertaining: firstly, language barrier. Although some of the community spoke the researcher's language, Nuer; yet its clarity was ambiguous. Secondly challenge relate to translation of different words which are indigenous to the community made it uneasy. Thirdly, my being new among the Opo community, made it rather difficult to be confided with. Fourthly, it was the time of COVID 19 pandemics which quarantine everybody from excessive social interaction. Fifthly, the inadequacy of literature on the subject in Opo community was evident to hinder the easy access to collect the data.

### **1.8. Organization Of The Study**

This research paper is organized into fives chapters. Chapter one deals with the introduction of the study. The second chapter is about review of related literature. Chapter three is about research methodology, Chapter four is research result and discussion and finally, Chapter five is about the Conclusion of the research.

## CHAPTER TWO

### 2. CONCEPTUALIZATION AND LITERATURE REVIEW

#### 2.1. Introduction

This section reviews the literatures related to the research question under study. It begins with explaining the conceptual framework of indigenous beliefs and health, indigenous knowledge and healing practice in relation to cultural context of the community. It presents a brief account on the different types of health care system. The major theoretical schools of thought in medical anthropology and policy guideline in relation to healing practices are reviewed. The concept of indigenous knowledge, indigenous beliefs and health and healing practices are discussed below.

#### 2.2. Indigenous Beliefs and Health

The medical system of health is a combination of the beliefs and practices used by the evident that indigenous community are practicing in time memorial. All medical systems involve of beliefs and practices, Bear, H. A., Singer, M., & Susser, I., (2013). “This indicate that our beliefs are the seed of our behaviors”, Concha, M, Villar, et al, (2014). The indigenous beliefs and human conditions have been reflected by Young in three backgrounds: One of which is the behavior understandable to the healer only after he/she can position it in the setting where they believe their doing and observing. The other is the sense of what others people believe which are intangible to the healers as it lead them to incline and choose among alternative path by themselves. Finally, the people’s thoughts and their observations regulate the purposive acts by themselves in distinctive factors consisting of specific knowledge of environmental forces and social relations, Young, (1980: 102).

Generally, there might be several cause of illness that people believe to be according to indigenous beliefs. The cause of illness and how healing is performed depend on culture of the community members. Belief is the boldness that something is the case or true to be in how we know things around us. Many scholars who study human way of life used the term ‘belief’ as it refers to personal attitudes related with true or false ideas, concepts ,and personal sense of reality. Every human being worldwide has a belief system on how to utilize, operate through this mechanism that we individually, "make sense" of the world around us Converse, P. E., (2006)”.

The belief can comprise the human way of life which in turn a culture. “A person’s or group beliefs and values form a part of their culture, Grimes, A., MacCulloch, R., et al., (2015: 5)”.

The indigenous beliefs, the processes and healing practices in local view point are so significance. The cultural background of the community is always the cause of their concept of indigenous beliefs and healing practices, WHO, (2000: 5).

The cultural beliefs of the community is however involve feeling or trusting something/someone considered essential in to community health care systems. In spite of its being bad or good, beliefs might have a strong impact on health and sickness on either individual or group’s health condition which is basic to the preparation and stipulation of health care services in the community, Margrate, (2013: 37). Health problems lead people to speculating on causes, effect and plan to control it. These include self-care, consultations with indigenous healers and or primary health care, Kamla-Raj (2007).

A broad construct, consisting of physical, psychological, and social wellbeing, including role functionality. The term *Health* has, however been a concern of all human being worldwide. Institutions and scholars attempt to conceptualize it. The World Health Organization (WHO, 2000), defined health as “it’s not merely the absence of disease and ailment but complete physical, mental and social wellbeing”. The concept of “wellness” has also become a key idea within the all-inclusive health drive around the world”, Baer, H. A., et al, (2013: 4).

In practical sense, Indigenous medical systems vary considerably around the globe. For instance, China and Indian have been developing a variety of indigenous medicine in Asia throughout their history. Similarly, African, Arab, Native American, and Oceanic, Central and South American, have also been on their track . The diversity is however influenced by issues such as culture, history, personal attitudes, philosophy, practice, (WHO 2002-2005: 7).

Interestingly, indigenous knowledge holds a belief system that plays an essential role in people’s health care system. Usually the term is used to ensure a broad range of indigenous subject matters including the communities’ medicinal knowledge. Indigenous knowledge is shared in nature and is always considered as belongingness of the all-inclusive within that community. It is mostly conveyed culturally to next generation verbally by elders or specialist, such as healers, (WHO, 2010: 4).

In the African continent, Indigenous healing is based on the belief that land's natural resources have encouraged humans and all forms of life since time immemorial, Ross, E., (2010). People in their locality have a harmonious way of living in the area and hold indigenous beliefs and healing practices. "The indigenous African communities do not concern only with fostering and emphasizing communal values, which involves relationship, solidarity, compassion, cooperation and interdependences that their healing practices depend on, Osuji, 2014: 183)"

Furthermore, scholars attempt to understand the term *health*. It is defined as a broad construct, consisting of physical, psychological, and social well-being, including role functionality, Wagaye, (2016: 20). Besides, it is conceptualized as broad to mean more of wellbeing than the mere absence of disease, Dejene, (2017: 37).

In Ethiopia, cultural beliefs about health differ by community and region in the country. However, cultural knowledge is the base in choosing treatment Hodes, (1997). It is acknowledged that, people turn to indigenous healing medicine such as, herbal, bone setting, traditional birth attendant, etc. Mesfin et al, (2015).

Concurring with the above concept, societies by their indigenous knowledge, healing, health care and healing practices, find it convenient to rely heavily on indigenous medicines because of its accessibility, affordability and perceived safety, Dereje, (2015).

### **2.3. Indigenous Knowledge**

The concept of indigenous knowledge is difficult to define because of the variety of human way of life. Different literatures are unsuccessful to provide a single definition of the concept at a time. Many attempts to define the term have encountered similarities. World Bank, T. (1998) "in an attempt to answer that "it's unique to a particular culture and society". Other scholars like, Slade (2014) say "it is as a unique cumulative body of knowledge generated and evolved over time and possessed by people belonging to a particular geographic area enabling them to benefit from their natural resources". And from the idea described by Wagaye, cited from, Warren (1991) he defined that "indigenous knowledge is the homegrown that is distinctive to a given culture or society", (2016).

Similarly, from the above definitions, indigenous knowledge understands the natural surrounding and practices by people in particular locality. Furthermore, these definitions intend that it is a knowledge being developed by certain group of people in specific locality. As Dereje (2015) “refers with medical knowledge developed by indigenous cultures that incorporates plant, animal and mineral-based medicines, spiritual therapies and manual techniques designed to treat illness or maintain wellbeing”.

The indigenous knowledge in relation to health and healing is also knowledge developed by a people in particular area. This knowledge helps fight against health problems faced by the community members. Indigenous knowledge is significance in the health among different communities. According to World Bank T. (1998), indigenous knowledge is important as problems solving strategy by local community to preventing and curing illness. These indicate that health problem is a concern to all community worldwide and the local knowledge can help them to solve those problems by using indigenous beliefs through healing practices.

#### **2.4. Healing Practices**

Cultural ideas and practices are essential in the healing process and societies vary enormously in the ways that the healing process proceeds. Scholars define healing practice as supportive beliefs and practices that originate within a culture or society, that are designed to treat the inhabitants (members) of a given community, White, P. (2015: 1). The significant of practice depend on the success of indigenous healers who succeed because of the wellbeing of the community regarding illness and healing. The cultural beliefs of community and local ideas about illness figure health care practices. Any health intervention for members must be made sensible in the context of local belief and practices, Armenakis, (2007).

The role of the indigenous healers in healing practices is so crucial to all humanity globally. Human in all time believe in nature and through their faith cure ailment, Sigh (2018). For instance, healers in Baiga community use religious and non-religious way of healing to prevent and cure illness, Haque et al (2018). The indigenous health practitioners/healers remain esteemed in their communities due to their role in alleviating illness in absence of modern practitioner, Roux-Kemp, (2015).

The indigenous healing has been a way of life among different communities since time immemorial. It is an antiqued, whole, multifaceted all-inclusive healthcare system known by native people that is thoughtful and more intensely rooted and complex than is commonly understood (Waterston, & Hutchison, (2004)). Since it is deeply rooted in culture, the practice vary from community to other community in respect to skill in handling from the healer and possible solution prescribed when the disease is identified. Kamla-Raj, (2007).

In Africa, particularly in Zimbabwe the healing procedures involve ritual, divination and symbol to treating practices not by healers themselves but also the local community playing a greater role as well, Abbott, (2014).

In Ethiopia, the procedure involve rather a complex process that starts with a patient's experience of complaining which proceeds to diagnosis and pouncing a possibly remedy, Wagaye, (2016)". *An indigenous healer is considered as an educated or layperson who claims ability or a healing power to cure ailments Birhan et al (2011)"*. The socio-cultural circumstances such as: beliefs of illness causation; accessibility; perceptions concerning culturally suitable indigenous healing and dissatisfaction with the treatment outcomes in modern health care facilities; and the relatively high cost of modern health care, deeply influenced the practice Mesfin et al, (2015: 135). The indigenous healing practices are associated with the causal conception of sickness and health as part of a particular world view.

Developing countries used Indigenous healing for many reasons some of which are as follow: first the medicines is extensively accessible than expensive conventional treatment is evident. Second, since the medicines is woven into everyday life and belief system of the community which is better known . Finally, indigenous healers more reliable members than modern healers in the community as the first sources of healthcare system at community level, Bhasin, (2008: 1).

Studies conducted so far are indicative of significance of indigenous knowledge and healing locally; however warned of losing this important knowledge due to continued un-recognition from the authority which favor switching to modern medicine. Many researches describe the indigenous beliefs and healing practices as only beneficial to the local community. Indigenous medical beliefs still externalizes the causations of some illnesses outside the human body, Dejene, (2013).



There are various types of indigenous healing process; these are herbalists, diviners, bonesetters, local birth attendance. Most healers so far in local community are practicing numerous activities concerning indigenous healing practices that help them to survive in their locality, Bahir, (2000).

In the context of Opo community “healing” is termed as “*Tayikaay*” based on the time of its demonstration. It should be pronounced as “*Tayi kaay*”, which means “bring him/her back”. It is mainly defined according to its manifestation.

## **2.5. Policy Guidelines in Relation to Healing Practices**

Institutions have been struggling to established policies and techniques in order to achieve and to sustain a reasonable health policy and indigenous healing practices worldwide. Indigenous healing practices and policy vary from country to country owing to the cultural understanding and accessibility of indigenous or conventional medicine.

Accordingly, the international health policies especially after the Second World War are intended in relation to national development of the newly independent nations. The cold war has placed abundant motivation on health policy founded on the interest of the existing super powers. Thus, both the United States of America (USA) and the Union of Soviet Socialist Republics (USSR) and their allies have adopted decentralized and centralized health care policies respectively. This has consequently influenced the health policies of the governments in the third world countries. Health disparities succeed throughout the world. This has major influence on the social welfare policies and imposes severe challenges on health of so many people in the world WHO, (2008)

Hence ,the concept of the national policy on indigenous medicine involves some of the following elements: first is how the indigenous medicine is defined for the creation of laws and regulations and the consideration of intellectual property rights issues. Second, National Policy can also reflect the main strategies proposed by the government for achieving the objectives of the policy; laws and regulation may be included in indigenous medicine document, WHO, (2005:11).

According to WHO, Indigenous Health Practitioner refers “person recognized by the community in which he or she lives as competent to carry out diagnoses with local sociocultural methods, and contributes to the physical, mental, social, and spiritual wellbeing of the members of their

communities”. The actual global situation indicates that the provisions of safe and effective indigenous medicine remedies are important tools to increase access to health care, particularly in developing country populations. The herbal medicines serve as a basis for modern drug development in a number of ways. It is therefore, necessary to gradually incorporate indigenous medicine into the National Health Care system, Urga, K., et al, (2004:8). Despite the important contribution that has been made by indigenous practitioner, the denial of the huge potential of indigenous medicine to improve health of the people by policy makers and conventional health practitioners result in a lack of political recognitions, WHO, (2010:27). For instance indigenous healing practices is found in nearly every countries of the world and the effort for such services is growing, Haque, M. I., et al, (2018:1).

Almost one-third of the population in developing countries lack access to conventional medicines. Many people in those countries yet currently depend on indigenous medicine and healing practices to meet their health need.

Because of the relieve the indigenous medicine offered to those who may not access modern medicine, many African governments incorporated the utilization of the indigenous medicine into their respective health care policy into ten years perspective plan to organize, train and supervise the use of indigenous medicinal practitioners in strengthening and expanding primary health care services in 1984-1994 (24). It has been made known in Ethiopia that indigenous medicine supports and inspired as a part of national health policies and greatest mean of preventing and controlling many ill-health related problems. Following this acceptance the indigenous medicine has been identified and encouraged to utilize its beneficial components and research including its linkage with modern medicine Kebede et al, (2006); WHO, (2001).

It was followed by official consideration to the promotion and development of indigenous medicine, particularly after the acceptance of the Primary Health Care Strategy in 1978. In November 1979, the Office for the Coordination of indigenous Medicine was established. Meetings and workshops were organized that brought together indigenous and modern medical practitioners. The overall policies accepted include identifying and encouraging the utilization of its beneficial components, coordinating and encouraging research including its linkage with modern medicine and developing appropriate regulation and registration of practitioners, Kebede D., (2006:129). Despite the use of the indigenous medicine in Ethiopia, the indigenous healing

practice and healers themselves were neither integrated in the national policy of health nor having supported by the government.

## **2.6. Theoretical Framework**

Explanations and treatment into the cause of illness and misfortunes however vary considerably among different communities. The most important factor in explaining about the cause of an illness in most communities' medical systems is not attributed on the underlying scientific study of disease rather on the fundamental cause from the point of view of the victim. From the theoretical perspective I consider the view lies on the beliefs and healing practices that people developed in their locality. This idea is supported by Foster (1976) that beliefs and healing practices developed by people rest on their cultural diversities. "The beliefs about illness, health and curing in indigenous medical system are part of cultural system of any group", Basin, (2007:8). Most African communities believe that the cause of illness is due to magic and evil spirit that could be empirically determined psychologically. Vaughn, & Bakar, (2009). The cultural values and social roles the communities play in their locality stress the health beliefs and practices. Wegaye, (2016).

### **2.6.1. Indigenization and Domestication Explanation**

Normally, indigenization and domestication however explanation convey different implications both theoretically and analytically in the study of indigenous health belief and healing practices. The first and earliest approach to the study of indigenous belief entertained a contrast between traditionalism and modernity whereby the latter predicted a gradual decline to traditional belief giving way to modernization and ultimately abandonment of non-scientific medical practices. Fadlon, J. (2004). By definition, the term *indigenization* refer to the process of adaptation to the local, social and cultural environment that western biomedicine under goes when embraced as part of non-western medical system. In the African communities, biomedical knowledge and practice are often indigenized and adjusted to local needs and expectation Geest, (1997: 906). Medicines are not only indigenized in Africa but also in every community worldwide. Driven by mistrust in the medical profession and science of the West. Most communities in countries where public health services are insufficient, people especially in the USA, however rely increasingly on the Internet to shop medicines as well as medical information. This is often at

variance with established biomedical views which frequently includes other, 'exotic' medical treatments. Similarly, mistrust in the faltering government health provision as well as by lack of law enforcement ,aggressive drug marketing, forced people in developing countries to rely on pharmaceuticals bought from shops or exchanged between neighbors. Pool and Geissler (2005: 101).

### **2.6.2. Personalistic and Natural Explanation of Illness Causation**

Evidently, indigenous system of healthcare is believed to be *long standing system of health care* among indigenous population. Writers categorize it as personal tic and naturalistic system. For instance, Foster commend the personalistic medical system as a purposeful intervention of an agent who may either be human (witch or sorcerer), nonhuman (ghost, ancestor and evil spirit), or supernatural (deity or other very powerful being), to which community based their indigenous system of health care in connection with rituals and herbals practice. Foster, (1976); Bhasin, V. (2008). The system, therefore is a belief of the people acting on knowledge of healing, possessed by an individual either appointed by elder in his/her family or by a process of a divine relation with that person in the specific community. Such a system is known as personalistic system of illness explanation, Kamla-Raj, (2007:10). In explaining the cause of an illness, Personalistic causality allows little room for accident or chance to attributing an illness. Consequently, a sick person is literally a victim of the object of aggression or punishment directed against him/her for reasons known to him/her. In fact, anthropologists who have studied the cause of illness and death according to community believed them to stem from the acts of the agent, Foster, (1976).

However, naturalistic system offers a rather different explanation to the cause of illness to be in impersonal, systemic terms. Disease is thought to stem, not from the machinations of an angry being, but rather from such natural forces or conditions as cold, heat, winds, dampness, and, above all, by an upset in the balance of the basic body elements. In naturalistic systems, health conforms to an equilibrium model: when the humors, the yin and yang, or the Ayurvedic dosha are in the balance appropriate to the age and condition of the individual, in his natural and social environment, health results. Causality concepts explain or account for the upsets in this balance that trigger illness”.

The supernatural causation may be defined as any theory which accounts for the damage of health as the automatic consequence of some act or experience of the victim mediated by some supposed impersonal causal relationship rather than by intervention of a human or supernatural being, Hasan & Reddy, (2018:32). Besides the above mentioned disease causing factors it is pertinent to note that disease may also be caused due to the covert action of a jealous affronted or malicious human being who employs magical means to injure his victims.

### **2.6.3. Externalizing and Internalizing Systems**

Basically, there are two systems of health beliefs according to Young: these are externalizing and internalizing of health beliefs. Young classified belief systems about ill-health as either externalizing or internalizing. Externalizing belief systems focus on essentially to the etiology of the illness causation which is believed to arise outside the sick person's body, especially in their social world Young, (1976). People in their locality possess a set of belief on how illnesses inflict and how to respond. These set of beliefs in community involves tracing and identifying the origin of illness in the victim and subsequent diagnosis.

Beliefs in explaining the cause of illness differ completely among people. These two beliefs systems diverge in explaining the causes of illness distinctly. The externalizing medical beliefs systems externalize the cause of ailment to the outside the human body by linking the causation to the spirit attack and the damage of social relations with community member. This belief is related to human morality. Externalizing medical system is understood to describe the medical practices of nonwestern, small-scale societies where illness etiology is often related to beliefs about bad luck in all its kinds. The internalizing on other hand put much emphasis on the physiological sign of ailment and focus it on what is going on inside patient. Although medical beliefs puts greatest emphases on externalizing system of causes; it seems that both categories of explanations are unavoidable in combination. Nevertheless, it is to recognize in contrast to life intimidating and devastating illness is subject to a single explanatory manner. Young, (1976:147). Internalizing medical practices subscribe to the naturalistic disease causation than personalistic ones as more organized explanatory causation than the externalized one, Dejene, (2013:32-34).

## **CHAPTER THREE**

### **3. RESEARCH METHODOLOGY**

This chapter highlights the methodology of the study. The sub-topics under this chapter are: brief history of Opo, geographical location, political and religion, social organization, description of the study area, sources of data, study design, Sample of population, study population, sample size determination and sampling methods, data collection instruments, data collection procedures, qualitative data processing and analysis.

#### **3.1. Description Of The Study Area**

Administratively, Gambella Peoples' National Regional State (GPNRS) is among the nine federal administrative regions of Ethiopia. The region is situated in South Western parts of the country, 766 kilometers far from the capital, Addis Ababa. The region shares borders with the Republic of South Sudan in the west, Benishangul-Gumuz region in the North West, Oromia Regional State in the north- east and east, and South Nations, Nationalities and Peoples' Regional State (SNNPRS) in the south and east. Ecologically, the region occupied a vast territory of the south western lowlands of Ethiopia. The region is situated within 70 N and 80 37' N latitude and 33o E and 35o 2' E longitude, Gambella People National Region, (2015).

The total population of the region is projected to be 420, 366. The region has the lowest population density in the country, nine inhabitants per square kilometer. Administratively, there are three ethnic zones with one special district in the region. These are Nuer, Anywaa, and Majang Zones. The Nuer administrative Zone consists of five woredas namely, Jiokow, Akobo, Lare, Makuey and Wanthoa. Similarly, the Anywaa Zone comprise of Abobo, Dimma, Gambella Zuriya, Gog and Jor woredas. In contrast to Nuer and Anywaa, the Majang Zone composes only Godere and Mengeshi woredas, Gambella People National Region, (2015).

In 2004, Itang is established as special district under the direct administration of regional state council due to its multi- ethnic composition that constitutes the Nuer, Anywaa and Opo Assessment Team Members, (2017).

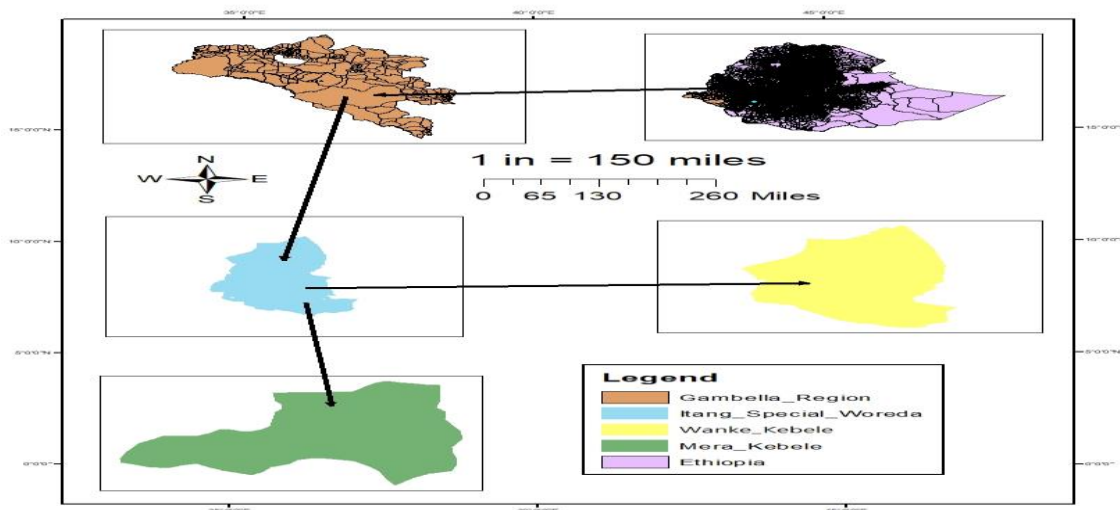
This study was carried out in Itang Special woreda targeting the Opo community whose indigenous health care knowledge seem to be relatively practical than Nuer and Anywaa.

Geographically, the area is straddled by Anywaa zone to the south and east, and to the west by the Nuer zone and to the north east by the Oromia regional state, Beni-Shangul-Gumuz Regional state in the north and the Republic of South Sudan in north west. The town is located west of Gambella town about 45 kilometers; hosting 35, 686 population comprising of demographic characteristic of 17, 955, males, and 17,731 female, Central Statistical Agency, (2010).

The woreda occupies the land area of 2, 188.34 square kilometers with an elevation of altitude ranging from 350 to 480 meters above sea level. Administratively, the district has 23 kebeles all of which are rural with the exception of Achua Kebele, Assessment Team Members, (2017).

Opo community is among the five ethnic groups living in Gambella Regional State. The community lives in northern adjacent of Itang special woreda, inhabiting two Kebeles: Wankey, 38 km and Mera, 42 km a way from Itang town. The community makes up 999 (0.3%) in the region (2007 CSA).The population was projected to be 1161 (CSA, 2013) and currently to 2400 (CSA, 2018). The community treasures a distinct cultural system of indigenous beliefs and healing practices which has been passed down from generation to generation (Gambella People National Region, 2015).

Figure 1. Map of Itang Special Woreda, GPNRS



User Name: Domach Koang Bong (Date 12/05/2021).

### **3.2. Brief History of Opo Community**

The Opo people are one of the five ethnic groups living in the state. They live in northern adjacent of Itang special woreda. The two Kebeles inhabited by the Opo are Wanke and Mera. The Opo belongs to the Nile River Basin population that has moved from Nile Valley to the Southern, southeastern and Eastern part of Africa. Based on their oral traditions, the Opo believed to have come from northern Africa in the Nile Valley.

### **3.3. Geographical location**

The Opo are located in Northwest of Gambella town, but in the North of Itang Special Woreda. Their two local Kebele, *Wankey* and *Mera*. *Wanke* is neighboring Southern Sudan, Higher education Assessment, (2018). Opo are always using to live in permanent area for a long period. Their area is characterized by high forest or woodland. Adorned with abundant natural resources; the stunning landscapes, rivers, rolling lands and rare wild animals. In Ethiopia, the Opo villages were historically places such as Wanke, Akula, Aponyjal, Atuch, and Mera.

### **3.4. Political system And Religious among Opo**

The traditional Opo political system is described as predominantly egalitarian with no authoritative political positions or leaders. The only people who seem to exercise some sort of authority are the spiritual leaders, who perform rituals, explain mysteries and foretell events. Some of the Opo people are affiliated to traditional religion and others to Christianity Joshua, (2018). They believe on the existence of super-natural deity known as *War* (God) who live in the sky.

### **3.5. Social Organization**

Rural communities are characterized by social strong social bond. They are also considered as social fabric that encourages healthy social living among all indigenous people of Gambella. Thus, social solidarity is quite strong. Forming an association is quite acceptable because women can easily visualize its intrinsic value such as mutual help and cooperative. The Opo community are known for their hospitality (Smolders, 2019). The Opo community promotes peaceful living. No criminal activities among the community. For them, peace that produces unity, security and



happy life beginning from family and to the community as a whole. The Opo have the desirable values such honesty, industriousness and cooperation.

### **3.6. Study Design**

This study employed a qualitative research approach, specifically ethnographic study design was employed to understand the beliefs and worldview held by the community toward health and healing practices. Therefore, “ethnographic study design was used to describe and interpret the shared and learned patterns of beliefs and behaviors of a community concerning health and healing practices” Creswell, (2007). The rationale behind choosing this approach is because it usually focused on the study participants’ experiences and the way they makes sense of their own live in which they attach to the meaning.

The research approach used in this study was Qualitative. Qualitative research is a systematic scientific inquiry which seeks to build a holistic, largely narrative, description to inform the researcher’s understanding of a social or cultural phenomenon. Ethnography as a method was used to provide rich, holistic insights into people’s views and actions, as well as the nature, through the collection of detailed observations and interviews. A community field-based study was organized in two rural Kebeles of Opo community. Ethnographically, indigenous healing and the knowledge of individual regarding indigenous beliefs and healing practices were contextually understood.

It was the reason for the researcher to acquire the data needed for the study. I prefer qualitative approach to help to understand what cause illness and how people experience the conditions of health problem, how they acquires the knowledge, define what they are going through, when they decide to seek treatment, what happens when they seek treatment, how their experience of illness imposes on their health, Kielmann & Seeley (2012). This approach particularly fit in obtaining culturally specific information about health beliefs, the healing practices, behaviors, and social contexts of this particular community of Opo.

### **3.7. Sources of Data**

I have generated both primary and secondary sources of data for this study.

#### **3.7.1. Primary Sources of Data**

The primary sources of data were gathered from the individual informants' using: Observation, key informant interview and Focus group discussion.

#### **3.7.2. Secondary Sources of Data**

In addition to primary data, the secondary data were also collected by examining books, journals, articles, written reports and reports published and unpublished materials. Revealing the contribution of the indigenous beliefs and healing practices I review the related secondary sources. In the processes, I have attempted to conceptualize the key term and give emphasis on belief on the cause of illness and healing practices.

### **3.8. Sample Population**

The sample population from two rural Kebeles were taken from, *Wankey* and *Mera* of Itang special woreda. In general, study participants has grouped in to three major grouping according to their age levels (set), their roles in the study, as well as social position in the Opo community. To make the study process more convenient, these three groups were again squeeze into two groups: Individual interviewees and Focus group discussants. In other word there are individual interviewees, meaning (five community elders, five indigenous healers and seven patients, studies as all together make seventeen (17) study participants of individual interviewees) and two sub-focus group discussants, comprising of twelve (12) members, six in one group each. Altogether are twenty nine (29) participants.

The researcher believed that this sample was enough to provide answer to the issue under study. The indigenous healers and their patients, including community elders both men and women were suitable for this study due to their profound knowledge on indigenous beliefs and healing practices.

### **3.9. Sample Size Determination And Sampling Methods**

#### **3.6.1. Sample Size Determination**

In qualitative research, only a sample of a specific population is selected for any given study. The research study objectives and the characteristics of the study population such as size and diversity determine which and how many people to select. The sample sizes depend on the resources and time available, as well as the study's objectives. The sample size will be determined purposively, aiming to select individuals whose responses will provide information needed for this study, (Creswell, 2007).

#### **3.7. Sampling Methods**

The sampling technique for qualitative data was determined using purposive sampling methods. Purposive sampling technique was used in order to select those who are expected to provide their own view and knowledge, experience and whom researcher believe that would deliver the necessary information's about the indigenous beliefs and healing practices of Opo community. The healers were identified based on the information obtained from *kebele* leaders. Patients who use to visit the indigenous healers for medication were included. The focus group discussants were patients (community members), selected individuals from the community. The community members were selected using snowball sampling method. This technique relies on referrals from initial subjects to generate additional subjects. In snowball sampling, the researcher was starting the sampling process by contacting a few individuals for inclusion in the sample. This people have been then asked for names of additional people who might be willing to be part of the research project.

In order to select the sample for total population under study, among thirteen (13) districts of Gambella region, Itang Special Woreda was selected purposely because it is the only district where Opo Kebeles are located, Gambella People National Region (2015). Based on this sampling method, all these two Opo Kebeles were included as part of the research. They were chosen because they are the pertinent rural Kebeles inhabited by the Opo community in Gambella Region.

**Table 1: General Characteristic of the study population (Participants) by their gender, age, social group, role in the study, marital status and religious orientation**

General description of study participants' background and characteristics	Gender	Male	Female	Total
Study participant' age and social positions	(Elders)	5	0	5
	(Adults )	19	5	24
Study site	Wankey	19	2	21
	Mera	5	3	8
Religious orientation	Christianity	3	1	4
	Indigenous believers	21	4	25
Marital status	Married	22	3	25
	Unmarried (single)	2	2	4
Participants and their role in the study	Community Elders	3	2	5
	Indigenous Healers	4	1	5
	Clients (Patients)	4	3	7

- *From the above cumulative number of the twenty nine (29) participants of the study, twenty (24) of them are males and only fives (5) of them are females.*
- *Among these twenty nine (29) study participant members, twenty four (25) of them meaning twenty two (22) males and three (3) females respectively are married.*
- *Four (4) meaning two (2) males and two (2) females are single/unmarried.*
- *Eighteen (21) out of twenty nine (29) study participants; meaning fifteen (19) males and two (2) females are from Wankey Kebele, in Itang Special Woreda/district, whereas only eleven (8) participant, meaning five males and three (3) female are from Mera Kebele.*
- *Twenty five (25) out of all study participants, which mean twenty one (21) males and four (4) females, are followers of indigenous beliefs and four (4), meaning three (3) males and one (1) female are Protestant Christian, according to their religious affiliation.*

### **3.8. The Methods of Data Collection**

#### **3.8.1 Key Informant Interview**

The first method used to collect primary data in this study was in-depth interview. The method was employed to collect data from local elders, patients and others community selected purposively because of their experienced in indigenous medical system. I was conducted key informant interview to collect information regarding the cultural context in relation to health belief. This information was obtained from, community elders and indigenous healers from the society through in-depth interview with key informants. The interview was conducted in Nuer language depending on the preference and ability of the participant. The interview was conducted on face-to face basis in order to prove more about the issue and observe the reaction of the participants over certain issues under interview.

Demographic characteristic of key informants was negotiated from the study area. The first key informant was community elders in two villages Wankey and Mera. These informants were selected to convey the community view on their own beliefs and healing practices. Through this method, I collected data in relation to beliefs and healing system, and the interaction between indigenous healers and patients.

The interviews were recorded except under a few instances when the informants express their inconvenience with the recording. I took notes of their responses on my notebook under such conditions. These informants are knowledgeable elders because of their live experience in the community. The second key informant interviews were indigenous healers as general indigenous health practitioners in local setting, those who are working in different indigenous health care services being provided in the community.

#### **3.8.2. Observation**

The observation was used to collect the information needed regarding this inquiry at the natural setting. For this type of instrument, the researcher is generally engaged with the subject of observation, even if this is silently, simply by being present, visible, and involved in an activity that draws you and the subject together. It was helpful for the researcher to yield information which people are unwilling or unable to provide and helpful to discover complex interactions in

natural social settings (Russel, 2006). I was observing the actual facts on the study by using guide line to perceive the different knowledge concerning the study.

### **3.8.3. Focus Group Discussion**

The other instrument that I was using in the study area is focus group discussion (FGD). Focus group discussion is effective in producing data on indigenous health beliefs and healing practices of a group and in generating broad overviews on issues of concern to the cultural groups or sub-groups represented.

Two focus group discussions with twelve selected members were organized in two rural Kebele of Opo communities, such as Wankey and Mera respectively. A major advantage to this instrument is that it produces a large amount of information over a relatively short period of time. The discussion on the guiding questions was lasts for ninety (90) minutes.

### **3.9. Data Collection Procedures**

The proper procedures were followed on the study. Upon completion of the questions guide, I took the official permission by obtaining a letter of recommendation from Jimma University, College of Social Sciences and Humanity, Department of Social Anthropology. Written on it “**To Whom It May Concern**”, as its’ often a general rule for data collection procedures, Creswell, (2009).

Upon obtaining the letter of permission from the college, I was directly departed to the site where the participants of the study were. The study site selected was Opo rural Kebeles namely *Wankey* and *Mera* in Itang Special district. Since there is two study sites I first when to Wankey Kebele and take more time than in Mera Kebele because of the same community.

Before boarding on the data collection process, I first presented the letter to the concerned official on 16/02/2020 in Gambella Culture and Tourism Bureau, and did likewise to Itang special district administration, two days later on. After being approved a full permission to collect data, I got ready for two consecutive days move to the field.

After following the above procedures, the actual interview process with the participants of the study in Wankey Kebele began on 18/02/2020 to 10/03/2020 beginning with rapport

(relationship) establishment with each study participant by introducing myself, presenting the letter of permission from Jimma University, where I came from, the purpose and the objectives of the study step by step in their individual home for individual interview and in a group with FGD members as well.

Finally, step by step short and precise introduction about the general way of the interview process was given at different times and places. Due to confidentiality concerns and the nature of the topic, voice recorder permission was requested from the participants, individual-based interviewees were scheduled in their homes. But, focus group discussants were conducted under the tree where a community meets when there is need together themselves as usual.

In both individual interviewees and FGD session, I have expressed my earnest gratitude and thankfulness after completion of every session to each individual participant as per their interview turn for their willingness to be participated in the study.

After finishing at Wankey Kebele, I when to Mera Kebele to collect data from others participants selected and meet them on 12/03/2020 up to 21/03/2020. The same procedures carried out in Wankey Kebele were repeated in the same manner in Mera.

The interview was conducted in Nuer language as a medium of communication for all study participants whereby their speeches were recorded with voice recorder throughout the course of interview in both Kebeles. All recorded interviews were then transcribed accordingly. Finally, after this process of transcriptions, the data was then translated into English using direct translation.

### **3.10. Data Analysis and Interpretation**

The data gathered from the field comprised of individual and group descriptive on the background of the knowledge toward existing indigenous beliefs on the cause of illness, health and healing practices in Opo community. Therefore, descriptive method and/ or qualitative analysis have been used to analyze the data (Creswell, 2007). This was so mainly because it is only the descriptive analysis method that fits for analyzing such an individual and group of the primary information of the study participants on the general indigenous beliefs and healing practices of the Opo community in relation to health.

While in the field, I start the process of analyzing the data by using content analysis. Therefore, what participants say and what is the data. Responses from individual' interview, FGD, and observation were analyzed and presented through description and interpretation. The data was analyzed through arranging of words (verbal) of the data by reading through the transcripts, listening and writing memos. This analysis was enriched in the context or setting in which the study present itself. Based on this analysis, I have provided a detailed description of the study.

### **3.10. Ethical Consideration**

Ethical consideration issues play a vital role in the overall research study process .This can either facilitate it, if put into an account; or jeopardized it, if researchers work in ignoring them. In other words, this means, if any researcher expect success from their research study, they have to respect their study participants' individual right, needs, values, culture as well the existing professional code of ethics postulated by their academic institutions, Creswell, (2009).

By having this in mind, I had first presented permission letter from the University to the concerned bodied in Gambella Regional state, Culture and Tourism Bureau; and Itang Special district and as well to both Wankey and Mera Kebele were target of the study. Following this, I formally introduced myself to all concerned persons. With full permission being granted to and an agreement to the study reached with officials, I then embarked on the two individual study participants to discuss on their personal concern to participate in the study, choice of convenient of their time and place for interview process were agreed.

Moreover, permission on voice recording, assurance on individual safety and confidentiality of their identity and information given as study data, were also promised based on individual members and then with focus group discussion thereafter. Each individual interviewee was interviewed alone, but the FGD were altogether open discussion. The tune of the study was in accordance with the ethical expectation, principles, ideology and practices of anthropological tradition without controversy and contradiction to anthropological code of ethics.



## **CHAPTER FOUR**

### **4. RESULT AND DISCUSSION**

#### **4.1. Introduction**

This final chapter deals with the results and discusses on the finding generated from the participants. Different concepts were organize somatically based on the cultural context related to health and healing, and why indigenous beliefs and health care systems is significant to members of the community.

The indigenous beliefs and healing practices including the acquisition of knowledge and contribution of the healer's is important. The role of indigenous knowledge in healing services is contributing to health of the community. And why indigenous medicines and healing practices help them out of ill health. The chapter also specifically deal with theoretical and policy implication in brief.

#### **4.2. Cultural Context of Health and Healing among Opo community**

The systematic neglect of culture in health and health care is a single biggest barrier worldwide, The Opo health care system and acquisition of healing practices is unique as they rest on the culture and the natural environment. Their livelihoods depend on sedentary agriculture in addition to wild roots of tree or grass. Their health care system is mostly on indigenous medicines. The surrounding forest of Opo make them unique and reliable on their ability to utilize the nature and they have been led by their beliefs. They live in permanent settlement. This helps them to have an inclusive care. Everything's that human life requires in relation to health and healing, for instances, whether there is struggle with health problems it is rooted in the concern of the community.

Health is part of human ways of life. For this reason, health among Gambella indigenous ethnic group are influenced and expressed in their very ways of life. As part of my discussion with study participants the lives of Opo Community involves the health of the community. This was detailed to the extent of their beliefs system and its connection with the following descriptions. These narrations include: Opo ways of life, the marriage among Opo, farming, fishing and the hunting and gathering among Opo community. This ways of life's of the community interlinked

with health and illness of the Opo community. These cultural elements are interlink to their health.

#### **4.2.1. Opo Community Ways of life**

Culture is the community ways of life (Fassika, 2004). It has strongly elaborated this idea that behaviors and lifestyles that are considered as healthy vary from society to society or time to time, Zerihun (2004). This means people's perception on health and illness differs based on natural environment, economic activity and culture. This is because everything we ensure with human beings and for human beings in human societies at all times encompasses the culture of that given human society. This study has been conducted with an objective to explore "Indigenous Beliefs and Healing Practices" of the Opo community. In other words, these beliefs and practices are the fundamental "Pictures" of the indigenous health and cultural practices of the Opo community in general.

The Opo community is one with distinct culture among the five indigenous ethnic groups in Gambella Regional State. They call themselves "Opo" meaning "*human beings or people*". Opo refers to Society, (*locally understood as "Mana ko kay" we the society is living peacefully, meaning peaceful co-existing*). The names such as Opo, Opuo, Opuo, and Upo were used by different authors but those were the result of a misunderstanding. From the community themselves is 'Opo'.

Opo cultural way of life is constructed on the group cohesion and characterizes of strong social bond. Bellow I shall briefly describe their marriage, and mode of subsistence. Health care providers in every setting they need to be aware of culture in order to address the apprehension for illness.

## **4.2.2. Marriage among Opo Community**

The marriage is defined by Opo as *'thiyaa'* which they literally translated as 'love'. As marriage mark a change in status for man and woman and the acceptance by the community of the new family is formed after. Almost all society recognizes marriage. The rule of marriage in Opo is only based on being industrious or hardworking man. But it's permitted out of both blood lines. There are different types of marriage tradition in every community. Opo practice different kind of marriage system such as, 'sisterly exchange'; elopement; impregnation.

### **4.2.2.1. Type of Marriage**

There are three types of marriage among Opo community. These are: sisterly exchange; Elopement and Impregnation. Elopement and impregnation share the same procedure.

### **4.2.2.2. Sisterly exchange**

The oldest practice was the sister exchange marriage. Sister exchange refers to an exchange between two families both having brother and sister to one another as husband and wife. Opo community use sisterly exchange for a long period of time. This type of marriage is so unique among Gambella communities. In respect to this oldest marital practice, young man can marry only by exchanging his sister with other young man sister. Thus, a young man who has no sister will find it difficult to have a wife in Opo community.

This culture persists for long time but latter on put to an end by one of the notable Opo chief (koro) called Akumparthaa. The practice was perceived to impose detrimental consequences on society. A young man without sister is unable to marry. He convened with the community elders. So, it becomes very difficult for him to make that change. But in a series of complicated discussion he takes the responsibility by himself to give his own daughter. This mood of acquiring partner was replaced with bride wealth. Based on the tradition of bride price, the Opo has adopted Ethiopian Birr as a form of payment from the family of the groom to the parent of the bride. Basically they resisted his idea because they thought it is through love that we exchange the girls. These elders refuse by saying that human should not be sold out like 'salt' and 'clothes'. The community adopts the bride wealth payment from him. Through time the

demand is increasing. To earn the money it was only from hunting. Now the money is earning from different mean and easy than before.

#### **4.2.2.3. Elopement and Impregnation**

These kinds of marriage are considered as illegal by the Opo. Elopement is performed with the genuine agreement between the two couples. It usually occurs when the two contracting couples agreed to form a marital relationship while their families failed to approve the affiliation. The couple who fall in love through the course of time they hid for few days until their relationship is approved. When the girl return to her family, marriage will be arranged and the occasion of wedding will be performed. On the other hand impregnation is another type of marriage. The boy fall in love with the girl and have a private relationship with her until conception without the concern of her parents.

These two types of marriage are not the will of the parent and community as well, but they have to be approved by them. Sometime they bring dispute among the community members. Those marriages also result in to a serious punishment among the community. The girl sibling first warns the boy stop such a relationship with her (their sister). If the boy insists and they find him that might result in serious punishment or lose his life. If this incident happens the community elders will come to mediate families, victim and killer. From there a girl will be given to the deceased parents on behalf of the man being killed.

#### **4.2.1.2. The Process of Marriage**

The process of marriage in Opo is somewhat similar to the Nuer. The processes start from the relation between the couple or relationship between the parents. After their relationship the couple who fall in love can be allow by the parents to proceed. Therefore, the first marriage processes is an agreement and approval of it by both parents of couple.

Second, as the marriage is more of a relationship between groups than between individuals among Opo. The relationship has to be discussed seriously through blood line. So, after the parent become aware of no relation among themselves they permit the marriage negotiation. The bridegroom family put the bracelet, cloth, necklace at girl's hand or her neck which shown that she has chosen. The marriage among the Opo is currently brought about through payment of

bride wealth and by the performance of certain ceremonial rites. In relation to health in Opo community the money should be given to her father, mother, grandparents and uncle to make sure that her fertility is protected. If the money are not paid and received by the parents they may be hunger of her and her fertility will be in danger.

The third part in the processes is *wedding* ceremony celebration. Both family arranged the wedding and invited all the relatives from both parents and the community as well. At the wedding the people play through the day and whole night with dancing and singing. The young men and girls will be given a special place overnight.

The last part of Opo marriage process is *consummation* which is locally termed as '*thiyabaapaah*', meaning taking her. This process is given only two days by the community. The process is done through the agreement of both family and prepared at the family of the groom. The bride with her friends will get ready and come home to enjoy with their in-laws specially youngster for these two days. After two days all of her friends will be gathered and make a farewell and check hand by saying to her '*waagu diga*' in Opo language, which mean "stay in peace at your home". And then she replies by telling them '*kokoo diga*', which mean go back in peace. In addition, the husband and his age mate will not eat the food prepared by bride for two and mores weeks. The man will prepare another ceremony, which is locally termed as '*thawuthaa*'. She will prepare a special food for her husband and his friends. At the ceremony the man and his wife will taste the food first before all and invite all her husband age mate to eat together. From there the family live will be started.

Marriage among Opo community is apparels the peace and security in the community because without being arranged by family is not permitted to the youngster to marry. Some time when the girl and a boy insist to what their parent told them it results in killing of the boy by girl brothers. When this incident happens, the mediation of the community elders, on both sides must convene or mediate the problem together and resolve that conflict by offering the girl in place of the deceased young man. Therefore, the community belief's by having peaceful marriage is having peaceful healthy lives for all members.

The mode of subsistence among Opo community have a durable link with that of indigenous health and healthcare system. From both rural kebeles, the Farming practice, Fishing, Hunting and gatherer has a linked to the health of the community for one way or the others.

### **4.3. Farming Practices**

Like other communities in Ethiopia, Opo live in permanent settlement and they earn a living by practicing mainly subsistence farming. This community doesn't use the animals for farming because they have not domesticated the animals at all. The local people were using hand tools such as: crude hoes, plough, panga, axes and machete (*hamto*). Opo use their energy to cultivate but they work in groups sometime. The farming system of Opo is unique from the other community in Gambella. Unlike other community in Gambella everyone has its own farm to cultivate among the family members. They grow crops such as sorghum, maize groundnuts, sesames, potatoes, yams, okra. They also rely on root and tuber crops such as cassava and tana.

In the rural setting, Opo community women are devotedly doing works such as threshing, seed preparation, sowing or planting, weeding, land clearing, harvesting, processing and storing cereals in the barns and tilling the soil. Other activities such as sowing, protecting farms from monkeys and birds, gathering of harvests, winnowing, and storing and protection are done by women. Children alike are tasked to protect the garden from birds and monkeys. The major reason encouraging women to engage in these activities was the social norms and lifestyle of the community. This a tedious work usually carried out in February and few weeks of March in winter season farms.

The two notable places for winter farms are *Tahijiba* for Wankey and *Kutkanay* for Mera respectively. No one is idle at this time. Works are divided in the family. The same thing also happened in summer season camps.

This community follows two seasonal farming namely summer (*'waapuol'*) from May to September and winter (*'waawgul'*) October to March which is considered as common rainy seasons in most part of Gambella Region.

In the winter time they produce maize (*kobo*), sorghum (with its types such as *'kure'*, *'sibany'* and *'ajalum'*) and other like pumpkins, different types of bean, watermelon. The produces are

locally processes in to various kinds of foods by Opo community such as '*Ma Opo*', '*Ma ma tino*' and '*Ma pudha*'.

Ma opo meaning people's meal is used as the main food for Opo community. A ball-like food made of either maize or sorghum flour). It is made of sorghum flour, mixed with water, baked and eaten in solid form with different kinds of stews. Ma ma tino is also made of sorghum in almost the same process, but being locally baked using pots. Ma pudha is made from fresh maize product. It is prepared from grinded fresh maize, covers with maize-leaves and then roasted. Having these kinds of foods, they belief that they feel healthy and physically strong compared to other food they have. Accordingly, what they eat is aligned with their indigenous health beliefs.

#### **4.4. Fishing**

Opo community practices fishing activities for entire life. Their fishing activities include three locally made wooden nets termed as '*tuka*', '*dur*', '*mer mer*', and '*lek*', instead of fishing nets and fishhooks that are being practiced in today modern fishing technology. Each of every fishing wooden net has its different in size and the purpose in used. In fishing activities, they make sure that people must comply with indigenous norms of fishing. There are two significance rules that secured people as they believe that it will cause them not to caught fishes. These rules are locally called '*Cumatini rimiith*' and '*Ajaah ciica*'.

The first rule is *Cumatini rimiith* of which is divided into two different terms i.e. '*cumatini*' meaning pitch and *rimiith* meaning spear, translated as spear pitch/pitching spear. This rule is constructed by the community from believe that if the spear is pitch unknowingly near the fishing place people will not caught fish or they will caught few.

The second rule is '*Ajaah ciica*' of which is divided likewise in two term as well, i.e. *ajaah* and *ciica*. *Ajaah* itself is passing and *ciica* mean urine together is pass urine. *Cumatini rimiith* and *ajaah ciica* as rules are accepted by all community members. To pitch the spear or urinating around the fishing area in one hand and the coming of woman near or even around that area is prohibited. The fishing area is permitted only for male but they will not pitch a spear or urinating at that point. These rules of fishing as custom dictate that people wouldn't simply caught fish. If it happens by mistake, that a woman comes nearby and man pitch spear or urinate at the fishing area, consequences must follow both the woman and the visited man.

The consequence is a punishment (thi) that both men and women would face the same penalty. They must submerge under the water three times by ordering them cross the river in the hand of strong man, holding their necks forcibly. According to Opo community they explain in their belief that, this kind of penalty to the bearer helps them regain ability to caught fish as usual. The Opo believe eating fishes support bone growth and strength in relation to their health.

#### **4.5. Hunting and Gathering (foraging)**

Opo community relies on wilds animals for meats. As people living in the forest, hunting is one of the adorable practices both by young and old men. In the first place, it is one source of food. In other it is recreational activity, especially for youngsters. The more you practice, the famous you become and the hard-working man you are to be considered. It also generates healthy living as part of sport-like activities. One participant put it this way, during hunting activities; they consider their safety and security as the prime priority. The Opo used to burn this certain indigenous medicine for hunting. When an Opo man going for hunting he use to protect himself from harm around the bush. One of the protections they use is Akak.

Opo community use '*Akak*,' for two different reasons: first is used by indigenous healers, specifically who have such a skill as an indigenous medicine acquired from bushes plant for treatment of abdominal ailments. Akak' is used primarily for any abdominal disturbances caused by meat, wild fruits or anything triggering abdominal inconvenience. The second reason is used by Opo men while hunting for their safety and protection. 'For safety and protection purpose, they burn the dry part of its stems (Akak) just some distance away with its smoke hovering as people sleep at night in the bushes. In doing that, they beliefs that either human or wild animals could not come and attack them in the night due to the power released to the environment by the 'Akak'. Wild fruits are also their important source of food. Opo community practice gathering wild fruits and roots. They collect roots both for food and locally made medicines. As usual, they collect and eat some wild fruits in raw form. Unlike other community in Gambella Region, Opo community beliefs that plants roots, stem, leaves, and barks are important source of medicines. One community elder narrated that:

According to (FGD 1 & 2), said, since long ago, our health and well-being depends on the work we are doing, on what we eat and our natural surroundings. There are different



factors that help us to live and maintain our health here for such a long time since then. The beliefs we carriage on the natural surrounding and the skill we develop can provide us everything and sustain us for everything as well in this community. From generation to generation, our people live in this place, eat the same foods, fruits, roots and meats, drink this water and enjoy easy and healthy life (on 20/02/2020).

#### **4.6. Indigenous Beliefs and Health Care System among Opo**

Cultural health beliefs as way in which individuals perceive illness, how they do experience pain, how they fine quality care and how they select care giver Ejike, C.N. (2017). How indigenous people of Opo do understand the terms: indigenous, beliefs and healing. Because this will have an implication to the understanding of health and healing practice.

The Beliefs and the meaning that the communities hold in relation to people's health and healing practices is not simply attached to the way they view their world but also the action in response to it is very essential. In order to know the Opo community belief and healing practices is better to bring the definition and the local meaning of the term indigenous, belief and healing practice.

“Indigenous” is locally termed in two different terms but they used them in a single meaning, these are “*Hukue wethin*”, and/or “*Naha apeni*”, which should be pronounced as.... “*hukue we thin*”, and/or “*Na haapeni*”, means the reasons of our “existing” as Opo is in our way of life as community. These indicate that living as an Opo require trusting in effectiveness of indigenous medical system.

Based on the explanations above, many of study participants have admitted that all members who live in this community from both villages (*Wankey* and *Mera*) attained their health as they believe the healing practices refers to a marvelous set of their way of life.

The term belief there is no single word in Opo language that can be translated widely with straight meaning of the term. Instead, the Opo are using three different terms that comprise the single meaning of the term belief. In Opo community belief is always depend on what they trust or accept and coming to know so far in their own community.

So, “*Belief*” is not defined in single term in Opo language rather it can be translated in to one specific meaning depend on their view, in a relation to their health. Belief is locally termed as

“Thawuthin”, or “Aledan”, and or “huwayaa” which should be pronounced as.....*Thaa wu thin*, or *Ha le dan*, and or *Hu wa ya* in local language, which translated comprehensively as “we know it or we accepted it”. This in turn helps the community in general to rely most on the indigenous healthcare systems.

The other term “health” in general is locally termed as “*Hithpotow*” which should be pronounced as Hith potow, which mean being “well or living well”. The health in Opo is more constructive to the indigenous beliefs. They understood and term their healthcare “*Ku mu caa*” which can be break in to two different words in their language, such as “Ku mu” meaning house, and “*Caa*” as medicine, altogether is “*Ku mu caa*” (house of medicine).

Therefore, the following are the responses given by study participants based on their indigenous, beliefs, and indigenous healing’s knowledge of “what they believe causes illness and how they heal or being heals as well. One of the indigenous healers narrated this way:

*I live in this community for my entire life. Living in this community brings us a very rich knowledge and believe that we have to solve our problems with in our locality. It has been so hard for us to find help out of Opo. The knowledge we have about health is based on believe we have toward patients and what type of ill he/she felt to. “We believe illness is created (caused) by the “indigenous based beliefs” (“An external based cause in Opo context of the word ‘god” (Waar). The community takes nothings for granted; meaning everything’s are decided by the community in anyways. According to the indigenous beliefs, it is from such a situation that the patient with illness happens in the Opo community, anyway. The external based cause of illness is directly from the misbehaving of individual against the community norms (22/02/2020).*

The wellbeing among Gambella communities is differently perceived. Opo community has an indigenous beliefs and ways of healing connected to it. This community for them to stay healthy long ago it was for two important rituals. Their health is residing on two distinct categories of healing rituals performed by healers. These two categories are used by indigenous healers that are believed by the community in preventing and curing of illness in their community. These are locally termed as ‘*beeth*’ and ‘*juum*’.

The first category is '*beeth*' this is a title of the belief which one of the family has practiced to help the community for a long period of time. Beeth is an indigenous belief of which community believes that out-bursting and receding of the flood water result in outbreak of the health problems in Opo community. This specialist working to rescue community from preventing and curing illness expected from the outbreak of illness every years in summer and winter season.

This man is working like a sorcerer or indigenous belief specialist. In time of the out bursting and receding of the flood water he has to be consulted by community elders. He then instructs the entire community to follow certain rules for their wellbeing. After that consultation he will request the community member to take an indigenous medicine locally known as '*caa tuk*'. This medicine is taken from root of a certain tree species locally known as '*tuk*'. '*Tuk*' is one of the tropical trees which have small leaves and white flowers. The community members took the medicine instructed by healer and tied it to their next or hand for a given time frame. This is for prevention and curing of the outbreak of the illness yearly.

The second one is '*Juum*' this is a title of the belief which one of the indigenous healers practiced for the outbreak of emergency illness. It is only practiced for the emergency illness. This healer helps the community to prevent and cure the outbreak of emergency illness in Opo community. The healer makes two consecutive rituals. First he takes a vessel made of gourd, unused, put water in it and cutting dog's ear to bleed adding the blood on water. After mixing them, he eventually drinks it signifying prevention and cure of ill ness among the community. According to the belief that healer can predict the health problems after the first ritual. Second, he will request the community to bring one dog to him and killed to defeat that emergency illness from the community. And finally order the whole community to take bath at the early morning in nearby river.

In addition to this category '*diiga*' is local name of greeting in 'tapo' or Opo language. The response is '*diga mani*' meaning am fine. This greeting has an implication giving or receiving wellness from others community members to bless other while greeting them. It is all about giving and receiving peace by greeting someone in the community. By performing this Opo believe that this emergency illness has gone by emerge in to river. From the above narration, Opo community use wilds fruits and the crops as diets for their health. In the concept of health in Opo community is equivalent to peaceful living, plenty, and absence or limited criminal

activities at a time among the community. For them, peace produces unity, security and happy life beginning from family and to the community as a whole. In case of ritual seasonally in Opo especially at the time of the crops rippling the community make ritual related to health. The community elders can take three crops either maize or any types, one of it throw to the bush and other one to the river/lake to put a way ill health and the last one is given to the youngest child in the family. This comes as believe that the major ailments in Opo are defeated through that ritual. One notable village woman and FGD 1, remark on 18/02/2020 said:

When ‘Hithpotow’ (peace) as they perceive by is prevails in the community, we adults gets time to train youngsters in marriage, cultivating, fishing, hunting and gathering activities or over all day to day activities. Going out in the morning and coming home at evening by running the entire task assigned to individual is all about *hithpotow* (being healthy) to us. All those activities mean health in our community.

In Opo cultural context, plenty of harvest and getting up early in the morning or facing a new day indicates health and peaceful year to them. During that season, every member of the community is assigned certain duty based on their health status. Taking or stealing some property is socially unacceptable. It is believed that, stealing brings long-term misfortune for that individual as well as his/her family. That belief reduces crime and obviously, brings peace and healthy living in the entire community.

#### **4.7. Indigenous Medicines and Healing Practices among Opo Community**

In Opo, medicines are indigenous heritages which have an importance place in their community. They are mostly educational in nature and the knowledge through stories could be told by both men and women in Op community. They are also considered as social fabric that encourages healthy social living among all indigenous people of Gambella. “Among the Opo, indigenous medicine has a long history passing from generation to generation, embracing the wide range of medicinal plants,”

What people do for health depends to a large degree on how they understand the causes of an illness. To take the beliefs and healing practices of the community medicines used by the Opo is important. The following are some of the commonly used indigenous medicines for healing purpose. All medicines are named based on the part of the body affected. They use *Prefix ‘caa’*

indicating the trees or plant's used as a medicine, while *suffix* indicates ailment/illness. The following are the names of common ailments/illnesses being heal by them.

#### **4.7.1. Caa thiet (for Bone fracture)**

'Caa-thiet' is a local name for medicine treating bone fracture by Opo. It is potato like shape and white in color. It is one of the wild roots. This medicine is owned only by one family in the entire Opo community. In case of incident of fracture, people run to them for help. Only the appointed member in the family will rush to forest to bring the medicine. Having brought the medicine, the healer and the patient will come to special place to perform the healing. The healer with small knife slightly cut the fractured area. He then chops the medicine into pieces and applies it in the fractured part and wraps it with bark of certain tree.

In addition to that, hot water is applied every day until the fracture is healed. The healer explained:

“the healer can stay with the client to make sure that he/she is follow the rule. On his interaction with the patient he asks him/her what you feel if he may add the medicine. When this activity continues for one month depending on the seriousness of fracture, it will be healed completely and become as better as it has been. The person can go for farming or hunting as usual. He further said, medicine cannot be taken without his permission. If that happen a person who took will face a serious bone fracture”.

The healers further explained as follows:

As my father passed away last year, I am the only one who acquired the healing power (skills) from my father among my four brothers. To acquire the healing skill, some practical activities must be seen such as willingness, talent, and some other indicators that show that the individual would be the one to acquire the knowledge and take the healing practices. The healing is partly spiritual and secular as well. The spiritual part is that young people are not permitted to come to place of healing because it will cause infertility to them. The secular part of it is that the healer provides treatment to the victim. Generally, is learned by the youngsters. These medicines (thiet) in our community we believe that is help us of preventing physical impairment. It consists of special skill from

the healer and their family. This skill bring the community together as we all believe that fracture is fully restored by the indigenous healer in Opo community (23/02/2020).

According to the healer, 1500 Birr is paid as the cost for treatment. Many years back, this was done in kind. Interestingly, this charge is paid only after the patient is fully recovered. This charge is also considered by community as thank-giving offering, given to the family of the healed individual. If an individual has no capacity to pay, the healing is considered as a gift to that person by healer's family and the entire community.

#### **4.7.2. Caa joo (for Snake bite)**

There is indigenous medicine for the snake bites. This medicine is stone like shape. **Caa Joo** is a local name for medicine treating snakebite (*caa* as medicine, *joo* as snake, but *moti joo* as poison of the snake). This community is situated in hot climate and living in a forest. Depend on the environment; it is not only snake but also others reptile and animals are living nearby. Their lives long practice is to solve the problem themselves.

Before discovering the current indigenous medicine they use to take and swallow just ordinary soil to prevent death, but don't prevent the impact of *moti* (poison). This can be done by any members who are around the victim at a time. By taking the soil and swallowed, a victim will vomit the *moti* (poison). The indigenous medicine used was brought by one family after the incident causing death to their family member. From FGD 1 & 2:

It was only ordinary soil used from preventing death. Long ago in our village one man was bites by the snake. After that incident, our great grandparents struggled to find out the remedy. Unfortunately, their beloved one passed away despite all attempts to heal him". It was from this terrible incident that their parents decided to seek for remedy everywhere in the bushes and put some alternative as treatment. During the second incident, the family gathered together and tried as much as they can with all the remedies in their reach until they successfully treated the patient. In this respect, only one family member was endowed with that indigenous healing skill (24/02/2020).

The appointment is given by healer to the one who he/she think is interested and willing to learn the healing practice. The snake bites healer, said: "I am the only appointed person in our family.

When incident happen, the person is brought to my home, and then I chewed the medicine, release the drops into the affected part or wound. The person stays for almost two hours and finally send home fully recovered.

There is no proper road leading to the two rural Kebele of Wankey and Mera from Itang district town. Taking the patient to the town for treatment has been very difficult. It is from the fact that this community is living far from the town they use to utilize the knowledge concerning snakebite as they have no other alternative at all. Given the seriousness of the snake poison, Opo community would better resort to their own indigenous knowledge for healing the snakebite.

#### **4.7.3. Caa cuula (Incest taboo)**

Like other Nilo-saharan communities, Opo strongly believe in incest and its implication in health and wellbeing of the community. It is customarily prohibited to marry from the extended family related in bloodline. When two individuals related in blood on one way or the other commit sexual intercourse, the one and the only expert (indigenous healer) is consulted immediately by the two families whose children commit the incest. The healer brings the local medicine taken from the root of certain tree called ‘cuula’ that has a healing power.

When the healer prescribes the medicine, the patient is ordered to chew it for some days until he/she is free from the signs and symptoms of the incest. The medicine is given to both male and female as well. Finally, the healer officially declares them as free and healthy people from the incest and its consequences. If the two individuals try to conceal the case, some physical indicators such as signs like illness, when if persist without local intervention may cause death to both or one individual involved.

#### **4.7.4. Caa thuuma (Hydrocele)**

Opo community is very unique in different ways. One of them is how they view and intervene in Hydrocele illness. This illness happens as when water or liquid accumulates in scrotum of the male child or young man. This causes the swelling of the whole genital organ making it too painful and too heavy to carry. As part of intervention, the community isolated the patient for some days making it ready for treatment. After few days, the community calls a ritual process whereby people worship their creator (god) which they thought bring it up on them.

It is believed that it is God who chooses that person to bear the pain on behalf of the community members. It is luck and painful experiences that must be borne by any individual who happen to receive it from the above.

Recently, modern medical intervention is accepted and operation is carryout to squeeze the genital part for the purpose of healing. It is most of the time successful and the person feels better compare to ritual way of intervention. It is the only illness which they mentioned need today medical intervention among all the illnesses they encounter in their daily experiences.

#### **4.7.5. Caa tith, Caa kutuu Caa kopcuro (For Malaria treatment)**

As common illness in Gambella Region, malaria causes a number of deaths in Opo Community. *Caa tith*, for malaria treatment has been the best option from the Opo. It is prepared from root of certain grass. When the community observes the malaria-like signs -symptoms, they recommend that root as the only medicine for treatment of malaria. The medicine is known to all members in Opo community. There is no special kind of skill needed. It is applied to all patients by anybody who is willing to help the patient.

In combination with Kopcuro (medicine for headache), Kutuu (medicine for cough), the patient is ordered to chew those roots for some days, until the signs and symptoms of malaria such as fever, headache, joint pain and dizziness are over. Then, the family declares it as successful and the patient fully recovered and may go back to work.

#### **4.7.6. Caa laango (Burn)**

Burn has special treatment from Opo Community. The community use two different kind of medicine to treat burn injure. These are caa laango and caa nyaaroo. Both are used for the incident of burn injure in the community. Caa laango is made from a certain tree called laango. The medicine is known to all community member but they take the advice from the healer on how to take the medicine. It is prepared from the ash (residue) of the leaves or bark of the certain tree. In ash form, the family member adds little water to it and applies it on the surface of the burned area completely. It remains dry until the wound is healed just applied at one. The other



one is made of fur of the animal. The furs of that animal are to be plug and put at the surface of the wound and dry until the cure of the wound.

#### **4.7.7. Caa puuth (For infertility)**

Reproduction is a biological and social need from every community. Infertility is one major health concern. This health issue has special healer with special medicine. In the process of healing the two patients (husband and wife) are ordered to stay in-door for a couple of time. The healer give them medicine, foods and everything they need while inside the house until they are fully healed. The healing process is said to be complete only if the wife conceive the child, which is an indication of the returns of fertility.

#### **4.7.7. Caa ajangakiw (For Hepatitis)**

Hepatitis is one of the major diseases among Opo community which the indigenous healer managing and cure. It has special healer and skill needed to intervene. This illness is identified from the patient with colored eye, swelling from the legs and feet.

The special healer ordered the Caa jangakiw for its treatment. It is prepared from the roots of certain plant. The patient is given certain portion to take it home weeks after weeks. After sometime, he/she report healing indicators until final recovery. After all, the special healer declares the patient as illness free individual.

#### **4.7.8. Caa putinah (For Trachoma)**

Trachoma is common disease not only in Opo community area but also in the entire land of Gambella Region. It affects eyes of both children and adults. Caa putinah is prepared from the leaves of certain tree. The healer prepared at the morning and he applied on patient eye at evening. The reason is that it is more painful when it applies on eye, so healer advises his entire patient to take it at night. Healer is the only person who can do the job. The leaves are chopped into pieces, add little water and apply it to affected eyes one a day for less than two weeks. The community member may follow up with the patient until he/she is fully recovered.

#### 4.7.9. Caa maath (To be loved by girls or women)

Love is a binding fiber for humanity. Young people among Opo community seek love from their girlfriend's in diverse ways. With the help of this medicine, some people in Opo community seek love even to other married women using this locally made medicine just for this purpose. The medicine is prepared by healer. It is made from stem of certain tree.

A person interested in certain woman or girl can hold this medicine or brush the teeth using it. Immediately it attracts the woman/girl that enables her to refuse for sexual intercourse. It is not commonly or openly used by any member of the community because the consequence may lead to severe punishment or death.

#### 4.7.10. Caa gier (For evil eye)

Juuwaa (evil eye) is considered dangerous not only in Opo community but also in most rural dwellers in Ethiopia and Gambella in particular.

But in Opo is unique in its beliefs. Juuwaa (evil eye) has a beliefs on it that as it common to all Ethiopian that they share food together. In Opo when some people eat together it's not good that evil eye should finish first. When he/she finished first those who left can be evil eyes. Gier is local name for the certain tree. The medicine is made up from the bark and the root of the 'gier'. They termed locally 'Caa juuwaa' as a medicine. The root is chewed by patient for a given time. The patient consistently takes the medicine until he/she is fully healed.

Table: 2. **Summary of major illness and indigenous medicines in study area**

S/N	Local Name of Medicine	English name	Ailment treated	Prepared from
1.	Caa thiet	Bone breakage/fracture	Bone breakage/fracture	Plant root
2.	Caa joo/caa moti joo	Snakebite	Snakebite	Plant root & leave
3.	Caa cuula	Incest	Incest	Plant root
4.	Caa thuuma	Hydrocele	Hydrocele	Plant leave & root
5.	Caa tiith	Malaria	Malaria	Plant root
6.	Caa kuthuu	Malaria	Malaria	Plant leave

7.	Caa kopcuro	Malaria	Malaria	Plant root leave & stem
8.	Caa laango	Burn/injury	Burn	Plant leave
9	Caa nyaroo	Burn/injury	Burn	Fur
10.	Caa puuth	Infertility	Infertility	Plant root
11.	Caa jangakiw	Hepatitis	Hepatitis	Plant root
12.	Caa putinah	Trachoma	Trachoma	Plant leave
13.	Caa math	To be love by female	To be love by female	Plant root & stem
14.	Caa gier	Evil eye	Evil eye	Plant stem & root
15.	Caa tuuk	Emergency illness	Emergency illness	Plant roots

**Table: 2.** The table is a summary of the indigenous medicines used by Opo community in two rural Kebele of Wankey and Mera.

From the above indigenous medicine, each has its own role played in prevention and cure of the above illness and contribute in the health of the individual and community in general. It is presented from the effectiveness of the indigenous medicines to the life of the community. Each of every medicine has its contribution to the life of community members.

#### **4.8. Indigenous Beliefs on the Cause of Illness and Healing Processes**

The cause of illness is divergent like the illness itself. Individual members thought that illness is caused by malevolent spirits, seasonal change and individual misbehavior. Opo community they thought that the local cause and also external cause of the illness based on beliefs. The cause is almost bad deed and misusing community norms that every member is complying to follow.

This community recognizes the patients' physically by touching and asking a question. Then they come to know exactly what kind of illness is that from the experience and the observation or physical touch. The experiences can also demonstrated for the family and the healer to know how the patient feels and what kind of illness.

In Opo community becoming ill in one way or other and to therefore goes for treatment depend on how the patient feel at a time. The cause of illness is straight into what you have done so far. The main point of understanding the cause of illness is bad deed of individual or groups result as illness. It is in believed that wellbeing can be influenced by deeds. Opo community are advising

themselves of how to live their life, especially the kind of food and good behavior established by the community. Illness is also understood as it is a hindrance for working. Working in Opo community is considered as health. When an individual fails to pursue his/her daily working activities is considered as he/she is well by Opo.

The family is considered as the basis for everything including healing practices. According to them, healing is culturally understood as '*Tayi kay*' meaning; "all illness must be managed and treated in a proper way".

The *Tayi kay* (healing) is not for all but is a secretly owned skill. It is being constructed and maintained by certain special individuals locally known as '*Ohoku caa/Otahithpotow*' (healers). It is also revealed that the knowledge of healing, by Opo community, is acquired by children and passed from generation to the next generation. In the process of acquisition of the knowledge, most of the times mothers have a special role in capacitating their children to easily absorb such skill.

The Opo community healing knowledge acquisition is well structured and based on the family-line. They do also acquire the knowledge and practice, which contribute indeed to the community health. Illness is locally termed as '*Hithaaw*', which literally means he/she is fall, meaning not working at all, because being on your duty is considered as health. First the illness is understood as absence of individual from his/her daily activities in the community. Second, they consider the illness as it is caused by seasonal change. All community members are in a position of caring for each other's not only the family member. The cause of illness is believed to be a change that happens to air and or what people eat. As a diet they use to eat 'gugum' at the bush when they go out for hunting. Gugum helps them not to be tired while hunting and tamarind as medicine for different purposes.

As it's indicated the participants with regard to their personal knowledge and indigenous understanding of the definitions of the terms "indigenous, "beliefs" and "healing practices" in Opo language are generally defined as follows:

The community from both *Wankey* and *Mera* has been here for a long period of time. They acquire the knowledge from parents to grand-parents as they live their life here and so accustom to our environment. They have been caring for themselves for a century.

When I asked about their knowledge on health care and the practical skills of the healers, majority of the informants responded that they have a best regard for their healing practices. *One among the healer said:*

we have learned the healthcare generally as a member of the community concerning healing practices or its special skill to those who have it. Yes, we do regard that it is as inherited simply because we were born in this community and our families and community members in general believe that it is inheritance to care for each in the community. Having this kind of care is not just for anyone, but for some specialists who have some kind of skill inherited through generation. This is how indigenous healing system came to be, and how indigenous healers got their uncontested and controlled indigenous supremacy healing expertise of the Opo community.

Yes, the contributions of the indigenous knowledge to the health of the Opo community are always based on the beliefs in indigenous healthcare in general and healing practices in particular. For instance, in Opo community there is no physical impaired or body fractured individual because we know how to bring it back or we trust in the skill of the healer who specialize in bone setting.

According to the Opo indigenous folklores about human illness, they had how to learn their indigenous healthcare systems in general and healing practices in particular. From the beginning they come to encounter illness and the how to cure its. They had it as:

Illness (being ill) as a recognized a dangerous condition just once upon a time a person feel sick within the family in given village, long time ago in Opo land. Following his illness, he died. A short while later two other people died around that village and in some consecutives days others three youngsters got in trauma and have a bone fracture. Community doesn't know what they should do at a time of these incidents. So, the family set out to look for a solution, what they should do to help them out of this problem and looking for answer to it.

Therefore, in order to find the relevance answer for that question, how and why people died or get injury? The families try to find a components indigenous medicine even though that journey destination was unknown. They set beliefs to any things they will find as a solution to their challenges faced by the community in the villages. That is what we call indigenous medicine.

This local medicine as the only option they will have a power to help them out of that situation. The family members travel from village to forest for a longer time to look for indigenous medicine. Luckily, they arrive at the forest where they find up to date renowned medicine now a day in Opo community. They then when back home with it and give it a try with a belief that it will work out for good to them well. There after they become aware of their own natural benefit of indigenous medicine.

In Opo community the indigenous knowledge is inescapable fact as members of the community that beliefs resided on it. That is why indigenous beliefs have its special interactive authority on community healthcare and healing practices. The contributions of the indigenous knowledge are mainly on the belief of the community toward their health. The beliefs concerning health are attached to many things in Opo community, such as peace, social cohesion, feeling happy, family attachment, and absence of quarrel in and among the community and the assurance of protection which they thought they are protected from all misfortunes. The family attachment and absence of quarrel is directly from the care that Opo are taken toward the members in order to live a harmonious life.

The beliefs and traditions of community members have a profound effect on the health of the community. Subsequently, the healers are in a position of controlling every health related problems in the community. However, what is good of it is that they never cause it to happen, meaning they never seek to heal in need of returns. However, they have similar responses concerning illness and how to cure it.

Participants of to FGD (1 & 2) and KII (1, 3 and 4) reported :

we experiences different kinds of: *illnes* or “*Hithaaw*” in this area. There are various illnesses that we are managing in our community. We believe that our own health is in our own hand in this community. These illnesses are: Malaria/“*Tiith*” which we believe it’s always seasonal in our community, “*Thuumoo*”/hydrocele this illness is some time believe to be a luck while is also believe to be ill in other hand, “*Kutu*”/cough, “*Lango*”/burn, “*Thiet*”/bone breakage this is so unique and we believe it to be secret to a single family for time memorial in our community, “*Putimaah*”/trachoma, “*Puuth*”/infertility, “*Ajangakiw*”/hepatitis, *cuula*/incest taboo etc.

The cause of illness is also divergent like the illness itself, but in our community we thought that the local cause and also external cause of the illness based on our beliefs. The cause is almost bad deed and misusing community norms that every member is complying to follow. Many may define the cause of the illness in different ways but in Opo community they do see it as according to the type and the part of the body being affected by that particular illness.

We recognize our patients' physical by touching and asking a question. Then we come to know exactly what kind of illness is that from our own observation and touching of the patient. The experiences can also demonstrated for the family and the healer to know how the patient feels and what kind of illness.

The local community serves different kind of prescription and the dose of the medications. The size, period and phase of the medicine that healers are prescribed for a particular illness and the patient's body capacity. For example: Hepatitis, and fracture, are ill problems in Opo community. The healer prescribes according to the extent or how he/she feel the pain of illness in the body of his patient. In case of the fracture the healer who specialized in that area has a place to treat his patients. At a time of treat it's only the patient who will be with him at a secret place at home. He made an indigenous surgery the area of fracture and prepares the medicine by cutting it in to a piece and put it in that place and ties it for a given time. After that only hot water is used until it becomes cure.

The preparation of medicine is the skill of the healers in the community. The medicine is given according to the extents of the illness and how it has been in the body of our clients. There is a different type of the medicines. Those medicines are in the hand of the indigenous healers and prescription depending on the practice they have been using for so long. The dose is also depending on the power of the medicine. The medicines are any parts of the plants either root, stems, bark etc. They disclosed to no one at all. This is used secretly by the healers and their family line. This is hidden not because of the benefits but to protect the use of indigenous systems in their community.

The major illnesses are the ailment which can even make us worry of in the community. We do healing and cure most of them without going anywhere. The community is trying their level to protect themselves from the illness. The reasons are that they follow the norms and the

indigenous healthcare system that grand-parents do. These norms and indigenous healthcare systems have been transferred orally through the family line to fight for those major illnesses.

On the acquisition of the healing, the family members can acquire the healing skills in different ways only within that family. Historically, indigenous healing system was acquired at a time when the member of the family in Opo community felt ill. It is obvious in this community that when once feel sick they know whom they are going to take him/her to. They took him/her to indigenous healers around them as it's very difficult to take them far off out of their rural kebele. The healers acquire their skill of healing from their ancestors by giving and following the processes that those healers perform. It was given to them by grandfather, grandmother, father, mother, uncle and others relatives according to the interest of the one who need to be in that family line. It was also a gift given to them and their families by god to save and serve humanity from any misfortunes in Opo land. As of this reason, it is not possible for everyone to become an indigenous healer on his own attempt. The hereditary to become an indigenous healer, it has to be transmitted only from family line.

According to this community, there is a problem together with its solution naturally. The community believes that they have to find out what should be the solution when one becomes ill. In the indigenous view, there are differences between the indigenous healer and local elder in their social and healing role anyway. For instance, the healing roles of indigenous healers are entirely restricted sometime to their specialized area of healing and this also depends on what specialized they acquire. However, the healer specialized in bon setting is limited to that area.

We only prefer indigenous healer because the area is far off from the Woreda town where health center is available. They live their life focusing on indigenous healers because it's the only option they have. In addition, it's also the trusted health care in the community. By following local indigenous health directives, the family then does not set out again to look for conventional healers in other areas that were somehow located very far away from rural village. The same indigenous medicine they treat all the illness in the community.

Healing doesn't mean that the damage never exists, but it means the damage is no longer control the life of the community. On this basis of the understanding, is the concern of the belief in the community and culture on the question of their health and how to respond. The situation of



being ill is a big concern in Opo community because the community and its culture believe that the indigenous belief about the health helpful. That is why indigenous healers treat their so as to reduce the damage that illness brought to community. The culture of Op community is associated illness with external explanation that causes all pestilences events affecting every member and others in the community.

Additional account but more astonishing one was from the elder narrated that it's a great concern because it is a general accepted fact that if someone got ill in given family a serious problems would definitely follow. These problems may come in a various form that may include death of one family member or relative. This may not stop here at the time of illness but may also continue if there is no indigenous healer to treat it.

The first group to give its account on the belief in relation to health of the community and the cause of illness formed from the different group members comprise of elders, healers, patients and FGD members.

*According to the group, "indigenous knowledge in the Opo community is an insight wisdom gained and developed by Opo". This group maintained that the cause of illness is some time irresponsible human dealing with the community norms regarding the affair of the community rule of health activities. Their response is presented in one paragraph since their individual responses begun their statements with "I think the belief is the driving force of our community norms toward individual and group health and also how to choose the indigenous healthcare".*

Likewise, the captivating and explicit account come from the patients and sons of indigenous healers in their family-line, but also it a compassing and comprehensive one that narrates not only the healing practice but the belief of the indigenous health, including the role that indigenous healers play in the Opo community.

*From FGD 1, they narrate that: "a person with health problem is acceptable to them at all time that they have to turn to the indigenous healer and served in a local setting than anywhere else. At any time they feel ill believing that they should have a proper treatment at time of need in this community".*

People's belief about health is rooted in the sociocultural context and they are constructed ways of knowledge of healing practices. As one of the elder said,

“This was how indigenous healing system came to be and how indigenous healers got their uncontested and controlled supremacy healing expertise of victims of illness in Opo land. However, healers can play any role of their divers' skill concerning illness to make people cure and normalized them back again. To heal a person the healer would prepare the indigenous medicine of his/her skill in family-line and give it to the ill person with the belief from both that he/she is separated from the illness. It is a big concern in Opo community because the community and its culture believe that people with health problems can be treated by indigenous healers because of unavailability others health care”.

Moreover, with the above responses, the community beliefs towards person with health problem and how to cure illness in the community is a concern to all community members, as it's described here. One healer said, *“Yes. It's a problem because both family and community members believe that a person with health problem possess many challenges in to the whole community. This people have personally witnessed in the healing process”*.

As response from the participants has answered, yes we know what is mean about the belief in our locality on the one hand and indigenous way of healing being practiced in Opo community on other hand. Participants have admitted that they personally knew either being ill or having a person who was in the condition of illness in the community. Therefore, the following are the response given by study participants based on their indigenous belief and healing practices and the knowledge of what they reflect how they persuade to live safe. So, the problems that illness has brought to the community are the concern to the elders, indigenous healers and the entire people of Opo.

## **CHAPTER FIVE**

### **4. CONCLUSION**

This research is conducted with an objective to explore, examine and understand the indigenous beliefs and healing practices in cultural context of Opo community. By undertaking it, the researcher discover some new areas related to cause of illness, how the community understand the cause of illness and healing practices in their own ways of life and natural environment.

Accordingly, Opo community beliefs and actions are turned into construct which become the basis of their “traditions” and belief “systems” on indigenous health. These cultural elements added altogether do not only construct our actions and practices but also influence and direct our practices in all aspects of human life. This is because everything we do with human beings and for human beings in human societies always involves the culture of a given human society. The nature of beliefs in medical system is rather difficulty to understand in a very simple way. In fact, the indigenous belief regarding health is so crucial when one look at it in community point of view. Thus, this study concluded that, culture and health behavior of a given society have strong link with how they view illness, and the processes leading to their healing practices.

The result of this revealed that indigenous beliefs and healing practices in relation to community’s cultural context in health care system is so significant. In human life, beliefs and healing practices of indigenous medication has serve immense role in every society long before the existence of conventional medicine. In Ethiopia, from the ancient to present, indigenous beliefs were given little attention in the world of academia. Indigenous medicine is ideally accepted since time of memorial. Hence, we can concluded that more researches needed to be done regarding the communities indigenous beliefs on health, healing and its importance in primary health care system in this scientific era.

In Opo community, there exist wide ranges of knowledge of indigenous medicine that enormously contributed to the community’s life. Their healing knowledge is acquired only among, and within the community members. In Opo community, indigenous health care system is basically related to many things, such as peaceful co-existing, safety, security and protection of the community, instead of only the physical wellbeing of a person. They also believed that peaceful living with the surrounding people and the wise use of natural environment such as

animals and plants play great role in the unity of their community. The use of plants as indigenous medicines has long history in Opo community. Indigenous healers have got the same history corresponding to the plants medicines and system of healing. It is from the unknown time when they practiced and started considering their lives existed only because of the presence of natural environment particularly the use of plants in different forms such as foods and medicines. Thus, this study concluded that, Opo community's health beliefs corresponded with the conventional health concept as holistic wellbeing of an individual, not necessarily absence of disease. Moreover, we can also concluded that, their idea of health in such a holistic manner, and their notion on environmental conservations has to be advocated and sustained by the policy makers and academic institutions.

This indigenous health knowledge and belief has been transferred from generation to generation through oral traditions. Men and women play great roles in acquisition of indigenous knowledge by their youngsters from time to time. The indigenous healing system of Opo community has been developed as the only way they thought would sustain their live, and for the healthy living of the community. It is not an alternative for absence of modern health system, rather the only health system that they have been practicing for age. For instance, group of elders narrated a recent and a true story of a young man in Wankey village. A young man and his parents from Nuer community have been living with Opo community for more than ten years. Unfortunately, his right leg was amputated due to Crocodile injury here in Jimma Medical Center in 2017, simply because his parents refused to be fully served by the prominent indigenous healers, who always deal with the similar injuries from young men serving as hunters and fishers. "No amputee among us for many more years now", they continued. As a result, we can concluded that more researches needed to be done to help sustained their traditional beliefs on health and healing practices from this generation to the others.

Opo community health rest on their proper use of natural environment. This indigenous health knowledge and belief is endangered due to oral transfer from healers to young generation.

The Opo community makes many efforts likely, to save a person with any health problem through indigenous healers. The indigenous healers fulfill their social responsibility to ensure healthy life for all community members. The indigenous beliefs system of Opo community and healing practices has meaningful contribution to the community wellbeing. Our experiences of

health and wellbeing are fundamentally influenced by cultural context from which we make meaning. These are the pattern of culture that community use for their healthcare services. For that reason, we can concluded that, this tradition has to be kept up to date only through beholders (traditional healers).

Generally, this study concluded that, Opo community traditional beliefs and healing practices, if studied and documented properly, will help not only their community but also other four ethnic groups in Gambella and the Ethiopia as a whole, on importance of indigenous health beliefs and healing practices in primary healthcare system, in addition to modern health care system, which now a day face some challenges of resistance from different kind of illness.

## REFERENCES

- Aga Hurisa B, Niwayesillassie B, Kebede G, Kerga S, et al. (2014:5). Epidemiological Survey of Snake Bite in Ethiopia. *Epidemiol* 4:174
- Andra le Roux-Kemp (2015) A legal perspective on African traditional medicine in South Africa  
Tefera and Ahmed (2015: 94): *Research Methods*.
- Baer, H. A., Singer, M., & Susser, I (2013). *Medical Anthropology and the world system: Critical Perspectives: Critical Perspectives*. Praeger.
- Bhasin, V. (2008). Gaddis' folk medicine: A source of healing. *Studies on Ethno-Medicine*, 2(1), 1-27.
- Bernard, H. R. (2006). *Research methods in anthropology: Qualitative and Quantitative*.
- Birhan et al (2011), the contribution of traditional healers' clinics to public health care system in Addis Ababa, Ethiopia: a cross-sectional study
- Concha, M, Villar, M.E., & Azevedo, L, (2014) *Health Attitudes and Beliefs Tool Kit, Technical Assistance Network for Children's Behavioral Health*, University of Maryland, Baltimore, MD.
- Converse, P. E. (2006). The nature of belief systems in mass publics (1964). *Critical review*, 18(1-3), 1-74.
- Cresswell, John W. (2008), *Research design: qualitative, quantitative and mixed methods approach- 3rd edition*
- Dejene Teshome (2013), *Persistence and Change in the practice of Medical Pluralism in Addis Ababa*. Ph D thesis, Andhra University, Visakhapatnam.

- Dejene Teshome (2017), An overview of the role of traditional medicine in Ethiopia, national monthly refereed journal of research in arts & education, volume no.2, issue no.4, issn 2277-1182.
- Ejike, C.N. (2017). The influences of culture on the use of healthcare services by refugees in South Central Kentucky: A mixed study (Doctoral dissertation, Western Kentucky University)
- Endashaw Bekele (2007), Study on Actual Situation of Medicinal Plants in Ethiopia
- Esther Jean Langdon and FlávioBrauneWiik: (2010): Anthropology, Health and Illness: an Introduction to the Concept of Culture Applied to the Health Sciences
- Fadlon, J. (2004). Merindians, chakras and psycho-neuro-immunology: The dematerializing body and the domestication of alternative medicine. *Body & Society*, 10 (4), 69-86.
- Fassika Melesse. 2004. *Introduction to Sociology: Lecture Note for Health Extension Trainees in Ethiopia*. Addis Ababa: Ethio Tikur Abay Printing Press.
- Foster, G. M., & Anderson, B. G. (1978). *Medical anthropology*. John Wiley & Sons, Inc. 605 3rd Avenue, New York, NY 10016, USA.
- Gambella People National Region (2015). Gambella. November 2015. Addis Ababa Ethiopia.
- Gatwech Puk., (2015). Socio-economic and cultural factors impacting on the implementation of health extension program in makuey woreda, nuer zone, gambella peoples' national regional state
- Gewali, M. B., & Awale, S. (2008). *Aspects of traditional medicine in Nepal*. Japan: Institute of Natural Medicine. University of Toyama.
- Grimes, A., MacCulloch, R., & McKay, F. (2015). Indigenous belief in a just world: New Zealand Māori and other ethnicities compared.
- Hasan, R., & Reddy, K. K. (2018). Block-3 Practicing Anthropology And Health.
- Haque et al. *BMC Complementary and Alternative Medicine* (2018) 18:62  
<https://doi.org/10.1186/s12906-018-2129-5>

- Hodes RM: Cross-cultural medicine and diverse health beliefs-Ethiopians abroad. *West J Med* 1997; 166:29-36
- Hancock, & Algozzine (2017) *Doing case study research: a practical guide for beginning researchers*. Teachers College press.
- Hutchinson, J. F. (2000). Understanding and applying medical anthropology. *American Journal of Human Biology: The Official Journal of the Human Biology Association*, 12(3), 432-433.
- Hyder, A. A., & Morrow, R. H. (2006), *Culture, behavior and health. International public Health: Disease, programs, systems and policies*, Sudbury: Jones and Bartlet publishers
- Ibeneme, S., Eni., G., Ezuma, A., & Fortiengel, G (2017). *Road to health in developing countries: Understanding the intersection of culture and healing. Current therapeutic research*
- Karnyski, Margaret A., "Ethnomedical and biomedical health care and healing practices among the Rathwaadivasi of Kadipani village, Gujarat State, India" (2009). Graduate Thesis and Dissertations. <http://scholarcommons.usf.edu/etd/2037>
- Kahissay, M. H., & Fenta, T. G. (2015). Traditional healing and primary care: A socio-cultural study in a rural Tehuledere community, North-Eastern Ethiopia. *The Ethiopian Journal of Health Development (EJHD)*, 29(2), PDF-PDF.
- Kamla-Raj (2007): *Medical Anthropology: A Review Ethno-Med.*, Department of Anthropology, University of Delhi, Delhi 110 007, India
- Kamla-Raja (2007), *Medical Anthropology: Healing Practices in Contemporary Sikkim*, international journal of contemporary and applied studies of man, anthropologists special issues No. 3:59-94 (2007).
- Kebede, et al (2006): A historical overview of traditional medicine practices and policy in Ethiopia...*Ethiop.J.Health Dev.*



- Kennedy, B. M., Johnson, W. D., Magee, M. B., Leonard, R., & Katzmarzyk, P. T. (2017), Healthcare providers versus patients' understanding of health beliefs and values, patients experience journal, 4(3), 29
- Ketema T. et al (2013), Ethno-medicinal study of plants used for treatment of human and livestock ailments by traditional healers in South omo, Southern Ethiopia, journal of Ethnobiology and Ethnomedicine (2013).
- Kielmann, K., Cataldo, F. and Seeley, J. (2012). Introduction to Qualitative Research Methodology: A Training Manual, produced with the support of the Department for International Development (DfID), UK, under the Evidence for Action Research Programme Consortium on HIV Treatment and Care (2006-2011).
- Konadu, (2008): Medicine and Anthropology in Twentieth Century Africa: Akan Medicine and Encounters with (Medical) Anthropology: African Studies Quarterly | Volume 10, Issues 2 & 3 | Fall 2008
- Kumar A. (2013), Qualitative Research Designs: A Conceptual Framework; International Journal of Social Science & Interdisciplinary Research, IJSSIR, Vol.2 (1), January (2013)
- Langdon, E. J., & Wiik, F. B. (2010). Anthropology, health and illness: an introduction to the concept of culture applied to the health sciences. *Revistalatio-americana de enfermagem*, 18(3), 459-466.
- Lisa M. Vaughn, et al (2009): Cultural Health Attributions, Beliefs, and Practices: Effects on Healthcare and Medical Education; *The Open Medical Education Journal*, 2009, 2, 64-74
- Mahomoodally, M. F. (2013). Traditional medicines in Africa: an appraisal of ten potent African medicinal plants. *Evidence-Based Complementary and Alternative Medicine*, 2013.
- Napier, D., Depledge, M.H., Knipper, M., Lovell, R., Ponarin, E., Sanabria, E., & Thomas, F. (2017). Culture matters: using a cultural contexts of health approach to enhance policy making. World Health Organization Regional Office for Europe.
- Pool, R, & Geissler, W. (2005). Medical anthropology. McGraw-Hill Education (UK), 2005.
- Quinlan, M. B. (2011). Ethnomedicine. A companion to medical anthropology, 379-403.

- Robbins, J. A., & Dewar, J. (2011). Traditional Indigenous approaches to healing and the modern welfare of traditional knowledge, spirituality and lands: A critical reflection on practices and policies taken from the Canadian Indigenous example. *The International Indigenous Policy Journal*, 2(4), 2.
- Ross, E. (2010). Inauguration lecture: African spirituality, ethics and traditional healing implications for indigenous South African social work education and practice. *South African Journal of Bioethics and Law*, 3(1), 44-51.
- Slade, J. and Yoong P, (2014) "the types of indigenous knowledge to be retained for young New Zealand based samoans: a samoan grandparents' perspective" (2014). *pacis 2014 Proceedings*. 161. <http://aisel.aisnet.org/pacis2014/161>
- Turner III, D. W. (2010). Qualitative interview design: A practical guide for novice investigators. *The qualitative report*, 15(3), 754-760.
- Urga K. et al (2004). Traditional Medicine in Ethiopia. Proceedings of a national workshop held in Addis Ababa, Ethiopia, on June 30-2 July, 2003. Ethiopian Health and Nutrition Research Institute, Addis Ababa, Ethiopia
- Vaughn, L. M., Jacquenz, F., & Bakar, R. C. (2009). Cultural health attributions, beliefs, and healing practices: effects on healthcare and medical education. *The open Medical Educational Journal*, 2(1)
- Van Den Geest, S. (1997) is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective. *Tropical Medicine and International Health*. Vol. 2 No.9 pp903 -911
- Wambebe C. (2018). *African Indigenous Medical Knowledge and Human Health*. CRC Press
- Wagaye wade ( 2016), indigenous knowledge of herbal medicine and healing Practice among the gamo people: the case of dorzedere, Southern Ethiopia,
- Waterston, S. W., & Hutchison, J. D. (2004). Sir John Struthers MD FRCS Edin LLD Glasg: Anatomist, zoologist and pioneer in medical education. *The Surgeon*, 2(6), 347-351.

- Winkelman M. (2008). *Culture and health: applying medical anthropology*. San Francisco: John Wiley and Son.
- W. Teshome-Bahire(2000) Initiation of Healers in Ethiopia: A Case Study, *Coll. Antropol.* 24 (2000) 2: 555–563
- White, P. (2015). The concept of diseases and health care in African traditional religion in Ghana. *HTS theological Studies*, 71(3), 01-07
- World Bank T. (1998). *Indigenous knowledge for development: A framework for action*. Knowledge and learning Center Africa Region
- World Health Organization. (2010). *The African Health Monitor-Special Issue: African Traditional Medicine Day*.
- World Health Organization. (2005). *National Policy on traditional medicine and regulation of herbals medicine: Report of WHO global survey*. World Health Organization.
- Yirga, G., Teferi, M., & Kasaye, M. (2011). Survey of medicinal plants used to treat human ailments in Hawzen district, Northern Ethiopia. *International journal of Biodiversity and conservation*, 3 (13), 709-714.
- Zerihun Doda. 2004. *Introduction to Anthropology: Lecture Note for Health Extension Trainees in Ethiopia*. Addis Ababa: Tikur Abay Printing Press.

## **APPENDICES**

**Jimma University**

**School of Graduate Study**

**College of Social Sciences and Humanities**

**Department of Social Anthropology**

**Field Research Guiding Questions: English Version**

### **APPENDIX: A. INFORMED CONSENT FORM.**

**Objectives of the Research:** To explore how Opo community define and understood the term Indigenous beliefs, health, healing acquisition and practices as well as the cause of illness and healing system held by the community both (men and women).

**Interview Questions Guide Date**\_\_\_\_/\_\_\_\_**2012 E.C (2020. G.C)**

Greetings! My name is Domach Koang Bong; I am MA student from Jimma University, School of Graduate Studies in Department of Social Anthropology. I am here to conduct the interview schedule with you. The research entitle as: **Indigenous Beliefs and Healing Practices: The case of Opo Community in Itang Special Woreda, Gambella People National Regional State.** This research is organized to be conducted only in two Kebebes inhabited by Opo such as Wanke and Mera.

So, I sincerely appeal to you to respond these interview guides and provide some information at interview honestly using your genuine replies. However, you have the right to refuse as a participant in this study and you are free to end the process any time you decide not to continue.

**Assurance Declaration for Study Participants:** This is to assure you that the information/data that will be collected from you will be kept confidential only between

you and the researcher. The data will be completely used only for the purposes of this particular study.

Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party. Your participation is critical for the success of the research objectives and I would like to invite you to actively participate in this interview.

**Questions for Participants’ Consent to Study:**

1. Do you accept to participant in this study? **Yes:**\_\_\_\_\_ **No:**\_\_\_\_\_
2. Would you like your voice to be recorded with voice recorder? **Yes:**\_\_ **No:**\_\_

**Personal information: Sex:** \_\_\_\_ **Age:** \_\_\_\_ **Marital Status:** \_\_\_\_ **Religion:** \_\_\_\_

**Instruction:** The following questions have been prepared for you to answer in order to explore how the term Indigenous beliefs, health and healing defined and understood and how the knowledge of healing is acquired and transfer as well as source of beliefs in the community about cause of illness and healing system.

So, please feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter knowing that the success of this study depends entirely on your relevant accounts.

**I thank you So much for your cooperation!**

<b>Interview questions prepared for “Elders” in Opo Community</b>	<b>Remarks</b>
1. For how long you have live here? What are the IK concerning health and healing practices in Opo community?	
2. What are the term “indigenous beliefs” in relation to health, being defined and how can you understand the meaning in Opo culture?	
3. How can you define health, illness and healing in your culture?	
4. From where and whom did the knowledge of healing acquire and practiced in your community?	
5. How did the people learn and master the knowledge of healing?	
6. Who perform (s) or carry (carries) out these indigenous healing (treatment) mechanisms or techniques and how did they do it?	

7. What are the contributions of indigenous knowledge to the health of the community?	
---	--

**APPENDIX: B. INFORMED CONSENT FORM.**

**Objectives of the Research:** To explore how Opo community define and understood the term Indigenous beliefs, health, healing acquisition and practices as well as the cause of illness and healing system held by the community both (men and women).

**Interview Questions Guide Date** \_\_\_\_/\_\_\_\_ **2012 E.C (2020. G.C)**

Greetings! My name is Domach Koang Bong; I am MA student from Jimma University, School of Graduate Studies in Department of Social Anthropology. I am here to conduct the interview schedule with you. The research entitle as: **Indigenous Beliefs and Healing Practices: The case of Opo community in Itang Special Woreda, Gambella People National regional state.** This research is organized to be conducted only in two Kebebes inhabited by Opo such as Wanke and Mera.

So, I sincerely appeal to you to respond these interview guides and provide some information at interview honestly using your genuine replies. However, you have the right to refuse as a participant in this study and you are free to end the process any time you decide not to continue.

**Assurance Declaration for Study Participants:** This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for the purposes of this particular study.

Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party. Your participation is critical for the success of the research objectives and I would like to invite you to actively participate in this interview.

**Questions for Participants’ Consent to Study:**

- 1. Do you accept to participant in this study? **Yes:**\_\_\_\_\_ **No:**\_\_\_\_\_
- 2. Would you like your voice to be recorded with voice recorder? **Yes:**\_\_ **No:**\_\_

**Personal information: Sex: \_\_\_\_ Age: \_\_\_\_ Marital Status: \_\_\_\_ Religion: \_\_\_\_**

**Instruction:** The following questions have been prepared for you to answer in order to explore how the term Indigenous beliefs, health and healing defined and understood and how the knowledge of healing is acquired and transfer as well as source of beliefs in the community about cause of illness and healing system.

So, please feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter knowing that the success of this study depends entirely on your relevant accounts.

**I thank you So much for your cooperation!**

<b>Interview questions prepared for indigenous “Healers” in Opo community</b>	<b>Remarks</b>
1. What are the illnesses that you heal using the indigenous knowledge?	
2. What do you think is the cause of those illnesses you? How can you diagnosis?	
3. How do you come to know your patients’ health problem?	
4. How can you prescribe the medicine to your clients? How much the dose? And for how long?	
5. What are the major illnesses that you heal using the indigenous medicine?	
6. Where do you get medicines? From what you prepare the medicine?	
7. How did you put the charge? Either in cash/kind?	
8. When and where you provide treatment to the patients?	
9. For emerging diseases, what shall you do?	

#### **APPENDIX: C. INFORMED CONSENT FORM.**

**Objectives of the Research:** To explore how Opo community define and understood the term Indigenous beliefs, health, healing acquisition and transfer as well as the cause of illness and healing system held by the community both (men and women).

**Interview Questions Guide Date \_\_\_\_/\_\_\_\_/2012 E.C (2020. G.C)**

Greetings! My name is Domach Koang Bong; I am MA student from Jimma University, School of Graduate Studies in Department of Social Anthropology. I am here to conduct the interview schedule with you. The research entitle as: **Indigenous Beliefs and Healing Practices: The case of Opo community in Itang Special Woreda, Gambella People National regional state**. This research is organized to be conducted only in two Kebebes inhabited by Opo such as Wanke and Mera.

So, I sincerely appeal to you to respond these interview guides and provide some information at interview honestly using your genuine replies. However, you have the right to refuse as a participant in this study and you are free to end the process any time you decide not to continue.

**Assurance Declaration for Study Participants:** This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for the purposes of this particular study.

Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party. Your participation is critical for the success of the research objectives and I would like to invite you to actively participate in this interview.

**Questions for Participants' Consent to Study:**

1. Do you accept to participant in this study? **Yes:**\_\_\_\_\_ **No:**\_\_\_\_\_
2. Would you like your voice to be recorded with voice recorder? **Yes:**\_\_\_ **No:**\_\_\_

**Personal information:** **Sex:** \_\_\_\_ **Age:** \_\_\_\_ **Marital Status:** \_\_\_\_ **Religion:** \_\_\_\_

**Instruction:** The following questions have been prepared for you to answer in order to explore how the term Indigenous beliefs, health and healing defined and understood and how the knowledge of healing is acquired and transfer as well as source of beliefs in the community about cause of illness and healing system.

So, please feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter knowing that the success of this study depends entirely on your relevant accounts.



**I thank you So much for your cooperation!**

<b>Interview questions prepared for “Patients” in Opo community</b>	<b>Remarks</b>
1. To care your health, what types of health care systems are available in your area?	
2. What shall you do when you fell ill?	
3. Where do you go? Why you go there?	
4. What type of diseases you go for? Why? When? How?	
5. What can you pay for your treatment? Where can you get that?	
6. How can you tell the experience of illness you come through?	

**APPENDIX: D. INFORMED CONSENT FORM.**

**Objectives of the Research:** To explore how Opo community define and understood the term Indigenous beliefs, health, healing acquisition and transfer as well as the cause of illness and healing system held by the community both (men and women).

**Interview Questions Guide Date** \_\_\_\_/\_\_\_\_ **2012 E.C (2020. G.C)**

Greetings! My name is Domach Koang Bong; I am MA student from Jimma University, School of Graduate Studies in Department of Social Anthropology. I am here to conduct the interview schedule with you. The research entitle as: **Indigenous Beliefs and Healing Practices: The case of Opo community in Itang Special Woreda, Gambella People National regional state.** This research is organized to be conducted only in two Kebebes inhabited by Opo such as Wanke and Mera.

So, I sincerely appeal to you to respond these interview guides and provide some information at interview honestly using your genuine replies. However, you have the right to refuse as a participant in this study and you are free to end the process any time you decide not to continue.

**Assurance Declaration for Study Participants:** This is to assure you that the information/data that will be collected from you will be kept confidential only between

you and the researcher. The data will be completely used only for the purposes of this particular study.

Therefore, please feel free and be assured that your personal identity will by no means, be disclosed to the third party. Your participation is critical for the success of the research objectives and I would like to invite you to actively participate in this interview.

**Questions for Participants’ Consent to Study:**

1. Do you accept to participant in this study? **Yes:**\_\_\_\_\_ **No:**\_\_\_\_\_

2. Would you like your voice to be recorded with voice recorder? **Yes:**\_\_ **No:**\_\_

**Personal information: Sex:** \_\_\_\_ **Age:** \_\_\_\_ **Marital Status:** \_\_\_\_ **Religion:** \_\_\_\_

**Instruction:** The following questions have been prepared for you to answer in order to explore how the term Indigenous beliefs, health and healing defined and understood and how the knowledge of healing is acquired and transfer as well as source of beliefs in the community about cause of illness and healing system.

So, please feel free, be honest and give only the true and factual answers based on your knowledge on the subject matter knowing that the success of this study depends entirely on your relevant accounts.

**I thank you So much for your cooperation!**

Interview questions prepared for <u>“FGD”</u> in Opo community	Remarks
1. What are the term “indigenous beliefs” in relation to health, being defined and how can you understand the meaning in Opo culture?	
2. How can you define health, illness and healing in your culture?	
3. From where and whom did the knowledge of healing acquire and practiced in your community?	
4. How did the people learn and master the knowledge of healing?	
5. Who perform (s) or carry (carries) out these indigenous healing (treatment) mechanisms or techniques and how did they do it?	
6. What are the contributions of indigenous knowledge to the health of the community?	

