CONCEPT OF HEALTH, DISEASE, ILLNESS AND THERAPY AMONG THE PEOPLE OF ADDIS ABABA

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Abstract
Background: In developing countries the situation in health care has become so complex that medical or biological terms alone cannot effectively assess it. After the Second World War particularly concomitant with the development of international public health programs the need to get information on the cultural and social factors that affect health paved a way for the contribution of anthropologists. This increased acceptance of cultural influence on health has led to the frequent use and elaboration of terms like illness, sickness and disease. The aim of this paper is to investigate how the people of Addis Ababa consider health, disease and illness. It also examines the conceptual differences of disease, illness, and health.

Method: The data were collected in Addis Ababa from June 1998 to January 1999 by employing the fundamental techniques of anthropological investigation: participant observation and interviews. In this research healers, patients, elders, and cosmopolitan medicine workers were interviewed and observed.

Result: The people believe that health is the equilibrium between organs in a body, and the equilibrium between the body as a whole and the outside environment. Furthermore, it is found out that the people could not differentiate disease from that of an illness.

Conclusion: Despite the increasing supply of modern manufactured drugs traditional medicines have continued to be widely used in Ethiopia. The availability of medicines and their plants abundantly in the markets of towns show how traditional medicine is popular among the urban residents.

Key Words: Health, disease, illness, somatization, indigenous medicine, cosmopolitan medicine

Introduction
At present time, like other African towns Addis Ababa is experiencing a wide spread of traditionally based therapies probably because of their accessibility and their offer of culturally recognised responses to illness. Various studies conducted in Addis Ababa by researchers in different times and localities revealed that traditional medicine is still employed by the people together with modern medicine. Although the sell and administration of traditional medicines at open market like markato are not officially allowed by the government, as Teshome-Bahiru noted, the majority of the population first exhaust traditional drugs before resorting to modern pharmacopoeia.

Method
The data collection technique used fundamentally was that of participant observation based on staying and working in the community for extended period of time together with conducting interviews and discussions with key informants. In collecting data one set of interview schedule and two sets of interview guide were prepared. The first one was for patients who attend traditional medical practice and the other ones were for traditional medical practitioners and cosmopolitan medicine practitioners.

Healers (such as bonesetters, mid wives, herbalists, diviners, and so on), cosmopolitan medicine practitioners, patients and traditional medicine vendors were interviewed.

Furthermore, since many of traditional beliefs are directly and indirectly related with religion and culture the interview also included elders, religious leaders, officials of healers association and others whom I consider valuable in supplying me with information.

In this study, structured, semi-structured and unstructured interviews were employed. In addition, cultural information related to health such as proverbs, folk tales, songs and folk beliefs about curing places, herbs and so on was collected. I have made a detailed observation of patients during the consultation process and therapy with traditional medical practitioners (TMPs). Furthermore, I have also observed the cosmopolitan medical practitioners in hospitals, health centres, and health stations in addition to consulting their official records.
With the aim of obtaining specific data on the complex relationship between illness, illness behavior and health care utilization on the part of the target group the research was approached from two different perspectives:

1. Community based: that is, from the actual population of the community itself.
   Data on background character of patients and members of their families, their illness episodes during the period of the field study together with their utilisation of the traditional and modern medical systems were collected.

2. Institution based—that is, from the existing medical systems.
   In order to get a better understanding of the functioning and services they give to the population the two medical systems (Indigenous and Cosmopolitan) were properly examined.

## Results

### Physiological concepts

The people recognise and name the various body organs like “lib” (heart), “sanba”, (lung), and so on. In addition to their recognised physiological functions the people associate social values with these human organs. For instance, “lib” is associated with courage.

The people use terms for every major organ of a human body. But, of all human organs they perceive heart as having special importance. According to my informants, Amharic sayings regarding heart are the followings:

2. “Liben akileshelesegn” (lit. “I have nausea in my heart”—to denote a kind of sickness).
3. “Lib alew”, (lit. “He has a heart”—which means, “he is brave or courageous”).
5. “Libe mulu” (lit. “He has a full heart”—meaning, “he is brave”).
6. “Libe denda new”, (Lit. “He has unpenetratable heart”—which means, “he is brave”)
7. “Afe kibe libre chube”, (lit. “His mouth is butter, but his heart is dagger”—which means, outwardly he looks god and innocent, but inside he is cunning and cruel).

The other organs that have expressions in Amharic are koshit (pancreas), cheguara (bowl) Nose (Afincha) and anget (neck). The most common sayings according to my informants, include:

1. “Koshite arere” (lit. “my pancreas is burning”—meaning, “I am extremely angry”)
2. “Cheguarae tekatele” (lit. “my gullet is burning”—meaning, “I am angry”).
3. “Nidetu afinchaw lai new” (lit. “His anger is on his nose”—which means, “he is ill tempered”, or “he easily gets angry”).

4. “Afincha simeta Ayn yaleksal”(lit. “If a nose is attacked eye cries”). Here, these two organs are used to denote close relationships between individuals.
5. “Anget yetefeterew azuro lemayet new” (lit. “The neck is created to see things on the other way “which means, “ a person has to be a realistic”, or “man has to foresee things in advance”.

In every day language in Addis Ababa, emotional distress is expressed in somatic idioms. Helman defines somatization as “the culturally patterning of psychological disorders in to a ‘language of distress of many physical symptoms and signs.” The most common somatic expressions are: “libe tekatele” (lit. “my heart is burnt”); libe kelete” (lit. “my heart melted”); “liben akileshelesegn” (lit. “I felt insomnia in my heart”); “rasen akatelegn” (lit. “my heart is aching”); “liben selebegn” (lit. “my heart is emasculated”); “liben gotetegn” (lit. “my heart is pulled down”); rasen azoregn” (lit. “my head is rotating”); and “dikam dikam yilegnal” (lit. “I feel tired”).

Actually somatization is mostly expressed, as Helman noted, in vague and generalised symptoms like weakness, fever, and ‘pains every where’. As healer Mamo Haile and Healer Tekle explained to me, the people of Addis Ababa pattern unpleasant effects such as depression in different ways. Ex.

“Bird bird alegn” (”I feel chilly”); “sewineten techachanegn” (”my body is getting heavier”; “deberegn” (”I felt depressed”).

Anderman defines cultural somatization “as the use of the body as a metaphor for personal distress, and is common feature of illness behaviour in both Western and non-western societies.” Most of the time the organs that are chosen could have symbolic or metaphoric significance for that particular population group. The organs include liver, spleen kidney or heart.

In Addis Ababa the most common organ that the people use for the aforesaid purpose is a “heart”. The following expressions could be cited as examples: “libe tekatele” (lit. “my heart is burnt”); “libe kelete” (lit. “my heart melted”) “liben selebegn” (lit. “my heart is emasculated”); “liben gotetegn” (lit. “my heart is pulled down”); libe shakere” (lit. “my heart became rough”).

### Pathogenic agents

Although there are many pathogenic agents in the health belief system of the people, the most common one is the sunray.

According to healer Mamo and healer Tekle*, contact with direct sun may cause a disease known as gerifta or Mich. They said that, someone could be exposed to gerifta in the following conditions:

1. Exposing oneself to direct sunrays with out washing mouth properly after eating
2. Facing the sun after profusely perspiring
3. Exposing a nursing breast to direct sun rays (for women)
4. Being naked and immediate exposure to direct sunlight
5. When sitting or sleeping on the ground recently moistened by rain showers, or urine of any type. i.e. humans as well as animals.

The symptoms of gerifta are mastitis, scabies, rash, and furuncle (boils). Furthermore, the healers added that staying facing a direct sunlight could cause blindness and headache.

**Taxonomy and aetiology**

In Addis Ababa the people have a notion of classifying a sickness in to those that are caused by spirits and those, which are caused by other natural problems. According to healer Mamo, Spiritual problems are categorised as “yebet tata”. The best examples of spiritual problems are possession by zar, atette and Satan spirits. Spiritual healers treat these illnesses. The diseases, which are caused by natural problems, are treated by both cosmopolitan medicine practitioners and by traditional healers (herbalists). At the same time, however, we have to keep in mind that even for diseases caused by natural problems the people consult spiritual healers as to why such disease happened to that particular person. Because, popularly it is believed that spirits such as zar, qole, atette and Satan can also cause natural ailments. In this case we can say that the classification is very ambiguous.

**Naming and grouping illness and disease**

The people name illness and disease after their dominant symptoms, anatomical location, and causes. As I understood from my discussions with traditional healers and elders in Addis Ababa, illnesses and diseases that are named after their dominant symptoms include:

1. Bird (lit. “chills”). Although, the term bird could be a symptom of other diseases the people use it as a name of a particular disease at the same time.
2. Similarly, ras mitat (headache) could be a symptom of other diseases, but the people consider it as a disease by itself.
3. Woyebo beshita (lit. “yellow disease”), that is, jaundice. The major symptom of this disease is the changing of the natural colour of the patient’s eyes and fingernails in to yellowish colour. As the result, this disease, jaundice, got this name.
4. Yemtil beshita (lit. “Falling disease”), that is, epilepsy. The symptom of this much-dreaded disease in Addis Ababa is the sudden collapse and becoming unconscious of the patient.

The other naming pattern of illness and disease is after anatomical location. The followings could be cited as examples: Lib dikam beshita (lit. “heart weakness”), i.e. heart failure; Ras mitat beshita (lit. “head hitting disease”), i.e. head ache; Sanba mich (lit. “hit lung disease”), i.e. pneumonia; anjet tasibo beshita (lit. “intestine contagious disease”), i.e. typhoid; guroro beshita (lit. “throat disease”), i.e.

tonsillitis.

As we have seen from the above examples the body parts that are affected are heart, head, lung, intestine and throat. Illnesses and diseases that are named after their causes include:

1. Ebid wusha beshita (lit. “mad dog disease”), i.e. rabbi. It is believed that this disease could be caused by a bite of a mad dog.
2. Yelelit wof beshita (lit. “night bird” /bat/ disease”), i.e. jaundice. Popularly the people believe that if a bat hovers continuously around a person’s head the person would have this disease.
3. Dem manes (lit. “shortage of blood”), i.e. anaemia. According to the popular belief the shortage of blood could cause anaemia.
4. Dem bizat (lit. “excessive blood”), i.e. hypertension.

**Discussion**

The WHO defines health as “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” For many people in the developing countries, where there is a limited development of industrialisation health is a balanced relationship between man and man; man and nature; and man and the supernatural world. According to Pelto and Pelto, illness “refers to the culturally defined feelings and perceptions of physical and/or mental ailment an disability in the minds of people in specific communities”. Disease “is the formally taught definition of physical and mental pathology form the point of view of the medical profession.”

Kleinman also define disease as “a malfunctioning in, or maladaptation of, biological and/or psychological processes.” He also defines illness as “a psychological experience and meaning of perceived disease.” Later on he defines illness as “the experience of disease (or perceived disease) and the societal reaction to disease.” So for him illness encompasses the reaction or response, the perception, explanation, evaluation and labelling of the patient, his family, neighbours and so on to disease. In other words, illness can be taken as secondary and social responses to a disease (a primary malfunctioning) in the person’s psychological or/and physiological position. There is also another difference between a disease and an illness. A disease normally attacks and affects an individual, whereas illness affects the social group such as family, clan, neighbourhood and so on.

Therefore, as we have seen from the above explanations there are distinct differences between disease and illness.

Among the people of Addis Ababa health is given a very high value. The greeting system of the people is the manifestation of public concern for health. Greetings such as Tena yistelegn “Let God gives you health”; and Letenah endemenaleh “how is your health”, show the people’s desire for health.
It is quite true that from the patient perspective the idea of a disease, and illness is protracted and most of the time he/she might not differentiate the concept between the two aspects of a sickness. Let alone for patients, even for researchers the dichotomy between disease and illness is problematic. For instance, when an anthropologist evaluates the outcome of patient’s treatment he has to identify which aspect of the sickness did he study? Was it a “healing” or a “curing”; Was it an illness or a disease?

So, when we evaluate the efficacy of traditional medicine or cosmopolitan medicine this point should get a clear understanding. As Kleinman noted, the “argument is that providing effective treatment for disease is not the chief reason why indigenous paractioners heal. To the extent that they provide culturally legitimated treatment of illness, they must heal.”

Traditional medicine and cosmopolitan medicine maintain two parallel views regarding the causation of disease. In the cosmopolitan medical system disease could be caused when a normal tissue is attacked by a pathological organism, and hence organ or organs are not functioning; or/and when there is psychological disturbance. In cosmopolitan medicine whenever there is a disease whose cause is unknown it is referred to scientific investigation. In the traditional medical system, however, whenever there is a health problem where its causes are unknown supernatural forces would be attributed as causes. This shows how traditional medical system and cosmopolitan medical system find themselves in a parallel lines at times. Many people go to (if at all they go) cosmopolitan medicine, after exhaustively using traditional medicine. They first start home remedies, and then consult various traditional healers before they employ cosmopolitan medicine as a last resort. Earlier it was assumed that traditional medicine withers away in urban centres. However, the existing situations in Addis Ababa reveal that instead of crumbling traditional medicine is expanding. Hence, it is not surprising today to find many traditional practitioners in Addis Ababa as self-employed particularly filling the informal economic sectors. Traditional medicine in Addis Ababa has two faces: one public, and the other private. Most of the time traditional medical practices are condemned as backward, superstitious, irrational and dangerous. This is particularly true among substantial number of educated people. However, privately, traditional medicine has adherents from every section of the population. Ironically, even those who publicly denounce traditional medical practices as irrational are harbouring it privately. Despite the attempt to spread health services in Addis Ababa, health situations remained unimproved even bad because of the following reasons: Firstly, cost of modern medical care is still high and unaffordable to the majority of the people. In order to use the hospitals of Addis Ababa people who come from various provinces have to stay with their relatives in Addis Ababa, (if they have at all), since they can not afford staying in hotels. Moreover, even the actual residents of Addis Ababa have to stand on the long queues starting early morning in order to get the very slim chance of getting services.

Secondly, for certain kinds of illnesses associated with spirits such as zar, atette, and ganel, the people still prefer traditional medicine rather than modern medicine.

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References