

1 Who Are The Traditional Healers Treating Mental Illnesses

2 In Rural Ethiopia? A population-Based Descriptive Study

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5 Ayele Belachew^{1*}, Mitikie Molla¹, Abebaw Fekadu²

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7 ¹Department of Preventive Medicine, School of Public Health, College of Health Sciences Addis
8 Ababa University, Addis Ababa, Ethiopia

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10 ²Department of Psychiatry, School of Medicine, College of Health Sciences Addis Ababa
11 University, Addis Ababa, Ethiopia

12

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14

15 * Corresponding author

16 Ayele Belachew (AB)

17 kalayebeb@gmail.com

18 251 913 306792

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20

21 **Abstract**

22

23 **Background**

24 Ethiopia is a traditional country with a pluralistic health care system where people use the
25 traditional health care systems in combination with the modern health care. In view of this, we
26 assessed the profile of faith and traditional healers and their experience in treating people with
27 mental illness in rural district Ethiopia so that inform the health minister to consider working
28 towards integration with modern biomedical care to improve access.

29 .

30 **Methods**

31 We conducted a descriptive cross-sectional study among 173 traditional healers in Sodo district
32 of Ethiopia. Data were collected through face-to-face interviews by trained enumerators using
33 pretested structured questionnaires and analyzed using SPSS version 20.

34

35 **Result**

36 The median age of traditional and faith based healers was 55 (IQR= 48.5, 67 years), about a third
37 (29.5%) of them were female and 54(31.2%) earned their living exclusively from traditional
38 healing practice. Eighty six (48.6%) healers didn't attend formal education. Four types of healers
39 were identified- herbalists accounted for 59% (n=102), faith healers were 36 (20.8%) mixed
40 herbal and faith practitioners were 19(11.0%) and 16 (9.2%) were diviners. Most, 119(69%) had
41 been practicing for an average of 15 years. Half of healers entered into the healing practice due
42 to family kinship, whereas 26(15%) because of ancestral spirit.

43

44 Seventy one (41%) of the healers reported that they have ever treated patients with mental illness
45 in their lifetime. Sixty three(36.4%) reported that they had treated mental illness within the past
46 one year, of which 30(47%) treat only mental illness while 33(52%) treat both mental and
47 physical illnesses. All faith healers and divine healers reported treating mental illness while
48 11(57.9%) of mixed healers, and no herbalists reported treating mental illness. Only 58(33.5%)
49 believed that mental illness can be cured completely.

50

51 **Conclusion**

52

53 Significant proportion of traditional healers manages mental illness and remains an important
54 part of the healthcare system in the rural setting of Ethiopia. Herbalists believed that biomedical
55 treatments are preferable for mental illnesses, while faith healers and diviners believed
56 traditional practices alone or in combination with biomedical practices is the treatment of choice.
57

58 **Key words:** Ethiopia, Traditional and faith healers, Traditional practice, mental health care,
59 mental illness.
60

61 **Background**

62 Mental disorders are common health conditions and are associated with severe disability, cost
63 and mortality. The burden of mental disorders in low income countries is compounded by the
64 huge treatment gap, where in some countries, the lifetime treatment gap reaches 90% [1]. In
65 these low income settings, 60%-80% of the population rely on traditional form of health care [2,
66 3]. A one year prevalence of use of traditional healers services was found to be 61% among
67 South Africans [4]. In Ghana, 71% had consulted traditional healers in the previous one year
68 while only 53% consulted modern care system [5]. There is a similarly high use of traditional
69 services in Ethiopia [6].
70

71 Among the reasons that attract people to traditional care are cultural acceptability, relatively
72 lower cost, accessibility [6, 7] availability, shared social norms, and beliefs about the
73 meaning, cause and treatment of illness people share with Faith and Traditional Healers (FTHs)
74 [7-9]. Additional factors considered relevant for choosing FTHs are simplicity and convenience
75 [10], inclusiveness [11] and positive personal or family experience [12].
76

77 People become aware of FTH services and seek help from them by word of mouth, advice from
78 friend and families, referral from fellow traditional healers as well as modern health care
79 providers [13]. People are either self-referred or referred by someone else, including cross-
80 referral between traditional healers [12]. People use traditional healing practices for all kinds of
81 health problems including mental disorders, either exclusively or along with modern care
82 concurrently or sequentially [13]. Peoples' belief systems and culturally specific explanations of
83 illness influence their acceptance of the care and support being provided [14]. People tend to
84 attribute mental illness to supernatural phenomenon, and FTHs are viewed as having the
85 expertise to address the illness than biomedical practitioner [15, 16].

86

87 Based on their primary practice FTHs can be divided in to four types: Faith healers (practicing
88 prayer, recitation or sprinkling of holy water in churches, holy water places and mosques) use
89 the power of God to heal sickness [17]; Divine healers (Ritualist or spiritualists, *kalechas*, and
90 *Tenquay/wizard* in the case of Ethiopia, who practice astrology, read zodiac sign, etc) [18];
91 Herbalists (called *secular* healers and treat patients using herbs, plant remedies or even extracts
92 of animal origin) [19]; and Mixed (Herbalist-Ritualist i.e. healers who use both rituals and herbal
93 medicine). Faith healers and diviners are also called *spiritual* healers. In the Ethiopian context,
94 *secular healers* are those involved in manipulation of body using a variety of techniques such as
95 bone-setting by the *wegesha* (a physiotherapist/orthopedic surgeon) or assisting births by the
96 *Yelimd awalaj* (traditional mid-wife), dressing wounds or excising affected body parts, draining
97 abscesses, pulling out ‘bad’ teeth (tooth extractors), or cutting out the uvula or tonsils,
98 inoculation, and provision of remedies such as herbs, minerals, animal products and thermal
99 waters by the *medhanit awuqi* (herbalist) [20, 21]. *Spiritual healers* are the ones who claim that
100 they have certain magical power, usually governed by either bad spirit to make a person ill or
101 good spirit to protect form developing a psychotic illness, and included in this group are *at’magi*
102 (baptizer-exorcist), *Debtera* (cleric-diviner-healer) [20] 'Tenquay' (witch doctors), 'Bale-Weqaby'
103 and 'Kalicha' [22, 23]They exorcise malign spirits such as *buda* (evil eye) and *ganen* (devil)
104 [20]by use of incantation, sorcery, enchantment and certain rituals [24]. Exorcism is a procedure
105 that involves conducting special ceremonies, burning incense, praying, using holy water, and
106 advise to put amulets containing a written script [16]

107

108 Almost all traditional practices are private practices and are entirely financed by patients or
109 caregivers. Fees vary greatly and usually affordable by majority of the people, and can be made
110 either monetarily or in kind. Traditional healers are an integral part of the society and the people,
111 and are believed to share similar beliefs and attitude towards all life events (health and ill-health)
112 as well as expectations with the people they are living [25].

113

114 In general, the number of traditional healers outweigh that of medical practitioners [2, 3, 10, 17,
115 26, 27], however, it is usually difficult to exactly know their number and type of their practice
116 [28].

117

118 The agenda of establishing collaboration between the traditional and modern health services has
119 long been advocated by the World Health Organization (WHO) to improve access to mental

120 health care [29, 30]. Understanding FTHs in terms of basic socioeconomic and demographic
121 characteristics, modalities of healing practices (what and how they are practicing), users'
122 physiognomies and healers explanatory models of mental illness as well as their attitude towards
123 bio-medical service and intention to collaborate helps the development of evidence informed
124 strategies to improve access to timely bio-medical care for Seever Mental Disorders (SMDs).
125 Although traditional healers are an important part of Ethiopia societies, information about the
126 extent and characteristic of healing and the people involved in the practice is limited [30]. This
127 knowledge is important first step to introduce interventions as well as scale up of mental
128 healthcare.

129

130 The main purpose of this study was to describe the profile of FTHs in a rural district in Ethiopia
131 and their experience in managing mental illnesses. The study is part of the Programme for
132 Improving Mental health care (PRIME), a study which works in this rural district to develop
133 evidence on the best approaches of integrating mental health care [31, 32].

134

135 **Methods**

136

137 A descriptive cross-sectional community based quantitative study was conducted among 173
138 faith and traditional healers found in Sodo district of Ethiopia, to describe who they are, their
139 healing practices and treatment experiences in for mental illness. Sodo district is predominantly
140 rural inhabited by Orthodox Christians and farmers. Study participants were all herbalists (those
141 who use herbs, plant remedies or even extracts of animal origin to treat their patients), all
142 diviners [spiritualists or who use rituals, *debteras and kalechas* (those who have some church
143 education and defect from church services) *Tenquay* (wizard/ witch)], who practice astrology,
144 read zodiac sign, etc), all faith healers (practicing specific healing prayer or recitation in church
145 and in mosques, sprinkling of holy water at holy water places) and mixed, those who mix the
146 above methods.

147

148 Participants were identified though household censes where names and the predominant type of
149 traditional healing practices of all FTH (n=182) were listed using health extension workers three
150 weeks prior to the actual study.

151

152 **Instrument**

153 Data was collected through face-to-face interview using a pretested structured questionnaire,
154 developed in English then translated in to their local language. Information about basic socio-
155 demography, type of healing practices, clients' characteristics, healing practices for mental
156 illness, and experience and intention of FTHs to collaborate with modern health care system
157 were collected.

158

159 **Data management and analysis**

160 Statistical package for social sciences (SPSS) version 20.0 was used for data entry, cleaning and
161 analysis. Descriptive statistics were done to summarize the profile of FTHs. Response
162 frequencies were analyzed using Chi-square test at bivariate level to test for any association with
163 treatment practices, experience of collaboration with modern care, and other important variables
164 by type of healers whenever possible.

165

166 **Ethical consideration**

167 Ethical clearance and approval of the study was obtained from the Addis Ababa University,
168 College of Health Sciences, School of Public Health, Research Review Committee. All patients
169 were fully informed about the purpose, benefit and harm if any associated with the study, and
170 verbal informed consent was obtained. It was emphasized that voluntary participation was
171 required and participants were informed their full right to refuse at any time to stop their
172 participation and were assured their refusal to participate will not have any negative
173 consequences.

174

175 **Results**

176 **Socio-demographic characteristics of participants**

177 We obtained a response rate of 95% where 173 FTHs participated in the study. Non-Muslim
178 faith healers were interviewed at the healing sites (churches and holy water places) while Muslim
179 faith healers, herbalists and diviners were interviewed in their residential places, where they
180 usually provide healing services.

181

182 One hundred twenty two (70.5%) of the healers were male and the difference between the two
183 sex was significant (χ^2 test 13.05, df=3, p=0.01). The median age of healers was 55 years (IQR=48.5, 67 years), and had lived in the locality for a median duration of 45 years (IQR= 35, 59
184 years). Greater majority 145(83.8%) were married and 158(91.3%) followers of Orthodox
185 years).

186 Christianity (91.3%). Fifty four (31.2%) earned their living exclusively from the FTH practice,
 187 while the rest had other work for additional income. Eighty four (48.6%) of healers didn't attend
 188 formal education. (Table 1)

189

190 Table 1: Socio-demographic and economic characteristics of FTHs, Sodo district, SNNPR,
 191 Ethiopia, 2014 (N=173)

Characteristics	Overall N=173 n (%)	Herbalist N=102 n (%)	Faith N=36 n (%)	Mixed N=19 n (%)	Diviner N=16 n (%)
Sex					
Male	122 (70.5)	56 (64.7)	34 (94.4%)	11 (57.9%)	11 (68.8%)
Female	51 (29.5)	36 (35.3)	2 (5.6%)	8 (42.1)	5 (31.3%)
<i>Chi. Sq 13(3)0.005*</i>					
Median (IRQ) age in years	55 (48-67)	58 (49 – 69)	53(48– 64)	50 (45-60)	55 (51-70)
Marital status					
Married & live together	145 (83.8)	84 (82.4)	30 (83.3)	17 (89.5)	14 (87.5)
Widowed	18 (10.4)	13 (12.7)	3 (8.3)	2 (10.5)	-
Single never married	5 (2.9)	3 (2.9)	2 (5.6)	-	-
Married but not living together	3 (1.7)	1 (1)	1 (2.8)	-	1 (6.2)
Divorced	2 (10.4)	1 (1)	-	-	1 (6.2)
Residence					
Rural	158 (91.3)	97 (95.1)	29 (80.6)	19 (100)	13 (81.2)
Urban	15 (8.7)	5 (4.9)	7 (19.4)	-	3(18.3)
Religion					
Orthodox Christian	158 (91.3)	95(93)	32(89)	18(95)	13(81)
Muslim	9 (5.3)	4(4)	1(2.8)	1(5.3)	-
Protestant Christian	6 (3.5)	3(3)	3(8.3)	-	3(19)
Ethnicity					
Gurage	151 (87.3)	90(88)	29(81)	17(89.5)	15(94)
Oromo	14 (8.1)	9(9)	3(4)	2(10.5)	-
Amhara	7 (4)	7(4)	3(4)	-	1(6)
Other	1 (0.6)	-	1(3)	-	-
Source of living					
Exclusively traditional healing practice	54(31.2)	5(5)	36(100)`	6(31.6)	5(5)
Have additional income source	119(68.8)	97(95)	-	13(56.2)	9(56.2)
Self-perceived relative wealth					
Poor	59 (34.1)	36(35)	12(33)	8(42)	3(19)
Average	109 (63)	63(62)	23(64)	10(53)	13(81)
Better off	5 (2.9)	3(3)	1(3)	1(5)	-
Educational status					
No formal education	84 (48.6)	58(57)	8(22)	10(53)	-
Can read & write	69 (39.9)	33(32)	21(58)	7(37)	-
Primary level educated	16 (9.2)	9(9)	5(14)	2(11)	-
Secondary level educated	3 (1.7)	2(2)	1(3)	-	-
Tertiary level educated	1 (0.6)	-	1(3)	-	-
Partner's education (n=168)					
No formal education	142 (84.5)	87(85)	28(78)	16(84)	16(100)
Can read & write	20 (11.9)	13(13)	5(14)	2(11)	-
Primary level educated	6 (3.6)	2(2)	3(4)	1(5)	-
Partner's Occupation (n=168)					
Housewife	111 (66.1)	65(64)	30(83)	10(53)	10(63)

Farmer	41 (24.4)	28(28)	2(6)	9(47)	3(19)
Merchant	13 (7.7)	6(6)	4(11)	-	3(19)
Daily laborer	3 (1.8)	3(3)	-	-	-

192

193

194 **Traditional healing practice**

195

196 Four types of healers were identified: 102(59%) were herbalists, 36 (20.6) faith healers, 19
197 (11%) were mixed healers and 16 (9.2%) were diviners. About two-third (n=68) had history of
198 illness, mostly physical illness, prior to becoming healers. The median years of practicing as
199 healer was 25 years (IQR =13; 34 year). Ninety one (52.6%) of FTHs entered the healing
200 practice through family kinship experiences and 36(20.9%) entered the practice because of their
201 satisfaction with treatment they received from FTHs in the past. Only 15% entered the healing
202 practice because of ancestral spirit. Very few FTHs (5.8%) received training before joining the
203 healing practice. The training was generally very brief, on average two and half days. Training
204 focused on how to cast out possessing spirits, on how to identify and apply herbs, and on how to
205 select versus of the Bible which are amenable to treating mental illnesses. Ten (5.8%) of healers
206 entered the practice after instructions by supernatural powers.

207

208 **Cost and utilization of services**

209 Seventy four (42.7%) of healers receive payment for their healing service, of which 56(75.7%)
210 accept payment in kind. The amount of payment varies, in such a way that 24(32.4%) said
211 payment depends on the capacity (wealth) of the client/caregiver, while 20(27.3%) and
212 15(20.3%) said it is based on the type or severity of illness presentation, and on the desire of the
213 client/caregiver respectively. On the other hand the amount was fixed as reported by 15(20.3%)
214 of healers. The usual payment received for traditional healing service ranges from 2.3 USD to
215 6.65 USD per patient, and this amount was believed by healers as cheap compared to biomedical
216 care.

217

218 In a typical busy day the average number of clients ranged from two to 20 patients. Majority of
219 healers (96%) provide healing service every day whenever they were needed, and did not have
220 specific preferred day or time of day dedicated for providing service. Overall, 54(31%) of FTHs
221 have space for patients for overnight stay during treatment; however, all faith healers have
222 accommodation for patients.

223

224 **Characteristics and source of clients**

225 Traditional healers' client were not distinguishable by gender, age, wealth or educational
226 background, except residence. Majority (71.7%) of the healers receive clients from the same
227 district that they are living in. One hundred nine (63%) of the healers were certain that people
228 visit both traditional and modern treatments simultaneously and 100(57.8%) believed that
229 patients preferred to visit biomedical care first. Almost all (95.4%) mentioned that their clients
230 came to know them by what they have heard about them in the community (word of mouth) and
231 98(56.6%) also reported that family members advised patients to see healers.

232

233 When looking at who influenced patients to come to traditional healers, 102(59%) of healers
234 believed that patients them without anyone's influence, while 99(57.2%) and 81(46.8%) believed
235 that patient's family and friends or other person who received treatment by healers were main
236 influencers to receive traditional treatment respectively. With regard to perceived reasons why
237 people use traditional healing, 85(49%) believed that it is because of the availability of healers
238 whenever they are needed, while 71(41%) and 62(35.8%) believed it is because healers existed
239 for long time in the locality and the healers are more effective respectively (Table 2).

240

241 Table 2: Source of clients and factors influencing use of service *Sodo district, SNNPR, Ethiopia,*
242 *2014 (N=173)*

243

Variable	Number (%)
Where, healers think, do patients prefer to go first	
Modern health care	100 (57.8)
Faith and Traditional care	73 (42.2)
Healer's perception about people's treatment practice (n=173)	
Visit modern and traditional simultaneously	109 (63)
Visit one care system before moving to the other	64 (37)
How do clients know and come to traditional healers (multiple answer)	
By word of mouth/rumor	165 (95.4)
Referred (advised) by family members	98 (56.6)
Referred (advised) by friend	83 (48)
Referred by other traditional healer	19 (11)
Self-referral (directed by dream, spirit)	11 (6.4)
Referred from modern health facilities	6 (3.5)
Who, healers think, influenced client to visit traditional healers (multiple answer)	
Patients themselves	102 (59)
Family members	99 (57.2)
Friends and other people who received treatment by healers	81 (46.8)
	48 (27.7)

Neighbors & villagers	9 (5.2)
Community/opinion leaders,	5 (2.9)
Modern health professionals	4 (2.3)
Other traditional healer	
Healer's belief about why people prefer traditional healers (multiple answer)	
Traditional healers are always available (always open)	85 (49)
Traditional healers stayed for long time here	71 (41)
They believe in tradition treatment capacity	62 (35.8)
There is no modern treatment around us	2 (1.2)
Tradition service is less costly	12 (6.9)
Tradition treatment style is simple	15 (8.7)
Patients are free (feel free) to talk/discuss	10 (5.8)
Healers are their people with the same tradition	3 (1.7)
Tradition healers solve both their social & spiritual problem	23 (13.3)

244

245 **Healer's understanding about mental illness**

246 Only 58(33.5%) of FTHs believed mental illness was common in their locality while 102 (59%)
 247 believed that it is not common, and the rest were no sure. With regard to altered behavioral
 248 manifestations in patients with mental illness, 96(55.5%) of healers cited talking alone or
 249 nonsense, 82(47.4%) mentioned shouting and 79(45.7%) and 71(41%) mentioned impaired self-
 250 care and laughing at inappropriate time or cause respectively. Concerning cause of mental illness
 251 141(81.5%) mentioned supernatural causes. In a multiple response question, 109(63%)
 252 mentioned economic problem, while 43.1% and 42.2% cited curse and shock due to unfavorable
 253 life event (death, sudden loss of property, etc), respectively (Table 3).

254

255 Table 3: Perceived manifestations and causes of mental illness by FTHs, Sodo district, SNNPR,
 256 Ethiopia, 2014 (N=173)

257

Variable	Number (%)
Perceived symptoms of mental illness (multiple answer)	
<i>Talking by himself, talking nonsense</i>	96 (55.5)
<i>Shouting</i>	82 (47.4)
<i>Impaired self-care such as not washing</i>	79 (45.7)
<i>Laughing at inappropriate times</i>	71 (41)
<i>Eating dirty food (feaces), carrying dirty things</i>	69 (39.9)
<i>Uttering incoherently</i>	68 (39.3)
<i>Wandering away from home</i>	54 (31.2)
<i>Aggression</i>	52 (30.1)
<i>Fighting</i>	41 (23.7)
<i>Confusion and strange behavior, crying</i>	33 (19.1)
<i>Isolation (desire to be alone)</i>	27 (15.6)
Perceived cause of mental illness (multiple answer)	
<i>Economic problem, stress due to loss of belongings</i>	109 (63)

<i>Shock due to bad life event (death, sudden loss of property, etc)</i>	73 (42.2)
<i>Curse</i>	59 (43.1)
<i>Spirit possession.</i>	51 (29.5)
<i>Head Injury or brain disease</i>	46 (26.6)
<i>Unmet or unresolved love</i>	45 (26)
<i>Wondering around where ash/Atela (residual of local beer) was damped</i>	44 (25.4)
<i>Evil eye</i>	42 (24.3)
<i>Excessive learning or study</i>	40 (23.1)
<i>Alcohol drinking</i>	39 (22.5)
<i>Chat chewing</i>	39 (22.5)
<i>Family history of mental illness (hereditary) ancestral heritage</i>	32 (18.5)
<i>God's punishment or wrath</i>	28 (16.2)
<i>Wondering in the middle of the night</i>	27 (15.6)
<i>Sitting alone in the dark empty room</i>	25 (14.5)
<i>Wondering in the middle of the day</i>	20 (11.6)
<i>Individual or personal weakness</i>	11 (6.4)
<i>During pregnancy or delivery</i>	3 (1.7)

258

259 **Treatment practice for mental illness**

260 Overall, 63(36.4%) reported experience of treating mental illness, of which 30(47%) treat only
261 mental illness while 33(52%) treat both mental and physical illnesses. When looking by type of
262 healers all faith healers and divine healers reported treating mental illness while 11(57.9%) of
263 mixed healers, and no herbalists reported treating mental illness. On average in a typical month
264 healers reported to treat two mentally ill patients.

265

266 With regards to prognosis of mental illness, only 58(33.5%) believed that it can be cured
267 completely while 115(66.5%) believed no permanent cure only temporary improvement. Those
268 healers who treat mental illness were asked about possible factors that influence the outcome of
269 their treatment, and 40(32%) mentioned severity of illness (i.e., the strength or power of the
270 spirit that possessed the patient), 42(24.3%) cited compliance to treatment, 36(20.8%) mentioned
271 patient's good general health and nutritional status while 34(19.7%) reported duration of illness.

272

273 **Discussion**

274 In this study we found that, three of the four types of traditional healers (faith-based, diviners and
275 those who mix herbal and faith) played an important role in the treatment of mental illnesses in
276 the District. While those who do not treat mental illnesses (herbalists) believed that biomedical
277 sciences is important in the treatment of mental illnesses. The belief that biomedical sciences
278 could not be helpful for mental illnesses was also supported by the fact that almost all except
279 herbalists indicated that the treatment outcome of mental illnesses depends on the power of the

280 spirit that possessed the mentally ill person. Most Faith healers indicated their intention towards
281 linking with biomedical care is a positive indication for improvement of the health care provided
282 to mentally sick people. However, though few some had indicated that they have received
283 patents referred by modern health care providers. This has boosted the morale of the FBTHs and
284 confirmed their belief that modern health care is not able to treat mentally ill patients. This could
285 be one of the threats that could affect linkage of the two health care systems. Traditional and
286 faith based healers in the district indicated that they do not have any formal training but kinship
287 and experience.

288

289 Traditional healing providers were widely available in this traditional and rural district.
290 Herbalists were the most common traditional practitioners followed by faith healers. The
291 vocation was dominated by men as appears to be the case in other African countries [17]. All
292 the four types of FTHs share similar socio-demographic characteristics with each other and, for
293 some domains, with the population of the district [31]. Most healers were also middle aged
294 consistent with other studies conducted in Ethiopia [34]. These demographic characteristics are
295 likely to have bearing on the service being provided. While the shared characteristics may
296 indicate that traditional healers and the community may share explanatory models, other
297 characteristics, for example age and gender differences may limit choice for patients;
298 particularly, the service may not be equitable, acceptable or appropriate for women. Further
299 exploration of the impact of FTHs characteristics and how they may be perceived by women and
300 other groups in the locality may be important in pursuing collaborative care and improving
301 accessibility of care.

302

303 Family kinship is an important path of entry in to the healing practice; however, experience of
304 illness followed by healing by healers was also another important path to the practice. These
305 pathways were reported by a similar study from Uganda [28]. More interesting was the fact that
306 very few healers had received any kind of training or mentorship from anywhere when they
307 started the healing practice. The impact of this lack of training is unclear and is worth exploring
308 further.

309

310 A relatively large number of service users reportedly use the traditional services every day. On
311 average, about 415 clients visit traditional healers daily. This is much larger than the number that
312 would be receiving care daily across the eight biomedical centres in the district, which is about
313 160. This makes the traditional healing services the “de facto” primary care for the people in the

314 Sodo district. This is also unlikely to be much different for other parts of the country.
315 Geographic, cultural and economic accessibility is likely to be at the heart of this healers' service
316 utilization.

317

318 The situation is not likely to change in the immediate feature and collaborating with traditional
319 healers is essential. Yet, virtually no collaboration exists between traditional and biomedical
320 services. Although some traditional healers believe they have the better ability to cure illnesses,
321 some blame biomedical providers for ignoring the service of traditional healers. Whatever the
322 role of traditional healers might be, services to the people will be accessible only when
323 collaboration is strengthened and when biomedical services are available more widely. The fact
324 that most users come to traditional healers through word of mouth and advice from family or
325 friend does also suggest that traditional healers are recognized, valued and trustworthy providers.
326 Biomedical providers have to be similarly trustworthy by residents if they are to be useful and
327 more accessible. It is also of note that availability of the service at all times and the ability of
328 healers to solve social and spiritual problems of the people [7-9] were considered important
329 assets by the traditional healers of Sodo. These are important lessons for biomedical providers.
330 Providing holistic care, care that is available all the time in close proximity to the people is more
331 likely to be used and possibly trusted by the people.

332

333 According to the report of FTHs, users of the FTH servicers do not differ by their wealth, unlike
334 in South Africa where majority of users belong to the poorer sections of the society [17], and
335 perhaps our study population were different from the South Africans with respect to the general
336 economic standard, and being rural as well. Furthermore, reported users do not differ by sex and
337 educational status unlike users in the United States of America where women than men, educated
338 than less educated were more likely to use healing [35]. However, actual data from users is
339 required to make judgment about the characteristics of users. It was against our assumption that
340 only a small minority of healers provided care for mental illness.

341

342 Conclusion

343

344 The study is the first comprehensive study looking at the role of faith and traditional healers in
345 the care of mental illness in Ethiopia. Traditional practices are the “de facto” primary care
346 providers in this rural district. All faith healers and diviners providing care for mental disorders
347 though few herbal medical practitioners do so. It is essential to involve traditional healers in any

348 engagement to improve access to care. We recommend a wider community based mixed
349 qualitative and quantitative study both on traditional healers and clients to document the situation
350 in depth.

351

352 **Data availability statement**

353 Data are available within the Supporting Information files, and can be submitted upon request
354

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356
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358 consented and participated in the study.

359

360 **List of abbreviations**

361 df Degree of Freedom
362 FTHs Faith and Traditional Healers
363 FTHp Faith and Traditional Healing Practice
364 IQR Inter Quartile Range
365 SMDs Sever Mental Disorders
366 χ^2 test Chi Square
367 SNNPR Southern National Nationalities and Peoples Region
368 WHO World Health Organization
369

370 **Competing interests**

371 The authors have no competing interests.

372

373 **Authors Contribution**

374 **Conceptualization:** Ayele Belachew Aschalew,
375 **Data collection:** Ayele Belachew Aschalew
376 **Formal analysis:** Ayele Belachew Aschalew, Abebaw Fikadu
377 **Funding acquisition:** Ayele Belachew Aschalew, Abebaw Fikadu
378 **Investigation and measurements:** Ayele Belachew Aschalew, Abebaw Fikadu
379 **Methodology:** Ayele Belachew Aschalew, Abebaw Fikadu

380 **Supervision:** Ayele Belachew Aschalew, Abebaw Fikadu
381 **Writing draft:** Ayele Belachew Aschalew, Abebaw Fikadu, Miteke Molla
382 **Review & Editing:** Ayele Belachew Aschalew, Abebaw Fikadu, Miteke Molla
383

384 **References**

- 385 1. WHO. Global burden of mental disorders and the need for comprehensive, coordinated
386 response from health and social sectors at the country level. Volume 130th session, Agenda item
387 6.2. 2012.
- 388 2. WHO. Guideline for evaluation of herbal medicine. Manila,: WHO, Regional Office,;
389 1993,.
- 390 3. WHO: Fact Sheet, Traditional Medicine. Geneva; 2003.
- 391 4. Robertson BA. Does the evidence support collaboration between psychiatry and
392 traditional healers? Findings from three South African studies. S Af Psychiatry Rev 2006, 9:87-
393 90.
- 394 5. Ensink K, Robertson B: Patient and family experiences of psychiatric services and
395 African indigenous healers. Transcultural Psychiatry 1999, 36:23-43.
- 396 6. Central Statistical Authority and ORC Macro: Ethiopia Demographic and Health Survey
397 Addis Ababa Ethiopia and Calverton, Maryland, USA; 2000.
- 398 7. Lambert J: Ethiopia: Traditional Medicine and the Bridge to Better Health. IK Notes
399 edition. World Bank. 2001:35.
- 400 8. Yemane B, Damen H, Helmut K. Epidemiology and Ecology of Health and Disease in
401 Ethiopia. India: Shama Books; 2006.
- 402 9. WHO: The World Health Report: Mental Health: New Understanding, New Hope. .
403 Geneva; 2001.
- 404 10. Bannerman RH, Burton J, Chien W. Traditional Medicine and Health Care Coverage.
405 Geneva, Switzerland: WHO; 1993.
- 406 11. Inter-Agency Standing Committee (IASC):Iasc Guidelines on Mental Health and
407 Psychosocial Support in Emergency Settings. Geneva: IASC; 2007.
- 408 12. Shih CC, Su YC, Liao CC, Lin JG. Patterns of medical pluralism among adults: results
409 from the 2001 National Health Interview Survey in Taiwan. BMC Health Serv Res, 2010,
410 10:191.
- 411 13. Mudimu C N, Martine P, Anthony M. Common mental disorders among those attending
412 primary health clinics and traditional healers in urbanTanzania, . BRITISH JOURNAL OF P
413 SYCHIATRY, 2003, 183,:349-355.
- 414 14. Zabow T: Traditional healers and mental health in South Africa. International Psychiatry
415 2007, 4(4):81-83.
- 416 15. Alem A, Jacobsson L, Araya M, Kebede D, Kullgren G. How are mental disorders seen
417 and where is help sought in a rural Ethiopian community? A key informant study in Butajira,
418 Ethiopia. Acta Psychiatr Scand 1999, 100:40-47.
- 419 16. Emilio O, Jed B, Elizabeth G, Oluka O: Traditional healers and mental illness in Uganda.
420 Psychiatric Bulletin 1999, 23:276-279.
- 421 17. Rajendra K: South Africa's Health: Traditional healers in South Africa: a parallel health
422 care system. Edited by Kale R: BMJ, London WC1H 9JR; 1995:1182.
- 423 18. Molchanova E: Folk Healing, Spirituality and Official Mental Health Sphere in
424 Kyrgyzstan: The Experience of Living Together Being Different. Journal of Transpersonal
425 Research 2009, 1:97-103.
- 426 19. Crawford, T.A., Lipsege M. Seeking help for psychological distress: The interface of
427 Zulu traditional healing and western biomedicine. Mental Health, Religion & Culture.; 2004.

428 20. Mekonnen B: Promoting Traditional Medicine in Ethiopia: A brief historical review of
429 Government Policy. *Med*, 1991, 33(2):193-200.

430 21. Getu D, Melke E. Knowledge, Attitude and Practices involved in Harmful Health
431 Behavior in Dembia District, northwest Ethiopia,. *Ethiopian Journal of Health development*,
432 2002, 16(2):199-207.

433 22. Negussie B: Traditional wisdom and modern development: A case study of traditional
434 peri-natal knowledge among women in southern Shewa, Ethiopia. In Doctoral dissertation,
435 University of Stockholm. Ethiopia; 1988.

436 23. Papadopoulos R, Lay M, Gebrehiwot A: Cultural snapshots: A guide to Ethiopian
437 refugees for health care workers. Research Center for Trans-cultural Studies in Health.
438 wwwmdxacuk/ www/rctsh/embracehtm 2002, Middlesex University, London UK. N 14 4YZ.

439 24. Alem A, Desta M, Araya M: Mental Health in Ethiopia EPHA Expert Goup Report.
440 Review article 1995, 9(1):47-62.

441 25. WHO: Legal Status of Traditional Medicine and Complementary/Alternative Medicine:
442 A World Wide Review. Geneva; 2001.

443 26. Kenneth Ae-N, Sara C, Edward A, Bright A, Crick L, Victor D: Whether you like it or
444 not people with mental problems are going to go to them, Ghana. *International Review of
445 Psychiatry* 2010, 22(6):558-567.

446 27. Tabi MM, Powell M, D H: use of traditional healers and modern medicine in Ghana. *Int
447 Nurs Rev* 2006, 53(1):52-58.

448 28. Abbo C: Profile and outcome of traditional healing practices for severe mental illnesses
449 in two district of Eastern Uganda. *Global Health Action* 2011, 4.

450 29. Patel V, Musara T, Butau T, Maramba P, Fuyane S. Concepts of mental illness and
451 medical pluralism in Harare. In *Psychol Med*. Harare: Department of Psychiatry, University of
452 Zimbabwe Medical School; 1995.

453 30. Jacobsson L, Merdasa F: Traditional perceptions and treatment of mental disorders in
454 western Ethiopia before the 1974 revolution. *Acta Psychiatr Scand* 1991, 84(5):475-481.

455 31. Fekadu A, Medhin G, Selamu M, Hailemariam M, Alem A, Giorgis TW, et al.
456 Population level mental distress in rural Ethiopia. *BMC psychiatry* 2014 14.

457 32. Lund C, Tomlinson M, De Silva M, Fekadu A, Shidhaye R, Jordans M, et al: PRIME: a
458 programme to reduce the treatment gap for mental disorders in five low- and middle-income
459 countries. *PLoS medicine* 2012, 9(12):e1001359.

460 33. Teferi G., Heinz-Jurgen H: Herbalists in addis Ababa and Butajira, Central Ethiopia:
461 Mode of service delivery and traditional pharmaceutical practice,. *Ethiopian Journal of Health
462 development*, 2002, 16(2):191-197.

463 34. Jeff L, Robert J T, C. LM: Prevalence and socio-demographic correlates of spiritual
464 healer use: Findings from the National Survey of American Life. *Complementary Therapies in
465 Medicine* 2011, 19:63-70.

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