

## Market of health in time of crises. Biomedical drugs, traditional remedies and plural medical system in Mekelle, Ethiopia.

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Melat, a woman living in Mekelle, is about 65 years old. She is widow and has three daughters. She lives with them and their children in a small and poor compound in Adehausi, one of the areas of the town, where new and rich houses are close to others very poor. Two of their daughters live with her, and their children too. One of them, Paul, has a mental and physical handicap, another one, a girl called Ababa, is HIV positive since she was born. Her mother, the third Melat's daughter, was also HIV positive and died some years ago. In the house all the adults are women, the sexual partners of their daughters disappeared long time ago.

I have met them different times, often with Aurora Massa, another Italian anthropologist working with me. Once while we were talking about the children I asked her how did she cure them. Melat does not work and, as the older woman in the house, is in charge of the health and the wellbeing of the children.

She told me the story of the children. The first one, Paul, was 10 years old. He was born with his handicap. He has a problem with his leg and until he was 3 years old he could not stand up, because it was shorter than the other, and he moved on his knees. He had also a problem with his hands which cannot be used properly; a white man gave her the money to go to the hospital for getting cure. Instead of going to the hospital, she preferred to use for the hands a local herbs called in Tigrinya *gule*. That cure was successful and now Paul has still problems with his hands but he can move and partially use them.

In the Melat garden there are also other medicinal plants she uses quite daily to cure the children for their small ailments as well as for some serious sickness. She prefers to use the herbs because trusts in their effectiveness but in order to save money too. She has not any

education as a healer, she just have a knowledge about the herbs which is common in Tigray. With this I mean a knowledge shared by most of the people living there.

In the last years, anyway, trying to improve the health of the boy and, first of all, to cure the hands she has also started to go to a holy water source. She believes in God and is sure on his help- I will explain better later what a holy water source is.

The Ababa case is different. Since she is HIV the grandmother can get the drugs she needs for free, as well as the test. Then in this case Melat uses the biomedicine, unless she has small ailments.

Though she knows some herbs used for treatments, she never goes to the traditional healers, because prefers to relay on the domestic remedies.

This story is very common in Tigray- people with economic problems try to manage their health problems referring to different therapeutic sources. The choice of the source depends on different factors: ideological, cultural, economical and so on. Any sources has its own product which can be seen as a drug. The use of different sources, then of different drugs, can tell us something about the inequalities in the access to health resources.

To try to understand how people manage their health problem, and more specifically, how people in a poor country manage the use of different drugs, we need first to illustrate the Mekelle medical system in its plurality. Then we have to define what can be intended as a drug and finally to show how the social actors perceive the different types of drugs.

## **A definition of Medical Systems**

Here I would like to give a definition of the medical system. In a review ran with César Zúniga Valle, we proposed a general and broad definition of medical system as:

«The whole of representations, knowledge, practices, resources, as well as social relationships, organizational and prescriptive structures, professionalism and forms of transmission of abilities. In every specific social and historical context, that whole is directed towards identifying, interpreting, preventing and facing to what is thought as “sickness” or anyway is regarded as threatening a “normal” healthy condition, in any

form it could be conceived by the group» (Schirripa P. – Zúniga Valle C. 2000: 210)

This definition is such as wide that allow to signify a medical system as any set of conceptualizations and practices referring to health problems – in any form it could be organized. It lets a human group to think of, cope with and prevent any event which the group itself regards as pathological or abnormal.

As I have already told, and I will illustrate better it in the next pages, in Mekelle we meet a plurality of therapeutic resources to which people is referring in order to cope with their health problems. It is a plural medical system.

Plural medical systems are not harmonious wholes: they reflect conflicts across the society, as well as the competition among different social actors to obtain resources and improve their status. A plural medical system has to be considered as a hierarchic set, and within it we can observe different form of competition among social actors with asymmetric positions.

Bourdieu's notion of field fits properly<sup>1</sup> here (Bourdieu P. 1971a, 1971b, 1994). Bourdieu defines a field as a system of relations depending from the power forces that lie within it. The field and its power forces are both shaped by the individual agency of the social actors and by the relations between the individuals acting in it. It reveals to have a hierarchic structure articulated on the basis of dominant and dominated positions, due to distribution of capital ( symbolic, social, etc.). Instead of being static, a field is an area of struggles in order to keep and transform the status of any social actor which acts within it as well as the power relation between different social actors.

If we think the medical system as a field, we are able, in my opinion, to better analyze the social dynamics in it. We will be therefore able to take into account the relations of

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1 I attempted to delineate an analytic model for the medical system and its social actors in Ghana based on the bourdiean concept of field. Cf. Schirripa (2005)

power. To see how these depends on the different symbolic and social capital possessed by every social actor.

### **The field of therapies in Mekelle.**

Following the definition of medical system I quoted above, it is important to underline that any medical system is a complex field rooted in history and shaped by social forces. Then to analyze it we need to describe the social forces working in and around it, and - at the same time - to sketch the historical development of the different therapeutic tradition acting in the arena.

To describe the medical system in Mekelle, we can maybe start putting any social actor in a specific therapeutic tradition. We can then discuss about a biomedical sector, a traditional one and finally a religious one. It could fit, for certain regards, the field of therapies. In fact in Mekelle we can find Hospitals, clinics - both public and private - as well as primary health care facilities. They are all facilities which pertain to the biomedical sector. Doctors and nurses working in those structures normally deal with their patients using a biomedical perspective. To this sector belong also pharmacies and drug-stores. To the traditional sector belong those we normally call as "traditional healers".

In Mekelle there are different kinds of traditional healers<sup>2</sup>. First of all *mergeta* and *deftera*. They are religious people, that is to say people which has received a religious training in the Orthodox Christian Church, which is the hegemonic church in Ethiopia, and normally they have some role in the religious ceremonies. Apart from their religious role they work as therapists using in their activities prayers and herbal drugs. In any case they work as therapists in their houses or in different places but not in the church: their therapeutic

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2 I do not have the space to discuss the historical development of the traditional medicine in Ethiopia, but anyway it cannot be seen as a static reality. It is the results of a confluence of different traditions and of the development of local ideas: «The Ethiopian ethnomedical heritage has been influenced also by historical developments related to prolonged immigrations from the southern Arabian Peninsula, the influence of Greek culture, and the introduction of Christianity and Islam. The Semitization of the northern Cushitic - speaking populations through the process of merging with immigrants from Arabia and Yemen, whose languages were based on a written alphabet, has contributed to the expansion of several written languages. Thus, although most of Ethiopian ethnomedical knowledge is conveyed verbally, in the Tigre and Amhara culture areas magico-medical textbooks, primarily written in Ge'ez, Amharic, and Tigrinya, have provided healers and laymen with strategies to deal with ailments attributed to both magico-religious and empirical causes. Additionally, Islamic elements have been incorporated into the ethnomedical system of various groups in the eastern part of the country.» (Vecchiato, 1993, 158).

activities are seen as different and autonomous from their religious work. Sometimes, at least some of them, has regarded with suspicious by the people which think they have relations with demons. There are also Muslim therapists (*hakim*) which in their activities follow the religious and therapeutic precepts of their religion. Finally we can also find different domestic healers, that is to say people which are able to cure a narrow range of sicknesses and normally work within their families or neighborhoods. Among them there are bone-setters and, in certain cases, the TBA<sup>3</sup>.

The third sector is what we can properly call the religious one. It includes some therapeutic practices which belong to the Orthodox Church. They are essentially two: *mai chellot* and *tsebel*. The *mai chellot* are the holy water sources where people go to bath and drink water in order to be healed from any kind of sickness. People use holy water to heal any sort of ailments as well as very serious diseases, i. e. TB and AIDS. Normally people use it also for preventing sicknesses or misfortunes. The *tsebel* is the mud which is found in those sources. It is smeared on the body or drunk with water.

One has to avoid to look at those three sector as completely separated. There are different overlaps between them. In the therapeutic practices as in the nosologies, can easily be found syncretism and vernacularizations<sup>4</sup>. In their daily practice the traditional healers can refer to biomedical nosology, or sometime use some biomedical devices, as the injection. At the same time the biomedical doctors can discuss with their patient about some traditional resources, or discuss about a peculiar sickness using the traditional terms instead of the biomedical one.

Anyway, if we consider a field of therapies as something dynamic and in continuous change, we cannot think of those sectors as taken for granted. They will occupy a particular place in the field and a specific role starting from the relationships they will build between them and, at the same time, starting from the peculiar history of their presence and their historical development in that context.

## Pharmaceuticals

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<sup>3</sup> I do not discuss here the role of TBA which is beyond the aims of this paper.

<sup>4</sup> See Bruni forthcoming

Before describing the market of drugs I would like to give a brief definition of drug.

One can define as drug a specific substance – or more precisely a compound of substances – that a specific community, in a given historical and social situation, perceives as effective to deal with, and often to resolve, what in that context is thought as sickness.

From this point of view we can see the drug as parcel and part of that complex whole of theories, acts and practices which constitute the therapeutic process (Kleinman, Csordas). A drug can be drawn by vegetable, animal or mineral substances, or it can be the product of a process of chemical synthesis of laboratory. One can think that its effectiveness depends on the inner quality of the substances used in its production – as in the case of biomedicine – or, on the other hand, one can think that the effectiveness depends on the right acts or on the prayers the one who has prepared it has performed – as in the case of most of the traditional medicines. In any case the drug represents in its materiality as a concrete and visible object one of the tangible moments of the therapeutic process (van der Geest).

It is its materiality which allows us to look at the medical system through a particular lens. The pharmaceuticals are the focus of complex transactions – both material and symbolic – that involve different phases of their life-cycle: from their production to their use by people. They literally touch and build the relations between the principal actors in the therapeutic arena: policy-makers, pharmaceutical industry, pharmacists, therapists and patients.

Pharmaceuticals have their own value regime (Appadurai) that comes from a whole of ideas and attitudes, consequence of a peculiar historical process and of concrete relations in a given context. By concrete relations I mean the whole of social relationships that preside over control, distribution and use of a given resource, including the pharmaceuticals.

In describing the role of the pharmaceuticals in the medical system of Mekelle I would like to start from biomedicine. In my opinion it is important to underline the distinctive history of Ethiopia compared to other African countries (I refer for instance to Ghana,

where I worked in the past). Ethiopia is indeed the only African country that has not been under the colonialist rule, apart from the very brief experience of Italian occupation. The formation of the Ethiopian state is not a legacy of colonialism but is the result of an internal and complex development. Also the introduction of biomedicine is not a legacy of colonialism. It was brought in by Menelik II and Hailé Selassie in the context of their politics of reforms and opening to the Western World. Both Emperors invited the first European doctors to move to Ethiopia and later built the first biomedical facilities. Among them there was a pharmacy in Addis Ababa owned by a Russian doctor (Pankhurst 1990) . Although they are not a legacy of colonialism, pharmaceutical are perceived as a Western product. However a focus on the local reality imposes a deconstruction of the idea of Western product. In recent decades, because of the decentralization of industrial production and of the dramatic entry in the market of the Asian countries, the production places of the biomedical pharmaceuticals have multiplied. In the pharmacies of Mekelle one can find pharmaceuticals made in Europe, Asia as well as in Ethiopia and other African countries. Their perception and circulation is different. European pharmaceutical – the most expensive - are perceived by the locals as the most effective. Locals consider this effectiveness as linked to their high price, which is not perceived as a consequence of a higher production cost but rather of their higher effectiveness. Such a higher performance is also linked to their European origin, as Europe is viewed as the birthplace of biomedicine. This is why Europe is considered as the place where there is a deeper knowledge of pharmaceuticals.

Because of the high price of European pharmaceuticals, the Asian pharmaceuticals are the ones mostly used. Although they are viewed as less effective, these latter are cheaper and have a lesser impact on the family budget. The use of European pharmaceuticals is limited to those cases that are considered most serious or else it is a sign of distinction (Bourdieu).<sup>5</sup> We can speak of pharmaceuticals also in the context of traditional medicine. Such drugs are made out of minerals, plants or animals. Their circulation is usually limited: the therapist prepares the remedy which is then used by the patient according to the

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<sup>5</sup> This does not apply to ARV drugs, which the government distributes for free to the patients affected by HIV, nor it applies to other drugs, such as the contraceptives.

instructions received. Sale of traditional pharmaceuticals is limited. In Tigray there is only a therapist who prepares his drugs (creams, liquids and so on) and keeps them in containers or boxes, so that they look like European products. They are then sold in two drug shops owned by the therapist. Compared to other African countries traditional medicine does not seem to follow a commercial or industrial pattern of development. In my opinion this is due to the circumstance that traditional medicine is as yet not recognized.

During the years of DERG, the military government overthrown by the current rulers, a politics of recognition of traditional medicine was introduced. That is why the current government has ignored the problem for many years. Currently a law is under discussion but it has not been approved as yet. This means also that the process of social re-evaluation of traditional medicines that we can observe in other African countries is not present in Ethiopia. The use of traditional therapeutic practices is not a sign a distinction in Ethiopia. It is a popular practice among people not because of the higher costs of biomedicine but because the traditional drugs are perceived as effective in specific pathologies where on the contrary biomedicine is seen as ineffective or damaging.

Finally, the holy water is used in all sorts of pathologies, including the most serious ones like AIDS. Those who use holy water most often do not use other drugs. The circulation of this remedy is however controlled by the Church.

As I told before is not possible to look at these three sectors as separated entities. There are interplays as well as competition. For instance in packaging his remedies in a Western style the therapist I mentioned before is claiming for a specific place in the arena. A place which stand in the traditional sector but challenge the biomedical hegemony in selling pharmaceuticals using drugstores. At the same time when the priests sometimes induce people not to use drugs when they are using holy water, they create a specific locus of action which define themselves through the differentiation by biomedicine and the demonization of traditional therapies. At the same time biomedicine is claiming his own role in the arena underlines the effectiveness of its products (the drugs) and delegitimizing the therapeutic action of traditional remedies as well as of holy water. Finally traditional



medicine occupies his place also through the use of some specific nosologies. I refer to such nosologies which are thought not to be healed by biomedicine. It is the case, for example of a dermatological problem, called *almasbalechera*, “a kind of skin disease that is identified by health professionals with the biomedical term herpes zoster. According to the most of the informant interviewed, ‘this disease doesn’t like modern treatment’, because the injection received in biomedical facilities is perceived as multiplying the lesions. On the contrary, traditional treatment for *almasbalechera* is perceived as effective because it arrests the spreading of the wounds” (Bruni, forthcoming).

In this way any sector, or it is maybe better to say any social actor, define itself in the arena by confronting and competing with the others.

This from the point of view of therapist. What is going from the point of view of the people? The social actors which, moving in the arena seeking for cure or better health?

The story I started with, is an example of the people’s behaviors. Living in a poor country with scarce economic resource means also to face of diseases, as well any health need, relying on different possibilities. As the Melat story shows, the choice of a kind of therapy does not only depend on an ideological, or cultural, or structural factor. Managing the sickness in this context means also to choose each time what is perceived as the best solution, from the point of view of effectiveness, but from the point of view of the economic management too. Choosing a therapy or another is a sign of the capacity of access of health resources available in the field of therapies. Quoting Fassin we can say “Dans toutes les societies, la maladie met en jeu des rapports de pouvoir. Elle les exprime dans les corps à travers les differences entre les individus face aux risques de l’existence ou aux possibilities de se soigner, qui sont autant de façons d’inscrire physiquement l’ordre social” (Fassin D. 1996: 3)