

Challenges Faced by Traditional Healers When Treating People Living with HIV and AIDS: The Case of Intsika Municipality, Eastern Cape Province of South Africa

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ABSTRACT The aim of the present study was to examine the procedures followed by traditional healers treating people living with HIV and AIDS in the Intsika Municipality and the challenges faced by them during this endeavour. Using the qualitative research method, in-depth interviews and focus group discussions were conducted with twenty traditional healers. Among the significant findings were the hardships encountered by traditional healers in terms of finance, the transport needed to collect medicinal plants, the shortage of medicinal plants, the lack of co-operation from the formal health care sector and the discrimination and abuse suffered at the hands of members of the community, with Christians and members of the South African Police Service (SAPS) being among the chief antagonists. It is also acknowledged that traditional healers have been trained by the Department of Health concerning issues of hygiene and that traditional healers have knowledge of the symptoms of HIV and AIDS. It is concluded that traditional healers have a significant role to play in preventing the spread of HIV and AIDS if they employ preventative measures such as the use of protective gloves and limiting the use of a blade to one patient only. However, traditional healers are not supplied with safety kits or condoms to distribute to patients who consult them for treatment of STIs.

INTRODUCTION

The questions regarding whether traditional healers face challenges in treating people living with HIV and AIDS and their possible role in preventing the spread of the pandemic in the African continent have long been deliberated upon. Although, much of the information concerning these issues has been anecdotal, several assumptions have been made in the absence of comprehensive information. In order to examine and to respond to these assumptions, this paper has investigated the challenges faced by traditional healers in treating people living with HIV and AIDS. HIV and AIDS now constitute overall the largest cause of death in Africa, and have moved up to fourth place among all causes of death worldwide (UNAIDS 2010). The enormous increase in the numbers of people who are infected with HIV and AIDS in South Africa leaves the government unable to provide prima-

ry health care services to every person needing them and unable to serve all regions in the country. The shortage of modern health care facilities in South African rural communities causes many people to be reliant upon traditional healers. Clarke (1998) commented that, up to 80% of black South Africans consult traditional healers for assistance in matters of health care, and this is particularly prevalent in the rural communities. Traditional healers are often the only source of health care in rural areas (Kang'ethe 2008). In 2003 the 56th World Health Assembly of the WHO resolved in its global strategy for alternative medicine, that its member states needed to ensure that their health care systems promoted and supported the provision of training and, if necessary, retraining of traditional health practitioners, and that there was a system for the qualification and/or accreditation or licensing of traditional practitioners (Ndhlalambi 2009).

Over 60% of the people living in rural communities in South Africa seek advice and treatment from traditional healers before visiting a medical doctor, and those who seek formal health care also continue to consult traditional healers (Kang'ethe 2008). Statistics show that around the world almost 11000 people per day are infected with HIV and AIDS, and that in South Africa

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approximately 1000 people are infected daily (UNAIDS 2011). South African Business Coalition on HIV and AIDS (SABCOHA) (2012) reported a shortage of Anti-Retrovirus treatment (ARV) and stated that it would be difficult to supply this treatment to rural communities in the province. In rural communities in South Africa there is little use of condoms: 80% of men are reported never to have used condoms with their partners and 23.7% of men as having many casual partners. It follows that as the numbers of people infected with HIV and AIDS escalate with the low use of condoms in South African rural communities, so too will the numbers of people needing health care support escalate exponentially. With the inability of the Department of Health to provide treatment and care to rural communities at the present levels of infection, and the lack of government involvement in the practices of traditional healers, the situation is precarious in the extreme.

As traditional healers constitute the main source of providing health care in the face of this pandemic. Therefore, the aim of this study was to explore the challenges faced by traditional healers. The specific objectives of the study were to examine the problems that traditional healers encounter in treating people living with HIV and AIDS and to explore the process which traditional healers follow in treating people living with HIV and AIDS.

Literature Review

The main focus of the study, though, is to describe, assess and evaluate the existing challenges faced by traditional healers in treating people with HIV and AIDS in South Africa. The role of traditional healers as care-givers to patients with HIV and AIDS, and other terminal conditions, in the Kanye community home-based care program in Botswana. Kange'the (2008) explained that traditional healers face challenges concerning their credibility as healers, the lack or absence of reliable methods of evaluating the treatment provided by traditional healers undermines their credibility and casts doubt upon their trustworthiness as professionals.

According to Homsy et al. (2004), traditional healers in Uganda are not being supported sufficiently to enable them to maintain acceptable standards of care, or to allow their patients to benefit from the effectiveness of their herbal

treatments in the management of opportunistic infections. They note too, that traditional healers (THs) in Uganda are not equipped with the knowledge needed to adhere to antiretroviral therapy regimens to collaborate with the modern health care system and to retain patients with HIV and AIDS in long term care. Another perspective was advanced from a study of legal frameworks governing traditional health practitioners (THPs) and the issuing of sick notes by Mbata (2012) which maintains that the challenge for traditional health practitioners are to establish a council to govern and regulate their practices. At present, traditional health practitioners do not have the official recognition or the authority to provide medical certificates to their patients, and are not eligible to apply for funding for research in traditional medicines or for legal protection for their practices. Bojowoye and Sodi (2010), discussing the challenges and opportunities involved in integrating traditional healing into counseling and psychotherapy, maintain that, for traditional healers, the process is impeded by the following considerations, (i) lack of constructive and open-ended communication among practitioners of traditional healing and modern medicine, and (ii) traditional healers do not have the equivalent of counselors and psychologists in their healthcare systems and, therefore, do not understand their roles.

Ndhlalambi (2009), on the subject of increasing the capacity of traditional health practitioners to treat HIV and AIDS and Tuberculosis in Kwazulu-Natal, South Africa, pinpointed the following stumbling blocks that limit the potential for traditional healers in this endeavor: (1) operational problems in the form of being unable to maintain the referral and patient record system, (2) problems related to negotiating a working relationship between traditional health practitioners and the mainstream medical service and (3) a lack of resources. Ndhlalambi (2009) added that traditional healers in Kwazulu-Natal also experience problems in obtaining support from the government for the work that they do and that they lack skills in securing funding, a handicap resulting from an historical lack of access to resources owing to problems of literacy and language difficulties among traditional health practitioners. Mboera et al. (2009) revealed that traditional healers experience difficulties while trying to work in co-operation with health care workers to prevent the spread of HIV and AIDS. On one hand, the complaint that health care

workers do not refer patients to them, and on the other, they tend to be regarded by people having backgrounds in modern medicine as lacking training, not being sufficiently aware of the safety measures that need to be observed while treating patients or the standards of hygiene that need to be maintained. Traditional healers have the disadvantage of not being provided with surgical kits and not understanding the need to keep proper medical records. In addition, Mboera et al. (2009) pointed out that traditional healers are vulnerable to criticism from health care workers because their practices are not recognized by the present legal system, and THs have no means of obtaining the information needed to bring their practices into line with the standards of hygiene that are maintained and observed by mainstream medicine.

Theoretical Framework

To understand the issue of traditional healers challenges, this study is anchored in the African Healing Theory, the theory maintain that traditional healers use African Healing Theory to help people with personal and health problems. African Healing Theory takes the view that diseases and illnesses are supernatural phenomena which are governed by a hierarchy of vital powers with the most powerful deity at its apex, followed by lesser spiritual entities, ancestral spirits, living persons, animals, plants and finally inanimate objects (Truter 2007). For proponents of African Healing Theory a vital concern is that traditional healers treating and providing care for people with health problems should do so in a manner that will satisfy the patients, and assure them that their symptoms are taken seriously. Accordingly, African Healing Theory holds that before traditional healers can provide treatment to their patients they need to study the patient, both as a single entity and also in the context of his or her family. The African Healing Theory was augmented by the Social Health Theory, Kleinma (2010) noted that the Social Health Theory was introduced by the sociologist Robert Merton and explained that the theory maintains that all social interventions have unintended consequences. Accordingly, all social action needs to be routinely evaluated for unintended consequences which could affect or modify programs for social intervention designed to produce certain desired results.

STUDY AREA AND METHODS

Description of Study Area

The data for the present study was collected from a study that was conducted in Intsika Municipality and the target villages of the study were Tsengiwe and Tsomo village. The villages are 406 miles (653) south of Pretoria and 100 miles (161km) north of East London. Tsengiwe and Tsomo village they are in the Eastern Cape Province, South Africa. Tsengiwe village was selected in the study because traditional healers in the village have received training on treating people living with HIV/AIDS by the Eastern Cape Department of Health. The reason the study was conducted in Tsomo village was because traditional healers are the main source of health care system.

Research Methodology

The qualitative research method was used in the study. The method was used to try to describe and interpret the traditional healers' feelings and experiences in human terms, rather than through quantification and measurement. Qualitative research design was used to describe traditional healers' experience and their group norms. The sample for the study consisted of 20 participants, all of whom were Traditional Healers. In a given population it is impossible to consider all entities that comprise it, and therefore a small part of the population is chosen to represent the whole. The target villages of the study were the Tsengiwe and Tsomo villages in the Intsika local municipality. 10 traditional healers represented each village: 10 coming from Tsengiwe village and 10 from Tsomo village. In total, there were 15 female traditional healers in the sample and 5 males: 8 females and 2 males from Tsengiwe and 7 females and 3 males from Tsomo.

The sampling method used for both the in-depth interviews and the focus group discussions was non-probability sampling, using purposive sampling. Face-to-face unstructured in-depth interviews were used, not to try to test a particular hypothesis, but rather as means of finding out about the experiences of the participants and how they themselves interpreted those experiences. The unstructured in-depth interviews were guided by an unstructured in-

interview guide, which enabled the researcher to elicit important information which might not have seemed relevant before the interview, and which, in turn, enabled the participants to broaden the discussion to include new topics. Face-to-face in-depth interviews were conducted with twenty traditional healers in Intsika municipality, ten from Tsengiwe village and ten from Tsomo village, as has been noted. The focus group discussions were guided by unstructured questions, and the questions asked were open-ended, which allowed the traditional healers to provide in-depth information about their experiences as traditional health practitioners and the challenges which they faced while helping people living with HIV and AIDS.

RESULTS

The study aimed to explore the challenges faced by traditional healers treating people living with HIV and AIDS in the Intsika Municipality. The interviewed traditional healers were asked if they collaborate with Department of Health, seventeen (17) of the traditional healers responded that they do not collaborate with the Department of health. Nevertheless, the first theme that emerged explored the financial challenge faced by traditional healers.

Theme 1: Traditional Healers (THs) Face Financial Challenge in Their Practice

Most of the participants (20) mentioned that they face financial challenge. The participants indicated finances are one of their main challenges in their practice because the lack financial stability results in to poor service delivery to their clients. The participants further added that the financial challenge is mainly caused by their clients who come to seek help without money to pay treatment. Their clients promise to pay later when they get money, but when they have money and feeling better they do not bother to come back to pay the treatment. One participant said: *“My clients refused to pay after I gave them treatment.”*

Other traditional healers face financial challenges not only with their clients who do not pay their services, but they face challenges of not having money to buy medicine in chemist or to buy medical plants from traditional medical suppliers. Five (5) of the interviewed participants

admitted to facing financial challenges in their practice. However, they further added that their main challenge which is caused by financial challenge is to sustain their practice. Other participants were noted mentioning that they are scared of closing their practice due to financial challenges. One participant said:

My client's pay me, but at times I face problems of money to go and buy herbs for my clients in chemist in town.

The participants were noted saying that financial problem does not only affect their practice, but it also affects their personal life because traditional healing is not for helping people, but it is also for income. This means that traditional healers need income to support their families, and without income in their practice they have problems to support their families.

Theme 2: Lack of Medical Plant for Treatment

Another theme emerged when analyzing the data was the lack of medical plants for treatment. The participants were asked if they do face challenges of lack of medical plants for treatment, sixteen (16) traditional healers mentioned that they face lack of medical plants. These Participants mentioned that medical plants are not easily found in the village, they have to go to the mountains to search for them. Another participant revealed that even in the mountains during the winter seasons medical plants are not easily found. One participant was noted saying:

There is a lack of medical plants especially during winter seasons since most plants die during winter and so do the treatment plants in the field.

However, one (1) of the participant said he is not facing lack of medical plants. The participant explained that he does not have challenge with lack of medical plants in his practice because he grows scarce plants in his yard and store others in preservative containers. One participant reported:

I do not face challenges of lack of medical plants because I grow plants in my back yard and store more during the summer seasons.

Other two (2) participants who are spiritual healers reported that they do not face lack of medical plants. This is for the reason that their healing practice does not require medical plants; it only requires holy water, bible and white cuddles.

Theme 3: Community Attitudes Towards Traditional Healers is Discriminatory and that of Maltreatment

Participants further revealed that they face attitudes from community members. Community attitudes mainly come from community members who are Christian believers; they treat traditional healers as evil believers and call their practice an evil act. One participant responded that they are discriminated and mistreated by Christians, and not even allowed to attend any church service. During a focus group discussion five participants indicated that they face co-operative attitudes and discrimination from not only from community members, but they are discriminated and mistreated by other health workers. One Participant during an in-depth interview reported:

People in the community has a problem with us for being traditional healers, especially those who are Christians, they call our practice evil.

Theme 4: No Specific Treatment Procedures on Treating Clients

One of the objectives of the study was to explore the procedures that traditional healers follow in treating people living with HIV and AIDS. The twenty traditional healers who participated in the study were asked what procedure they follow in treating their clients, especially when treating people living with HIV and AIDS. Eighteen traditional healers responded that they do not have a certain procedure when treating their clients, but they commonly throw bones to examine their client's sickness. The participants, further, reported that they treat their patients who are living with HIV and AIDS by giving them treatment and refer them to clinic where it is appropriate. Traditional healers further maintained that the reason they do not have any procedures it is because they were never trained on which procedures to follow when treating people living with HIV and AIDS. One participant said:

I only throw bones when my client comes, for those with HIV and AIDS if disclosed I send them to clinic.

DISCUSSION

The financial challenges faced by traditional healers are, to a very large extent, owing to the

fact that they lack basic skills of business administration and financial management. This finding was corroborated by a study conducted by Bareda (2002), who found that traditional healers lack education and particularly the financial knowledge needed to deal with their challenges, in order to provide better health care in their communities. It was found that traditional healers do not collaborate with the Department of Health in the Eastern Cape Province and that patients are not referred to traditional healers by the formal health care system, despite the fact that the Department of Health urges traditional healers to refer their patients to their formal system. The Department of Health, in Tsengiwe and Tsomo, does not collaborate with traditional healers to provide a better health care service for all or to obtain their assistance to prevent the spread of HIV and AIDS. Traditional healers feel betrayed by the Department of Health and are scared to collaborate with them for fear of their knowledge being stolen for the enrichment of the department's officials.

It was also found that traditional healers face challenges of being discriminated against and being ill-treated by members of their communities, which no doubt contributes in any small way to their financial problems. In this regard, the findings are similar to those of Raab (2008), who found that traditional healers are discriminated against by Christian groups and that they have much difficulty in obtaining an income that enables them to support their families from their practices owing to the widespread poverty in their communities. The lack of medicinal plants in the villages, which necessitates their spending many hours searching for herbs in faraway locations, echo the findings of a study of the cultural heritage of the Rangi in central Tanzania, which found that traditional healers treating people with illnesses faced several challenges, among which was the one resulting from the fact that traditional medicines were found very far from where the practitioners lived, which necessitated their being away from their stations for days at a time to search for herbs.

The findings reflect that traditional healers in rural communities in South Africa do, in fact, provide care and treatment to people living with HIV and AIDS, which is in line with the assertion by Nxumalo et al. (2011) that 40 percent of people living with HIV and AIDS in rural areas seek treatment from traditional healers. The re-

searchers found that the common age group for people infected with HIV and AIDS and other sexually transmitted diseases seeking treatment from traditional healers, is that comprising people between the ages of 25 and 35 years. These findings corroborate those of Peltzer's (2009), who reported that young people, between the ages of 18 and 35 years, visit traditional healers to have sexually transmitted diseases treated. Traditional healers have little actual knowledge of HIV and AIDS and they lack the tools needed to test their patients whom they suspect to be HIV-positive. It was also evident that traditional healers are treating people who are either in denial, or else unaware of their HIV status. Where the behavior of patients is concerned, traditional healers are faced with the problem of patients not taking the medical treatments prescribed by them, apart from the problem posed by non-payment for treatments by patients. For the traditional healers in the Tsengiwe and Tsomo villages, providing health care services is the first priority, and for this reason, they tend to treat people without demanding payment in advance, often with disastrous financial consequences for them.

The present study was guided by two theories, the African Healing Theory and the Social Health Theory, which were used to understand the African healing process and the phenomenon of social health. According to African Healing Theory, traditional healing has, at its base, a deep belief in the interaction between the spiritual and physical well-being of the patient (Truter 2007). The theory corroborates the findings concerning the procedures that traditional healers use to treat people living with HIV and AIDS, in that, by throwing bones and communicating with the ancestors during the course of treatment, there is a deep interaction between the patient's spirit and his or her physical well-being. The theory is borne out by the findings of this study, in that traditional healers use African healing processes to determine the right treatment for people living with HIV and AIDS. In the course of conducting this study, it was learned that traditional healers throw bones and communicate with the ancestors in order to determine the appropriate treatment for their patients. The African Healing Theory maintains that traditional health practitioners follow certain principles when treating people with illnesses. These include the requirement that the patients must be

completely satisfied that they, and their symptoms, are taken seriously. The findings of the study concur with this, as the traditional healers interviewed maintained that their practices involved providing a complete and comprehensive treatment of the symptoms of their patients.

CONCLUSION

The main aim of this study was to investigate the challenges faced by traditional healers when treating people living with HIV and AIDS. The results have been used to provide a comprehensive assessment of the role of traditional healers in rural communities, particularly in the wake of the HIV and AIDS pandemic, and secondly, a platform has been created to discuss the challenges faced by traditional healers when treating people living with HIV and AIDS. From the findings of this study it can be concluded that traditional healers play a significant role in their communities, but that their efforts, particularly in the care and treatment of people living with HIV and AIDS, have been undermined by their current legal status, and as a result, their effectiveness is not nearly what it could potentially be.

It has been noted that among the main challenges faced by traditional healers in their practices is a lack of finance, which has adverse effects on their practices and limits their ability to provide adequate health care services to their patients. These problems are, in turn, exacerbated by patients not paying for their treatments, a problem which is usually the result of extending trust to people whom they know, such as relatives. The problems resulting from a lack of transport to travel to areas where medicinal plants are to be found have also been noted, as have the risks to which traditional healers are exposed, in their attempts to overcome these problems, such as the risk of becoming victims of crime as a result of walking long distances alone in the forest, often late at night. The indignities to which traditional healers are subjected in terms of being discriminated against by members of their communities, professing to be Christians, and their ill-treatment at the hands of the South African Police Service, have also been discussed.

RECOMMENDATIONS

In light of the findings, the following recommendations can be put forward:

- ♦ It is revealed that traditional healers are discriminated against by nurses in the formal health care service because they are not educated, accredited or integrated into the department of health. The Department of Health needs to establish a strong relationship with traditional healers to ensure that they are able to complement and strengthen the health care services in South Africa.
- ♦ Traditional healers in the Intsika municipality treat people living with HIV and AIDS, other sexually transmitted diseases and other chronic illnesses. The Intsika municipality and the Eastern Cape Department of Health need to educate traditional healers concerning sexually transmitted diseases and their prevention, to promote a partnership between public health care clinics and traditional healers and to provide training in palliative care, voluntary counseling and training (VCT), record keeping and referral of patients to both health care systems.

REFERENCES

- Bereda JE 2002. *Traditional Healing as a Health Care Delivery System in a Transcultural Society*. Master's Dissertation, Unpublished. Pretoria: University of South Africa.
- Bojuwoye O, Sodi T 2010. Challenges and opportunities to integrating traditional healing in to counseling and psychotherapy. *Journal of Counseling Psychology*, 23(3): 83-96.
- Clarke E 1998. The Collaboration between Traditional Healers and Department of Health. Up Date, Issue No. 37, October. From <<http://www.hst.org.za/update/37/policy1.htm>> (Retrieved on 12 October 2013).
- Homsy S, King R, Balaba D, Kabatesi D 2004. Traditional health practitioners are key to scaling up comprehensive care for HIV/AIDS in sub-Saharan Africa. *Journal of Public Health*, 18(12): 56-67.
- Kang'ethe S 2008. Traditional healers as care givers to HIV/AIDS clients and other terminally challenged person in Kanye Community-Based Care Program (CHBC). *Journal of Social Aspect of HIV/AIDS*, 5(1): 265-266.
- Kleinman A 2010. Four social theories for global health. *Journal of the Art of Medicine*, 375(972): 1518-1519.
- Mbatha N, Street A, Ngcobo M, Gqaleni N 2012. Sick certificates issued by South African traditional health practitioners: Current legislation, challenges and the way forward. *African Medical Journal*, 102(3): 35-34.
- Mboera E, Massaga J, Senkoro P, Kilima P 2009. *Challenges and Opportunities for Involvement of Traditional Practitioners in Scaling up Safe Male Circumcision in the Context of HIV and AIDS Prevention*. Tanzania: National Institute for Medical Research.
- Ndhlalambi M 2009. *Strengthening the Capacity of Traditional Health Practitioners to Respond HIV/AIDS and TB in Kwazulu-Natal, South Africa*. Kwazulu-Natal, Durban: Van Schaik Publishers.
- Nxumalo N, Alabo O, Harris B, Chersich M, Goude J 2011. Utilization of traditional healers in South Africa and costs to patients: Findings from a national household survey. *Journal of Public Health Policy*, 32(1): 32 Suppl 1: S124-36. DOI: 10.1057/jphp.2011.26.
- Pelzer M, Petros M 2006. HIV/AIDS/STD/TB: knowledge, beliefs and practice of traditional healers in Kwazulu-Natal, South Africa. *Journal for AIDS Care*, 18(6): 90-98.
- Raab B 2008. Case Study-Bushbuckridge Traditional Health Practitioners Bio-cultural Protocol. From <www.unep.org/communityprotocols/PDF/CaseStudyBushbuckridge.pdf> (Retrieved on 5 March 2012).
- South African Business Coalition on HIV and AIDS (SABCOHA) 2012. *HIV and AIDS, TB and Wellness: Eastern Cape Business Sector Provincial Strategic Plan 2012-2016*. Johannesburg, South Africa: South African Business Coalition on HIV and AIDS (SABCOHA).
- Truter I 2007. *African Traditional Healers: Cultural and Religious Beliefs Intertwined in a Holistic Way*. Port Elizabeth, South Africa: Nelson Mandela Metropolitan University.
- UNAIDS 2000. *Collaboration with Traditional Healers in HIV/AIDS Prevention and Care in Sub-Saharan Africa*. New York: UNAIDS.
- UNAIDS 2010. *United Nation Program on HIV and AIDS, Global Report on AIDS Pandemic*. Geneva, Switzerland: UNAIDS.
- UNAIDS 2011. *HIV and AIDS Related Stigmatisation, Discrimination and Denial*. Geneva, Switzerland: UNAIDS.