

CENTRE FOR
SOCIAL SCIENCE RESEARCH

Aids and Society Research Unit

ATTITUDES OF HIV POSITIVE
PATIENTS IN SOUTH AFRICA
TO AFRICAN TRADITIONAL
HEALERS AND THEIR PRACTICES

Sumaya Mall

CSSR Working Paper No. 215

May 2008

Sumaya Mall is a researcher at the Women's Health Research Unit, School of Public Health and Family Medicine, University of Cape Town. She has a Masters degree in Public Health.

Attitudes of HIV Positive Patients in South Africa to African Traditional Healers and their Practices¹

Abstract

This study explores the use of African traditional healers by people using Antiretroviral (ARV) treatment in South Africa. It focuses on the insights and opinions of two different populations: HIV positive patients attending ARV services and lay healthcare workers (patient advocates and ARV counsellors) providing counselling services parallel to ARV treatment

A semi-structured questionnaire was used to explore the attitudes of patients to African traditional healers and their practices. This was complemented by in depth interviews with patients who reported use of traditional healing systems in the past year. The responses show that the majority of respondents had never accessed a traditional healing service. Only two patients were found to be actively crossing between ARV treatment facilities and traditional healing services at the time of their interview.

The study also included two focus group discussions with lay health workers (i.e. ARV counsellors and patient advocates) at two ARV sites. On the whole it showed that lay health workers support an ARV roll out process that effectively underplays the role of traditional healers and therefore actively discourages their patients from using traditional healing services while taking ARV treatment.

Introduction

This study explores the use of African traditional healers by people using Antiretroviral (ARV) treatment in South Africa. It comprises two sub-studies: one focusing on the opinions of HIV positive patients attending ARV services; and the other focussing on lay health care workers (patient advocates and ARV counsellors) assisting in the provision of the ARV services.

¹ This paper forms part of a Masters in Public Health thesis completed by the author at the University of Cape Town in 2007

This study contributes to an emerging literature on the sometimes conflictual, and sometimes symbiotic relationship between ‘Western’ and ‘traditional’ healing strategies (see Nattrass, 2005). The literature shows the existence of a wide range of cultural interpretations of illness aetiology. For example, illness can be viewed as the consequence of the anger of the ancestors (Abdool Karim, 1994) or witchcraft (idiliso) (Ashforth, 2001). Edington et al found that a belief that cultural rules have been broken (either after the death of a family member or a miscarriage) was frequently associated with a positive TB diagnosis and that ‘the resulting disease is believed to be adequately treated by traditional healers’ (2002:1075). A study conducted in the Transkei region of South Africa found that neurocystierocis, an infection of the central nervous system, and causative agent of epilepsy was believed to be caused by evil forces. Thus it was believed that this infection can be treated adequately by common traditional healing methods of shaking the bones and appealing to the ancestors for advice (Foyaca-Sibat, 2005).

Witchcraft has been a common interpretation of the symptoms of HIV/AIDS in many rural parts of African countries. Interestingly witchcraft has from time to time been assimilated into scientific explanations for disease aetiology. As Iliffe puts it, ‘People might believe simultaneously, for example, that tiny insects caused the disease but that witchcraft explained why it infected them.’ (Iliffe, 2006:92). Similarly patient beliefs of HIV/AIDS aetiology are as significant in influencing treatment strategy as the other infectious diseases described above. Nattrass and Ashforth (2005) describe the challenges faced by Voluntary Counselling and Testing (VCT) workers in KwaZulu Natal, South Africa. These counsellors have heard four prominent everyday metaphors for HIV infection, general illness and the immune system from their clients. Illness is believed to be caused by pollution and (HIV) infection is regarded as a form of warfare or a foreign army attacking the body’s immune system (soldiers or amasojha in Zulu). In the case of the former, some of these forms of pollution are regarded as caused by breach of moral codes while others are regarded as ‘the result of more mundane encounters with filth’ (Ashforth, 2005 in Nattrass & Ashforth, 2005: 286). ARV treatment is accordingly referred to as a cleaning detergent or agent.

In order to explore the relevant cultural context of the ARV patients, the first sub study describes the experiences these patients have had with traditional healers, their views of traditional healing practices and the ways in which alternative healing strategies have impacted on their HIV positive status and ARV treatment regimen. Of the ninety patients recruited into the study, three

were ARV candidates who had not begun their treatment at the time of their interview. An additional three patients had started their ARV treatment a mere day before they were interviewed. The rest were established ARV patients. Associations between some of the socio demographic characteristics of these patients and visits made to a traditional, healer within the last year are presented in Table 1.

The second sub study describes the results of focus group discussions amongst ARV counsellors and patient advocates. Participants in the two designated research sites were asked to speak about their experiences of patients using traditional medicine, the advice they give these patients and their opinions of traditional healing practices. The demographic information of focus group participants is summarised in Table 2.

Methodology

The study was conducted during 2005 and 2006 at health facilities in two townships near Cape Town. These were the Hannan Crusaid clinic situated in the Gugulethu township and the Du Noon clinic situated in the Du Noon township.

The Hannan Crusaid ARV Treatment Centre is funded by The Desmond Tutu HIV/AIDS centre (DTHC). DTHC is part of the Institute of Infectious Diseases and Molecular Medicine at the University of Cape Town. The centre funds ARV treatment for public sector patients mostly from the Nyanga district and also runs a clinical trials unit. The clinic had screened more than 800 potential ARV candidates by 2005. During the same year, the clinic reported a viral suppression rate of about 87% for patients who had been on treatment for more than a year. (Bekker, 2005 in Bekker, 2007). The clinic also runs a community based project in the Gugulethu area called 'Sizophila' or 'We will survive'. This project is a specialised adherence intervention and has trained a group of 24 counsellors, many of whom are HIV positive themselves, in education and support initiatives for patients who are commencing treatment (Bekker, 2005 in Bekker, 2007).

The clinic at Du Noon is run by the City of Cape Town health services and consists of a number of health services in addition to its ARV programme. The services include TB prophylactic and treatment services, treatment of sexually transmitted infections and reproductive health care. The clinic's ARV

programme consists of about 600 patients on ARV treatment (including adults and children) (personal communication with Mrs M Osler and Ms C White, Provincial Department of Health, Cape Town).

Study Design

Both quantitative and qualitative methodologies were employed to interview patients who access ARV services (i.e. patients who are on treatment and patients who are awaiting treatment) at the Gugulethu and Du Noon clinics. The quantitative arm of the sub study collected demographic and treatment information about patients and was run as a cross sectional study based on a standardised questionnaire administered to patients who were about to start or were already on ARV treatment. The qualitative study was based on a sub sample of patients who admitted to the use of traditional medicine. The results of the two studies complemented one another.

Population and Sample

The population of interest for this study was all patients attending the Gugulethu and Du Noon ARV programmes between November 2006 and February 2007. A sample of 90 patients was sought. They were recruited from the waiting area of the clinics through convenience sampling by clinic staff. Two thirds of the sample was recruited at Gugulethu and one third at Du Noon more or less in proportion to the size of the ARV treatment programmes at each of the sites. Although the sample was not representative it was sufficient to elicit both qualitative and preliminary quantitative data.

However, as recruitment proceeded, it was evident that few of the patients were reporting having accessed a traditional healing service or using traditional medicine before or during ARV treatment. At the point where the sample size had reached 80 patients, it was decided to purposively recruit patients who were known (by the counsellors and the patient advocates) to have accessed a traditional healing service within the last year. These patients were asked to provide in depth interviews.

Results

Patient Study: Quantitative Findings

The ARV patients appeared to be very committed to their ARV treatment as 94% rated their adherence level as 'ten out of ten'. It is thus probably unsurprising that when asked whether they had 'seen a traditional healer or a sangoma in the last year' only 7 out of the 80 originally sampled patients (9%) said yes. A further 19 said they had used a traditional healer at some point in the past. The total number of patients who had ever used a traditional healer in the past was 26 out of 80 or 33%. The 7 respondents plus the ten who were purposively selected for having visited a traditional healer in the last year, yielded a total of 17 patients in the group who had used traditional healing in the past year and could thus be regarded as 'sangoma clients'.

Of the 17 'sangoma clients', ten out of seventeen (53%) said they had made more than one visit to a sangoma in the past year. Six out of seventeen (35%) respondents reported that the sangoma they visited was not aware of their (the client's) HIV positive status. Five out of seventeen (29%) said they had consulted the sangoma prior to starting their ARV treatment.

The reasons for consulting the sangoma were interesting and diverse. They included TB, general feelings of weakness, headaches, unnatural weight loss, bad dreams, suspicion of witchcraft, gangrene, septicaemia, vaginal infections (together with pubic lice), blindness, a leg clot and shingles.

Table 1 explores potential socio-economic determinants of whether respondents have visited traditional healers in the past year or not.

Table 1: Associations between Variables and Visits made to a Traditional Healer in the Last Year

Variable	Visited traditional healer in the last year n = 17	No visits to traditional healer in last year n = 73	P Value #
Age: mean (standard deviation)	35.1 (31.0-39.2)	35.8	0.35 *
Percentage Female	82.4	74.3	0.49
Percentage who access a Disability Grant	41.18	52.05	0.42
Education	Grade 0- 6: 6.25 Grade 7-12: 81.25 Matriculation+: 12.5	24.31 64.87 10.8	0.65
Employed	29.4	27.0	0.84
% who Visited spiritual healer in the last year	52.9	8.0	0.00
% who Visited a herbalist in the last year	11.8	1.34	0.03
Adherence (Percentage reporting 100% adherence in the last 3 days)	100	94.1	0.84
Side effects in the last three months	6.7	1.4	0.2
Positive Effects ARV treatment	100	92.7	0.2

(Chi Squared test for difference in % between patients who visited traditional healers in the past year and patients who did not.

* t test

As can be seen in Table 1, there was a significant association between visits made to a traditional healer in the last year and visits made to a spiritual healer or to a herbalist in the last year. There was no difference in reported adherence between those who used a traditional healer in the past year and those who did not.

The most frequent (twelve out of seventeen or 71%) reported that the sangoma had diagnosed that they had been poisoned. One respondent reported that she had been told by the sangoma that the cause of her symptoms (perpetual chronic fatigue) was poison inflicted upon her while she slept at night. Another respondent who suffered from blindness and headaches said that she was told 'poisoned blood' was the cause of her illness.

Eight out seventeen sangoma clients (47%) reported the sangoma had diagnosed their illness as the result of bewitchment. Of these eight, four had been told that they had been bewitched by their mother or a close family member. Four out of seventeen sangoma clients (23 %) reported that the sangoma had told them they had angered their ancestors. Ten out of seventeen sangoma clients (59%) reported other causes – such as posthumous strife between the patient's loved ones and calling from the ancestors for the patient to become a traditional healer or a sangoma.

Patient Study: Qualitative Findings

Category One: Patients who have never accessed a Traditional Healer

This group consisted of fifty two patients (58% of the total sample) who answered 'no' or 'never' to the question about whether or not they had accessed a traditional healer within the last year. These patients were not followed up for qualitative in depth interviews. They were asked the reasons for their choice of healing strategy. They then elaborated that they had never accessed a traditional healer and some qualitative data was extracted from them by means of a few 'open ended' questions that were placed in the questionnaire. These questions probed their opinions and perceptions of traditional healing practices. Although a clinic based study will inevitably recruit patients who are immersed in the

biomedical paradigm of healing, the respondents in this group still offered insight into the complexity of health seeking behaviour of HIV positive patients.

Most of the patients in this group said they did not believe in traditional healing. As one patient explained, 'seeing a traditional healer was never an option for me. I went straight to a clinic when I found out I was HIV positive.' Another patient alluded more directly to her belief value system: 'I only believe in the medical doctor'.

There were more complex reasons for the choice of these patients not to access any form of traditional healing service. These included psychological issues (such as trust, fear, religious belief and childhood experiences) as well as issues related more directly to treatment (the perceived incapacity of traditional healing to deal with HIV/AIDS, possible adverse drug interactions and lack of scientific evaluation of traditional medicine). These themes are explained in more detail below.

Childhood Influence

Some patients in this group said that as the importance of traditional healing had not been instilled during their childhoods, they had no need to access these services during adulthood. More specifically, they spoke of the health seeking strategies they had engaged with as children as significant influences in moulding their adult behaviour:

'My parents did not believe in traditional healers. Whenever we got sick as children, we were taken to a doctor' (Female patient, Du Noon)

'I do not believe in sangomas. I was raised by my parents not to believe in sangomas. I heard on the radio the other day, a woman saying she can help spots of HIV positive people with a special soap. How can I believe this kind of untruths?' (Female patient, Gugulethu)

Religious Belief

Religious belief and church membership appeared to be influential factors for some respondents. One patient explained that her church (the Universal Church of South Africa) actively discouraged its members from visiting sangomas. She

said that the church's members were constantly exposed to the 'teachings of Jesus Christ and the entire congregation is for Jesus':

'Only God can heal. Not sangomas. My child who is HIV positive visited a sangoma who told her there was something evil inside her body. She claims the sangoma helped her. But I believe that God and her ARV treatment helped her. I respect her belief but I am much more comfortable in the clinic or the hospital. Sangomas eat money.' (Female patient, Gugulethu).

'According to our (Christian) religion, we can't go to traditional healers. We don't believe in them. The church is aware that I am HIV positive and does not allow me to see sangomas. I am only for Jesus.' (Female patient, Du Noon).

Trust

There are patients in this group who said they do not trust traditional healers. They believe that traditional healers are merely entrepreneurs who promote their healing practices for the purposes of profits.

'Traditional healers just want money before they can treat you. I don't trust them. In 1997, I found out I was HIV positive. A sangoma asked me if I wanted to come to her for treatment. When I said no, she asked me if I wanted to die. ARVs are so good. I have no need for a sangoma. They lie!' (Female patient, Du Noon)

Belief in Effectiveness of Traditional Medicine (by others)

Respondents expressed fear that traditional practices are potentially harmful. It is fear of these practices that influence a decision not to consult with a traditional healer.

'My friend was HIV positive and staying in Umtata, Transkei. She became very ill and used a herbal mixture that a sangoma had given her. She never took ARV drugs because she believed so strongly in traditional healing. Eventually her mother took her to a doctor who had her hospitalised. She was very sick from the complications caused

by the interactions between the ARV drugs and the traditional medicine. She died in hospital. There are many stories like this.’ (Female patient, Gugulethu).

False Claims to have the cure for HIV/AIDS

Traditional healers who falsely claim to have the ability for HIV/AIDS seemed to have been an important influence in shaping the health seeking strategies of some of the patients in this group;

‘Never in my life have I been to a Traditional Healer. I don’t believe in Traditional Healers. They say they can cure HIV. This is not true.’ (Female Patient, Gugulethu)

Similarly a view that traditional healing does not have the capacity to deal with HIV/AIDS emanated from this group:

‘Sangomas can’t make an HIV positive diagnosis. They tell HIV positive people that they are dirty. They encourage them to slaughter a goat. How can that help HIV positive people? I have two friends who are HIV positive who consulted sangomas. These two people did not accept they are HIV positive. They refuse to take ARV drugs and they getting sicker and sicker. Once I was asked at the clinic do I take traditional medicine and I said I don’t believe in it.’ (Female Patient, Gugulethu).

‘I have heard of sangomas treating other illnesses e.g. joints pain. Not HIV though.’ (Female Patient, Gugulethu)

Inappropriateness of Traditional Healing Paradigm for Western Illnesses

One patient explained that traditional healing methods are not really appropriate when it comes to HIV/AIDS care

‘Sangomas are there to help people with problems. Like jealousy and witchcraft. Not HIV.’ (Female patient, Gugulethu)

Issues around Scientific Testing

As many patients in the study were also previous participants in clinical trials which take place at these clinics, they are aware of the necessity of scientific evaluation of all drugs. As traditional medicine has never been scientifically evaluated, many patients queried its therapeutic quality or credibility:

‘Sangomas only want us to use their traditional medicine. How should I know how that imbiza (water and Traditional medicine) is if they don’t go to the lab.’ (Female patient, Gugulethu)

‘I don’t like Traditional Healers. I don’t know where their traditional medicine comes from- if it is real or not.’ (Female patient, Gugulethu)

‘Sangomas make you ill. They give you herbs. They don’t know what is going on. They don’t test their medication. They just give it to you.’ (Male Patient, Gugulethu).

Category 2: Patients who had consulted a Traditional Healer prior to the Interview or Prior to starting ARV treatment

The second identifiable group of patients consists of thirty six patients who had previously consulted a traditional healer. Some of these patients expressed positive opinions of traditional healing services while others were much more sceptical of traditional healers. Four of the patients in this group were affiliated to the profession of traditional healing. One female patient spoke of her experiences of training to become a sangoma:

‘I was once a trainee sangoma. My uncle was going to pay my fees for my sangoma training. But he died. This was before I knew I was HIV positive. Suddenly, I developed a rash all over my body. Shortly after, I found out I was HIV positive. I did not want to become a sangoma anymore. If the ancestors wanted me to become a sangoma, they would not have allowed the HI Virus to get into my body. You [the researcher], you ask a lot of questions but you must know that the witch doctors are not good.’

Only one patient had consulted a traditional healer for advice about HIV/AIDS. Shortly after the consultation she decided to immerse herself fully into an ARV treatment regimen. The traditional healer's advice had made 'no difference' to how she was feeling.

Family Pressure

After the results of an HIV positive diagnosis, many patients experience pressure from family members to visit a traditional healer. One patient who now works as an ARV counsellor in the Gugulethu clinic spoke of the pressure she experienced from family members after she found out she was HIV positive:

'In 2003, I went to a traditional healer with my aunt. I knew I was HIV positive then and my aunt was worried. I wanted to please my aunt because she was so supportive of me so I agreed to go to the traditional healer with her. The traditional healer wanted to give me a bottle of greenish liquid to drink from. I was too scared to drink from it. I came to the clinic after that for my ARV treatment instead. Sangomas won't tell you what is in these bottles they give their clients. They just tell you they have the cure for HIV/AIDS.' (Female patient, Gugulethu).

Implausible Theories of Illness Aetiology

There were patients in this group who said the causes of their illness as explained by the sangoma were not credible. This was an influential factor in determining their choice to adhere to ARV treatment.

'The sangoma said I was bewitched by my neighbours' family. I once woke up one morning with my hair dreadlocked on one side and went to my church to find out the meaning of this. At the church they told me that the ancestors want me to become a sangoma but I didn't believe them.' (Female patient, Du Noon).

Negative Encounters with Traditional Healers

There were a number of patients in this sample who had had a negative experience with a traditional healer. This encounter influenced their perception of traditional healing strategies:

‘I was diagnosed as HIV positive in 1999. My mother was so sad about this diagnosis and worried so she took me to a woman sangoma that she knew. This woman gave me 2 bottles which she said were a cure for HIV/AIDS. She told us that HIV was really nothing like we are made to believe, not a serious condition at all... At the time, I knew nothing about ARVs so I listened to the sangoma and drank the contents of the two bottles. I lost so much weight and suffered chronic diarrhoea. I became so confused about what action to take.’ (Female Patient, Gugulethu).

Fear and Vulnerability

Two patients spoke of the fear they felt when visiting a traditional healer:

‘I refused to use the traditional healer’s treatment. I was afraid to use the enema. The traditional healer never knew I was HIV positive. I did not tell her. I was scared she might hurt me because I am HIV positive.’ (Female Patient, Du Noon).

There is also the possibility that the traditional drug regimen prescribed by the traditional healer makes no difference to the quality of the patient’s life:

‘The traditional healer said that my illness was caused by idiliso (witchcraft). By then I knew I was HIV positive as I had had unprotected sex without using a condom.

When the traditional healer gave me traditional drugs I felt no different. There was no need for me to visit a traditional healer again.’ (Female Patient, Du Noon).

‘An HIV positive diagnosis at a clinic or a hospital from the voluntary counselling and testing process is an end to the confusion. After this diagnosis there is no need to visit a sangoma. I myself stopped (going to a sangoma) immediately after I found out I was HIV positive.’ (Female Patient, Du Noon).

Positive Aspects of Traditional Healing

Notwithstanding negative experiences there were also positive thoughts about traditional healing emerging from this group of patients. One patient said that he had used traditional medicine effectively to treat his asthma symptoms but since starting ARV treatment he had been reluctant to mix ARV treatment with traditional medicine. Another patient said he had sought help from a sangoma when his child cried continuously. The sangoma helped him alleviate this problem by suggesting he perform a ritual for his ancestors. A pregnant female patient who had experienced fertility problems prior to her interview reported that visiting a traditional healer who seemed to fulfil a psychotherapeutic function had helped her enormously. She said that the traditional healer had been accommodating of her HIV positive status and had encouraged her to adhere to her ARV treatment regimen. Another patient explained that he had visited a traditional healer for advice about handling a domestic problem. He explained:

‘The traditional healer was able to tell me why I had this problem and what had caused it. I don’t need the traditional healer for my HIV though. I have ARV treatment for that.’ (Male patient, Gugulethu).

One interesting aspect of this group was finding four patients in this group who reported that they were affiliated to traditional healing as a profession. In other words, they had undergone training to become a traditional healer or they had themselves practised traditional healing.

One female patient who had been deemed eligible to start ARV treatment was also a trainee traditional healer at the time of her interview. She said that she trusted the advice of the traditional healers in the Eastern Cape and made contact with them whenever possible. Recently she had sought advice from a renowned, respectable traditional healer in the Eastern Cape for her epilepsy and ‘a worm infestation that had gone to her head’. She has never consulted another traditional healer for advice about her HIV/AIDS diagnosis or associated problems. Instead she says that she ‘cannot wait to start ARV treatment. It is the only treatment that will help her now’.

A married couple practising as sangomas were recruited when they came to fetch their ARV treatment at the Gugulethu clinic. They seemed to assimilate what they learn at the clinic into their traditional healing practice.

‘Only our HIV negative clients as well as clients who do not know their HIV status can use traditional medicine. We send our HIV

positive clients to the clinic for ARV treatment. We only used traditional medicine ourselves before starting ARV treatment. We have the ability to recognise opportunistic infections such as TB in many of our clients. We refer clients suffering from these to the clinic as well.’ (Male Patient, Gugulethu).

‘We can’t give traditional herbs to an HIV positive person. Traditional medicine is too strong for HIV positive people. Many traditional healers we know are not educated and their practices can be harmful to HIV positive people. Traditional rituals such as a blanket over the client’s head and breathing in mixtures but not drinking them are fine for HIV positive clients.’ (Female Patient, Gugulethu).

These results show that it is feasible to train traditional healers in ARV care and that they can easily support an ARV roll out and can encourage patients to adhere to their treatment.

Category 3: Patients who are actively crossing between the two systems of healing

The final group consists of two patients who were actively crossing between ARV treatment and traditional medicine. Three principal themes emanated from the data involved: misunderstanding, confusion and credibility of traditional healing.

Misunderstanding of the Side Effects of ARV Therapy

The first theme illustrated that the side effects of ARV therapy could result in patients feeling confused about their treatment. They may believe the side effects are actually an illness of their own.

‘I visited a traditional healer because I felt I wasn’t getting any better by using ARVs. I thought the ARVs were making me feel worse. The traditional healer that I visited gave me some medication. I vomited. I had diarrhoea. I was eventually hospitalised at Somerset hospital because of all these complications. But I still don’t know what can help my headaches.’ (Male Patient, Du Noon).

Confusion

There is also the possibility that patients may be confused by the symptoms of HIV/AIDS and believe that their illness is caused by a cultural duty.

‘I am so confused. The Traditional Healer tells me I am sick because my ancestors are calling me to become a traditional healer. The clinic tells me I am sick because of a virus called the HI Virus. The traditional healer does not advise me to come to the clinic. Instead he advises me to drink Xhosa beer, slaughter goats and cows. When I feel better, I am not sure if the clinic is helping me or the bottle of traditional medicine that the traditional healer has given me... The Traditional healer gave me medicine to clean my blood and to make me stronger and suggested I perform a ritual for her ancestors. The traditional drug regimen helped me a lot. The traditional healer knew I was HIV positive and I told the traditional healer I was taking ARV drugs. I take the traditional drug regimen at the same time that I takes her ARV drugs. I know that my life has improved on ARV drugs but I still experience TB, rashes as well as anxiety. This is why I visit the traditional healer. Because of my anxiety and my confusion.’ (Female Patient, Du Noon).

Stigma

Stigmatisation of HIV positive people is a prevalent issue. Attending ARV services could result in disclosure of positive status and subsequent stigmatisation.

‘I met another patient in this (Gugulethu) clinic who believes that only Jesus can save her and that a mixture she got from a sangoma will help her. She only comes to the clinic to have her CD4 counts taken. She doesn’t take ARV drugs. At the beginning when patients are diagnosed HIV positive, to come to a clinic means you are admitting you are HIV positive. Visiting a traditional healer at first does not have the same consequences. Many people choose to visit a traditional healer first because they are afraid of HIV stigma.’ (Female Patient, Gugulethu).

It is clear that confusion about the symptoms of HIV/AIDS and the initial effects of the ARV treatment therapy could encourage a patient to cross between the two systems of healing.

Stigma is also a prolific issue that affects HIV/AIDS patients' willingness to disclose their status.

Table 2: Summary of Socio Demographic Information of Focus Group Participants

Study ID Number	Gender	Counsellor/Patient Advocate	Clinic
1	M	Counsellor	Gugulethu
2	F	Counsellor	Gugulethu
3	F	Counsellor	Gugulethu
4	F	Counsellor	Gugulethu
5	F	Counsellor	Gugulethu
6	M	Patient Advocate	Du Noon
7	F	Patient Advocate	Du Noon
8	F	ARV Counsellor	Du Noon
9	F	Patient Advocate	Du Noon
10	F	Patient Advocate	Du Noon

Overview of Findings

In conclusion it is clear that although there are patients who have never used a traditional healing service, there are others who may visit a traditional healer during their initial phases of their HIV positive diagnosis. The patients who have ties with traditional healing practise themselves demonstrate particularly interesting healing strategies. They claim they do not use untested traditional treatment on HIV positive patients or to take this treatment themselves. They also claim they encourage clients to access VCT services at local clinics and in the event of an HIV positive diagnosis to adhere to ARV treatment.

Results of Focus Group Discussions

The focus group participants freely discussed issues relating to traditional healing and HIV/AIDS. They spoke of the rumours they had heard of HIV positive children being treated with traditional medicine by their parents or elderly care givers. They were of the opinion that HIV positive people who visit

traditional healers are likely to be unaware of ARV treatment. Interestingly, one patient advocate said that visits to a traditional healer could result in an unwillingness to disclose HIV status. Another patient advocate said that she had counselled patients who had been 'abusive' towards the clinic staff when the topic of traditional medicine was broached. When advised not to use traditional medicine concurrently with ARV treatment, these patients reacted by swearing at the clinic staff and refusing to discuss the issue. Overall, it appeared that the ARV counsellors expressed negative attitudes towards traditional healing practices.

Potential harm of Traditional Healing Practices to HIV positive people

The ARV counsellors feel that traditional healing practices pose potential harm to HIV positive patients whose immune systems are already compromised.

'There are traditional healers who insert spades into patient anuses. They prescribe traditional medication that makes the patients vomit profusely. I worry that they will harm HIV positive patients especially because they induce diarrhoea which is bad for HIV positive patients.'
(ARV Counsellor, Focus Group).

Traditional practices are harmful to HIV positive people especially because of the usage of the same blade. Traditional healers send out messages that they have the cure for HIV/AIDS.

Evidence of the use of Traditional Medicine by ARV Patients

Although the focus group participants did not necessarily have scientific evidence that their patients were using traditional medicine, some of them suspected their clients were accessing a traditional healing service:

'I do not have scientific evidence that my patients are taking traditional medicine but I have had the experience of patients on HAART (Highly Active Antiretroviral Treatment) wanting to stop their ARV s and take traditional medicine. They tell me their concerns. We have a trust based relationship.'

‘I have counselled three clients who were mixing traditional medicine and ARV treatment. All my clients are close to me. They told me what they were doing. I had noticed they were nauseous and vomiting all the time. I asked them why and they said they were using traditional medicine while on HAART.’

Generally, the focus group participants suspected use of traditional medicine in patients who bear visible ‘body scarring’ and who have had their little finger amputated.

‘I think they (the patients) are lying to you (the researcher) when they say they don’t use traditional medicine. They have scars and no little finger. This means they are seeing traditional healers all the time.’

Affiliation of Patients to Traditional Healing

Some of the focus group participants were so concerned about the potential inclination of their patients towards the traditional healing paradigm, they advised the patients of the possible adverse interactions between ARV treatment and traditional medicine:

‘I don’t know that much about the consequences of traditional medicine so I explain to the patients my understanding is that ARV drugs and traditional medicine do not mix well. I have a pro choice attitude but I advise the patients to decide early about whether to take HAART or traditional medicine.’

‘I tell the patients that if you decide on traditional medicine, then don’t take ARVs. I am pro choice when I advise the patients but I stress that the interactions between traditional medicine and ARV treatment are very bad for the body...’

It seemed that despite these concerns, respecting patients’ rights to choose a treatment strategy was prominent in the approach of the participants to their clients.

The Role of the HIV Positive Sangoma

The issue of the HIV positive sangoma emerged in the focus group discussions. Two participants had had contrasting experiences of counselling HIV positive sangomas. As the first participant explained:

‘Yes, (I have had experiences of treating) traditional healers in training. I am not sure that they even mention that they are on ARVs to their clients or friends. They are so steeped in the traditional healing profession that they only help themselves.’

The second participant expressed more positive views about the role of the HIV positive sangoma in the ARV roll out procedure.

‘I have seen HIV positive traditional healers at the clinics. I know they are HIV positive because they have the beads and white substance smeared all over their faces. I think they have a good influence over their clients who are HIV positive as well. Some of them come (here to the clinic) very ill and after taking their ARVs properly, make a miraculous recovery. This has to have a good, positive influence on other HIV positive people in the community.’

One of the participants said she had counselled a number of patients who expressed a desire to abandon their ARV regimen in favour of their ‘sangoma initiation process’.

Migration from the Eastern Cape appeared to be an important factor influencing potential use of traditional medicine. This region is of great spiritual significance to traditional healers and patients who migrate from there may well be exposed to traditional healing practices:

‘There are patients who are mixing ARV treatment and the medication they get from the sangoma. Many of them have come from the Eastern Cape. We talk to them to try to explain that ARV treatment is the best for them. Sometimes they listen. Sometimes they don’t listen. But we don’t give up easily.’

One of the participants raised the issue that the traditional healing paradigm is not always capable of dealing with HIV/AIDS and its associated issues. He told an interesting story that illustrated the idea that patients mix paradigms:

‘I knew an epileptic patient who was dissatisfied with his epilepsy medication that was given to him at Somerset hospital. This patient consulted a traditional healer and was satisfied with his session.’

However when he was diagnosed as HIV positive, he took ARV treatment without a fuss. He proceeded to use traditional medicine for his epilepsy.’

Confusion

Participants had experienced patients confusing HIV/AIDS and TB treatment. This confusion impacts of choice of healing strategy. The traditional view of the aetiology of TB is often different to that of HIV/AIDS. TB is an older illness than HIV/AIDS and thus people suffering from TB do tend to seek traditional advice.

Two of the participants said they had paid home visits to HIV positive patients who have also been diagnosed with TB. These patients believe that TB is caused by poison. Thus they visit a traditional healer for TB treatment. At the same time they receive TB treatment at the clinic. The clinic employs the Directly Observed Treatment Short Course (DOTS) TB treatment process. This treatment strategy ensures adherence to TB treatment. According to the patient advocates there are no known adverse interactions between TB treatment and traditional medicine. Thus when the patients begin to feel better, they believe that it is the traditional medication that is responsible for an improved health status.

‘I have had some HIV positive patients who also test positive for TB. They visit traditional healers for different reasons. The TB treatment they take makes them feel better and they become confused. They think that the traditional medicine that the traditional healer is giving them is what is making them feel better. Sometimes because this, they want to stop taking ARV drugs.’

‘I had a patient who visited a sangoma for help. He was HIV positive and also needed TB treatment. The sangoma told him not to take his ARV treatment. He listened to the sangoma. I think that the TB treatment was making him feel better but he thought that the sangoma was able to cure his TB and his HIV. He was not allowed to continue his ARV treatment until he promised that he would not take traditional medicine.’

Overview of Findings

These focus group discussions show that patient advocates and ARV counsellors support an ARV roll out procedure as well as adherence interventions. They have counselled patients who are confused about TB medication, who wish to become sangomas and who have delayed accessing ARV treatment while taking traditional medicine. They are concerned about possible adverse interactions between traditional medication and ARV treatment. They are also reluctant to collaborate with traditional healers as they feel that they (the traditional healers) are not willing to adapt their beliefs to the procedures that the clinic has implemented to ensure effective ARV roll out and adherence interventions.

Discussion of Results

The discussion section of the paper draws out central issues raised by the respondents in both of the sub-studies and then relates these findings to broader literature sources on the topic. This section of the paper also discusses limitations encountered in the two studies and the means employed by the researcher to minimise some of these limitations.

The patient study produced some interesting findings from both the quantitative and qualitative components. In contrast to Natrass (2005 b), this study failed to find a significant association between gender (being female) or receipt of a disability grant and visits made to a traditional healer. This difference may arise because the majority of the sample was actually female so comparison lacked statistical power. It is difficult to assemble or recruit a sample of HIV positive patients attending a clinical service that is representative of both genders because the uptake of these services by women is higher. Women also make use of additional services that are associated with ARV services (e.g. reproductive health care and Prevention of Mother to Child Transmission (PMTCT) services). Nonetheless, in this study prevalence of ever using traditional healing services was 32.5%, approximately similar to findings of Banda et al (2007) in Zambia where 30% of pregnant women reported visiting a traditional healer in the past. This Zambian study also found that pregnant women who were HIV positive and visiting traditional healers were less likely to adhere to PMTCT treatment than women who were not accessing traditional healing services.

However, the current study found no significant association between visits made to a traditional healer and self-reported adherence to ARV treatment. In general, reported adherence was very high with only two patients in the entire sample admitting that they had missed taking their pills within the last month. Similarly, with regard to knowledge of ARV treatment and its effects on the body, only two patients seemed to be slightly misinformed. The study therefore lacked statistical power to determine any associations with usage of traditional healing services and adherence. Most of the patients said that ARV treatment had had a positive effect on their lives and few had experienced side effects from their ARV treatment within the last month.

However a significant association was found between visits made to a herbalist, and visits to a spiritual healer and visits to a traditional healer in the past year. It is expected that people visiting a traditional healer would also access other forms of alternate healing.

The lay health workers i.e. the patient advocates and ARV counsellors seemed to completely undermine the role of the traditional healer in HIV/AIDS care. They support an effective ARV roll out that is monitored by clinic staff and see a marginalised role for traditional healers in this respect. They believe that traditional healers are unwilling to cooperate in the clinic setting by adapting their practices to measures that are conducive to the clinic's procedures. These lay health workers advise patients of the potential adverse interactions between ARV treatment and some types of traditional medicine. With regard to the patient sub study the limitations were the nature of the study, the geographical location of the study sites, the way that the question was posed, the perception of the respondents of the interviewer and the credibility of the respondents. The patients were a sample of a population that is subject to selection bias.

Nature of the Study

Firstly a clinic based study will inevitably recruit patients who are at the very least partially immersed in biomedical paradigms of healing. Thus it was challenging to recruit patients who were using traditional healing paradigms. The results are based on the experiences and opinions of a selected group of patients.

Secondly the clinic environment may also be inherently oppressive. Respondents may not have felt comfortable enough to tell the truth when the interview was conducted in the very place where they are advised against the

use of traditional medicine and traditional healing paradigms particularly when evidence from the focus groups suggests that the personnel at the clinics appear to actively discourage patients from using traditional medicine. They may also have been uncomfortable talking to the interviewer who was of a different cultural background.

Posing of the Question

Lastly the questionnaire asks respondents if they had visited a sangoma or a traditional healer in the last year. This time frame is inherently limiting. However the researcher countered this by the technique of asking the respondents what their reasons are for their choice of healing strategy.

Overall Conclusion and Recommendations

Although the majority of patients recruited in this study had never accessed a traditional healer or no longer wished to, many had previously done so and a minority of patients were crossing between the two systems of healing. Given other research suggesting widespread use of the systems in South Africa, this suggests that traditional healers do have a role to play in ARV roll out.

Lay health workers will need to be less dogmatic and engage with patient concerns regarding traditional healing. They could advise patients to seek traditional healing for psychosocial problems but to adhere to ARV treatment at all costs. The lay health workers should undergo training and workshops to foster their objectivity, sensitivity and self awareness. Green (1992) in Wreford (2005) argues for the fostering of collaboration between traditional healers and healthcare workers through understanding of different cultural preferences (Green, 1992 in Wreford, 2005). Wreford (2005) also mentions an earlier study of Green conducted in Nigeria in 1986. This study describes a project that aimed at integrating traditional healers in both general reproductive health services, most notably midwifery and family planning services. Green observed that the presence of formally trained health care providers in these interventions catalysed respect and collaboration (Green, 1986 in Wreford, 2005)

The role of the HIV positive traditional healer emerged quite strongly from both the sub-studies. There is potentially a role for these traditional healers. They

could work as community health workers or as patient advocates. They are well placed with their understanding of what it is like to live with HIV/AIDS to assist in ARV roll out procedures. Further research should be conducted to ease the transition of collaboration. This research could take the form of quantitative or qualitative designs to extract attitudes and opinions of health workers, patients and traditional healers to collaborating in the area of ARV care. Collaborations should be monitored and evaluated. Research projects should be widespread and be conducted in a number of clinics in different areas. Studies in different locations would extract data about the needs of different communities with regard to traditional healing. What this would mean in practice is that where there is a need, clinics and community health centres could train individual healers to assist them with ARV care. Studies should be conducted outside clinics to ensure that the important issues surrounding the role of traditional healers in ARV care are extracted and subsequently followed up.

References

- Abdool, K. S. 1994. *Bridging the gap: a potential for healthcare partnership between African traditional healers and biomedical personnel in South Africa*. Pretoria, South Africa: Medical Association of South Africa.
- Ashforth. A. 2001. *Madumo: A man bewitched*. Chicago: University of Chicago Press.
- Ashforth, A. and Nattrass, N. 2005. Ambiguities of 'culture' and the antiretroviral rollout in South Africa. *Social Dynamics*. 31(2): 285- 303
- Banda Y., Chapman V. and Goldenberg RL. 2007. Use of traditional medicine amongst pregnant women in Lusaka, Zambia. *Journal of Alternative and Complementary Medicine*
- Bekker, L.G. (Linda-Gail.Bekker@hiv-research.org.za). 2007. Opening speech of Hannan Crusaid clinic, Gugulethu, 2005. [Personal e-mail, 04 April 2007] to Ms Sumaya Mall (sumaya.mall@gmail.com).
- Edington, M.E. Sekatane CS and Goldstein SJ. 2002. Patient beliefs: do they affect tuberculosis control: a study in a rural district of South Africa. *International Journal Tuberculosis and Lung Disease*. 6(12): 1075 – 1082.
- Foyaca-Sibat, H., Del Rio-Romero, A.I., and Ibanez-Valdes, L de F. 2005. Prevalence of epilepsy and general knowledge about neurocystierosis at Ngangelizwe Location South Africa.. *Internet Journal of Neurology*. 4(1): 906-16 [Online]. Available: <http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijn/vol4n1/epilepsy.xml> [2007, September 5].
- Iliffe, J. 2006. *The African AIDS epidemic: a history*. Oxford: Oxford University Press.
- Mall, S. 2007. The Impact of African Traditional Healers on Antiretroviral Treatment in South Africa, unpublished Masters Thesis, University of Cape Town

Nattrass, 2005a. "The Quest for Healing in South Africa's Age of AIDS" in *Social Dynamics*, vol.31, no.2.

Nattrass, N. 2005b. Who consults sangomas in Khayelitsha: an exploratory quantitative analysis. *Social Dynamics*. 31(2) 161 – 183

Wreford, J 2005. We can help! a literature review of current practice involving traditional African healers in biomedical HIV/AIDS interventions in South Africa. *Social Dynamics*. 31(2): 90 - 117