

**CHALLENGES FACED BY TRADITIONAL HEALERS WHEN TREATING
PEOPLE LIVING WITH HIV AND AIDS: THE CASE OF INTSIKA
MUNICIPALITY, EASTERN CAPE PROVINCE**

BY

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A Dissertation submitted in fulfillment of the requirements

for the Degree of

Master of Social Work (MSW)

in the

Department of Social Work /Social Development

Faculty of Social Sciences and Humanities

University of Fort Hare

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February 2014

DECLARATION

I declare that the dissertation entitled “Challenges faced by traditional healers when treating people living with HIV and AIDS: The case of Intsika Municipality, Eastern Cape Province” is my own work, except where due acknowledgement is made with full references in the text and that it has not previously been submitted to any university or institution of higher learning for any qualification or certificate.

Full Names:

Signed:

Date:

DEDICATION

This work is dedicated to my mother, Miss Miriam Bechele. This research is also dedicated to each and every person, support group, project, association and organisation that is helping, without compensation, to treat people living with HIV and AIDS.

ACKNOWLEDGEMENTS

On completing this dissertation I should first like to thank my Almighty Lord and Creator for giving me the inspiration, courage, strength, assurance and intelligence needed to make this work possible. I wish to express my sincere appreciation and thanks to my supervisor, Professor P. Tangwe Tanga for his constant guidance and advice during the writing of this dissertation. I am grateful to him for being readily available for consultation and for his criticism, which helped me to improve the quality of my work.

Special thanks are given to my sisters Minah and Silidah for their constant motivation, and to my twin brother Nhlanhla Zimba for encouraging me to pursue my Master's degree. Thanks are also due to my fiancée Abongile Nyongo for her support and for reminding me of my academic goals. I also wish to thank the GMDRC of the University of Fort Hare and the Department of Social Work/ Social Development for the financial assistance that I received as a tutor. I also thank all of the traditional healers who gave up their valuable time to participate in the study, and for sharing your experiences and knowledge with me.

The financial assistance of the National Research Foundation (NRF) towards this research is hereby acknowledged. Without their support it would have been difficult to carry out the research for this dissertation.

ABSTRACT

The aim of the study was to examine the procedures followed by traditional healers treating people living with HIV and AIDS in the Instika Municipality and the challenges faced by them in this endeavour. Using the qualitative research method, in-depth interviews and focus group discussions were conducted with twenty traditional healers. Among the significant findings of this study 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 SAPS being among the chief antagonists. It is also acknowledged in this study 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 can therefore be 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.

ACRONYMS AND ABBREVIATIONS

HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
THP	Traditional Health Practitioners
TH	Traditional Healers
STI	Sexually Transmitted Infections
UNAIDS	United Nation Acquired Immune Deficiency Syndrome
WHO	World Health Organisation
ARV	Anti-Retro Virus
PLWHA	People Living With Hiv and Aids

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CHAPTER ONE

GENERAL OVERVIEW OF THE STUDY

1.1 Introduction

This chapter presents the general orientation of the study. It provides the background to the study and highlights the initial motivation for conducting the study. The research problem, main questions and objectives of the study are also introduced here. This chapter defines the primary terms employed in the study and demonstrates how the research could contribute to society as a whole and how it might contribute towards addressing the challenges faced by traditional healers. The outlines of the subsequent chapters are also presented here.

1.2 Background of the study

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 study has investigated the challenges faced by traditional healers in treating people living with HIV and AIDS.

HIV and AIDS now constitute the largest overall cause of death in Africa, and have moved up to fourth place among all causes of death worldwide (UNAIDS,2010). The United Nations Program on HIV and AIDS (UNAIDS) and the World Health Organization (WHO) have been and are still attempting to find the most effective approach to control the escalating spread of HIV and AIDS worldwide, and to provide health care to people who are living with HIV and AIDS. From the early 1900s, WHO has advocated the inclusion of Traditional Health Practitioners (THPs) in national AIDS programs(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 primary 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. According to Clarke, (1998) 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 2003the 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).

After five years of discussion, the South African government enacted the Traditional Healers Act of 2004 in order to integrate approximately 200,000 traditional healers into the mainstream of the primary health care system. Clause 5(e) of the Traditional Healers Act of 2004 provides regulatory framework for the Interim Traditional Health Practitioners' Council of South Africa to promote and develop interest in traditional health practices by encouraging research, education and training.

After the Traditional Healers Act of 2004 had been enacted, the South African government collaborated with traditional healers in order to promote the prevention, care and treatment of HIV infection and AIDS, for the simple reason that traditional healers offer an available and an inexpensive alternative to people living in rural communities in South Africa in the absence of modern health care facilities. Traditional healers use a combination of plant and animal products in their medicinal potions, and they also incorporate a spiritual element in the healing process.

According to Prinsloo (2006:15), "traditional healers divine with symbols such as bones and other artifacts through which ancestors communicate problems and solutions". Traditional healers play a vital role in the health of the majority of the people in South Africa, they are deeply interwoven in the fabric of cultural and spiritual life and they are in a great many cases in rural communities the first health practitioners to be consulted. The WHO estimates that at least a third of the African population does not have access to essential medicines, and consequently has no access to treatment and care, making large portions of the populations of certain countries dependent upon traditional medicines whose safety and effectiveness have not been well documented (UNAIDS, 2000; Muchiru, 2001; Jackson, 2002).

1.3 Problem statement

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'the, 2008). Statistics show that around the world almost 11000 people per day are infected with HIV and AIDS, and that in South Africa approximately 1000 people are infected daily (UNAIDS, 2011).

The Provincial Department of Health in the Eastern Cape (2012) reported a shortage of Anti-Retro Virus 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, this study seeks to assess and evaluate the challenges faced by traditional healers.

1.4 Aim and objectives of the study

1.4.1 Aim of the study

The aim of the research is to examine the challenges faced by traditional healers in treating people living with HIV and AIDS in the Intsika Municipality in the Eastern Cape.

1.4.2 Objectives of the study

To achieve the aim of the study the following specific objectives were formulated:

- To examine the problems that traditional healers encounter in treating people living with HIV and AIDS.
- To investigate the methods used by traditional healers to treat people living with HIV and AIDS.
- To investigate the procedures followed by traditional healers when treating people living with HIV and AIDS.

1.5 Research questions

The study seeks to answer the following research questions:

1. What are the challenges faced by traditional healers in treating people living with HIV and AIDS?
2. What are the steps that traditional healers follow when treating people living with HIV and AIDS?
3. What are the procedures followed by traditional healers when treating people living with HIV and AIDS?

1.6 Significance of the study

This study could be useful as a source of awareness of the challenges faced by traditional healers (TH) and as a means of influencing the private and public sectors to become involved in finding solutions to these challenges. It is to be hoped that it could help to create a platform for traditional healers to have a support system to share their challenges and to formulate an effective strategy to overcome those challenges on both the local and the national levels. The findings of the study should serve to convince policy makers of the need to give full and comprehensive support to traditional healers, and could also provide valuable insights to the Department of Health, as becoming aware of the challenges faced by traditional practitioners could help to prevent similar problems occurring in the formal health care system.

1.7 Scope and delimitation of the study

The study was conducted in the Intsika Municipality and the target villages of the study were the Tsengiwe and Tsomo villages in the Eastern Cape Province of South Africa. They are 406 miles (653 kilo metres) south of Pretoria and 100 miles (161 kilo metres) north of East London (Map South Africa, 2000). Tsengiwe village was chosen because traditional healers in the village have received training in the treatment of people living with HIV and AIDS by the Eastern Cape Department of Health and they have a traditional healers' association. Tsomo is a village 45 kilometres east of Qamata and 48kilometres west of Ndabakazi that falls under the Intsika municipality. It was chosen for conducting the study because traditional healers are the main source of health care in the village.

1.8 Definition of terms

1.8.1 Traditional healer

Traditional healers are recognised by the community in which they live as being competent to provide health care by using animal, plant and mineral products and methods based on the shared social, cultural and religious beliefs of the community, and as having knowledge of the causes of disease. Pretorius (2011) defines a traditional healer as someone who acts as an intermediary between human beings and the supernatural, and who analyses the causes of specific events and interprets the messages of the ancestors.

1.8.2 Treatment

Treatment refers to medical attention, provided on the basis of an impartial medical opinion. The Oxford English Dictionary (1997) defines treatment as the medication given to a patient by a health practitioner in the treatment of a disorder or a disease.

1.8.3 Challenge

A challenge refers to a situation of being faced with an obstacle that requires great mental or physical effort in order to be overcome successfully. A challenge could take the form of a situation that prevents someone from succeeding in a particular endeavour or attaining a desired goal.

1.9 Structure of the research

Chapter 1: General overview of the study

In this introductory chapter the topic is introduced and the background to the research is presented. This chapter outlines the problem which the study attempts to address, as it does the objectives and significance of the study.

Chapter 2: Literature review

This chapter provides the definitions of the main concepts used in the study. It also reviews the literature on which the study is based and details the theoretical framework of the research. The gap in the literature which this study is intended to fill is also identified.

Chapter 3: Research methodology

This chapter reviews the methodological approaches used to collect data and explains how the data was analysed. In addition, it explains why the research design, research techniques, target population and population sample chosen were appropriate to the study. The ethical considerations pertaining to this study and the techniques used to analyse data are also discussed and justified.

Chapter 4: Analysis and interpretation of Data

This chapter presents the findings of the study in the form of themes and provides an analysis and interpretation of the findings, linking them with the theories that guided the study and attempts to reconcile them with the existing literature.

Chapter 5: Significant findings, conclusions and recommendations

This chapter contains a summary of the findings of the research and presents the conclusions and recommendations of the study. This final chapter also suggests areas for further research.

1.10 Conclusion

It is evident that research into the topic is needed because it is in the rural villages of South Africa that the lack of primary health care services is most acutely felt and the services provided by traditional healers are the cheapest and most accessible to rural populations. The ever-increasing numbers of people living with HIV and AIDS without primary health care underlines the vital role that traditional healers can play in rural communities.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to examine the existing information concerning the challenges faced by traditional healers in treating people living with HIV and AIDS, in order to provide the type of theoretical background to the study advanced by Hart (1998). African Healing Theory will be examined and this will be augmented by Social and Health Theory, before highlighting the types of traditional healers in South Africa and their role in rural communities. The chapter will briefly describe the types of treatments provided by traditional healers, and it will also look at the challenges faced by traditional healers in other countries. 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.

2.2 Theoretical framework

In the endeavour to understand the practices of traditional healers and the challenges that they face when treating people living with HIV and AIDS, the study made use of two types of theories: African Healing Theory and Social Health Theory.

2.2.1 African Healing Theory

African Healing Theory has been adopted for this study. Truter (2007) states 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. Traditional healing has, at its base, a deep belief in the interaction between spiritual and physical well-being. The three main principles accepted and followed by traditional health practitioners can be expressed by the following maxims:

- Patients must be completely satisfied that they and their symptoms are taken seriously, and that they are given enough time to express their fears.
- The healer studies the patient as a whole and does not split the body and mind into two separate entities.
- The healer never considers the patient as an isolated individual but as an integral component of a family and a community.

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, as traditional healers believe that sickness and disease are related to the family as a whole, and that if treatment is deemed necessary, ritual treatment needs to be given to the whole family.

An understanding of African Healing Theory helped the researcher to evaluate the approach employed by traditional healers to help people with personal and health problems, as it afforded an understanding of how traditional healers define the etiology of diseases and illnesses. Indeed, it provided the basis for the evaluation of

traditional healing practices for the research conducted during the course of this study.

According to African Healing Theory, traditional healers helping people with health and personal problems take their patients through various healing stages, including:

- Identification of the cause or discovery of the violation to the established order of their lives through supernatural divination.
- Removal of the hostile source by the neutralisation of a sorcerer, seeking the ancestors' forgiveness with sacrifices and rituals to appease their anger, or by prescribing a particular medication.

The African Healing Theory was augmented by the Social Health Theory. Kleinma (2010) notes that the Social Health Theory was introduced by the sociologist Robert Merton and explains 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. The Social Health Theory supports the view that there is a need for social and cultural inquiry into HIV and AIDS and to evaluate how effective social intervention programs are in helping to control the spread of HIV and AIDS in societies.

2.2.2 Social Health Theory

The Social Health Theory goes on to maintain that societies possess powers and have the potential to intervene in societal problems. According to the theory, social health problems affect five components of a society, namely: (1) the individual, (2)

localities, (3) the macro-system, which includes culture and beliefs, (4) the micro-system, which comprises family and friends and (5) organizations, which involve schools, local business and religious beliefs. Social intervention takes place in all five components of a society and all intervention can have unintended consequences. This theory provided the insight that intervention in the practices of traditional healers treating people living with HIV and AIDS could have unintended consequences, some of which could be foreseen and prevented.

2.3 Traditional healers in South Africa

Traditional healers have a crucial role to play in building the health care system in South Africa and strengthening and supporting the national response to the spread of HIV and AIDS. There are various categories of traditional healers and these, along with their respective roles in their communities and the part that they have to play in the management of HIV and AIDS, will be covered in the next section.

2.3.1 The Role of traditional healers in rural communities

Traditional healers do not all perform the same functions, and neither do they all fall into the same category. The various types of traditional healers have their own special fields of expertise, their own methods of diagnosis and their own particular medicines. In “African Traditional Healers: Cultural and Religious Beliefs Intertwined in a Holistic Way” Truter (2007) identifies four types of African traditional healers:

- *Sangoma* (Diviner)
- *Inyanga* (Traditional Doctor or Herbalist)
- *Umthandazi* or *Umprofiti* (Faith Healer or Prophet)

- Traditional Midwife or Birth Attendant

Sangoma (Diviner)

According to Truter (2007), *Sangomas* or diviners are the most senior among traditional healers. A *Sangoma* is a healer who divines an illness and also the circumstances of the illness in a cultural context. *Sangomas* are highly respected in their communities for their leadership and mystical powers. Their role in a community is to fathom the apparently unexplainable for people with problems and diseases with unknown causes, to analyse the causes of specific events and to interpret the messages of the ancestors. Although their main focus is on divination, they also provide medication for each specific case of illness which they have diagnosed.

Inyanga (Traditional Doctors or Herbalists)

An *Inyanga* specialises in the use of herbal and other medicinal preparations for treating diseases. He possesses an extensive knowledge of curative herbs, natural treatments and medicinal mixtures of animal origin. Some *Inyangas* treat only one disease and become renowned experts in the treatment of that disease. Their main role is to help people with diseases affecting specific organs, for example, heart, and kidney or lung diseases (Truter, 2007).

Pretorius (2011) refers to herbalists as ordinary people who have an extensive knowledge of medicinal plants and who do not possess occult powers. The role of a herbalist is to diagnose and prescribe medicines for everyday ailments and illnesses, to prevent and to alleviate misfortune or evil, to provide protection against witchcraft and misfortune and to bring prosperity and happiness.

Umthandazi or Umprofeti (Faith Healer or Prophet)

A faith healer is usually a professed Christian who belongs to either a mission or an African independent church. Their treatment involves both the Christian Holy Spirit and ancestral spirits. Truter (2007) explains that traditional faith healers role in the community is to heal through prayer, laying hands on patients, or providing holy water and ash in their treatment. In their diagnosis and treatment of patients, they use prayer, candlelight or water. In addition, faith healers help their communities by interpreting the sicknesses of their patients (Truter, 2007).

The traditional midwife or birth attendant

Traditional midwives are usually elderly women who have been midwives for many years and who are highly respected for their expertise in obstetrics and knowledge of ritual. Their main role is to deal with problems related to pregnancy and to assist pregnant women in childbirth (Setswe ,2000).They are responsible for duties such as the teaching of behavioural taboos for pregnant women, the ritual bathing of mothers and the administering of healing medicines and traditional massaging after childbirth. Setswe (2000) explains that traditional midwives also assist with post-partum treatment such as the cutting of the umbilical cord and provide support with breastfeeding and advice concerning marriage, contraception and fertility.

Ariati (2010) contrasts the numerous types of traditional healers in the African continent with the similar diversity to be found in Bali, among whom are:

- *Balian*, who learn how to cure through reading and study, often with a spiritual teacher.

- *Balian ketakso*, who gain their knowledge through divine blessing and heal people through trance possession, sometimes combined with massage techniques and herbal cures.
- *Balian paica*, who also are said to gain their knowledge through divine blessing, but in this case it is usually identified with a special found object that is the sign of their blessing; they typically heal through massage and herbal techniques, combined with medication and concentration on the afflicted part of a patient's body or a patient's soul.
- *Balian uut*, who are expert at setting broken bones, healing muscle sprains and similar techniques, skills which are often handed down in families.
- *Balian manak*, traditional midwives who are largely absorbed into the state-certified system of midwives in modern Bali.

Truter (2007) maintains that, by treating people in their communities, traditional healers play an effective role in providing health care in the form of the following three types of medication:

- Preventative and prophylactic medication.

Most of the work of traditional healers concerns protecting patients from possible afflictions, for example in those instances where traditional healers perform ceremonial acts using medicines against disequilibrium.

- Treatments for ailments.

These are prepared in various forms such as hot and cold infusions, decoctions, powders, poultices and lotions to treat ailments.

- Medication used to destroy the power of others.

These types of medication target specific individuals and are placed in the enemy's path to become effective, it is believed, when the enemy unwittingly encounters them.

Among the many roles that traditional healers play in their communities, they assist members of the community who believe in African Traditional Healing in the following ways:

- They provide help with not only with health problems, but also with other problems, such as those arising from family matters or work-related issues.
- They provide a cultural identity and a sense of belonging to their patients.
- By gaining the trust of their patients they effectively treat psychosocial problems.
- By providing satisfaction with their treatment they contribute to a general sense of wellbeing and cohesion in their communities.
- They provide treatment for syndromes arising from beliefs specific to their culture.

As has already been pointed out, traditional healers play a significant role in their communities in providing primary health care. Ndingi (2006) mentions six fields of endeavour in which traditional healers can play an important role in promoting the modification of people's sexual behavior and, by so doing, helping to combat the onslaught of HIV and AIDS. These comprise:

1. Promoting the use of condoms

To date, most of the emphasis in efforts to prevent the spread of HIV and AIDS in South Africa has been on the use of condoms. Traditional healers in

Johannesburg play a major role in promoting the use of condoms among their patients by distributing condoms in their consulting rooms.

2. Breaking gender stereotypes

Gender inequality and female subordination constitute a significant factor contributing to the spread of HIV and AIDS. Traditional healers play an important role in helping to break stereotypes in their communities, most significantly among their male patients who tend to believe that men and their female partners should not talk about sex. Traditional healers are encouraging men to use condoms and to talk about sex, which should help in the breaking down of gender stereotyping.

3. Encouraging people to talk about their sex lives and to confront their fears

By encouraging their patients to talk about their sex lives with their partners, traditional healers play a vital role in breaking down gender stereotyping.

4. Destroying the myths surrounding HIV and AIDS

Traditional healers in Africa have had to contend with a lack of education concerning HIV and AIDS, and as a result misconceptions have proliferated and many people have come to believe that traditional healers are able to cure HIV and AIDS. By attending workshops, traditional healers have become active in the debunking of myths concerning HIV and AIDS and have been able to explain to their patients that HIV and AIDS are, at present, incurable and that the only solution lies with preventing their spreading.

5. Traditional healers as community care workers

Traditional healers act as community care workers in their communities in two main respects. In the first, their brief is to ensure that there is continuity in the efforts to prevent the spread of HIV and AIDS, and in the second, it is to provide care to and to monitor TB patients in their communities.

6. The role of traditional healers in the management of sexually transmitted infections

Green et al (2002), cited by Ndingi (2006), point out that traditional healers are the first to be consulted by people with problems concerning sexually transmitted infections or STIs. They are known in their communities as the best practitioners for the treatment of STIs and constitute a vital critical component in any STI management plan, since they treat a great many patients with STIs and have the trust of the people they treat.

2.3.2 The Role of traditional healers in the management of HIV and AIDS

Amzat and Abdullahi (2008) argue that traditional healers not only play a role in treating people living with HIV and AIDS, but that they also play a vital role in the management of the pandemic. In this role, traditional healers contribute to the management of HIV and AIDS in the following ways:

1. By acting as providers of information in the community.
2. By functioning as educators within the local structures of their communities.
3. By acting as representatives of the traditional medicine organisation on international research committees and by taking part in workshops and so on.

4. By being able to communicate with the people who consult them, thereby facilitating their role as educators who are able to inform their patients concerning the causes and consequences of HIV and AIDS.
5. By being able to disseminate information on HIV and AIDS to people who are infected and those who are not, thereby contributing to the prevention of the spread of the pandemic.

This assessment is confirmed by King (2000), who maintains that traditional healers play a significant role in the management of HIV and AIDS in South Africa and that they play a role in the implementation of preventative measures. Traditional healers actively contribute to the implementation of preventative measures by:

1. Training other traditional healers in order to promote a better understanding of the roles of healers in their communities, which include the promotion of communication between the traditional and formal health sectors and the encouragement of community-based HIV and AIDS prevention and care programs by traditional healers.
2. Giving advice and counseling to their patients.
3. Promoting positive attitudes towards people infected with HIV and AIDS and advocating the use of condoms.

Amzat and Abdullahi (2008) suggest that traditional healers can play a more effective role in the management of HIV and AIDS if the involvement of traditional healers in the prevention of HIV and AIDS were to be increased, if traditional medicines were to be used in the treatment of opportunistic infections associated with HIV and AIDS and, finally, through the support of educational programs to

increase understanding and respect for both medical science and traditional medicine.

Shariful (2009), when discussing the role of traditional healers in the prevention HIV and AIDS, concludes that it is a very important one. Even when traditional healers are illiterate, they still constitute a vital component for the dissemination of information concerning the prevention of AIDS, owing to their position in the community as trusted providers of health care. They are free to speak about sensitive issues such as sex and to promote the use of condoms. The role of traditional healers in the prevention of HIV and AIDS is pivotal, as they are in a unique position to supply condoms to a large section of the population. They are also able to play a role in the management of HIV and AIDS by referring cases of STDs and HIV and AIDS for medical treatment and by providing counseling, both before and after, the referral and treatment to the individual and the family concerned.

2.3.3 The role of traditional healers in oral health care

Puranwasi (2006) maintains that traditional healers play an important role in oral health care in their communities, supplying treatment for gum disease, cold sores, tooth decay and cavities and oral cancer. She suggests that traditional healers are eager to know about oral lesions associated with HIV and AIDS. With the treatment and counseling that traditional healers give to their patients who are infected with HIV and AIDS is advice to practice abstinence, to use condoms, to remain faithful to one partner and to follow a healthy diet.

2.4 Types of treatment provided by traditional healers

Traditional healers provide various types of treatment to their patients. The next two sections will include an overview of the types of treatment given to sick patients and the types of treatment given to those with HIV and AIDS.

2.4.1 Types of treatment given by traditional healers to sick patients

Ayabor (2008), when discussing the treatment received by children who are treated by traditional healers, maintains that traditional healers play a significant role in treating children who have health problems. Among the treatments given by traditional healers to children are:

- Blessed water.
- Boiled water with garlic to drink and to wash.
- Herbal preparation to apply to the anterior fontanelle.
- Herbal preparation to wash and herbal oils as ear drops.
- Enemas prepared from a mixture of water and Sunlight Soap.
- Drinks made from a mixture of water, salt and honey.

Ayabor (2008) goes on to explain that traditional medicine makes use of treatments appropriate to symptoms, whose efficacy is dependent upon the positive beliefs of the patient in traditional medicine and traditional healers. In his study of 2008, he maintains that, with the advent of HIV and AIDS, traditional healers could no longer offer treatment for all ailments to their patients and needed education concerning the need for sterilised procedures and the use of disposable blades to prevent the spread of infections.

Hammond-Tooke (1989), as cited by Ndingi (2006), while discussing traditional healers and their role in the prevention and treatment of HIV and AIDS in Johannesburg, maintains that the treatment given by traditional healers is comprehensive and has curative, protective and preventative elements. According to Ndingi (2006), traditional healers provide support to people living with HIV and AIDS in the form of counseling and spiritual reassurance, as a patient diagnosed as being HIV-positive requires psycho-social support from the moment that the condition has been identified until the time of death.

Traditional healers have been effective in treating other serious ailments, such as asthma. Ariati (2010) explains that a range of compounds developed by traditional healers is used to treat coughing brought on by asthma:

1. *Boreh*, a paste made from ground leaves and roots of local herbs, rubbed onto the body to provide a healing effect.
2. *Holoh*, herbal beverages used to treat a variety of ailments.
3. *Simbuh*, herbs that are chewed and applied to the affected area of the body.
4. *Usug*, herbal rubs made of ingredients such as *dadap* leaves (*Erythera indicol*), coconut oil and crushed shallots.

2.4.2 Treatments provided to people living with HIV and AIDS by traditional healers.

According to Novella (2010), traditional healers use herbal treatments to treat patients with HIV and AIDS in Africa. Although the use of herbal remedies to treat people with HIV and AIDS is believed to be effective by believers in traditional medicines, Novella (2010) argues that it seems very unlikely that any traditional herbal cures would be safe or effective as a means of treating HIV and AIDS.

Stanley (2005) cites Hills (2003) by saying that traditional healers in Uganda use an African medicine known as METRAFAIDS to treat people living with HIV and AIDS. Scientific research conducted to study the effectiveness of medicinal plants in the treatment of HIV and AIDS revealed that among 62 HIV-positive patients who were treated with METRAFAIDS 85% responded positively. Bouic (2007) mentions that traditional healers provide a traditional medicine known as Placebo to patients with HIV and AIDS. In the clinical tests to evaluate whether or not the herb is harmful to human cells, the volunteers with HIV and AIDS responded positively to the dosage of Placebo administered.

Gericke (2005), cited by Bouic (2007), notes that traditional healers use the following herbs to treat HIV-infected clients: (1) lessertia frutescences, (2) Unwele, (3) cancer bush, but that these plants have not yet undergone clinical trials. Bouic (2007) maintains that the treatment given by traditional healers can be harmful when taken while a patient is being treated with antiretroviral medicines and should not be taken as same time. While discussing the valuable supporting role that traditional healers can play by advising and counseling patients with HIV and AIDS, Puranwasi (2006) details the following types of advice given by traditional healers as an effective means of curbing the spread of HIV and AIDS:

1. The promotion of abstinence, fidelity and reducing the number of sexual partners.
2. Encouraging the use of condoms.
3. Advising patients to have their partners tested.
4. Advising patients to maintain their health through diet and exercise.

5. Promoting positive attitudes and acceptance of their condition among patients.
6. Spiritual counseling.
7. Referring patients for medical treatment.

2.5 Challenges faced by traditional healers in other countries

While discussing 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) explains that traditional healers face challenges concerning their credibility as healers, which may be summed up by the following points:

- Muchuri (2001), as cited by Kange'the (2008), maintains that the negative perception of traditional healers weakens and undermines the role that they have to play in the treatment of patients with HIV and AIDS, owing to the stigma attached to the use of traditional medicine as opposed to the growing acceptance of the use of modern medicine.
- 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.
- The training and licensing of healers is not institutionalised in many developing countries, which makes it difficult to co-ordinate their training or to train them regularly in a standardised manner.
- Many traditional healers lack detailed knowledge of anatomy and physiology.

- The promotion and improvement of traditional healing methods could undermine efforts to increase access to biomedicine, whose impact can be measured, monitored and controlled.
- There are doubts pertaining to the success of interventions by the community home-based care program owing to unethical practices.

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 THs in Uganda are not equipped with the knowledge needed to adhere to antiretroviral therapy regimens in order to collaborate with the modern health care system and to retain patients with HIV and AIDS in long term care.

Bwinabona and Ichumbaki (2010), while discussing the cultural heritage of the Rangi in central Tanzania, found that traditional healers treating people with illnesses face several challenges, among which are those arising from the fact that most THs lack formal education. In their study it was found that traditional healers who could not speak Swahili could not communicate with their patients who could not speak Rangi. In addition, some of the herbs used to make traditional medicines are found far away from where the practitioners live, which necessitates their being away from their stations for several days at a time to search for herbs. Their plight is further exacerbated by the attitudes of people towards traditional healers and traditional medicine, and the fact that most healers have no permanent office from which to administer their treatments and are obliged to move from place to place in the search

for customers. The lack of proper facilities to store and display their medicines at home and at the market place results in their medicines being kept in unhygienic conditions.

Chipfakacha (2010), on the subject of knowledge concerning STDs and HIV and AIDS among traditional healers in Botswana, along with their beliefs and practices, maintains that THs lack adequate information concerning HIV and AIDS, and that most of the information that they do acquire comes from either the radio or from friends. As a consequence of their lack of knowledge, traditional healers treating patients who have HIV and AIDS are exposed to the risk of becoming infected themselves.

Although many traditional healers in Botswana have been advised to advise their patients to use condoms as a means of having safe sex, most are unable to provide their patients with condoms or to distribute them from their consulting rooms (Chipfakacha, 2010). Chipfakacha (2010) added that traditional healers needed adequate information concerning how HIV and AIDS are transmitted, and that the risk of infection from the blood of mothers infected with HIV and AIDS placed traditional birth attendants at great risk.

Waite (2000) noted that members of ZINATHA were of the opinion that the challenge that they faced after recognition by the government lay in teaching people to respect their own customs, medicines and leaders. Bareda (2002) suggests that among the challenges faced by traditional healers are the great changes that have occurred in response to developments in the social and economic systems. For example, THs in

Nigeria and Ghana have begun to adopt many of the practices of modern medicine, such as the wearing of white coats. However, the levels of education attained by THs have not risen, and, as a result, they are not able to understand matters vital to the effective running of their practices. The predicament of THs in Nigeria can be summed up in the following points:

- THs lack skills such as business administration and financial management.
- Traditional healers do not have the same opportunities for reimbursement as health professionals, such as being able to claim tariffs from the medical aid programs.
- Traditional healers are unable to attract people to their organisation who could assist them to transform traditional medicine in the African culture into a scientific endeavour.
- Traditional healers do not have the trust of their communities.

Bareda (2002) concluded that traditional healers are faced with challenges, not only in providing health care to their patients, but also in their own personal spheres, in which respect formal health care professionals are similarly affected. According to Payyappallimana (2010), while discussing the role of traditional medicine in primary health care, the challenges facing traditional practitioners in China include the lack of sound scientific evidence relating to the safety and efficacy of their treatments, problems related ensuring their quality and rational use and inadequate understanding of the socio-cultural context in which their treatments are administered. In addition, traditional healers in China are also faced with problems concerning regulation in their capacity as informal practitioners, protection of intellectual property rights and ensuring the sustainable use of natural resources.

Payyappallimana (2009) has highlighted few key concerns regarding traditional healers in China:

1. Education
2. Intellectual property rights and equitable sharing of benefits
3. Local healers

Education

Two issues have been identified as important in education, the first being the need to ensure that the knowledge, qualifications and training of traditional practitioners are adequate. Secondly, while there is a good understanding between traditional and conventional practitioners, traditional healers in China do not receive adequate education in allopathic medicine and they do not receive any formal qualification in their specialised fields.

Intellectual property rights and equitable sharing of benefits

Traditional practitioners in China are denied the right to ownership of their medicines. According to the Trade Related Intellectual Property Rights (TRIPS), ownership is based on the registration of an innovation, which traditional practitioners in China cannot do, and consequently they cannot own their products.

Local healers

For local healers a lack of successors, the erosion of knowledge, lack of recognition and restrictive regulations controlling the collection of medicinal materials remain the chief obstacles. The lack of adequate intellectual property protection and the incompatibility of local ownership values with contemporary laws also hinder their practices.

In their study of the role of traditional healers as providers of psychosocial support in the care of orphans in Dar-es-Salaam city, Tanzania, Kayambo et al. (2005) found that traditional healers, assisting orphans to cope with orphan hood, faced several challenges, which needed support from both the government and from NGOs to overcome. The most common of these reported by six traditional healers interviewed in the study were limited resources to meet even the basic needs of the children and illness, particularly among those who were HIV-positive, and health care problems which could be managed effectively by the formal health service. Accommodating the orphans was particularly problematic for those healers who lived in rented rooms with their families, as was the shortage of food to feed the extra children living with their families. Tracing the relatives of orphans who had been abandoned in the villages of traditional healers, when these children become very sick, was also very difficult.

2.6 Challenges faced by Traditional healers in South Africa

Raab (2008) in “Traditional Health Practitioners and Bio-cultural Protocol” noted that THPs are frequently discriminated against by police forces and Christian groups. Another hardship faced by THPs is the difficulty of gaining an income from their services owing to the widespread poverty in their communities.

Hall (2004), while discussing the risks to which HIV and AIDS exposed health care practitioners and their working environments, notes that people living with HIV and AIDS (PLWHA) are reluctant to discuss their status to their care-givers or relatives, with the result that health care practitioners were unable to educate them concerning precautionary measures to protect themselves and to avoid spreading the disease

further. Hall (2004) also points out that not only are health care practitioners exposed to risk by working with people living with HIV and AIDS, but that HIV and AIDS also resulted in the work place itself becoming a focus of risk. Among the risks and problems faced by hospital and clinic staff the following were most noteworthy:

- The possibility of becoming infected with the HIV virus.
- With the increased workload resulting from increasing numbers of people needing of health care, the recording of HIV test results is sometimes inadequate, necessitating patients having to go for HIV testing more than once at different facilities.
- Health care practitioners in the study maintained that caring for AIDS patients is, in itself, demanding and time- consuming owing to factors such as longer recovery periods and a lack of support from the families of patients.
- Health care practitioners find it difficult to cope in the working environment, owing to a lack of support from employers and management. 48.8 % had no access to any form of official support such as counseling for work-related stress.
- The stigma attached to the disease affected both the behaviour and workloads of health care practitioners, with nearly 49.2% of the health care practitioners in the Eastern Cape Province reporting that they believed that there was a stigma attached to HIV/AIDS in their working environment.
- The respondents in the study indicated that protective clothing was not always available.

In a discussion of the Mbata et al (2012) on legal frameworks governing THPs and the issuing of sick notes, Mbata et al. (2102) maintained that the challenge for traditional health practitioners was 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.

While discussing the problems associated with the managing of HIV and AIDS counselors in the rural districts in the Eastern Cape, Gerber (2001) noted that HIV and AIDS counselors do not feel supported by their managers and are often are faced with emotional issues that arise when dealing with patients who are HIV-positive, and are uncertain of how they will cope with the patient's reaction, even to the point of experiencing fear for their personal safety. The findings of Gerber (2001) also indicated that:

- HIV and AIDS counselors are unable to meet regularly with their managers in order to receive the support that they need.
- Owing to the nature of HIV and AIDS infection, which is inevitably accompanied by progressive suffering and the emotions engendered by impending death, HIV and AIDS counselors become emotionally affected by the distress and pain suffered by patients.
- The perception that their work involves confidentiality prevents HIV and AIDS counselors from sharing their experiences of counseling with managers and receiving the empathy and support that they need.

- There is a merging of the boundaries between managers and HIV and AIDS counselors, which results in managers becoming involved in counseling and community interventions.
- HIV and AIDS counselors are prone to becoming anxious about their own health and that of their partners as a result of working with people infected with HIV and AIDS, fearing that any instance of illness or coughing could herald the onset of infection.

Jha and Kannan (2006) in “Utilising Traditional Healers in Primary Health Care” found that the efforts of traditional healers treating people with HIV and AIDS in communities are hindered by problems arising as a result of a lack of medical knowledge concerning diseases. In addition, traditional healers are discouraged by a lack of clear recognition by the government concerning their role in the health system and how they could actively contribute to making it more effective on one hand, and the lack of commitment from the government concerning their participation in the national health care system and its programs. Jha and Kannan (2006) also point out that the lack of dialogue between traditional healers and the government system makes the role of traditional healers insignificant, which is further exacerbated by a lack of trust between traditional healers and health care workers trained in the allopathic system, which in turn produces many conflicts and counter-productive results.

Dickinson (2008), while discussing traditional healers, HIV and AIDS and company programs in South Africa, suggests that the lack of regulating the practices of traditional healers in South Africa tends to place them in direct competition with one another and makes it easy for those who do not possess the knowledge and skills of traditional healers to treat patients, thereby bringing the profession into disrepute and strengthening the negative perception of traditional healers.

Peltzer et al. (2006), in a study of HIV and AIDS, knowledge of STIs and TB and the beliefs and practices of traditional healers in Kwazulu-Natal in South Africa, learned that traditional healers felt that they were at great risk of becoming infected with HIV while treating patients, and 37% of those interviewed felt that they were at great risk of being infected with HIV in the course their lives. Peltzer et al. (2006) also maintain that traditional healers have adequate knowledge of the symptoms of HIV and AIDS and the causes of HIV. Although most traditional healers had some accurate knowledge of HIV transmission routes such as breast feeding, oral sex and so on, they tend to be uninformed concerning the transmission of other diseases such as TB.

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:

1. A lack of constructive and open-ended communication among practitioners of traditional healing and modern medicine.

2. Traditional healers do not have the equivalent of counselors and psychologists in their healthcare systems, and therefore do not understand their roles.
3. A lack of uniformity in the standards adhered to in the practices of traditional healing and modern medicine respectively, which inevitably casts the spotlight on the criticisms that are made against traditional healing as a result of traditional healers being reputed to restrain physically patients who are mentally disturbed, or to rape patients as part of a treatment procedure, and as a result of the perception that African healing practices have poor standards of hygiene and are prone to incorrect diagnosis. These perceptions are fueled by the fact that the practices of traditional healers do not include keeping records of a patient's history, conditions assessed, treatments prescribed or administered, and so on.

Serote (2011), discussing the indigenous knowledge system and intellectual property rights, maintains that traditional practitioners need to protect traditional medicine and made the following observations and recommendations:

1. A suitable platform for *Bongaka* (Traditional Healing) is needed. According to Serote (2011:42) "a foundation should be created to ensure its transformation based on African culture."
2. Many *Bongaka* (Traditional Healing) treating patients infected with HIV and AIDS are not being encouraged to share their experience and to work with conventional medicine in order to minimise the risks and side effects of antiretroviral (ARVs).
3. Traditional healers are often stigmatised and their practices tend to be criticised by proponents of modern medicine.

Swakamisa (2011), discussing the obstacles facing traditional health practitioners wanting to protect and preserve traditional medicine, points out that not only are the reputations and practices of traditional practitioners in South Africa hampered by a lack of lack of basic education, but that they will continue to have no voice until a traditional healers' council is established. Swakamisa (2011) also notes that traditional healers are faced with challenges related to the practice African Traditional Medicine (ATM) itself. These challenges are summarised in the section below.

Challenges identified in terms of the safety, efficacy and quality of ATM:

- The lack of a mechanism to register and license ATM practitioners.
- The lack of regulation of herbal medicines and mechanisms to register them.
- The lack of mechanisms to monitor the safety of herbal medicines and other ATM treatments.
- The lack of support for clinical research into the use of ATM for treating the country's common health problems.
- The need to develop national standards, technical guidelines and methodologies for evaluating the safety, efficacy and quality of ATM.

In addition, Swakamisa (2011) identified the following measures that need to be implemented if the practice of ATM is to remain viable:

- The identification of safe and effective ATM treatments and products.
- Support for research into safe and effective treatments for those diseases that represent the greatest burden for the health care system.
- Recognition for the role of traditional health practitioners in health care.

- Recognition of the need to protect indigenous knowledge by recording and compiling knowledge pertaining to ATM, in order to prevent it from being lost over time.
- The need to optimise and upgrade the skills of traditional health practitioners.
- The need to cultivate and conserve medicinal plants to ensure that they are used in a sustainable manner.

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, pinpoints the following stumbling blocks that limit the potential for traditional healers in this endeavour: (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) adds 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. Most significant for Ndhlalambi (2009) was that traditional healers treating patients infected with HIV and AIDS and TB in Kwazulu-Natal are aware of a conflict of values between modern medicine and traditional healing practices, in that they feel that, although they are trying to learn to work in co-operation with modern medicine, they are still confronted by attitudes in mainstream medicine which they feel undermine their position. As an example, they

complained that they had received no feedback from clinics concerning patients whom they had referred for assessment and treatment, and felt that the practice of referral was one-way only, with mainstream health care services not referring patients whose ailments could not be treated to traditional practitioners.

Asah (2010) argues that traditional healers are not the only health care practitioners who encounter difficulties while treating patients living with HIV and AIDS, and that professional nurses are faced with a multitude of problems in their own profession while treating patients with HIV and AIDS, among the most serious of which are:

- The inequitable distribution of resources.
- The emergence of new strains of diseases and the subsequent poor management of these.
- The lack of skills and competence among staff members.
- The lack of support from managers and the shortage of equipment and transport.
- The limited access to road infrastructure and communication problems.
- Insecurity and a lack of safety.

Asah (2010) adds that although treating people with HIV and AIDS presents many difficulties, these are compounded by the following factors for healthcare workers in rural Kwazulu-Natal:

1. Insufficient skills and competence among staff members.
2. A shortage of equipment.
3. Poor access to health facilities.
4. Poor communication facilities.

Skills and competence of staff

Nkosi (2008), cited in Asah (2010), maintains that with the high turnover of staff, skills are constantly being lost and that professional nurses are frequently reduced to working in unsupported working environments in rural areas.

Shortage of equipment

Most hospitals in rural areas in Kwazulu-Natal are forced to operate with a shortage of beds and bed linen, bedside lockers and medical equipment such as blood pressure machines. For some hospitals the lack of equipment fitted with wheels makes moving patients very difficult, which contributes in no small way to increased stress and frustration among nursing staff.

Mtshiya and Ntulu (2007), cited by Asah (2010), point out that the shortage of equipment is not confined to the nursing staff only, but that the well-being of patients is also adversely affected by problems stemming from a shortage of equipment. As an example, patients who had been admitted to hospital with bed sores developing are likely to develop further bed sores, owing to the fact that bed linen is either not available or is not washed regularly.

Poor access to health facilities

For professional nurses in rural Kwazulu-Natal, transport entails many difficulties and hazards. Roads that have not been tarred become very dangerous in rainy conditions, a situation that is compounded by their having to make use of minibuses that are usually old and invariably overloaded and in poor condition.

Poor communication facilities

The hardships endured by nurses in rural areas treating people living with HIV and AIDS are aggravated by a lack of reliable communications, and nurses in Durban are faced with the situation of communication facilities which are either broken or else not functioning, which hampers their ability to communicate with other practitioners in order to attend to the needs of patients.

Ndingi (2006), on the subject of traditional healers and their role in the prevention and treatment of HIV and AIDS in Johannesburg, maintains that traditional healers trying to promote the usage of condoms are faced with two main problems, namely, making sure that patients continue to use condoms, and secondly, a lack of support in the form of infrastructure from the government.

Amzat and Abdullahi (2008) maintain that not only do traditional healers experience difficulties while treating people living with HIV and AIDS in their practices, but that their efforts are further undermined by criticism of their practices and therapies. Much of the criticism of the practices of traditional healers originates from those who have a pessimistic view of the work of traditional healers and argue that:

1. Traditional healers lack the skills needed to offer correct diagnoses of serious diseases such as HIV and AIDS.
2. Traditional medicine lacks standard dosages and has not been subjected to scientific verification.
3. Traditional healers lack the equipment needed to conduct physical examinations of patients.

Ndingi (2006) maintains that traditional healers treating people living with HIV and AIDS have difficulty ensuring that their patients continue to use condoms, which in turn results in patients becoming infected with STIs. In addition, and as has already been noted previously, they receive no support from the government in the form of infrastructure, nor do they receive help in the form of resources, or, indeed, any form of support or help, from the government.

Mboera et al. (2009) maintain 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) point out that traditional healers are vulnerable to criticism from health care workers because their practices are not recognised 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.

2.7 Conclusion

The literature that has been reviewed indicates that traditional healers have a real and meaningful role to play in their communities in treating and caring for people living with HIV and AIDS and other illnesses. It is also evident that they are not the only health practitioners who are faced with challenges, as it has been noted that health care practitioners encounter a great many types of problems in the endeavour to provide certain sections of the population with the benefits of modern medicine. As it has been established that traditional healers are not alone in encountering obstacles and problems while treating people living with HIV and AIDS, this study will now examine the specific challenges faced by traditional healers. The studies in the literature reviewed focus on the challenges posed by HIV and AIDS for both health care practitioners and traditional healers alike in modern society, but the specific plight of traditional healers, as they try to maintain their practices while caring for people living with HIV and AIDS in a world where modern medicine sets the standards and expresses the values that are generally accepted, constitutes a gap in the literature, which this study seeks to fill. The following chapter will outline the methodological framework of the study and explain how the study was conducted.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodological framework used in this study and explains how the fieldwork was undertaken. It discusses, in detail, the research design and the approach used, and provides justification for the research method. Both the population and the sample for the study are indicated. The sampling technique used to select the sample is also explained, as are the instruments used for the collection of data. This chapter also covers how the data was analysed and includes an assessment of the ethical issues considered when conducting the research.

3.2 Research design

A research design can be defined as a strategic framework for action, which is used to guide the arrangement of conditions for the collection and analysis of data in such a way that there will be a combination of research questions and the implementation of the research (De Vos, 2005). A research design, therefore, provides a plan that may specify how the research was executed in a manner that enabled the research questions to be answered. It may also involve multiple decisions concerning the way in which data was collected and analysed. It also ensures that the final report answers the initial research question (Blanche, & Durkheim, 1999).

The qualitative research method was used in the study. Christensen (2004) defines qualitative research as the interpretative, multi-method approach that investigates people in their natural environment. The qualitative method was used in the study in

order 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.

3.3 Justification of the use of the research methods chosen

The qualitative research method was used in the study. The reason for using it was that the study was exploratory in nature. Qualitative research design, using open-ended questions, was used to obtain in-depth information concerning the challenges faced by traditional healers. Unstructured in-depth interviews were used in the study in order to obtain rich and meaningful information concerning the traditional healers. Focus group discussions were used to ensure that the study was able to examine the common challenges facing traditional healers treating people living with HIV and AIDS, and to enable the traditional healers in the group to voice their opinions concerning the challenges which they faced and their experiences of treating people living with HIV and AIDS.

3.4 Population

In this study the population refers to all traditional healers in the Intsika Municipality; these include all types of traditional healers. According to the Traditional Healers' Association (2011), there are more than 200 traditional healers in the Intsika Municipality. Simon (2002) defines a population as a collection of items of interest in research: the population represents a group to which one wishes to generalise the research. For Borg (1990), the population or the target population comprises all those

members of a real or a hypothetical set of people, events or objects to which the researcher wishes to generalise the results of the research.

3.5 Sample

The sample for the study consisted of 20 participants, all of whom were Traditional Healers. A sample is a subset of a population. 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. A sample can be defined as a set of respondents, in this case traditional healers, who were selected from a larger population of traditional healers for the purpose of conducting an investigation. 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. Figure 1 illustrates the steps taken to select the sample.

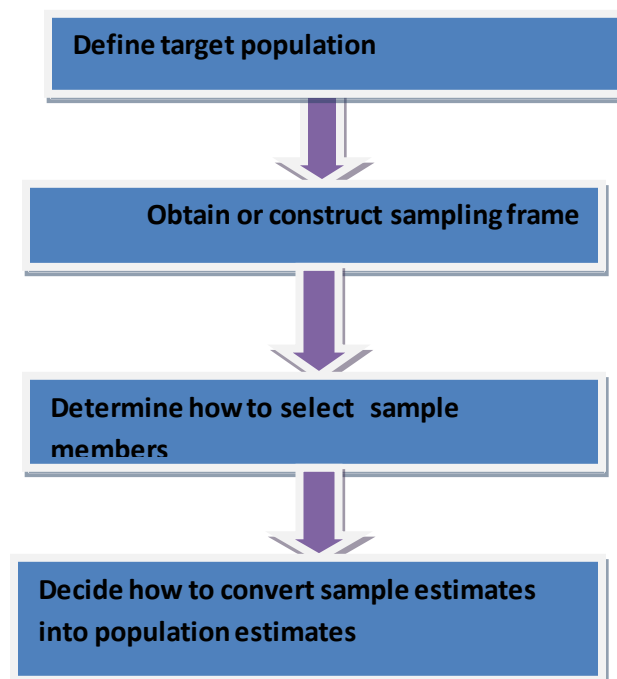


Fig 3.1: Selecting a sample

Source: Collis and Hussey (2003: 37)

3.6 Sampling technique

Sampling involves selecting individual units to measure from a larger population (De Vos; 2005). The sampling method used for both the in-depth interviews and the focus group discussions was non-probability sampling, using purposive sampling. Bless et al. (2007) explain that a sample is chosen to comprise what the researcher considers to be units that are typical of the overall population.

The participants were carefully selected for the purpose of obtaining rich data. The strategy involved selecting units that were judged to be the most typical of the population under investigation. Saunders, Lewis and Thornhill (1997) explain that purposive sampling enables a researcher to select individuals that best enable him or her to answer research questions and meet objectives. Neuman (1997) agrees with Saunders et al (1997) by saying that a purposive sample is also used when the research is informative and the sample size is small.

Saunders et al(1997) go on to mention that with purposive sampling there is a common strategy known as heterogeneous or maximum variation sampling, which enables a researcher to collect data in order to describe and explain the key themes under observation. In this case, the research project sought to acquire in-depth information from respondents within a particular context. Purposive sampling was used because the sample of the study was composed of elements that contained the most characteristic, representative or typical attributes of the population, and which serve the purpose of the study best (De Vos et al, 2011).

3.7 Instruments for collecting data and the administration of the instruments

This research used two instruments to collect data: unstructured in-depth interviews and focus group discussions.

3.7.1 Unstructured in-depth interviews

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 researcher worked from the assumption that when people are allowed to talk freely and express their feelings real insights into the perceptions of the participants can be gained. Qualitative research helps to arrive at valuable conclusions in situations where it is often difficult to say what the variables are or how they may be measured.

The unstructured in-depth interviews were guided by an unstructured 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. The unstructured in-depth interviews allowed the researcher to develop a relationship of understanding and trust with the participants.

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. These interviews were conducted in order to gain a sense of the actual nature, in human terms, of the experiences of the traditional healers, rather than trying to subject them to quantification and measurement. The interview guide was

used to ensure that more or less the same questions were put to each participant during the course of the unstructured interview, in order to avoid collecting irrelevant information falling outside of the area of enquiry. The participants were felt to be representative of the traditional healers in Tsengiwe and Tsomo and selected with the expectation that they would offer accounts of typical experiences and supply typical perspectives of traditional healers in the 2 villages. The interviews with healers in Tsengiwe village were conducted at the Masipumelele centre and the Tsomo interviews were conducted at the homes of the healers, as they felt most comfortable there. The participants signed informed consent forms. The average duration of each interview was approximately thirty minutes.

The interviews were tape recorded and later transcribed. The tape recorder allowed a much more comprehensive record of the interviews than would have been possible from notes taken during an interview alone. It also allowed the researcher to concentrate on how the interview was proceeding and to influence its direction, if necessary. Transcripts of the recorded discussions gave a detailed report of the conversation that assisted the researcher to overcome the tendency of transcribers to “tidy up” the “messy” features of natural conversation.

3.7.2 Focus group discussions

Focus group discussions were held with the traditional healers in Tsengiwe village because they were all together at the place where they perform their practices. 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. They were asked specific questions and encouraged to express their feelings freely and to introduce new topics in order for the researcher to obtain in-depth information.

3.8 Analysis of data

The analysis of data is the process of bringing order, structure and meaning to the mass of data collected. The data that was gathered was analysed qualitatively, based on the key themes that emerged. Qualitative rather than quantitative methods were used to analyse the in-depth interviews, following a general analytical procedure to analyse the data. According to Creswell (1998), in order to begin analysing data of this sort, the researcher should read the transcripts in their entirety several times in order to immerse himself or herself in the details, and to try to make sense of the interview as a whole. Once a general understanding has been achieved, the researcher organises the material according to a single theme or concept that emerges from all of the interviews (Patton, 2002). As data collected from the interviews was collated, it was also organised into themes that ranged from the general to the specific. This qualitative work sought to complement and examine further the themes that had emerged from the interviews.

The following steps were taken after the data had been collected:

- ❖ The first step was to convert the rough notes into a written record. The rough notes comprised the recorded interviews, which were transcribed onto a Word document. No interpreting was done and the interviews were transcribed verbatim.

- ❖ While transcribing each interview, a diary was referred to and a code used to represent the interviewee concerned, the date of the interview and the context in which the interview took place was recorded.
- ❖ The next step included the coding process. The data was reorganised and categorised as similar trends within it were noted. The code took the form of either a word or a phrase, whose significance to the research was explained.
- ❖ After assigning the various codes, the next step was to arrange the codes into smaller categories. Certain themes emerged from the data, which was once again reorganised and further categorised.
- ❖ For each category, summaries were written and thoughts were recorded on paper.
- ❖ In the final step, generalisations were constructed from the findings.

The processes involved in the analysis were recorded in workbooks, which helped to differentiate the raw data, the coded data, the categorised data, the summarised data and the generalisations. The following workbooks were used in the research:

- Workbook 1: Contained the raw material from interview notes.
- Workbook 2: Summarised the raw data in workbook 1 for each of the main points.
- Workbook 3: Reconstructed the data in workbook 2 and further reorganised and categorized it.
- Workbook 4: Contained summaries of the findings and the overall assessment of the challenges of traditional healers while helping people living with HIV and AIDS.
- Workbook 5: Contained the findings of the research and the recommendations following it.

(Adapted from Collis & Hussey, 2003).

3.9 Ethical considerations

Ethical considerations constitute an important aspect of research, particularly research in the social sciences. Ethical procedures are established in order to protect the physical and mental integrity of individuals, their moral and cultural values, their religious and philosophical convictions and all their other fundamental rights, including privacy, which makes it imperative for complete confidentiality to be maintained regarding the information provided by participants. In order to comply with the ethical standards required by research, the following stipulations were observed:

3.9.1 Voluntary participation

Respondents were encouraged to participate of their own free will. Social research, according to Babbie (2004: 63), represents an intrusion into people's lives. It is an important tenet of the ethics applicable to social research that participation should be voluntary. The women and men who participated in the study were given letters of consent to confirm their willingness to participate in the study. The aims and objectives of the study were properly explained to them before the collecting of data was commenced.

3.9.2 Avoidance of harm

Potential risks and dangers such as physical, emotional or psychological harm were closely guarded against while conducting the study. According to Babbie (2004: 64), social research should never cause injury or harm to the people being studied, regardless of whether or not they have volunteered to participate.

3.9.3 Anonymity and confidentiality

For Fraenkel (1990), the issue of confidentiality is one that underpins all qualitative research and researchers need to ensure that the privacy of the participants is respected. Issues pertaining to privacy include information regarding the personal backgrounds of participants such as age, political beliefs, religious affiliation, financial status and details concerning their families. As the study focuses on the beliefs and personal experiences of the participants, the in-depth interviews were conducted in a manner which ensured the anonymity of the participants. According to Byrne (2001), a researcher can protect the privacy of the participants in any social research project by safeguarding the anonymity of the participants and by maintaining the standards of confidentiality required by the accepted ethics of social research. Anonymity in social research is achieved when the identities of the participants cannot be linked, even by the researcher, to their specific data or responses. Confidentiality entails the management of data to prevent the identities of the participants from being linked to their responses. Accordingly, the participants were not asked for their names or identity numbers.

The respondents were clearly informed concerning the issue of confidentiality. The participants were not asked to give their names, and the procedures to ensure that their responses would remain confidential were explained to them. They were also informed that no one would have access to any of the information that they had given to the researcher. The only person who would see the results of the research would be the researcher's thesis supervisor, from whom their identities would be protected and by whom their names would not be known.

3.9.4 Informed Consent

The need to obtain the consent of the participants was accepted by the researcher as a fundamental requirement of ethical practice. Consent was obtained by explaining the objectives of the study and what it entailed to the participants. According to Corti et al. (2000), research should, as far as possible, be based on the free and voluntary informed consent of the participants, maintaining that the participants should be aware of their right to refuse to participate, should understand the extent to which confidentiality will be maintained, be aware of the potential uses to which the data might be put and, in some cases, be reminded of their right to re-negotiate consent. Informed consent can therefore be defined as “a procedure for ensuring that research participants understand what is being done to them, the limits to their participation and awareness of any potential risks they incur” (Corti et al, 2000:67-70). At the outset, the topic which formed the focus of the interviews was described in detail.

The participants were given a full, clear and non-technical explanation of the role and the tasks expected of them to enable them to make an informed choice to participate in the research voluntarily. After all the explanations had been given, the literate participants were asked to complete consent forms that contained the same information in print, while the illiterate participants agreed verbally to participate on the basis of the explanations that had been given to them. Privacy and confidentiality were maintained at all times and the attitude of the researcher remained non-judgmental. In the process of creating an atmosphere of trust, the participants were informed about the nature of the research to enable them to choose willingly to participate in the study. According to Bless et al. (2007:106), participants have a right to know what the research is about, how it will affect them, the risks and benefits

attached to participating in it and the fact that they have the right to decline to participate if they choose to do so.

3.10 Limitations of the study

Several problems were encountered during the course of the fieldwork, and these have been summarised as follows:

- The interviews took longer to conduct than had been scheduled or anticipated.
- The participants were at first unwilling to participate, fearing that their knowledge of healing might be used for the gain of others. However, after clear explanations concerning the actual aims and objectives of the research had been given, they eventually cooperated.
- The number of participants was small, which could mean that it might not have been completely representative of the research population as a whole.

3.11 Conclusion

In this chapter the research design and the approach employed to conduct the research for the study have been described. The research design, the population and population sample of the study, the sampling technique, the instruments used for collecting data and how they were administered, how the data was analysed, the ethical considerations pertaining to the research and the limitations encountered while conducting the study have all been covered. In the next chapter the findings of the study will be presented and discussed.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

This chapter will present the findings of this study and a discussion of them. The analysis of data is the process of bringing order, structure and meaning to the mass of collected data. In this chapter the data will be analysed using the methodology outlined in the preceding one. The results obtained from in-depth individual interviews and focus group discussions with the participants will be presented in terms of the themes that emerged from their various responses, and will be described and interpreted qualitatively, and in human terms, according to the way in which the feelings and experiences of the participants were expressed. The discussion will be presented with reference to the literature reviewed in Chapter 2 and the theoretical framework that underpins this study.

4.2 Presentation of the findings

The study aimed to explore the challenges faced by traditional healers treating people living with HIV and AIDS in the Intsika Municipality. A qualitative analysis was undertaken using in-depth interviews to draw out the experiences of the participants and to understand their perceptions of the challenges which they faced while treating people living with HIV and AIDS. The interviews aimed to examine the problems that traditional healers encounter in this endeavour and to learn about the procedures which traditional healers follow when treating sick patients and people living with HIV and AIDS. Twenty traditional healers in Tsengiwe and Tsomo were interviewed and their responses were analysed according to the themes that

emerged. The findings are presented according to these themes in the next sections of this chapter.

4.2.1 Types of traditional healers in the Intsika Municipality and their roles in the community

The Intsika local Municipality comprises approximately 213 villages, and the study focused on two of them which had trained traditional healers, namely Tsengiwe and Tsomo. The traditional healers who participated in the study reported that the two villages have the following types of traditional healers living in them:

- *Amaqirha* (Diviner)
- *Umthandazi* or *Umprofiti* (faith healer or Prophet)
- *Amaxhwele* (Herbalist)

Amagqirha (Diviner)

According to most of the participants interviewed, the *Amagqirha* (Diviners) in Tsengiwe and Tsomo are the highest ranked traditional healers in the community. The participants reported that diviners receive a calling from the ancestors to become traditional healers. *Amagqirha* (Diviners) are respected in the community for their leadership and for their mystical powers. They possess medical skills for the treatment of diseases and are able to help people with problems. They also provide training to anyone who responds to a calling from the ancestors: a calling to become *anigqirha* or diviner. They heal sicknesses such as cancer, TB and sexually transmitted diseases, for example trichomonas (*Intwala zehagu*).

Participant A said:

“Diviners are highly respected by most of us traditional healers in the community, because they possess a powerful gift for curing mysterious illnesses.”

Umprofeti (Faith Healer or Prophet)

The majority of Faith Healers in Tsengiwe and Tsomo village are Christians believers. Seven participants who are faith healers report to use the Bible and scriptures to diagnose sickness among their patients and to guide the healing process. These healers believe that their power comes from God and that they communicate through the spiritual medium. The faith healers explained that they use a combination of herbs, traditional remedies and holy water in their treatment of illnesses. Participant H said during a focus group discussion:

“We are Christians and our healing power comes through spiritual communication with God and the use of the Holy Bible.”

Participant V added:

“We use holy water and ashes to cure illnesses.”

Three of the seven participants were of the view that the power that they have to heal comes from God because they believe that all illnesses are sent as a punishment to mankind. The respondents added that their main role in the treatment of people living with HIV and AIDS is to provide spiritual enhancement and prayers to those who are at a terminal stage of sickness.

Ixhwele (Herbalist)

The five participants who classified themselves as herbalists feely admitted that they had had no calling to become traditional healers, and that they had acquired their knowledge of traditional healing and learned how to mix herbs from people who were traditional healers or traditional doctors. Herbalists have an extensive knowledge of

curative herbs, natural treatments and medicinal mixtures of animal origin. The participants who maintained that they were herbalists felt that their main role in their communities is to help people who have problems with their health, their relationships or in their work. Participant X said:

“I never had a calling of becoming a traditional healer. I have learned by healing people with illnesses.”

The participants added that their main role is to treat illnesses which the mainstream health care system cannot treat, such as chronic illnesses. Three of the five traditional healers calling themselves herbalists maintain that they can cure HIV and AIDS. However, the herbalists interviewed appeared to have little actual knowledge concerning HIV and AIDS and the associated symptoms.

Participant F maintained during an in-depth interview:

“I am a herbalist, I know strong herbs that treat powerful illnesses. The herbs that I have can cure diseases like HIV and AIDS.”

4.2.2 Treatment given to people living with HIV and AIDS

Twenty traditional healers were interviewed concerning what they felt that the challenges which they faced while treating people living with HIV and AIDS were. Of the participants who were asked whether they had treated people living with HIV and AIDS, fifteen of them responded that they had done so in their practices. Of these, each participant gave an estimate of having treated approximately three patients who were infected with HIV and AIDS. They added that among those they had treated, there had been young people between the ages of 25 and 35 years old.

When asked the question participant J replied:

“Ewe ndike ndam’nceda umntu owanye gulwa yijologwane kagawulayo, Omnye okanye ababini.”

(“Yes; I have treated people living with HIV and AIDS before, maybe one or two.”)

Participant N said:

“Ewe, noba ndike ndamnyanga umtu onejologwane, isizathu nditi noba Kungokuba abantu abateti kuba bane tjologwane.”

(“Yes, I might have treated people living with HIV and AIDS; the reason I say I ‘might’ is that people never disclose their status.”)

The other five traditional healers replied that they had never treated anyone living with HIV and AIDS, but added that they had treated the symptoms of HIV and AIDS. The participants went on to say that they had treated people with acute illnesses, such as uncontrollable fever, headaches, nausea and vomiting, and sore throats, to which they added that when patients came to them with sicknesses of this sort they were inclined to assume that they had been infected with HIV and AIDS.

Participant W said:

“Azange ndamcenda umtu ophila esadlulela uqulaza phambilini, kodwa ndike ndabanyanga abantu abane zimphawu zoba ne tyologwane.”

(“I have never treated a person living with HIV and AIDS before, but I have treated people coming to me with HIV and AIDS symptoms.”)

When further questioned concerning the number of people living with HIV and AIDS they had treated, ten participants reported that they had treated maybe as many as five people living with HIV and AIDS each. They added that they had found out from their patients that they had been infected with HIV and AIDS when they came to seek medical treatment from the traditional healers. Two of the participants

confirmed that they had treated eight patients whom they suspected to be infected with HIV and AIDS on the basis of the symptoms which they exhibited.

Participant D said:

“I am not sure of the number of people who are living with HIV and AIDS I have treated, maybe close to five.”

Participant G added:

“I only treated people with HIV and AIDS symptoms.”

During a focus group discussion, the traditional healers were asked how many people who had visited their association to seek assistance with health problems, particularly people who were living with HIV and AIDS. Five responded that a great number of people came to their association seeking treatment for health problems, but that there were no records of those among them who were living with HIV and AIDS. During a focus group discussion Participant R said:

“People come to ask for assistance with health care.”

Participant I added:

“People with HIV and AIDS come to the association to ask for help, but in the organisation we do not keep records of this sort for the people who visit.

The remaining ten participants reported that they did not know the exact number of people living with HIV and AIDS they have treated. The participants maintained that the reason they did not know the number of people concerned was owing to the fact that their patients never reveal their status. One participant offered that, as traditional healers, they did not have the equipment needed to perform blood tests, and, while

they did not force their patients to reveal their status to them, they did urge their patients to be tested for HIV and AIDS.

4.2.3 Financial challenges faced by traditional healers in their practices

The participants were asked to comment on whether or not they felt that they faced financial challenges in their practices. All twenty of the participants felt that they did indeed face financial challenges. They maintained that finances constituted one of the main challenges to their practices, owing to the fact that a lack of finances hinders their ability to treat their patients effectively, adding that financial problems were largely the result of patients who come to seek help without having money to pay for treatment. They reported that often patients promise to pay later when they have money, but when they have money and are feeling better they do not bother to come back to pay for the treatment. Other participants said that financial problems in their practices were caused by helping people whom they trusted and whom they believed would pay them, adding that these people never return to pay for their treatments, and that the defaulters were usually relatives and family members.

Participant S reported:

“Abantu endibancedayo abafuni undibhadala xa ndibanike Amayeza”.

(“My patients refused to pay after I gave them treatment.”)

Other participants reported that financial problems were not caused only by patients who did not pay for their services, but that they lacked money to buy medicines from chemists or to buy medicinal plants from suppliers of traditional medicines. Five of the participants interviewed admitted that they faced financial challenges in their practices, maintaining that these constituted the biggest challenge that they faced to

keep their practices running. Other participants mentioned that they were afraid that they might have to close their practices owing to financial problems.

Participant A said:

“Ezam izigulani ziyabatala, kodwa ndibanexaki zemali xa kumele ndiyotenga mayeza edolopini.”

(“My patients pay me, but at times I do not have money to go and buy herbs for my patients from the chemist in town.”)

The participants maintained that financial problems affect not only their practices, but also their personal lives. Although traditional healers wish to help their patients, they also rely on their practices for an income in order to support their families.

4.2.4 Problems concerning trainees

Eighteen of the traditional healers interviewed in the study felt that they did not face any challenges where the training of traditional healers was concerned. They offered that the reason for their not encountering problems concerning people who want to become traditional healers is that they are bound by ancestral law to treat their trainers as elders, adding that trainees want to finish their courses without delays, because if they show disrespect in any form it will, in turn, delay the ancestor’s communication with the trainee. Another participant added that trainees come to training not by choice, but by responding to a calling from the ancestors, and that obeying the rules of the training is part of their initiation, and that, by failing to do so, they will be required to stay longer than is normally expected. Participant B said:

“Abantu endibafundisayo kuba babe ngamaqirha, abandini Xaki.”

(“My students do not give me problems; they all respect and listen to me.”)

However, two of the participants mentioned that they had encountered problems while training trainees, especially while working with male trainees. These problems included disrespect, the drinking of alcohol and unwillingness to go into the bush to search for herbs. Another participant added that another problem encountered with trainees was dropping out of the course for no reason, which places their reputations in jeopardy. Participant D said:

“Ndibanzo ixaki kubantu endibafundisayo, abandimameli kwaye abanye abaqibi ukutwasa.”

(“Yes, I do face challenges with people I train to be traditional healers; they do not listen to my teaching and some fail to finish their course.”)

4.2.5 Lack of medicinal plants

Of the twenty traditional healers interviewed, sixteen maintained that they faced a shortage of medicinal plants, saying that, as these plants are not found easily or readily in the village, they need to go to the mountains to search for them. Another participant said that even in the mountains during the winter months, medicinal plants are not easy to find. Others noted that they are scarce, even in the local mountains. They explained that not all medicinal plants grow in their local forest, obliging them to walk great distances to mountains far away to obtain good specimens of the much-needed medical plants. Participant G said:

“Ndibanazo ixaki zongavumani amayeza.”
(“I do face lack of medical plants.”)

Participant H added:

“Kungokuba amayeza alungile akhula ezintabeni, kwaye kude Kwezontaba.”

(“It is because good medicinal plants grow in the mountains and it’s far to go to the mountains.”)

According to participant K:

“Amayeza awafumaneki apha ebusika, ixaki ebusika izihlahla

ziyafa.”

(“There is a lack of medical plants, especially during the winter season, since most plants die during winter and so do the plants used for treatments.”)

However, one of the participants said that he did not lack medicinal plants. He explained that he did not suffer from a lack of medicinal plants in his practice because he grew scarce medicinal plants in his yard and stored those he did not need immediately in containers, to preserve them. In the words of Participant S:

“Andibi nayo ixaki yama yeza mna ngoba ndiyazikhulisela amayeza aphekhaya.”

(“I do not face challenges resulting from a lack of medicinal plants. This is because I grow plants in my backyard during the summer season and store them.”)

Two participants who are spiritual healers reported that a lack of medicinal plants did not constitute a hardship for them because their healing practices do not require medicinal plants, and make use of holy water, the Bible and white candles only.

4.2.6 Challenges posed for traditional healers by the behaviour of patients

Seventeen of the traditional healers who were asked whether they encountered any obstacles while treating their patients replied in the affirmative. Most of them reported that the most common problem encountered with patients concerned those who were on long treatment plans, who refused to take their medication, as scheduled, by the practitioner. They added that they noticed from the schedule for the collection of medicines that patients who have been told to collect their medicine every week tend to delay doing so for an extra two days. They explained too that they find out that patients have not been taking their medicine by asking them whether they need more medicine and being told by their patients that they still have

some, indicating quite clearly that they have not been taking it according to the schedule provided by the practitioner. Another problem identified by the participants is the tendency, on the part of patients, to mix the treatments supplied by the traditional healers with those obtained from mainstream health care services, which made it difficult for them to provide supplementary treatments if their patients were reacting adversely to the treatment that had been originally prescribed. They also noted that when treatment has been successful in these cases, their patients tended to give the credit to the treatment received from formal health care practitioners and not to that provided to them by the traditional healer. Participant K said:

“I do not face challenges when it comes to my patient taking medicine, because it’s their life and they must take medicine to heal.”

Two participants reported that they experienced problems with the behaviour of their patients only in the cases of those who did not want to pay for treatments. Some of the participants maintained that, after treatment, patients behaved as if they did not owe them any money. Participant D said:

“Abantu batata amayeza bangabhadali, baphele bedze ngati abasikoloti.”
 (“People take my herbs and never pay for my services; they act as if they do not owe me money.”)

One of the participants felt that the patients who behaved as if they did not owe them money were usually relatives. Participant V said:

“The people we treat without asking for money first, who do not pay for our treatments, are normally people we know, like relatives.”

4.2.7 Problems concerning transport for collecting medicinal plants faced by traditional healers

The traditional healers interviewed in the study reported that they had difficulties concerning transport for collecting medicinal plants. They explained that these difficulties included obtaining transport when they wanted to go to town to buy herbs from a chemist or to travel to another village to collect medicinal plants from other traditional healers. They added that medicinal plants grow in the forest and in the mountains, locations to which they did not have access by car. In the focus group discussions, they maintained that lack of transport constituted a problem for the village as a whole, as there was very little public transport going into town daily, and only one van per day that went as far as to the side of the mountains, which made it difficult for traditional healers to travel to town or to the mountains. Participant J, speaking from his own experience, explained that he once walked back from the mountains in the middle of the night, owing to a lack of transport:

“Amayeza afumaneka ezithabeni, siya ngenyawo phaya, akukhomoto inokuya pha.”

(“Medical plants grow in the mountains and we walk to the mountains and to the forests because there is no transport that goes there.”)

4.2.8 Attitudes in communities towards traditional healers which are discriminatory and which encourage ill-treatment

When asked whether they were ever subjected to negative attitudes and discrimination in their communities, the twenty participants confirmed that this was the case where certain members of their communities were concerned. They felt that these attitudes came mainly from members of the communities who were self-professed Christians, who tended to treat traditional healers as believers in evil who

engaged in evil practices. One participant maintained that they are discriminated against and mistreated by Christians, and not even allowed to attend church services. During a focus group discussion, five participants felt that they were the victims of concerted and orchestrated negative attitudes and discrimination, not only at the hands of members of their communities, but that they were also discriminated against and mistreated by other health workers. The participants who had referred their patients to clinics and hospitals reported that, when they went to visit them, they were not allowed to have contact with them. One participant explained that the nurses in the local clinics had treated her with disrespect and told her that she was uneducated and could not know what was best for a patient. During an in-depth interview participant, M said:

*“Abantu balapha ekuhlaleni banexaki nathi singa maqirha,
gakumbi abangama cristu.”*

(“People in the community have a problem with us being traditional healers, especially those who are Christians; they call our practice evil”).

During a focus group discussion participant L added:

“Apha ekuhlaleni basibiza amagwirha.”

(Community members have bad attitudes towards us; they call us witchcraft and evil spirit).

However, two of the twenty participants were of the opinion that workers in clinics and hospitals did not discriminate against them, but that they were envious of the fact that traditional healers know how to heal and treat illnesses without having any formal education. The participants also maintained that most government employees, including those in the South African Police Service, discriminate against them by suspecting them in cases of murder involving bodily mutilation in their

communities. Three of the participants during a focus group discussion were of the opinion that the discrimination which they experience is from the employers of their patients, who are unwilling to accept a sick note from a traditional healer as a legitimate note from a medical practitioner.

4.2.9 Lack of collaboration between traditional healers and clinics and hospitals

When asked whether they collaborated with the Department of Health, seventeen of the traditional healers responded that they did not do so. The participants reported that the Department of Health does not want to work with them to prevent the spread of HIV and AIDS. They were of the opinion that it was the belief of the department that they lacked the knowledge needed to help with the prevention of HIV and AIDS. They maintained that the department did not want to provide them with any support, and that even less were they willing to work hand in hand with traditional healers. In addition, they argued that other reasons for their not collaborating with the department included their assessment that the department was unreliable and their fear that the department would want to steal their knowledge without giving them any acknowledgement. Participant N said:

“Asisebendzisani nabeziko lezempilo, kwaye ndivumelekile ukusebendzisana nabo.”

(“There’s no collaboration with the Department of Health even, though I am a registered traditional practitioner.”)

Participant B added:

“Asibambisananga nabezempilo, ngoba abananyani kuthi.”

("There's no collaboration with the Department of Health, because to us they are not reliable.")

However, three of the participants maintained that they did collaborate with their local clinics and hospitals in the role of traditional healers, arguing that, by referring patients suffering from the effects of dehydration to the clinics and hospitals, they were, in fact, collaborating with them.

4.2.10 Drinking herbs and other treatments offered by traditional healers to people living with HIV and AIDS

The traditional healers interviewed explained that they offered traditional treatments such as drinking herbs in order to boost the immune systems of their patients who are living with HIV and AIDS. They added that they offered other herbs and treatments to these patients to treat and heal opportunistic diseases such as fever and skin rashes, and that herb which acted as cleansing agents were given to these patients to wash unwanted poisons from their bodies. Participant C said:

"I offer only a medicine that makes them strong."

Another traditional healer was of the opinion that the treatment that she gave to patients living with HIV and AIDS was given to enhance their appetites and not as a treatment for HIV and AIDS, but rather to give them sufficient appetite to enable them to eat and to take their ARVs. She added that people living with HIV and AIDS do not want to eat, and that the treatment that she provided increased their appetites, which was good for the general treatment of their conditions. During an in-depth interview participant L said:

“The treatment I offer for my HIV and AIDS patients is for appetite and not for HIV and AIDS, but it helps them.”

Five of the participants reported that they gave a traditional medicine known as *Zifo Zonke* to people living with HIV and AIDS and recommend *Umhloyane* for those who were suffering concurrently from fever. They maintained that their patients who used *Zifo Zonke* were reported to have a high CD4 count and tended to respond well to any treatment given.

4.2.11 Specific treatments and procedures for treating patients infected with HIV and AIDS

One of the objectives of the study was to investigate the procedures that traditional healers follow when treating people living with HIV and AIDS. The twenty traditional healers who participated in the study were asked about the procedures which they followed when treating their patients, particularly those living with HIV and AIDS. Eighteen replied that they did not have a specific procedure for treating any particular patient, but that they usually threw bones in order to diagnose their patient's sickness. They added that they treat their patients who are living with HIV and AIDS by giving them treatment and referring them to clinics, when they feel that it is appropriate to do so. They maintained that the reason for their not having any specific procedures for treating HIV and AIDS was that they had never been trained concerning procedures to be followed when treating people infected with HIV and AIDS, and that they treat people with this condition in the same way that they would treat any other patient who had come to seek help and treatment. Participant U said:

“I only throw bones when my patient comes; for those with HIV and AIDS, if disclosed, I send them to the clinic.”

Participant E added:
“I have no procedures since I have no patients with HIV and AIDS; they do not disclose to me.”

However, two of the traditional healers reported that they followed a definite procedure when treating patients living with HIV and AIDS. They explained that after the training which they had received from the Department of Health, they used protective gloves. One of them added that if it was necessary to use a blade, they adhered strictly to a policy of one blade per patient. However, they did note that, at times, they could not follow the procedure of using safety gloves because the gloves had not been supplied to them. Participant I said:

“I use gloves for my procedures especially when I am to use blades.”

4.2.12 Training provided by the Department of Health for the treatment of people living with HIV and AIDS

When the participants were asked whether they had received any training in the treatment of people living with HIV and AIDS, fifteen replied that they had received training from the Department of Health. These participants explained that the type of training which they had received from the Department of Health had focused on the preservation of traditional medicine and how to keep their medications hygienic by storing them in clean containers. Five of these participants reported that the department of health had trained them in the treatment of people living with HIV and AIDS. The remaining five participants maintained that the Department of Health had not trained all traditional healers in the treatment of people living with HIV and AIDS,

and added that the department had only told them to refer people who were HIV-positive to the clinic. Participant O said:

“I was trained by the Department of Health only on how to store my medications and how to keep them healthy.”

During a focus group discussion Participant S said:

“The department of health told us that we need to refer our clients to the clinics, especially those living with HIV and AIDS, and not to allow them to mix their medication with our medicine.”

The participants were also asked to comment on the significance of the training which they had received to treat people living with HIV and AIDS in their practices. Five participants responded that the training was helping them in their practices, adding that it had provided them with knowledge of how to store their medications, how to use protective gloves, how to assess their patients who needed hospital care and how to teach their patients about STIs. However, other participants felt that, at times, the new knowledge was worthless because they had not been supplied with safety gloves for their own use, or condoms to give to their patients for their protection and to prevent the spread of HIV and AIDS. Participant T said:

“After that training I started to know how to use one blade on one patient; the training has provided me with knowledge.”

To this participant V added:

“I was trained on how to use protective gloves in my practice, but I was never supplied with gloves before, so all this is useless.”

Four of the participants felt that the training provided by the Department of Health was not significant for their practices because they did not know whether they had

been applying their new skills correctly or not, because the Department of Health does not monitor their practices, or evaluate their knowledge concerning safety procedures that is given to traditional healers.

4.2.13 Referrals of patients to local clinics and hospitals made by traditional healers

Eighteen of the traditional healers reported that they had referred patients to local clinics and hospitals. These participants added that they had referred patients who had been in critical conditions, including those who had complications with sexually-transmitted diseases and those suffering from dehydration, in order to have them placed on drips. They explained that these referrals had been made without a formal letter of referral. Eight of these participants said that they referred more than six of their patients per year to local clinics and hospitals. Participant F said:

“I refer my patients to the clinic if I see that they lack water in their body, so they can get a drip in the clinic.”

However, two of the traditional healers reported that they did not refer their sick patients to hospitals. During a focus group discussion they maintained that the reason for their unwillingness to refer their patients was that nurses did not refer patients from the hospital to them. They added that health care workers undermined their practices and talked about the need for certificates of accreditation for traditional healers.

4.2.14 The main types of illnesses treated by traditional healers, apart from HIV and AIDS

The main types of illnesses treated by traditional healers, apart from HIV and AIDS, are the ones that they were trained to treat during the initiation process which they underwent to become traditional healers. However, traditional healers maintain that they have learned, on their own, how to treat other illnesses, through communication with spirits and the ancestors and by learning from other traditional healers.

All twenty of the traditional healers interviewed claimed that they were able to heal the following illnesses:

1. Bad luck
2. Cancer.
3. Fever.
4. Stomach problems.

When they were asked, during a focus group discussion about the common types of illnesses for which their association provided treatment in the two villages, they mentioned the following illnesses as their specialties: (a) sexually transmitted diseases, (b) epilepsy, (c) cholera and (d) HIV and AIDS-related diseases.

With their specialised training, traditional healers have adequate knowledge to help people in their communities who are suffering from the illnesses that they were trained to treat. The participants volunteered that they do not treat HIV and AIDS and that, instead, they helped only by treating the symptoms of HIV and AIDS, in order to make them disappear, and that they assisted with the treatment of opportunistic diseases afflicting people living with HIV and AIDS. Five of the participants maintained that they did not claim to be able to treat HIV and AIDS, but that they believed that their ancestors knew the cure for HIV and AIDS.

However, other participants, during a focus group discussion, spoke as if they believed that traditional healers could cure HIV and AIDS, maintaining that they believed that they could cure HIV and AIDS because they were able to make the symptoms disappear.

4.2.15 Approaches to dealing with the challenges faced by traditional healers

When asked how they deal with the challenges that they face daily, all the participants reported that they dealt with them as follows:

1. Financial problems

All the participants agreed that financial problems constituted one of the main challenges for their practices. When they were asked how they dealt with their financial problems, they all concurred that, in order to overcome them, they involved themselves in other activities of their association, such as beadwork, in order to increase their incomes. They added that the association promoted various vocational skills with the aim of helping traditional healers to have sources of income other than the proceeds of their traditional healing practices. Participant O said:

“To overcome the challenge of not having money to sustain our practices as traditional healers in the village, we sell beads to make extra cash.”

2. Behaviour of trainees

The participants who had students in their practices explained that they dealt with the problems associated with their students by prolonging their courses, and extending the time taken to graduate and become traditional healers. Another

participant offered that, to deal with unexpected behaviour and disrespect from her trainees, she made their families pay a fine in the form of a goat.

“To deal with trainees’ behaviour I make things easy for me; I make them stay longer in the course, because it is clear that they do not want to listen to my teachings and finish the course.”

3. Lack of medicinal plants

A lack of medicinal plants, particularly during the winter season, was raised as a concern by the participants. During a focus group discussion they reported that, to deal with this challenge, they bought medications from the chemist. Others, however, explained that they overcame the problem by preserving herbs for the dry season. Participant S said:

“I normally preserve herbs during the summer so that during the winter I will still be having medication.”

The response of participant D was:

“We need medicinal plants to treat people with their illnesses and to provide support for our families; we try as far as possible to overcome the problem by buying herbs from the chemist.

4. Behaviour of patients

One of the challenges faced by traditional healers involves ensuring that patients take their medication. The participants maintained that it was not their duty to make sure that their patients took their medication, because if they wanted to be healed, they would take their treatments as had been prescribed by the practitioner. The participants felt that the main problem that they faced, where the behaviour of their patients was concerned, stemmed from patients not paying for their treatments. The

traditional healers said that, to deal with the problem, it was their practice not provide any further treatment until the debt had been paid. Participant O said:

“To deal with a patient who doesn’t pay for my services, I just do not help that patient ever again until he or she pays.”

Participant I added:

“For my clients who do not want to take medication, I do not worry with them because if they want to heal, they will see that they take their treatment.”

5. The problem of transport needed in order to travel to collect medicinal plants

The problems presented by a lack of transport are perceived to be among the main challenges for traditional healers in the Tsengiwe and Tsomo villages. To overcome these problems, the participants reported that they had no choice but to walk long distances to the forest and the mountains. They added that at times they collectively bought herbs from the chemist. During a focus group discussion participant H said:

“Transport is a challenging problem to face daily, but we deal with it as it comes; at times we have no choice but to walk the distance to the forest.”

Three participants were of the opinion that, to deal with the problem of transport, they should hire a van collectively as traditional healers and travel to the mountains, saying that this would enable them to search for many herbal plants without worrying about transport problems.

6. Traditional healers ignore community attitudes

During a focus group discussion, the participants contended that the attitudes of members of their communities constituted one of the main challenges to their

practices and that it was one which was very hard to deal with. They added that, for them, the only way to deal with the problem was to ignore negative attitudes and to focus on their calling to heal people. Those participants, who had been barred from attending church services, explained that they overcame the problem by joining other churches which accepted all people, irrespective of their cultural beliefs. Participant O said:

“People in the community have attitudes towards me as a traditional healer, but I just ignore them and help people as the ancestors sent me to do.”

Participant E said:

“Churches who do not want me to attend because I am traditional healer, I just do not worry myself; I just attend at places where I will be accepted.”

Six other participants took a very different view and reported that they used confrontation to counteract the attitudes of members of their communities towards them, explaining that confrontations usually occurred when a community member approached them with slanderous and insulting accusations towards them and their traditional healing practices. They added that confrontations made them feel better and that they harbored no feelings of resentment towards anyone in the community.

7. Storing and processing of medicines

Medicines are processed by traditional healers and stored in storage boxes and containers received from the Department of Health during a workshop which was held in March, 2010. Some participants maintained that medicinal plants and medicines never expired, but rather only became stronger. Participant Y said:

“Traditional medicines never expire, so I do not worry about storing them, because the older they get the stronger they become, but usually to avoid anything from happening to my herbs, I use a storage box.

During a focus group discussion, ten participants maintained that the storing of medicinal plants during the winter season constituted a huge challenge, owing to the fact that there is far less sunlight than there is during the summer season. They added that they needed sunlight to store medicinal plants because dry plants do not decompose easily.

The following paragraphs present a discussion and an analysis of the findings. In the discussion of the findings the theories that guided the study are used to interpret them, and the literature is referred to in order to show where the findings concur and where they disagree with the theories that provided the framework for the research.

4.3 Discussion and analysis of the findings

Since 2004 the Department of Health in the South African government has been and is, still, in the process of establishing a formal body of traditional healers, in order to integrate traditional health practitioners completely into the formal health care system. In provinces in South Africa other than the Eastern Cape, traditional healers have been trained to treat people with illnesses using the safety procedures observed by the formal health care system and been given the right to enter hospitals and to treat their patients who need traditional medicine. However, the findings of the study show quite clearly that traditional healers encounter challenges when treating people living with illnesses such as HIV and AIDS. This 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 of this study 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 the 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.

The findings of the study concerning the types of illnesses that traditional healers, treat apart from HIV and AIDS, show that traditional healers do not confine their treatment to their patients only, but rather that they also treat the entire families of

their patients, which confirms the principle of African Healing Theory that traditional healers consider their patients as integral components of families, rather than simply as individual patients.

The Social Health Theory holds that all social interventions have unintended consequences (Kleinman: 2010). The results obtained while investigating the challenges faced by traditional healers when treating people living with HIV and AIDS concurs with the theory, in that the intervention by traditional healers to provide health care has unintended consequences, which include discrimination, disrespect from formal health care workers, not being paid by their patients and incurring the risk of being infected with HIV and AIDS. The findings of the study also highlighted the problem that lack of transport to collect medicinal plants posed for traditional healers, putting them at the risk of becoming victims of crime when they walk at night from the forest, as a result of not having access to transport that goes as far as the forest and the mountains. The very real risk of being harmed or raped that traditional healers face when they go to the mountains to search for medicinal plants, constitutes yet another potential unintended consequence of their intervention in the lives of their communities to provide traditional health care.

The Social Health Theory also maintains that all social action needs to be routinely evaluated for unintended consequences, which might lead to the modification of programs. The findings of the study reveal that this is not the case where traditional healers are concerned, as their actions in the endeavour to provide treatment for people living with HIV and AIDS are not supported by the health care system, and there is no collaboration with the Department of Health. As a consequence, no-one

is in a position to evaluate and modify the programs of traditional healers. The study found that traditional healers treating people living with HIV and AIDS faced financial difficulties which affected their ability to buy herbs for their patients, that they often lacked medicinal plants for their treatments, that their financial situations were exacerbated by the unwillingness of patients to pay for their services, that they lacked transport to collect medicinal plants and that supplies of equipment to promote safety in their practices, such as protective gloves and condoms, were often inadequate.

The study 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. The Department of Health in the Intsika municipality is not trusted by traditional healers and it is regarded as an unreliable department, even by those traditional healers who are registered with it and have been trained in the care and treatment of people living with 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. The findings of this study confirm the conclusion drawn by Ndhlalambi (2009) that there is tension between traditional healers and formal health care workers as a result of their not being able to collaborate in a common purpose, namely the treatment and care of rural people living with HIV and AIDS.

The study found too that traditional healers face challenges of being discriminated against and being ill-treated by members of their communities, which no doubt contributes in no small way to their financial problems. In this regard, the findings of the study 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. As has been noted, the availability of equipment to promote safety and to prevent the spread of HIV and AIDS in their practices is often erratic and sporadic, which exposes them to the risk of becoming infected with HIV and AIDS. This study found that traditional healers adopted certain approaches in order to deal with, and to overcome, the problems which they faced, one of which is the selling of beadwork done by their association in order to augment their meagre incomes. The lack of medicinal plants is often overcome by bulk purchases of herbs from chemists by groups of traditional healers. The financial challenges faced by traditional healers in the findings of the study 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. The findings of the study confirm that traditional healers are faced with a great many challenges in their endeavour to maintain their practices and to treat people with illnesses. The lack of medicinal plants in the villages, which necessitates their spending many hours searching for herbs in far away 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 Tanzanian traditional healers studied encountered similar problems to those reported by the participants of people in this study concerning the attitudes of people in their communities towards them and their traditional medicine. Most of these traditional healers had no permanent office from which to perform their treatments, and instead were obliged to move from place to place to search for customers. In this respect, their situation seemed to be different from that of the traditional healers who participated in this study. The Tanzanian traditional healers were reported to lack proper facilities to store and display their medicines in their homes and at the market place, resulting in their medicines being kept under unhygienic conditions (Bwinabona and Ichumbaki, 2010).

In this respect, the findings of this study are different from those of Bwinabona and Ichumbaki (2010), as it was found that traditional healers in the Tsengiwe and Tsomo villages had been given storage boxes in which to store their medications, in order to keep them under hygienic conditions. This study found that traditional healers have some knowledge of the symptoms of HIV and AIDS, which contrasts with the findings of Chipfakacha (2010), who maintained that traditional healers lack adequate information concerning HIV and AIDS, STIs and TB. However, the findings of this study are similar to those of Chipfakacha, in that traditional healers encounter difficulties maintaining a steady distribution of condoms from their consulting rooms.

The findings of this study 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. This study 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 (2009), who reported that young people, between the ages of 18 and 35 years, visit traditional healers to have sexually transmitted diseases treated.

This study found that traditional healers in the Tsengiwe and Tsomo villages have treated people living with HIV and AIDS, and that the majority of these are young people. The findings show that the rural people tend not to know their HIV and AIDS status and have no information concerning the symptoms of HIV. 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 behaviour 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 study found that traditional healers have no financial support from

stakeholders of any sort, which places their practices in jeopardy, and some traditional healers fear that financial difficulties could lead to the closing down of their practices.

4.4 Conclusion

This chapter presented the findings of this study, which are the results of an investigation into the types of challenges which traditional healers face when treating people living with HIV and AIDS in the Intsika municipality in the Eastern Cape Province. It also presented an overview of the types of traditional healers practising in the Intsika municipality and their role in the community. Among the main challenges identified in this chapter were financial problems, a lack of medicinal plants during the winter season, problems of transport, a lack of assistance or support from the Department of Health and the attitudes of people in the community towards traditional healers.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the findings, draws conclusions from the study, offers recommendations and relates the implications of the findings to the practice of social work. Suggestions for future studies are also made here.

5.2 Summary of findings

The aim of this study was to examine the challenges faced by traditional healers when treating people living with HIV and AIDS. Data was collected using the qualitative method. The study used a sample of 20 participants who took part in in-depth interviews and focus group discussions. The summary of findings has been presented in accordance with the research questions of the study.

5.2.1 Challenges faced by traditional healers treating people living with HIV and AIDS

The study found that THs are faced with challenges of finances in their practices. These arise as a result of their patients asking for treatment without having money to pay for it. It also found that many traditional healers lack medicinal plants from the nearby forests and mountains during the winter season. The participants added that their treatments were often hampered as a result of patients taking their treatment as prescribed and that, in some cases, by patients mixing their traditional medications with modern medications obtained from clinics and hospitals. A lack of transport to collect medicinal plants was also identified as a challenge to their practices, as was

the lack of accreditation enabling them to practise in hospitals and to be available to their patients who had been hospitalised. In the latter case, the problem arose as a result of the traditional healers in the Instika municipality not being registered and integrated as traditional practitioners into the Department of Health. It was also found that a great challenge faced by traditional healers, in their personal capacities, was discrimination and ill-treatment at the hands of members of their communities and of the South African Police Service. The discrimination encountered by traditional healers in their communities often has its basis in religion: members of Christian churches are often intolerant towards traditional healers and their practices. The ill-treatment suffered at the hands of members of the South African Police Service usually involves cases of murders in which there has been mutilation and for which there are no readily available suspects in the village other than traditional healers.

The study found that the role of traditional healers in preventing the spread of HIV and AIDS is often hindered by a lack of unbroken distribution of condoms from their consulting rooms, owing to their not being supplied sufficiently regularly with condoms. The lack of support from the government for their endeavour to provide health care to people in South African rural villages takes the form of both a failure to monitor, and to evaluate, their services to the community, and a lack of financial support. Among the factors mitigating against effective treatment by traditional healers of people infected with HIV and AIDS in rural areas are a lack of scientific knowledge of diseases; lack of clear recognition by the government of their role and of their value to the health system; a lack of commitment from the government concerning their participation in the national health care system and programs which discourage their participation.

The study has found that traditional healers face challenges resulting from discrimination and ill-treatment on the part of nurses in clinics. The lack of collaboration with the Department of Health has been noted, and the reasons for it have been given. The lack of collaboration with clinics and hospitals is highlighted by the perception, among traditional healers, that referral of patients is a one-way street, with traditional healers being urged to refer patients to local clinics and hospitals, but not having patients referred to them, owing to the low opinion of traditional healers and traditional medicines held by many nursing staff members.

The study found that traditional healers have various ways of dealing with the challenges identified. Financial problems are, to some extent, offset by traditional healers involving themselves in project-based activities in their association, such as beadwork, to generate the additional income needed to finance their practices and to support their families. The delinquent behaviour of trainees is punished by extending the duration of their training courses, or by imposing fines on their families as a means of apologising to the ancestors.

The problems surrounding the lack of medicinal plants are often overcome by groups of traditional healers making bulk purchases of herbs from the chemist and keeping adequate stocks of preserved herbs for winter season. Non-payment for treatments administered is, in some cases, punished by withholding further treatment until the debt has been paid. The problems caused by a lack of transportation to collect medicinal plants from the forests and the mountains are often overcome by traditional healers planting herbs in their yards or, as has already been noted, buying them from the chemist as a last resort.

The challenges encountered in the community, that come in the form of discrimination and ill-treatment, are dealt with either by ignoring the negative attitudes of members of the community, or by confronting those that come directly to them. Religious discrimination is countered by attending those churches which accept all members of the community, regardless of their cultural beliefs. However, the ill-treatment, which traditional healers are prone to receive from the Police, is less easily countered, or dealt with.

5.2.2 Steps followed by traditional healers when treating people living with HIV and AIDS

In this study, it was found that traditional healers follow the procedures of traditional medicine when treating people living with HIV and AIDS. The steps followed include (a) throwing bones, (b) checking for a lack of water in the bodies of their patients, on the basis of the appearance of the skin and (c) burning a traditional herb called *Impepho*. The herb is burned to invite the ancestors to the healing process, in order to determine the correct treatment. The study also found that THs observe the safety procedure of using surgical gloves when treating people living with HIV and AIDS, and that the final step for traditional healers treating people living with HIV and AIDS is usually the referral of their patients to local clinics and hospitals. The traditional healers had been given a workshop, during which the importance of referring people with HIV and AIDS to local clinics and hospitals was explained. In the study it was learned that traditional healers provide drinking herbs and other treatments to people living with HIV and AIDS, in order to boost their immune systems, to enhance their appetites and to rid their bodies of toxins. Patients whose

condition is critical, and those suffering from the effects of dehydration, are referred to clinics and hospitals, and this is done without a letter of referral .

The study found that the average age for people infected with HIV and AIDS being treated by traditional healers was between 25 and 30 years, and that the other common illnesses for which young people seek treatment from traditional healers include sexually transmitted infections. Traditional healers treat a variety of illnesses in their communities such as bad luck, cancer, fever and STIs.

5.2.3 Procedures followed by traditional healers when treating people living with HIV and AIDS

The study found that THs had no specific procedures that they follow when treating people living with HIV and AIDS, and that they maintain that they use the same procedures to treat the ailments of all of their patients. However, they take certain precautions when treating people living with HIV and AIDS, such as wearing surgical gloves when examining patients whom they know to be infected with HIV and AIDS. They also adhere strictly to a policy of using one blade per patient, should any procedure involving skin-cutting be necessary, a precaution introduced by training given by the Department of Health.

The study found that traditional healers were not all trained to treat people living with HIV and AIDS, and that they lacked scientific knowledge of HIV and AIDS. However, it was noted that there are illnesses which traditional healers are able to treat, and cure, using their knowledge of traditional medicine. These include fever, cholera, stomach problems, sexually transmitted diseases and bad luck. It was found in the

study that traditional healers are able to treat the symptoms of HIV and AIDS. The study also found that some traditional healers who had been trained by the Department of Health felt that the training was not useful because they did not get a chance to practise their new knowledge and skills, owing to the fact that they were urged by nurses to refer patients with HIV and AIDS to clinics. The only part of the training that they found useful was the information on how to preserve herbs. It was also apparent to the researcher that treatment of patients with HIV and AIDS exposed traditional healers to the risk of becoming infected with HIV and AIDS themselves, owing to the fact that the supply of equipment designed to promote prevention from the Department of Health was unreliable. As a result, traditional healers play no significant role in preventing the spread of HIV and AIDS in their communities. This is evident from the findings of this study concerning the fact that traditional healers are often unable to issue condoms to their patients who have sexually transmitted diseases.

It was also found that traditional healers have been informed of the enormous risks attached to treating several patients with a single blade, and that, to prevent the spread of HIV and AIDS, it is vital to adopt a policy of using one blade per patient. Although the study found that traditional healers have no specific treatment for their patients with HIV and AIDS, it was found that they are able to supply herbal medicines which have been mixed specifically to fight opportunistic diseases in patients living with HIV and AIDS. For traditional healers these opportunistic diseases include cancer, tuberculosis, kidney failure, diabetes, sore throats and nausea and vomiting.

5.3 Conclusions

The main aim of the study was to investigate the challenges faced by traditional healers when treating people living with HIV and AIDS. The results of the study 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.

The study has established that traditional healers are the main source of health care services for people in the rural villages and that they are able to treat their patients for fees that should be affordable. The study has detailed how traditional healers have been trained to treat people living with HIV and AIDS, to observe medically accepted standards of hygiene in their practices, to preserve their medications and to prevent the spread of HIV and AIDS in the administration of their treatments. The training provided by the Department of Health provided traditional healers with counseling skills, communication skills and information about HIV and AIDS that could be used to educate the people in the community. However, the knowledge that traditional healers have gained from this training is not being put to proper use because they feel that the Department of Health needs to provide them with support, to monitor their use of their training and to supply them with safety kits to enable them to observe medically safe practices. The erratic and infrequent supply of

condoms for distribution to their patients from their consulting rooms is another obstacle to the effective limiting of the spread of HIV and AIDS.

This study has outlined the types of challenges encountered by traditional healers when treating people living with HIV and AIDS. The problems underlying these challenges come from many quarters, including their patients, their trainees, the Department of Health and members of their communities. The study has found that traditional healers do have approaches which they use to deal with some of their challenges, but that there are other challenges in which they are not taking the initiative in order to deal with them, such as the lack of collaboration with the Department of Health. It has been pointed out that traditional healers have lost faith in the Department of Health, arguing that it is not reliable and that it could steal their knowledge without acknowledgement; but the present failure to integrate traditional healers into the formal health care sector means that people in rural communities remain under-served where health care is concerned .

The study found that traditional healers provide types of drinking herbs to their patients who are living with HIV and AIDS. The herbal mixtures prepared by the traditional healers are reputed to have certain medical benefits for people living with HIV and AIDS, such as boosting their immune systems and enhancing their appetites. However, these medications have not been subjected to scientific testing or evaluation. It was learned that traditional healers specialised in illnesses such as cancer, bad luck, STIs and epilepsy.

It has been noted by the study 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.

Although the study found that traditional healers do have approaches which they use to deal with their challenges when treating people living with HIV and AIDS, these approaches do not permanently solve their problems. While many traditional healers now have information concerning HIV and AIDS and have been trained to use hygienic medical practices to curb the spread of HIV and AIDS, which reduces the risk of their becoming infected or exposing their patients to HIV and AIDS, the study found that not all traditional healers have adequate knowledge of the causes of HIV and AIDS. Some of them believe that HIV and AIDS are man-made diseases which they are able to cure.

A great deal was learned during the study concerning the practices of traditional healers. Each traditional healer offers more than five treatments for illnesses in their practices. These treatments are mixed to heal the opportunistic diseases that afflict people living with HIV and AIDS. However, traditional healers lack the skills and knowledge needed to manage their practices effectively and efficiently, such as business administration and financial management. This is apparent from the small numbers of people visiting their practices: they are not able to attract many patients to their practices, which adds to their financial woes.

They are also faced with the problem of being unable to attract more people to their organisation, who might be able assist them in the transformation of traditional medicine, and in integrating traditional practitioners into the health care system. The qualitative analysis used in this study affirms that traditional healers do face challenges when treating with people living with HIV and AIDS. More importantly, the research findings pinpoint the role played by traditional healers in their communities to provide basic health care, as it is very apparent that traditional healers are the primary providers of health care to people in the rural areas and that they are accessible to these people.

5.4 Recommendations

In light of this study and its conclusions, the following recommendations are put forward:

- ❖ The findings of this study reveal that traditional healers have knowledge of HIV and AIDS and many of them have been trained to treat people living with HIV and AIDS. However, not all traditional healers in South African

rural villages have received training, and some have no knowledge concerning the procedures to be followed when treating people living with HIV and AIDS. Consequently, it would be very beneficial if the Department of Health were to provide support and assistance in the training and education of traditional healers in the rural areas concerning the precautions which need to be taken when treating people living with HIV and AIDS and to give workshops to them to inform them of the causes of HIV and AIDS.

- ❖ Traditional healers in rural areas in South Africa treat people living with HIV and AIDS. The range of the ages of the people who consult traditional healers is mainly between 25 and 35 years. The main illnesses for which traditional healers treat these young people are sexually transmitted infections. Traditional healers need be trained and educated concerning STIs and their symptoms. The Department of Health would be well advised to devise a strategy for the effective distribution of condoms from their consulting rooms to prevent the spread of STIs and HIV.
- ❖ This study 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. There is no collaboration between traditional healers and nurses in South Africa, owing to the delay in putting into practice the Traditional Health Practitioners' Act (No.22 of 2007). This Act stipulates that traditional healers need to be registered and integrated into the Department of Health. The Department of Health needs to establish a strong relationship with traditional healers in

order 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. However, traditional healers do lack knowledge of the symptoms of these 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), recordkeeping and referral of patients to both health care systems. This could ultimately resolve the grievance of traditional healers concerning the lack of collaboration between themselves and the health care workers.
- ❖ The discrimination and ill-treatment meted out to traditional healers by members of Christian churches and the police could be brought to an end if the Department of Traditional Affairs were to form a partnership with traditional healers and to organise awareness programs aimed at providing knowledge concerning the importance of traditional healers for the health care system. The Traditional Practitioners' Association needs to advocate and promote the protection of the rights of traditional practitioners to practise.
- ❖ Traditional healers in the Intsika municipality need to form a traditional council, which would work towards the registration and accreditation to practice in hospitals of traditional healers.

- ❖ Traditional healers need to engage with the Department of Health at both the regional and provincial levels to establish a partnership to provide health care services to people in the rural areas.
- ❖ Traditional healers need to work towards developing a good working relationship with the Department of Health in order to promote awareness of the vital role played by traditional healers in rural communities.
- ❖ The Department of Health in South Africa needs to restore trust between itself and traditional health practitioners, in order to join forces in the mission to combat the spread of HIV and AIDS and to make health care accessible to those who are far away from clinics and hospitals.
- ❖ Traditional healers would be well advised to work towards establishing plant nursery projects in their villages. This would assist them to overcome the current problems of shortages of medicinal plants in their villages. By growing their own medicinal plants close to their places of practice, the money used to travel to search for herbs would be saved.

5.5 Implications for Social Work practice

Social work assumes different roles in relation to societies and their social problems. The roles of social workers reflect different models of society and corresponding social work activities. Gutura (2010) maintains that the exact nature of the social problem and the way in which the society defines social welfare arrangements influence the role of social work in the society concerned. The values of the social work profession support an empowerment basis for practice. Social work adopts the perception of human beings as “striving, active organisms who are capable of organising their lives and developing their potentialities as long as they have appropriate environmental supports” (Maluccio, 1983: 136). This view emphasises

that the capacity for adaptation and opportunities for growth, throughout the life cycle, depends on the individual person's potential and supporting environment. This view is linked to the purpose of social work as a means of releasing human and social power to promote personal, interpersonal, and structural competence. The role of social work, in the light of this study, is to advocate for the promotion of traditional healers and to empower their initiative to provide health care services to disadvantaged people in the rural areas.

The lack of infrastructure for health care in South African rural areas is among the most serious challenges to rural development and social workers could play an important role in the development of communities. To do so, they would need to focus on the working methods of the community and to help the traditional healers in the Intsika municipality in the following ways:

- Social workers serving the villages of Tsengiwe and Tsomo need to assist traditional healers with training in small business skills. Doing so would enable them to manage their practices for the benefit of the communities.
- To assist traditional healers to register their association of traditional healers as a community project, in order to increase the benefits of their practices for the communities of Tsengiwe and Tsomo.

To assist in the promotion of the perception of social workers as agents of change, it is vital to bring developmental perspectives to classes teaching the practice of social work and the formulation of policy. Curricular guides need to be developed to assist faculty members in the development and teaching of courses in the Department of

Health, this being only an initial step in a concerted strategy to integrate traditional healers into the health services. In a similar manner the developmental aspect of social work courses needs to be emphasised if social workers are to become more effectively involved in increasing the role of traditional healers in the fight against the spread of HIV and AIDS. In addition, the importance of social work, together with the needs of traditional healers, need to be prioritised and publicised in a research agenda that focuses solely on this area of practice.

This agenda should seek to investigate the respects in which theoretical, practical and policy considerations have given rise to poor practices and through the correction of which positive changes can be made. It is to be hoped that the combination of these changes will result in changes in the ways in which social workers apply themselves to the task of improving and broadening access to health care services.

5.6 Suggestions for future studies

- ❖ The fact that the research focused on the Intsika Municipality presents itself as a limitation, since it is not necessarily representative of the entire Eastern Cape, or South Africa at large. The challenges faced by traditional healers may vary and similar research could profitably be conducted in other provinces in South Africa.
- ❖ This study focused on the challenges facing traditional healers when treating people living with HIV and AIDS. Accordingly, further studies investigating how satisfied people living with HIV and AIDS are with the treatment provided by traditional healers could be conducted to broaden our understanding of the area of enquiry opened up by this study.

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APPENDICES

Appendix 1: Editor's note

The text of this thesis has been edited by David Masters. Should anyone wish to discuss or have clarified any points of grammar, I may be reached by e-mail at gailfrank@nahoonreef.co.za or by telephone at (043) 726-4829.

Note on the use of the word “data”:

According to the Oxford Concise Dictionary, although “data” is the plural form of the Latin word “datum”, it is generally accepted that it may be treated as a singular noun in modern English, particularly in scientific texts. Sentences such as “data was collected over a number of years” are now widely accepted in standard English, and this convention has been used in the text of this thesis.

Appendix 2: CONSENT FORM

I hereby confirm that:

- I have understood the information provided on the study.
- I am aware that a tape recorder will be used to capture data during this study.
- I understand that participation in this study is voluntary.
- I have the right to withdraw from the study at any time.
- I understand that no payment will be received for participating in this study.
- I have a right to access the study results if I so wish.

I hereby confirm that I fully understand the conditions of this study and what my rights and responsibilities as a participant are.

I am therefore willing to participate in this study.

Signature:

Date:

Appendix 3: In-depth interview guide for traditional healers

These questions will not be asked in the order given below; it will all depend on the responses that will be given by the participants. In addition, the questions do not represent the exact manner in which they will be asked.

Section A: Personal information

Location/ Village

Gender

Type of traditional Healer

Age

Section B: Challenges of Traditional Healers

1. Have you treated anyone with HIV and AIDS before?

If yes, how many people you have treated?

2. Are you facing any of the following challenges?

If yes or no, explain your answer.

a) Financial problem in your practice?

b) Human trainees?

c) Lack of medical plant for treatment?

d) Clients' behavior such as :

- Not taking medicine?
- Not paying their treatment and your services?

- e) Transport problem to travel around the village or to collect medical plants?
 - f) Community attitudes towards you as traditional healer?
 - g) Help from the Department of Health?
 - h) Challenge of storing and processing medication?
3. Are there other challenges that you are facing in treating people with other illnesses?
 4. Do you collaborate with clinics and hospitals?
If yes, how and if No, why not?
 5. How do you deal with each of the challenges that you have indicated above?

Appendix 4: FOCUS GROUP DISCUSSION GUIDE

1. As traditional healers in the village/ association, what are the common challenges that you all encounter?
2. How do you deal with the challenges as traditional healers together in the village?
3. Did you all receive the same training from the Department of Health?
4. Do you receive any assistance or support from the Department of Health as the association/ village? If yes what type of support?
5. How many people monthly visit your association or your place of practice?
6. What are the common illnesses that people of the village come to seek treatment?
7. Is the training received from Department of Health on how to treat people living with HIV and AIDS, helping in to your practice?
If Yes or No, Explain why?