Traditional Healers’ Explanatory Models of HIV/AIDS and their Role within a Plural Health Care System

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Background

- HIV/AIDS a health crisis in South Africa. The incidence of HIV is highest among the majority, African, population

- Traditional Healers (Traditional Health Practitioners) are custodians of an African cosmology or worldview that is different from and is wider in scope than that Western, scientific or allopathic medicine

- Traditional healing has been driven underground as the result of centuries of oppression. One result is a fragmented set of traditional healer structures. The Western medical establishment remains hostile.

- Traditional healers represent part of a plural health care system in South Africa
  - Western medicine (Itself offering different options: doctors, clinics, pharmacies etc)
  - African traditional healers
  - Spiritual/faith healers
  - Other alternative healers
  - Patent medicines
  - Home remedies
Issues

• The worldview of traditional healers and their patients

• Traditional healers’ organizations and the current process of state-initiated regulation
  – Traditional Health Practitioners (THP) Act 2007

• Traditional healers’ *Explanatory Model* (Kleinman) of HIV/AIDS

• Aligning traditional and Western medical approaches to HIV/AIDS and the relationship between allopathic and traditional health professionals
Methodology

• A number of projects (primarily in Ekurhuleni townships) with traditional healers
  – Work-shopping Professional Guidelines and Code of Ethical Conduct: HIV/AIDS with c60 members of the Nemore group
  – A questionnaire of 22 Nemore members
  – Ongoing interviews and observations

• Previous & current research work with workplace HIV/AIDS peer educators

• Observation of plural health strategies in African townships

• The narrator’s voice: I do not use African traditional healers, but recognize that millions of South Africans do
Traditional Healers

• How many? We don’t know, maybe 200,000?

• Traditional healers operate within a worldview incorporating ancestors, witchcraft, and pollution - all of these need to be understood along spectrums of belief

• Healing focuses on underlying imbalances. Use of medication, rituals, advice and counseling

• Traditional healing firmly rooted in urban settings. This brings together different traditions

• Tradition should not be equated with the past. In reality, there is (pragmatic) flexibility and change
The Ancestors

• The belief in the agency of an ancestral spirit world (which is as morally complex as the world of the living)

• Ancestors will look after the living if treated appropriately, if neglected their help is withdrawn and may even show their displeasure through harm

• Appropriate treatment involves respecting tradition through in ritual, but also in behaviour (e.g. domestic tension would be a cause of concern to ancestors)

• Communication with ancestors/spirits through dreams or via divination (traditional healers or church prophets)
Witchcraft

• The belief in malevolent individuals able to cause harm to others. May be simply a metaphor for jealousy, through to belief in witches as real, physical entities

• Able to operate through a range of mechanisms, including magic and familiars

• Provides an explanation for misfortune
Pollution

• The belief that certain states are dangerous to others. E.g. death, menstruation, having killed somebody

• Pollution should be avoided or if this is not possible then cleansing should take place (E.g. the cleansing of spouses after a partner's death)

• Understandings of pollution are closely linked to traditional ways of life (and ancestor respect) – that have been/are undermined by colonialism and Christianity
How common is this problem among your patients? (percentage)

<table>
<thead>
<tr>
<th>Problem that people come to you with</th>
<th>Extremely often</th>
<th>Very often</th>
<th>Quite often</th>
<th>Sometimes</th>
<th>Never</th>
<th>N =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health problems</td>
<td>61.1</td>
<td>16.7</td>
<td>11.1</td>
<td>11.1</td>
<td>0</td>
<td>18</td>
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<tr>
<td>Mental health problems</td>
<td>22.2</td>
<td>0</td>
<td>5.6</td>
<td>50.0</td>
<td>22.2</td>
<td>18</td>
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<tr>
<td>Problems with family and relationships</td>
<td>76.5</td>
<td>23.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Problems with work and study</td>
<td>79.0</td>
<td>5.3</td>
<td>5.3</td>
<td>10.5</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Witchcraft</td>
<td>41.2</td>
<td>17.7</td>
<td>5.9</td>
<td>0</td>
<td>35.3</td>
<td>17</td>
</tr>
<tr>
<td>Dreams</td>
<td>26.3</td>
<td>31.6</td>
<td>5.3</td>
<td>31.6</td>
<td>5.3</td>
<td>19</td>
</tr>
<tr>
<td>Bad luck</td>
<td>52.6</td>
<td>31.6</td>
<td>5.3</td>
<td>10.5</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Stolen or lost property</td>
<td>11.8</td>
<td>11.8</td>
<td>11.8</td>
<td>23.5</td>
<td>41.2</td>
<td>17</td>
</tr>
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Traditional Healer Structures: Clans, networks, associations and the THP Act

• ‘Organic’ structures of ‘clans’ formed by principles and students, supplemented by geographical networks

• More modern associations, some local, some national, overlapping and shifting memberships

• Structures established for the THP Act

• The Interim THP Council will oversee registration of traditional healers and regulation of standards
  – The question of association and regulation
Two implications of traditional healers’ structures

• Knowledge fragmentation
  – Medical value of plants needs to be recognized (and protected), but;
  – In contrast to Western medicine’s use of science (a shared body of recorded knowledge), traditional healers are at a disadvantage

  – However, traditional healing equal or at an advantage when it come to more tacit and intuitive skills in dealing with patient needs

• Inter-healer competition
  – Unable to limit entry into the profession
  – Inability to control charlatans
  – Can be easily undercut when attempting to set or raise professional standards
Traditional Healers & HIV/AIDS

• A diversity of explanation among traditional doctors

• Under the radar, charlatans offer cures

• Evidence of an ‘AIDS Exceptionalism’ as a result of intense focus on HIV/AIDS

• Neglect of the ancestors & tradition as an explanation
  – Traditional healers as custodians of traditional moral and sexual order

• Witchcraft
  – Lay Explanatory Model of HIV/AIDS (which shifts blame) that traditional healers can support or deflect
  – Witch-finders or moderators of witchcraft beliefs?
HIV/AIDS: An Old or a New Disease?

<table>
<thead>
<tr>
<th>HIV/AIDS:</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>is a new illness?</td>
<td>2</td>
<td>19</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>is an old illness that has existed for a long time?</td>
<td>20</td>
<td>2</td>
<td>0</td>
<td>22</td>
</tr>
</tbody>
</table>

In follow up questions:

28 names from respondents as to the name(s) of the old disease we call HIV/AIDS
Could be grouped into 10 distinct terms (Sesotho and Isizulu)
Lack of agreement on terminology, but underlying consensus around:

1. A progressive disease that can start, for example, with relative minor sores before progressing into a more dangerous illness

2. A disease originating in the violation of cleansing processes (after the death of a spouse, after an abortion, not taking precautions when medicating for another disease, etc.)

3. A sexually transmitted disease with a strong correlation to promiscuity/adultery

- Can be combined with racial and nationalist narratives, impact of poverty, and the breakdown of traditional African values in the face of colonialism and Christianity.
Competing Explanations of HIV/AIDS

• Western medical science has made progress in treatment,
  – But still has no cure (therapeutic ‘parity’ can be claimed)
  – Still limits to access of Western medical services
  – Western medical institutions often dehumanizing
  – Ill equipped to intervene over behavioral change

• Traditional healers widely consulted
  – Back of the envelope calculation: 200,000 traditional healer with a current HIV-positive client base of 3.8 (0-10) = 760,000 HIV-positive people in touch with a traditional healer

• There is a need for partnership in the face of the AIDS epidemic
Two ways not to achieve a partnership:

• Convert traditional healers to the allopathic explanation of HIV/AIDS
  – Rejection (especially when no need to co-operate)
    • ‘What we don’t want is education [on HIV/AIDS] which means we must throw away our bags [of *muti*].’
  – Learn key phrases for regurgitation and/or partial incorporation into existing belief system

• Insist that traditional healers do not have a cure for HIV/AIDS
  – Demanding scientific proof doesn’t have credit in a different world view
  – Encourages charlatans who claim to have a cure for HIV/AIDS
  – Diverts attention to what traditional healers can bring to a partnership against HIV/AIDS
Not a joint master plan, but a patchwork approach that will help slow the epidemic

- Prevention: Look for ‘windows of compatibility’
  - African traditional values that people can take pride in – with some adaption to modern settings
  - Build on practices such as periods of sexual abstinence after death of a spouse, introducing condoms when cleansing sickness etc
  - We should seek to add HIV testing to traditional healers skills
    - A three-part diagnosis is not controversial
Treatment & the need for a referral system within a plural health-seeking environment

• Treatment: A division of labour
  – Ability of Western science to ‘read the blood’ is largely accepted
  – Accept value of traditional healers in treating opportunistic infections, strengthening immune systems and psycho-social support
  – Need to accommodate principle of ‘dual therapy’ (ARVs and traditional medication)

• This will only work if referral is two way (rather than the current one-way process)

• For this to be agreed, traditional healers need to have standards in place
Assisting Traditional Healers to Self Regulate

- There needs to be registration and regulation of traditional healing.
- The Act provides a platform – but it needs strong associations to implement standards.
- Standards can only be raised when associations cannot be undercut/have something to offer.
- Monopoly power needs to be established (from local areas upwards) – e.g. the Ekurhuleni Metro Traditional Health Practitioners Forum.
- Catalytic tools are sick notes and payments by medical aid schemes (companies could take the lead in this).
Conclusion

- A *de facto* plural health care system in SA – the question is how well is it coordinated.

- Over HIV/AIDS we should be seeking to build a partnership based on windows of compatibility, not focus on differences.

- A range of prevention interventions that traditional healers are in a strong position to implement (compatible with both Western and traditional understandings).

- Co-operation (over testing and treatment) requires a referral system within an acknowledge plural health-care system.

- This process can be catalyzed using sick notes and medical aid to promote (and reward) association and self-regulation by traditional healers.