



School of Social Sciences – Sociology

***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 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 partners death)
- Understandings of pollution are closely linked to traditional ways of life (and ancestor respect) – that have been/are undermined by colonialism and Christianity



# Doctor, psychologist, social worker, advisor, coach and more...

Problem that people come to you with	How common is this problem among your patients? (percentage)					
	Extremely often	Very often	Quite often	Sometimes	Never	N =
<b>Physical health problems</b>	61.1	16.7	11.1	11.1	0	18
<b>Mental health problems</b>	22.2	0	5.6	50.0	22.2	18
<b>Problems with family and relationships</b>	76.5	23.5	0	0	0	17
<b>Problems with work and study</b>	79.0	5.3	5.3	10.5	0	19
<b>Witchcraft</b>	41.2	17.7	5.9	0	35.3	17
<b>Dreams</b>	26.3	31.6	5.3	31.6	5.3	19
<b>Bad luck</b>	52.6	31.6	5.3	10.5	0	19
<b>Stolen or lost property</b>	11.8	11.8	11.8	23.5	41.2	17



# 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?

## HIV/AIDS an Old or a New Disease?

<b>HIV/AIDS:</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>	<b>N =</b>
<b>is a <i>new illness</i>?</b>	<b>2</b>	<b>19</b>	<b>0</b>	<b>21</b>
<b>is an <i>old illness</i> that has existed for a long time?</b>	<b>20</b>	<b>2</b>	<b>0</b>	<b>22</b>

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 psychosocial 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