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Throwing the bones to diagnose HIV: Views of rural South African traditional healers on undertaking HIV counselling and testing

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Abstract

In 2018, nearly 800,000 HIV positive individuals in South Africa were unaware of their status. Traditional healers see patients who avoid health clinics, including those who refuse HIV testing. This manuscript details the results of a qualitative study to understand traditional healer perspectives on performing healer-initiated HIV counseling and testing HIV in rural South Africa. We conducted 30 structured in-depth, in-person interviews between April and June 2019 to elicit traditional healer attitudes towards partnering with local health services to perform HIV counseling and testing with their patients. Healers reported that while some patients are open about their HIV status, others lie about it due to stigma around the disease. This creates challenges with concurrent treatment, which healers believe leads to allopathic and/or traditional medication treatment failure. Most healers expressed both an interest and a willingness to perform HIV counseling and testing. Healers felt that by performing testing in the community, it would overcome issues related to HIV stigma, as well as a lack of confidentiality and trust with health care workers at the clinic. Trained traditional healers may be able to bridge the testing gap between “non-testers” and the allopathic health system, essentially “opening” thousands of new testing locations with little financial investment.

Introduction

In 2019, 7.97 million South Africans (22.7% of adults) were living with HIV (Darbes et al., 2019). In 2018, it was estimated that 90% of HIV-positive South Africans were aware of their status, suggesting nearly 800,000 HIV positive individuals are unaware of their status (UNAIDS, 2019). In South Africa, a substantial proportion of the population do not test regularly (Human Sciences Research Council (HSRC), 2018). Innovative campaigns aimed at testing individuals who are less likely to visit health facilities have yielded successes (Bampoe, Clancy, Sugarman, Liden, & Lansang, 2012; Doherty et al., 2016; Hershow et al., 2015; Magasana et al., 2016) (Martínez Pérez et al., 2016), still miss 12–20% of the

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population (Johnson et al., 2017; Smith, Wallace, & Bekker, 2016; Suthar et al., 2013; van Rooyen et al., 2013). Community members with low socioeconomic status,(Pitpitan et al., 2012; Psaros et al., 2018; Wabiri & Taffa, 2013) those who are male,(Treves-Kagan et al., 2017; Young et al., 2010) younger,(Ogunmefun, Gilbert, & Schatz, 2011; Ritchwood et al., 2019) are immigrants in South Africa,(Mee et al., 2016) do not trust allopathic medicine, (Ondenge et al., 2017) and people with higher anticipated HIV stigma(Treves-Kagan et al., 2017) are more likely to seek care from a traditional healer and have lower odds of, or delayed, HIV testing (C. M. Audet et al., 2014; Moshabela et al., 2016; Wanyenze et al., 2011).

Traditional healers are respected members of their communities and play integral roles as informal referral agents to the South African health system(C. M. Audet, Ngobeni, Graves, & Wagner, 2017; C. M. Audet, Ngobeni, & Wagner, 2017; C. M. Audet et al., 2013). Healers are willing to undergo HIV testing in the community. A recent study showed healer HIV prevalence in the region to be 30% (Carolyn M. Audet et al., 2018). Given the level of trust in the community and the numbers of healers (more than 200,000) (Government Gazette, 2008; Richter, 2003), we are interested in creating healer-initiated counseling and testing services and linkage to care (Burnett et al., 1999; Fleming, 1995; Kayombo et al., 2007; King, 2000; Liverpool et al., 2004; Madamombe, 2006; PlusNews, 2010). This manuscript details the results of a qualitative study to understand traditional healer perspectives on performing healer-initiated HIV counseling and testing HIV in rural Mpumalanga, South Africa.

Methods

Study Population

This study was conducted in the rural Agincourt sub-district of Mpumalanga province, northeastern South Africa. The region has an HIV prevalence of 19% (Gomez-Olive et al., 2013). Participants in this qualitative study were all traditional healers who were members of the Kukula Organization. In 2018, we conducted HIV counseling and testing with a simple random selection of 221 traditional healers who were part of this group (out of 300 eligible). (Carolyn M. Audet et al., 2018) We identified the quartile with our most active healers– and used a random number generator to recruit participants for this study. Each healer that we successfully contacted (30 of 54; 56%) was interviewed (100% acceptance rate). All healers were over the age of 18.

Ethics, Consent and Permissions

This study was approved by the Vanderbilt Institutional Review Board (IRB #190395), the University of Witwatersrand Human Research Ethics Committee (Protocol #M160447), and the Mpumalanga Department of Health's Research Ethics Committee. All participants provided written informed consent.

Data Collection

We conducted 30 structured in-depth, in-person interviews between April and June 2019. A trained qualitative fieldworker conducted interviews in xiTsonga using a guide developed to

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elicit traditional healer attitudes towards partnering with local health services to perform HIV counseling and testing with their patients. Interviews were audio-recorded, then transcribed and translated to English from xiTsonga.

Data Analysis

All interviews were transcribed within two weeks of the interview from xiTsonga and translated into English by a qualified fieldworker. English transcripts were reviewed, and thematic analysis was conducted by two researchers (EMC and CMA) using MAXQDA 12© software. Initial codes were developed deductively, guided by previous research about healer engagement in the health system and challenges implementing community-based HIV testing and counseling. *In vivo* (inductive) codes were generated when unique benefits or challenges to implementing HIV counseling and testing were identified. EMC and CMA met to develop, define, and compare application of codes to the transcribed interviews.

Results

Traditional Healer Demographics

The traditional healers interviewed were 70% female, had a median age of 52 (Interquartile Range [IQR] 45–59), and had low levels of formal education (median: 5 years, IQR: 0–8). Healers reported a median of 17 years in practice (IQR 7.3–22.8) and practiced in 13 villages.

Current Referral Systems

Twenty-nine healers reported that their current practice was to either refer or accompany patients they suspect of being HIV positive to the clinic for counseling and testing before initiating their own treatment. One healer noted that he refers patients "so that they can get to know their status and start the treatment while there is time." (male 51). Those who referred patients for HIV testing used a combination of visual HIV-associated symptoms and traditional ritual when deciding who to refer. Twelve healers (40%) reported using a ritualized screening method known as throwing the bones to determine who they should refer to clinic.

> …the bones reveal that the patient has HIV…. And when a patient is like that, they have to go to the clinic or the hospital to do the HIV tests because they shouldn't believe only in traditional treatment.
>
> (male, 76)

Traditional healers also reported wanting to know their patient's HIV status to support medication adherence. "*If the tests show that the patient is HIV positive, I need to know as a healer so that I can also support them and be able to remind them when to take their medications.*" (female, 39)

Healer-Initiated Counseling and Testing

Twenty-seven healers (90%) expressed interest and a willingness to perform HIV counseling and testing. Healers felt that by performing testing in the community, it would overcome

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issues related to HIV stigma, as well as a lack of confidentiality and trust with health care workers at the clinic. Several healers referenced the fear that people had of going to the health facility. One healer said he was interested in providing testing "*because there are many people who are dying because they are scared to go to the clinic and do the tests; it will be much easier for my patients.*" (male, 47)

Healers believed many of their patients would accept healer-initiated counseling and testing because of the mutual trust between patient and traditional healer. One healer explained: Patients will like access to testing at the home of a healer "because they know that I can keep their health [HIV status] very confidential." (female, 67) Another noted that people would prefer healer-initiated testing because:

> some people are scared of going to the clinic and they don't want to be seen by other people that they are doing the HIV tests, they want it to be confidential. There are some patients that come to me at night and I can be able to do the HIV tests and give them their results.
>
> (female, 52)

Three healers were less convinced that their patients would appreciate the offer of an HIV test from their traditional healer. One healer stated:

> No, I can't do it because many patients don't like to do the HIV tests…Some patients would run away while I am doing the counseling before the actual tests."
>
> (female, 36)

The other two other healers expressed hesitation due to concerns about their literacy and ability to learn the required skills. "*Maybe I would do it if I have the kits, but I also think that one should be literate to do that because you cannot read the results if you have never been to school. For instance, I cannot even write my name; so how about the tests?*"(female, 60)

Discussion

Trained traditional healers may be able to bridge the testing gap between "non-testers" and the allopathic health system. Non-testers may prefer a culturally concordant (Cuevas, O'Brien, & Saha, 2017; Pachter, 1994; Spokane, Inman, Weatherford, Davidson, & Straw, 2011) provider (traditional healer) to both vouch for and deliver the HIV test; high HIV prevalence among healers in the region give them the empathy and context to help their patients(Carolyn M. Audet et al., 2018), and create a bridge to the allopathic health facility, providing a metaphorical "safe space" for the patient while they transition to HIV care.

Traditional healers were motivated for three reasons: (1) They spend substantial time bringing patients to the health system of testing; providing testing at home would save time. (2) Better patient health outcomes are strongly correlated with perceived quality of traditional healer care (C.M. Audet, Ngobeni, & Wagner, 2016); (3) healer-initiated testing would allow healers to gauge which types (if any) traditional medicines they can provide. Healer-initiated counseling and testing would allow the health system to "open" thousands of new testing locations with little financial investment. There are 200,000 traditional healers

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in South Africa alone. Traditional healer HIV counseling and testing locations would greatly increase the number of testing facilities available (Jobson, 2015).

This study may not be generalizable to urban communities, where healers have less frequently partnered with the health system. Additionally, we interviewed those who were seeing the largest number of patients and conducting large numbers of traditional injections; healers with fewer patients may feel differently. While we may have inadvertently selected traditional healers particularly interested in testing their patients for HIV, we believe that training even a small cohort of healers would provide an additional source of testing for those who refuse to test with an allopathic provider.

Conclusion

Traditional healers are a potentially underutilized partner in the collective effort to reduce the spread of HIV in South Africa through timely HIV counselling and testing. To best integrate traditional healers, who are willing and eager to interface with the allopathic healthcare system to combat HIV, policy makers will need to consider how to effectively train and link traditional healers to the health system to ensure the provision of quality HIV counseling and testing.

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