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# Biomedical health care and African traditional healing in the treatment of HIV and AIDS : complementary or competing cosmologies

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# CHAPTER FIVE

## MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

### 5.1. Introduction

This study endeavoured to fill part of the gap in available literature about the views of biomedical/western healthcare practitioners and African traditional healers regarding the integration of these groups within the HIV and AIDS multi-disciplinary healthcare team, and the factors that facilitate and constrain this integration. Interviews were conducted with 10 traditional healers' and 10 biomedical healthcare practitioners and responses were analysed using thematic content analysis.

### 5.2. Main findings

The study revealed that the participants from both groups of health systems adopted a generally positive stance towards the development of a system for incorporating traditional healers and modern healthcare practitioners within a multi-disciplinary healthcare team. However, there were challenges that were anticipated that potentially stood in the way of this integration, including personal biases, feelings of superiority and the use of scientific explanatory paradigms of health, and the lack of will to compromise and include space for other systems of healthcare. The biomedical practitioners generally wanted to incorporate traditional healers under certain conditions and called for the testing of traditional healing methods to meet scientific standards used in the biomedical sciences. The biomedical practitioners tended to viewed traditional medicine in a predominantly negative way and called for further research and investigation into the efficacy of African traditional medicine in the treatment of HIV and AIDS.

Although some biomedical practitioners perceived a need to incorporate African traditional medicine within the treatment and management of the virus, they generally felt that the relationship needed to focus on adherence to ARVs and the predominant use of modern medicine and scientific standards of healthcare. Despite this emphasis by most of the biomedical healthcare practitioners in the study, the traditional healers generally held positive views of modern bio-medicine as the majority reported that they had already referred their patients to modern healthcare practitioners for diagnosis.

In addition, the traditional healers also encouraged their service users to continue taking ARVs, while consulting them. This view contradicted many beliefs held by the biomedical practitioners that traditional healers tended to discourage patients from continuing to use ARVs. Furthermore, in the study participants from a background of traditional medicine stated that they did indeed take into account the interaction effects of African traditional medicine with modern bio-medicine on their patients when used in tandem; hence they prepared lighter versions of their traditional remedies so as not to reduce the efficacy of the ARVs. Furthermore, the majority of participants from both samples were in favour of working together while a few indicated a preference for using a singular treatment approach.

None of the biomedical healthcare practitioners had ever had any professional relationship with traditional healers in their practice, while the traditional healers reported to have had a relationship with modern healthcare practitioners and their service through referral of their patients to hospitals and clinics. However, none of these referrals had been reciprocated by biomedical professionals. The biomedical practitioners also had serious concerns about adherence to ARV treatment; disclosure about the use of African traditional medicine by patients; and medical complications as a direct result of use of African traditional medicine; and some practitioners had reprimanded patients for using African traditional medicine. This action only led to further problems as patients withheld information regarding the use of traditional medicine for fear of being reprimanded by biomedical practitioners.

However, some biomedical practitioners also recognized the importance of working with traditional healers as a way to assist in disclosure by patients of their use of alternative methods of healthcare. While the role of traditional healers was viewed as important, by most of the biomedical practitioners, they felt that traditional healers were not competent to prescribe medication to be taken internally; hence they recommended that they should confine themselves to providing services limited to external use, such as bathing with the medication. In the study two members of the biomedical healthcare team adopted stronger views of African traditional healing, and went so far as to argue that traditional medicine did not work and traditional healers were chance takers; however these views were not common amongst members of the bio-medical sample.

Overall, the impact of traditional medicine was viewed by modern healthcare practitioners as mostly negative due to the lack of relationship between the two systems of healing, and the fact that the current relationship was based on biomedical practitioners admitting patients whose conditions had been aggravated due to use of African traditional medicine. Members of the biomedical healthcare team expressed serious concerns about dosages used by African traditional healers in treating HIV and AIDS, and they called for the revision of their method of dosages which lacked proper measurement and standardization.

Furthermore, traditional healers were aware of the physical symptoms commonly associated with HIV and AIDS and referred patients to hospital/clinics for further assessment as they felt that modern healthcare practitioners had the ability to provide effective diagnoses. Biomedical practitioners expressed the need for traditional healers to meet scientific standards not only for testing traditional medicine but also for proper dosages.

In this study factors that were perceived by traditional healers and biomedical practitioners to impede their collaboration, included western healers' view of their level of education as superior to that of traditional healers, which led to personal biases and pre-conceived ideas of how one should progress with treatment of HIV and AIDS. Therefore, a factor identified as facilitating integration was whereby both systems of healthcare recognised each other's practices, which would enable them to be able to work together effectively. Furthermore, the participants expressed serious concerns about unregistered and untrained traditional healers who bring about shame to the practice of traditional medicine, through engaging in actions that bring harm to patients, rather than promoting health.

Moreover, within the study it was found that there was a degree of stigmatization and stereotyping, which could probably be attributed to the lack of shared knowledge about each other's methods Participants also perceived a need for government to intervene at the national health policy level in order to create a mandate with clear guidelines for how the two healthcare systems should work together in the treatment of HIV and AIDS. In addition, both participant groups in the study viewed the role of a social worker as that of an educator, mediator, advocate and researcher within both a hospital setting and society at large.

## 5.3. Conclusions

In conclusion, it is clear that the two methods of healthcare are different in their explanations of healthcare, which is a threat to their collaboration. However, this difference can also be viewed as a strength in terms of providing alternative and holistic healthcare services to patients living with HIV and AIDS in South Africa. The recognition of the negative interaction effects of combining African traditional medicine with ARVs, highlights the value of both healthcare systems working together to provide an effective HIV management plan. The lack of proper policy is a problem as there were challenges in terms of how traditional healers and a biomedical healthcare practitioner should work together as the National Department of Health has not developed such a legal framework.

The combination of ecological theory and person-in-environment theory proved to be an appropriate theoretical lens framing the study as it highlighted the biological, cultural, spiritual and psychological factors influencing healthcare and that need to be considered in the management of HIV and AIDS.

The call by members of the biomedical healthcare team for testing of traditional medicine is a legitimate one; however, it requires the collaboration of African traditional healers and taking into account their intellectual property rights. The findings from the study also highlighted the role of government in formulating and implementing policies to promote the integration of both healers within the South African healthcare system.

Traditional healers in the study acknowledged the importance of compliance with and adherence to an ARV and encouraged their patients to use treatment provided by modern healthcare practitioners. This finding suggested that the traditional healers were knowledgeable about the importance of adhering to the ARV treatment plan.

The discouragement of use of traditional medicine by modern healthcare practitioners can be attributed partly to patients having been admitted to hospital with conditions exacerbated by the use of African traditional medicine, and partly due to the prevalence of untrained traditional healers.

The finding that while traditional healers reported to have referred patients to hospitals, modern healthcare practitioners never reciprocated these referrals, highlights the lack of shared

knowledge and information about each other's methods Hence sharing information, meeting scientific standards, recognising each other's practices, and limiting the adverse effects of African traditional healing may influence biomedical healthcare practitioners to invest in a collaborative relationship with traditional healers.

The finding that western healthcare practitioners' education levels were viewed as superior to that of traditional healers, does not bode well for collaboration. However, it does suggest the need for traditional healers to receive proper training in order to effectively intervene in cases of HIV positive patients. In addition, responses from participants indicated that social workers have an important role to play in facilitating collaboration between both systems of healthcare and fulfilling the roles of mediator, educator, counsellor, advocate and researcher.

## 5.4. Recommendations

### *5.4.1 Recommendations for education and training of healthcare practitioners*

The education and training curricula of biomedical healthcare practitioners and traditional healer's needs to incorporate input regarding the methods, knowledge and techniques of each system of healthcare. This approach would allow early development of knowledge and information to avoid uninformed claims and arguments against both systems of healing. Hence, the training of social workers, medical doctors, nurses, pharmacists and other healthcare professionals needs to include specific information on how both biomedical practitioners and traditional healers intervene in HIV and AIDS treatment and management.

### *5.4.2 Recommendations for Social Work Practice*

Social worker need to also engage in community education at all levels of practice: micro, meso and macro, while taking into account relevant legislation to ensure social justice within healthcare. At the micro and meso levels social workers engaged in individual, group and family interventions need to provide information about biomedical and traditional medicine to ensure that people are aware of the dynamics of the two systems of healthcare. In addition, at community level it is recommended that social workers engage in awareness projects for communities to understand and have knowledge about safe ways to use both healthcare systems, particularly in relation to HIV and AIDS.

### *5.4.3 Recommendations for record-keeping and sharing of knowledge*

Practising traditional healers should be encouraged to try and engage in strict record-keeping efforts and share their knowledge openly with other healthcare professionals both within traditional medical systems and outside African traditional medical practice. This approach should also apply to modern healthcare practitioners. In order to promote sharing of knowledge, legislation needs to ensure that the intellectual property rights of both groups are respected.

### *5.4.4. Recommendations for policy implementation*

While the South African government has promulgated policy and legislation regarding the integration of traditional healers within the country's healthcare system, this policy has not been effectively implemented, suggesting the need for conferences, workshops and forums with all stakeholders to discuss obstacles to implementation and strategies for overcoming these challenges. This study revealed that there is a need for further regulation strategies for traditional healers to avoid the phenomenon of untrained traditional healers in South Africa.

### *5.4.5. Recommendations for theory*

This study was framed within the theoretical lenses of the ecosystems perspective and person-in-environment theory. In relation to healthcare, these two overlapping theories need to be further developed to form a cohesive theoretical model that incorporates the views of both systems of healthcare. Such a model could potentially serve as a framework to be used in hospitals and clinics to enable traditional healers and biomedical practitioners to work together effectively.

### *5.4.6 Recommendations for research*

Recommendations for future research include a study to explore the experiences of patients in relation to the use of traditional and allopathic healthcare in the management of HIV and AIDS as well as other health conditions. Another fruitful area of research could focus on the attitudes of social work educators towards incorporating indigenous healthcare systems within the educational curriculum and training of social workers. While the present study considered African traditional healing, in a multi-cultural society like South Africa, future research needs to explore other forms of traditional healing such as Muslim, Hindu and Chinese practices.

## 5.5 Concluding Comment

South Africa is a diverse, multi-lingual, multi-cultural and multi-layered society that compels healthcare practitioners to have an open mind about the dynamics of healthcare, alternative healthcare paradigms, the meanings and metaphors that patients and their families attach to health, illness and healing and the relevance of culture in healthcare services. Working within a public hospital system confronts healthcare practitioners with the contradictions, dilemmas and ambiguities that surface between tradition and modernity and where traditional healing and biomedicine are viewed as competing or complementary healthcare systems.