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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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2016
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BIOMEDICAL HEALTH CARE AND AFRICAN TRADITIONAL HEALING IN THE TREATMENT OF HIV AND AIDS: COMPLEMENTARY OR COMPETING COSMOLOGIES?

A report on a study project presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements

for the degree Bachelor of Social Work

by

ELVIS MENDU

November, 2016

DECLARATION

I hereby declare that this report is my own unaided work and that the assistance obtained has been only in the form of professional guidance and supervision; that neither the report nor any part thereof has previously been submitted to any other university for any degree save to the one with which I am presently registered as a student; that the information used in this report has been obtained by me while working under the aegis of the Department of Social Work, University of the Witwatersrand; and that all references used have been acknowledged and appropriately cited.

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ELVIS MENDU

30 November 2016

ACKNOWLEDGEMENTS

I would like to express my sincerest gratitude to my supervisor Professor Eleanor Ross, who dedicated and invested hours weekly for the entire duration of this project to provide insights and guidance; educative and supportive supervision, and made this project a success.

In addition, I would like to thank the management of Charlotte Maxeke Johannesburg Academic Hospital and the management of the national head office of the Traditional Healers Organisation for their strong commitment to help and the value they placed in the creation of knowledge aimed at furthering the development of healthcare in South Africa. To you I say thank *"Thokoza"*

Moreover, I would like to thank all the participants from Charlotte Maxeke Johannesburg Academic Hospital for their enthusiastic participation. Last but not least I would like to express my deepest appreciation to *"abogogo no mkhulu"* [traditional healers] who participated in the study. To you I say thank you, [*thokozane, makhosi, lesedi, ndawuwe, camagu*]

ABSTRACT

In South Africa, African traditional healers and biomedical healthcare practitioners play important roles in the management of HIV and AIDS, but provide healthcare services in isolation of each other, despite legislative recognition of both types of healing. An exploratory-descriptive research design was employed to elicit the views and experiences of both groups of healers regarding the feasibility of collaboration. Semi-structured interviews were conducted with a sample of 20 participants; 10 persons from each of the two groups. Key findings that emerged from the thematic analysis were: African traditional healers referred their patients to hospitals; however, they never received any referrals from biomedical healthcare practitioners. The traditional healers were aware of the drug interactions between their medicine and antiretrovirals (ARVs), and took precautions to avoid it. Biomedical healthcare practitioners were more reluctant to integrate African Traditional medicine with ARVs; hence they recommended that it be used externally and not consumed to avoid interaction with ARVs. Lack of shared knowledge, poor dosages, and medical complications due to use of African traditional medicine were viewed as threats to the collaboration between the two groups; while open communication and research into the efficacy, scientific administration and proper dosages of African traditional medicine were articulated as facilitating factors. The role of the social worker as community educator, researcher and mediator was seen as having the potential for enhancing collaboration. The main conclusion drawn from the study was that all stakeholders need to be consulted to devise an appropriate framework that would facilitate ways of encouraging collaboration between these two systems of healthcare.

Key words: HIV and AIDS, traditional healer, biomedical healthcare practitioner, complimentary healthcare, modern medicine, African traditional medicine, drug interaction

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