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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 THREE

METHODOLOGY

3.1. Introduction

The primary purpose of this chapter is to provide a detailed explication of the research approach and design, the aim and objectives of the study, the sampling methods and data collection, as well as the data analysis conducted and ethical issues that were considered.

3.2. Research Approach and Design

The study employed an exploratory-descriptive research design located within an interpretive qualitative approach. Qualitative research holds particular commitment to application of the social constructivist approach to research, which argues that participants create meaning and interpretations based on their own subjective experiences of the social factors and phenomenon of interest. The interpretive approach "aims to explain the subjective reasons and meanings that lie behind social action" (Terre Blanche & Durrheim, 2006, p.7). Therefore, it was important for the study to investigate the opinions and interpretations of the participants. In addition, the qualitative approach studies participants within their naturalistic settings to elicit rich information, while observing and interpreting their responses (Sainsbury & Weston, 2010; Sim & Wright, 2002). Consequently, the research study was undertaken at two types of settings, namely, a hospital setting and traditional healers' places of practice and training. African traditional healers were interviewed at their places of practice and at the head office of the Traditional Healers' Organisation, while biomedical healthcare practitioners were interviewed at Charlotte Maxeke Academic Hospital HIV Clinic in Johannesburg.

Within the qualitative research paradigm, an exploratory-descriptive research design was deemed suitable as it involved exploration, description, interpretation and deeper understanding of issues surrounding the factors facilitating and/or constraining integration of modern bio-medicine and African traditional medicine in the treatment of HIV and AIDS (Brink & Wood, 1998; Rubin, Rubin, Haridakis & Piele, 2010; Sainsbury & Weston, 2010). According to Babbie (2013), exploratory-descriptive research is conducted to explore a topic or issue that is relatively

unexplored and may yield new insights. The purpose of descriptive studies in the social sciences is to describe situations and events (Babbie, 2013, p.91).

3.3. Research Questions, Aim and Objectives of the Study

Research Questions

(i) What are the views and experiences of modern/western medical practitioners and African traditional healers regarding working together as part of an HIV and AIDS multi-disciplinary healthcare team?

(ii) What do western medical practitioners and African traditional healers know about each other's methods of prevention, diagnosis and treatment of HIV and AIDS?

(iii) What factors do they perceive to act as facilitators and constraints in relation to integration of the two groups within the multi-disciplinary HIV and AIDS team?

(iv) What recommendations would both healthcare practitioners make towards achieving a holistic approach to HIV and AIDS health care in South Africa?

(v) What role can social workers play in facilitating integration?

Primary Aim

The primary or overall aim of the study was to understand 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.

Objectives

1. To explore the views and experiences of biomedical healthcare practitioners and African traditional healers regarding working together as part of the multi-disciplinary HIV and AIDS healthcare team.
2. To establish the knowledge that the two groups have with regard to each other's approaches to prevention, diagnosis and treatment of HIV and AIDS
3. To understand participants' perceptions regarding factors facilitating and constraining the integration of the two groups within the HIV and AIDS healthcare team

4. To elicit recommendations for achieving a holistic approach to HIV and AIDS healthcare in South Africa.

5. To ascertain the views of the two groups regarding the role that social workers can play in facilitating integration of the two medical healthcare systems

3.4. Populations of the study

The two target populations of this study were the bio-medical multi-disciplinary HIV and AIDS healthcare team in a South African hospital and the traditional healers in Johannesburg. Both target populations were located within the Gauteng region, specifically Johannesburg city, and form part of the broader healthcare system involved in healthcare of persons living with HIV and AIDS.

3.5. The Samples and Sampling Procedures

The study used a non-probability convenience sampling technique due to the nature of the study, which required particular types of participants and access to the participants from the target populations (Creswell, 2013; Kumar, 2014). The sample comprised 10 members of the biomedical multi-disciplinary healthcare team and 10 traditional healers, with a total of 20 participants.

Both sites of the study was purposely selected due to their location in Johannesburg and the vast number of patients they treat, as well as the distance of their practice and training locations, which may, for instance, have allowed them to have a working relationship in making referrals to one another, as all the participants were employed in the Johannesburg area, within.

The participants were recruited based on their willingness to be part of the research study into the inclusion of traditional healers within the multidisciplinary HIV and AIDS healthcare team. Employing a non-probability convenience sampling technique has limitations, which may have impacted on the study, as using this form of recruitment implies there might have been bias in terms of the researcher interviewing only people who were willing to participate, and also people who may have been easier to approach and invite to be part of the study. In addition, the sample was not necessarily representative of all the medical healthcare personnel at the hospital or of traditional healers in Johannesburg.

3.6. Participant Selection Criteria

The sampling inclusion criteria for this research study were as follows: (1) Participants needed to be either practising traditional healers or western bio-medical multi-disciplinary HIV and AIDS team members, who were currently employed by the Department of Health, at the Charlotte Maxeke Academic Hospital in Johannesburg. (2) The participants were required to have a minimum of one year's experience in practice, allowing exposure within their field of healthcare and awareness of work relationships and trends in healthcare practices both in traditional medicine and modern healthcare.

In terms of exclusion criteria, unemployed medical professionals and traditional healers who were not practising, were excluded from the study as these individuals might not have had contact with clients and might not have had experiences in working with traditional healers and a medical multi-disciplinary HIV and AIDS team.

3.7. Research Instrumentation

The research study used semi-structured interview schedules as research instruments, with one interview schedule for the biomedical healthcare professionals and a separate interview schedule for the traditional healers. These research tools were considered appropriate for this study which gathered data based on individuals' subjective experiences and opinions, allowing further exploration of themes. A semi-structured interview schedule allows flexibility in data collection, giving participants a chance to express themselves freely thus gathering rich information from the participants (Creswell, 2013; Kumar, 2014). Open-ended questions were utilised in the semi-structured interview schedule, which allowed the participant to think deeper about the interview questions and respond without suggestions from the researcher thereby giving the information originality of thought and responses, rather than one word answers (Creswell, 2013; Edwards, 2006; Nicholas, Rautenbach & Maistry, 2010). The interview schedules are attached to this research report as Appendices D & E respectively. The list of interview questions and the reasons for their inclusion are set out in Table 3.1.

Table 3.1: Interview questions and the rationale for their inclusion

Interview question for healthcare practitioner	Rationale for inclusion
What type of healthcare professional /traditional healer are you?	Understanding the type of healthcare professional enabled the investigator to narrow down the method used by the healthcare professional, within the medical/scientific or spiritual/traditional healing spheres.
How long have you been practising?	It was anticipated that the length of experience would be likely to influence the healthcare practitioner's exposure to both HIV and AIDS as well as traditional medicine. One of the influential factors for use of traditional medicine is the experience of the healer, as most people consult through recommendations by family or friends (Lotika, Mabuza & Okonta, 2013).
Have you ever had any contact with African traditional healers / western bio-medical practitioners in your work with patients with HIV and AIDS? If yes, what were your experiences?	This question was asked in order to assess whether traditional healers and biomedical healthcare practitioners in the study collaborated as recommended by UNAIDS and other research studies (Pinkoane et al., 2012; UNAIDS, 2006; WHO, 2001). According to Pinkoane, Greeff and Koen (2012) traditional healers and biomedical healthcare providers lack contact in treatment of patients, despite patients consulting both healthcare providers.
Do you feel the impact of African traditional healers / western bio-medical practitioners on HIV and AIDS patients within your practice?	The interaction between traditional and modern medicine was assessed in order to understand the negative and positive implications for co-existence of the two forms of healthcare in the

	treatment of HIV and AIDS (Lotika et al., 2013).
In your knowledge about traditional medicine, how do you think African traditional healers try to prevent, diagnose and treat HIV and AIDS? How do you think modern healthcare practitioners try to prevent, diagnose and treat HIV and AIDS?	It was anticipated that assessing the level of knowledge and understanding of traditional healers' methods and that of biomedical healthcare providers would help the researcher to understand some of the opinions of both groups and the views they held about each other, which can ultimately impede them from working together.
With regard to HIV and AIDS how do you as an African traditional healer help diagnose, treat and prevent HIV and AIDS?	The rationale for inclusion of this item was to gain an understanding of the perceptions of the two groups regarding each other's treatment approaches. According to Moagi (2009) and Peltzer et al., (2008) lack of collaboration is a direct result of lack of knowledge and sharing of knowledge, leading to stigma and stereotypes about each other's methods.
Have you ever received / referred a patient with HIV and AIDS to a traditional healer /biomedical healthcare practitioner?	This particular question focused on assessing whether there was a relationship between traditional healers and biomedical healthcare practitioners, and the nature (formal or informal) of the relationship.
What are your views on the Traditional Health Practitioners' (THP) Act?	This question was designed to explore perceptions of the THP Act in healthcare and the impact it has in provision of healthcare, as recognition of traditional healers has been accompanied by resistance from modern healthcare providers (Tshehla, 2015).
Do you feel the need for integration between traditional and modern medicine? Please give	The purpose of this question was to find out whether there was a need for integration based

reasons for your answer.	on the views of practitioners and if so, how this integration can be achieved. This information has implications for the treatment of HIV and AIDS (Peltzer, Friend-du Preez, Ramlagan & Fomundam, 2008; Sobiecki, 2014).
If yes, what factors do you think might facilitate the integration? How do you think both medical practitioners can work towards the complimentary treatment of HIV and AIDS in SA?	It was hoped that this item would yield recommendations for knowledge creation in the field of complimentary treatment of HIV and AIDS.
What challenges do you think might hinder complimentary treatment of HIV and AIDS between the two groups?	This question focused on identifying the impediments to collaboration between the two groups so that possible solutions could be suggested which might be of use to future policy developers.
What role do you think social workers could play to enhance complimentary treatment of HIV and AIDS between traditional healers and modern healthcare practitioners?	Social workers who are employed within hospital setting are advocates for patients' rights and are called upon to provide education about HIV treatment and the importance of adherence to a particular treatment plan (Gibelman, 2005). The rationale for inclusion of this question was to interrogate the role a social worker can play in ensuring proper treatment of patients by both groups of healthcare practitioners.
What recommendations would you make to improve the complimentary treatment of HIV and AIDS between traditional healers and modern healthcare practitioners?	It was envisaged that this question would allow participants to add further information on aspects that were not probed during the interview and that they felt were important.

3.8. Pre-testing the interview schedules

A pre-test or pilot study is the first step in the research data collection process, whereby the researcher chooses participants who will assist in examining and evaluating the appropriateness of the interview instruments and questions (Creswell, 2013). This procedure helps to identify shortfalls in the research tools and to check for any discrepancies or ambiguities that may need to be addressed. This procedure was carried out prior to the study with participants who were excluded from the final research report. In addition, in accordance with recommendations by Brink and Wood (1998) and Creswell (2014), the participants of the pre-test/pilot interviews were informed about the nature and purpose of the pilot interview. ().

Pre-tests of the two interview schedules were undertaken with one individual participant for each interview schedule, namely, one biomedical multi-disciplinary team member and one traditional healer respectively. As a result the pre-test/pilot study allowed the researcher to change the structure of some questions, clarify issues raised and use simpler language and terminology that was more easily understood by the participants. These changes ultimately allowed participants to express themselves with ease as they understood the questions and content of the interview schedule.

3.9. Data Collection

The research data collection process involved individual face-to-face interviews with doctors and other allied professionals such as nurses, social workers and pharmacists involved in the medical multidisciplinary HIV and AIDS healthcare team as well as traditional healthcare practitioners. Data were collected at the Charlotte Maxeke Academic hospital, for the biomedical healthcare practitioners, while the interviews for the traditional healers were conducted within their different practice centres in Johannesburg. In addition, the data collection process included inviting participants to the study and giving them a Participant Information Sheet (See Appendix A), explaining the purpose of the study. In accordance with recommendations by Creswell (2013), Edwards (2006) and Kumar (2014), once the participants understood the aim of the research and the procedure, a Consent Form was issued to be signed as proof that they agreed to be part of the study voluntarily and understood their rights as research participants.

The data collection process then proceeded through the use of the interview schedules (Appendices C and D). During the interviews the researcher used techniques such as probing, elaboration and reflection to gather more details and understanding about the participants' interpretations, conveyed meaning, and opinions and used the opportunity to seek clarification. On average each interview took approximately 20 minutes. Furthermore, during data collection in order to accommodate the African traditional healers who experienced challenges with understanding English, and as recommended by Babbie (2009), Brink & Wood (1998) and Creswell (2013), the researcher conducted the interviews in their respective African home languages, as the researcher was fluent in IsiZulu, IsiXhosa, Pedi, Sesotho and English.

The interviews were audio-recorded and transcribed into English on Microsoft Word, which enabled the researcher to capture the opinions of the participants accurately and thereby enhance the trustworthiness and credibility of the study (Babbie, 2009; Brink & Wood, 1998; Creswell, 2013; Sim & Wright, 2002). During the interviews both verbal (spoken) language and non-verbal (body) language was observed and captured as part of the transcription of the raw data (Nicholas et al., 2010).

3.10. Data Analysis

Within this study the research employed a thematic content analysis technique to analyse the raw data. Thematic content analysis enabled the researcher to examine the raw data to identify trends and emerging themes in the transcribed verbatim interviews with the participants (Vaughn & Tuner, 2016). The data analysis process entailed a thick description of participants' responses, thereby assessing similarities and differences in views, concerns, ideas, content, and individual versus group responses.

The main data analysis model adopted in this study involved the six steps conceptualised by Braun and Clarke (2006). According to Braun and Clarke (2006), the first step in this process included *familiarisation,* whereby the researcher immersed himself in the collected data from the interviews conducted and transcribed in the data collection phase of the research. In this phase the researcher read through the data, listened to the audio recordings and ensured that he was familiar with the raw data (Braun & Clarke, 2006).

As the researcher went through the data, trends and patterns were noted, developed, recorded and interpreted. In addition, as part of the first phase the audio recordings were organised and transcribed into a Microsoft Word document. The second phase of thematic analysis involved *generating initial codes* for the data, as the first phase provided the researcher with ideas and content which were worth noting in the raw data. The coding process involved initial development of themes whereby a large number of themes were identified, named and recorded. This process was guided and informed by the raw data and the theoretical framework (systems theory and the person-in-environment perspective) that informed the research and relevant literature (Braun & Clarke, 2006).

The next phase of data analysis entailed *searching for themes* in the data. This phase combined the coded data into broader themes that could be analysed against the theoretical framework of the research and raw data. As described by Braun and Clark (2006) and Creswell (2013), this phase of data analysis involved searching for general ideas and perceptions that were expected, information that was not expected and those notions that were new and interesting.

The next phase conceptualized by Braun and Clark (2006), focused on *reviewing themes*. At this level of data analysis the researcher engaged in activities of scrutinising all the themes created in the previous phase and removed the themes that did not seem to be significant for the study and data presentation, hence making strong themes. The fifth phase involved *forming broad themes* as some themes needed to be combined to form one broader theme instead of having several themes. At this level of analysis the researcher reviewed the data, themes and units of analysis and explained which themes were important, made them interesting and what they conveyed about the raw data. The last phase of thematic content analysis, according to Braun and Clarke (2006), is *producing the report.* At this level of data analysis the researcher ensured that the themes followed a logical order from the data, and provided an explanation of what the data said about the research study.

3.11. Trustworthiness of the study

Efforts were made to enhance trustworthiness of the data collection processes and data analysis techniques through providing descriptions of how issues of dependability, credibility,

transferability and confirmability were ensured in the study. To enhance *dependability* of the data, which is the equivalent of reliability in quantitative research, the same interviewer was used to interview all participants and the interview schedules used a standardised set of questions, while also allowing for flexibility. The researcher enhanced *credibility,* which is the equivalent of internal validity in quantitative research, through a detailed description of the research methodology and theoretical framework underpinning the study. In addition, triangulation was employed through the use of two different samples, namely, traditional healers and biomedical healthcare practitioners, which enabled varied perspectives and opinions, enhancing credibility of the data (Bryman, 2012; Creswell, 2013).

In terms of *transferability* or external validity of the research study, although the small, non-probability samples precluded generalization of the findings to the broader populations of modern healthcare professionals and traditional healers, the findings may nevertheless be applicable to health practitioners in other settings. *Confirmability,* which is the equivalent of objectivity in quantitative research, was enhanced through correspondence checking whereby the researcher's supervisor checked to see whether the researcher's categorization of themes corresponded with his own (Bryman, 2012; Creswell, 2013).

3.12. Ethical Considerations

The research procedure included application to site managers, the Chief Executive Officer of the Charlotte Maxeke Hospital and the director of the organisation that represented traditional healers to seek permission to conduct the study. In addition, the researcher ensured that the study adhered to the following ethical principles:

Voluntary participation:

As part of respect for potential research participants, this research study ensured that participation was entirely voluntary. No participant was forced to participate in the study and participants were given an opportunity to withdraw from the study at any time during the interviews without incurring any penalties. Within research it is important to respect participants' inherent right to choose whether they wish to be part of the study, and those who are willing need to make an informed decision to do so (Creswell, 2013; Nicholas et al., 2010).

Privacy and confidentiality:

The research raw data elicited from the participants were only accessible to the researcher and his supervisor and were stored in a password protected computer. Participants were informed that raw data would be kept for two years following any publication and for five years if no publications emanated from the study. Confidentiality was ensured through coding, replacing participants' names with a number and excluding any names and identifying details from the final report as recommended by Creswell (2013) and Morrison (2014).

Non-maleficence:

The researcher endeavoured to ensure the safety of the participants and that the research did not cause them any harm. The nature of the study did not put the participants in any danger, and participating in the study did not have any direct or indirect harmful effects.

Non-deception:

There was no deception in the study; the research questions of the study were clear, and the participants were given a participant information sheet, which explained the procedure of the study and aims of the research. The participants thus entered into the data collection interviews knowing what to expect (Kumar, 2014; Nicholas et al., 2010).

Informed consent:

Participant Information Sheets and Consent Forms were provided for all the participants and the researcher explained to the participants the procedures and issues around confidentiality and privacy to allow them to make an informed decision to consent to participate in the study. In addition to the consent for the interview, the participants signed a consent for tape recording the interviews and they were informed about their right to not sign the recording consent (Appendix B), and the researcher respected their decisions (Kumar, 2014). The majority of the participants were not comfortable with being audio-recorded; hence field notes were used to capture the responses from participants as accurately as was possible.

***Feedback to participants*:**

Following the interviews, the participants were given an opportunity to request a summary of the results of the study. Hence the participant information sheet provided contact details of the researcher to be used to request feedback on the findings of the study.

Ethics clearance from Medical HREC:

The researcher applied for ethics clearance from the Human Research Ethics Committee (medical), the Traditional Healers' Organisation and the Hospital Ethics committee prior to data collection, and once the necessary ethical permissions were granted, data collection commenced.

3.13. Reflexivity

During the various processes of the research data collection, the researcher reflected on the impact he himself may have had on the participants. According to Creswell (2013), personal factors which may shape the interpretation of the data include, but are not limited to personal biases and held stereotypes, personal values, background and culture, as well as socio-economic status of the researcher. Therefore, acknowledging these personal factors enabled the researcher to deal with them and ultimately enhance the quality of the study in reporting results. As part of the process of reflexivity, cultural values and beliefs about traditional medicine and values for rituals that the researcher held personally had to be considered as a possible source of bias. For example, as a black African male, with a background in the use of traditional medicine, it was important to acknowledge that these factors may have influenced participants' responses. Consequently, it was important to allow participants to express themselves without passing any personal judgments, but giving the participants a platform to express themselves fully, as recommended by Creswell (2013) and Kumar (2014).

3.14. Summary of the Chapter

A qualitative research approach was employed in this study, using an exploratory-descriptive design. The aim and objectives of the study were articulated as well as the manner in which the study endeavoured to address the research questions during the research process. Furthermore,

this chapter provided a description of the target population and participants, and the selection criteria in terms of how the participants were recruited. Methods of data were described as well as the method of data analysis. Thereafter, issues of trustworthiness and ethical considerations were considered. In concluding the chapter, the researcher described the use of reflexivity to reflect on the impact of personal factors on data collection. This chapter forms the backdrop to the presentation and discussion of results in the following chapter.