CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The main aim of the project was to examine the views of western/biomedical health practitioners and African traditional healers regarding the feasibility of integration of these two groups within the HIV and AIDS multi-disciplinary healthcare team, and factors that could potentially facilitate and constrain this integration. The results are presented and discussed in accordance with objectives of the study, and the themes that emerged from the analysis. Verbatim responses from participants are used to illustrate the various themes.

4.2 Profile of participants

The sample comprised 10 modern healthcare practitioners, and 10 traditional healers, with a total of 20 participants. Table 4.1 provides a visual view of the composition and demographic details of the biomedical healthcare sample.

Table 4.1 Demographic Profile of the Biomedical Healthcare Practitioners (n=10)

Participant	Type of biomedical practitioner	Race	Gender	Home language	No. of years' experience
PBH 1	Professional Nurse	Black	Male	Setswana	3
PBH 2	Pharmacist	Black	Female	English	24
PBH 3	Pharmacist	Black	Female	Venda	14
PBH 4	Pharmacist	White	Female	English	27
PBH 5	Professional Nurse	Black	Female	Venda	7
PBH 6	Social Worker	Black	Female	IsiXhosa	4
PBH 7	Social Worker	Black	Female	SiSwati	5
PBH 8	Professional Nurse	Black	Female	IsiZulu	28
PBH 9	Medical Doctor	White	Female	English	8
PBH 10	Medical Doctor	Black	Male	Ndebele	13

Within the sample of biomedical healthcare professionals there were two medical doctors, three nurses, two social workers and three pharmacists. In terms of gender, there were two males and eight female biomedical healthcare practitioners who participated in the study, with eight black participants and two white participants. While the study aimed to make the sample as diverse as possible the majority of the participants were black females.

A limitation of the sample was that there were only two doctors who participated as the data collection process took place during working hours within an HIV Clinic and most doctors were reluctant to leave patients to participate in the study. However, other members of the medical multi-disciplinary were included in the study to allow for various views and perspectives, hence offering rich data and a range of diverse opinions. Furthermore, the working experience of the sample ranged from 3 to 42 years. The participants were employed by the Department of Health, and had direct contact with patients.

Table 4.2 shows the demographic profile of the traditional healers who participated in the study.

Table 4.2 Demographic Profile of the African Traditional Healers (n=10)

Participant	Type of traditional healer	Race	Gender	Home language	Experience in years
PTH 1	Diviner	Black	Female	Setswana	10
PTH 2	Diviner	Black	Male	IsiZulu	6
PTH 3	Diviner	Black	Female	Sesotho	36
PTH 4	Diviner	Black	Male	Shona	11
PTH 5	Diviner	Black	Female	IsiZulu	6
PTH 6	Herbalist	Black	Male	IsiZulu	6
PTH 7	Diviner	Black	Female	IsiZulu	5
PTH 8	Diviner	Black	Male	IsiZulu	15
PTH 9	Herbalist	Black	Male	Ndebele	8
PTH 10	Herbalist	Black	Male	Sesotho	19

The sample of African traditional healers incorporated six diviners, three herbalists and one faith healer. Within this sample it is important to note that the participants were likely to have been engaged in multiple roles concurrently. For example a participant may have been a faith healer, while also engaging in herbalism to treat patients, which made it difficult to pinpoint the exact healing role they played which often depended on the kind of patient they treated. In addition, the composition of traditional healers included six males and four females, all of whom were black, with practice experience that ranged between 6 to 36 years. The participants spoke different languages and employed methods from Zulu, Sotho, Ndebele, Shona and Setswana African traditional healing philosophies. In terms of ethnicity, the sample included five Zulu, two Sotho, one Ndebele, one Shona and one Setswana participant which enriched the diversity of responses obtained.

4.3. 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

This section addresses the first objective which was 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. Analysis of the responses revealed several themes:

Theme One: Ambivalence about collaboration and pre-conditions set by biomedical healthcare practitioners

In the study the majority of African traditional healers (9 out of 10) and biomedical healthcare practitioners (7 out of 10) were open to the idea of working together as they acknowledged the role that both approaches play in the treatment and management of HIV and AIDS. While the majority (7) of the biomedical healthcare participants saw a need to work with African traditional healers, they generally wanted the relationship to be based on use of ARV treatment rather than herbal or traditional concoctions prepared by traditional healers.

However, regardless of acknowledging the role African traditional healers can play in HIV management, the biomedical practitioners viewed traditional medicine as more of an untested

method to deal with HIV. As a result they felt that traditional healers needed to subject their medication to rigorous testing and be willing to learn from biomedical practitioners about methods of treatment before they could start working together in a formal setting.

In contrast with these findings, a study with biomedical healthcare professionals in rural KwaZulu Natal by Campbell-Hall, Petersen, Bhana, Mjadu, Hosegood and Flisher (2010) found that strong relationships were established with traditional healers, and these relations impacted on knowledge about observations for signs and symptoms of HIV and its opportunistic infections by traditional healers, which benefited the holistic healthcare of patients. This holistic approach would appear to be in line with the ecological perspective which considers physical, spiritual, cultural, biological and psychological systems in relation to one another (Gilbert, Selikow & Walker, 2010; Greene & Schriver, 2016). The approach adopted by Campbell-Hall is also consistent with the person-in-environment theory which argues that people are affected and shaped by the environment in which they live (Gilbert, Selikow & Walker, 2010; Payne 2014).

However, the current research highlighted a non-existing relationship between traditional healers and biomedical practitioners, as all 10 of the biomedical practitioners reported never having worked with a traditional healer. The different results obtained in the two studies may be related to the fact that one was conducted in a rural area of KZN and the present one in an urban context in Gauteng. The biomedical practitioners in the current study generally viewed traditional healers in both a positive and negative manner; consequently, six of them acknowledged that they had reprimanded patients for using African traditional medicine, while four had tried to find ways for the two systems to co-exist.

Furthermore, responses also suggested that nine of the biomedical practitioners in the study wanted to work with traditional healers, but on their own terms, as they viewed African traditional medicine as less equipped to deal with HIV and AIDS. They indicated that traditional healers should work hand-in-hand with biomedical practitioners to assist them with patients presenting with problems of adherence to ARV treatment. The relationship proposed by the biomedical practitioners suggested a view of modern medicine as the dominant method to treat and manage HIV and AIDS, thus giving priority to modern medicine over traditional medicine. This theme was evident in the interview with one pharmacist who stated:

"I do not think there is harm for use of traditional medicine...for HIV it has to be specifically on the ARV's...Some minor illness could maybe be healed with traditional medicine.... Maybe they could encourage them [traditional healers] to carry on taking the allopathic medicine" [PBH4].

While members of both groups felt that it would be beneficial to work closely together, the majority (7) of the biomedical practitioners were of the opinion that the role of traditional healers should be limited to providing help, without using traditional medicine (muthi) that needed to be consumed by the patients. One of the participants suggested that patients could use muthi externally so that it does not affect ARVs in the body, as captured in the following quote:

"Traditional medicine contradicts ARVs within the body of a patient, they cannot be used at once. The only thing that can help us is for traditional healers to use external medicine like burning herbs, inhale them and bath but never consume traditional medicine" [PBH8].

In line with these findings, Lakshmi, Nambiar, Narayan, Sathyanarayana, Porter and Sheikh (2015) who reviewed current literature in the field of collaboration between traditional healers and modern healthcare practitioners, reported that the interaction envisioned by modern healthcare professionals is that it should be based on a hierarchal system with modern medicine taking a lead in medical treatment and traditional medicine playing a support role.

Theme two: Willingness of traditional healers to collaborate was hampered by lack of reciprocal referrals from biomedical practitioners

The information gathered from traditional healers suggested that they were more open to collaborating with modern biomedical practitioners, while the latter were somewhat reluctant to work with traditional healers. This finding was attributable, in part to some traditional healers already having informal relationships with modern biomedical practitioners as they referred patients to hospitals/clinics, although they did not receive formal referrals from western healthcare practitioners, and the biomedical professionals themselves reported that they never referred patients to traditional healers.

The majority (7) of the traditional healers explained that the tenuous relationship they had with biomedical practitioners was not mutual and this situation was a particular challenge.

Nevertheless, despite this lack of reciprocity, some traditional healers were still open to working with modern healthcare practitioners. One traditional healer emphasized the importance of working with modern healthcare practitioners, as encapsulated in the following response:

> *"Umuntu ngumuntu ngabantu" [we are interconnected] No one can know everything, maybe if... we share we can come up with something better. So integration is needed, it's going to help"* [PTH7].

In a similar vein, another traditional healer commented:

> *"If a traditional healer cannot help he must refer the patient to a hospital and vice versus for modern healthcare practitioners... My experience with western medicine is not bad at all because I do refer for diagnosis to them even though they do not refer back to us in a way"* [PTH9].

Consistent with these findings, Shields, Chauhan, Bakre, Hamlai, Lynch and Bunders (2016) reported that building relationships is very important if the two systems of healing intended to collaborate.

Theme three: Negative views of traditional medicine on the part of biomedical healthcare practitioners

A further theme that emerged was the negative perceptions of 8 of the biomedical practitioners of traditional healing practices stemming from past experiences, as reflected in the following response:

> *"My work with patients during counselling or education programmes provide somehow a bias against traditional medicine... we tend to promote the use of ARVs...reason being that most of the patients I have seen come to the hospital in a bad medical condition due to use of traditional medicine"* [PBH7].

Theme four: Preference for working alone and not collaborating

In the current sample of African traditional healers not all the healers were open to working with biomedical healthcare providers. Two of the traditional healers reported that they were not in favour of working with other systems of healthcare, as their treatment was unique and singular in nature. While the modern healthcare practitioners also shared the same sentiment of confining

themselves to one method, two of the traditional healers also preferred a singular method of treatment. One traditional healer commented:

> *"No I really do not see the need personally, I work alone... I believe in the treatment of a condition with herbal treatments, if someone prefers the English way he must use that way and stick to it"* [PTH10].

The majority (8) of the biomedical practitioners preferred a singular method of treating HIV and AIDS, with only two participants perceiving a need for compromise through the external use of African traditional medicine (e.g. bathing with muthi and burning muthi) and spiritual interventions. This statement was highlighted by one participant who said:

> *"The only thing that can help us is for traditional healers to use external medicine like burning herbs, inhale them and bath but never consume traditional medicine"* [PBH8].

The preference for a singular method may be directly related to drug interaction problems between African traditional medicine and modern bio-medicine. Certainly, adverse negative results from using traditional medicine in conjunction with ARVs, have been noted in many studies; hence a strategy to reduce these interactions would be to use traditional medicine externally while consuming ARVs (Campbell-Hall et al., 2010; Shields, 2016).

Theme five: African Traditional Healing Impacts on compliance with biomedical ARV treatment

The information collected from participants during interviews highlighted the perceptions that traditional medicine impacted on adherence by patient to ARVs. Two of the modern biomedical practitioners were concerned about claims made by traditional healers regarding their ability to cure HIV, which impacted on the health and well-being of patients. They drew attention to the costs of admitting and re-admitting the same patient due to complications that were a direct result of strong beliefs in divine powers and spiritual healing. One of the biomedical practitioners expressed concern about the impact of strong beliefs:

> *"We had a patient who claimed to have been healed by the power of prayer... because the patient believe that she was cursed it was very difficult to tell her that she must continue with treatment..."* [PBH5]

This example highlighted the problem of compliance with treatment regimens when there are competing cosmologies influencing patients' health beliefs and practices, and a lack of clinical research to establish the efficacy of African traditional medicine and spiritual healing practices.

However, some traditional healers emphasized that they realised the importance of adherence to the ARV treatment course. Consequently, they did not reprimand their patients for stopping ARV treatment, but rather encouraged them to continue with the use of ARVs in conjunction with traditional remedies. One traditional healer explained:

> *"I hear other patients saying that after drinking "imbiza" (traditional remedy) they need to stop treatment, I tell my client no they do not do that, they can use them both because these "imbiza" are not the same, some is like you add beetroot to your food. The brainwashing and change of mindset is not the way"* [PTH3].

Another traditional healer remarked:

> *"When a patient discloses it becomes easier to prepare an Imbiza which is much lighter so that it does not flush out the ARV"* [PTH5].

Theme Six: African Traditional Medicine and medical complications

The biomedical participants had strong views and concerns about medical complications that are a direct results of use of traditional medicine. Seven of the biomedical practitioners highlighted the negative impact of African traditional medicine. This concern was encapsulated in the following verbatim response:

> *"I once worked in renal unit, the majority of liver and kidney failure are directly related to use of strong medical plants. All in all the impact is bad"* [PBH7].

Similar concerns have been documented in the literature. For example, Gail et al. (2015) claim that the use of raw traditional remedies may result in worsening of the patient's condition and the development of other conditions.

In addition, two of the traditional healers viewed modern healthcare practitioners through a somewhat hostile lens stating that these practitioners do not wish to work in partnership with traditional healers, but rather take them over and make traditional medicine a sub-field within

healthcare. There was concern that these biomedical professionals would appropriate the intellectual property of traditional healers. This idea was reflected in the following comment:

> *"I believe, this is my opinion right... that the western practitioner do not want to work with traditional healers unless they capture them. Hence they do not require partnership or want traditional healers to be in the front line, they want to steal the intellectual property"* [PBH3].

In contrast with this viewpoint, four of the modern biomedical practitioners felt that incorporating traditional healers would assist in achieving transparency and openness about the use of traditional medicine and would help them in assessing the impact and complications of this system of healthcare. This potential benefit was noted by one nurse who stated:

> *"We need them in treating patients, if it was possible for a traditional healer to be available within the HIV unit it would be great, because this would mean that patients can have access to them and we would know about that"* [PBH5].

In essence, the informants of the study held both negative and positive views of the impact of the two healthcare methods on each other's practice. While some biomedical practitioners had serious concerns about adherence to ARV treatment, disclosure, and medical complications as a result of use of African traditional medicine, other biomedical practitioners recognized the importance of working with traditional healers as a way to assist in disclosure of healthcare practices by patients.

4.4. The two groups' knowledge about each other's methods of prevention, diagnosis and treatment of HIV and AIDS

This section focuses on the results in respect on objective two which was 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. Several themes emanated from the data analysis.

Theme One: Traditional healers were aware of the symptoms of HIV and AIDS but needed confirmation of the diagnosis from the clinic/hospital

Traditional healers in the sample engaged in multiple ways of diagnosing a patient to investigate whether they were HIV positive or HIV negative. For example, diviners employed the use of spiritual consultation with the ancestors, seeking background information from the patient, and observation of physical symptoms, while the other types of traditional healers only focused on background information and physical symptoms of a patient. One of the participants explained the diagnosis process as follows:

> *"In most cases those patients with HIV they lose appetite. You find that person cannot eat... and others they have sores on their body to show that there is something wrong on their blood stream. In traditional medicine we are very sensitive to tell someone that they may have HIV... but through observation we can pick up that the patient may have HIV and AIDS and we ask if whether they have tested for HIV or got contact with blood on their cuts or unsafe sex... When providing a diagnosis of HIV... we encourage them to go to clinics to test and come back"* [PTH1].

This quote revealed that the traditional healer was aware of some of the symptoms of HIV that have been identified by biomedicine. In addition, the explanations offered by the traditional healers suggested that they understood the modes of transmission of HIV and how a patient can become infected with the virus. However, it was also evident that they were not confident in their diagnosis as some stated that they were not comfortable telling patients that they were HIV positive. As a result traditional healers in the study also used the services of biomedical practitioners to diagnose their patients. This approach enabled them to compensate for their perceived weakness in diagnosing patients effectively; hence some referred to a hospital or clinic, and advised patients to return for administration of traditional treatment. These efforts highlight first steps in collaboration between the two systems of healing.

On the other hand the knowledge that biomedical practitioners had about how traditional healers actually engage in diagnosis included the understanding that traditional healers engaged in spiritual explanations and observed the physical symptoms of the patient. This view of the spiritual and the physical systems would seem to be in line with both the ecological and person-in-environment theories that guided the study.

Theme two: Western healers' concerns about traditional medicine lacking a scientific base

Regardless of the extent of knowledge that biomedical practitioners had about these forms of diagnosis, they still believed that lack of scientific methods of diagnosis was a huge weakness of traditional medicine, as they argued that one cannot be definitely sure that a patient is HIV positive merely based on physical symptoms and spiritual consultation. Therefore, if traditional healers cannot diagnose HIV this gap would ultimately impact on the form of treatment they use to manage the virus. This view was held by seven of the biomedical practitioners as they dismissed supernatural and traditional explanations of health and illness. This view was expressed by one of the pharmacist who stated:

> *"With me I do not think they can diagnose a patient HIV, because they do not have the HIV tests kit and all that, so I will not trust that they know that the patient is HIV.... Their diagnosis are not clear, because they do not or rather cannot diagnose HIV and AIDS, which is also problematic. How do they even treat something they cannot diagnose or prevent?"* [PBH3].

In relation to these findings, some scholars argue that the gap in knowledge and awareness about traditional medicine methods and techniques is a threat to integration as it leads to stigmatization. Hence they call for the training of modern healthcare practitioners to include methods of traditional medicine, which will allow for shared knowledge and transparency (Lipson & Desantis, 2007).

When discussing how they treat HIV and AIDS, four of the 10 traditional healers in the study specifically distanced themselves from claims of their ability to cure the condition using traditional remedies and rituals. This point suggested that these traditional healers were aware of some of the concerns and stigma associated with their practice. In addition, one of the traditional healers explained that there was no concept for HIV and AIDS within traditional healing philosophies as the concept is a modern term. Thus they admitted that they cannot diagnose someone as HIV positive. Nevertheless, they stated that they can observe and understand whether the condition facing a patient is within their blood stream or not, and from there they are able to provide treatment for the particular condition. The lack of information or sharing of available knowledge about the practice of traditional medicine, results in misinterpretations of each other's method and claims, as highlighted by one professional nurse who stated:

"When you come to traditional healers, listen each one think that they can cure HIV, but while they do not have the background about what is HIV and how it works, if they can be taught on how HIV operate it can be better" [PBH1].

This statement contradicted the previous argument made by traditional healers that they cannot cure HIV and AIDS. It was evident in these two different views that there was lack of sharing of knowledge between traditional medicine and biomedical practitioners in a formal setting that would allow some of the claims made to be interrogated and clarified.

Furthermore, it was noted that methods employed by all the traditional healers in the study included the use of herbs, rituals, prayer and traditional mixtures prepared by traditional healers themselves, after a diagnosis had been given. Based on information gathered it was evident that the traditional healers employed traditional remedies and methods of treatment, while also taking into account adverse interactions between the two methods of healthcare and misconceptions about HIV and AIDS. One of the traditional healers shared some of her methods of treatment and stated:

"We also encourage that even though we prescribe a certain traditional concoction, the patient should not withdraw from taking ARVs... People may come to me with misconception that they have been bewitched, and there isn't such a thing.... The treatment include also a healthy diet, vegetable extracts and abstinence from sexual activities" [PTH1].

Many studies and recommendations made by UNAIDS (2006) have called for the training of traditional healers to further their understanding and expand their knowledge (Campbell-Hall et al., 2010; Lakshmi et al., 2015). Within this study it was noted that the workshops on primary health that the traditional healers received from their organisation had impacted positively on their knowledge and understanding of HIV. It is very important to note that the African traditional healers who were interviewed belonged to a traditional healers' organisation that provides workshops and primary healthcare training about safe ways to treat certain conditions. Therefore, this training may have impacted on the results of the study, as not all traditional healers receive such specialised training. In addition, the traditional healers in the study also worked in urban areas and some had contact with modern biomedical practitioners and access to information about HIV and AIDS.

Furthermore, while the majority (9) of traditional healers felt confident that they could treat HIV and AIDS, one of the participants was more open and admitted that he did not intervene in conditions like HIV as he did not feel that he was well equipped to deal with the condition. As this particular traditional healer put it:

"I personally do not have a cure or treatment for HIV amongst my herbs here in this collection, but I do believe in the power of herbal treatment but not in regards to HIV... [PTH10]"

In summarising findings in respect of objective two, both groups of healthcare practitioners seemed to have a fair knowledge about each other's methods of diagnosis, treatment and prevention. However, there was a degree of stigma and stereotyping surrounding the African traditional healing methods that were noted, which impacted on the views held by modern biomedical practitioners about the treatment of HIV and AIDS by African traditional medicine.

4.5. Factors perceived by biomedical and traditional healing practitioners to impede the integration of the two groups from working together

This section analyses findings in respect of objective three which was to understand participants' perceptions regarding factors facilitating and constraining the integration of the two groups within the HIV and AIDS healthcare team. The two groups of healthcare providers identified factors that were impeding them from working together.

Theme One: Concerns of western healers regarding the adverse effects of traditional medicine on biomedical healthcare services

The majority (8) of the biomedical practitioners' views regarding working with traditional healers revealed scepticism about the efficacy of African traditional medicine and concerns that collaboration might be associated with serious drug interaction problems. Other biomedical practitioners viewed lack of communication between modern healthcare practitioners and traditional healers as a challenge. They explained that the only contact they had with traditional healers was through patients who were admitted to hospital after being unsuccessfully treated by a traditional healer and when they would have been in a very poor medical state This relationship is particular problematic because it leads to a negative view of the field of African traditional

medicine and also results in reluctance of modern healthcare practitioners to work with traditional healers. This influence was expressed by one doctor who stated:

> *"... I don't know what is inside the mixture they prescribe to patients. The ingredients are unknown and this means the effects are also unknown about what they can do to the body of a patient... Most patients I have treated after they consulted with a traditional healer they were in a very bad shape by the time of arrival at hospital, as a result I have problem with the treatment they use...*[PBH9]*"*

In line with these findings, previous research on the relationship between traditional healers and modern healthcare practitioners suggests that members of modern healthcare practitioners were concerned about the quality of healthcare when traditional healers would join them as they argued based on their past experience that it has resulted in more harm than good (Nemutandani, et al., 2016).

Theme Two: Western healers' view of their education as superior to that of traditional healers

Although the biomedical practitioners in the study acknowledged the importance of working together, they felt that the different levels of training of traditional healers and modern healthcare practitioners was also a challenge. Modern healthcare practitioners viewed traditionally healers as less educated than themselves, which resulted in feelings of superiority over traditional healers. Hence, if level of education determined the respect between the two groups of healthcare, working together in future could be a real challenge. One pharmacist expressed this challenge as follows:

> *"You know that the two methods are very different, like coming from different worlds of explanation of disease and understanding of treatment. This is a problem on its own. Another factor is the education level. Most traditional healers are not that educated, while modern practitioners are more educated and may have a feeling of superiority over traditional healers"* [PBH2].

Another traditional healers who saw the educational difference between traditional healers and modern healthcare practitioners as a challenge commented:

"It is the superiority complex. Someone who done seven years as a doctor and me someone who had three years as a sangoma I dream African traditional medicine given by my ancestors and come back and treat you with the muthi" [PTH4].

Consistent with this finding, some previous studies argue that the two methods of healthcare have totally different and irreconcilable explanations and approaches to healthcare, therefore when they work together there is a strong likelihood that they would not agree on a particular method of intervention because the one has a strong science background, while the other is focused more on traditions and relations with the spiritual realms (Shields et al., 2016).

Theme three: Mutual recognition of each other's practices is needed to enhance collaboration

Half (5) of the biomedical practitioners felt that if both groups of healthcare practitioners would not undermine each other's methods of practice, things would change as both practitioners would see a place for treating certain conditions with either ARVs or African traditional medicine. According to Campbell-Hall et al. (2010) and Kahn and Kelly (2001), both healthcare practitioners need to be able to recognise that there are other forms of healthcare to which patients can be referred. This approach would be possible through recognition of the limitations of both types of healthcare. The co-existence of both methods would allow for holistic healthcare that moves beyond the physical experience of disease and illness towards inclusion of spiritual health.

While the majority (14 out of 20) of both biomedical practitioners and traditional healers agreed on the value of collaborating and sharing knowledge, other modern healthcare practitioners (6 out of 10) felt that the two methods of healthcare were not ready to work together as traditional healers do not meet the scientific standards of modern medicine. Therefore, they recommended further investigation and research into the efficacy of traditional medicine in the treatment and management of HIV and AIDS. One of the HIV Unit social workers felt strongly about this aspect and stated:

"We cannot have total integration, reason being is that traditional healers have not proven the efficacy of their medication...Working together with traditional healers is

something that will not happen today or even in the next few years, until modern medicine is confident in the methods used by traditional healers" [PBH6].

In the interviews with all the participants from modern medicine one of the challenges was that the education they had received had impacted on them, resulting in personal biases against African traditional medicine, and questioning of the methods and techniques of traditional healers' as they do not meet the scientific standards of western medical training. Nemutandani et al. (2016) noted this frame of reference in his research with biomedical healthcare practitioners. Attempting to work together for both groups would mean that they would need to be willing to change their preconceptions and both be willing to compromise their medical stances and biases.

Theme Four: Unregistered and untrained traditional healers bring traditional medicine into disrepute

Another factor that was identified to be a threat to modern healthcare practitioners and traditional healers working together, was the prevalence of unregistered and untrained traditional healers who prey on people, which impacts on the image of the entire field of traditional medicine. In South Africa there are still a large number of traditional healers who are practising without acknowledgment from the National Council of Traditional Healers, which creates problems of accountability in cases of harmful practices (African Traditional Healers Association, 2016). Ultimately the images conveyed in the media of traditional healers taking chances without training is portrayed to biomedical healthcare practitioners and at times these messages are generalized to the entire population of traditional healers who are then regarded as dirty, untrained and unprofessional. This theme was encapsulated in the following verbatim response from one traditional healers who stated:

"Another thing which we are still struggling to change is dirty sangomas who pull us down" [PTH4].

In summary, the efforts of traditional healers and modern biomedical practitioners to develop a way to work together faced many challenges. Biomedical practitioners were concerned about the adverse interaction effects of combining the two methods of treatment. In addition, the difference in education levels of traditional healers and biomedical practitioners poses a threat to collaboration as it is likely to lead to personal biases and preconceptions regarding the treatment of HIV and AIDS. Both groups of healthcare practitioners perceived a need to mutually

recognise each other's methods in order to work together effectively. However, unregistered and untrained traditional healers pose a further challenge as they weaken the image of traditional medicine.

4.6. Recommendations for facilitating the integration of the two groups within an HIV and AIDS multi-disciplinary team

This section addresses objective four which was to elicit recommendations for achieving a holistic approach to HIV and AIDS healthcare in South Africa. In analysing the data in respect of this objective, the following themes emerged:

Theme One: The need for shared goals and agendas

The majority of both modern healthcare practitioners and traditional healers (12 of the 20) agreed that once both methods understand what they can gain through collaboration, there is a need to set clear agendas and goals for the two forms of healthcare to work together. In this regard one of the pharmacists stated:

> *"The two groups of people must first understand their agenda, why they are meeting in the first place, and how all their efforts going to benefit each other. This will enable people to work towards a common goal, but it is also important to show respect. Therefore, all the professors we have in modern medicine research have to drop their egos and understand that the level of education is not a ground for respect"* [PBH2].

However, in the view of both groups of healthcare practitioners, shared agendas and goals cannot be successful without the intervention of the government. Hence, there is a need for the government to intervene in the efforts to ensure successful integration of biomedical healthcare and traditional healing. One traditional healer and three biomedical practitioners were of the view that this intervention would need to be at the level of national healthcare policy. In this regard, one of the pharmacists stated:

> *"The whole thing comes down to the government again...The only thing is for the government to sit down and they see how they could include those people into the*

hospital, they themselves they cannot come to us, and say we want to work with you here in the hospital... the government have a big role to play here" [PBH3].

In this regard, Nemutandani et al. (2016) and Lakshmi et al. (2015) emphasize the important role the government must play in terms of providing proper legislation for incorporating African traditional medicine into modern healthcare practice. Their recommendations provide support for ecological theory which posits that when two systems are functioning within the same individual there is a need for congruence, as the breakdown in one part of the system may impact on the well-being of the whole system; thus traditional and biomedical health systems need to work in a way that would allow for the existence of both healthcare systems for people living HIV and AIDS (Greene & Schriver, 2016; Payne, 2014).

Theme Two: The need for standardized dosages

The biomedical practitioners also expressed concerns about the lack of proper dosage for administration of medication used by traditional healers. This factor complicated the acceptable method of measurement as some traditional healers, in the opinion of modern healthcare practitioners, did not use agreed levels of dosage. Therefore, as a prerequisite for collaboration with traditional healers, there needed to be similar measurements for treatment dosages between all traditional healers in South Africa. The biomedical practitioners felt that lack of proper dosages was dangerous as it is easy to overdose patients and expose them to unnecessary healthcare risks. One of the social workers working at the HIV Unit articulated this theme as follows:

"[We] do not really know what is in it, how much to take, because if you say one cup per day, how big is this cup we talking about here" [PBH7].

While the traditional healers were mostly concerned about fake traditional healers who lacked proper training in indigenous knowledge and methods of treatment, they did not focus on testing their treatment for efficacy in treating HIV and AIDS, as they were confident that they could treat and manage HIV. The traditional healers felt that the only proof that was necessary was their training and continued professional development.

In summary, recommendations provided by both groups of healthcare practitioners highlight the opportunity for the two systems of health to integrate their efforts to treat and manage HIV and

AIDS. Five biomedical healthcare practitioners and six participant traditional healers of the participants emphasized the need for clear agendas. However, the biomedical practitioners held strong views that African traditional medicine should try to meet scientific standards and prove the efficacy of their traditional remedies. In a similar vein, Lakshmi et al. (2015) argue that there is a strong need to meet safety issues in African traditional medicine, but this need should not be addressed in a way that undermines traditional healers. Both groups felt that collaboration would increase through access to knowledge about methods used by both types of practitioners in terms of diagnosing, treating and managing HIV and AIDS.

4.7. The roles that social workers could play in facilitating the integration of the two medical practices

This section presents and discusses results in respect of objective five which was 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.

Theme One: Role of social worker as educator and counsellor

Participants from among the biomedical practitioners perceived the role of a social worker as that of an individual who would be an educator and counsellor for patients. These roles met the requirements of social work duties within a healthcare setting (Nicholas et al., 2010). However, their views remained skewed towards placing the social worker in the position of an advocate for the further use of modern bio-medicine, particularly due to the fact that social workers are already working within hospital settings with members of the biomedical healthcare team. Hence, they felt that it would be effective if social workers intervened in cases of adherence and compliance problems. A social worker could also create awareness among patients that there are two approaches to treating HIV - one would therefore be to heal the physical health, while the other would focus on psychological and emotional health. This view was highlighted by six of the biomedical practitioners, with one of the doctors stating:

> *"They can intervene to provide counselling to patients that you know the use of traditional medicine can lead to these implications, it is better to use one method than two"* [PBH9].

Theme Two: Role of social worker as neutral mediator

Indeed it is the role of a social worker to be called in to mediate between two different parties, in order to serve the best interest of both patients and service providers. This theme was elaborated upon by one pharmacist who commented:

> *"In an ARV setting when a person resist to take the allopathic medicine and only recognise only the traditional medicine, so the social worker could come in between the two and explain that there is a place for both, and maybe the one is going to heal your body and the other one is going to heal you emotionally"* [PBH4].

Despite the dominant view that a social worker's role needed to remain within a biomedical setting, six members of the biomedical multi-disciplinary team felt that it would be beneficial for social workers to have an open mind about traditional medicine. Thus they should maintain a neutral stance by playing the role of a mediator between traditional medicine and modern bio-medicine. This perspective was noted by one medical doctor who stated:

> *"A role for mediator, to negotiate common ground that you can relate to one another finding where there would be a minimum neutral ground; so this is where we can contribute and you as a traditional healer this is where you would contribute to help one another"* [PBH10].

It was evident from the study that the role of a social worker as a neutral person was perceived as very important in ensuring collaboration between traditional healers and modern healthcare practitioners. Traditional healers also shared similar views about the role of social workers in the integration of the two methods of healthcare, as they also argued that a social worker needs to maintain a neutral mediating role between the two groups of healthcare practitioners. The conceptualization of the social worker in a hospital setting playing a mediation role is consistent with both the ecological and person-in-environment theories as it involves mediating between traditional and biomedical health systems; taking into account policies, legislation, stakeholders and systems that have a vested interest in the patient's well-being (Gilbert, Selikow & Walker, 2010; Payne 2014).

In this regard, Littlechild (2012) argues that in order to effectively deliver services to patients, social workers should at all times be aware of patients' cultural dynamics and policy factors that

impact on service users. If social workers do not have such awareness they might be reinforcing the dominance of one ideological approach over another.

Theme Three: Role of social worker as advocate for human rights

One of the participants in the study felt that it would also be important for social workers to advocate for patients' right to choose any form of healthcare they wanted, which speaks to greater human rights issues in the country. This theme was articulated by one traditional healer who stated:

> *"I think it's about mediation between the two healthcare professionals in terms of making workshops and encouragement for advocating for traditional medicine's place in society"* [PTH1].

Social workers must be able to identity issues that directly impact on human rights and intervene appropriately under guidelines from different policies and legislation. Nicholas, Rautenbach and Maistry (2010) argue that social workers are agents of change, who must be able to actively engage in issues that violate the rights of their services users.

Theme Four: Role of social worker as researcher

Participants also perceived the social worker as playing the role of researcher, whereby a social worker engages in an active role of investigating traditional medicine and the interaction it has with modern bio-medicine. This point was highlighted by one pharmacist who stated:

> *"Investigation about traditional medicine and western medicine, research is very important in understanding these two fields of practice"* [PBH2].

Traditional healers also expressed similar views, as one healers remarked:

"I think since you come from a healthcare setting you can gather knowledge like you're DOIng from both practitioners and try mediation between the two...making sure that collaboration is achieved" [PTH2].

In summarising objective four it was very interesting to observe the results provided by the traditional healers and the biomedical practitioners were very similar in that both groups focused on the role of a social worker as an educator, mediator and researcher. All these roles fall within the ethical code of conduct and job specifications of a social worker.

4.8. Summary of chapter

Analysis of the study's objectives yielded various themes, which were discussed in this chapter. Under the first objective which explored views and experiences of working together, there were six themes that arose from the analysis of the data, namely, ambivalence about collaboration and pre-conditions set by modern healthcare practitioners; willingness of traditional healers to collaborate was hampered by lack of reciprocal referrals from biomedical practitioners; negative views of traditional medicine on the part of modern healthcare practitioners; preference for working alone and not collaborating; traditional healers' impact on compliance with modern bio-medical ARV treatment; and traditional medicine and medical complications. Under the second objective which focused on knowledge of each other's treatment methods, there were two themes: traditional healers' awareness of the symptoms of HIV and AIDS, while needing confirmation of diagnosis from clinics/hospital; and western healers' concerns about traditional medicine lacking a scientific base. Objective three which explored challenges to collaboration, yielded two themes, namely, concerns of biomedical practitioners regarding the adverse effects of traditional medicine on modern healthcare services; and western healers' views of their education as superior to that of traditional healers. In terms of objective four, recommendations for collaboration included mutual recognition of each other's practices; unregistered and untrained traditional healers bring traditional medicine into disrepute; the need for shared goals and agendas; and the need for standardised dosages. The analysis of objective five of this study gave rise to four themes in relation to the role of the social worker in enhancing collaboration, namely: the roles of educator and counsellor; neutral mediator; advocate for human rights; and researcher. All these themes are summarized in greater detail in the following chapter.