CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

South Africa is one of the most diverse countries in the world, with eleven official languages, and is home to various ethnic groups with differing cultural practices. As a multi-cultural nation the people of South Africa have diverse belief systems regarding healthcare, disease, sickness and healing; hence they consult with both biomedical professionals (also referred to as modern, western or allopathic healthcare practitioners) and traditional healers. It is therefore important to understand these healing practices from the perspectives of biomedical healthcare practitioners as well as those of traditional healers (Kale, 1995; Pinkoane, Greeff & Koen, 2012; Ross & Deverell, 2010).

1.2. Background and Context of the Study

In the South African context traditional healers and biomedical practitioners are both recognised as respected healthcare practitioners by their service users, and they attract a large clientele. However, both these medical practitioners have different views of what causes disease and how one should proceed with treatment of any particular health condition or illness (Davids, Blouws, Aboyade, Gibson, De Jong, Van't Klooster & Hughes, 2014; de Andrade & Ross, 2005).

Traditional healers in South Africa still provide healthcare services to the public in isolation and separate from modern medical services that are provided in private practices as well as in hospitals and clinics sanctioned and funded by the government. Traditional medicine is practised with no assistance from the government in terms of providing equipment to safeguard both the traditional medicine practitioner and service users, including protective gloves for use when examining patients, and a safe working environment (Babb, Pemba, Seatlanyane, Charalambous, Churchyard, & Grant, 2007; Davids, et al., 2014). Regardless of the recognition of traditional healers through the Traditional Health Practitioners Act No. 22 of 2007, there is limited action taken to allow the practice of traditional and biomedicine to complement each other and work in

harmony despite recommendations by various researchers and several legislative and policy documents (Abdullahi, 2011; Pinkoane, Greeff & Koen, 2012; Skosana, 2016).

1.3. Statement of the Problem

In the field of healthcare it is estimated that approximately eighty percent of Black South Africans rely on traditional medicine alone or in combination with western medicine (Ross & Deverell, 2010). Therefore, we cannot ignore the contribution of African traditional healers to the psychological and physical health of many South Africans (Abdullahi, 2011; Lotika, Mabuza & Okonta, 2013), especially as it forms part of African culture. While traditional medicine was previously the dominant form of medical practice before the ascendancy of western biomedical practices, today we see the dominance of biomedicine and its legitimacy in providing healthcare in South Africa (Abdullahi, 2011; Pinkoane, Greeff & Koen, 2012).

However, people in both rural and urban areas consult with traditional healers in order to sustain health in Africa. For example, Skosana (2016) cites studies conducted in South Africa, Ghana and Uganda which all found that many patients tended to turn to traditional medicine after being diagnosed with HIV. Nevertheless, many biomedical healthcare professionals and African traditional healers do not work together and have little understanding of each other's practices. This situation is particularly problematic in dealing with HIV and AIDS which affects large sections of the South African population (Babb et al., 2007; Skosana, 2016).

For instance, some biomedical healthcare professionals providing treatment to patients with HIV and AIDS in Africa and South Africa are concerned about the possible clinically significant adverse interaction effects of combining antiretrovirals (ARVs) with traditional medicines (Lamorde, Tabuti, Obua, Kukunda-Byobona, Lanyero, Byakika-Kibwika, Bbosa, Lubega, Ogwal-Okeng, Ryan, Waako & Merry, 2010; Tabuti, Kukunda & Waako, 2010). They therefore tend to reprimand patients for consulting with traditional healers and using traditional remedies; however, this approach only tends to cause patients to withhold such information and practices. Similarly, some traditional healers disregard the western doctors' treatment as a way to heal clients, discourage the use of ARVs, and rather provide their own form of treatment (Babb, 2007; Skosana, 2016; Sobiecki, 2014).

Nevertheless, those traditional healers who have worked closely with western healthcare professionals understand that one can inhale some traditional medication through steam, rather than drinking it, so that it does not adversely affect the ARVs (Moagi, 2009; Skosana, 2016). Moreover, because purgatives tend to flush the ARVs from the body, they can be substituted with other forms of traditional medicine. These examples highlight the importance of biomedical healthcare professionals and traditional healers working together and sharing their knowledge and understanding in the treatment of HIV and AIDS in a culturally sensitive manner (Kale, 1995; Lamorde et al., 2010; Lotika et al., 2013).

Traditional healers work at a grassroots level within communities and have an important role to play in educating people about HIV and AIDS using culturally appropriate language and methods understood by local people. As such they can play a critical role in the prevention and treatment of HIV and AIDS, as well as the promotion of health in South Africa (Davids, 2014; Pinkoane, Greeff & Williams, 2005). However, they cannot play this role if they are side-lined by biomedical healthcare practitioners or other barriers that impede the two healthcare approaches from combining their education, awareness, prevention and treatment efforts in respect of HIV and AIDS in a country like South Africa with its diversity and literacy challenges (Babb, 2007; Pinkoane, et al., 2012; Sobiecki, 2014).

While there has been a plethora of studies on traditional and biomedicine, there would seem to be a paucity of research on reasons why traditional medicine and modern medicine have not integrated despite the recognition of traditional healers' by law. Therefore, in order to try and move towards culturally sensitive, complimentary healthcare services, research studies need to obtain empirical data about western and traditional healers' views on the reasons for integration not being achieved. Such studies could potentially inform policy and practice of social workers, nurses, doctors, pharmacists and other healthcare professionals in the country (Abdullahi, 2011; Pinkoane, Greeff & Koen, 2012).

One of the few studies conducted in this regard was that of Nemutandani, Hendricks and Mulaudzi (2016), who conducted qualitative research with various types of biomedical healthcare professionals aimed at understanding the perceptions and experiences of allopathic (modern) health practitioners regarding collaboration with traditional health practitioners in contemporary South Africa. Their research yielded a broad range of diverse opinions. It is of

interest that the study showed that the majority of biomedical healthcare practitioners were not inclined to work with traditional healers, particularly due to the vast differences between the two methods in their explanations of illness and healthcare. In addition, the study illustrated challenges in the policy that stipulates collaboration between the two healthcare methods in the country, hence making it difficult for both groups to work as a team with the same goal. For these reasons, it was considered important to investigate barriers to a complimentary healthcare system, in order to more fully understand the resistance and ensure deeper understanding of the challenges (Nemutandani et al., 2016). The current study endeavoured to expand and build on the research conducted by Nemutandani et al. (2016).

1.4. Rationale for the Research

It was anticipated that the research would have implications for the broadening of knowledge and would fill part of the lacuna in available research on traditional healers' beliefs, practices, and methods of intervention with regard to HIV and AIDS; traditional healers' understanding of western methods of treatment; and the perceptions of both biomedical and traditional healers in terms of how their approaches can both be integrated within an HIV and AIDS multi-disciplinary treatment team (Davids et al., 2014; Peu, Troskie & Hattingh 2001; Pinkoane, et al., 2012). In addition, it was felt that knowledge and understanding of the two different approaches to HIV and AIDS could potentially facilitate appropriate referrals between these two groups of healthcare practitioners (Abdullahi, 2011; de Andrade & Ross, 2005; Kale, 1995).

It was also envisaged that the study would have particular implications for social workers employed in healthcare settings as they are often called upon to act as mediators between patients and biomedical healthcare practitioners, and as advocates for patients' rights (Nicholas, Rautenbach & Maistry, 2010; Payne, 2014). In this regard, Thabede (2008) emphasizes the need for social work educators and practitioners to be aware of the African worldview when teaching students and when providing services to African clients. Furthermore, it was felt that the research study might yield strategies for enhancing ethnic sensitive practice and uphold the nation's right to indigenous cultural practices, knowledge and policy implementation, within the limits of the Constitution of South Africa (1996).

Finally, it was anticipated that this research would have implications for improving policy implementation, as policies and legislation like the Traditional Health Practitioners Act 2007, respect for diversity and cultures and people's choice/rights to choose healthcare services as stipulated in the Constitution of SA (1996) and social work ethics and values are often poorly applied.

1.5 Assumptions underpinning the Study

An assumption underpinning the study was that it linked into the broader conversation about access to quality healthcare in South Africa. The premise of this study is that the healthcare system should not focus only on human biological, psychological and social needs as put forward in the bio-psychosocial medical model being implemented within the South African healthcare system, but should also extend to include spirituality and culture (Benator, 2004; Lakhan, 2006). Due to the current imperative on emphasizing diversity, de-colonising knowledge and Africanisation of modern medicine, it was felt that there was a need to fit traditional/indigenous knowledge and practices into the multidisciplinary healthcare system of South Africans (Pinkoane, et al., 2012; Van Der Geest, 1997).

1.6 The Research Aim and Objectives of the Study

The Primary Aim of the Study:

To understand the views of modern/western/biomedical health 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

Secondary Objectives of the Study

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 systems

1.7. Overview of the Research Methodology

The study employed an exploratory-descriptive research design to explore the views of African traditional healers and biomedical healthcare professionals regarding working together in the treatment of persons living with HIV and AIDS. Individual interviews were held with 10 African traditional healers and 10 biomedical healthcare professionals recruited through non probability purposive and snowball sampling. Interviews were based on two separate semi-structured interview schedules for the two groups and responses were analysed using thematic content analysis (Creswell, 2013).

1.8 Definitions of Key Concepts

HIV: This term is an abbreviation for Human Immunodeficiency Virus, the virus that breaks down the immune system of an individual, and if not treated can lead to AIDS (UNAIDS, 2013).

AIDS: This concept is an abbreviation for Acquired Immune Deficiency Syndrome, which is the advanced stage of HIV, resulting in the total breakdown of the immune system and defenses of an individual, leading to an inability to fight off opportunistic infections (UNAIDS, 2013).

Biomedical/western/modern healthcare: This approach is also referred to as allopathic medicine, and is a method of healthcare that employs scientific methods to diagnose, prevent and treat health conditions, using pharmaceutical medication that has been subjected to clinical research to prove its efficacy. This method of healthcare views health from a biological, psychological and social perspective (Jarvis 2000; Oxford, 2010; Singh, 2010). Within the

context of this study, the terms biomedical, western and modern healthcare are used interchangeably.

African traditional healing: This method of healthcare draws upon indigenous knowledge systems and wisdom transferred through verbal communication and training as well as consultation with ancestral spiritual realms to diagnose, explain and treat health conditions using indigenous healing methods, and raw medicines (muthi; plants and animals based medicine) (Human, 2009; Ndingi, 2008).

Culturally sensitive practice: This approach is adopted when working with people from different cultural and ethnic backgrounds, whereby practitioners take into account the uniqueness and diversity of service users, acknowledging and respecting their cultural practices and belief systems, within the bounds of the law (Nicholas et al., 2010; Potgieter, 1998).

Complimentary healthcare: This term refers to a healthcare model that enables two different methods of healthcare to provide treatment for and prevention of diseases like HIV and AIDS, without any negative drug interactions, between the two methods of treatment. The medication provided by one method works in harmony with the other (Ahmed, Sulaiman, Hassali, Thiruchevam, Hasan & Lee, 2016; Pinkoane et al., 2012).

1.9 The Theoretical Lens Framing the Study

The overarching theoretical framework for the study was guided by the ecosystems and person-in-environment approaches to understanding health. The ecosystem perspective views human health as a holistic system, with interrelated subsystems, where breakdown in one aspect of the entire system leads to distress in the entire health system of any particular individual. Therefore, people's biological, psychological, emotional, social and spiritual/cultural systems are all connected resulting in a holistic understanding of health (Greene & Schriver, 2016; Lakhan, 2006). In addition, the study adopted the person-in-environment approach to understanding of health. This perspective holds that people are affected by their environment; thus if someone lives in an environment that is characterized by strongly held beliefs in cultural and traditional explanations of health and illness, the environment will impact on their choice of healthcare method (Gilbert, Selikow & Walker, 2010; Greene, 2010; Lesser & Pope, 2011).

1.10 Limitations of the Study

- Although generalization is usually not an issue in qualitative research, the main limitation of the study is related to the non-probability nature of the samples and the small sample sizes. The purposive sample consisted of 20 participants and findings cannot be generalised to the broader population of healthcare practitioners and traditional healers in the country. It is also important to note the additional shortfalls and limitations of this sampling technique. For example, using this form of recruitment means that there might be bias in terms of the researcher interviewing only people who were willing to be interviewed, and also people who might be easier to approach and invite to be part of the study (Creswell, 2013). It is also worth noting that the majority of the healers were drawn from one organisation which provides training and workshops for their traditional healers; hence they may not represent the entire population of traditional healers in Gauteng, as some traditional healers are not members and do not receive ongoing workshops (Brink & Wood, 1998; Creswell, 2013).

- In addition, it is important to note that the majority of the interviews with traditional healers were conducted in the IsiZulu, Sesotho and IsiXhosa mother tongue as the researcher was fluent in these languages. The ability to speak with the participants in their home language enabled them to discuss their opinions at a deeper level without struggling to look for an English word to describe their experience, which was of particular importance to the data collection process. However, some information may have been lost in translation to English as some of the words did not have English equivalents. This limitation was compensated for by asking participants to explain proverbs and colloquial expressions they used during the interviews to avoid confusion of literal and figurative meanings (Brink & Wood, 1998; Creswell, 2013; Sim & Wright, 2002).

- A further limitation that is also worth noting, includes the possibility of participants having furnished socially desirable responses, due to the perception that one method of healthcare might be viewed as inferior to another. In order to minimise this potential weakness, participants were told to that there were no right or wrong answers.

- Moreover, when the researcher endeavoured to explore the methods of prevention, diagnosis and treatment used by the two groups of healthcare practitioners, participants tended to speak generally and seldom distinguished between these different approaches. Hence, it was necessary to combine them in the analysis of findings.

1.11. Organization of the Research Report

Chapter One provided an orientation to the research including the statement of the problem and rationale for the study, definitions of key concepts and limitations inherent in the research design and methodology. Chapter Two reviews the literature and discusses the theoretical framework that guided the study. Chapter Three provides a detailed explication of the research design and methodology including the approach adopted, the sampling procedures, the research tools, method of data collection and data analysis as well as the ethical principles taken into consideration. In Chapter Four results from the research are presented and discussed in accordance with the objectives of the study. The final chapter, Chapter Five, summarises the main findings that emerged from the study, draws conclusions, and makes recommendations.