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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 TWO

LITERATURE REVIEW

2.1 Introduction

In South Africa both African traditional healers and biomedical/western healthcare practitioners play an important role in the prevention, diagnosis and treatment of HIV and AIDS in order to help communities sustain health in a holistic manner. There is widespread use of traditional healers by many South Africans, as these practitioners are viewed as more accessible and more closely aligned with the cultural beliefs of their clients than many western healthcare professionals. With the country's high HIV and AIDS rates it is important to organize all available healthcare providers recognized by law to join the fight against the virus (Lotika, Mabuza & Okonta, 2013; Pinkoane, Greeff & Koen, 2012). Traditional healers and biomedical practitioners are both respected medical practitioners, within their respective communities despite their vastly different practice methods of diagnosis, treatment, education and promotion of health; however, both groups of professionals have one thing in common, which is to provide the best healthcare services to their clients (Peu, Troskie & Hattingh, 2001; Pinkoane, Greeff & Williams, 2005). This chapter discusses different research studies and literature in the field of traditional medicine and biomedical healthcare drawn from both local and international sources, and also describes the theoretical framework that guided the study.

2.2. African Traditional Healing and Biomedicine

Traditional and faith based healing methods are still prevalent in our communities and form part of African culture, thereby shaping many beliefs around healthcare options and provision. Culture is one of the main influential factors in choosing healthcare options for many South Africans and plays a significant role in the practice of culturally sensitive and holistic healthcare in the country (Hughes, Blouws, Aboyade, Davids, Mbamalu, Van't Klooster, Mills, Cooper, Seely & Kanfer, 2005). As custodians of African culture, the services of traditional healers are widely available to the people and consultation is less rigid, unlike in hospitals and clinics where

patients have to queue for long hours or book their consultation with the modern medical multi-disciplinary HIV and AIDS team (Ahmed, Sulaiman, Hassali, Thiruchevam, Hasan & Lee, 2016; Lotika et al., 2013).

In addition, the South African government recognises traditional healers, through the promulgation of the Traditional Health Practitioners Act (2007) whereby these indigenous practitioners can be involved in the treatment of clients, be registered with a statutory body and practise under guidelines. Under this statutory recognition indigenous healers of all types who are known to be competent to provide traditional healing according to the methods and standards of traditional medicine are recognised and may register with the traditional healers' organisation/association (Davids, Blouws, Aboyade, Gibson, De Jong, Van't Klooster & Hughes, 2014; Traditional Health Practitioners Act, 2007). However, not all traditional healers subscribe to the Council of Traditional Healers established by government to monitor traditional medicine in South Africa (Pinkoane, Greeff & Koen, 2008; The African National Healers' Association, 2014).

In the South African context it has been estimated that there are approximately 200 000 to 350 000 traditional healers and this number far exceeds the number of practising medical doctors in South Africa providing healthcare services to the public (Babb, Pemba, Seatlanyane, Charalambous, Churchyard & Grant, 2007; Davids et al., 2014). According to Davids et al. (2014) the doctor-patient ratio is approximately 0.77 per 1 000, in contrast with one traditional healer per 500 patients. Due to the high prevalence of HIV and AIDS, these healthcare practitioners are called upon to provide services in respect to the prevention, diagnosis and treatment of the virus (Davids et al., 2014; Hughes et al., 2015).

People enjoy the flexibility of traditional healers and their availability, which is responsive to a large clientele of custodians of the African cultural beliefs and those external to the belief system, who use it for treatment through recommendations from family members and friends. Traditional healers and biomedical healthcare practitioners generally do not have direct relationships or interact with one another for consultation or any form of communication about the patients they treat for any particular illness or disease (Babb et al, 2007; Lotika et al., 2013). Nevertheless, patients are still using both healthcare practitioners. South Africans prefer to use a single or combination method of treatment plans available at their disposal; thus they either use

biomedical healthcare alone, traditional medicine alone, or use biomedical healthcare in combination with traditional medicine (Lotika et al., 2013; Peltzer, Friend-du Preez, Ramlagan & Fomundam, 2008).

The UNAIDS, in an attempt to improve the treatment of persons living with HIV in South Africa and in response to the question of collaboration between traditional healers and modern healthcare practitioners, designed a programme in 2007 to try to improve the relationship between the two healthcare providers. A series of projects looking at the usefulness of African traditional medicine in the treatment of HIV and AIDS was undertaken, with training for traditional healers to effectively respond to the virus. A project which was based in Kwa-Zulu Natal recognized the importance of traditional medicine in response to HIV. However, despite the UNAIDS developing practical guidelines to incorporate traditional medicine and encourage positive collaboration between biomedical practitioners and traditional healers, there are no policies or laws to ensure issues of sustainability and legal recognition of collaborative efforts (UNAIDS, 2006). Therefore, building a connecting bridge between biomedical healthcare and traditional medicine has been particularly challenging in the past, despite recommendations from the World Health Organisation, UNAIDS and research studies (Pinkoane, Greeff & Koen, 2012; UNAIDS, 2006).

2.3. HIV and AIDS and African Traditional Healers

According to Hughes et al. (2015), the prevalence of HIV worldwide was estimated at 35.3 million in 2012, with 70% of these cases reported in sub-Saharan African countries, including South Africa, where there were 2.5 million new infections in 2011. HIV and the associated disease of TB are still among the leading causes of death in low income and rural communities (Hughes et al., 2015; UNAIDS, 2013). HIV is one of the viruses that have impacted negatively on the development of South Africa as it has left many families in poverty, affected the economy and work force, and increased the government expenditure on treatment of infected persons (Davids et al., 2014). Despite the efforts of both traditional and biomedical healthcare, HIV and AIDS are still prevalent and among the leading causes of death and low life expectancy in Sub-Saharan countries including South Africa (Pinkoane, Greeff & Koen, 2012).

Traditional healers argue for the use of their treatment and methods of intervention with patients with HIV and AIDS, and are confident of the validity of their treatment. However, there have been no formal scientific investigations to support claims made for traditional medicine (Kang'ethe, 2012). Nevertheless, clients of traditional healers treat the virus using their traditional remedies from different plant species, animal parts or minerals, and these clients report both physical and psychological relief after the use of traditional remedies, rituals and prayers (Peltzer et al., 2008). This indigenous method of healthcare is used by many South Africans, as it brings into play elements of the interconnectedness of people's ecosystems, namely, the psyche, physical being and spirit. (Hughes, 2015; Kale, 1995; Lakhan, 2006).

Traditional healers use muthi (medicine) derived from animal skins and plants to treat HIV and AIDS, and their patients either swallow the concoction made by the traditional healer or bathe with it externally, inhale it or tie it to their bodies. While these methods may yield no scientific relationship between the treatment and the virus according to modern views and methods of medicines, their use remains high in South Africa and elsewhere (Ahmed et al., 2016; de Andrade & Ross, 2005; Mills, Cooper, Seely & Kanfer, 2005). Consequently, the UNAIDS acknowledges the importance of including indigenous healing methods in the global fight against HIV and AIDS, as occurred in an international indigenous preconference meeting on HIV in July 2016, whereby the UNAIDS called for greater visibility of indigenous voices (UNAIDS, 2016).

Hughes et al. (2015) conducted a study in rural Eastern Cape to try and document plants used by African traditional healers in the treatment of HIV and AIDS. In this qualitative study, semi-structured interviews and focus groups were conducted with 18 traditional healers who were registered with the local traditional healers association. From the research it emerged that different plant species were used by the traditional healers to treat HIV and AIDS. Most of them have different effects and are used for other purposes in western medicine; however these plants possess medicinal properties, with many plants having no documentation of their medical significance in modern medicine. This study with registered traditional healers is important for the beginning of gathering pharmaceutical values of traditional medicine in the prevention of and fight against HIV and AIDS. Furthermore, these researchers reported that the use of medicinal plants and traditional healers may have a significant impact in the medical multi-disciplinary

team and the fight against the epidemic, as traditional healers are widely accessible within South African communities (Hughes et al., 2015).

Ahmed et al. (2016) undertook a similar study about the beliefs and practices of Complementary and Alternative medicine (CAM) among patients with HIV and AIDS. This research study employed in-depth interviews with adult participants living with HIV. The results of this study showed a remarkable trust and confidence in the efficiency and safety of CAM because of its natural origin and connection to culture. Participants in the study either used bio-medicine in conjunction with CAM or individually, until their CD4 cell counts dropped significantly (Ahmed et al., 2016).

In contrast with these studies, other research presents a different view of traditional medicine. Mills, Cooper, Seely and Kanfer (2005) conducted archival studies of African herbal medicines in the treatment of HIV, looking at the evidence and pharmacology of African traditional medicine among Zulu traditional healers. They reported that there was widespread use of herbal medicine among individuals living with HIV and AIDS. However, the issue of concern was validation of the herbs used by traditional healers.

Peltzer, Friend-du Preez, Ramlagan and Fomundam (2008) conducted a cross-sectional study in KwaZulu Natal. In this study a total of 618 patients living with HIV and recruited from three different public hospitals were interviewed using questionnaires. The results of the study revealed that traditional medicine was commonly used by HIV positive patients within the previous three months. The majority of the patients used traditional medicine, with about 29% of the patients using herbal remedies alone, 29% using a combination of methods, and the remaining 42% using modern medicine. Among the findings, it was reported that herbal remedies and traditional medicine were costly. The participants in this study used traditional medicine for pain relief, while prayer and spiritual practices were used for stress relief. Despite the widespread use of traditional medicine by participants in the study, the researchers advised against the use of traditional herbal therapies. Instead, they recommended that health care professionals should regularly screen patients for the use of traditional medicine prior to initiating Anti-Retroviral Therapy (ART), and monitor patients for the use of traditional medicine in conjunction with ART (Peltzer et al., 2008).

One of the main critiques that can be levelled against many of these studies is that they focused predominantly on the efficacy of and interaction between traditional medicine and bio-medicine, and did not focus on ways to integrate the two systems of healthcare treatment in a more positive manner to increase the effectiveness of both methods used by their patients/participants. Nevertheless, these studies highlight the need to study traditional medicine further, and the need for recognition of the value of collaboration between the two types of healthcare methods (Ahmed et al., 2016; Hughes et al., 2015; Mills et al., 2005; Peltzer et al., 2008)).

Another critique of ethno-botanical studies of this nature, is that they fail to take into account the intellectual property rights of traditional healers when undertaking different studies. There is lack of protection of the knowledge of traditional medicine, which has made many traditional healers' organisations and associations feel that they have been used and that their knowledge has been stolen by western researchers who study them for the purpose of increasing pharmaceutical profits (Tshehla, 2015)

2.4. HIV and AIDS and the Biomedical Team

Modern healthcare services have established an acceptable standard of treatment of HIV and AIDS and opportunistic infections like Tuberculosis and influenza. The commonly acknowledged form of treatment globally is Anti-Retroviral Therapy (ART), which has been scientifically tested and proven to be an effective method of treatment, in comparison to the alternative traditional and indigenous medicine. Anti-retroviral therapy has a significant impact in terms of strengthening the immune system of patients from contracting opportunistic diseases that attack patients as their defences are depleted by the virus. ART has been established as an acceptable treatment for HIV and AIDS in South Africa as highlighted by the high level expenditure of funds by government (Abdullahi, 2011; Davids et al., 2014; UNAIDS, 2013).

In addition, ART not only protects patients from contracting these opportunistic diseases through boosting the immune system, but also increases the CD4 count of the patient. Through the team comprising of medical doctors, social workers, psychologists, dieticians, nurses, pharmacists and psychiatrists, among others, modern healthcare is able to treat patients physically, psychologically and socially and their diet plans are designed in a specific manner that allows

their bodies to develop resistance to the virus from further breaking down their immune systems (Abdullahi, 2011; Davids et al., 2014; Payne, 2014).

Biomedical treatment of HIV and AIDS advocates for people eating a healthy diet, exercising regularly and using a condom to protect themselves from re-infection and infecting others. Modern healthcare focuses on far more than just treatment of the virus, but also includes prevention of new infections and promotion of a healthy lifestyle. Through utilising different professionals, modern healthcare has achieved awareness about HIV and AIDS on a global scale and the need for use of condoms as a prevention method, decreasing sexual partners and abstaining from sexual activities, and the use of plastic gloves to avoid contamination with infected blood (Babb, 2007; Payne, 2014; Sheafor & Horejsi, 2010).

However, despite modern medicine playing an important role in the provision of healthcare to people living with HIV and AIDS, it is important to note the relevance of other healthcare systems alternative to modern methods (Abdullahi, 2011; Babb et al., 2007; Davids et al., 2014). Moreover, there are other aspects that impact on the health of communities, namely, the mindset of people in regard to using prevention measures, treatment approaches and health promoting lifestyles. People are complex beings with a multifaceted frame of reference which is impacted by culture, relationships and indigenous/local knowledge. Hence, it is crucial to have knowledge of the complex interaction between beliefs about treatment and prevention of HIV and AIDS (Ahmed et al., 2016; Babb et al., 2007; Lakhan, 2006; Lotika et al., 2013). Culture is people's way of life which ultimately makes up part of their identity and who they are, hence leading to a strong source of reference to deal with difficult circumstances and life challenging situations, like diseases and illness. Culture does not only shape who we are but our lifestyle choices and the options we use to sustain health, including the healthcare practitioners that we consult – whether traditional healers or western biomedical professionals (Coon & Mitterer, 2012; Delaney & Kaspin, 2011).

2.5. Types of Traditional Healers and their Methods of Healing

In South Africa there are various types of traditional healers recognised under the Traditional Health Practitioners Act (2007), with about five main practising traditional healers in the field of

indigenous medicine, namely Inyanga, Izangoma, Ingcibi, Ababelethisi and abathandazi (faith healers) (Kale, 1995; Lotika et al., 2013; Pinkoane, Greeff & Koen, 2012).

2.5.1. Inyanga (traditional herbalist)

The first type of healer is the *Inyanga*. These are traditional herbalist experts who pride themselves on their deep knowledge of traditional medicine concoctions made from the natural environment. Inyanga use herbs from plant roots, leaves, tree bark and any other vegetation to treat HIV and AIDS and any other related diseases. Some Inyanga prepare the medicine themselves as they go into the wild to look for the plants they need, while others, especially those in cities, travel to rural areas to buy from other Inyanga (Babb et al., 2007; Kale, 1995).

The medicines used by these specialised medical practitioners are for bathing with the muthi (medicine), mixing with water and not wiping the water off after the bath, but rather waiting for the air to dry the body. In addition, other methods of intake of muthi include inhaling or smoking the muthi that has been prepared, with one of the common practices of inhaled muthi referred to as "impepho". Animal skins, minerals and body parts are also commonly used to treat patients by Inyanga. These forms of medicine are usually suspended around people's necks for protection, while others rub the mineral or oil of animals into the skin for health related reasons. Inyanga analyse the physical symptoms of the patients who use their services and determine the best treatment plan to undertake based on their interpretation of the diagnosis. The natural plants and animals used induce physiological, psychological and mental relief for patients consulting Inyanga for treatment (de Andrade & Ross, 2005; Kale, 1995; Mills et al., 2005; Pinkoane et al., 2012).

2.5.2. Izangoma (diviners)

The second type of healer is the *Izangoma.* They provide a far more complex form of diagnosis and healing of patients suffering from HIV and AIDS. Izangoma, of which the majority are female traditional healers, diagnose and treat illness through tapping into ancestral powers/spirits and communicating with these spirits to try and understand the problem or disease of the patient. They are also regarded as messengers from the ancestors, who guide and provide explanations for the sickness the patient may have and the necessary treatment required for that illness. These consultations with ancestors are commonly known as "ukuhlahluba" in Zulu and they include a

common ritual of consulting through breathing into "amathambo" (bones) and throwing them for a connection with ancestors of that patient (Babb et al., 2007; Kale, 1995; Lotika et al., 2013).

Izangoma provide services like Inyanga but they also have connections to ancestral spirits which guide them, unlike Inyanga who are only experts in indigenous medicine and herbs. The process of becoming an Inyanga requires learning about the traditional medicines from an expert of herbs and animal medicine. However, Izangoma are called into the profession and not everyone or anyone can be an "isangoma" and tap into the ancestral powers without being called into being one. The diagnosis of an Izangoma is based on explanations from the ancestors and understanding of the symptoms of the patient after which a diagnosis is given along with a treatment plan (Babb et al., 2007; Human, 2009; Kale, 1995; Ndingi, 2008).

The diagnosis of an Izangoma is usually connected to a relationship with the ancestors, and illness may be ascribed to deviance from the will of ancestors or ill-treatment of other people by the patient, which results in making the ancestors angry; hence the ancestors have turned their backs on the patient, which is commonly diagnosed as "ilifu elimnyama" (darkness surrounding the patient), curses, and bad luck. Therefore the treatment required is usually a ceremony of brewing traditional beer and slaughtering an animal. It is important to note that this practice is common amongst the Nguni tribes in South Africa while non-Nguni tribes may engage in similar but slightly different practices or treatment from Isangoma. The Nguni tribe comprises of Zulu, Xhosa, Ndebele and Swati people (Human, 2009; Kale, 1995; Ndingi, 2008).

Izangoma can also prescribe muthi for their clients to use, including herbs, animal skins and minerals. The treatment of Izangoma is more holistic and complex, and unlike many other professionals, their treatment extends to the patient, his or her family and extended family, helping them far beyond just the illness but also providing psychological support, strengthening the family system and relationships amongst members of the family (Human, 2009; Kale, 1995; Ndingi, 2008).

2.5.3. Ingcibi (traditional surgeons)

The third and fourth types of traditional healers are less common compared with the first two types of traditional healers. The other types of traditional healer are most common in rural areas and are related to the practice of circumcisions. An *Ingcibi* is a traditional surgeon, who engages

in surgery with people through the use of traditional techniques. "Ingcibi" is a word derived from IsiXhosa. This practitioner is used in initiation schools to circumcise young men on their journey to adulthood. However, this form of practice has proven to be dangerous in the past with hundreds of young men losing their lives due to their practice of circumcising men improperly. Many of these traditional surgeons have not been well trained and provisions have recently been made to train and register these medical practitioners to avoid harmful practices of chance takers. Ingcibi are different from Inyanga and Izangoma as they do not treat diseases but engage in circumcision practices with minimal use of medicine for the pain incurred in these processes (de Andrade & Ross, 2005; Human, 2009; Kale, 1995; Ndingi, 2008).

2.5.4. Ababelethisi (traditional midwives)

The other less common traditional medical practitioner is the Ababelethisi. These persons are usually senior citizens and mostly mothers who attend to the birth needs of their communities by delivering children in their home environment. This practice is very common in areas where there is lack of transport to the hospital and these facilities are situated far from community access. Women who have knowledge of the birth processes are called upon to intervene in cases of emergency as they are easily accessible as they stay within the community and can be easily called on to help women give birth (Babb et al., 2007; Davids, et al., 2014; Kale, 1995). Many South African rural areas are amongst the poorest areas in the country with people travelling far to reach medical professionals especially at night when local clinics are closed. Therefore local traditional midwives are called upon to intervene due to their locality and easy accessibility (de Andrade & Ross, 2005; Lotika et al., 2013; Kale, 1995).

2.5.5. Abathandazi (faith healers)

The last form of traditional healers are found within many communities, namely, *Abathandazi* (faith healers). They are one of the traditional healers who bridge the gap between religion and tradition, whereby through the use of prayer, either ancestral or religious belief systems, patients are assisted to attain health. The practitioner may pray with the patient, for the patient or the patient may be asked to pray for his/her sickness. This form of healing is less complex than the Izangoma ways of healing and diagnosing people and it may yield acceptance of their chronic or non-chronic condition, which helps promote psychological health and emotional well-being (de Andrade & Ross, 2005; Kale, 1995; Skosana, 2016).

2.6 Educational Requirements for Traditional Healers

Traditional healers engage in a practical type of verbal and observational training, with the focus on the supernatural and the connection between the living and the dead. Through observation and consultation with divine powers, traditional healing students ("amathwasa") learn indigenous ways of healing and treating HIV and AIDS and other illnesses.

Traditional healers do not engage in recorded formal education about their knowledge, practice methods and forms of treatments. Instead, the knowledge and training of traditional healers particularly Izangoma, Inyanga and Ababelethisi (midwives) is passed down from one generation of indigenous healers to the next through verbal communication and practical observation of the treatment procedures, medicine gathering and prevention of future diseases (Kale, 1995; Ndingi, 2008). Consequently, it is particularly problematic to follow up on the legitimacy and integrity of their medical practice with their patients as one may not be able to necessarily verify that they have undergone rigorous training as required for them to be able to qualify to treat HIV and AIDS and any other health related matters (Davids, et al., 2014; Human, 2009; Mills et al., 2005; The African National Healers Association, 2014). This factor has been one of the critiques levelled against traditional healers' education and methods, leading them to be viewed as questionable.

The students, who are well known as "ithwasa" engage in this training by paying a certain amount of money to the teacher and slaughtering a goat. There is no pre-determined time frame for completing traditional healing training with students taking six months to two years. The training of an African traditional healer may differ for each tribe and culture (Human, 2009; Kale, 1995; Ndingi, 2008). However, according to the Traditional Health Practitioner's Act, no. 22 of 2007, the minimum training period for Isangoma, Inyanga and traditional birth attendants (Ababelethisi) is 12 months, during which time the students learns different methods of practice in their speciality of traditional medicine. Traditional surgeons (Ingcibi) must train for a minimum of five years under supervision and observation in an initiation school (The Traditional Health Practitioners' Act, 2007).

Traditional healers do not necessarily engage in research about their methods the way modern medicine does, but the effectiveness of the treatment is shared with students in their training as older healers are experienced about the methods of their treatment. Traditional healers have been

mostly critiqued for the lack of formal recording of their treatment, diagnoses and recommendations to their clientele (Human, 2009; Kale, 1995; Ndingi, 2008).

2.7. Education and Training of Biomedical Healthcare Practitioners

In contrast with training of traditional healers, the modern healthcare practitioner focuses on research and theoretically based learning in classrooms and laboratory set-ups as well as clinical training, and studies for many years (Human, 2009; Pinkoane, Greeff & Koen, 2012).

Modern healthcare practitioners engage in scientific and record-based training, and knowledge is passed down from knowledgeable qualified professionals to students in different professions through formal classroom education. The practical observation of western trained students where students observe skills in practice, is provided under supervision and training ranges from three to six years of theoretical and practical training. Within a modern HIV and AIDS healthcare team/setting there are medical doctors who train for five to six years; nurses train for three years for an auxiliary nursing qualification and four years for a professional nursing degree; and social workers engage in four years of training. These training programmes are cited from university requirements for training modern healthcare professionals within the University of the Witwatersrand, University of Johannesburg, University of Pretoria, University of the Western Cape, University of Cape Town and other universities among the 27 universities in South Africa.

All these professionals and at times others such as psychologists, dieticians, speech and hearing therapists, occupational therapists and physiotherapists engage in the provision of bio-psychosocial treatment of their patients within their different places of practice, including government clinics and hospitals, and private practices. Modern healthcare has been credited as being more reliable than traditional medicine as the South African National Department of Health allocates millions of Rands annually to the provision of modern healthcare to the public. Contact with patients is recorded and kept safe and confidential, unlike the alternative practices of traditional healers (Davids et al., 2014; Human, 2009; Mills et al., 2005; Potgieter, 1998).

2.8 Statutory Accountability

The use of statutory bodies has been formalised in the practice of both traditional healers and modern healthcare practitioners, with the aim of ensuring quality healthcare for the service users of both systems. One of the grounds on which traditional healers and modern biomedical healthcare providers agree, is that there is a need to protect their patients and themselves against ill practice and abuse of power within the different systems (Peu, Troskie & Hattingh, 2001; Pinkoane, Greeff & Williams, 2005).

2.8.1. Registration of African Traditional Healers in South Africa

Traditional healers are registered with the National Traditional Healers' Council once they are deemed to be qualified, which is subjective and open to debate due to the nature of their training (The African National Healers' Association, 2014; Traditional Health Practitioner's Act, 2007). Lack of registration by traditional healers proves problematic in holding the practitioner accountable for his or her actions during contact with clients and leaves traditional medicine services open to violation and abuse by unsupervised and untrained chance-taking traditional healers who take advantage of people due to their desperation (Human, 2009; Kale, 1995; The African National Healers Association, 2014). In addition, the lack of registration causes problems of accountability and leads to the degrading of the integrity of traditional medicine practices in the country (The African National Healers' Association, 2014).

2.8.2. Registration of biomedical healthcare practitioners in South Africa

Biomedical healthcare also faces similar challenges with unprofessional registered nurses, doctors, psychologists and social workers who do not show respect and uphold the integrity of their healthcare professions and adversely affect the quality of healthcare services in the country. The majority of healthcare professionals are registered under the Health Professions' Council of South Africa (HPCSA), the South African Nursing Council (SANC) and the South African Council for Social Service Professions (SACSSP). All these statutory bodies aim to ensure quality services and protection of both the practitioners and their service users through quality healthcare service provision and upholding the highest quality standards of service (HPCSA website, 2016; SACSSP website, 2016; SANC website, 2016).

2.9. Theoretical Framework for the Study

The main theoretical lenses framing the study were the ecosystems perspective and the person-in-environment theory. Both these theories view healthcare and human existence as an interrelated and interconnected system, which requires healthcare professionals to move away from an individualistic approach to a more flexible approach that takes into account the fact that human existence and healthcare are made up of physical experience, as well as psychological, social, cultural and spiritual experiences of HIV and AIDS (Greene & Schriver, 2016; Lakhan, 2006).

2.9.1. The Ecosystems perspective

According to the ecosystems approach, health is state of harmony between all the systems that function within and outside an individual; therefore, this theoretical perspective argues that distress in one part of the system may present problems for the entire system. The biological, psychological and social systems, are covered by nurses, doctors and social workers in hospital and clinic-based healthcare systems. These systems are as important as spiritual and traditional systems of healthcare, and traditional healers may contribute and bring harmony to these systems, as much as modern bio-medicine (Lesser & Pope 2011; Payne, 2014).

Traditional healers may play an important role with respect to patients' spiritual and traditional systems, thereby allowing for a holistic systems approach. For example, the current hospital-based healthcare system which may disregard people's culture and traditions does not necessarily acknowledge the cultural component of patients resulting in many HIV positive people not disclosing consultation with traditional healers for fear of judgement, and thus non-compliance with ART treatment, or use of combination methods that may lead to problematic drug interactions (Borrell- Carrió, Suchman & Epstein, 2004; Greene, 2010; Lakhan, 2006).

Systems theory understands human life and health as being connected to a complex ecological structure; an interrelated system with each system impacting on the well-being of the other parts. This theory does not merely focus on the current bio-psychosocial framework used in South Africa, but extends towards inclusion of the spiritual, cultural and environmental aspects in the health system (Greene & Schriver, 2016; Payne, 2014).

The ecological theory is well articulated in Bronfenbrenner's theory, which conceptualizes the influential systems affecting human functioning and development in terms of five categories, namely, micro, meso, exo, macro and chrono systems. According to Bronfenbrenner and Morris (2007) micro systems are those systems that are close to people and with whom they interact on a daily basis, like schooling, family and work systems. The second system in Bronfenbrenner's ecological theory is the meso system, which is simply the interaction of microsystems like family and schooling systems. For example, the health of a learner is dependent on the parents' ability to provide nutritious food, sanitary conditions and other essential for good health, so that teachers can teach healthy children. In the case of HIV, parents make sure that affected family members are on ARVs (Bronfenbrenner & Morris, 2007; Neal & Neal, 2013). The third system is the exo system. These are the systems that people do not directly participate in but are nevertheless affected by them. For example, loss of a family breadwinner's health insurance or income can drastically impact on the health of the entire system (Rosa & Tudge, 2013). The fourth system based on Bronfenbrenner's ecological theory is the macro system which includes the cultural, religious and values systems within which the individual lives. These systems exert a strong influence on how the entire system engages in explanations of phenomena, for example explanations regarding the causes of HIV and AIDS (Bronfenbrenner & Morris, 2007; Neal & Neal, 2013). The fifth system is the chrono system, which refers to changes over time in any of the systems that can have an impact on people's lives, for example, changes in government policies relating to access to ARVs, testing, counselling and treatment of people living with HIV and AIDS or any other condition (Neal & Neal, 2013; Rosa & Tudge, 2013).

In addition, the overarching theoretical framework of the study was aligned with the social work values of inclusion, cooperation and respect for diversity, cultures and preservation of indigenous knowledge, while protecting the users of public health services as stipulated in the Constitution of South Africa (1996) (Payne, 2014; Potgieter, 1998; Sheafor & Horejsi, 2010).

2.9.2. Person-in-environment approach

The person-in-environment theory holds that people are impacted and shaped by the environment in which they are living; thus the method of intervention on one environment may not be suitable in another environment. Therefore, HIV and AIDS treatment and prevention needs to take into account the impact of living in a particular community and how it may shape a patient's beliefs

about treatment, prevention and promotion of health in the case of HIV and AIDS. This theory can assist social workers, nurses, doctors and other healthcare professionals to understand the environment from which patients come (Gilbert, Selikow & Walker, 2010; Payne 2014).

People living with HIV and AIDS in South Africa reside in different environments/communities that have different belief systems about the virus and how HIV and AIDS can be prevented and the form of treatment required. Thus, person-in-environment theory assists in understanding the communities of patients, and how it shapes them in their everyday lives (Gilbert, Selikow & Walker, 2010; Lesser & Pope, 2011). Patients living with HIV and AIDS cannot be understood in isolation from their environments (Greene & Schriver, 2016; Lotika et al., 2013). For example, in a community with strong religious or cultural beliefs and values that condom use is inappropriate for married couples, it can be useful to explore their unique ways of abstaining and engaging in sexual intercourse with one partner to suit their unique beliefs and practices (Greene & Schriver, 2016; Payne, 2014).

In summary, the aforementioned models view persons as being part of a community and their behaviour, health and actions cannot be understood outside the context or the environment in which the behaviour is acted out. Hence, culture, spirituality and traditions are part of these systems and play a role in the prevention and treatment of HIV and AIDS in South Africa. Therefore the culture and acceptability of condoms, which have proven useful in prevention of HIV and AIDS, are directly influenced by the communities and their members' belief systems (Greene & Schriver, 2016; Payne, 2014; Potgieter, 1998).

2.10. Conclusion

Traditional healers in South Africa play a role in providing healthcare to many individuals living with HIV and fill the gap that is left in the provision of basic and advanced healthcare for many ordinary people in the country. Their services are easily accessible and open to the public due to the nature of their location and wide availability. There are different types of traditional healers functioning in our communities and these healers attend to people's physical, psychological, environmental and spiritual health needs; hence they help to meet our health needs in a more holistic manner. The services of traditional healers are rooted in the patients, their families and

dynamics of relationships, and reasons for consulting with traditional healers may be related to easy communication, a common language and understanding of their spiritual needs.

The use of cultural understanding by traditional healers incorporates persons' culture and beliefs, which foster deeper understanding of the needs of the patient at a spiritual level connected to their sense of self and identity. Abnormality is culturally defined and the language used is couched within the spiritual, cultural and way of life of the people. Therefore it is important to note these dynamics within the healthcare of our population. Traditional healers, especially Izangoma, base their diagnosis and symptoms on the supernatural and spiritual conflict between the living and the dead.

Most traditional healers do not work in collaboration biomedical healthcare practitioners, as they face numerous obstacles primarily due to the vastly different methods of their practices. Modern medicine has successfully engaged in the management and prevention of HIV and AIDS over the past decade. Their scientific endeavours have developed effective methods of diagnosis, prevention and treatment, which have resulted in reduced HIV and AIDS related deaths. However, there are challenges like people's mind-sets and cultural factors that impede the further decline in HIV and AIDS related deaths in South Africa and Africa at large.