

# Role of traditional health practitioners

Task-shifting and HIV/AIDS care

Dr Mosa Moshabela (Director, RADAR)  
School of Public Health,  
University of Witwatersrand, Johannesburg

**“It is important to remember that acknowledging a practice does not necessarily mean you endorsing it!” Adolf D. Woolf (2003)**

# Opportunities

- Human Resource Crisis (Shortage and mal-distribution)
- Health System Burden (Overload)
- Funding Constraints (Donor funding)
- Universal Coverage (HIV care, support and treatment)
- Millennium Development Goals 2015
- South African Health Reform:
  - Primary health care revitalisation
  - National health insurance policy
  - Community care worker policy
  - Traditional health care policy
  - Universal health coverage
    - Equity and risk protection

# Concerns and Barriers

## **Traditional Health Care**

- Cultural Insensitivity (Disrespect)
- Indigenous Knowledge Protection and Secrecy
- Non-reciprocal practices (One-sided approach)

## **Medicine**

- Toxicity and Poisoning with Ingestion
- Scientific and Evidence Basis of Practices
- Non-authentic Traditional Health Practitioners

# Fundamental Question

## **What will it take to include traditional healers in the fight against HIV/AIDS?**

- Recognising their independent existence and functions
- Reconciling long-standing differences (tensions)
- Identifying possible specific roles in HIV/AIDS care
- Creating equitable and non-patronising opportunities and incentives
- Establishing appropriate regulatory systems and institutions

# Data Sources

- MFamMed Dissertation (Completed 2008)
- Book Chapter ed. Dave Spencer (Completed 2010)
- Medical Pluralism Paper (Published AIDS Behav 2010)
- Plural Health Care Utilisation Paper (Currently under review BMC Health Serv Res 2011)
- Ph.D Dissertation (Under finalisation, expected submission June 2011)
- Literature reviews, Pluralism books and professional (and social) experiences

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# Recognition of Traditional Health Care System in South Africa

- What constitutes this form of health care system?
  - African Traditional Medicines (Prescriptions)
  - African Traditional Healing (Spirituality)
  - African Traditional Healers (Authority)
- What does this health care system represent?
  - African Traditional People (Users, Subscribers and sympathizers)
  - African Traditional Culture and Traditions (Embodiment)



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# Western Modern vs. African Traditional Health Care Systems

- Colonisation (Displacement), Imperialism (Science) and Westernisation (Development)
- Medicine (Biomedical Science), Power (State Support) and Social Control (Institutions)
- Medicine and Spiritual Healing (Relationship with Christianity)
- African Traditional Practice, Witchcraft and Ancestors
- Reconciling Medicine, Christianity and African Traditional Practice

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# What Constitutes HIV/AIDS Care?

- Basic Science (Laboratory)
- Clinical Science (Diagnostic & Curative)
- HIV Prevention (Education, Condoms)
- Social care (Welfare)
- Health Systems and Programming (Task-shifting)
- Policy, advocacy and rights
- HIV Knowledge (Information, education and communication)
- High HIV Risk Behaviour Reduction (Sexual, Social)
- HIV testing and counselling (HCT)
- HIV care and support (Pre-ART)
- ART care uptake (preparation, initiation)
- ART care maintenance (Adherence, Retention in care vs. in clinic)

# What can Traditional Healers do?

- Basic Science (Laboratory)
- Clinical Science (Diagnostic & Curative)
- HIV Prevention (Education, Condoms)
- Social care (Welfare)
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# How do we get Traditional Healers involved?

- Principles: mutual respect, autonomy, trust, justice & transparency (Exploitation)
- Dialogue: representative, consultative, inclusive (Manipulation)
- Scope: education, testing, mobilisation for uptake, adherence, tracing and retention ('Abuse')
- Monitoring: Healers vs. Government vs. Medicine (Autonomy)
- Reporting: indicators, numeracy, literacy (Inequity)
- Sustainability: funding, payments, equity (Injustice)

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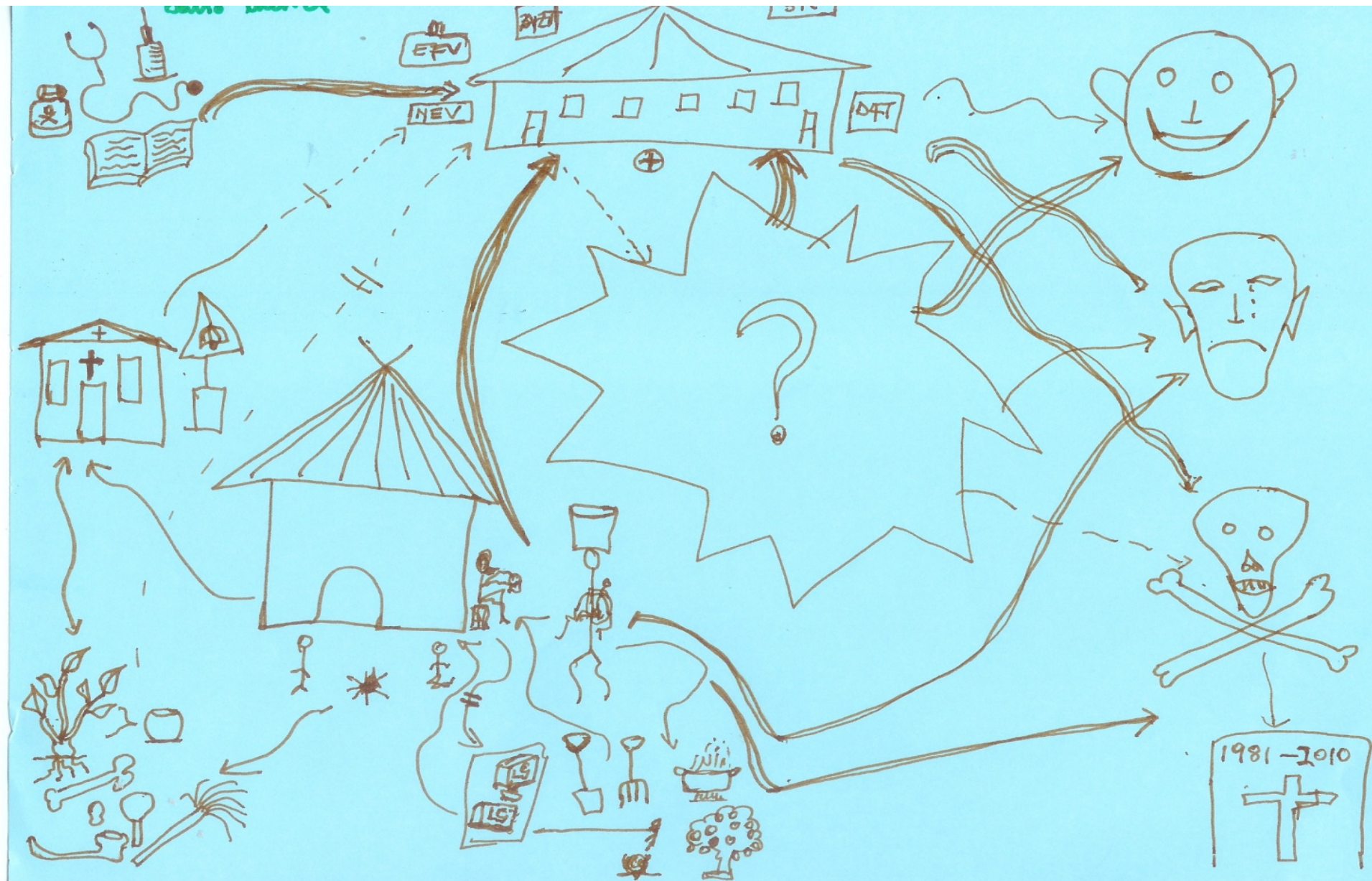
# Regulation and Institutionalisation

- Council Registration- organisational affiliation
- Training and accreditation- *bona fide* healers
- Health System Integration- mixed vs. parallel
- Practice environment- community vs. institutions
- Research collaboration- medicinal products and concoctions (SAMRC)
- Ownership- Patents, Intellectual Property Rights and Royalties
- Perspectives- Medicine vs. Traditional Health Practice vs. Community vs. Users

So,

Are you ready to promote **Medical  
Pluralism** among people living with  
HIV in South Africa?

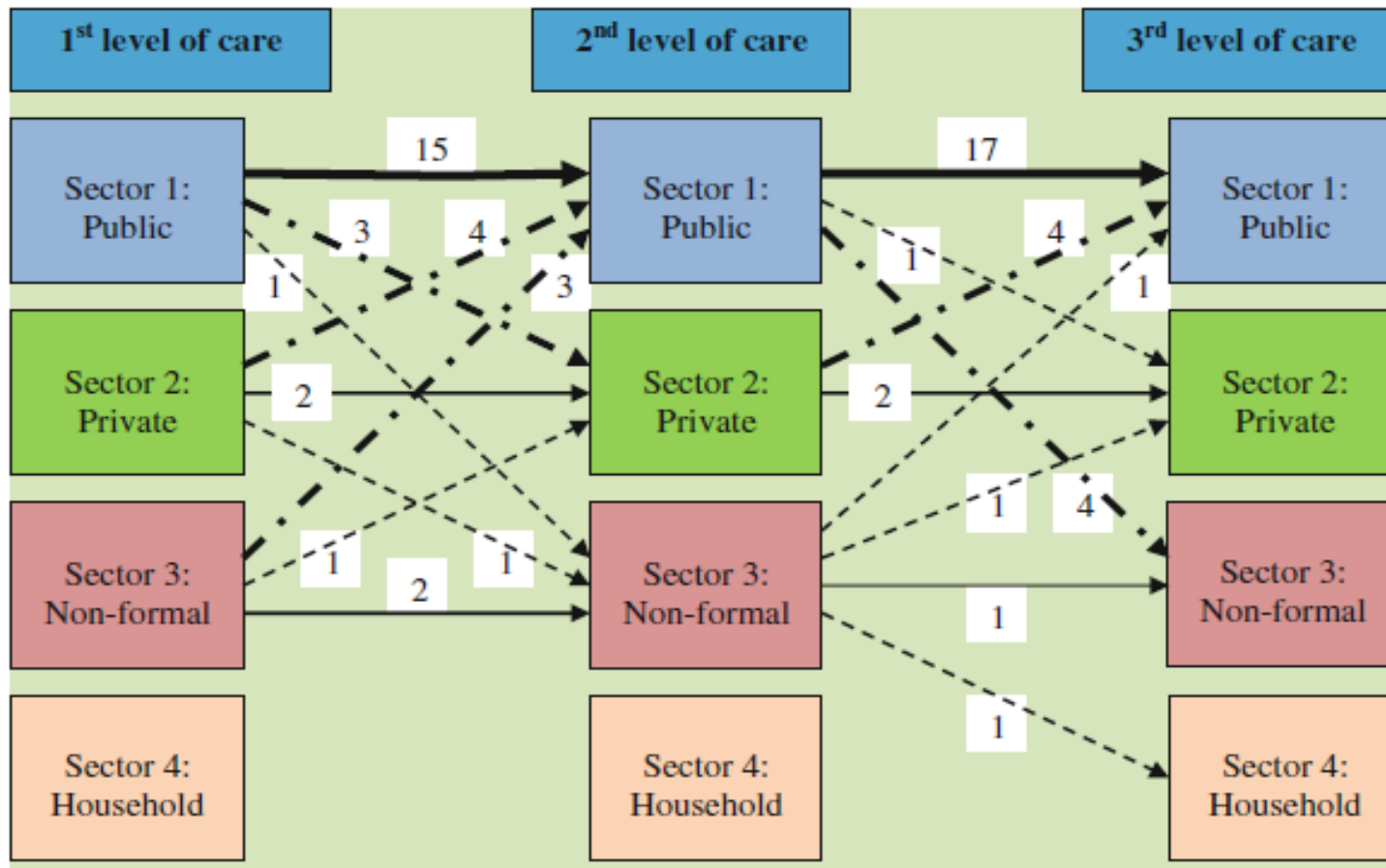
# How do USERS with HIV navigate the Health System?



# Results! 'MAZE PUZZLE'

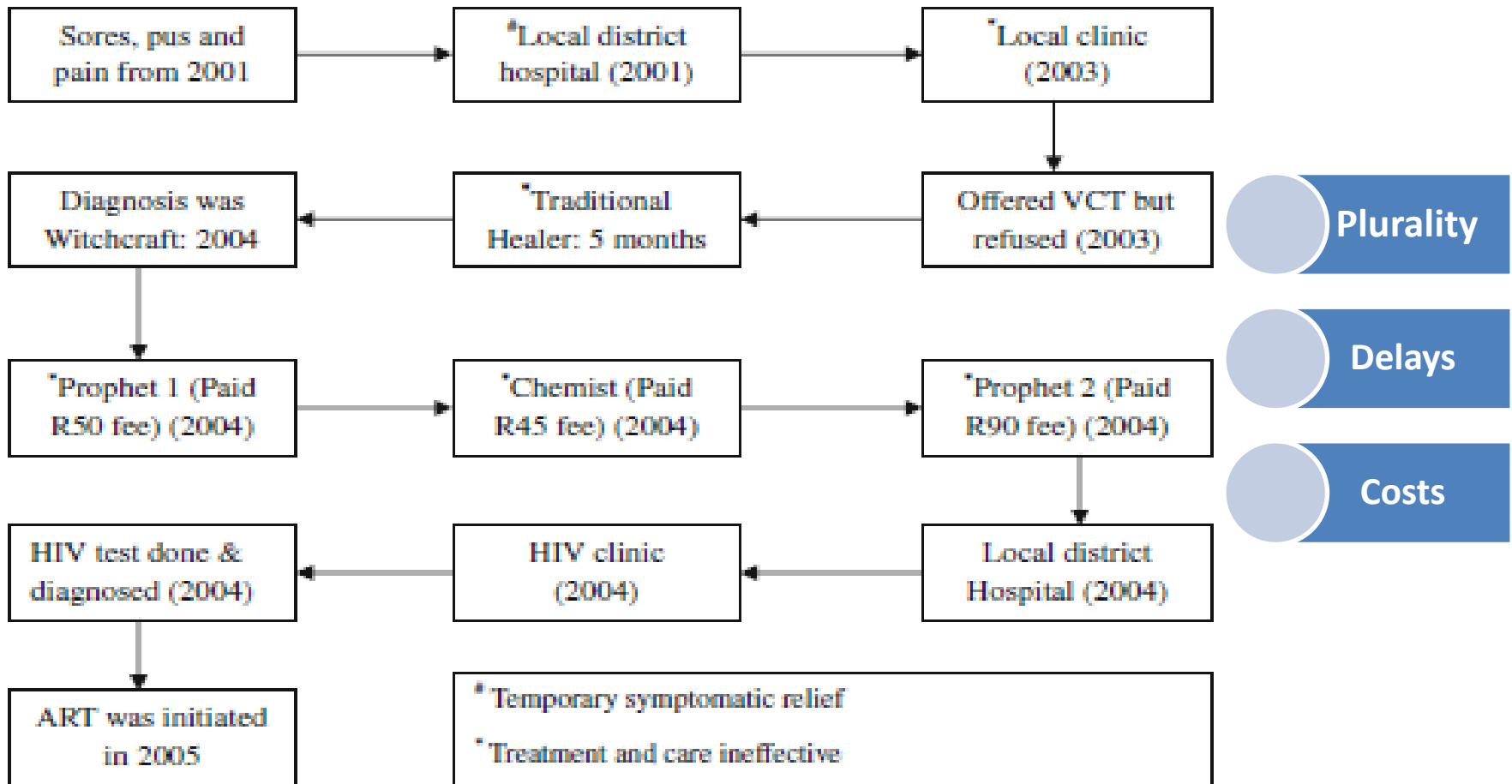


# Lesson 1: Switching

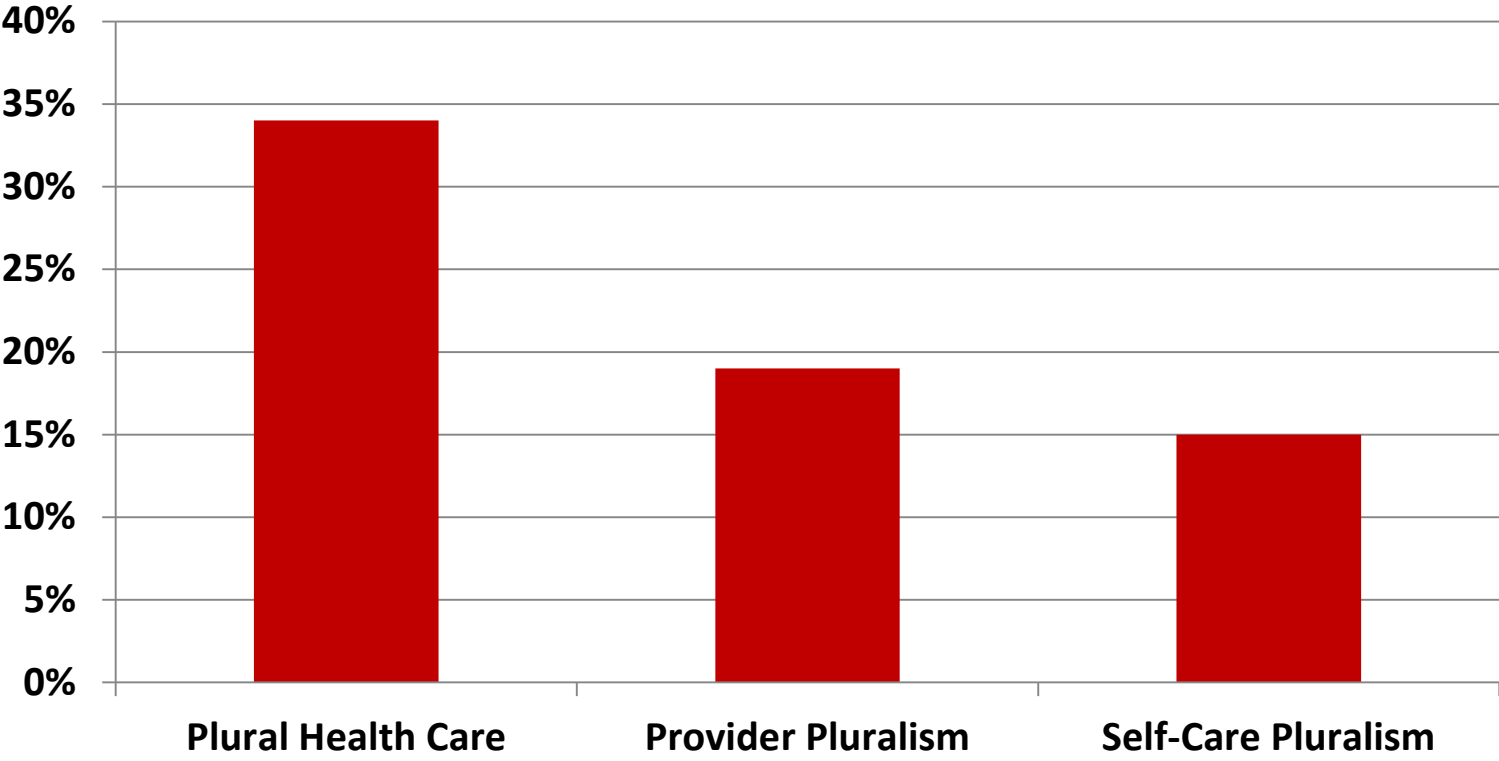


# Lesson 2: Pluralism

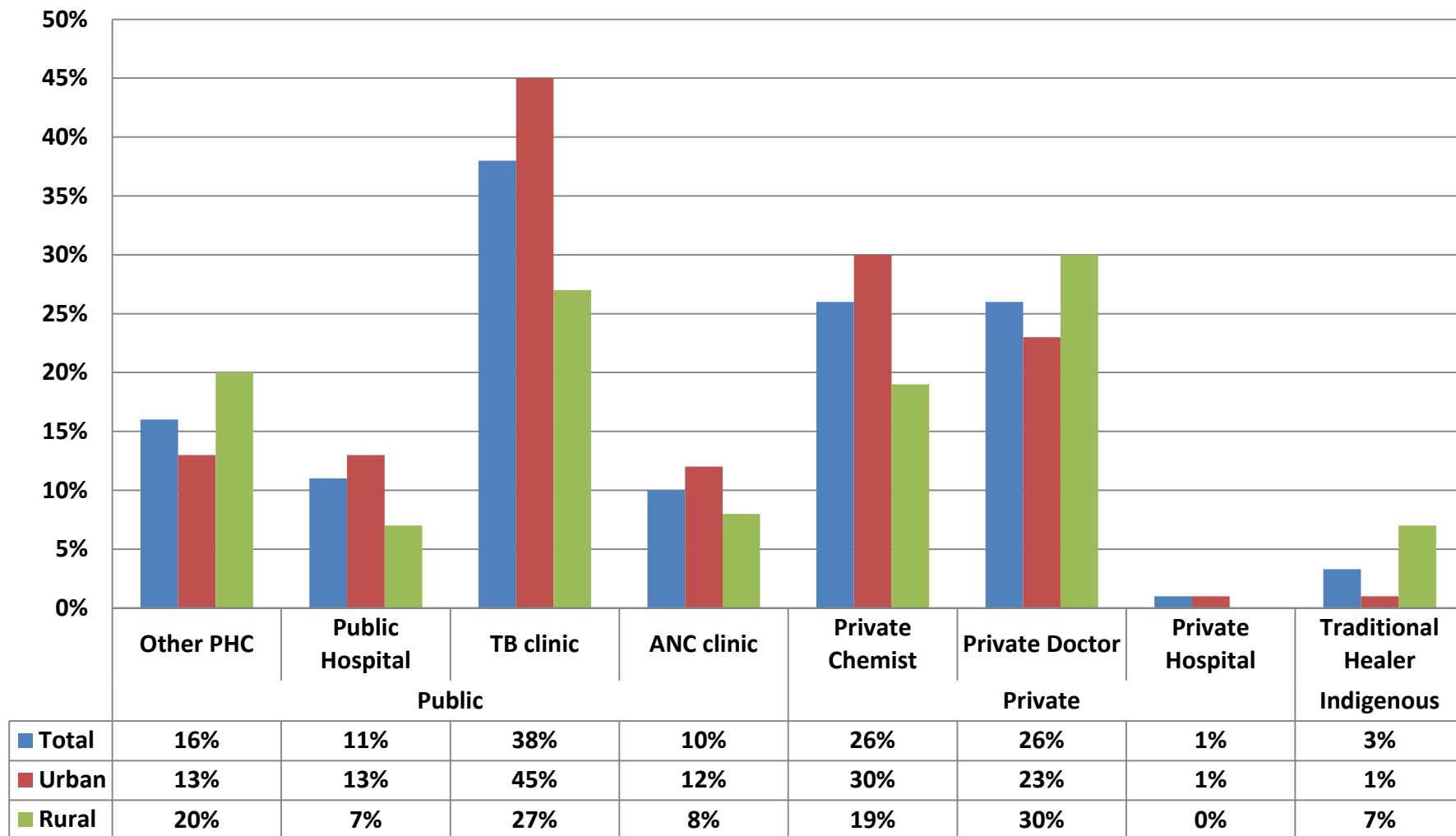
## Lesson 3: Delays



# Plural health care subdivided into provider and self-care pluralism

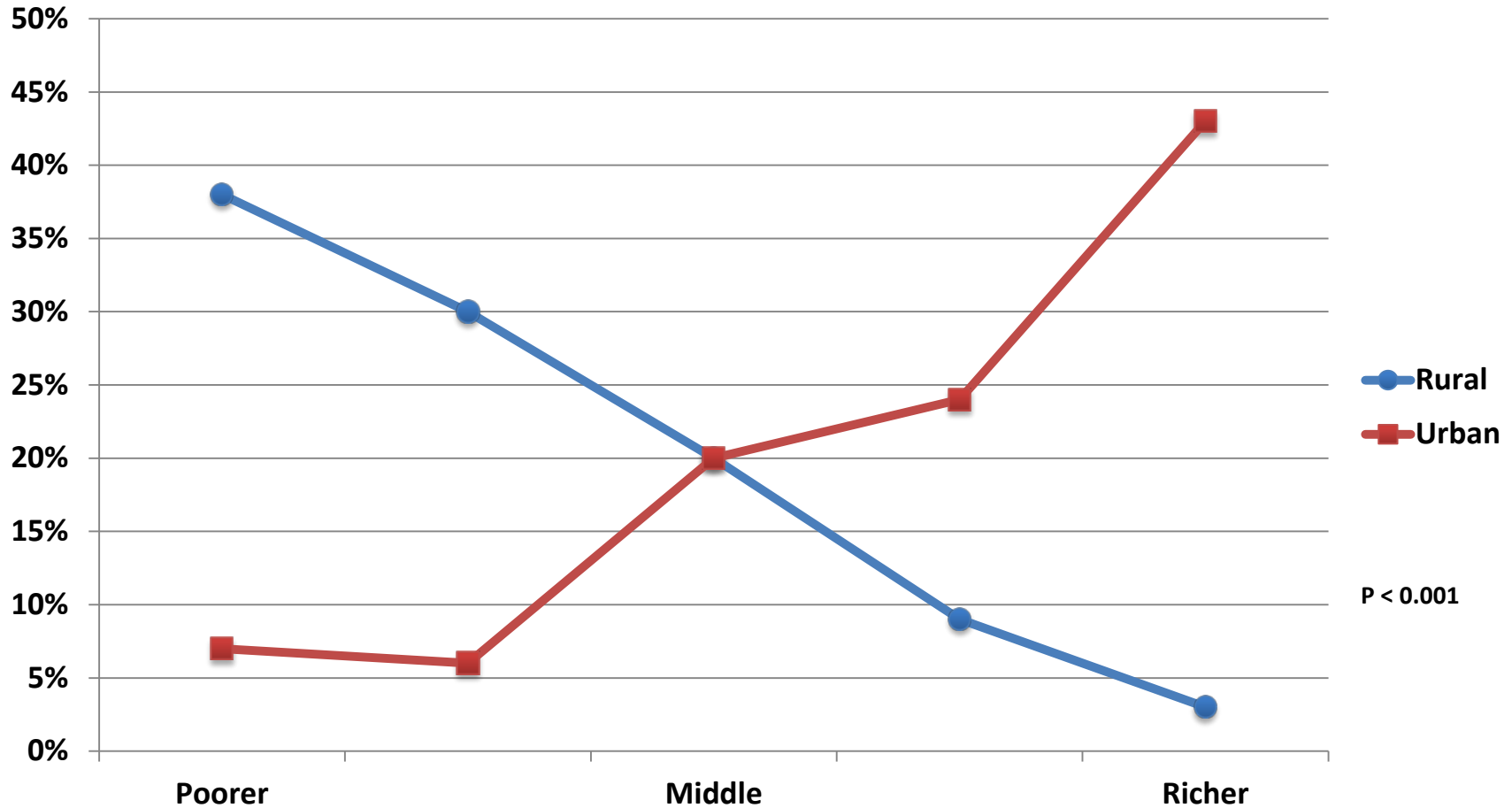


# Urban-rural differences among HAART users consulting an additional provider in prior month

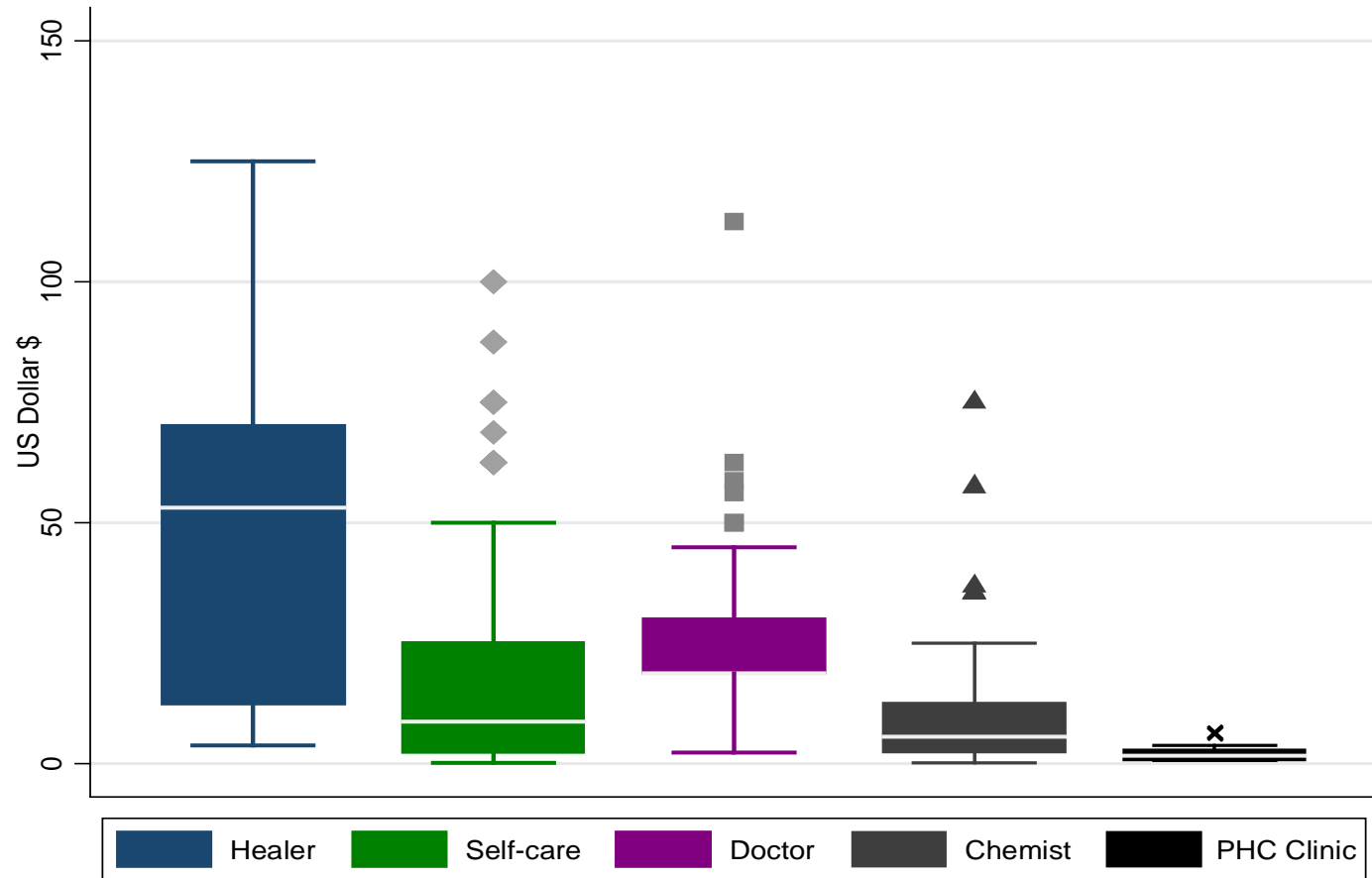




# Urban and rural distribution of socio-economic status among plural healthcare users



# Box and Whisker plot of provider costs incurred by users



## Lesson 5: Quality-Negative experiences in the ART clinic

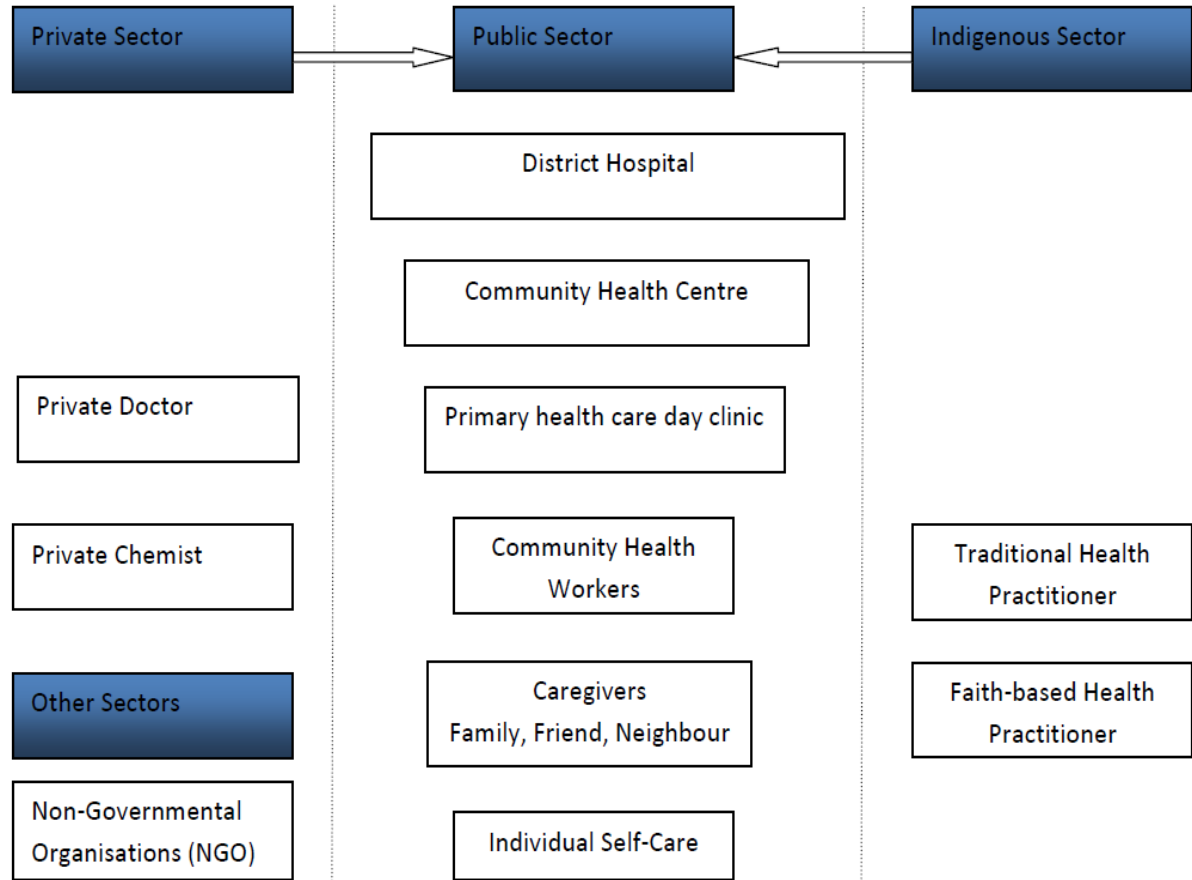
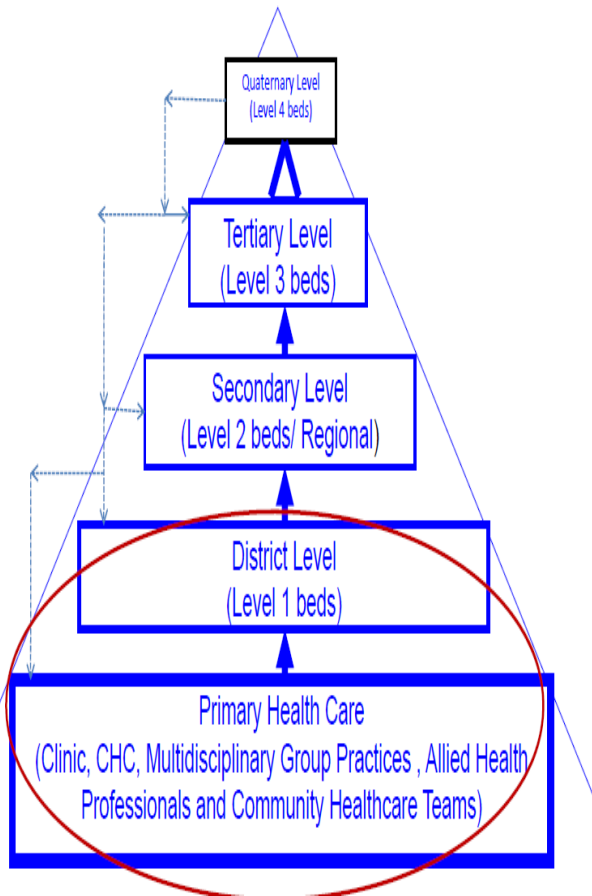
- Disrespect by staff (**AOR 2.07, 95%CI 1.54-2.79, P<0.001**)
- Lack of privacy (**AOR 1.50, 95%CI 1.08-2.08, P<0.015**)

## Lesson 6: Consequences

- Catastrophic expenditure (**27% Plural vs. 7% Non-plural, P<0.001**)
- Borrowing money (**AOR 2.68, 95%CI 1.87-3.84, P<0.001**)

# Implications

Primary health care system in rural SA for HIV/AIDS patients



“Well, It is not my problem if patients choose to stay at home and not seek health care, or see traditional healers”



# Closing the Socio-Cultural Distance



*Eh! Carpal Tunnel Syndrome. Just give up **keyboard** for a while.*

# Running an ART clinic...



Obtained with permission from  
the Artist at 6 King Street

# Responsibilities of ART care nurse-providers towards traditional medicines in ART care services

- Preparation for and provision of doctor-prescribed antiretroviral treatment (ART)

- Provide messages that **discourage** concurrent use of traditional medicines and ART

- Identify and rebuke patients who choose to use traditional medicines while on ART

- 1.Scare Tactic: “We explain to them that mixing the TH and ARVs is bad for the liver”

- 2.Persuasion: “We use those that are taking treatment correctly as [advocates] to talk during the support groups.” (1008)

- 3.Advice: “We tell them, we ask them, we advise them...”

- 4.Negotiation: “We use all those ways to plead with them not to use [traditional medicines]” (1002)

- 5.Collaboration: “Actually we are supposed to be working hand and hand, it’s just that they don’t come but in other clinics they come where they are being educated.” (1001)



# The duty ART nurse-providers have towards the patient: concern for the patient

**Cultural Sensitivity:** “...where we are we have got three main groups the swazi’s, the sothos and shaangans... these people have different backgrounds. Their cultures and traditions way of living is slightly different...”

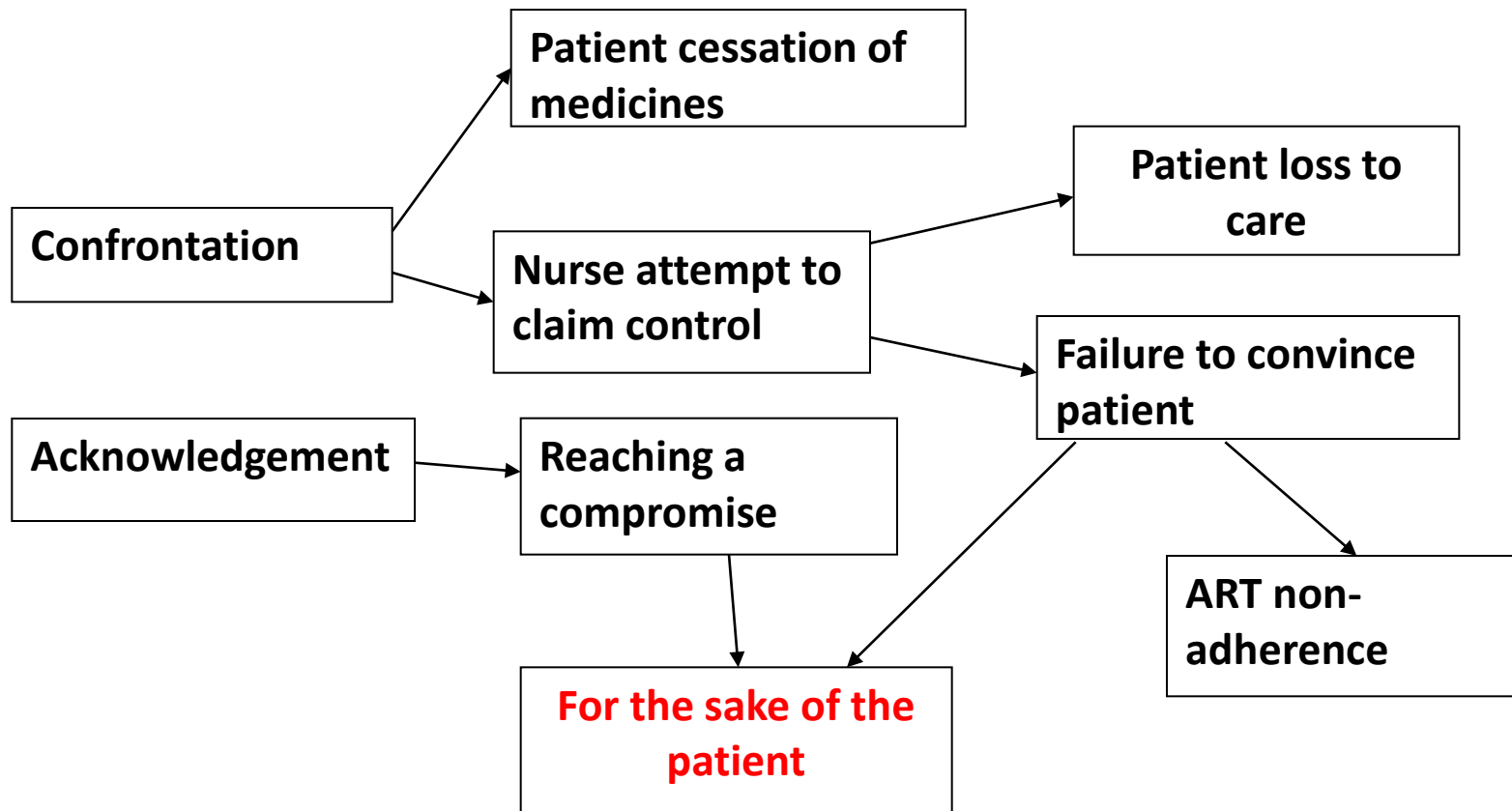
**Respect** for patients’ choices: “You just give them information because you can’t chose for them or force them to abandon their culture” (1001)

**Sympathy** for traditional care: “Because we know one way or the other they will use traditional medicine to cleanse themselves from the evil spirits” (1002)

Family and Healer influence: “If they take you to the TH go with your treatment, you must take it at the correct time, and you must not forgo your treatment” (1004)

Risk of patient loss to care: “We don’t want to lose them. So, we teach them what we have to teach, and then **‘turn a blind eye’**”. (1008)

# Process unfolding due to nurse confrontation of patients using traditional medicines



# Conclusions

- Serve the best interests of the HIV patients
- Reconcile our cultural and life-world (Health beliefs and knowledge) differences
- Differentiate between African Traditional Medicines and Healers
- Promote non-judgemental communication with patients about traditional medicines
- Be selfless, Initiate dialogue based on mutual respect
- Move out of our comfort zone to integrate ourselves in and with the community

# Acknowledgements

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A long road ahead!

***'primum non nocere'*** (first do no harm)

Thank you!