

**EXPLORING THE ROLE THAT TRADITIONAL HEALERS
CAN PLAY IN MINIMIZING THE HIV/AIDS EPIDEMIC IN THE SOUTH
CENTRAL DISTRICT OF KWAZULU-NATAL REGION**

BY

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**REPORT SUBMITTED IN FULFILMENT OF THE
REQUIREMENTS FOR**

MASTER CURATIONIS

IN THE

DEPARTMENT OF NURSING SCIENCE

UNIVERSITY OF ZULULAND

[DURBAN-UMLAZI CAMPUS]

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DATE SUBMITTED : 01 APRIL 2002

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DECLARATION

I declare that the study "*Exploring the Role that Traditional Healers can play in minimizing the HIV/AIDS Epidemic in the South Central District of the KwaZulu-Natal Region*" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged.



BNA NDULI

DEDICATION

This study is dedicated to my beloved husband Lindani and my two children, Andile and Qiniso for their support and encouragement throughout my studies.

ACKNOWLEDGEMENT

First of all I would like to thank the Lord God Almighty, who says "To Him all things are possible". Without Him I would not have completed this work.

I would like to thank my supervisor Professor D Nzimakwe who has given me strength to finish this study through encouragement, support, scholarly guidance, even in her place of residence: thank you so much.

I would also like to thank Dr TE Mtetwa for her support and encouragement.

I would like to thank my colleague TT Myeza for her support and encouragement.

I would like to thank the Primary Health Care workers, community members and those Traditional Healers who participated in this study.

ABSTRACT

This study explores the role that traditional healers can play in minimizing the HIV/AIDS epidemics in the North South Central district of KwaZulu-Natal region.

The aim of the study is to explore the role that can be played by traditional healers with an aim of reducing HIV/AIDS to a minimum through development of partnership with traditional healers. The objectives of the study is to determine the role that the traditional healers can play to minimize the HIV/AIDS epidemic so as to identify strengths and weaknesses, to develop partnership with traditional healers and to design an educational programme for traditional healers based on need assessment.

The research methodology used the qualitative method, based on Guba's model of the research undertaken which emphasizes the truth value, applicability, consistency and neutrality. Sample and sampling was used. A convenient sample was used by approaching health care centre thus giving the research identification of the well known traditional healer in that areas which is used by majority of their clients.

The open ended questionnaires, interviews and tape recordings were used to obtain an in-depth knowledge of traditional healers regarding their role expectations in the treatment and management of HIV/AIDS infection.

The following findings were obtained:

About 80% of the community still rely on traditional healers because of their accessibility, acceptability, availability, affordability and because of their beliefs and culture which is similar to that of their community. Traditional healers are aware of this HIV/AIDS epidemic and are aware that they cannot treat the disease but can treat

infections caused by the HIV virus or AIDS infection and also by giving health education on HIV/AIDS prevention to their clients and by recommending safety health practices.

The following recommendations from the study are made, that is the study should be extended further even to other provinces and that partnership between traditional healers and health professionals will be of great help in minimizing the HIV/AIDS epidemic. Training programme should be drawn by both traditional healers and Health professionals regarding HIV/AIDS prevention.

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EXPLORING THE ROLE THAT TRADITIONAL HEALERS CAN PLAY IN MINIMIZING THE HIV/AIDS EPIDEMIC IN THE SOUTH CENTRAL DISTRICT OF KWAZULU-NATAL REGION.

CHAPTER 1

1.1 INTRODUCTION

Traditional healers are people taking care of the sick by using traditional medicines. They have been in existence for hundreds of years and are playing an important role within our community, as the greatest part of the world's population relies on traditional medicines. Their practices vary widely in keeping with the social and cultural heritage of different countries.

According to the statistics obtained from the community at U21 Clinic, half of the community revealed that sexual abuse amongst children are due to false beliefs. Some believe that if you are HIV positive and had sexual intercourse with a child or a virgin, you will be healed. Males are abusing children because of these rumours. According to clinic records at least one child is raped every month, but according to the community more than one child is raped every month and parents are afraid to report these cases to police stations for fear of reprisals.

1.2 BACKGROUND OF THE STUDY

More and more children between the ages of 3-21 years of age are dying of AIDS each month which constitutes about 3% of the people in KwaZulu-Natal. Before visiting the hospital, people first visit traditional healers for help and at later stages visit the health centres, for example clinics and hospitals for help. Some of these people believe that they are bewitched and that it is "Idliso" they are suffering from, that is why they visit the health centres only at a later stage. Observing the

importance of traditional healers, has motivated the researcher to design this study of exploring the role that the traditional healers can play in minimizing the HIV/AIDS epidemic.

1.3 MOTIVATION OF THE STUDY

The researcher is a Primary Health Care Nurse who has been working with the community for 15 years. The researcher identified the important role played by traditional healers within their community in her project "Why people prefer traditional healers", in 1991 while studying for the Diploma in Clinical Nursing Science, and Health Assessment Treatment and Care. The researcher is also interested to determine the role that traditional healers can play in reducing the AIDS epidemic.

1.4 AIM OF THE STUDY

The aim of the study is to explore an aim of reducing it to a minimum.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study are:

- to depend why there is a number of people who rely more on traditional healers than determine on medical health centres.
- to determine the role that traditional healers can play
- to design an educational programme for traditional healers.

1.6 DEFINITION OF TERMS

1.6.1 TRADITIONAL HEALER

A traditional healer is someone who is recognised by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability, of the community (Van Rensburg, 1992:328).

1.6.2 TRADITIONAL MEDICINE

Traditional medicine is a therapeutic practice that has been in existence, often for hundreds of years before the development and spread of modern scientific medicine, and are still in use today. These practices are very widely in keeping with the social and cultural heritage of different countries (Swanepoel, 1995:183).

1.6.3 CHILD ABUSE

Child abuse is inflicting or allowing of physical or mental harm on a child by a person responsible for that child. It can be emotional trauma, sexual abuse, neglect and abandonment or the administration of drugs and alcohol.

1.6.4 HYPOTHESIS

Hypothesis is a formal statement of the expected relationship between two or more variables in a specific population. It is the researcher's prediction or explanation of the relationships between two variables. Hypothesis translates the problem statement into a prediction of expected outcomes, which is based on theoretical considerations (Brink, 1996:91).

The research hypothesis for this study is formulated as follows:

a collaboration comprehensive co-ordinated system of Health system where traditional healers are in decision making regarding how they can minimize the HIV/AIDS epidemic.

1.7 LITERATURE REVIEW

Books, journals and research studies will be consulted for the purpose of gaining information on the topic of study.

1.8 THEORETICAL FRAMEWORK

1.9 THE NEWMAN'S SYSTEMS MODEL

Newman views 'health' as a dynamic and changing level occurring within the normal range for a client system over time. Levels vary because of basic structure factors and client systems response and adjustment to environmental stressors. The client system moves from wellness towards illness and then death (George, 1995:284).

- Newman has used three levels of prevention that is, primary, secondary and tertiary prevention as intervention to retain, attain and maintain system balance. According to Newman prevention includes health promotion and maintenance of wellness. In primary prevention he focuses on strengthening the flexible line of defense through preventing stress and reducing risk factors.
- This intervention occurs when the risk or hazard is identified, but before reaction can occur (George, 1995:288).
- Strategies used are immunizations, health education exercises, change in life style. With traditional medicines, practices or traditional healers, in primary prevention 'ukubethela' of the house is included as well strengthening of a human being through incision, because if someone approaches the traditional

healers, faith healers or witchcrafts they can inform the client if someone wanted to bewitch him or if an accident is going to occur at home and prevent it from occurring by ukubethela, preventing the occurrence of the diseases. This is called the primary level of prevention (George, 1995:288).

- Secondary prevention focuses on strengthening the internal line of resistance and thus protects the basic structure through appropriate treatment of symptoms.

With traditional healers their secondary prevention is the supply of treatment to their client who is sick, by means of herbal medicines, emetics, enemas and incisions.

- With tertiary prevention the purpose is to maintain wellness or protect the client system reconstitution through supporting existing strengths and continuing to conserve energy. According to Newman tertiary prevention leads back to primary prevention and also includes 'ukubethela', as it was with primary prevention (George, 1995:287-289).

1.10 SUNRISE MODEL

Magdalene's theory is referred to as the Sunrise Model. The symbol of a rising sun bringing light to the world, represents culturally orientated care which brings and maintains good health to the community served. In this world there are factors which have a potential of influencing the interpretation, expression of health and well-being. These are technological, educational, political, legal economic and cultural values, beliefs, kinship and religious factors. There are also structures which provide care to people, namely professional groups and folk contexts which provide health care by indigenous remedies. The presence of those two influence the behaviour of individuals, families and the community as far as health care is concerned (George, 1995:374).

1.11 RESEARCH DESIGN

A quantitative, descriptive survey and qualitative study was be used.

1.12 RESEARCH TOOL

Questionnaires and an interview schedule were used.

1.13 PILOT STUDY

Questionnaires were tested and distributed to ten subjects for identification and correction of errors and misunderstanding. The pilot study consist of subjects who are having children between the ages of 3 months up to 18 years of age and their dates were different.

1.14 ETHICAL CONSIDERATIONS

Informed consent will be obtained from subjects. All information obtained from them will be treated strictly confidential. Results will be made known to the subjects. Participation is voluntary. Subjects will be informed that they are free to withdraw from the study anytime they so wish.

1.15 DATA ANALYSIS

After data collection, data was analysed manually and was presented to the research supervisor.

1.6 SUMMARY AND CONCLUSION

A brief summary will be written after data analysis and interpretation.

1.16 RECOMMENDATIONS

Recommendations will be made after data analysis and interpretation of data.

1.18 RESEARCH REPORT

A research report will be written consisting of 5 Chapters, namely :

- Chapter 1 : - Orientation to study
- Research design, motivation for the study, aims and objectives and theoretical framework.
- Chapter 2 : - Chapter two of the study discusses the literature review and theories appropriate for the study.
- Chapter 3 : - Chapter three of the study discusses research methods and how data was collected.
- Chapter 4 : - Chapter four of the study deals with data analysis.
- Chapter 5 : - Chapter five of the study discusses the findings, limitations for the study, conclusions and recommendations.
- Chapter 6 : - Chapter six of the study discusses the suggested model for the interaction of Traditional Healers and Health Professionals and the proposed Training Programme for Traditional Healers.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter deals with the review of literature consisting of books, periodicals and journals. It also explores previous studies on the issue of traditional healers.

2.2 TRADITIONAL HEALER

The word Traditional Healer, according to Zuma (1989:5), is broad and refers to a person who is recognised by the community in which he lives, as competent to provide health care by using herbs, vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as on knowledge, attitudes and beliefs that are prevalent in the community regarding their physical, mental and social well-being, and the causation of disease and disability.

According to African culture the father teaches his son medicine. The son learns a great deal from his father's teachings as he matures and thus becomes an expert or professional in the use of traditional pharmacopoeia. This is sometimes called enculturation.

2.3 UTILIZATION OF TRADITIONAL HEALER BY COMMUNITY

In view of the fact that the HIV/AIDS epidemic is spreading rapidly and there are increasing numbers of people dying each day from AIDS. Statistics received from U21 Clinic reveals that before these people visit the health centres, they first visit traditional healers. This pinpoints the relationship between traditional healers and

community. Communities still rely on traditional healers despite the health screen provided by health centres.

2.4 HEALTH SYSTEMS IN SOUTH AFRICA

Health systems in South Africa recognise the importance of the traditional health system being used in conjunction with Western medicine and traditional or tribal medicine. According to Van Rensburg and Mans (1982:180), traditional medicine differs in all aspects from Western medicine and is in many ways diametrically opposed to Western medicine but have greater support among sections of the population. Traditional medicine emphasises the supernatural nature and cause of disease. The western and tribal medicines are components of the overall pattern of health in South Africa but they nevertheless exist side by side.

Western Health Care in South Africa does not present a uniform system. There are three levels of organisation with the responsibility for providing health services and facilities between central government, provincial administration and local authorities (Van Rensburg and Mans 1982:180).

In South Africa diagnosis, treatment, rehabilitation, medical practice, medication and health care are typical characteristics of modern Western medical and health care, including an overpowering scientific approach (Van Rensburg and Mans, 1982:180).

2.5 TRADITIONAL OR TRIBAL MEDICINE IN SOUTH AFRICA

According to Van Rensburg and Mans (1982:180), the Black population in South Africa supports a well established traditional, non Western health system of the so called, tribal medicine. The strongest support for tribal medicine is more in the rural or tribal areas of South Africa, especially the homelands. Tribal medicine and the service of the witch-doctor are also still very much in demand in the rural or and urban areas outside homelands despite contact with Western medicine. Some patients

resort to both systems but Blacks still call on witch-doctor in times of severe illness or dire need (Van Rensburg and Mans, 1982:180-182).

2.6 UTILIZATION OF HEALTH SYSTEMS BY BLACKS IN SOUTH AFRICA

Mnqanyi's classification of Blacks cited in Van Rensburg and Mans (1982:180-182), on the use of Western health service, is informative and interesting. This classification consist of the following groups:

- A group of traditionalist – this it the smallest group who use only traditional medicines.
- The second group are those who only use Western medicines.
- The third and largest group, who use a combination of Western and traditional services (Van Rensburg and Mans, 1980:180-182).

There are indications that new forms of traditional medicines have been developed to cope with the needs of modern Blacks. Mnqanyi, as cited in Van Rensburg and Mans (1980:181-182), states that in Black urban areas, treatment of disease by traditional methods constitutes the rule rather than the exception. Many traditional medicines in South Africa display strong tribal ties and remedies that are ascribed to by various tribes and nations (Van Rensburg and Mans, 1982:181-182). In the KwaMashu area of Durban, a random sampling involving 101 households revealed that non-medical agencies had been consulted in 73 cases of the disease. Of these seven (7) had consulted the diviner (isangoma) and 40 had seen a herbalist (inyanga), 17 had visited a so-called multi-shop and 28 had visited a prayer group (Van Rensburg and Mans, 1982:184-185).

2.7 TYPES OF TRADITIONAL HEALERS

According to Klugman and Goosen (1996:542), there are three broad types of traditional healers:

- The traditional doctor (inyanga) or the witch-doctor.
- The diviner (isangoma).
- The faith healer (umthandazi).

2.8 TRADITIONAL DOCTOR / WITCH DOCTOR / INYANGA

According to Van Rensburg and Mans (1982:188-189), the traditional doctor, witch doctor or inyanga concentrates on healing illness by using methods and techniques acceptable to Zulu culture. He mainly uses herbs and special medicaments. He preserves his people's culture by protecting and propagating the tribe's distinctive rituals and ceremonies from generation to generation. His role covers a broad spectrum of interest and even specialization. His function is not restricted to health and disease or diagnosis and healing. It also includes rain making, blessing newly appointed chiefs, bringing luck, protection, safety protection against lightning, making warriors immune to pain, prophesying future events, communicating with ancestral spirits, interpretation of dreams, knowledge of the past, pest eradication, location of lost property and diagnosis and curing of all types of ailments (Van Rensburg and Mans, 1982:188-189).

2.9 DIVINER / ISANGOMA

This is usually a woman though at present we do have males. She operates within a traditionally religious context and act as a medium of communication with ancestors (Klugman and Goosen 1966:452). Her task is diagnosis or to determine the cause of disease. She advises her patients and their families of messages. She inherits her spiritual abilities from her ancestors although certain characteristics, for example neurotic or epileptic symptoms and family traditions are also considered as qualifying factors for a calling (Van Rensburg and Mans , 1982:190). The diviner is a diagnostician who determines the cause of misfortune with the help of the ancestors. Her function is to expose disaster and determine its cause (Van Rensburg and Mans 1982:190).

2.10 FAITH HEALER (UMTHANDAZI)

According to Gumede (1990:10), faith healer heals by prayer and water. The patient drinks holy water as medicine.

2.11 TRADITIONAL BIRTH ATTENDANT

This is usually an old woman from the kraal, who is past child bearing age and who has the necessary experience in dealing with cases of pregnancy.. They diagnose pregnancy by inspecting breasts, abdomen and the back of the knee. They assist women in labour and are usually called late in the first stage. During the 8 day lying

in period they visit the women that had been delivered, bathe the baby and give advice about breast feeding. (Nursing RSA, 1992:36).

2.12 ROLE OF TRADITIONAL HEALERS

According to Klugman and Goosen (1996:452) the role of the traditional healer varies from culture to culture and according to dynamics within a community. Most of them feel that they have been called by their ancestors to become their agents on earth. They can hear the voices of their ancestors and they can speak to ancestors on behalf of others. They are advisors, and advise people on what to do in order to satisfy their ancestors. By doing this they also help people and families to resolve conflicts and to cope with difficult issues. They deal with specific problems like family quarrels or marital difficulties. They use their powers to honour the ancestors and to ensure the well-being of their communities. Traditional healers usually try to understand the context in which their client's problems occur. They take time to listen to what is being said, paying attention to what causes the ailment before beginning treatment. They issue medicines to cure physical health problems and their treatment focuses on the physical and social aspects of someone who experiences illness, knowing that both are important. Traditional healing involves a comprehensive approach.

2.13 THE ROLE OF TRADITIONAL HEALERS IN OTHER CULTURE

Traditional healing has also spread to other cultures. According to the Daily News(22 February 1999) and Post (1998-04-08) there is a 64 year old, Mrs Naicker, a qualified traditional healer and former Reservoir Hills resident who is now residing at Benoni, Gauteng. She is the mother of four and a registered member of the

Traditional Healers' Organisation of South Africa. She has healed many people with life threatening ailments over the past 20 years.

According to reports, in 1973 Naicker fell into a deep sleep when she was having body pains. She then had a dream and saw a rising sun with a man inside. He came running towards her and touched her and was free from pain. She said that the man gave her cosmic power which today enables her to heal people using the massage technique. She claims to have cured many people, even doctors. She claims that she can even cure people who have AIDS but the problem is that they do not want to reveal themselves.

2.14 TRAINING OF TRADITIONAL HEALERS

According to Klugman and Goosen (1996:455), training is usually done by an older or senior healer. Students undergo a combination of ceremonies, use herbs and follow special diet. This purify the body and mind and overcome problems or illness, thus brings the student closer to the ancestors. They stay at their trainer's home for a long time while they get to know their trainer. The trust between them is formalised in a special ceremony that joins the student's ancestors with those of the trainer so as to work in harmony. Trainers use ubulawu, a special preparation which contains a medicinal herb associated with the student's clan. The student is made to drink ubulawu so as to purify his body and to dream vividly. Students are made to interpret their dreams to the trainer and describe them every morning so that the trainer can be able to assess their progress.

Learning how to see the past or the future or divining is another important aspect of training, as well as singing and clapping hands which is an important aspect of the

ritual of “umxhentso,” the special dance of the diviner which brings her closer to the ancestors. Students sometimes enter a trance like state through dance. There is a substance called endorphins produced by the body during exercise. Strenuous dancing at ceremonies can have a powerful effect on the mind and the central nervous system.

River ceremonies also take place, where the traditional healer asks for the blessing of the ancestors of the river on the future training of students. At times students spend a few days in isolation in a small dark hut near the river. The final ceremony is one that brings the student home to his or her own community and he or she can also start her own practice, which is called the separation of the animals. It marks the formal separation of the ancestors of the trainer and the student.

2.15 TRADITIONAL HEALER'S GRADUATION CEREMONY

On 4 September 1998 about 50 newly qualified sangomas and inyangas came together for the first graduation ceremony of traditional and divine healers, according to the Daily News (1998-09-04). They wore their academic gowns and caps, and doctors could barely conceal their excitement. This was the first of several steps towards formal recognition of the profession. The graduation was co-ordinated by five national and local organisations for traditional medicine and hosted by Mangosuthu Technikon. The association have been issuing diplomas since 1981, but this was their first graduation ceremony held to recognise their diplomas. The Chairman of the Traditional and Divine Healers Association, said he saw the ceremony as a step in the process of gaining formal recognition for traditional medicine. He said KwaZulu-Natal was spearheading the drive to develop qualifications in traditional medicine.

2.16 HEALING AND FAITH

Some traditional healers believe that the healing process can only begin if faith or belief is present. Some people believe that recovery is due to treatment and others believe that it is the result of faith. Western medicine recognises that belief plays an important part in healing though doctors cannot explain how faith affects the body's immune system. Traditions and practices among healers are dynamic and change over time. The new prevalence of AIDS has had an impact on traditional healers. Few healers have tried to exploit this situation by offering to cure clients with AIDS, though it has been established that there is no known cure. Other healers have realised that it is important to educate their clients about HIV/AIDS and to encourage their clients to use safer sex. This shows that traditional healers also update their knowledge and adapt to new changing circumstances and illness of their clients Gluckman and Goosen, (1996:456-457).

2.17 HERBAL MEDICINE IN THE TREATMENT OF DISEASES

At Umlazi, according to a report in the Daily News 02/03/2002, "there is a herbalist Mrs Julia Ndlovu, a former nursing sister who developed interest in healing with herbs in 1994, studied herbal and nutritional medicine and now practices as a medical phyto-therapist (healing with plants) and an AIDS counsellor. She said when interviewed by the Daily News, "Look to your garden for your medicine. Everything you need is right on hand, easy to use and is free. Use of herbs in the treatment of diseases is the oldest form of medicine known to man since 3000BC. Herbal medicine is mentioned in the first chapter of Genesis and several times more in the Bible right through to the book of Revelation", says Ndlovu.

“Herbal therapy is the forerunner of modern drug therapy and many chemical drugs are based on compounds found in plants”, she explains. She uses the example of aspirin. She said, “aspirin came from salicylates found in the bark of the willow tree and heart drugs are still extracted from fox gloves.” Pharmacologists examine the traditional therapeutic uses of plants and locate active ingredients, she says, and make a drug by isolating the active ingredient. Herbalists, on the other hand, insist that less active components of plants are essential in presenting the medicine in a specific form that is easily absorbed and utilised by the human body. Another difference is that herbalist works on the premise that we have an innate ability to heal ourselves and that herbs should be used to restore and support the body’s own defense and restorative mechanisms rather than try to replace them.”

According to the report Ndlovu further stated that “Herbal medicine is sometimes slow but generally some improvement will be experienced within four to six weeks but this depends on how much effort the patient is prepared to make. Symptoms of colds and flu can be eased within a day or two. Herbal medicine is particularly suited to the treatment of chronic conditions, e.g. arthritis, asthma, skin disorders, digestive problems, etc. One of the greatest strengths of herbs is the immune boosting properties especially with AIDS, as AIDS is the disease of the immune system.”

Other remedies used by traditional healers in treating diseases as reported in the Daily News (2/3/2002):

Cabbage – reduces joint swelling. Tie the hot outer green leaf around the swollen joint and tie it.

Gauva - Soothe tummy pains and stop diarrhoea.

Place 5 leaves in a tea-cup, boil with water, leave for 10 minutes, strain and drink.

Rue - for arthritis. Boil one leaf in a cup. Leave for 10 minutes, strain and drink.

- Ginger - Relieves indigestion, nausea and high blood pressure. Place one teaspoon of grated root in hot water and drink three times a day.
- Honey and vinegar - Relieves asthma symptoms. Mix one teaspoon of each in a cup of hot water and sip slowly.
- Garlic - Good for all infections. Use in cooking or use raw in salads.
- Celery seeds - Good for arthritis. Sprinkle in salad or use to make tea.
- Parsley - Helps to normalise blood pressure. Use in salads or take a teaspoon full, boil it, strain and drink.

It is suggested in the report that the doctor should be consulted before using herbal medicines, because certain herbal medicine are unsuitable for pregnant women.

2.18 TRADITIONAL HEALERS MERIT FULL RECOGNITION IN FIGHTING AIDS

Traditional healers is the most trusted source of treatment in Africa and their methods merit full recognition in the war against AIDS. Some 80% of Africans consult traditional healers. For many, they are easily accessible and affordable, but they are denied the respect they deserve, as reported at an international AIDS symposium. Traditional medicine has proved in some instances to be superior to Western drugs in the treatment of HIV/AIDS infections. According to findings presented to the (conference held at Durban), Doctor Roland Msiska said despite the important role played by indigenous treatment, currently research and dialogue is built on the assumption that non-traditional or Western medicine is superior to the traditional medicine Natal Witness, (17 September 1999).

2.19 PARTNERSHIP IN FIGHTING AIDS

A new Herb Traders Market, the biggest of its kind in South Africa with an overwhelming choice of natural herb remedies, was officially opened at Durban by Theresa Mthembu, Mayor for Durban South. Tobias Mkhize, Environmental Officer of Durban Metro's Health Department, said the department was concerned about the future of herb traders an integral part of the micro-business sector of Durban, and confirmed that an umbrella body for Durban Metro had been formed to look into future needs of traders (Mercury, 28 September 1998).

A project in the form of working groups was recently launched in Swaziland attended by nurses and traditional healers. The report on findings were that traditional healers had a great interest in personal hygiene, safe water and sanitation in houses. According to Hoff and Maseko (1986:413) the two parties must meet and agree to the following measures:-

- Traditional healers must refer certain patients to clinics.
- Nurses are to accept referrals and respect both patient and traditional healer.
- Traditional healers should know the danger signs of eight children's ailments and how to mix oral rehydration solutions for dehydration.
- Nurses and traditional healers should concentrate on the prevention of illnesses and provide health counselling on balanced nutrition, safe water, personal hygiene, use of toilets and immunisations.

Upvall (1992:32) cited from Van Rensburg and Mans (1982:238) emphasises the training of traditional healers so as to know when to refer a sick person to a health service and how to prescribe and use medicine. Nurses and traditional healers should focus on health objectives which they have in common and methods of planning better health services for the community. Good co-operation in respect of referrals, immunisations and consultation relating to the treatment of patients is important.

2.20 ANC POLICY ON TRADITIONAL HEALERS

The African National Congress (ANC) Policy is to integrate traditional healers into a recognised health care in South Africa. People will be allowed to consult anyone for health care and legislation will be changed to facilitate controlled use of traditional healers. This policy includes the basic principles:

- People have the right to choose traditional practitioners as part of their cultural heritage and belief system.
- Co-operation and liaison between orthodox medical practitioners and traditional practitioners should be fostered.
- Traditional healers are often more accessible and acceptable to people than conventional health practitioners – this promotes good health.
- Traditional practitioners will be controlled by a recognised and accepted body so that harmful practices can be eliminated and the profession promoted.
- Mutual education between the two health systems should be done so that all practitioners can benefit.

- Registration and development of traditional health care will take place alongside the expansion of orthodox medicine rather than replacing it in any geographical area.

All these principles are going to be put into practise in the following ways:

- Negotiations will be entered into with traditional practitioners so that an acceptable policy can be formulated for all health practitioners. Hoff and Maseko (1986:415), emphasise the need for communication and good relationship between nurses and traditional healers in order to ensure referrals to clinics and continuation of prescribed treatment of patients.

Nurses should be aware of the fact that purgatives and enemas, a favourite treatment of traditional healers, can lead to further dehydration and even death to young children. Because of this traditional healers should be encouraged to prescribed other rehydration solutions and where traditional healers refer patients to health services, nurses should find out what traditional medicine a patient is receiving in order to eliminate the possibility of reaction to Western medicine (Upvall, 1992:32-34).

- Legislation to regulate the responsibilities and status of traditional practitioners will be enacted.
- Interaction between conventional and traditional practitioners will be encouraged at all levels.
- Training programmes to promote good health care will be initiated.
- A regulatory body for traditional medicine will be established (Gluckman and Goosen, 1996:457).

2.21 TRADITIONAL HEALERS AND STATUTORY COUNCILS

Parliament has made a recommendation which will restore the dignity and standing of traditional healers. Recommendations were that a statutory council for traditional healers should be established. The council will within three years present proposals for a drafting of final legislation. The council will consider the registration of all qualifying traditional healers and promote training, research, professionalism and the creation of a traditional medicine database. The policy will also develop an ethical code of conduct, maintain discipline within the profession and set up norms and standards for the practice of traditional healing, including regulating the issuing of medical certificates and setting of tariff levels. Its functions will be to facilitate co-operation between traditional healers and the Western medical professions and the government. The report proposed the profession to be divided into four categories:

- inyanga – traditional doctor or herbalist
 - sangoma or diviner
 - traditional birth attendants
 - traditional surgeons, trained men with experience in conducting traditional circumcision.
-
- Consultative seminars at provincial level will begin in three months to unpack the outstanding complicated matters of training, accreditation and formulation of clear proposals. The seminars will make sure that all stakeholders and associations are taken on board and their views considered. The subcommittee also recommends that the issue of medical coverage for traditional treatment should be explored further. Some insurance companies have introduced a coupon system which allows the patient to receive medical help from a traditional healer.

The subcommittee also found that traditional healers in South Africa excelled in the treatment of psychological problems (Daily News, 05/08/1999).

The report has recommended that once the relevant laws are in place, the inclusion of traditional healers into medical aid schemes can be explored (Natal Witness, 05/08/1999).

In KwaZulu-Natal the following are recognised traditional healers associations :

- Traditional and Divine Healers' Association – its Chairman being archbishop Dr BL Mpungose.
- National Association of Inyangas – Simon Mhlaba being the Chairman.
- Ubuhle be Afrika Bhekimpilo Herbalist Association – its Chairman being Tandonjani Hlongwane. Students are trained for between two – three years (Daily News: 1998:09.04).
- The Herbs Association of South Africa, which offers a one year course in Herbalism. The course includes ten modules and practicals done at various centres in KwaZulu-Natal (Daily News:2000/05/24).

2.22 IMPACT OF HIV/AIDS EPIDEMIC ON FAMILIES

The HIV/AIDS epidemic has spread rapidly, and the numbers of infected persons appear to increase geometrically. The first AIDS cases were reported by the centre for Disease Control on June 5, 1981. It is likely that as many as ten million are infected worldwide with more than three million infected in Africa. For every infected individual there are parents and children, siblings and grandparents, friends and caregivers whose lives are affected significantly and who need care and support.

The average time between infection and development of significant clinical symptoms is seven to eight years. The majority die within two to three years of being diagnosed with AIDS. To be seropositive or to be diagnosed as having an HIV related infection means that the life of the individual will be severely shortened.

The person living with AIDS can also develop abnormalities in thinking, behaviour and movement. This can also result in problems like forgetfulness, poor concentration, unsteady walking, loss of control of arms and legs, thus causing the person's ability to function independently. Men aged 20-59 years with AIDS are approximately 36 times more likely to commit suicide than their counterparts who have not received a diagnosis of AIDS and also 66 times more likely to commit suicide than members of the general population (Macklin, 1998:4-31).

2.23 THE SUNRISE MODEL

The researcher also chose to use Leininger's Cultural Care Theory since traditional practices are associated with the culture of people. This theory emphasises diversity and universality (George, 1995:374).

2.24 CARING IN A MULTICULTURAL FIELD

Nursing is a unique profession, distinguished from other disciplines by the concept of caring. People who render nursing care come from different cultures with diverse and universal beliefs and values and the clients also come with their own cultural beliefs. The institution where nursing is practised have its own beliefs. In order to render

quality nursing care nurses need to go beyond the culture of nursing, and study other institutions as well as worldwide nursing practices.

Leininger believes that people from different cultural backgrounds interpret and express health and ill-health differently. People view ill-health as being influenced by the surrounding environment. Nurses need to understand the cultural meaning attached to ill-health and health. This will enable nurses to determine what is universal and diverse, thus rendering a culturally acceptable and satisfying professional nursing care model. In each family, community or institution there are factors which have a potential of influencing the interpretation and expression of health and of well-being. There are technological, educational political, legal, economic and cultural backgrounds. One study these factors through the language used by particular family, group or community (George, 1995:381-385).

There are also structures which provide care to people, namely the professional group with formal training and the folk context which provide health care by using indigenous remedies. People falling in this group do not undergo formal training.

The presence of the professional and folk context in communities influenced the behaviour of individuals, families or groups as far as health and ill-health are concerned. These structures need to be studied in order to enable health professionals to take decisions which are acceptable to the clients. One arrives at decisions which reflect cultural care maintenance, cultural care accommodation or cultural i.e. re-patterning.

2.25 LINK BETWEEN TRADITIONAL HEALING AND THE SUNRISE MODEL

This is a known fact that AIDS is a disease which has no curative treatment. It is also known that indigenous healing has been practising for ages. According to Van Rensburg and Mans (1992:180), about 80% of clients in rural communities consult traditional healers for help before consulting medical practitioners or westernized medicine.

It is therefore important to study not only westernized medicine but also study cultural approaches and perceptions held by traditional healers with regard to AIDS. The researcher has chosen the Sunrise model to discover health care patterns as influenced by the culture, values and beliefs of people. Traditional healers form the greater part of the folk context.

2.26 CONCLUSION

Leininger has identified a major deficit in our provision of nursing care and has provided a road map so as to begin to fill the gaps created by the deficit.

2.27 THEORETICAL FRAMEWORK

2.27.1 INTRODUCTION

The researcher used the Neuman's Systems Model as a theoretical framework for this study (George, 1995:281).

2.27.2 NEUMAN'S SYSTEM MODEL

In Neuman's Systems Model the client is viewed as an open system in which repeated cycles of input, processes, output and feedback constitute a dynamic organisational pattern. Neuman conceptualizes the client as an individual, a group, a family, a community or any aggregate. Exchanges within the environment are reciprocal both the client and environment may be affected either positively or negatively by each other. The client and the environment are in relationship with each other because both the client and the environment may be influenced either positively or negatively by each other. Environmental influences are identified by Neuman as intrapersonal, interpersonal and extrapersonal. What is more important here is to achieve optimal system stability (George, 1995:284).

Included in Neuman's Model are the following aspects:

- The physiological, psychological, sociocultural, developmental and spiritual variables.
- Basic structures and energy resources.
- Line of resistance.
- Normal line of defense.
- Flexible line of defense.
- Stressors
- Reaction

- Reconstitution
- The environment, health and nursing care. These are inherent parts of the model but are not including in the model.

2.28 BASIC STRUCTURE AND ENERGY RESOURCES CLIENT VARIABLE

Neuman views the individual client holistically taking into consideration the physiological, psychological, socio cultural, developmental and spiritual aspects. She says these variables function in harmony with stability in relation to the internal and external environment. The physiological refers to mental processes related to development over the life span. Spiritual refers to spiritual beliefs. The first four variables are important and used in nursing (George, 1995:285).

2.28.1 LINE OF RESISTANCE

Neuman talks about the line of resistance and says it protects the basic structure which can be the client or an individual holistically. She says it becomes activated when the normal line of defense is invaded by the environmental stressors, for example the activation of the immune system mechanisms. If the line of resistance is not effective it will result in energy depletion and lead to death (George, 1995:285).

2.28.2 NORMAL LINE OF DEFENSE

The normal line of defense is conceptualized as the normal wellness state. It changes as a result of coping with a variety of stressors. Its stability is maintained by the range of responses to the environment. When the normal line of defense is invaded, the client system reacts. Reaction will be in symptoms and illness and will reduce the system ability to withstand stressors (George, 1995:285).

2.28.3 FLEXIBLE LINE OF DEFENSE

This is the outer boundary and initial response or protection of the system to stressors. It prevents stressors from invading the system. It provides protection to the system and can be altered by factors like inadequate nutrition or sleep (George, 1995:286).

2.29 ENVIRONMENT

Neuman defines the environment as all the internal and external factors or influences that surround the client or client system. The influence of the environment to the client may be negative or positive, for example somebody with AIDS or who is HIV positive is more susceptible to viruses like the common cold than those without. The external environment exists outside the client system. The third environment is the created environment developed unconsciously by the client. Its function is seen as a protective coping shield that encompasses both the internal and external environments. It may change the client's system response to stressors. It provides a positive stimulus towards health for the client. The care giver needs to know what has been created by the environment and to what extent it is used and the value it has for the client. The created environment can also increase or decrease the client's state of wellness (George, 1995:286).

2.30 STRESSORS

Stressors according to Neuman is a stimuli that produce tension and cause system instability. Stressors are classified as intrapersonal, interpersonal or extrapersonal in nature. Intrapersonal are those occurring within the client boundary and correlated with the internal environment e.g. auto-immune response. Interpersonal occur outside the client system boundary, e.g. role expectations. Extrapersonal stressors occur outside the system boundaries at a greater distance from the system, e.g. social policy (George, 1995:287).

2.31 HEALTH

Neuman identifies health as a state of wellness at a given time. It is a continuum from wellness to illness. It is dynamic with changing levels occurring within a normal range for the client over time. The client system moves towards illness and death when more energy is needed than is available and towards wellness when more energy is available or can be generated than is needed (George 1995:287).

2.32 REACTION

Neuman points out that reactions and outcomes may be positive or negative (George,1995:288).

2.33 PREVENTION

Neuman considers the three levels of prevention stressors. Included in this level is health promotion and maintenance of wellness. The aim of this level is to strengthen the flexible line of defense through preventing stress and reducing risk factors. It occurs when risk or hazard is identified before reaction occurs. Included is immunizations, health education, exercise and life style change (George, 1995:288).

Secondary prevention – occurs after the system reacts to a stressor, perceived in terms of existing symptoms. It focuses on strengthening the internal lines of resistance, and protects the basic structure through provision of appropriate treatment of symptoms so as to gain system stability. If secondary prevention is unsuccessful and reconstitution does not occur, the basic structure will be unable to support the system and death will occur (George, 1995:288)

Tertiary prevention occurs when the system has been treated through secondary prevention strategies. Its aim is to maintain wellness or protect the client system reconstitution through supporting existing strengths and continuing to conceive

energy. Tertiary prevention can begin at any point after system stability has begun to be re-established. Tertiary prevention as it also include health education, exercises, and change in life style (George, 1995:288).

2.34 RECONSTITUTION

Reconstitution begins at any point following initiation of treatment for invasion of stressors. It is defined as an increase in energy that occurs in reaction to the degree of reaction to stressors. It may expand the normal line of defense, stabilize the system at a lower level and return to the level which existed before illness (George, 1995:289)

2.35 NURSING

According to Neuman, the major concern of nursing is to help the client system attain, maintain and retain system stability. This can be accomplished through accurate assessment, the actual and potential effects of stressor invasion and assisting the client system to make adjustments necessary for optimal wellness. The nurse provides the linkage between the client system, the environment, health and nursing.

With regard to the Neuman systems model and the nursing process, Neuman presents three steps of nursing process format. The first step is nursing diagnosis and includes the use of data base to identify variances from wellness and development of hypothetical interventions (George, 1995:289-290).

The second step is nursing goals. It is based on the care giver-client negotiations of intervention strategies to retain, attain or maintain system stability. The third step is nursing outcomes which include nursing intervention using prevention modes, confirming that desired change has occurred or reformulating the nursing goals using outcomes of short term goals to determine long term goals validating the nursing process through client outcomes (George, 1995:291).

In the assessment phase, the nurse focuses on obtaining a comprehensive client data-base, to determine the existing state of wellness and the actual or potential reaction to environmental stressors (George, 1995:291).

Diagnosis reflects the entire condition of the client. Specific goals are derived from the nursing diagnosis. The perception of both the client and care giver must be considered in setting goals (George, 1995:291).

Planning involves negotiation between the caregiver and the client, the aim being to help the client move beyond the present in a way that preserves or enhances the client's wellness level (George, 1995:291).

The implementation phase or nursing actions are based on the synthesis of a comprehensive data base about the client and the theory that are appropriate in the client is perceptions and the possibilities for functional competence within the environment (George, 1995:294).

2.36 EVALUATION

Evaluation indicates that the anticipated or prescribed change has occurred. If not, goals are reformulated at long term and short term goals (George, 1995:294).

2.37 CONCLUSION

Traditional healers are seen as the first contact of health care. They provide health care at the first level of care, i.e. at primary level. Most of the people who still rely on traditional healers are found in rural areas, especially Africans although there are also other types and categories of people in urban areas who use both traditional healers and modern medicine. The health healers and traditional healers are trusted by these communities because they provide essential health care to the people, which is of good quality, where everybody is treated as equal and the service is effective,

because they provide health care at all levels of prevention including primary level, secondary level and tertiary level of prevention. Their service is always available because they are always there when needed, and are affordable and accessible.

At primary level they prevent the occurrence of disease through 'ukubeletha' to prevent any evil spirit from entering the house. At secondary level they treat someone who already has a disease by early diagnosis and prompt treatment at the tertiary level of prevention, and rehabilitation of those who have already been sick to maintain a state of wellness. This stage leads back to the first level of prevention, which is the primary level of prevention. These levels of prevention are the ones used by health professionals when providing care.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with research methods in detail, the description of the research design used, the necessary ethical procedures that were observed, the discussion on data collection and data analysis procedures.

3.2 PURPOSE OF THE STUDY

The purpose of this study was to explore the role expectations of traditional healers in minimizing the HIV/AIDS epidemic in the South Central District of KwaZulu-Natal Region.

3.3 RESEARCH OBJECTIVES

The following research objectives were presented so as to reach the above mentioned research purposes:

- To describe the traditional healers' experience in minimizing the HIV/AIDS epidemic.
- To determine if North, South and Central health professionals are willing to form partnership with traditional healers.
- To accept them as members of a multidisciplinary health team.
- To refer their HIV/AIDS clients to traditional healers as well as health professionals.
- Health professionals to accept clients referred to them by traditional healers.
- To determine if community members accept or trust them.

3.4 RESEARCH DESIGN

Thyer (1993:94), quoted from De Vos (2000:123), views a research design as a blueprint or detailed plan for how a research study is to be conducted. Hysamen, quoted from De Vos (2000:124), refines this definition by specifying that this plan or blueprint offers a framework according to which data are to be collected to investigate the research hypothesis or question in the most economic manner.

Burns and Grove (1993:26) view the research design as a blueprint for conducting the study that maximizes control over factors that could interfere with the validity of the findings. The research design guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal.

Brink (1996:100) defines a research design as a set of logistic steps taken by the researcher to answer the research question and it flows directly from the particular question. It forms a blueprint pattern or recipe for the study and determines the methods used by researcher to obtain subjects, collect data, analyse data and interpret the results.

According to Wilson (1985:19), the research is a well thought out, systematic and even controlled plan for finding answers to research questions, offering a roadmap for organizing a study for methods of data collection through methods of data analysis..

A qualitative, descriptive, phenomenological design was chosen for this study. The purpose was to determine the traditional healers' health professionals' and community's views regarding the HIV/AIDS epidemic, their experiences, their meaning and interpretation of those meanings regarding the epidemic. The purpose of this phenomenological research was also to describe what people experience regarding the HIV/AIDS epidemic. The purpose of the researcher was to discover things that are happening in our day to day practice that are of importance to our community, to the Department of Health, and to our indigenous healers so that they

are not destroyed, distorted or sentimentalized. To prevent the researcher from interviewing only those responsible individuals, for example, health professionals, traditional healers and the community members.

3.4.1 QUALITATIVE DESIGN

According to Brink (1996:102) qualitative methods focus on qualitative aspects, that is meaning, experience and understanding. They study human experiences from a view point of the research subjects. Qualitative researchers are interested in meaning, how people interpret their life experiences and structures of the world. In this study the researcher is trying to find out the experiences or the role of traditional healers in minimizing the HIV/AIDS epidemic. This is done by interviewing traditional healers, community members and also health professionals.

According to Karen (1989:49) qualitative research seeks to understand the meaning that experiences and events have for individuals who go through them.

3.4.2 DESCRIPTIVE DESIGN

Descriptive studies are designed to gain more information about characteristics within a particular field of study. The purpose of a descriptive design is to provide a picture of situations as they happen naturally. In this study the researcher wanted to know the degree of medical knowledge traditional healers have in minimizing the HIV/AIDS epidemic.

According to Creswell (1994:145), qualitative research is descriptive, as the researcher is interested in the process, meaning and understanding gained through words or pictures. In this study traditional healers are describing their experiences regarding their role in minimizing the HIV/AIDS epidemic.

3.4.3 PHENOMENOLOGICAL DESIGN

According to Brink (1996:119) a phenomenological design examines human experiences through descriptions provided by people involved. It describes what people experience in regard to some phenomena and how they interpret those experiences or what meaning the experiences hold for them. The phenomenological approach consists of a set of steps or stages which guide researchers in the study of phenomena. These steps vary from one phenomenologist to the other.

During this process, the researcher has set aside any preconceived beliefs she might have had about traditional healers and AIDS. She identified what she expected to discover without considering her own ideas or any preconceived ideas so that all available perspectives could be considered. The researcher become totally immersed in the phenomenon under investigation and began to understand the phenomenon as described by participants. During this stage the researcher was expected to review the data again and again until there was a common understanding.

3.4.4 POPULATION AND SAMPLE

According to Brink (1996:132) a sample refers to a part or fraction of the whole or a subset of a larger set selected by the researcher or a selected group of elements from a defined group to participate in a research project. Sampling is the process of selecting the sample from a population in order to obtain information regarding the phenomena in a way that represents the population of interest.

Arkava and Lane (1983:27), cited in DeVos (2000:191), view a sample as a subset of measurements drawn from a population in which there is an interest. The sample is studied in an effort to understand the population from which it was drawn. The sample is studied as a means of helping to explain some facet of the population (Powers 1985: 235), cited in (De Vos 2002:191) describe the sample as a small

portion of the total set of objects, events or persons which together comprise the subject of study.

Cluster sampling was used.

According to De Vos (2000:197), this type of sample is sometimes used when a sampling frame such as a list of names is not available, but only a map of the relevant geographical area. This method has the advantage of concentrating the field study in a specific section of the greater geographical area and this help save costs and time. Van der Walt (1984:79) cited in De Vos (2000:197) states that sampling in this case consists of the creation of a numbers of externally homogenous but internally heterogenous clusters in the relevant universe, and subsequent random sampling of one or another of these clusters in the sample, for example, suppose there are nine suburbs of a city which is part of the investigation and that three of them are homogenous with regard to the age of the residents. One of each of the three can be selected as a sample, for example, three suburbs from nine are thus going to be involved. That is why the researcher have chosen to conduct the study in Umlazi area which is part of the South Central district of the KwaZulu-Natal Region.

3.5 DATA COLLECTION

After the selection of the required sample data collection was carried out over a period of four weeks.

3.5.1 METHOD OF DATA COLLECTION

The questionnaire was the research instrument used to collect data consisting of the following:

3.6.1 QUESTIONNAIRES DIRECTED TO HEALTH PROFESSIONALS CONSISTED OF THE FOLLOWING:

- Incidence of traditional healers next to a health facility.
- Referral of some patients to traditional healers.
- Referral of patients by traditional healers to the health facility.
- Discussion of patient's progress with traditional healers.
- Membership of traditional healers of a multidisciplinary team.
- Invitation of traditional healers to meetings.
- Knowledge of forums where traditional healers voice their views.
- Knowledge of training undergone by traditional healers.
- Contribution of traditional healers in treating HIV/AIDS.
- Hazards known to professionals that contribute to the spread of HIV/AIDS by traditional healers.

3.7 QUESTIONNAIRES DIRECTED TO TRADITIONAL HEALERS

The questionnaires tried to establish the following information:

- Personal data of the respondents.
- Interactions / referral to neighbouring doctors.
- Interaction / referral to health professionals or nearby health centre.
- Discussion of patients' progress with health professionals.
- Participation in the multidisciplinary health team.
- Having meetings with health professionals.
- Existence of a forum to voice views in health care.
- Attendance of an HIV/AIDS training course.
- Traditional healers' role in HIV/AIDS prevention.
- Traditional healer's role in treating or providing treatment to people who are HIV positive or living with AIDS.
- Self protection of traditional healers against HIV/AIDS.
- Aspect of confidentiality and experiences.

- Recognition of experiences by the Department of Health.
- Any forum or partnership with the Department of Health.
- Any information in treating patients with HIV/AIDS.

3.8 QUESTIONNAIRES DIRECTED TO COMMUNITY MEMBERS CONSISTED OF THE FOLLOWING:

- Knowledge of members regarding HIV/AIDS.
- Awareness of spread of HIV/AIDS
- Awareness of methods used to prevent HIV/AIDS.
- Knowledge of the outcome of the disease.
- Attendance of HIV/AIDS education sessions.
- Knowledge of HIV positive and AIDS persons.
- Encounters with people living with AIDS.
- Knowledge of the strategies by the Department of Health in trying to fight HIV/AIDS epidemic.
- Belief in the care given by traditional healers.
- Any contributions they can add as community members regarding the HIV/AIDS epidemic.
- Their opinion regarding a joint venture of traditional healers and health professionals.

3.9 QUESTIONNAIRES DIRECTED TO THOSE COMMUNITY MEMBERS WHO HAD CLIENTS WHO ARE HIV POSITIVE, LIVING WITH AIDS OR DIED OF THE DISEASE

- Aware that she /he had contracted the disease.
- Acceptance of the victim in the house.
- Place she/he visited for help or for treatment.

The sample of the questionnaire is attached to this report as annexure.

3.9.1 INTERVIEWS

An interview is a method of data collection in which an interviewer obtains responses from a subject in a face to face encounter or through a telephone or by electronic means (Brink, 1996:157). The researcher chose to use or conduct the face to face interview as it is the most direct method of obtaining facts from the respondent. This method is useful in ascertaining values, preferences, interests, attitudes, beliefs and experiences (Brink, 1996:157).

During the interviewing period, the researcher set aside preconceived ideas, before interviewing started. The interviews took place at a time and place convenient for both the researcher and the respondent. Some respondents were interviewed at their homes. Privacy, confidentiality and anonymity was ensured.

D.

3.10 DATA ANALYSIS

According to Creswell (1996:156), data analysis involves a process of sorting the information that differs from the other information and to correlate information that explains the same phenomena.

Qualitative analysis is non-numerical and involve the interpretation of data in order to discover patterns, themes and forms from interview scripts, field notes, diaries, documents and other text (Wilson, 1989:454).

Qualitative research is non-numerical, usually in the form of written words. Analysis of data in qualitative studies involves examination of words as frequently there is a massive amount of data in the form of words (Brink, 1996:192).

Data analysis is not a distinct step in qualitative research studies but is done concurrently with data collection (Brink, 1994:192), as the researcher has done.

Analyzing data, the third step in Brink's inquiry, was used. This involves the task of contrasting and comparing the final data to determine what patterns or themes emerge. The researcher paid careful attention to the description and views of participants, as prescribed in this step.

3.11 ETHICAL CONSIDERATION

According to De Vos (2000:24), ethics is a set of moral principles which is suggested by an individual or a group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.

Ethics aim at protecting the rights of human subjects whilst ensuring scientific research. According to Wilson 1989. Pera and Van Tonder (1996:156) it is important that the rights of participants are protected from the legal and moral point of view by observing ethical principles.

Permission was obtained from respondents and from their authorities or supervisors. Participants were told of the objectives of the study, with full disclosure about what is being researched, as subjects have a right to information and a right to agree or refuse to participate. Informed consent safeguards participants and prevent harm that can be done to them.

The purpose of the study was explained to them, as well as the reason for their selection. They were assured of anonymity, violation of privacy, and the right to self-determination, confidentiality was observed.

The subjects were also told that they have the right to withdraw from the study at any time should they wish to do so, and that they could contact her at any time they wished to withdraw. The researcher's telephone number was also given to them and

they were also asked during the interview period if they do wish to continue or withdraw before the interview started. Respondents were told that everything is voluntary, with no benefit being available. Feedback on information obtained will be given to them and information obtained will be used effectively, for the benefit of the public including the Department of Health.

3.12 GUBA'S MODEL OF TRUSTWORTHINESS OF QUALITATIVE RESEARCH

Guba uses four models of trustworthiness, that is truth value, applicability, consistency and neutrality, (De Vos, 2000:349-350).

3.12.1 TRUTH VALUE

Truth value established confidence in truth of findings for subjects. It establishes how confident the researcher is with the truth of findings based on research design, informants and context. In qualitative research, truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants. Researchers then need to focus on testing their findings against various groups from which the data were drawn and persons who are familiar with the phenomenon being studied (De Vos, 2000:349). The researcher has chosen the traditional healers who are involved in treating people who are HIV positive or living with Aids, and also health professionals, and community members where Aids victims come from.

3.12.2 APPLICABILITY

Applicability is not seen as relevant to qualitative research because its purpose is to describe a particular phenomenon or experience and not to generalise others.

3.12.3 CONSISTENCY

This means that, will findings be consistent if the enquiry were replicated with the same subject or in a similar context (De Vos, 2000:350). This also cannot be assured by the researcher.

3.12.4 NEUTRALITY

This refers to the degree to which the findings are a function solely of the informants and conditions of the research and not other biases, motivation and perspectives (De Vos, 2000:350). Lincoln and Guba (1985) quoted in De Vos (2000:350) shift the emphasise of neutrality in qualitative research from the researcher to the data, so that rather than looking at the neutrality of the investigator, the neutrality of the data was considered. They suggest that confirmability be the criterion of neutrality and this will be achieved if truth value and applicability are established, that is why the *preconceived ideas, beliefs, perceptions and opinions* of the researcher were set aside.

3.13 CONCLUSION

To prevent bias of information the researcher has chosen to use a qualitative, descriptive phenomological design together with Guba's model of trustworthiness of qualitative research.

CHAPTER 4

4.1 INTRODUCTION

The analysis of data and the findings of the inquiry is to be discussed in this chapter. Data analysis involves a process of sorting the information and correlate the one that explain the same phenomenon. Research findings of the experiences and role of traditional healers in minimizing the HIV/AIDS epidemics will be discussed. Data was collected at times that were convenient for subjects or respondent. Some were interviewed at their places of work and some at their homes.

Data was analysed according to the following categories:

- Data obtained from traditional healers.
- Data obtained from health professionals.
- Data obtained from community members.
- Data obtained from family members of the AIDS victims.

4.2 DATA OBTAINED FROM TRADITIONAL HEALERS

4.2.1 PERSONAL DATA OF THE RESPONDENTS

Their ages range from the age of 35-65 years. This gave the researcher a clear picture that these respondents are fully matured, mentally as well as physically.

4.2.2 AGES OF THEIR CLIENTS

Most of their clients are between the ages of 20-45 years. This is also confirmed by Stanhope and Lancaster (1992:336), that eighty percent of all AIDS cases are between the ages of 20-49 years.

4.2.3. REFERRALS TO NEIGHBOURING HEALTH CARE CENTRES

The traditional healers confirmed that most of their clients are ambulant because most of them came immediately after they have been diagnosed as HIV positive. All of them mentioned that they do not treat clients who only say that they are HIV positive without proof. Those clients are referred to hospitals or clinics for HIV testing before they can start treating or providing them with treatment. Some of them came with signs and symptoms of tuberculosis, that is cough, weight loss, night sweats according to Doctors for life Home-Based Care Module (1992:33) and diarrhoea. Those are referred to hospital for anti TB drugs, sputum examinations and rehydration solution. The problem they have is that they are unable to write referral notes as their clients are scolded by health professionals because they are from a traditional healer. According to Hoff and Maseko, (1986:413), cited from Van Rensburg (1995:) traditional healers should refer clients to clinics and nurses should accept referrals and respect both client and traditional healer.

4.2.4 DISCUSSION OF PATIENTS PROGRESS WITH HEALTH PROFESSIONALS

That is impossible, they said because they are not accepted by health professionals. This is the reason why health professionals deny that they can treat clients with AIDS or AIDS related diseases.

4.2.5 PARTICIPATION IN THE MULTIDISCIPLINARY HEALTH TEAM

According to Goosen and Klugman (1996:457), the ANC policy on traditional healers suggests that there need to be an interaction between conventional and traditional practitioners. Traditional healers mentioned that although they do wish to be part of the multidisciplinary health team, at present they are excluded because they are not yet accepted by health professionals. They said they are now trying their best to become acceptable to health professionals, even by the Department of Health, and

for this reason they are coming together to form an association where all the practicing traditional healers will be registered and practice according to rules and regulations laid down by their associations.

4.2.6 MEETINGS WITH HEALTH PROFESSIONALS

Traditional healers have had some meetings with health professionals regarding HIV/AIDS prevention and treatment. Some of them suggested that the reasons for these meetings were for health professionals to investigate whether they can treat AIDS patients or not. Health professionals also suggested that they need to produce proof that they have already treated so many patients with AIDS.

4.2.7 EXISTENCE OF FORUMS

There is no health forum grouping together traditional healers and health professionals though according to the ANC policy quoted by Goosen and Klugman (1996:457), mutual education should take place so that all practitioners should benefit. Traditional healers do have their own associations where they meet and discuss some health issues, for example, the Traditional and Divine Healers Association, the National association of Inyanga, Ubhle be Africa, Bhekimpilo Herbalist Association and the Herb Association of South Africa. These are found at various centres in KwaZulu-Natal.

4.2.8 ATTENDANCE OF TRAINING COURSES ON HIV/AIDS

According to Dunnill *et al* (1995:184), the Department of Health recognises that Traditional healers have a role to play in health care. Training programmes for traditional healers have been developed by the Department of National Health. These cover topics like HIV/AIDS, mental health, rehydration programmes, cancer treatment, tuberculosis and aspects of maternal and child health care. At the present moment traditional healers have never attended any course organised by the

Department of Health especially for them; however, their association do organise some meetings with them to discuss how they can prevent the HIV/AIDS epidemic.

4.2.9 ADDITIONAL INFORMATION REGARDING TREATING CLIENTS WITH HIV/AIDS

As mentioned before traditional healers do not treat people without proof that he or she is HIV positive and for this reason every client need to visit the health centre for blood tests. As soon as the client come with the results they immediately start him on treatment. Their treatment is a litre bottle of medicine, of which he is supposed to take one spoon three times a day. The progress of the client's recovery depends on how reliable the client is in taking treatment. Some noticed improvements within a week, some within a month. They acknowledge that they have treated a lot of clients with infection due to or caused by HIV and those with AIDS, for example shingles, rashes, diarrhoea, cough, loss of weight, loss of appetite, swollen glands, chest infections. Some of them even have stethoscopes like those used by health professionals to listen to their client's chest, for example Zihlahla Zemithi, Mr Mlotshwa at J. Section, Umlazi and Mr Ngubane from B. Section at Umlazi said, what they have noticed is that after three to six months, when their clients visit the health centres for repeat blood tests, there is a decrease in the antibody level. The cost of their treatment is thirty – fifty rands. They also emphasise the use of condoms and early treatment of any infections, especial flu.

They also advise them to come with their partners for treatment. They are advised that any fluid which comes from their bodies must not come into contact with someone else in the family, especially blood, Semen, vaginal fluids, etc. They are advised to use disinfectants when they wash their clothes, bathrooms and toilets, said one traditional healer.

Some of their clients are brought by their parents. Parents are also advised to use protecting clothing like gloves and aprons when taking care of their sick ones.

Health education is given regarding a clean environment, for example washing of body linen, proper disposal of waste, washing of hands before cooking and after visiting the toilet, eating a healthy diet, exercises and to stop drinking alcohol. When asked where they obtain this knowledge, they said from pamphlets, radios and TV programmes on HIV/AIDS, because they want to nurse their clients in totality.

4.2.10 PROTECTION OF THE COMMUNITY FROM CONTRACTING HIV/AIDS

With every client who comes for treatment, they make sure that during incision (umgcabo) client comes with his own razor and they provide him with his own medicine. Even enemas are put in a disinfectant, for example for one hour before using it for another client. For this reason they do not have one enema but plenty, as the number of their clients is increasing on a daily basis.

4.2.11 SELF PROTECTION AGAINST HIV/AIDS

According to the Doctor's for Life, Home Base Care Programmes (1992:44) gloves must be used when touching any body fluids, an apron should be used to protect clothes and hands must be washed after any contact with body fluids. Traditional healers also use gloves and aprons to protect themselves from infection. They visit the health centre every six months (but not all of them), for HIV test.

4.2.12 ASPECTS OF CONFIDENTIALITY

As mentioned before some of their clients are brought by their parents especially after noticing that they have signs and symptoms of AIDS related diseases. The problem arises when they are advised to go for the test whereafter the individual is compelled to tell the parents the results of the test, otherwise confidentiality is maintained.

4.2.13 RECOGNITION OF TRADITIONAL HEALER'S PREVIOUS KNOWLEDGE BY THE DEPARTMENT OF HEALTH

Registration and development of traditional health care will take place alongside the expansion of orthodox medicine. Legislation to regulate the responsibilities and status of traditional healers will be enacted (Dennil, 1995:457). The Department of Health is not at this stage recognising their experience fully even if traditional healers tried to explain that health personnel can refer their clients to them for treatment. The quarrel between traditional healers and health professionals is that traditional healers need to give them proof that they have already treated clients with HIV/AIDS but due to confidentiality traditional healers are unable to proof that. Mr Ngubane is doing research with health scientists from the University of Natal to see if he can cure AIDS.

4.2.14 FORMING OF PARTNERSHIP WITH THE DEPARTMENT OF HEALTH

At present there is no form of partnership between traditional healers and Department of Health, their reason being that traditional healers need to be registered and have a body that will control their practise like nurses, as they have the South African Nursing Council. They emphasise that traditional healers are dealing with the lives of human beings.

4.3 DATA OBTAINED FROM HEALTH PROFESSIONALS

4.3.1 INCIDENCE OF A TRADITIONAL HEALER NEXT TO A HEALTH CENTRE

At U21 clinic there is Mrs Molefe, a traditional and faith healer who has a chemist next to the clinic. Clients were seen by the researcher leaving the clinic and entering her chemist for additional help. The clinic staff mentioned that she is of help to the

clinic. The clinic staff used to invite her especially if they have clinic functions and include her in their programmes, for example to open or close with a prayer.

4.3.2 REFERRAL OF SOME CLIENTS TO TRADITIONAL HEALERS

Health professionals have confessed that they have never referred their clients to Mrs Molefe but other health professionals have referred some of their clients to Mr Ngubane at B Section Umlazi, who are HIV positive, but this is confidential because their supervisors are unaware of that.

4.3.3 REFERRAL OF CLIENTS BY TRADITIONAL HEALERS TO THE HEALTH CENTRE

Health professionals have seen a lot of clients who come to health centers after having seen a traditional healer though others deny having seen a traditional healer for fear of being scolded by them. A few confessed that they have seen a traditional healer before visiting the clinic, which is of great help because from that point of view, it is an indication when to start with treatment.

4.3.4 DISCUSSION OF PATIENT PROGRESS WITH THE TRADITIONAL HEALER

Health professionals have never discussed their client's progress with traditional healers because referral of their client is confidential though, according to Goosen and Klugman (1996:457), co-operation and liaison between the orthodox medical practitioners and traditional practitioner should be fostered.

4.3.5 MEMBERSHIP OF TRADITIONAL HEALERS TO A MULTIDISCIPLINARY HEALTH TEAM

A multidisciplinary health team can be defined as a team whose members represent the widest possible spectrum of individuals and organisations concerned with or involved in any aspect that has a bearing on health and welfare of the community, in an attempt to provide effective, comprehensive health care, that will assist in the achievement of optimal health for all people. (Dennill, 1999:70). Because of this definition traditional healers also form part of the multidisciplinary health team. As has been said before, about 80% of the community still rely on traditional healers for help. The health professionals acknowledge that traditional healers are at present not accepted as members of the multidisciplinary health team.

4.3.6 INVITATION OF TRADITIONAL HEALERS TO MEETINGS

Professional health personnel interviewed confessed that, in every meeting they have attended, they have never seen traditional healers at those meetings.

4.3.7 KNOWLEDGE OF FORUMS WHERE TRADITIONAL HEALERS VOICE THEIR VIEWS

There is no forum known by the health professionals where traditional healers voice their views. What they do know is that traditional healers have their own associations around KwaZulu-Natal where they voice their views.

4.3.8 KNOWLEDGE OF TRAINING UNDERGONE BY TRADITIONAL HEALERS

There is no training known by health officials regarding HIV/AIDS organised by the Department of Health for traditional healers.

4.3.9 CONTRIBUTION OF TRADITIONAL HEALERS IN TREATING HIV/AIDS

According to health professionals traditional healers do play a major role in HIV/AIDS epidemics, for the following reasons;

- They are accessible to their community at all times.
- They are acceptable by their communities, even culturally and their beliefs, values and norms are accepted by their community.
- They are affordable because their treatment is not expensive.
- Their treatment is easy and simple, for example just one bottle of medicine is given to be taken three times a day.
- They are always available, they are within their reach, because they stay within the community they serve and can even visit them in their homes.

Most of health professionals who have seen AIDS victims, acknowledged that traditional healers can really treat signs and symptoms of AIDS because they have seen others who went to traditional healers for help, for example with shingles, swollen neck glands and after treatment all those signs and symptoms are healed.

4.3.10 HAZARDS KNOWN TO HEALTH PROFESSIONALS THAT CAN CONTRIBUTE TO THE SPREAD OF HIV/AIDS BY TRADITIONAL HEALERS

Hazards that were mentioned were:

- circumcision – ukusoka,
- incisions – ukugcaba, and
- enemas.

4.4 QUESTIONNAIRES DIRECTED TO COMMUNITY MEMBERS

4.4.1 KNOWLEDGE OF COMMUNITY MEMBERS REGARDING HIV/AIDS

Health professionals, especially those working in primary health care services, mentioned that before they can even start their duties, health education is their first priority. Health education according to Dennill (1999:14) is a process that forces people to voluntarily adopt or alter behaviour that will improve and maintain health, or is the process of influencing behaviour and producing changes in knowledge, attitudes and skills required to improve and maintain health, by the use of the education process. Health education requires an ongoing assessment of the client's attitudes, knowledge and skills because it occurs over a period of time (Rankin & Stallings, 1990:85-86 quoted from Dennil (1999:149). Health education is given in the form of lectures, group discussions, and games. After they have given education, they make it a point that after each and every health education talk they evaluate their group to make sure it was effective. Videos are also shown to clients regarding HIV/AIDS, to reinforce the talk. Pamphlets are given to clients so as to take home, for every members of the family to read. Health Education is not given in primary health care centres, but also in hospitals, and in schools. HIV/AIDS awareness posters are even displayed in public transport in trains, buses, taxis, etc. Big posters are also available in public buildings like shops and malls and also on public roads.

Community members agree that they know about the disease called AIDS and that they have noticed it being mentioned on television and radio.

4.4.2 AWARENESS OF SPREAD OF THE HIV/AIDS

According to the module on Home Base Care by Doctors.For Life(1992:34). The HIV virus can be transmitted from one person to the other through blood, semen, vaginal fluids, breast milk, pus on sores, diarrhoea fluid, urine, saliva and tears.

Community members are also aware of how the disease is transmitted, even children at schools.

4.4.3 AWARENESS OF METHODS USED TO PREVENT HIV/AIDS

The community is aware that abstinence from sex is the best method because condoms are not 100% safe, though it is another method of preventing the individual from catching the disease. Home-Base Care programmes by Doctors For Life(1992:39), says condoms if used correctly have a 20%-30% failure rate.

4.4.4 KNOWLEDGE OF THE OUTCOME OF THE DISEASE

According to Home-Base Care program by Doctors For Life (1992:66), the outcome of the disease can affect the individual himself, the family and the community.

- **The Individual**

In the individual, there can be denial, shock, anger, fear, bargaining, guilt, self consciousness, depression, acceptance, rejection, loneliness, isolation, carelessness, bitterness, hopelessness, shame, condemnation and eventually death.

- **Family Members**

- Secrecy – family trying to hide a member with AIDS.
- Fear – afraid of rumours and gossip.
- May even want to abandon the person with AIDS.
- Feel shame that AIDS is in their family.
- Be afraid to accept outside help.
- Deny a person a proper burial.
- Fear catching AIDS themselves.
- Shock, anger, guilt, acceptance.

- **Community Society**

- They may say he got what he was looking for.
- Aids is a punishment from God.
- She must have been sleeping around.
- Take their kids from him or her, not to play with their children.
- Will not mix socially with an AIDS victim.
- It is because of a curse that he has AIDS.
- It is safer not to visit a person with AIDS.
- They cannot be his/her friend anymore.
- AIDS victims should not be employed.
- Should be marked so that everyone can see them.
- We are better citizens than them.
- No need for treatment, because they are going to die.

The community confirmed that people with AIDS do suffer a lot because they are not accepted by the community, friends or family members. AIDS victims even do not accept themselves and for this reason often commit suicide. Community members mentioned almost all the problems mentioned above.

4.4.5 ATTENDANCE OF HIV/AIDS EDUCATION SESSIONS

All community members that were interviewed have attended health education session on HIV/AIDS, some in primary health care centres, some at places of work and some have listened to the radio or watched television programmes, etc.

4.4.6 ENCOUNTERS WITH PEOPLE LIVING WITH AIDS

Through signs and symptoms, as people use to hear from televisions, radios, daily in their everyday life they use to come into contact with someone living with AIDS, some with swollen neck glands etc. Community have seen AIDS victims confessing

that they are HIV positive or have AIDS, even from radio stations, even children, they quote Nkosi Johnson.

4.4.7 ATTENDANCE OF A FUNERALS FOR AN HIV/AIDS PERSON

Most of the funerals we attend on Saturdays are for those who have died of AIDS, especially adolescents.

4.4.8 KNOWLEDGE OF THE DEPARTMENT OF HEALTH TRYING TO FIGHT AIDS

The Department of Health have done its best and is still doing it, to prevent the spread of this disease. Prevention is better than cure: this message is spread through newspapers, television, radio, etc, that millions of rands have been spent to prevent the AIDS epidemics, for example, by training health personnel regarding HIV/AIDS and training the community itself. That is why there are community volunteers, organizing health education sessions, even in radio stations, televisions, newspapers and distributing pamphlets regarding HIV/AIDS prevention.

4.4.9 BELIEF IN THE CARE GIVEN BY TRADITIONAL HEALERS

Traditional healers are doing a wonderful job, community members even confessed. Their treatment is really helping in reducing the infection, as some of AIDS victims are thanking them, even in newspapers, for the help they have given them. Traditional healers should be allowed to treat AIDS victims freely because their treatment is cheap, always available and is affordable.

4.4.10 CONTRIBUTIONS GIVEN BY HEALTH PROFESSIONS

The health professions contributions are health education, issuing of condoms and the issue of Nevirapin which is being introduced to pregnant mothers to fight the infection. The admission of sick clients with AIDS in their hospitals is important because the health professionals are at risk of getting the infection.

4.4.11 CONTRIBUTIONS BY COMMUNITY MEMBERS

There are community health volunteers who look after sick or infected people at home without getting any salary or any benefit.

4.4.12 OPINION REGARDING A JOINT VENTURE OF TRADITIONAL HEALERS AND HEALTH PROFESSIONALS

The community could not see why there is no joint venture between the two parties because both of them have one aim, that is to preserve the life of lives human beings. These two need to work hand in hand so as to be able to fight the HIV/AIDS epidemic. Traditional healers need to inform the Department of Health on how they mix their treatments for the prevention of HIV/AIDS and not to hide their treatments for the sake of the community.

4.5 DATA OBTAINED FROM FAMILY MEMBERS OF THE AIDS VICTIM

4.5.1 THEIR FEELINGS ABOUT HIV/AIDS

Having a person with AIDS in the family is a terrible burden, because they need to change their life style or practices within the family, for example, wearing of gloves, using of disinfectants, even in bathrooms before taking a bath, with the constant fear of getting the disease. At times they do not want to touch things in the house

belonging to the victim, especially in cooking. They do not accept the victim even though they pretend to as they still love her. They prevent her friends from visiting her for fear of gossiping. This person is left in isolation. They took her to all places for help, like faith healers and traditional healers; others told them to slaughter cows because of this and that. They even take the victim to church for prayers. This is extremely frustrating because it causes conflict within the family.

4.5.2 CAN TRADITIONAL HEALERS PREVENT THE HIV/AIDS EPIDEMIC

The community agree that the traditional healers can really treat infections due to or caused by the presence of the virus. They need to be given a chance by the Department of Health to do so. They need to be recognised by the Department of Health and even given support financially.

4.6 CONCLUSION

All the above are the findings of the research, exploring the role expectations of traditional healers regarding the HIV/AIDS epidemic.

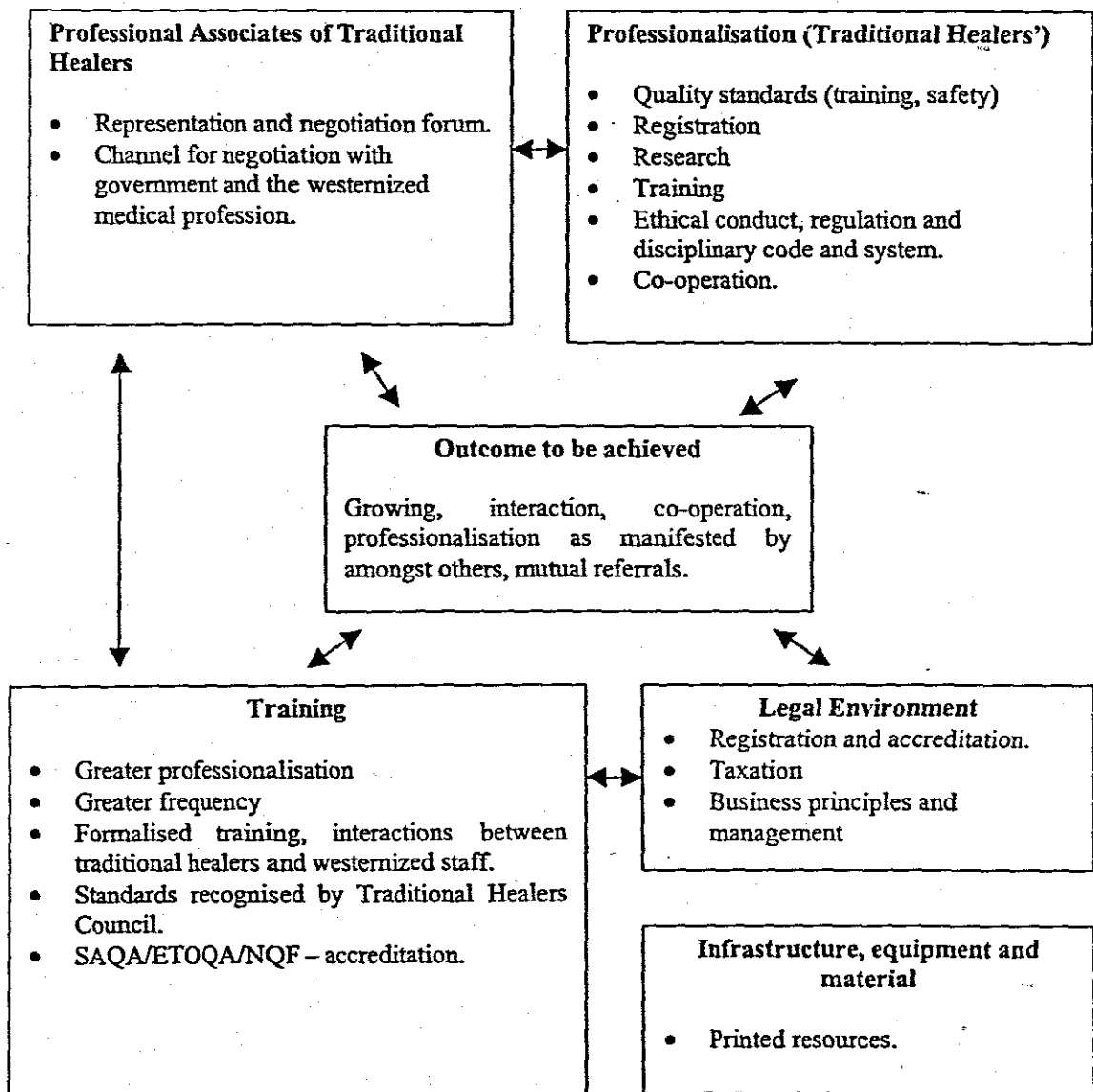
CHAPTER 5

5.1 THE SUGGESTED MODEL FOR INTERACTION OF TRADITIONAL HEALERS AND HEALTH PROFESSIONALS

The study has revealed that it is imperative that traditional healers be stopped from their practices because the communities know them, trust them and believe in their treatment modalities of traditional healers. It is therefore necessary to devise means of working with traditional healers.

The theoretical framework of the study emphasizes the Sunrise Model. In each family, community or institution there are factors which have the potential of influencing the interpretation, expression of health and well being of people for example technology, education, politics, legal, economic, cultural values, beliefs, kinship and religious factors. All the above influence the care given to people of diverse backgrounds. There are also structures which provide care to people, the professional group with formal training and folk context which provide health care by using indigeneous remedies. The latter do not undergo formal training. The presence of professional groups and folk contexts influence the behaviour of individuals, families or groups regarding health care. The two groups need to be studied so that one can take a decision on what can be done to make them work hand in hand. For this reason the researcher is convinced that interaction between Westernized medicine and traditional medicine is very important.

5.2 INTERACTION BETWEEN WESTERNIZED MEDICINE AND TRADITIONAL HEALERS: COMPONENTS OF A WORKABLE DEGREE OF COMPLEMENTARITY



The above model (Curationis, September 2000), talk about the importance of traditional healers to be represented in negotiating forums with the government and the Westernized medical profession. Traditional healers also need to have their traditional healers' council that will be responsible for laying down quality standards they need to follow as they are practising, as well as their registration , research , their training, ethical conduct, regulation and disciplinary code and system. The council

should ensure that there is co-operation between the westernized medicine and traditional healers and co-operation between traditional healers themselves.

If the above can be achieved there can be a growing interaction and co-operation between westernized trained health care personnel and traditional healers, therefore greater professionalization of traditional healing. From here, there will be frequent occurrences of mutual referrals between westernized health care staff and traditional healers.

Greater professionalization will require greater emphasis on training. Training is one of the cornerstones of professionalization. The role of training is well interrelated with other components that will facilitate the full recognition of traditional healers within the range of personnel in the health care professions, for example the legal environment, talking about training to be registered and to be accreditation. In their training, they should include business principles and management and taxation because after training traditional healers will have their own businesses. Included in traditional healers' syllabus should include components of infrastructure, equipment and material, because without the above everything is useless. Thus enough resources are so important.

If the quality of training is sufficient accreditation of training by structures within the SA Qualifications Framework, then recognition in terms of the National Qualifications Framework is possible. Such training can become a pre-condition for accreditation of the traditional healers by Traditional Healers' Council. Professional health care workers should play a significant role here and should initiate the training. Training should focus on the understanding of the disease and dealing with it beyond visual manifestations. Training should include causes, signs and symptoms, lifestyle factors, early warning signs, differentiation between HIV/AIDS and other diseases, and westernized treatment to enable traditional healers to refer with confidence, with referral systems being encouraged.

5.3 PROPOSED TRAINING PROGRAMME FOR TRADITIONAL HEALERS ON HIV/AIDS PREVENTION

5.3.1 INTRODUCTION

This training programme for traditional healers consists of four modules:

Module 1

- Course objectives.
- Definition of Health.
- Definition of Traditional Healer.
- Definition of Traditional Medicine.
- Definition of Western Medicine.
- Definition of culture.
- Definition of Home Care.
- Which clients qualify for Home Care.
- Patients needing referral to clinic or hospital.
- Why people prefer traditional healers.
- The difference between traditional medicine and westernized medicine.

Module 2

- Definition of AIDS.
- Causes of AIDS.
- AIDS epidemic.
 - Complications.
 - Statistics.
- Pathology of the disease.
- Stages of the disease.
- Mode of spread.

- Signs and symptoms of HIV/AIDS.
- Preventive measures :
 - Client.
 - Family and significant others.
 - Community.
 - Health personnel.
 - Traditional healers.
 - Government.

Module 3

Infection control:

- The client.
- The family.
- Community.
- Health personnel.
- Traditional healers.

Module 4

Traditional treatment:

- Medicines.
- Incisions.
- Enemas.
- Emetics.
- Snuffs.
- Holy water.
- Prayer.

Confidentiality:

- Building patient's trust.

- Attitudes towards HIV/AIDS clients

Handling the body of the deceased:

- Notification of death.
- Family support.
- Last offices.

CHAPTER 6

6.1 INTRODUCTION

The purpose of this chapter is to explore the role that traditional healers can play in minimizing the HIV/AIDS prevention. This chapter contains a summary of the study, conclusions that can be drawn from the findings and recommendations for further research.

6.2 LIMITATIONS OF THE STUDY

This study was done at Umlazi Township which falls under South Central district of the KwaZulu Natal region. Its sections is divided into alphabets, for example A-Z section and then AA, BB, CC. Areas that were used to conduct research studies were those with health centres like D, H, L, Q, and U sections. Health professionals from these sections were the ones who provided names of traditional healers, where their clients used to visit, for example at "D" Health centre or Clinic, there is a Mr Ngubane from A section where these people used to attend at "H" and "L" Health centres there is Zihlahla Zemithi Mlotshwa at "U21" Health centre there is Mrs Molefe and at Q section some consult Mrs Molefe.

Three health professionals from each health centres were interviewed and ten community members, giving a total of:

- 15 health professionals,
- 30 community members, and
- 4 traditional healers.

6.3 SOURCE OF INFORMATION

The information was obtained through

- personal interviews,

- participants observation,
- records from clinics, and
- questionnaires.

6.4 PEOPLE INTERVIEWED

The following individuals and groups were interviewed:

- 15 health professionals, that 3 from each health centre,
- 30 community members most of them are clients attending health centres, and
- 4 traditional healers:
 - Mr Ngubane – B section.
 - Mr Zihlahlazemithi Mlotshwa – J section.
 - Mrs Molefe – U section.
 - Mr Nkosi – Z section.

Most of the community from Umlazi still believe in the super-natural powers of ancestors, for example slaughtering of goats or cows, and about 80% of them still believe in traditional healers. There is a number of traditional healers in this area but the most popular ones are Zihlahlazemithi Mlotshwa, Mrs Molefe, Mr Ngubane, who is at present working with research scientists from the University of Natal to prove that he can cure AIDS.

6.5 REFERRAL HOSPITAL

The area has one hospital, Prince Mshiyeni hospital, which is about 5-3 km far away from health centres.

6.6 QUESTIONNAIRES

Questionnaires that were distributed to respondent elicited the following information:

- Data obtained from traditional healers.
- Data obtained from health professionals.
- Data obtained from community members.
- Data obtained from family members of the AIDS victims.

6.7 OBJECTIVES OF THE STUDY

The objectives of the study :

- To identify roles that traditional healers can play role in minimizing HIV/AIDS epidemic.
- To make recommendations towards minimizing the HIV/AIDS epidemic.

6.8 ROLES THAT TRADITIONAL HEALERS CAN PLAY IN MINIMIZING HIV/AIDS EPIDEMIC

The roles of traditional healers are divided into three, namely those of:

- traditional healers themselves,
- by health professionals, and
- by community.

6.8.1 THOSE VOICED BY TRADITIONAL HEALERS THEMSELVES

Traditional healers are aware that even today most of their community about 80% still rely on them for help. Traditional healers have stressed that their contributions are of great help in minimizing the HIV/AIDS epidemic.

Important points they have mentioned are the following:-

- They are always available for help, they operate on 24 hour basis.

- Home visits are also done if the client is unable to reach them because of ill health.
- Their treatment is affordable, for example R 30 for a bottle of medicine including consultation.
- Provision of privacy and confidentiality.
- Emphasis is on prevention rather than cure.
- There is provision of treatment for health related infections.

In order to implement the above they said, they need support from Health professionals, for example

- To be accepted by health professionals.
- To be included as members of the multidisciplinary health team.
- Promotion of good referral systems between health professionals and themselves.
- Regular meetings with health professionals to discuss their clients' progress.
- Health professionals to provide them with training and in service education regarding HIV/AIDS infection.
- The Department of Health to recognize their experiences.

6.8.2 THOSE VOICED BY HEALTH PROFESSIONALS

Health professionals are aware that most of their clients still rely on traditional healers. Health professionals mentioned that traditional healers can minimize the HIV/AIDS epidemic provided:

- HIV/AIDS training programmes are conducted for traditional healers by the Department of Health.
- Regular meetings between the Department of Health or health professional are be arranged.
- A proper referral system between the two are maintained.
- Traditional healers have their own employing registered body.

- Traditional healers form part of the multidisciplinary health team.

6.8.3 THOSE VOICED BY THE COMMUNITY

The community still rely on traditional healers for help. They emphasized that :

- Traditional healers need to be accepted by health professionals and be part of their team.
- Proper training must be provided for them regarding HIV/AIDS prevention.
- Good or proper referral systems must be promoted between traditional healers and health professionals.
- Meetings must be held regularly to discuss changes in health issues so that traditional healers are aware of what is happening.
- Traditional healers need to be given a chance in providing health care and treatment to clients with AIDS because the public trust them and they have common cultural values, beliefs and norms.

6.9 RECOMMENDATIONS

Arising from process of data collection and data analysis, the researcher has the following comments:

- About 80% of the community rely on traditional healers
- They are accepted and trusted by the community.
- They are always available when needed.
- Their services are affordable, for example R 30 for medicine, including consultation.
- They trust the service they give to their clients with HIV/AIDS.
- They see themselves just like medical doctors, hence they call themselves doctors.

The following recommendations are made:

- That the Department of Health to recognises their experiences, and provide more training which will be of help to their community.
- That the Department of Health provide training regarding HIV/AIDS and inservice education.
- That regular meetings be held to discuss new changes in health matters and also to discuss progress of their clients.
- That a good referral system be created.
- That a registered employing body for traditional healers be established that will be recognised even by the Department of Health
- That the traditional healers be accepted as part of the multidisciplinary health team.

6.10 RECOMMENDATIONS FOR FURTHER STUDIES

The researcher recommends that the study of exploring the role traditional healers can play in minimizing the HIV/AIDS epidemic be conducted in other provinces, for example Eastern Cape, Gauteng, Western Cape etc. By including traditional healers in HIV/AIDS prevention, it may be possible to develop drug that can treat the disease. Literature was limited as not much have been researched about traditional healers and AIDS. During this study, traditional healers were so happy to be interviewed regarding the treatment they use in HIV/AIDS prevention which I think even in other regions they can be happy to be interviewed.

6.11 CONCLUSION

From the above discussions we can conclude that traditional healers have a great role that they can play in HIV/AIDS prevention, the only thing we need is to accept them and provide proper training for them and to accept them as members of the team.

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ANNEXURE 1

AA 905 Umlazi Township
P.O. Umlazi
4031

13 November 2001

The Assistant Director/Supervisor
Primary Health Care Services
Prince Mshiyeni Hospital
Private Bag x 07
Mobeni
4060

Dear Madam/ Sir

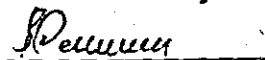
APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am an M Cur student at the University of Zululand. I am required to conduct a research for a partial submission in April 2002.

I hereby apply for permission to conduct my research study at Umlazi Primary Health Care Services. The topic is "Exploring the role that traditional healers can play in minimizing HIV/AIDS epidemic"

Thank you

Yours faithfully



B.N.A. Nduli (Mrs)

ANNEXURE 2

TITLE:

A questionnaire to obtain information on the role expectation of Traditional Healer in minimizing HIV / AIDS epidemic in Durban North/South Central District to be completed by Traditional Healer or Traditional Doctor.

Dear Colleague

Kindly respond to the questions below by a tick on the appropriate spaces or by finishing the sentence on the space provided. Participation is voluntary anonymity and confidentiality will be maintained.

NB. : Your name and identity is not required.

AGE : 25-35
 35-45
 45-55

SEX : Female
 Male

RACE : African
 Indian

MARITAL STATUS : Married
 Single
 Divorce
 Widow

NUMBER OF LIVE CHILDREN :

NUMBER OF DECEASED CHILDREN :

EMPLOYMENT : Employed
 Unemployed
 Self employed

HABITS :

Drinking Yes No
Smoking Yes No

STATEMENT	AGREE	DISAGREE	UNSURE
I work with a neighbouring doctor			
I always work with sisters in the neighbouring clinic			
I refer cases to the clinic			
I always discuss the progress of my patients with a doctor.			
I discuss the progress of my patients with a clinic sister.			
Are you free to participate in a multidisciplinary health team.			

Have you been invited to a meeting with health professionals.			
Has there been a forum where you were allowed to voice your views or ideas to health professionals or multidisciplinary health team on AIDS/HIV.			
Have you attended any course or training regarding HIV/AIDS			

COMPLETE THE FOLLOWING SENTENCES

What is your role in AIDS prevention ?

Answer: _____

What is your role in treating people who are HIV positive and those with AIDS?

Answer: _____

How do you protect the community from catching the disease i.e. AIDS?

Answer: _____

How do you protect yourself when handling patients with AIDS?

Answer: _____

What did you know about confidentiality?

Answer: _____

Has there been circumstances when you were charged for not keeping confidentiality?

Answer: Yes No

Does the department of health recognise your existence or your work?

Answer: Yes No

Does the department of health refer AIDS cases to you or those who are HIV positive?

Answer: Yes No

Can you form partnership with the department of health?

Answer: Yes No

Do you want to form partnership with the department of health?

Answer: Yes No

If yes explain: _____

Does the Department of Health want to form partnership with you?

Answer: Yes No

If yes, why? _____

If no, why? _____

Any additional information about treating patients with AIDS and those who are HIV positive?

Explain: _____

ANNEXURE 3

TITLE:

A questionnaire to obtain information on the role expectation of Traditional Healer in minimizing HIV / AIDS epidemic in Durban North/South Central District.

To be completed by Health professionals.

Dear Colleague

Kindly respond to the questions below by ticking the appropriate space or finish the sentence on the space provided.

STATEMENT	AGREE	DISAGREE	UNSURE
Is there any traditional healers next to your clinic, hospital or surgery?			
Do you refer your cases to traditional healers?			
Do traditional healers refer their cases to you?			
Do you discuss progress of your patients with traditional healers?			
Are traditional healers members of the multidisciplinary health team?			
Have you ever invited them in any meeting of health professionals?			
Has there been any forum where traditional healers were given an opportunity to voice their views regarding HIV/AIDS ?			
Can their contributions towards the management of HIV/AIDS patients be of value to you?			
Does their treatment contribute towards minimizing HIV/AIDS epidemic?			

Do traditional healers contribute towards spread of HIV/AIDS?			
---	--	--	--

Complete the following sentences:-

Can traditional healers contribute towards spread of HIV/AIDS?

Yes No

If yes, how? _____

Is it wise for the Department of Health to form partnership with traditional healers?

Yes No

If yes, why? _____

If no, why? _____

Is it wise to involve traditional healers in any training regarding HIV/AIDS prevention?

Yes No

If yes, why? _____

If no, why? _____

As health professionals what is it that are need to take into consideration where training traditional healers?

Please explain. _____

Any additional information regarding partnership with traditional healers?

ANNEXURE 4

TITLE:

A questionnaire to obtain information on the role expectation of Traditional Healer in minimizing HIV / AIDS epidemic in Durban North/South Central District to be completed by Community members, parents or relatives of victims.

Participation is voluntary confidentiality and anonymity will be maintained.

STATEMENT	AGREE	DISAGREE	UNSURE
Are you aware of the disease called AIDS?			
Are you aware of how it spreads?			
Are you aware of methods you can use to prevent catching the disease?			
Is AIDS a killer?			
Have you ever attended a training or health education session on HIV/AIDS?			
Have you ever seen a person who said, he is HIV positive?			
Have you ever seen an AIDS victim?			
Have you ever attended a funeral of any person who has			

died of AIDS?			
Is the Department of Health aware of the disease?			
Is there anything done by the Department of Health to prevent the spread of the disease?			
Is there any cure of this diseases?			

Complete the following sentences:-

Do you believe in traditional healers?

Yes No

Can traditional healers play of a major role in minimizing HIV/ AIDS epidemic

Yes No

If yes, how? _____

If no, why? _____

Can health professionals play a major role in HIV/AIDS prevention?

Yes No

If yes, what role? _____

Can community members play a major role in HIV/AIDS prevention?

Yes No

In your own opinion is there any need for the Department of Health to work hard in hand with traditional healers or form partnership with traditional healers in fighting this HIV/AIDS epidemic?

Yes No

If yes, why? _____

If no why? _____

Is the Department of Health keen to work or form partnership with traditional healers

Yes No

To be completed by only those relatives who has had family members who has died of AIDS or who are having the disease.

Your relative, where did he/she seek medical help?

Explain: _____

Where did he die e.g. at home, hospital or traditional healers?

Any additional information regarding health professionals and traditional healers forming partnership as a means to minimize this HIC/AIDS epidemic?

ANNEXURE 5

1. IN-DEPTH INTERVIEW WITH ONE OF THE RESPONDENTS FROM THE THREE GROUPS OF PEOPLE INTERVIEWED

1.1. INTERVIEW WITH THE TRADITIONAL HEALER

Researcher : Good morning

Respondent : Good morning

Researcher :

I am Mrs Nduli from the University of Zululand as I have phoned you last week for the project that I am doing regarding your treatment in the prevention of HIV/AIDS epidemic. I have now come for that information.

Respondent:

I think we can start because I am already waiting for you.

Researcher:

Which language do you prefer English or Zulu?

Respondent:

You can use any language but with the questionnaire, I will ask you to read it for me, I will answer and you tick for me or write for me if that will be right with you.

Researcher:

There is no problem with that.

Researcher:

So let us start

Respondent:

O Kay.

Researcher:

As I have said, everything is then confidential and your name is not required.

Respondent:

O Kay.

Researcher:

Your age

Respondent:

Fourty six years old.

Researcher:

Sex

Respondent:

Why are you asking because you can see that I am a male?

Researcher:

Things are changing these days, you can say it is a male when he is a female.

Your race or nationality?

Respondent:

Black.

Researcher:

Your marital status?

Respondent:

I am married with three children.

Researcher:

Are you working?

Respondent:

I am self employed as you can see. This is my surgery.

Researcher:

Oh! I can see, it looks very big. Do you drink or smoke?

Respondent:

I smoke but do not drink alcohol.

Researcher:

Is there any medical doctor around here.

Respondent:

No.

Researcher:

I have seen a health centre not far away from you, do you work together with health professionals in that clinic.

Respondent :

What is the meaning of working together? I do not get you.

Researcher:

For example may be discussing the progress of your clients with them?

Respondent:

No, no, I do not.

Researcher:

Do you refer your cases to them?

Respondent:

No

Researcher:

Do you discuss the progress of your clients with them?

Respondent:

No

Researcher:

Do you participate in their multidisciplinary health team?

Respondent:

No, I don't even know what is that multidisciplinary health team, you are talking about?

Researcher:

Have you ever been invited to a meeting with health professionals?

Respondent:

Yes.

Researcher :

What were you discussing in that meeting?

Respondent:

We were discussing about this disease, that is killing our young people, HIV/AIDS. Infact they wanted to know if we can be able to treat HIV/AIDS victims with our traditional medicines.

Researcher:

Before that one, has there been any forum were you were allowed to voice your views to health professionals regarding HIV/AIDS prevention.

Respondent:

No.

Researcher:

Have you ever attended any training or course on HIV/AIDS?

Respondent:

No.

Researcher:

What is your role in AIDS prevention?

Respondent:

Giving health education regarding safe sexual practices e.g. condoms, diet, exercises, rest and sleep.

Researcher:

What is your role in treating HIV/AIDS victims?

Respondent:

I provide them with the medicine, that is one bottle to be taken three times a day at only three times a day, at only thirty rands including consultation. After three to six months I asked them to go for HIV test in hospital.

Researcher:

Why must they go back for tests after three - six months?

Respondent:

It is because we needed to see if there is any improvement especially with the number of antibodies because the results used to show us if there is decrease or not.

Researcher:

How do you protect the community from catching HIV/AIDS?

Respondent:

All my clients, when coming here for help they bring along their own razor from the shop.

Researcher:

How do you protect yourself from catching the HIV/AIDS?

Respondent:

I use gloves, aprons and masks.

Researcher:

How do you maintain confidentiality?

Respondent:

Everything I do is strictly confidential, I do not tell even my children.

Researcher:

Where did you keep records of your clients?

Respondent:

I just do not have records of my clients because, administration alone needs more money and remember with me I only charge thirty rands for the treatment together with consultation. Another reason is that we have promised them confidentiality.

Researcher:

Has there been any circumstances that you were charged for not keeping confidentiality?

Respondent:

No

Researcher:

Does the Department of Health recognise your existence?

Respondent:

No

Researcher:

Does the Department of Health recognise your work?

Respondent:

No

Researcher:

Does the Department of Health refer AIDS cases to you?

Respondent:

No.

Researcher:

Can you form partnership with the Department of Health?

Respondent:

Yes, I don't see any reason why not because our objectives is the same, to fight this HIV/AIDS epidemic.

Researcher:

Do you want to form partnership with the Department of Health?

Respondent:

Yes, because we are dealing with the life of the human being which is at risk and there is nothing the Department of Health can do without us because our community do rely on us even more than their westernized treatment.

Researcher:

Does the Department of Health wants to form partnership with you?

Respondent:

No because they say we do not have a registration body.

Researcher:

Thank you so much, we are going to use this information fruitfully which I think is also going to be of help to the Department of Health even to the community.

Respondent:

Thanks, please tell us about results.

2. IN-DEPTH INTERVIEW WITH HEALTH PROFESSIONALS

Health Professionals were given questionnaires and were also interviewed but only one out of ten in each Primary Health Care Service. Others were given questionnaires to fill-in.

Researcher:

Good morning sister

Respondent:

Good morning

Researcher:

I am Mrs Nduli from the University of Zululand, as I have promised to come, I am now fulfilling my promises.

Respondent:

You are welcomed.

Researcher:

Remember that I have said everything is strictly confidential, so please feel free with the information you are having.

Respondents

Thanks.

Researcher:

Is there any traditional healer next to your clinic?

Respondent:

Yes, but a bit far, may be 4 km walking distance.

Researcher:

Do you refer your cases to traditional healers?

Respondent:

Yes, but secretly especially those with HIV/AIDS and cancer, because we have seen that their treatment is good.

Researcher:

Do you discuss progress of your clients with the traditional healer?

Respondent:

No, because no one knows.

Researcher:

Are traditional healers members of the multidisciplinary health?

Respondent:

No.

Researcher:

Have you once invited them to the meeting of health professionals?

Respondent:

No.

Researcher:

Has there been a forum where traditional healers were invited to voice their views regarding HIV/AIDS?

Respondent:

None, I know of.

Researcher:

Can their contributions towards the management of HIV/AIDS be of great help to our clients.

Respondent:

Yes, those people are very good. People trust them.

Researcher:

Does their treatment contribute towards minimizing HIV/AIDS epidemic?

Respondent:

A great deal, I have seen some of AIDS victims that were helped by them, others even thanks them in news papers.

Researcher:

Do traditional healers contribute towards the spread of HIV/AIDS?

Respondent:

I am not sure because these days you can here this gossip and that gossip.

Researcher:

Do you think, it is wise for the Department of Health to form partnership with Traditional healers?

Respondent:

Yes, for the sake of our clients and especially because they are trusted by the community, acceptable, always available, affordable, accessible and they are from the same cultural background with their clients.

Researcher:

Is it wise to involve traditional healers in any training regarding HIV/AIDS?

Respondent:

Yes, yes, that can prevent complications done by their enemas, delaying of further treatment like Tuberculosis.

Researcher:

What can you consider when training traditional healers as health professional?

Respondent:

Definition of AIDS, causes, mode of transmission, preventive measures and treatment of AIDS related diseases.

Researcher:

Can you form partnership with traditional healers?

Respondent:

Yes, but they need to be registered, receive proper training and have their formal associations.

Researcher:

Thank you so much sister. This information is going to be of help to our Department, Department of health, the community at large even to traditional healers.

Respondent:

Thanks, please give us the feedback after our study.

3. IN-DEPTH INTERVIEW WITH ONE OF THE MEMBER OF THE COMMUNITY i.e. PARENT

Researcher:

I am Mrs Nduli from the University of Zululand, I am here today to collect information about what you know regarding traditional healers treatment regarding HIV/AIDS epidemic as the sister from the clinic has explained to you. Everything we will discuss is private and confidential we do not even need your name and place of resident. I wonder if you are at present ready for the questions.

Respondent:

I am ready.

Researcher:

Do you know about the disease AIDS?

Respondent:

Yes.

Researcher:

Are you aware of how it is spread?

Respondent:

Yes, breast milk, blood, semen, vaginal fluids, injections.

Researcher:

Any preventive methods you know regarding HIV/AIDS.

Respondent:

Condoms and no sex.

Researcher:

Have you ever attended a training programme on HIV/AIDS.

Respondent:

No.

Researcher:

Is AIDS a killer?

Respondent:

Yes, I think it is like cancer because there is no treatment.

Researcher:

Have you ever attended a health education session on AIDS.

Respondent:

Almost everyday when you come to the clinic.

Researcher:

Have you ever seen a person who confessed he/she is HIV positive?

Respondent:

Yes, on television and radios.

Researcher:

Have you ever seen an AIDS victim?

Respondent:

Yes.

Researcher:

Have you ever attended a funeral of any person who died with AIDS.

Respondent:

Yes, more than five times in the place of my resident.

researcher:

Is the Department of Health aware of how this disease is spreading?

respondent:

I think yes.

Researcher:

Is the Department of Health doing anything to prevent the spread of HIV/AIDS?

Respondent:

Yes, through health education even in radios, televisions, posters. All over the areas even in taxis, buses, trains, training people even community volunteers.

Researcher:

Is there any care for he disease?

Respondent:

No

Researcher:

Do you believe in traditional healer?

Respondent:

Yes.

Researcher:

Can traditional minimize HIV/AIDS epidemic?

Respondent:

Yes, most of our clients go to them for help.

Researcher:

Can health professionals play a major role in HIV/AIDS prevention?

Respondent:

Yes, by giving health education, provide treatment to AIDS victims and pregnant mothers.

Researcher:

Can community members play a major role in HIV/AIDS prevention?

Respondent:

Yes. They need to love these people accept them as ordinary human beings.

Researcher:

Can the Department of Health work hand in hand with traditional healers?

Respondent:

Yes, they are both there to provide treatment for the well being of their fellow men.

Researcher:

In your own opinion is the Department of Health keen to work hand in hand with the traditional healers.

Respondent

No.

Researcher:

I like to thank you so much for your contribution, what you gave us is going to be of help to my department, the department of health, traditional healers and community at large.

Researcher:

Thanks, I hope it will be like that.

4. DEPTH INTERVIEW WITH THE FAMILY MEMBER OF THE AIDS VICTIM WHO DIED

Researcher:

I am Mrs Nduli from the University of Zululand, as the sister has told you everything that we are going to discuss is strictly private and confidential. No names and residential address needed.

I wonder if we can start?

Respondent:

Yes.

Researcher:

Have you ever had a family member who died of HIV/AIDS?

Respondent:

Yes

Researcher:

Where was she treated?

Respondent:

We first took her to clinic, they refer her to hospital, they took blood and she told us she was having AIDS. We were so sad because we love her as my daughter. To tell you the truth I could not even believe she was HIV positive, till she showed me the results. I keep on taking her to hospital and the condition was becoming worse till

some of my neighbours told me to take her to another traditional healer. She was very far but for the sake of my daughter I loved so much I had to do it. Believers also come to pray with us. After taking the traditional medicine she seemed so well for about two and a half years after that she had started having diarrhoea later vomiting blood and died.

Researcher:

Where did she died?

Respondent:

At home, at night, she vomited blood and died. There was nothing we could do to help her.

Researcher:

I am so sorry about that. Do you think traditional healers and health professionals can work together?

Respondent:

I think yes.

Researcher:

Thank you so much, what you have given me is going to be of great help to my department, Department of Health and the community at large.

Respondent:

Thanks.