

# Western Medicine and Traditional Healers: Partners in the Fight Against HIV/AIDS

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Prevention and control programs for HIV/AIDS have had limited success, especially in sub-Saharan Africa. Not surprising, most residents see traditional healers as their only option to meet their healthcare needs. Some patients refuse surgery or other medical treatment unless their traditional healer sanctions the treatment first. Formally trained doctors have finally begun to consider traditional healers as potential allies in the battle to prevent the spread of HIV/AIDS by recognizing that the longstanding trust and credibility of these healers in the black communities can facilitate change in sexual behavior. Innovative and effective approaches, including utilization of traditional healers, can play a vital role in Africa's AIDS prevention and control programs.

**Key words:** traditional healer ■ HIV ■ AIDS ■ South Africa

As healthcare professionals expand the frontiers of knowledge, they are increasingly appreciating the contributions of nonwestern cultures and healthcare practices to the health and well-being of individuals. Many people around the world, particularly those in underdeveloped countries, are devoted to a culture based on tradition rather than on established scientific knowledge. Elaborate rituals and vivid art, more than written language and scientific testing, are their modes of cultural expression. In North America, for example, many Native American Indians have remained close to their ancestral heritage and belief system, practicing herbal medicine and relying on traditional practices for daily living. Medical healthcare in South Africa has evolved into a major industry, mainly involving doctors whose race and culture differ from their patients. Though expensive by local township standards, traditional remedies normally cost much less than western medical care. Therefore, many South Africans in the lower economic strata depend on traditional healers for their medical needs for even serious conditions.

Western-trained practitioners, however, have often dismissed the cultural traditions of indigenous people as “superstitions” and “quackery” without fully understanding the basis for their beliefs and practices. Although a divide between western and traditional healing has existed for centuries, the dawn of a new millennium has revealed renewed collaboration between the two.

## Traditional Healers

Sometimes referred to as “seers”, “folk healers”, “medicine men and women”, or “healing intuitive,” traditional healers are highly respected among local populations. In South Africa and other countries, it is not uncommon for the folk healers to claim to mentally visualize a specific malady and its remedy. As researchers delve deeper into folk healing practices, they have found that these healers claim to transform into a psychic diagnostic state of being and to actually see into another person's body and

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soul. In this heightened state, plants appear in prognostic visions, giving them information about how to prepare and use these plants to heal the patient.

Robert and Michele Root-Bernstein contrast the recency of modern clinical practice with traditional methods.

For thousands of years, medical knowledge was reverently passed on from generation to generation... Few changes were made in the care and treatment of sickness and injury from the time the ancient Egyptians, Greeks, Hindus, and Chinese wrote down their first texts through the mid-16th century. Much of what was learned over this time resulted from the sharing of insights between culture as travel and communication made the world ever smaller. Then, quite abruptly, the advent of "scientific medicine" in the later 1800s seriously undermined the unquestioned acceptance of past medical traditions.

However, the use of traditional healers persists in many parts of the world.

### **Contrast of Traditional Healers vs. Western Medicine**

Despite increased awareness and appreciation of traditional medicine, and examples of collaboration between it and western medicine, the lingering question remains: what benefits lie behind the folklore?

This question cannot be sufficiently addressed without the relationship between doctor and patient. Because of their relative lack of specific training, western doctors may be slow to appreciate the nuances of various communication skills, cultural beliefs, and diversity. The economic and time considerations of modern medical healthcare delivery often limit doctors' capacity to address the spiritual and emotional needs of their patients. F. Bruce Lamb conducted an interview with one of the shaman in the Amazon jungle, Manuel Cordova. Cordova had a lot to say about the practices of western medicine.

[They] do not take the time to find out how their patients really feel or how their condition developed... They have no connection with the preparation of the medicines they prescribe and many times do not take the time to discover the patient's reaction. This lack of understanding and neglect of the healing process as it is taking place impedes their efforts to make people well and often results in malpractice. Such doctors often place on their patients an unnecessary burden of fear and anxiety. Medical school should teach their students the importance of human communication and an understanding of the subtleties involved and that should be a warm personal relationship between doctor and patient.

Cordova's comments are echoed by one of South Africa's traditional healers, Nokuthula. She shared her insight in a personal interview about the role of traditional healers and their interaction with the medical establishment (personal communication, October 2002). She reaffirmed that people in her township view her as one of the most important persons in the community because she respects traditional beliefs and values traditional community practices. In her community, people consult the healer first. Traditional healers are available to see patients 24 hours a day, whereas doctors usually see patients from 9 AM to 5 PM. Nokuthula refers her patients to the clinic for x-rays and sonograms, or as she puts it, "when patients need water fast." Doctors are recommended when it is thought that a patient has a life-threatening medical condition or needs an operation. She expressed her desire to see doctors and healers work together for the good of the patient. "They must work together and not undermine each other and say that he is not a 'real' doctor and he is not qualified." She has dedicated the past 20 years of her life to treating patients with diseases, such as AIDS/STDs, that have devastated her people. According to Nokuthula, most African countries have renewed their attention to traditional healers, primarily to the major role that they can play in implementing strategies for the prevention and control of HIV as well as management of complications from HIV/AIDS.

While most traditional cultures view health holistically, such a view in western medicine is a more recent phenomenon. One of the key differences between western practitioners and traditional healers is the latter's emphasis on harmonizing with nature. This important transcultural perspective means that traditional healers go beyond just treating the disease. First and foremost, they "connect" both collectively and individually with their spiritual selves. The best healers lead people to their own healing.<sup>1</sup> While an orthodox doctor may be consulted for treatment, a native healer can help discern the spiritual and tribal causes of an illness and suggest the appropriate remedies.

Because traditional healers are widely respected and well-known members of the community, they are often perceived as "guardians of traditional codes of morality and values." The World Health Organization reported that 80% of the populations in developing countries choose to go to local healers for their healthcare services. Furthermore, over 70% of babies in Africa are delivered by traditional birth attendants, a form of traditional healthcare worker/healer.

Despite the exponential spread of HIV/AIDS through many sub-Saharan African countries, anti-

retroviral drugs are too expensive and/or unavailable for many of the victims. It is vital that all methods of healthcare delivery and prevention be explored to curb this epidemic. Currently, collaborative HIV/AIDS programs involving traditional healers have been initiated in many southern African countries. Given decades of racial mistrust and lack of government spending on primary healthcare for the indigenous population in South Africa, many people feel they have no options other than traditional healers. Furthermore, since traditional healers far outnumber formal health workers in South Africa, it should not be surprising that more than 75% of inpatients at the University Teaching Hospital and Community Health Center in Johannesburg and Soweto have sought advice from traditional healers.

Historically, most western-trained doctors viewed traditional healers with skepticism and disdain. With the advent of the HIV/AIDS epidemic, traditional healthcare has evolved into a major industry, often extending to other racial and ethnic groups. Impoverished blacks with other serious life-threatening diseases, such as cancer and diabetes, will seek medicine from the traditional healers. Many patients still refuse surgery or other medical treatment, unless their traditional healer sanctions it first. Some formally trained doctors now see traditional healers as potential allies in the battle to prevent AIDS, recognizing that traditional healers can use their credibility in black communities to help change unhealthy behavior.

### **HIV/AIDS in South Africa**

The inequities in health are reflected in the health status of the most vulnerable groups (black South Africans). Infectious and parasitic diseases cause 14% of deaths among black people, but only 2% of deaths among whites. HIV/AIDS has rapidly evolved as a major public health problem in South Africa. In 1993, there were 500,000 HIV-infected individuals with 2,000 deaths reported. In 2000, this figure reached epidemic proportion with 7 million HIV-positive cases and accounted for about 60% of the total deaths. Similarly, UNAIDS predictions indicate that by year 2005, between 18% and 24% of the adult population will be infected with HIV, the cumulative death toll will be 2.3 million, and there will be about 1.5 million AIDS orphans.

Many argue that short-term mechanisms to enhance the delivery of antiretroviral drug regimens in Africa are desperately needed. People must learn their HIV status, reduce their risky behaviors, and have access to new treatments that might prolong life. In South Africa, even when individuals present to the healthcare system with conditions that suggest high risk for HIV infection, they may not be offered

testing, and, thus, do not have access to needed care. For example, among women who are pregnant and have a known HIV status, prenatal zidovudine (AZT) is not recommended or offered. In the Alexandra Township in South Africa, 70% of the adult population at the clinic were HIV-positive. This statistic attests to the serious public health issues existing in the township. (Alex Clinic Annual Report 2000). A common HIV drug regimen costs about 400 rand per month in the township, which is equivalent to US\$40.

### **A Paradigm Shift Linking Traditional Healers and Western Medicine to Treat HIV**

The general framework for intervention strategies should be pursued within the context of the Bill of Rights and the Primary Healthcare model designed for all South Africans. Intervention strategies should incorporate a multilevel, comprehensive approach to contain the spread of the infection. HIV/AIDS policy must engender, enable, and support a community-based response.

Consultation with communities is a vital first step in this process. Because traditional healers are an integral and recognized part of healthcare in South Africa, their participation is key. Traditional practitioners according to President Nelson Mandela often have greater accessibility and acceptability than the modern healthcare sector and should be used as a vehicle for health promotion. The government's function as a healthcare provider is to ensure that every citizen has access to good quality healthcare, remembering that primary healthcare for South Africans often involves interaction with the individual, the family, and the community.

The traditional healer is regarded as a "traditional guardian of community values." Since healers have access to a wide population segment, it is imperative they have accurate information regarding HIV/AIDS. In a study conducted in a rural district in Malawi, researchers showed that participatory education would bring about changes in knowledge, attitudes, and practice surrounding recognition and treatment of STDs and AIDS. Somse et al. evaluated an AIDS training program for traditional healers in the Central African Republic (CAR). The CAR Ministry of Health had recently adopted a policy to include traditional healers in its AIDS program. As a result, a training program was developed and implemented with the objective of increasing the traditional healers' abilities to deliver preventive messages, to provide support to people with AIDS, and to modify or avoid high-risk practices.

After training, over 90% of traditional healers expressed an interest and readiness to integrate

AIDS prevention measures into their practices. The study suggests that curricula for training traditional healers should be carefully designed and include adult education principles.

A recent study reported that traditional healers who received training were more likely to report changes in their practices and initiation of community public health activities. Also, healers who were trained were two-and-a-half times more likely at follow-up to report counseling AIDS patients and families. Healers with large practices were more likely to have conducted community education and to have talked with other healers with smaller practices. Condom distribution was highest among female healers. Additionally, visits by STD patients also served for a “teachable moment” and presented the opportunity for AIDS education, condom counseling, and referral to modern facilities.<sup>4</sup>

### Morehouse School of Medicine (MSM) Intervention

The MSM South African Pediatric Health Elective is an international health initiative between MSM and the Alexandra Health Center in South Africa in which fourth-year medical students and faculty physicians participate. This initiative is designed to advance the mission of both institutions, which are both focused on addressing and meeting the needs of the underserved in their respective communities.

In the year 2000, faculty and students from the Morehouse School of Medicine’s Department of Pediatrics, in collaboration with the Alexandra Health Center in Johannesburg, conducted a week-long HIV/STD prevention program focused on traditional healers in South Africa. An initial group of 28 healers was trained in HIV/AIDS and STD prevention. These 28, in turn, trained 630 healers in formal, week-long workshops held within seven months of the initial training. Workshop participants were recruited from several existing formal associations of South African traditional healers. Healers were taught to advise their patients to use condoms and demonstrated methods of correct condom use.

Formal follow-up was not possible, but many of the traditional healers rated the workshops as very helpful and later reported an increased demand for HIV/AIDS related services in their respective area of practice. Some also reported that local medical personnel referred HIV-positive and STD patients to them for condom demonstrations and HIV counseling.

Based on the feedback from this training, previous studies, and programs, there is evidence that traditional healers can make a significant impact in HIV/AIDS and STD awareness and prevention—particularly though collaboration with their medical counterparts. These reports suggest that even a brief

training with a participatory approach can produce changes in knowledge and practices.

### CONCLUSIONS

Traditional healers, if well-utilized, have the potential to play a significant role in the prevention of HIV/AIDS and STDs. Dialogue between traditional healers and modern medical professionals can help alleviate the mistrust, provide knowledge, and lead to a coordinated approach for controlling AIDS/STDs and other opportunistic infections. Traditional healers are well-respected community leaders and are also accessible options for people with limited financial resources. In addition, healers have the ability to reach a wide segment of the population. With the growing AIDS pandemic in African nations, it is imperative that western medicine learns to value and respect the contributions of traditional healers and to enlist their help in the prevention of HIV/AIDS.

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