

Traditional healers and HIV/AIDS

Effective responses to HIV/AIDS in the workplace involve a range of stakeholders, such as unions. The role of these stakeholders needs to be more than simply implementers of management plans. **David Dickinson** looks at the role of traditional healers in the fight against HIV/AIDS.

All stakeholders need to be involved in the planning, governance and running of the company HIV/AIDS programme. Without this important resources are likely to be overlooked and confidence in any programme limited. The lack of involvement of traditional healers provides a good example of how management-planned and implemented responses to the disease frequently overlook potential resources that could increase the effectiveness of workplace HIV/AIDS programmes.

The World Health Organisation (2002) estimates that up to 80% of people in Africa use traditional medicine and the Department of Health (2003) believes that there are over

200 000 traditional healers in South Africa. Clearly, traditional healing is important to many South Africans, yet it is rarely incorporated into companies' HIV/AIDS programmes.

WHAT IS TRADITIONAL HEALING?

Traditional healing in South Africa involves divination in which a *sangoma* identifies the problem, often through 'throwing the bones' and communicating with the ancestors, and herbalists or *inyangas* who prescribe herbal remedies. In practice the two roles are often combined and spiritual as well as herbal remedies prescribed for a range of physical and personal problems.

Despite the widespread use of traditional healing in South Africa there is considerable scepticism over its value. This stems from a number of sources including Western or biomedical medical practitioners and some religious perspectives. Despite these tensions it should be noted that many users of traditional healing mix Western and traditional medicine and feel that there is no conflict between practicing traditional healing and Christianity.

Challenging the scientific effectiveness of traditional healing misses an important point – many people believe in its value and regularly access this form of healing. This is a reality that will not disappear. We can also understand some very clear reasons why so many people use traditional healing. These include:

- Traditional healers are accessible to many South Africans who have only limited access to other health facilities.
- Traditional healers live within communities and understand the problems that many Africans face in townships and rural communities.
- Plants have medicinal value that can be

used by traditional healers.

This does not mean that traditional healers can always help their patients. Sometimes they make things worse by attempting to treat conditions beyond their competency and there are individuals who take advantage of the vulnerable. One of the reasons for this is that traditional healing is rarely openly debated and discussed. This lack of transparency prevents the setting of standards that will regulate the practice of traditional healing. A bill currently under consideration in parliament will start the process of registering and regulating traditional healers.

WHY IS TRADITIONAL HEALING HIDDEN AND IGNORED?

Traditional healing is often hidden from view. Yet the practice is widespread; in many township streets a discreetly displayed set of animal horns, advertising a *sangoma* or *inyanga*, can be found. Traditional healing represents indigenous knowledge. Such knowledge is often far from welcome in colonised and divided societies, since it provides an alternative power source. Within a colonised society, indigenous knowledge systems are typically suppressed, but do not disappear (Mamdani 1996). Within divided societies alternative worldviews co-exist but rarely come into open conflict (Scott 1985).

South African workplaces represent divided institutions in a society with still strong legacies of internal colonialism. White managers typically dismiss traditional healing despite the fact that many Africans access it on a regular basis. Experience has taught those who use traditional healing that it is best not to advertise this too widely, since it is often regarded as a sign of backwardness. As one white manager in a manufacturing company explained, 'It's surprising to me in

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this day and age that many blacks, well educated people, very Westernised people, still go to traditional healers! Very few companies will accept sick notes from traditional healers.

This widespread but hidden practice of traditional healing is relevant to HIV/AIDS and how companies are responding. The Department of Health (2003) estimates that 97% of people with HIV/AIDS first use traditional or complementary medicine before seeking help from a biomedical doctor, yet traditional healers are rarely included in company HIV/AIDS programmes. In part this is because white managers simply do not see the value of traditional healers, but it is also because those who understand its importance within African communities are afraid to speak out for fear of being labelled as backwards or ignorant.

CAN TRADITIONAL HEALERS HELP IN WORKPLACE PROGRAMMES?

Any group that commands respect can be valuable within a workplace programme. An effective HIV/AIDS programme needs to use a range of consistent messages from credible sources if it is to be successful in involving the entire workforce. The use of traditional healers is unlikely to have much impact on, for example, Afrikaans artisans – in fact it might be counter productive with this group if not handled correctly. But the involvement of healers within a company's programme is likely to be highly effective among the many workers who regularly choose to use traditional medicine.

In participating within a workplace HIV/AIDS programme traditional healers can contribute in a number of important ways. To ensure that their participation is

beneficial it is important that they deliver messages in line with others involved in the workplace programmes such as nurses, peer educators, shop stewards and managers. Thus, it is important that traditional healers involved in workplace HIV/AIDS programmes understand HIV/AIDS and know where they can assist and where they need to refer to others. Two important areas that traditional healers can assist are in encouraging workers to find out their status through voluntary testing and counselling (VCT) and in contributing to wellness programmes.

Good VCT programmes in companies employ a wide range of role models to provide a clear and consistent message encouraging workers to find out their HIV status. These include religious leaders, trade unionists, managers, doctors, nurses and people living with HIV/AIDS. Each of these



figures is respected by different sections of the workforce to different degrees. Traditional healers can be added to this range of leaders and role models. Importantly, traditional healers may well have credibility among sections of the workforce that are most sceptical about messages delivered by figures holding formal authority – such as managers and doctors.

Because of the largely hidden nature of traditional healing it is important that any healers used are known to workers. One way of ensuring this is to only ask healers from the local community who shop stewards or peer educators know and believe will provide input consistent with the overall objectives of the workplace HIV/AIDS programme.

In addition to encouraging workers to find out their HIV status through VCT, traditional healers can assist in wellness programmes. Wellness is based on psychological as well as physical health and traditional healers can contribute in both

these areas. However, it is again important that healers contributing in this way understand HIV/AIDS and give appropriate advice and prescriptions to people. Thus, for example, the common practice of prescribing purgative herbal remedies by traditional healers is not appropriate for somebody who is HIV positive. Rather, HIV positive people need guidance on a good diet, stress reduction and healthy lifestyle.

Traditional healers also need to know where they fit into an overall response to HIV/AIDS, including antiretroviral drug treatment. Importantly, they need to encourage people who are HIV positive to consult biomedical doctors who can track the progress of the virus and prescribe antiretroviral drugs when needed. This process of referral has, of course, to work both ways. Too often biomedical doctors and nurses rubbish traditional healing. Such an attitude will not encourage traditional healers to refer HIV positive people for antiretroviral drug treatment.

WHAT SHOULD BE DONE?

Richter (2004) argues that traditional healers have a crucial role to play in developing the South African health system. For this to happen they have to be given proper recognition and regulated along similar lines to other groups of health professionals. The forthcoming bill to register traditional healers will be a great step forward in this respect. However, companies can take their own steps in this regard by integrating traditional healers into their HIV/AIDS programmes. As this article has outlined, the inclusion of traditional healers within a company's response to HIV/AIDS will, if properly managed by joint management-union workplace HIV/AIDS committees, further strengthen workplace responses to the AIDS epidemic.

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Dickinson is senior lecture in industrial relations at Wits Business School. This article draws on research conducted in Ekurhuleni companies and townships presented at the Wits HIV/AIDS in the Workplace Research Symposium. Papers from the Symposium can be accessed at www.alp.org.za.