

HIV TRAINING OF TRADITIONAL HEALERS LIMPS ALONG



Capetonian UGquirha Ntombemhlope, aka Chris Reid, who followed 'the calling' across the culture gap.

Picture: Chris Bateman

KwaZulu-Natal (KZN) leads the nation in creating HIV/AIDS awareness among traditional healers, but the retirement of just one leading trainer there has put the brakes on vital training that in other provinces is at best tenuous and incipient.

Traditional healers are the first stop for more than 70% of South Africans seeking health care.

Without conscious modification, practices such as scarification, circumcision, enemas and traditional birthing hold major potential for the spread of HIV/AIDS.

Leading HIV/AIDS experts agree that because of these realities, the pandemic cannot be successfully addressed unless there is extensive collaboration between traditional healers and Western medicine.

From interviews with national and provincial health officials, the *SAMJ* estimates that the percentage of traditional healers to have undergone State-sponsored HIV/AIDS awareness training stands at around 6.25% (25 000 of an estimated 400 000).

Attempts at an official estimate were thwarted by the federal system of national versus provincial functions and responsibilities, and a lack of efficient data feedback to Pretoria.

Two years ago the national HIV and Sexually Transmitted Infections (STI) unit employed 2 full-time traditional healers to co-ordinate task teams in every province.

Their budget and work load (maternal health, nutrition, agriculture and education), however, drastically reduce their efficacy.

According to the unit's deputy director, Mrs Eva Marumo, more than 100 'Master Trainer' traditional healers have been trained with the target at 30 per province and KZN 'way ahead'.

'We've had to shout very loud to get provinces to appoint dedicated leaders (in this field) but it is improving,' she told the *SAMJ*.

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Task teams had been set up in every province except the Western Cape, but because of the 'cascade effect' from provinces down to their local authority health level, it was difficult to collate a national total of HIV/AIDS-trained traditional healers.

An example of how dysfunctional administration can sabotage vital work is that of Margaret Shangase, an energetic 60-year-old nursing sister from Pietermaritzburg, who until December last year single-handedly ran

KZN's traditional healer HIV/AIDS training programme.

In 2 years, Shangase trained 30 'Master Trainers' (traditional healers) who helped her and the AIDS Foundation reach 17 900 other healers, the bulk of the country's achievement in this field.

National and provincial HIV/AIDS officials said nobody had been 'officially appointed' to replace Shangase, now working as an advisor to the Human Sciences Research Council (HSRC) and most recently seen training traditional healers in the Eastern Cape.

Her nominal KZN replacement, Ms Ntombifuti Mtshali, was appointed in an acting capacity and said her job was 'looking after the youth', referring the *SAMJ* to the AIDS Foundation, an NGO whose own training seemed to have also ground to a halt in the province.

Neither Mtshali nor the AIDS Foundation project officer responsible for the Traditional Healers Council in KZN, Mr Mlungisi Mkhize, was able to provide any figure of additional healers trained since Shangase's departure nearly a year ago.

Said Mkhize, 'We liaise between the council and the provincial health department – I haven't a clue who the responsible person is in the health department or who co-ordinates training'.

In a wide-ranging interview with the *SAMJ*, Shangase described how she trained 2 or 3 traditional healers from each of the 11 KZN health districts from June 2001 before returning to use them as facilitators and train scores of traditional healers to reach the 17 900 figure.

She said she worked alone in the department and relied on co-opting traditional healers.

'Each workshop took three days and I concentrated on signs and symptoms of



Trainee traditional healer, Zinzi Sealy paediatrician Dr Monika Esser and herbalist Zolekwa Kube at a recent 'closing the gap' workshop for Western doctors and traditional practitioners held at Tygerberg Hospital.

Picture: Chris Bateman

HIV/AIDS, STDs, TB and paediatric ailments – sometimes we had up to 60 people walking long distances. It's hard to chase them away, so we broke them up into smaller groups,' she said.

He said a balance needed to be struck between addressing Western ignorance around the beliefs underlying, for example, scarification rituals, and improving hygiene, infection control, equipment and education among traditional healers.

'We emphasised infection control, especially with scarification, enemas and birth attendance,' Shangase added, explaining that healers often used a single (Minora) blade to scarify an entire family that believed it had been bewitched and wanted spiritual protection.

'You can imagine cuts to the head, arms, below all joints, going from the man to the wives and children. Then dipping the blood in *muti* and rubbing that into everyone,' she said.

Besides strongly discouraging this blood tincture rubbing, Shangase and her 30 'Master Trainers' would appeal to the traditional practitioners to 'at least break the Minora blade into four pieces if they couldn't afford fresh ones'.

'We tell them you cannot see the virus with the eye, so you need help with testing the blood and must always use gloves. We get as many of them as we can to refer patients to clinics or voluntary counselling and testing sites.'

Shangase cited a recognised phenomenon in which many people who experienced the call to become 'sangomas' became very thin, depressed and withdrawn (when the ancestors first 'possessed' them) – symptoms very similar to late-stage AIDS.

Traditional healers deeply appreciated learning to distinguish between the two states.

She illustrated how deeply ingrained in Nguni culture this wasting phenomenon is by citing the expression *Uzace engathi Uyatwasa* (you're as thin as if you're becoming a sangoma).

Convincing traditional healers to share their knowledge was difficult because it was 'entrusted' to them by the ancestors.

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Doreen Buthelezi, chairperson of the KZN Traditional Healer's Committee and herself a sangoma, said collaboration with Western health workers was strongly encouraged, especially with dehydration and vomiting.

'We teach them not to keep people until they die but to send them to the clinic or hospital to replace fluids – when they're discharged they can come back to the healer.'

Buthelezi said that on the last day of Shangase's formal training, healers were taken to the district clinic to meet the local nursing sisters who had in the past 'looked down on them'.

'We're trying to close that gap,' she said.

One of the national Department of Health (DoH) task team co-ordinators, Nkosinathi Dlamini (who previously trained KZN healers with Shangase but on behalf of the AIDS Foundation), said a training manual and software were being developed to support the various provincial task teams.

When the administrative hiatus in KZN was described, he responded, 'we just have to use those who have the capacity to train others. The department must give them resources to continue'.

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example, scarification rituals, and improving hygiene, infection control, equipment and education among traditional healers.

Mr Themba Nyangezizwe Mpila, deputy chairperson of the Mpumalanga Traditional Healers Association, said central government allocated R341 550 for a pilot HIV/AIDS training of healers in the Standerton area in March this year.

Before this money arrived, they had relied on the support of the AIDS Foundation, the AIDS Training and Information Centre and the National TB Council, training just over 1 000 traditional healers in his district, one of three in the province.



'Professor' Philip Khubukeli works with a client at a recent integration workshop for doctors and traditional healers at Tygerberg Hospital in Cape Town.

Picture: Chris Bateman

So far the Foundation had trained 20 'Master Trainers' using DoH money.

'We began training in 2001. Without the Foundation and others we'd be nowhere,' he added.

He said home-based care was included in their training curriculum.

Professor Karl Peltzer, the HSRC's chief research specialist on the social aspects of health, confirmed that he is evaluating the impact of training on traditional healers, using an urban and rural cohort of 100 people in and around Pietermaritzburg.

He has yet to make preliminary findings.

Initial findings from a similar study on traditional birth attendance among 1 000 women in the Eastern Cape showed that of the 42% that delivered at home, half involved a traditional birth attendant.

Peltzer said that attributing HIV infection to any of the traditional practices was 'exceedingly difficult'.

Repeated attempts to get comment from Health MEC for KZN, Dr Zweli Mkhize, and that province's Health Department spokesperson, Ms Lindiwe Khuzwayo, proved unsuccessful.

The Traditional Health Practitioners Bill which sets up a statutory council to regulate and register healers, birth attendants and surgeons was approved by Parliament on 9 September this year.

The council will have 22 members consisting of traditional healers, a representative each from the DoH and the community, a medical practitioner and a pharmacist.

The health minister, in consultation with the council, will determine what the minimum requirements, training and practice standards are. The health care sector will then learn how traditional medicines will be regulated, medical aid schemes impacted and what status, if any, medical certificates issued by traditional healers will carry.

Any traditional healer not registered and found practising will be liable to a fine or imprisonment of up to 12 months.

Chris Bateman