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Traditional Healers and the Fight against HIV/AIDS in South Africa

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FRENCH INSTITUTE OF SOUTH AFRICA

Bodies and Politics

*Healing rituals in the
Democratic South Africa*

Véronique FAURE
(Sous la direction de)
(Co-ordinated by)

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Traditional Healers and the Fight against HIV/Aids in South Africa

Suzanne Leclerc-Madlala

Introduction

The story of AIDS in South Africa is a story about what happens when a disease leaps the confines of medicine and invades the body politic of an entire society. Appearing at the dawn of democracy with its promise of a new South Africa where everything would be possible, HIV/AIDS presented itself as a complex plaque with confounding social, economic and political meanings that locked together to accelerate the virus' progress. The country's social dynamics and cultural belief systems colluded and continue to collude to spread the disease and help block effective intervention.

Today South Africa bears the dubious distinction of having the world's fastest growing rate of HIV infection with an estimated 1700 people daily falling prey to the disease. With an estimated 4,3 million South Africans infected (July 2001) with HIV, the epidemic is undergoing a transition from having been largely an epidemic of increasing HIV infections to currently becoming an epidemic of increasing AIDS related illness and death (UNAIDS 2000). National hospitals estimate that over 30% of their available beds are occupied by patients with AIDS. Likewise mortuaries are said to be overflowing and cemeteries are rapidly filling as funerals of AIDS victims have become more frequent than funerals of victims of violent death that characterized the final years of the apartheid struggle (Drum 2000).

As the epidemic continues to ravage the country, it becomes increasingly evident that diverse strategies must be adopted in order to confront the wide-ranging and complex social, cultural, political and economic environment in which HIV continues to spread. In this context, the role played by South Africa's estimated 350 000 traditional healers in the fight against HIV/AIDS is of considerable importance. It is a widely accepted fact that over 80% of the population seek the advice and care of traditional healers in times of illness, and this does not preclude their simultaneous use of modern western medicine. As elsewhere in Africa, traditional healers in South Africa are well known in the communities where they work for their expertise in treating many sexually transmitted diseases (Green 1994). Consequently since the early 1990s, the World Health Organization (WHO)

has advocated the inclusion of traditional healers in national reproductive health and AIDS programs (UNAIDS 2000).

No doubt South Africa's traditional healers have been amongst the fastest to implement their roles in combating what many still refer to as this "new disease", HIV/AIDS. Yet, that role continues to be only marginally appreciated by the modern South African biomedical fraternity, a fraternity that essentially controls the politics of AIDS and determines the direction of national policy in relation to the disease. However, there are positive signs indications that the work of traditional healers in fighting the scourge of HIV/AIDS in South Africa is increasingly being acknowledged and they are increasingly being sought after by their biomedical trained counterparts to assist in a concerted effort to manage the ever-growing epidemic.

This paper considers the work of traditional healers in the context of AIDS in South Africa and the challenge faced by practitioners of two very different medical systems in working with each other to address this deadly disease of pandemic proportion. While it is widely acknowledged that the work of these healers cannot be discounted, it is difficult to quantify the details of how and in which ways this work can be counted as a truly significant contribution to the fight against HIV/AIDS in South Africa.

Approach Avoidance

The coming of Christian missionaries to South Africa several centuries ago marked the beginning of western medicine's attempts to discredit and destroy traditional healing systems that were then in existence (Schemlink 1953). The concerted forces of western-style education, health delivery, job training, employment practices, land tenure systems, town planning, housing patterns and a multitude of other less obvious influences all conspired to pull the African away from his traditional way of life and cultural beliefs. Apartheid government decrees of last century added to the onslaught of forces aimed at 'modernizing' the 'Natives' and drawing them into the cash economy at whatever the costs. Throughout the apartheid era the National Party government took a stance to actively suppress traditional medical practitioners (Maier 1998). Nonetheless, as elsewhere throughout the world official government stance did little to suppress its practice or to uproot the

complex and deep allegiance that the African people held in relation to their beliefs and the traditional healing system that they support.

In 1986, for example, during the height of the “total onslaught” decade of the apartheid regime, South African traditional healers took it upon themselves to form a National council made up of 150 smaller associations of healers (Freeman 1992). Since then there have been numerous attempts to form more inclusive umbrella-type bodies of healers, and these bodies have experienced mixed successes in terms of representativity and sustainability over time. Currently there are a large number of organizations that organize and register traditional healers in South Africa. Yet there are also a large number of healers who are not registered at all, and many of these actively resist efforts to register them. To organize or not to organize has been an ongoing debate amongst traditional healers for many years. With the dawn of democracy in 1994, the need to organize traditional healers has become an urgent cry from some circles, most especially from the Government health ministry.

The new post-apartheid government has shown every intention of building bridges between the modern medical system and the peoples’ own traditional medical system. Government discourse has been a discourse of cooperation, collaboration and incorporation of the healers and the healing system that has been undermined and de-valued throughout South Africa’s history. President Mbeki’s vision of an African Renaissance has been a vision of African people taking pride in their cultural beliefs and practices and being free to practice them. Thus, in many ways the democratic era has re-defined the ideological terrain around traditional healing and has opened the way for exploring ways to combine the medical systems in the forging of a truly pluralistic medical delivery system. The clarion call of the government is for the country’s 350 000 healers to “get their act together” to foster greater cohesion amongst themselves before further discussions on their roles in health delivery in the new South Africa can be debated and discerned at the level of national policy making. While the question of formalizing structures and having clearly defined bodies, constitutions, practice guidelines and ethical codes makes sense from the point of view of government planning for quality assurance of health delivery, there are other con-

siderations. As Freeman (1990:14) pointed out formalization may be seen to be, and may in fact be, the beginning of the end for traditional healing. Notwithstanding the fear that efforts to legitimize its practice may eventually prove to be its undoing, nobody, including the healers themselves, believe they have much choice. To become more equal and effective partners in health delivery and the provision of care for the increasing cadres of AIDS patients, it seems that formalized structures and umbrella-bodies are necessary. As this paper is being written there is currently a new initiative under way to form provincial councils of traditional healers throughout the country. Once these structures have been formally constituted and officially recognized by the provincial health ministries (planned for the end of 2001), they will meet to select members for a new national council that will act as representative for all of South Africa's traditional healers. This national body would thus find a home in the National Health ministry and engage in policy making for the country's official health provision service.

Healers, Aids and Bodies

Formally, constituted 'bodies' of healers featured early on in local efforts to engage South African traditional healers in the fight against AIDS. With the financial backing of foreign funding a project was started in 1992 to train an initial group of thirty traditional healers in AIDS prevention (Green 1994, 1995). The strategy was to train this initial set of healers as trainers, who would each train a second group of thirty healers who would then repeat the cycle. The initial five-day training covered topics of STDs and HIV transmission, prevention, condom use, infection control, and issues of death and dying. A decision to invite only healer participants who were formal members of associations claiming national membership was taken by the project's co-coordinators (Green 1994). In effect to ensure that every major region in South Africa was represented, five healer associations were identified and selected to participate. Eighteen of the trained traditional healers reported having trained 630 second-generation healers in different regions of the country seven months after the first training. A preliminary evaluation of this second generation focused on seventy trained healers selected from ten geographically representative sites (Green, 1995). Ninety percent of them thought that the demonstration of correct condom use was the most useful aspect of the workshop. These healers had correctly retained basic

information on gonorrhoea, HIV as an infectious agent, HIV symptoms, and modes of HIV transmission and prevention. Of eighteen healers who said they had treated cases of AIDS, three mentioned giving advice and counseling to their clients without being prompted (Green, 1995). When prompted, the other fifteen described promoting positive attitudes about people with AIDS, or showing care and understanding as the type of advice or counseling given, while eight mentioned advising on condom use (Green, 1995). The assessment concluded that the first generation of trained traditional healers selected and trained their peers for the second cycle more effectively than the western-trained trainers of the first generation, as the traditional healers' selection was less politically directed and the training more culturally appropriate (Green, 1995).

By all indications this initial strategy to educate healers in a biomedical understanding of HIV/AIDS had been successful in getting traditional healers 'on board' in a concerted effort to make people more aware of this growing threat of HIV/AIDS. While that original project came to a halt by the mid 1990s, the basic model and strategy used to teach traditional healers about HIV/AIDS has been replicated successfully by other organizations in the country, most especially by the AIDS Foundation of Durban, that continues to be the foremost organization training healers in HIV/AIDS prevention and care in KwaZulu-Natal province, the province most profoundly affected by the epidemic. Unlike the original 'project of 1992' that worked through a singular organized body of traditional healers, the AIDS Foundation has taken a conscious decision to not make membership of a traditional healers' association a requirement for participation in HIV/AIDS training. This was done in an effort to reach a greater number of healers and most especially to mitigate against rivalries between and within existing associations that still present formidable barriers against healer registration and organization.

In essence, the training curriculum for South African traditional healers in AIDS has included the following:

- General facts about HIV/AIDS
- Information about the local HIV/AIDS situation
- Identification of harmful practices and how to replace these with

safer alternatives

- Diagnosis of STI's and other HIV-associated illnesses (for example tuberculosis) and when referral to, and treatment at, a biomedical health facility can help
- Condom use and promotion
- Counseling, including talking about sex to people of different ages and gender
- Home-based care
- Collaboration with biomedical health practitioners and facilities.

The overall aim of their training and the measure of their effectiveness has been an assessment on the extent to which the healers are able to do the following after their training:

- To provide STI/HIV information
- Increase awareness around HIV/AIDS issues
- Promote and distribute condoms
- Report and register deaths in the community
- Register orphans in the community
- Provide support for tuberculosis
- Give spiritual and psychological support
- Support people in disclosure (breaking the news about their HIV status to partners and family)
- Provide home-based care
- Counsel people and encourage them to adopt safer sex behavior
- Improve referral to biomedical health services.

Beyond training

Long before the AIDS epidemic South African healers were known for their efficacy in treating a variety of illnesses including sexually transmitted diseases. Continuing this tradition, many people with HIV/AIDS approach traditional healers for not only physical treatments, but for spiritual and emotional healing as well. This situation persists, even when people have adequate access to other health services. As respected members of the community, healers are also very powerful educators. They have influence, and the potential to change their clients' behavior. Most often traditional healers see their patients together with other family members. As a result they play an

important role in family counseling and reducing stigma as well as discrimination against people with HIV/AIDS. Family counseling has the added advantage of strengthening family ties, a variable that has been linked in its inverse negative relationship with “risky” behaviors such as promiscuity and UN-safe sex practices.

In addition, traditional medicines and health practices have been shown to help alleviate symptoms (such as pain or itchy skin rashes), strengthen the immune system (by restoring appetite and general well-being), and treat the opportunistic infections associated with AIDS (AIDS action 2000). One product in particular known locally as *unwele* (*sutherlandia frutescens sub-species microphylla*) has shown such promise in treating a variety of AIDS-related conditions. It has been recently been packaged in a modern tablet form and its proponents are currently touring the country to garner support for its production and distribution on a much wider scale. This medicinal plant has been used since time immemorial by traditional healers to treat various illnesses. Modern western medicines to treat AIDS are still financially beyond the reach of most of South Africa’s 4,3 million HIV positive people. Thus finding and developing an indigenous medicine that can at least be used to alleviate some of the suffering caused by AIDS is seen by many, both traditional and modern-oriented practitioners, as a national priority. While there is an urgent need for more clinical research into traditional medicines in order to develop guidelines in preparation, use and side effects of particular medicines, there are also some hopeful signs. In November 2000, a group of biomedical doctors, social scientists, ethno botanists and an array of other complementary practitioners and other health workers met at the University of Natal Medical School in an effort to launch an initiative that would foster closer working relations with local traditional healers. Since that time the group has met several time to examine the obstacles that prevent closer collaboration between the different types of practitioners and to work out ways to surmount them. Of prime importance to members of this new project known as the Traditional and Complementary Health Initiative (TCHI), is finding ways to bridge the gap between traditional medicine and biomedicine in order to improve HIV prevention and AIDS care. Early in the decade the University of Cape Town set out to collect and analyze the pharmacological components of plant sub-

stances used by local healers to treat illnesses, including those related to AIDS. This program known as TRAMED aims to establish a national database on the pharmacopoeia and use of traditional plants (Karim 1994).

Most often the type of treatment given by local traditional healers to AIDS patients consists of a variety of bitter herbs which the patients are told to infuse with boiling water and drink as a tea. This drink is said to cleanse the system and help restore the patient's appetite and stop diarrhea. Skin sores and rashes which are common local conditions that present themselves as AIDS-related, are treated with a salve or cream made with a Vaseline or aqueous cream base, various pounded herbs, and an addition of flowers of sulfate to prevent the sores from becoming infectious. While these substances could be seen as relatively standard practice in treating AIDS-related conditions, there are also many others that healers are often reluctant to describe or discuss, because they view them as a type of 'secret recipe', that attracts clients and is used as the healer's unique trade-mark substance against AIDS. One example is a healer from the KwaZulu-Natal South coast who boasts a medicine to cure AIDS made from a certain small red fish that is only found in one particular hidden river which he and he alone knows the existence of. Treatment by this healer with his special red fish medicine would cost about R2 500, about two month's wages for an average South African labourer. Recently there have been reports of dubious 'healers' selling drinks at local taxi and bus ranks of some dark liquid substance for 40 cents a glass. A glassful is said make one 'strong' and to prevent HIV infection. Selling this brew to people waiting in long queues in the hot sun for transportation is no doubt a highly profitable business. One could even buy a whole bottle for R50 to take home to one's family or to share with one's partner.

As the AIDS epidemic grows and matures, so too are the numbers of people calling themselves healers who are proclaiming to have treatments or cures for the disease. In this context one realizes the necessity for standardizing training, licensing and the formation of and an identification with formal traditional healer structures. People will increasingly need to be protected against what seems to be a proliferation of people who proclaim to be healers and are making false claims of AIDS treatments and cures.

The challenge

The challenges faced by traditional healers who are willing and able to do their utmost in a united effort to combat AIDS in South Africa are many. There is still much resistance within the modern medical fraternity to working with healers. Many western-style doctors dismiss still these healers and their practices as either unimportant or actually harmful. They point to the false claims of AIDS cures and the potential danger or side effects of untested medicines. Often times it is the attitude of black medical practitioners within the modern sector who present a major obstacle, as they are often the most outspoken when it comes to dismissing the traditional healers as perpetrators of “superstitious” beliefs. By all local accounts the vast majority of healers profess to want a closer working relationship with the modern sector. The problem they say lies in the paternalistic attitudes of modern medical personnel. Healers have long been making referrals to modern practitioners when they believe a client’s illness may best be treated by a western doctor. With HIV/AIDS, healers are continuing to do the same, especially when tuberculosis or pneumonia is suspected.

As the message of HIV/AIDS has spread into rural areas via radio, television and the printed media, traditional healers have increasingly come to realize that they themselves are at high risk for contracting HIV from their clients. Many have voiced this fear during AIDS education workshops, and have debated ways to replace potentially harmful practices with safer options. The practice of using the same razor blade to make incisions on the skin of a number of clients for rubbing in herbs, has been identified as potentially increasing the risk of HIV transmission. Likewise the practice of using the same sewing needle or porcupine quill to give a type of indigenous ‘injection’ is a high-risk practice. Healers who have undergone AIDS training and have learned about infection control have come to understand the risks of infection associated with these practices. Many healers today advise their clients to bring their own razor blades or needles when coming for a treatment. The practice of biting the skin of clients to remove foreign objects from the body, or touching and manipulating open wounds have also been identified as hazardous. Efforts have been made to have healers find alternative treatment methods. Nowadays it is not unusual to find traditional healers, especially those who practice in the urban areas, carrying out their procedures while donning a pair of protective latex gloves.

The question of the sustainability of the traditional medical industry has recently come to the fore as more and more healers are cutting and chopping down more and more of the indigenous plant resources for their practices. Sewsunker (1999) estimates that the South African traditional medicine industry is worth about 2,3 billion rand a year. As the AIDS epidemic continues to grow, the demand for traditional treatments will also continue to grow, and this is starting to become a worrying factor for both the healers and the environmental scientists concerned with conservation. Healers from KwaZulu-Natal rural areas complain that whole forests of indigenous plants have become depleted in the past decade, a problem they say is related to healers providing all manner of treatments for HIV/AIDS. Healers say that many 'dubious' fellows who claim to be healers are simply cutting down everything in the name of experimenting with 'cures' for HIV/AIDS. Such a scenario will no doubt have serious environmental implications for the future if it is allowed to continue.

As the traditional healers adapt their practices to the changing face of the AIDS epidemic, they are confronted with new challenges, many of which demand the intervention of other kinds of practitioners and professionals. With increased AIDS morbidity and mortality, healers are demanding to have more training in home-based care. Healers want to be in a position to instruct family members of an AIDS client on how best to care for their sick and dying relatives at home. Traditionally, healers would often take a sick client into their home in order to treat him and care for him until he was well enough to return home. Now healers are seeing that with AIDS the patient's health deteriorates progressively until death ensues. From the point of view of business, the healers try by all means not to have a client die on their premises. They say that this will have the effect of frightening off old clients and potential new clients who will question their treatments and avoid consulting them in future. In addition the healers believe that a death on the premises will seriously disturb the spiritual environment of the healing premises that will need to be 'cleansed' and 'put right' before any subsequent healing can take place. Still the healers say that clients will be wary of receiving treatment in premises that have been 'polluted' by the shadow of death. For these reasons, healers are eager to have family members tend to their own sick and dying relatives, and they themselves are eager to acquire the skills needed to train community members in home-care.

The new problem of AIDS orphans is yet another challenge being confronted and managed by many South African healers. Many healers have taken orphaned children into their homes and are caring for them as children in the homestead. Some healers have organized ritual parties for bereaved children to tell them that they still belong to the family and that their mothers and fathers are not gone but are still with them. In many instances healers have played a big role in communities where the stigma around HIV/AIDS and AIDS orphans is still strong. They have helped to make these children feel a part of the community and helping community members to accept these children as their own.

As the need for more burial land becomes evident with increasing AIDS' deaths, traditional healers have been identified as potentially influential people who might help to encourage people to consider cremation as an alternative to a funeral that includes interment. Their role as guardians of traditions might make healers ideal candidates as proponents of cremation amongst a people who, since time immemorial, have buried their fellows in the ground. Perhaps if the healers are convinced that ancestral spirits will not be upset or averse to the idea of cremation, they could use their influence to get others to adapt and change traditional burial practices. For the time being, the issue of rising AIDS deaths and the rapid filling of available cemetery space has not really had an impact on communities. However, within the next decade, as death due to AIDS reaches its peak, changing notions around burial may become of real concern to many (Drum 2000).

Conclusion

Although much of traditional healers' contribution to the fight against HIV/AIDS in South Africa has been undocumented and indeed much is immeasurable and unquantifiable, they have been part and parcel of the struggle against the disease since the start of the epidemic in the early 1990s. Their relations with the modern medical sector and its biomedical struggle against the disease is a dynamic relationship that is shaped as much by attitudes as by available resources and official policy. As South Africa is currently poised to begin medical trials for an HIV vaccine, there are currently efforts underway to engage healers in this project at least, to help monitor and maintain health records of trial participants. As the AIDS epidemic matures, the role of the healers will change and the demand for

their services will certainly increase. As South Africa opens up to the rest of the world, so too has the role of medicine in society changed. Increasingly South Africans are embracing alternative therapies and medicines borrowed from other cultures. The medical system in South Africa has become more inclusive and more pluralistic since the end of apartheid. Against this trend comes the glaring need for South Africans to move towards a greater understanding of and appreciation for their own traditional healing system. While eagerly incorporating ayurvedic practices from India, or acupuncture from China, or shiatsu from Japan or drumming or chanting from some American Indian groups, South Africa as a society needs to do more introspection when it comes to its own indigenous ways of healing.

Perhaps it will be in their quest for more self-knowledge in healing that will foster the growth of national pride, self esteem and a collective sense of self worth that is a necessary part of nation building. Nourishing the development of South Africa's 'body politic' in this way may by itself go a long way in empowering people to accept the reality of AIDS, and thus take the steps needed to fight this most potent of post-apartheid aggressors, the HIV/AIDS virus.

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