

Traditional healer's knowledge and implications to the management and control of HIV/AIDS in Arusha, Tanzania

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Abstract: Due to limited coverage of conventional health care services in Tanzania, a number of HIV/AIDS patients are consequently being cared for and managed by traditional healers. Knowledge of 132 traditional healers on HIV/AIDS was assessed through a questionnaire that sought among other things the symptoms that these traditional healers associate with HIV/AIDS. Seventy-seven (61%) healers claimed to be treating HIV/AIDS patients. Twenty-five percent (33 healers) had poor, 52.3% (69 healers) had moderate, 22.7% (30 healers) had good knowledge of HIV/AIDS. Sixty-nine (52%) among the traditional healers mentioned six and thirty (23%) healers mentioned more than six symptoms associated with HIV/AIDS as outlined by the WHO clinical HIV staging system. Almost all the healers were aware that HIV/AIDS is spread sexually and through body fluid contact and claimed that precautionary measures are taken to avoid spread of the disease. Knowledge on HIV/AIDS infection from mother to child during pregnancy, at delivery and through breastfeeding was poor for most healers. It seems most traditional healers meet HIV/AIDS patients in their terminal stages when HIV/AIDS-related opportunistic infections are highly manifest, a situation exemplified by the recorded symptoms that were not specific or directly related to HIV/AIDS. There is a need to impart the appropriate knowledge in the identified deficient areas to avoid possibilities of further spread of the disease through the traditional medicine delivery system.

Keywords: Traditional healers, knowledge, HIV/AIDS, Tanzania

Introduction

HIV/AIDS is a major public health problem in many countries particularly those of sub-Saharan Africa (NACP, 2002). Like in most other resource-poor countries, Tanzania lacks well-established care for the patients, such as provision of anti-retrovirals and drugs for the treatment of opportunistic infections. Hence in sub-Saharan Africa, by implication, traditional healers treat and manage a large number of people with HIV/AIDS (Green, 1995; Gerald *et al.*, 2000; Kayombo, 1999; UNAIDS, 2002a). Yet there are very few documented studies relating to traditional healers treatment and management of HIV/AIDS. Some of the few reported studies include the Tanga AIDS Working Group (TAWG) initiative in Tanzania, Traditional and Modern Health Practitioners Together against AIDS (THETA) in Uganda and Women fighting AIDS in Kenya (WOFAK) and a few individual healers who are reported to be managing HIV/AIDS symptoms (Kayombo, 1996; Gerald *et al.*, 2000).

Health facilities are overburdened by the increasing demand for care of HIV/AIDS patients (Barnett & Blaikie, 1992). It is anticipated that the

number of HIV/AIDS patients attending traditional medicine treatment will continue to increase given the current number of health facilities and the limited resources. It is also implicitly assumed that the level of understanding of HIV/AIDS by most traditional healers is relatively low. This assumption is supported by some media-reported incidences where patients have been declared cured by traditional healers when actually only the presenting symptoms had been managed. Given this premise and the inherent health problem associated with poor hygiene, a situation pertaining in most rural and even in some urban settings, the management and control of the spread of the disease is facing a serious challenge. Therefore, in order to contribute effectively in the development of appropriate strategies for the control of the spread of HIV/AIDS in Tanzania, a study to evaluate traditional medicine practice and knowledge of traditional healers on HIV/AIDS was conducted. Evaluation of the traditional practice looked specifically into healers' understanding of the disease, knowledge of the mode of transmission, symptoms that are associated with the disease and the way they treat and prevent the spread of HIV/AIDS. Specifically, the study aimed

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to establish criteria used by traditional healers in the diagnosis of HIV/AIDS patients and to identify specific areas in their practices that need training in order to improve healthcare in the community.

Materials and Methods

Study area

This study was conducted in Arusha City, in northern Tanzania. The City has a total population of 282,712 of which 143,675 (51%) are females and 139,037 (49%) are males (URT, 2002). There is one regional hospital and several health centres and dispensaries, run mainly by voluntary non-profit and private organisations. The main indigenous ethnic groups in the City include, Meru, Arusha and Maasai.

Study design

This study focussed on the general conduct of THs and knowledge regarding diagnosis, treatment and prevention of the spread of HIV/AIDS. The Arusha Regional and City Medical Officers were contacted, and through them the Tanzania Traditional Health Practitioners Association (TATHEPA) leaders of Arusha were identified. The research team held meetings with TATHEPA leaders clarifying the purpose of the study and its ultimate goal in relation to HIV/AIDS before data collection. Eight out of seventeen wards of Arusha City were identified for the study by researchers on the basis of accessibility and feasibility. Demographic information including age, sex, ethnicity, place of origin and duration of practice, source of knowledge and diseases treated were collected using a structured questionnaire. Traditional healers were interviewed individually at each ward to ensure confidentiality of one's practice.

The interview further sought information on whether or not the traditional healer has ever treated HIV/AIDS patients. In-depth interview was carried out on few selected healers that demonstrated good knowledge of the disease. This was intended to identify healers to be involved in a follow-up study. At the end of each interview day, the research team held a meeting with THs to clarify various issues regarding healthcare using traditional medicine including HIV/AIDS and intellectual property rights. A checklist of 12 main symptoms associated with HIV/AIDS was used to analyse the traditional healer's responses: persistent diarrhoea, prolonged cough for over a month, prolonged fever, skin problems, oral thrush/ulcers,

weight loss of >10% body weight, anorexia, boils, *Herpes zoster*, lymphadenopathy, lethargy and genital ulcers.

As a means to assess the knowledge of traditional healers on HIV/AIDS, they were asked to mention as many symptoms as they could, that they associate with the disease. The knowledge of traditional healers was rated as poor, if s/he mentioned less than three; moderate, if s/he mentioned less than six and good when s/he mentioned six or more symptoms from the checklist.

Results

TATHEPA leaders informed that their association was formed by a total of 600 THs in the Municipality. However, the study managed to interview only 132 (22%). Ninety-two (70%) of these were males and forty (30%) were females. The distribution by age and sex of THs revealed that most of the female traditional healers interviewee (85%) were aged between 20 and 50 years; whereas the age of male healers ranged between 20 to over 70 years. This observation was further reinforced by looking at the ethnic distribution of the healer population (Table 1).

Although the indigenous people of Arusha are Maasai and Arusha, only 14 (11%) of the THs were from these ethnic groups. Many of interviewed THs belonged to the Sambia and Zigua (42%) from Tanga region and Rangi and Nyaturu (17%) from Dodoma. The rest of the THs (30%) were from other regions of Tanzania. The source of knowledge to the THs were mainly from heritage (82%) and few from spiritual possession (12%) and the rest learned from other practitioners (6%).

The most common diseases/conditions treated by the traditional healers in Arusha Municipality included abdominal disorders, infertility, gynaecological problems, psychotic disorders, asthma and sexually transmitted infections (Table 2). HIV/AIDS ranked 10th of the most frequently managed disease among the traditional healers.

Analysis of all the responses showed that, the majority (80%) of THs mentioned at least one of the major symptoms of HIV/AIDS as outlined by WHO (Table 3). When all responses were grouped to categories based on the 12 symptoms, it was noted that 25% (33 healers) had poor, 52.3% (69 healers) had moderate, 22.7% (30 healers) had good knowledge of HIV/AIDS. A total of 44 (33%) THs

mentioned non-related and/or non-specific HIV/AIDS symptoms. Non-related AIDS symptoms reported by traditional healers included abdominal pains (12), pale eyes (8), sexually transmitted infections (4), dizziness (3), flue (3), nausea (3), heart problem (2), headache (2), malaria (2), palpitation (1), typhoid (1) and asthma (1). Most

of these symptoms we usually associated with debilitating diseases that lead to general body wasting. This situation implies the possibility of wrong diagnosis, especially given the fact that access to modern laboratory and other diagnostic facilities were not in the reach of most healers in their daily practice.

Table 1 Distributions of traditional healers in Arusha by source of knowledge

Tribe/tribes	Source of knowledge			Total
	Inheritance possession	Spiritual	Learning from other THs	
1. Zigua	22	5	2	29
2. Sambaa	26	-	-	26
3. Rangi	17	5	1	23
4. Arusha/Maasai	14	-	-	14
5. Pare	9	-	-	9
6. Chagga	3	1	2	6
7. Tindiga/Barbaig	4	1	-	5
8. Fipa/Nyakyusa	3	-	2	5
9. Sukuma/Nyamwezi	3	-	-	3
10. Pemba	2	1	-	3
11. Others	5	3	1	9
Total	108	16	8	132

Table 2: Frequently mentioned diseases/conditions managed by traditional healers in Arusha

Rank	Description	Frequency
1.	Abdominal pains / disorders	43
2.	Infertility	29
3.	Menstrual disorders / Obstetric / Gynaecology	25
4.	Psychotic disorders	22
5.	Asthma	22
6.	Sexually transmitted infections	20
7.	Headaches	19
8.	Diarrhoea	18
9.	Febrile convulsions	18
10.	HIV/AIDS	17
11.	Malaria	17
12.	Diabetes	17
13.	Epilepsy	15
14.	Blood pressure (low/high)	15
15.	Cough	14
16.	Peripheral neuropathy	14
17.	Chronic ulcers/ Cancer	14
18.	" <i>Tambazi</i> "	13
19.	Impotence	11
20.	Backache	10
21.	Skin rashes	10

Few traditional healers mentioned mother to child transmission during birth and through breastfeeding, even though implicitly in their patient diagnosis some healers mentioned frequent incidences of infant deaths. Loss of one's spouse and other symptoms such as lethargy and loss of weight were also taken as part of their criteria for HIV/AIDS diagnosis. Incidentally for most healers, ability to bear children who were still alive at the time of the interview was considered to being cured of HIV/AIDS for the expecting patients they have treated.

have carnal knowledge with their patients; in a way reinforcing their knowledge of the main transmission mode of HIV/AIDS and their general assumption of safety; ignoring and/or unaware of other transmission modes. There was no marked significant difference on knowledge in HIV/AIDS; mode of transmission and prevention in terms of ethnicity and source of knowledge in the practice of traditional medicine.

A total of seventy-seven (60.6%) traditional healers indicated that they manage and/or treat

Table 3: Symptoms of HIV/AIDS as reported by traditional healers in Arusha

	Number of responses
1. Persistent diarrhoea	90
2. Prolonged cough	71
3. Prolonged fever	62
4. Skin lesions	61
5. Oral thrush/ulcers	55
6. Weight loss > 10% body weight	46
7. Lethargy	35
8. Anorexia	34
9. Hair changes	32
10. Boils	32
11. Vomiting	31
12. Genital ulcers	30
13. Myalgia	25
14. Anaemia	13
14. Mental disturbance	8
15. Irritability	5
16. Herpes zoster	4
17. Red lips	3
18. Menorrhagia	3
19. Lymphadenopathy	2
20. Night sweat	2
21. Insomnia	2

Almost all THs reported use of gloves when treating a suspected AIDS patient. Further, in case the treatment needed to make an incision, the patient would be required to bring his/her own razor blade. To avoid direct or accidental contact with body fluids of AIDS patients, most traditional healers reported the use of either a brush made from soft-wood or bird's-feather to apply or smear the drug on the incised part. In some cases healers indicated that they do not touch or come in contact with AIDS patients. They would only give medications to patients to prepare and use at their respective homes or they would request patient's relatives to help in preparation and application of drugs at their respective homes.

When responding to the kind of precautions taken to avoid being infected by HIV/AIDS, all healers categorically indicated that their professional conduct does not allow them to

HIV/AIDS patients. Further questioning to establish details of first contact between THs and the patient including details of conditions if the patient/s was still alive, contacts, duration of treatment and whether still on medication; we noted that about fifty-two (39.3%) healers had treated HIV/AIDS patients based on symptoms described. Some of the healers showed modern medical investigation forms showing that their patients were diagnosed HIV sero-positive through conventional health care facilities available within the Municipality. THs claimed to treat some of the symptoms and discomforts caused by opportunistic infections like dermatitis, recurrent fevers, *Herpes zoster* and diarrhoea. Few THs claimed that their HIV/AIDS patients were tested sero-negative after treatment; a state that cannot scientifically be explained with established theories and current knowledge in virology.

Duration of THs practice is one of the variables of interest in the present study. Most of healers with duration of practice between 10 to 30 years claimed to treat HIV/AIDS patients. Remedies used by THs varied from three different medicinal plants to about ten normally used to address specific patient presenting symptoms. One healer reported that his formulation were from more than 20 medicinal plants and varied from patient to patient depending on the presenting symptoms. The remedies were in powder or in liquid forms for either oral or topical use or both. In addition, to the treatment THs recommended their patients to eat fruits, green leafy vegetables and/or honey as a way of replenishing nutrients and invigorating the body. Despite having discussion about the purpose of the study, many THs were not willing to reveal the names of the medicinal plants they used for treating their HIV/AIDS patients.

Discussion

Findings from this study show that many THs in Arusha know the major symptoms of HIV/AIDS as defined by the World Health Organization. Healers also know at least the main modes of HIV/AIDS transmission, mainly through sexual contact and/or body fluid contact of the infected patients. This high level of knowledge might be due to the impact of health education seminars and mass media campaigns that are taking place throughout Tanzania (MoH, 2004).

It was however, further noted that some THs associated HIV/AIDS with previously known conditions in their respective areas of origin. For example, some of the Sambia THs associated it with "*ukongoo/ukongolo*" or "*ngulelo*". Other traditional healers associated it with "*safura*" a term referring to either swelling of the limbs or emaciation. It seems that most traditional healers meet HIV/AIDS patients in their terminal stages; when the opportunistic diseases are manifested, a situation that explains the recorded symptoms that are not specific or directly related to HIV/AIDS. It is further noted that the majority of the THs have poor and/or moderate knowledge on the disease. Moreover, the study noted that transmission of HIV infection from mother to child during pregnancy, at delivery and through breastfeeding were not mentioned implying that many THs are ignorant of such modes of transmission. Studies have already shown that more than 1500 children become infected with HIV every day, the vast majority acquire the infection from their mothers. (UNAIDS, 2002b).

On the management of HIV/AIDS, THs used compounded treatment made from herbs and other natural ingredients. Most of their recipes and

work are not documented and their outcome and success are usually anecdotal and cannot be replicated. There is an urgent need to educate THs on the importance of documenting the treatment practices; herbs and natural ingredients used. However, it was noted that most traditional healers were not ready to reveal the names of the medicinal plants that they use for the management of HIV/AIDS due to lack of knowledge on intellectual property rights.

Claims were made that some of the treated patients converted to sero-negative following use of herbal remedies and that ability to bear healthy children, meant that the patient has been cured of HIV/AIDS. This indicates that knowledge on HIV/AIDS is still limited, and hence a need to reinforce it. Interestingly, some traditional healers were using a formulation of over 20 medicinal plants for the remedy to cure HIV/AIDS patients. Such large mixtures of formulation seem to be a gambling or trial and error strategy. Often this gambling maybe conceived from previous knowledge of diseases with similar symptoms. Much as there may be high chances of success, it is very difficult to identify which herbs are effective.

A problem noted in this study, is that there is an element of stigma and discrimination of patients during treatment by some of the THs. For example one traditional healer said categorically that he does not touch AIDS patients. Moreover, it was noted that unavailability of adequate safety gear and other provisions to ensure hygiene might be some of the contributing factors to the way patients are handled by traditional healers in Arusha. Although the responses show that THs were aware that the disease is infectious and were taking measures to protect themselves and their clients from contracting the disease, it is suspected that in the actual practice in their respective clinics things may look different. It has to be noted that the THs knew the research team were medical professionals; therefore some of the responses might be biased to fit or please and impress such a team. The other tricky problem regarding the spread of HIV infections is that healers have to first suspect that their client is HIV infected before they take the reported precautionary measures. Asymptomatic patients are not considered nor treated with caution but rather they are handled without gloves and other measures. Traditional healers need to be educated and empowered to practice general hygiene throughout their practice to avoid accidental or unexpected infections through handling of their patients.

The identified weaknesses need to be addressed in health education seminars for THs so as to iron out such misconception and to reduce the element of stigma and discrimination of HIV/AIDS

patients. It has to be pointed out that THs see many patients and sometimes in the presence of patient's family members (Green, 1995), thus, they can be very powerful educators on HIV/AIDS to their clients and can play an important role in counselling the communities among which they practice.

There is a need to impart the appropriate knowledge in the identified deficient areas to enable THs to understand HIV/AIDS better so as to avoid any possibility of spreading of the disease through the traditional medicine delivery system given the estimated large number of patients handled by this health care system in our resource-poor setting. This endeavour could be achieved only through creation and maintenance of close working relationship between modern and traditional medicine practitioners. The former can educate THs on good working modalities to ensure that they manage HIV/AIDS patients who have been proven sero-positive through modern health care facility. Such knowledge to the THs will also be useful to promote and support the use of antiretroviral (ARV) drugs to eligible patients including pregnant women and breastfeeding mothers to enable control of mother to child transmission. Currently in Tanzania HIV positive pregnant women attending conventional health care facilities are treated with antiretroviral drugs to reduce mother to child transmission.

It is further envisaged that a more detailed study with well structured questionnaire contrary to the open ended one used in the current exploratory study, might be able to clarify and give more insight to the level of knowledge of traditional healers on HIV/AIDS.

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