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THE ROLE OF TRADITIONAL MEDICINE PRACTITIONERS IN MANAGING HIV AND AIDS RELATED-SICKNESSES IN TWO PROVINCES OF PAPUA NEW GUINEA

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ABSTRACT:

The HIV/AIDS epidemic requires mobilization of existing and potential resources of health systems for coordinated effort from the grassroots to national level. In this context, the role of traditional medicine practitioners in the management of HIV/AIDS-related illnesses was investigated. The experiences, perceptions and beliefs of People Living with HIV/AIDS (PLHIV) who access traditional medicine practitioners (TMPs), and the existing linkages between herbalists and other agencies working with PLHIV were also investigated. Specifically designed separate sets of questionnaires containing both closed and open ended questions were administered to herbalists, PLHIV, health workers and members of the community in the Provincial towns of Alotau and Popondetta and clusters of villages beside them. The findings indicate that conditions such as weight loss, diarrhoea, and opportunistic infections in general were believed to respond better to herbal medicines than hospital medicine and many herbalists were able to effectively treat these conditions in PLHIV. TMPs also provided other services such as counseling, advice on diet and healthy lifestyle. The existing linkage between TMPs and other sectors was weak as 80.3% indicated there was little or no collaboration. While 49% of the PLHIV responded better to herbal than hospital medicine, 15% did not, and 21% were not sure. The most common suggestions made were to include TMPs in the health care management for PLHIV and to provide them training in primary health care and HIV management. One general conclusion from many of the specific findings indicates that herbalists are providing positive support in alleviating suffering from HIV/AIDS patients, and may be a potential key to scaling up comprehensive care for HIV/AIDS in PNG as in other parts of the world.

Key words: HIV/AIDS, PLHIV, Herbal-medicine, Traditional medicine practitioners, Health care management

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INTRODUCTION:

Papua New Guinea (PNG) has the highest incidence of HIV in the Pacific region [1]. The HIV-AIDS epidemic in PNG continued to escalate dramatically in the last decade, entering a new and more critical phase in 2004, when PNG became the 4th country in the Asia Pacific region to declare a generalized HIV/AIDS epidemic. By the end of 2006, a total of 18,484 people had been diagnosed with HIV, although the estimated number could be about 46,275 [2]. Although no hard data exists, it is estimated that 2% of the adult population, approximately 64,000 people, are now HIV positive [3], however the recent report put the estimated number much lower at 34,100 [4]. There is also a significant shift in the trend; the rural areas now show a strong increase in the HIV incidence. It is expected that with passage of time HIV epidemic will increasingly become more rural, adding to the difficulties of addressing the epidemic [3]. By the end of 2012 HIV prevalence among the rural population will be considerably higher, 5.74% compared to 1.44% in urban areas [2]. As majority of the population (85%) live in the rural areas, the growing HIV/AIDS epidemic will impact on the future of PNG, including reduced life expectancy, workforce depletion, increased health expenditure and reduced economic growth. The situation calls for a comprehensive and multilateral approach to deal with the HIV/AIDS scourge.

The World Health Organization (WHO) has recommended that traditional medicine be included in national responses to HIV [5, 6, 7]. To handle the HIV/AIDS epidemic requires mobilization of existing and potential resources of health systems for coordinated effort from the grassroots to national level.

The need for collaboration of two health care systems (official health care system and indigenous traditional medicine) is now more important than ever before to address the ever increasing burden of HIV/AIDS. For example, strategic collaboration between traditional healers and biomedical healing on HIV and AIDS has been established through series of projects in South Africa [8]. Literature reviewed show traditional healers are doing a commendable job in alleviating suffering from HIV/AIDS patients in resource poor countries in Africa through innovative programs such as THETA (Traditional and Modern Health Practitioners Together), TAWG (The Tanga AIDS Working Group), and others [9, 10, 11]. Can a similar approach be adopted in PNG?

In a timely and very significant move, the PNG government approved a national policy on traditional medicine in 2007 with a view to develop, promote and incorporate safe and effective traditional medicine and practices in the National Health System [12]. The policy also recognizes the role of traditional medicine practitioners in provision of health care. Preliminary reports indicate that many

herbalists are already providing valuable support to people living with HIV and AIDS (PLHIV) in various parts of PNG [13].

Traditional medicine practitioners are mostly based in rural communities in PNG [14, 15] and with a shift in trend of HIV/AIDS to rural areas they provide a ready resource. In an effective national response to HIV-AIDS all sectors of society, including TMPs will need to give their support to HIV/AIDS prevention and care initiatives. Only through a collective effort can the fight against HIV-AIDS be a success. There is also need to explore ways in which the authorities in PNG can assist TMPs play a more positive role in prevention, care and support to PLHIV. Besides, given the high cost and scarcity of antiretroviral (ART) drugs, there is need for a complementary measure to check the spread of HIV and manage PLHIV. It is believed that traditional medicine practitioners may be a key to scaling up comprehensive care for HIV/AIDS in PNG as in other parts of the world. In this context, contribution of indigenous traditional medicine and corresponding role of TMPs need to be examined.

The aims and objectives of the study were 1) to investigate the roles of TMPs in the management and prevention of HIV/AIDS-related illnesses in PNG and examine how such approaches could be integrated in the wider national programme to fight HIV/AIDS, 2) perceptions, beliefs and attitudes of PLHIV who access traditional healers, and 3) to determine existing linkages if any between herbalists, official health care system and other agencies working on HIV/AIDS and how these linkages could be strengthened.

METHODS:

Two study sites in PNG were selected for this study, Milne Bay and Oro province. In each of these provinces clusters of adjoining villages were selected from rural setting and besides the urban areas of Alotau and Popondetta towns. In Milne Bay Province Alotau town and 13 Tawala speaking villages along the Eastern Tawala coast were picked which included Ahioma, Nigila, Watunou, Daduwe, Bubulata, Divinai, Halowiye, Bubu, Bo, Lelehudi, Lelegwagwa, Gadudu and Kehelala. Similarly in Oro Province Popondetta town and 10 villages along the Oro Bay where Ewage (Notu dialect) is the common language of the community were selected for the study. The villages were Eroro, Beama, Dombada, Embi, Kopure, Embogo, Banderi, Waiwa, Emo, and Pongani.

Data collection, management, processing and analysis

Data was collected over a number of visits in each province during 2009, 2010 and 2011. There were four categories of study participants (see Table 1) with whom four separate data

collection tools were used. Each tool was a semi-structured questionnaire with both closed and open ended questions.

Three local interviewers in each of the two provinces who spoke the local language and who resided in the area were trained on the use of the data collection tools a week prior to beginning of data collection. The data forms were collected and checked for errors and ensured that all questions were answered by the interviewers. All error checks were done by the principal investigators on site prior to submitting to the PNG Institute of Medical Research HQ in Goroka where the database was established and kept for analysis. Quantitative data was entered on Fox pro and then imported into STATA and analysed.

Traditional medicine practitioners providing care and herbal medicine to PLHIV were identified mainly by their respective provincial healers' associations in Oro and Milne Bay, whilst NGOs such as Anglicare Stop AIDS and Igat Hope, and TMPs assisted in recruiting PLHIV for this study. Some TMPs known to have provided services to PLHIV were also indentified by community members and PLHIV themselves, and included in this study. Only those PLHIV who were symptomatic were selected for this study irrespective of the form of treatment or care they had received earlier or were receiving at the time of this study. These included those who were on ART or herbal treatment or both. PLHIV who did not experience any symptoms of HIV/AIDS were excluded. Participating health workers (doctors, health extension officers, nurses and community health workers) were drawn from provincial general hospitals in Alotau and Popondetta as well as health centres and aid posts located in the study area. Questionnaires were provided to all cadres of health workers in HIV clinics and general hospitals in both the provinces. Community members (ward counsellors, teachers, village leaders, and senior members) who commanded respect and position in the community and believed to be responsible citizens were approached to participate in this study. Invariably willingness to participate in the study was one of the guiding factors in recruiting study participants.

In order to achieve the research objectives, the following research questions were posed among others: What are the services offered by the traditional medicine practitioners to HIV/AIDS patients? What is the experience and perception of PLHIV of services provided by TMPs? What is the level of interaction that exists between traditional herbalists, the government and other agencies working on HIV/AIDS? What is the level of knowledge and expertise that exists among individual practitioners in management of HIV/AIDS-related sicknesses such as skin-related infections, persistent fever, cough, headache, chronic diarrhea, sores and wound? And finally

what assistance do traditional healers expect from the authorities in order for them to provide health care to PLHIV more positively?

Since HIV/AIDS is a highly sensitive matter appropriate precautions were taken to safeguard the trust of patients and their families whilst ensuring accuracy of the information gathered. Ethical clearance and permission for this study was obtained from the School of Medicine & Health Sciences Research and Ethics Committee, the PNG National AIDS Council (NACS), and Provincial AIDS Councils (PACs) of the Milne Bay and Oro provinces. Informed written consent from each respondent was obtained prior to conducting interview and/or administering questionnaires. Collected data were coded, collated, classified, and matched with key research questions and analyzed.

RESULTS:

This was a cross-sectional study conducted in selected sites in two provinces, Oro and Milne Bay Provinces in Papua New Guinea. The sites were selected based on their geographical location that provided both urban and rural settings. A total of 250 questionnaires were administered to respondents, and from these, 217 questionnaires complete in all aspects were selected for data analysis. Thus the response rate was 86.8%. The questionnaires which were either incomplete or lacking in relevant information were excluded from the study. Of the 217 respondents 61 were TMPs, 39 PLHIV, 59 health workers, and 58 community members.

Number of respondents in each category was higher in Oro compared to Milne Bay province [Table 1]. Of the 51 PLHIV approached only 39 responded (response rate being 71.4%). The relatively low number was due partly to reluctance on part of the subjects to come forward owing to stigma attached to this sickness. The response rate among TMPs, health workers and community members was high (>90%). The study findings showed various interesting perceptions and practices amongst the study participants.

Table 1: Study Participants by Category and Province

Respondents	Milne Bay n (%)	Oro n (%)	Total N
Traditional Medicine Practitioners (TMPs)	22 (36.1)	39 (63.9)	61
People Living With HIV/AIDS (PLHIV)	10 (25.6)	29 (74.4)	39
Health Workers	24 (40.7)	35 (59.3)	59
Community Members	22 (37.9)	36 (62.1)	58

The Role of Traditional Medicine Practitioners

The experiences and perceptions of the traditional medicine practitioners were explored. They were asked about how they practice, if on full-time basis, their length of service as a traditional herbal practitioner and what do they advice people living with HIV and AIDS and whether they know if their clients are on traditional and modern medicine at the same time.

These findings are summarised in Table 2. The practitioners were asked about their experiences and perceptions with respect to the conditions they provided herbal medicines for which alleviated the particular condition. In results presented in Table 2 indicates the responses from the traditional practitioners as to the conditions which they treated in the PLHIV and was seen to have been alleviated.

As the traditional practitioners' assistance was sought by the people living with HIV and AIDS and as they attended to them it became more and more apparent of the common conditions they thought the PLHIVs were coming to them for as shown in Table 2 but the top three turned out to be weight loss, chronic diarrhoea, persistent opportunistic infections particularly skin infections and equal third, loss of appetite and nausea. Besides these common services provided which they saw to alleviate the conditions shown in Table 2 TMPs also perceived themselves providing other services such as counselling, advices on diet and healthy lifestyle for the PLHIV because the PLHIV would return to them for feedback as they ate better, gained weight and improved, etc. as shown in Table 2.

Traditional Medicine Practitioners were also asked about their experiences and perceptions about linkages and collaborations with practitioners, be they health care providers in the government system or the NGO besides other traditional practitioners.

As shown in Table 2 most (55.7%) of their interaction is with other traditional practitioners followed by interactions with NGOs (52.5%) who provide care and support to PLHIV. There was some level of interaction (31.1%) with the health care providers of different categories ranging from the community health workers to the doctors but apart from that most respondents indicated that there was little or no existence of collaboration and linkage with all sectors. It was also observed that some TMPs interacted with more than one category of health workers. Though most TMPs (80.3%) indicated there was little or no collaboration 16.4% said there was adequate collaboration.

Table 2: Experiences and Perceptions of Traditional Medicine Practitioners (n = 61)

Practices of Providing Herbal Medicine	**Yes**	**No**	**Not disclosed**
Full time herbal practitioner	32 (52.5)	27 (44.3)	2 (3.2)
Length of service			
< 10 years	17 (27.9)		1 (1.6)
> 10 years	43 (70.5)		
Advised patient to stop hospital medicine and switch to herbal*	16 (26.2)	33 (54.1)	12 (19.7)
Patient taken ART and herbal medicine simultaneously	23 (37.7)	20 (32.8)**	18 (29.5)
Experiences of Health Conditions Better Treated and Commonly Seen by TMPs in PLHIV	**Frequency of responses**	**Percent**	
Weight loss	23	37.7	
Chronic diarrhoea	18	29.5	
Persistent opportunistic infection like skin infection, rashes, painful blisters, wounds, etc	16	26.2	
Loss of appetite & nausea	14	23.0	
Persistent fever & cough	14	23.0	
General body weakness	13	21.3	
Joints pain & arthritic pain	10	16.4	
Sores, wounds & hair loss	7	11.5	
Interaction and Collaboration of TMPs With Other Health Care Providers	**Yes**	**%**	
Other TMPs	34	55.7	
Health care providers for PLHIV	19	31.1	
- HIV Clinic Staff	18	29.5	
- Other doctors	15	24.6	
- Other Nurses & HEOs	17	27.9	
- CHWs at Health Centres and Aid Posts	11	18.0	
- Others	6	9.8	
Involved in work with NGOs providing care and support	32	52.5	
Existence of collaboration and linkages			
Does not exist	22	36.0	
Little	27	44.3	
Adequate	10	16.4	

[Figures in parenthesis are percentages]

*Reason for switching was because patient did not improve and had more faith in traditional medicine

**Patients not on ART and herbal medicine simultaneously

A total of 39 people living with HIV were interviewed in the two sites on their experiences of herbal medicine. The number of PLHIV who were on ART numbered 33; 10 of these had stopped ART on their own accord for varied reasons. All PLHIV had accessed TMPs and used herbal medicine one time or the other to treat HIV/AIDS-related illnesses. There were good as well as bad experiences of herbal medicine expressed by these people. Three main questions asked were in relation to (1) if HIV/AIDS related conditions responded better to herbal medicine than hospital medicine, (2) if they ever took ART and herbal medicine simultaneously, and (3) if they ever experienced complications from combining ART with herbal medicine. They were also asked if the traditional medicine practitioner had advised them to stop taking their ART. These results are shown in Table 3. The third category of study participants were health workers whom the study involved. They were asked about their opinions on what they saw to be the role of the traditional medicine practitioners. A total of 59 health workers ranging from community health workers to medical officers responded stating various roles more to do with primary health care as shown in Table 3. Of these various roles the top three that were more favourable were helping to treat or prevent skin infection and participating in home-based care including counselling for positive living. On the other hand 10 (16.9%) of the 59 health workers did not see any role the traditional medicine practitioners have in treating or managing PLHIV. Thirteen (22 %) health workers had made referrals to TMPs because hospital could not provide the alternative care, and that the TMP was readily available to patients.

All respondents or study participants were asked about how they thought linkages could be strengthened and the most common suggestions made by the participants were to include traditional herbalists in the health care management and to provide training for traditional herbal practitioners in primary health care and HIV management as shown in Table 4. These perceptions were highly supported by community members, particularly about including the TMPs in the health care management of PLHIV and almost half the health workers went along with this too. Traditional medicine practitioners above all the other expressed the idea of strengthening linkages and collaboration by giving training to TMPs on primary health care and HIV management because this was one of the best ways of getting to overcome misunderstanding of ART and herbal medicine and what they do which can be harmful as well as being damaging.

Table 3: Experiences and Perceptions of PLHIV, Health Workers and Community Members

Experiences and Perceptions of PLHIV (n=39) (PLHIV on ART #33)				
Experiences of the use of herbal medicine	**Yes N (%)**	**No N (%)**	**Not sure N (%)**	**NA/NR N (%)**
HIV/AIDS-related conditions responded better with herbal medicines than hospital medicine	19 (48.7)	6(15.4)	8(20.5)	6(15.4)
Taken ART and herbal medicine simultaneously	13 (39.4)	18(54.5)	3(7.7)	5(12.8)
Experienced problems or complications from combining ART with herbal medicine	2 (15.4)	11(84.6)	Nil	26(66.7)
TMP advised to stop ART	11 (33.0)	19(57.6)	3 (9.0)	6 (15.4)
Stopped ART on own accord	10 (30. 3)			
Experiences and Perceptions of Health Workers (n=59)				
Role of traditional Medicine Practitioners	**Number (%) of Respondents**			
Prevent and treat opportunistic infections like skin infections, etc.	22 (37.3)			
Help in primary health and home based care	9 (15.3)			
Counselling for positive living	9 (15.3)			
Available for alternative health care and advice on diet and nutrition	6 (10.2)			
No role	10 (16.9)			
Not sure	2 (03.4)			
22.4% (13) Health workers had made referrals to TMP because the hospital could not provide the alternative care; and that the TMP was readily available to patient				
Experiences and Perceptions of Community Members (n=58)				
Role of Traditional Medicine Practitioners	**Number (%) of Respondents**			
Are aware of TMPs treating PLHIV	29 (50.0)			
Kind of role TMPs play				
- Attend to opportunistic infections	29 (50.0)			
- Attend to other HIV/AID-related health conditions	21 (36.2)			
- Provide physical as well as psychological support	10 (17.2)			

NA= Not applicable; NR= Non-responders

Table 4: Ways to Strengthen Linkages between TMPs and Health System

Ways to Strengthen Linkages	TMPs (n=61)	Health Workers (n=59)	Community Members (n=58)
Include TMPs in health care management for PLHIV			
- Yes (all TMPs)	36 (59.0%)	28 (45.9%)	48 (82.8%)
- No	2 (03.3%)	2 (03.4%)	3 (05.2%)
- Only a selected few	18 (29.5%)	25 (42.4%)	7 (12.0%)
- Not sure	5 (08.2%)	4 (06.8%)	0 (00.0%)
Training in Primary Health Care & HIV	47 (77.0%)	39 (66.1%)	42 (72.4%)

DISCUSSION:

The role of traditional healers in HIV/AIDS prevention, treatment and care has been widely explored in developing countries, and it is concluded that the conventional biomedical system alone has not and will not be in position to fulfil the national HIV/AIDS strategic plans without engaging the help of all relevant stakeholders, including traditional healers [5,6,16]. This study has demonstrated the positive role played by TMPs in providing treatment for HIV/AIDS-related sicknesses to PLHIV in the provinces of Milne Bay and Oro in Papua New Guinea. Their main contribution is in alleviating suffering from opportunistic infections, and providing advice on diet and healthy life style [Tables 2 & 3]. TMPs as well as health workers and community members have suggested training of TMPs in primary health care and HIV as one of the ways to strengthen linkages between TMPs and health system [Table 4]. It is believed that given the necessary training and support traditional healers can be integrated in the management and prevention of HIV/AIDS as a complementary measure as is currently done in some countries in Africa [17].

In this study more than one third (13 out of 33) of the PLHIV reported taking ART and herbal medicine concurrently [Table 3], majority (84.6%) of them did not experience any problems whilst 30% of them stopped ART by their own choice. There is no conclusive scientific study to suggest that combining ART with herbal medicine was harmful. Recent studies in South Africa however shows that there is a complex intersection of beliefs towards the concurrent use of traditional African medicine and ART amongst PLHIV and that both were perceived to serve distinct purposes and were complementary in nature

[18]. Patients with AIDS in the Tanga region of Tanzania stated that they felt less pain from AIDS-related symptoms after local treatment from healers as compared to treatments received in the hospitals [9]. This study has also demonstrated that nearly half of PLHIV interviewed said they responded better to herbal medicine than hospital medicine [see Table 3]. In this study the results demonstrated the existence of other sectors of health care in the two geographical locations studied. As Kleinmen [19] suggests, in any complex societies one can identify three sectors of health care that overlap and interconnect. These are the popular sector, the folk sector and the professional sector. This study has shown the overlapping and inter-connecting of these sectors in the study sites [Tables 2 and 3] as elsewhere [19]. Most health workers view a positive role for TMPs, however some have negative view of traditional healers as expressed by 17% of the health workers in this study who said the traditional healers had no role to play in the care and management of people living with HIV [Table 3]. Though a minority view, it agrees with the findings of a study carried out in Botswana which indicated that the contribution of traditional healers as healers and caregivers to PLHIV was waning fast due to strong advocacy against the use of two medical systems by the biomedical practitioners [20]. At the same time a study supported by UNDP in Bangladesh has concluded that the role of traditional healers in the fight against HIV/AIDS was of great importance, and that there was a strong desire by traditional healers to access legitimacy and resources that can be achieved through collaboration with modern medicine [21]. Similar sentiments were expressed by majority of TMPs interviewed in this study who expressed strong desire for training in primary health care and HIV as well as strengthening of linkages with modern health system [Table 4].

Although demographic data of TMPs and PLHIV who participated in this study has not been reported in this paper, several earlier reports have indicated that TMPs are mainly based in rural communities in PNG [14,15], and with the HIV/AIDS incidence set to increase significantly in rural areas TMPs have a definite role to play in providing care and support to PLHIV. Herbal medicine is widely used in treatment of variety of ailments throughout PNG [13]. Diarrhoea, skin infections, weight loss, loss of appetite, sores and wounds are some of the common sicknesses seen in PLHIV. Reports of TMPs treating these conditions effectively are well documented in literature [22,23]. Given the health workforce shortage and inadequate health infrastructure in PNG, there is need for bolder thinking – how can services of this group of informal providers be appropriately used as healers and caregivers to PLHIV in PNG. Policy implications of including traditional healers for HIV and

AIDS Policy are currently the subject of debate in many developing countries [24], and PNG should also be looking at this issue.

CONCLUSIONS:

The study showed that traditional medicine practitioners are playing an important role in providing medical care and in alleviating suffering of PLHIV in Oro and Milne Bay provinces. Their main contribution is in improving the quality of life by effectively treating many of the symptoms of this disease. The study also shows that linkage between TMPs and the health care system exists but is weak and needs strengthening. It is concluded that TMPs are potential key to scaling up comprehensive care for PLHIV in PNG as in many countries in Africa and Asia. More research is however needed to further understand the practices and efficacy of the herbs used in the management of specific opportunistic infections.

There is also need to conduct further studies in other provinces to determine if TMPs were playing equally an important role in providing treatment, care and support to PLHIV as their counterparts in Milne Bay and Oro. If findings are supportive services of TMPs may be incorporated into regular service delivery system for PLHIV along with provisions in the PNG National HIV and AIDS Strategy 2011-2015 under Strategic Priority 2, Cluster 2.1.10 (re: Treatment and Management of Opportunistic Infections), and Priority 2, Cluster 2.4 in home based care for PLHIV. Further, incorporation of TMPs' services needs to be monitored and supported by research for evidence based best practice.

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