

**THE EXPERIENCES OF HIV POSITIVE PATIENTS WHO
HAVE BEEN USING SESOTHO TRADITIONAL MEDICINES
FOR THE MANAGEMENT OF HIV/AIDS AT SCOTT
HOSPITAL IN MORIJA, LESOTHO.**

By

Ms. Isabel Nyangu

Submitted in accordance with the requirements for the degree of

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at the

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Supervisor: Prof KE Mokwena

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Student number: 44945108

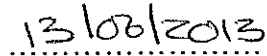
DECLARATION

I declare that **'THE EXPERIENCES OF HIV POSITIVE PATIENTS WHO HAVE BEEN USING SESOTHO TRADITIONAL MEDICINES FOR THE MANAGEMENT OF HIV/AIDS AT SCOTT HOSPITAL, MORIJA, LESOTHO'** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



Signature

(Ms)



Date

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Student number **44945108**
Student **Isabel Nyangu**
Degree **Master of Public Health**
Department **Health Studies, University of South Africa**
Supervisor **Prof KE Mokwena**

ABSTRACT

The purpose of this study was to explore and describe experiences of HIV/AIDS positive patients using Sesotho traditional medicines at Scott Hospital in Morija, Lesotho. The specific objectives were to explore and describe the experiences and views of patients using Sesotho traditional medicines. The study used an explorative qualitative design with a sample of seventeen (17) HIV positive adults aged 18-49 years who were purposively sampled. The major findings of the study were that; Sesotho traditional medicines improved the health status of the participants; and also they were of the view that Sesotho traditional medicines work as they beneficially contributed to HIV/AIDS management. The study concludes that Sesotho traditional medicines are believed and understood to play a role in the symptomatic management of HIV/AIDS even though the actual role they play is yet to be proven scientifically.

KEY CONCEPTS: Experiences, Views, Perceptions, HIV/AIDS, Use of traditional medicines, Herbs and HIV, Indigenous medicine, Management of HIV, Sesotho, Lesotho

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IBC	International Bioethics Committee
SAFAIDS program	Southern Africa HIV/AIDS Information Dissemination Service
WHO	World Health Organisation

TABLE OF CONTENTS

CHAPTER 1: ORIENTATION TO THE STUDY

1.1	Introduction	1
1.2	Research Problem.....	2
	1.2.1 Source and background of the research problem.....	2
	1.2.2 Statement of the research problem	3
1.3	Purpose of the study	3
	1.3.1 Research questions	4
	1.3.2 Study objectives.....	4
1.4	Significance of the study.....	4
1.5	Definition of key concepts.....	5
1.6	Theoretical foundations of the study.....	6
1.7	Research Methodology.....	8
1.7.1	Research Design.....	8
	1.7.1.1 Population and Sample Selection.....	9
	1.7.1.2 Sampling method.....	9
	1.7.1.3 Data Collection.....	10
	1.7.1.4 Data Analysis.....	11
1.8	Trustworthiness.....	12
1.9	Ethical considerations.....	13
1.10	Scope and limitations of the study.....	16

CHAPTER 2: LITERATURE REVIEW

2.1	Introduction.....	17
2.1.1	Trends in the use of traditional medicines.....	17
2.1.2	Experiences and views of individuals who have used traditional medicines.....	21
2.1.3	Sources of knowledge on traditional medicines.....	22
2.2	Conclusion.....	23

CHAPTER 3: METHODOLOGY

3.1	Introduction.....	25
3.2	Research Design.....	25
3.3	Research Setting.....	25
3.4	Research Methods.....	26
3.4.1	Population and Sampling.....	26
3.4.2	Ethical Considerations related to sampling.....	26
3.4.3	Data Collection.....	27
3.4.4	Ethical Considerations related to data collection.....	28
3.4.5	Data management and analysis.....	29
3.5	Trustworthiness of the study.....	29
3.6	Conclusion.....	30

CHAPTER 4: RESULTS

4.1	Introduction.....	31
4.2	Results.....	31
4.2.1	Sample characteristics.....	31
4.2.2	Traditional medicine use.....	35
4.3	Summary of the results.....	46
4.4	Conclusion.....	48

CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1	Introduction.....	49
5.2	Discussion.....	49
5.2.1	Sample characteristics.....	49
5.2.2	Experiences on using Sesotho traditional medicines.....	50
5.2.3	Views on Sesotho traditional medicines.....	51
5.2.4	Differentiation of whether benefits are from Sesotho traditional medicines or western medicines.....	52

5.2.5	Sources of knowledge on Sesotho traditional medicines.....	53
5.3	Conclusions.....	53
5.4	Recommendations.....	54
5.5	Limitations of the study.....	54
5.6	Concluding remarks.....	55

REFERENCES.....	56
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LIST OF FIGURES

Figure 4.1	Age groups of participants.....	32
Figure 4.2	Gender of participants.....	32
Figure 4.3	Marital Status of Participants.....	33
Figure 4.4	Duration of HIV diagnosis.....	34
Figure 4.5	Medicine first used.....	34

LIST OF TABLES

Table 1	Themes.....	36
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LIST OF GRAPHS

Graph 4a	Experiences on the use of Sesotho traditional medicines.....	37
Graph 4b	Views on traditional medicines.....	40
Graph 4c	Differentiation of whether benefits are from Sesotho traditional or western medicines.....	43
Graph 4d	Sources of knowledge on traditional medicines.....	45

APPENDICES

Appendix 1	InformedConsent form.....	61
Appendix 2	Interview guide.....	62
Appendix 3	Confidentiality agreement.....	63
Appendix 4	Permission letter to conduct research.....	64

ANNEXURES

Annexure 1	Ethical Clearance Certificate
Annexure 2	Letter of approval to conduct research

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The use of African traditional medicines by HIV/AIDS positive patients is believed to be widespread, although insufficiently documented. Health professionals from several African countries, including Lesotho, acknowledge the involvement of African traditional healers and the use of their medicines in the management of HIV/AIDS and associated symptoms (World Health Organisation (WHO 2008). The majority of the population in the developing world has some access to a traditional health care provider and it is widely estimated that up to 80% of people in Africa may use some form of traditional medicine for a variety of ailments (WHO 2008).

The International Bioethics Committee (2012), in its draft report on traditional medicine and its ethical implications states that between 70% and 95 % of citizens in many developing countries use traditional medicines for the management of health and as a primary source of health care. This is attributed to the difficulty in gaining access to different and more expensive kinds of western treatment options. Hence the turn to traditional medicines which are close at hand, easily affordable, readily available, cheap and consistent with indigenous cultures or ethnic groups though their effectiveness still needs proving (International Bioethics Committee 2012).

Peltzer, Preez, Ramlagan and Fomundum (2008: 255) reported that in South Africa, herbal therapies and complementary alternative medicines are commonly used by outpatients of public health facilities and an estimated 70% to 80% of all South Africans consult traditional healers. However, the frequency, impact and effectiveness of traditional medicine use on quality of care and patient outcomes is still unknown in South Africa because it has not been well documented. Anecdotal evidence suggests that many patients on antiretroviral medications resort to traditional medicines after experiencing side effects of ART. Some studies have documented that traditional medicines are used for pain relief, immune supplementation and stress relief (Peltzer et al 2008:255). Namuddu, Kalyango, Karamagi,

Mudiope, Sumba, Kalende, Wobudeya, Kigozi and Waako (2011:855) also reported that poor management of side effects from ARVs has greatly contributed to the increased use of alternative medicines.

Due to lack of research and systematic documentation, traditional medicines and herbs in HIV/AIDS management are used interchangeably. However, this trend has been cited as letting African nations down and there is need for policy that will clearly define the meaning of both traditional medicines and herbs (Southern Africa HIV/AIDS Information Dissemination Service (SAFAIDS Program: 2007). For many African countries, the greatest challenge is that, despite the wide use of these medicines, there is no documented literature on the names of the common traditional medicines used in the management of HIV/AIDS, as well as their indication, safety or dose, and this also applies to Lesotho. This situation has identified a need for studies on traditional medicines, including their names, use and effectiveness. The aim of this study was therefore to explore and describe the lived experiences of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms at Scott Hospital in Morija, Lesotho.

1.2 RESEARCH PROBLEM

1.2.1 Source and background of the research problem

The majority of Lesotho citizens live in rural settings and thus mostly live a traditional lifestyle. This traditional lifestyle extends to most of their social life, including their understanding of health and disease, thus addressing such matters often bears a traditional connotation. Because HIV/AIDS is a social phenomenon, the understanding and addressing of its physical symptoms are often related to lived experiences of other diseases, which includes the use of traditional medicines.

Anecdotal evidence in which traditional medicines are marketed on the radio, suggests that the use of traditional medicines is common in Lesotho, but there are no studies that have been conducted in this area. The challenge which results from this situation is that it is not

known which traditional medicines are commonly used in the management of HIV/AIDS and related symptoms in this country.

Although ARVs are supplied at no cost to the patient, the cost of other related medicines must be covered in full by the patient and this has resulted in many people resorting to traditional remedies, which are mostly cheaper as they are readily available and accessible in the natural environment. The situation has resulted in many HIV positive patients using a variety of traditional medicines but the nature, names and benefits (whether real or perceived) is not documented or known by mainstream health care professionals.

1.2.2 Statement of the research problem

In Lesotho despite anecdotal evidence that many patients make use of Sesotho traditional medicines for the management of HIV/AIDS, their views and experiences have not been explored and documented, and is thus not known by health professionals. Therefore, the study intended to explore and describe experiences of HIV positive patients using Sesotho traditional medicines. This lack of acknowledgement and knowledge of Sesotho traditional medicines implies that health professionals are not able to advise the patients on any aspect of their health that are impacted upon by the use of these medicines. Health professionals in Lesotho are also at a disadvantage in offering the required information and advice because they don't know the extent to which the medicines are used or preferred to so-called western medicines.

1.3 PURPOSE OF THE STUDY

The purpose of the study was to explore and describe the experiences of HIV/AIDS positive patients using Sesotho traditional medicines for the management of HIV/AIDS, or the relief of related symptoms.

1.3.1 Research Questions

The study intended to address two pertinent questions related to the use of Sesotho traditional medicines by HIV positive patients at Scott Hospital in Morija. The first question is;

What are experiences of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms at Scott Hospital in Morija, Lesotho?

And the second is;

What are the views of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS?

1.3.2 Study Objectives:

Closely related to the above research questions are the objectives of the study which are;

- To explore and describe the experiences of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms and
- To explore the participants' views on the use of Sesotho traditional medicines in the management of HIV/AIDS and related symptoms.

1.4 SIGNIFICANCE OF THIS STUDY

Nyika (2009: 32) commended efforts being made in some African countries to improve African traditional medicine through a combination of different mechanisms that include the controversial approach of scientific research on traditional medicines. Tamuno (2011: 152) explained that the wide use of traditional medicines by patients living with HIV/AIDS should be of concern to clinicians and policy makers. Therefore this study will contribute to

understanding of the use of traditional medicines for the management of HIV/AIDS and related symptoms by health professionals. The study will therefore inform health professionals of the perceived benefits of such medicines by patients. The study is also exploratory to potential subsequent studies which may focus on herbalists, the use of specific medicines and/or herbs, as well as health seeking behavior of HIV positive patients that receive treatment from Scott Hospital. Such studies could better inform health professions education to include traditional medicine use and the benefits and/or challenges thereof.

1.5 DEFINITIONS OF KEY CONCEPTS

1.5.1 Conceptual definitions

1.5.1.1 Experiences: Knowledge gained from things that have happened to someone that influence the way they think or behave (Oxford Advanced Learner's Dictionary. 2010: 514).

1.5.1.2 Views: A personal opinion and way of understanding (Oxford Advanced learner's Dictionary. 2010. 1640)

1.5.1.3 Use: To take in or apply a substance for a particular purpose (Oxford Advanced Learner's Dictionary. 2010: 1627).

1.5.1.4 Traditional medicines or Herbs: These are used inter-changeably and refer to indigenous medicinal and aromatic plants, animal parts or organic and inorganic materials that are used for preventive and therapeutic purposes. They contain as active ingredients aerial or underground parts of plants, or other plant materials, or combinations thereof, whether in the crude state or as plant preparations (Edward, Cooper, Dugald and Kanfer. 2005:19).

1.5.2 Operational Definitions

1.5.2.1 Experience: Knowledge gained through the use of traditional medicines for relief of any symptoms related to HIV/AIDS.

1.5.2.2 View: A personal opinion or way of understanding the use of traditional medicines for the relief of any symptoms related to HIV/AIDS.

1.5.2.3 Use of: To take in, in whatever way, or apply traditional medicines for the management of HIV/AIDS and related symptoms.

1.5.2.4 Traditional medicines or herbs: indigenous medicines or herbs, used in any form for HIV/AIDS or related symptoms.

1.5.2.5 Sesotho traditional medicines: Indigenous medicines or herbs found in Lesotho that are used in any form for the management of HIV/AIDS or related symptoms.

1.6 THEORETICAL FOUNDATIONS OF THE STUDY

According to Polit & Beck (2008: 142) a theoretical foundation is a “framework or rationale for the parameters or boundaries of a study”. The main benefit of a theoretical foundation is that it helps the researcher to structure sections of the study that need to be covered, avoid side tracking on the topic and determine the methodology (McGriff [S.a.]). Burns and Grove (2009: 22) describe qualitative research as “a systematic, subjective approach used to describe life experiences and give them significance”. It is used to gain insights through discovering meanings. The reasoning process used in qualitative research involves perceptually putting pieces together to make wholes and it is from this process that meaning is produced (Burns & Grove 2009:22).

Polit and Beck (2008: 219) state characteristics of a qualitative research and they include:

- Merging together various data collection strategies i.e. triangulation.
- Adjusting to what is being learned during the course of data collection.
- Striving for an understanding of the whole.

- Intense involvement of the researcher who often remains in the field for lengthy periods of time.
- The researcher being the research instrument.
- Ongoing analysis of the data to formulate subsequent strategies and to determine when fieldwork is done. (Polit & Beck 2008: 219)

Joubert & Ehrlich (2008:325-326) explain advantages and disadvantages of qualitative research. Advantages of qualitative research include;

- The ability of the researcher to get a closer feeling of the social functioning of the person or community
- The results obtained are often more accessible as they are descriptions of real situations rather than statistical measures or diagrams
- Qualitative methods are useful for the production of new ideas and provide information for other studies
- There is always space within the research structure to explore new information that comes up during an inquiry
- Researchers are able to use flexibility of the qualitative method to get around problems by developing a relationship with the respondent in the fieldwork situation and by using probes and picking up on non-verbal cues

Disadvantages of qualitative methods include;

- Researcher subjectivity and bias which can cause serious problems during information analyses
- The process of analyzing and transcribing data can be time consuming and costly

- It may not be easy to generalize the conclusion owing to the small sample size and the non-random sampling technique often used (Joubert et al 2008:326-326)

This paradigm was found to be the most suitable for investigating this study as the life experiences of using Sesotho traditional medicines for the management of HIV/AIDS and related symptoms were sought. The investigator gained insight on the common herbs used for the management of different symptoms and whether these traditional medicines were understood as being effective by discovering the meanings described by the participants. The researcher also collected data by interviewing the participants to also identify the common symptoms that traditional medicines were used for in the management of HIV/AIDS and related symptoms.

1.7 RESEARCH METHODOLOGY

Methodology and the research design direct the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal. Brink, Van der Walt and Van Rensen (2009:22) describe methodology as the "particular ways of knowing about reality".

1.7.1 RESEARCH DESIGN

This was an explorative qualitative study, using in-depth interviews.

An explorative descriptive qualitative study was conducted in order to explore the experiences and views of HIV positive patients on the use of Sesotho traditional medicines. A qualitative design was selected because it enabled the researcher to generate information on the subjects' experiences and views and not document the views of the researcher. This design also provided a purposeful conversation which represents a flexible and adaptable process of enquiry (Kitto, Chesters & Grbich 2008: 243-246 and Corbin & Strauss 2007). The experiences sought in qualitative studies include hearing, seeing, believing, feeling, remembering and deciding, which are all features that were sought in this study (Polit & Beck 2008: 227).

Exploratory studies are designed to increase knowledge of a field of study and are not intended for generalization to large populations and provide a basis for confirmatory studies (Burns & Grove 2009:700). This type of research is designed to shed light on the various ways in which a phenomenon is manifested and underlying processes (Polit & Beck 2008:21).

1.7.1.1 Population and sample selection

According to Polit & Beck (2008: 761) population is the “entire set of individuals having a common characteristic”. The population for the study were HIV/AIDS positive adults, who sought health care at Scott Hospital in Morija, Lesotho.

1.7.1.2 Sampling Method and Technique

Non-probability sampling is a method in which the selection of participants from a population is done by non-random procedures (Polit & Beck 2008: 759). In this study non-probability sampling method was used to select the study participants.

Purposive sampling was used for the study. This is non-probability sampling technique in which the researcher selects participants based on personal judgment about which one will be most informative (Polit & Beck 2008: 763). This sampling technique was selected because it allowed the researcher to hand-pick potential participants who were considered to be particularly knowledgeable about the use of traditional Sesotho medicines for HIV positive patients. The main advantage was that the newly developed data collection instruments could be effectively pre-tested and evaluated with a purposive sample of HIV/AIDS positive adults who met the inclusion criteria.

Inclusion criteria

According to the Bureau of Statistics of Lesotho & ORC Macro (2009:233), the HIV/AIDS pandemic mostly affects adults aged 15-49 years. Hence for this study adults aged between 18 and 49 years who were HIV/AIDS positive, could speak either Sesotho and/or English, had/were using Sesotho traditional medicines and were able and willing to give informed consent were included in the study.

Exclusion criteria

Clients younger than 18 years, older than 49 years, HIV/AIDS negative and did not seek health care at Scott Hospital and/or were unwilling or unable to give informed consent were excluded in this study.

1.7.1.3 Data Collection

Recruitment of participants

Participants were recruited from the HIV outpatient department at Scott Hospital. As they came in for their regular counseling sessions, prospective participants were introduced by the registered nurse (counselor) to the researcher and the study, and were requested to participate if they had /were using Sesotho traditional medicines for the management of HIV/AIDS. Those willing to take part in the study were then requested to sign a consent form and interviewed before their counseling session.

Data collection method

Semi-structured interviews are used when the researcher prepares in advance a written topic guide with a list of areas or questions to be covered with each participant (Polit & Beck 2008: 394). This study employed one on one, face to face interviews with patients who met the inclusion criteria. This technique allowed the researcher to obtain all the information required and the participants had the freedom to respond in their own words, provide as much detail as possible and offer illustrations and explanations. The interviews allowed participants to freely respond to questions without the fear of their responses being known or heard by other people. The interviews were conducted in Sesotho or English, depending on the preference of the interviewee. The data were digitally recorded and transcribed by the researcher. The interviews took place in one of the counseling rooms at the outpatients department at Scott hospital. A digital recorder was used to record the interview and field notes were taken to document non-verbal communication.

Data management

The audio recordings were transcribed verbatim. Those recorded in Sesotho were translated into English. The transcripts were then typed to prepare them for analysis.

1.7.1.4 Data Analysis

Qualitative content analysis was used to analyse the data. According to Polit and Beck (2008:517) content analysis involves analysis of the content of narrative data to identify prominent themes and patterns among themes. Qualitative content analysis includes breaking down data into smaller units, coding and naming the units according to the content they represent and grouping coded material based on shared concepts (Polit & Beck 2008:518).

Burns and Grove (2009:528) also explain that content analysis is designed to classify the words in a text into a few categories chosen because of their theoretical importance. The technique provides a systematic means of measuring frequency, order or intensity of the occurrence of words, phrases or sentences (Burns & Grove 2009: 528). This explores verbal, visual, behavioral patterns, themes or biases (Williams 2007:65-71).

The researcher read the entire set of transcripts to get a sense of the whole and discriminated units from the participants' description of the experience under study. The data was reviewed and coded for common themes that answered the grand tour question which is ***What are the experiences of HIV positive patients who have been using Sesotho traditional medicine for the management of HIV/AIDS?*** Coding of the data involved combining the data for themes and categories, and then marking similar passages of text with a code label. The analysis involved identifying emerging themes, ideas, terms, phrases and key words from the data. The researcher synthesized all of the meanings into a consistent statement regarding the participants' experiences with the use of traditional medicines.

1.8 TRUSTWORTHINESS

The researcher used the following strategies to ensure trustworthiness:

1.8.1 **Credibility:** According to Polit and Beck (2008:539) it refers to “confidence in truth of data and interpretations of them”. It is described as a demonstration that the enquiry was conducted in a manner as to ensure that the subject was accurately identified and described (De Vos, Strydom, Fouche & Delpont 2009:346).

Sufficient time during data collection was invested to ensure an in-depth understanding of the participants' experiences. The researcher recorded the participants' demeanor and behaviors during interactions and thoroughly described the interview context. On an on-going basis, the researcher reflected on biases, preferences and preconceptions and took own prejudices and perspectives into account.

1.8.2 **Dependability:** It refers to the “stability of data over time and over conditions and the researcher attempts to account for these changes” (De Vos et al 2009: 346). The researcher used a digital recorder of good quality and transcribed the data verbatim to enable accurate capturing of the interview. The researcher used a second person who conducted an enquiry audit by scrutinizing the data. The audit was done by a lecturer from a different Nursing school in Lesotho. The enquiry audit was conducted during the middle of the study which was two weeks after the initial data collection. The auditor checked consent forms to ensure that permission to conduct the study had been granted. The auditor also listened to the recorded initial part of the interviews when the study and its purpose were explained to the participants to ensure that an explanation of the study was given to the participants.

1.8.3 **Conformability:** It refers to the “potential congruence between two or more independent people about the data accuracy, relevance or meaning” (Polit & Beck 2008:539). It guarantees that the findings conclusions and recommendations are supported by the data and that there is an internal agreement between the investigator's interpretation and the actual evidence (Brink 2009: 118). The interview transcripts were

reviewed by both the researcher supervisor to confirm the ideas or themes developed. The researcher also developed a code book which was referred to and used consistently during the coding process.

1.8.4 Transferability: It refers to the “extent to which the findings can be transferred to or have applicability in other settings or groups” (Polit & Beck 2008: 539). The researcher gave a detailed vivid description of the research context, the people who participated in the study, experiences and processes observed during the inquiry.

1.9 ETHICAL CONSIDERATIONS

To protect human rights in this study, the following procedures were carried:

1.9.1 Informed consent: The researcher recruited individual patients and explained the study on an individual basis, using the Sesotho language. If the patients agreed to participate, the researcher gave each participant the consent form to read, or alternatively, read it for him/her (see appendix 1). The consent form included information on the purpose of the study, potential risks and benefits, procedures to protect confidentiality, participant's rights to withdraw from the evaluation at any time, use of digital voice recorders and contact information of the researcher.

The researcher did not coerce any of the participants to participate and they were told that their participation was of their free will, as well as their right to discontinue with the interview without giving any reasons, if they so wished.

The participants were given an opportunity to ask questions relating to the study. When the participants indicated understanding of the study and were ready to give consent, he/she was requested to provide informed consent by signing the informed consent form.

1.9.2 Institutional Review Board: The proposal was submitted to the Research and Ethics committee of the University of South Africa, Department of Health Studies for approval and ethical clearance. (See Annexure 1)

1.9.3 Permissions: Permission seeking to conduct the study was requested and obtained from management of Scott Hospital (see Appendix 4 and Annexure 2)

1.9.4 Confidentiality: The researcher informed the participants that the information they provided was treated in strict confidence. The confidentiality was also required from other people who assisted with the study, and they were required to sign a confidentiality agreement (see appendix 3). All the research data was stored securely in a lockable cupboard and access made only to the researcher and relevant institutions.

1.9.5 Anonymity: Because the participants were recruited as they came in for their regular outpatient sessions, anonymity could not be guaranteed. However, they were protected by not recording their names and de-linking information they provide from their identification/files. This was also to be applied when the research reports and findings are published. Since participants could be recognized as they enter or leave the counseling room a confidentiality agreement was signed between the researcher and the counselor, and the counselor was excluded from the interview (see appendix 3).

1.9.6 The principle of justice:

Right to fair treatment: Virtues of sensitivity, courtesy, respect and patience were applied during contact periods with the participants. All confidentiality agreements with participants were honored. The researcher treated subjects who declined to participate or withdraw from the study in a non-prejudicial manner. If participants declined to take part in the study, they proceeded to their counseling session from which they proceeded to undertake the scheduled activities for that day.

Right to privacy: All data provided by the participants was maintained in strict confidence. The researcher negotiated with the Scott Hospital management and participants for the use of a convenient private room.

1.9.7 Principle of beneficence:

Freedom from harm: All data was collected by the researcher. Vigilant attention and sensitivity was given to the psychological consequences of participating in the study as they are usually subtle. Participants were encouraged to report any feelings of insecurity and the researcher did not hesitate to address them and/ or discontinue the exercise. Participants would also be referred to a professional counselor for more psychological support if the need did arise.

Freedom from exploitation: The researcher assured participants that the information they provided or their participation was not to be used against them in any way and their situation would not be exploited for personal or financial gains.

Benefits from the research: The results of this study would be of benefit to the health care providers at Scott Hospital because they will understand the pattern of use of traditional medicines by some patients. This would assist them on how to deal with this phenomenon, as well as being on the lookout for possible drug interactions that may arise. The study would also benefit the research community by increasing what is known about use of traditional medicines, as well as the patients' existing views about such medicine. Interventions to manage their use may emanate from the results of this study.

1.9.8 Principle of respect for human dignity:

The right to self-determination: Participants voluntarily decided whether or not to participate in the study. They were also allowed to ask questions, refuse to give information or withdraw from the study altogether. There was no implicit or explicit coercion of penalty from failing to participate or excessive rewards from agreeing to participate. The researcher respected the choices made by the participants to avoid coercion.

The right to full disclosure: The researcher fully disclosed aspects of the study, the individual's right to refuse participation, the researcher's responsibility and the likely risks and benefits to both the participants and management of Scott Hospital.

1.10 SCOPE AND LIMITATIONS OF THE STUDY

The scope of the study was limited to the experiences and views of the patients and did not seek to identify traditional medicines by name, to identify the indications for such medicines or to study the effectiveness of Sesotho traditional medicines.

The interview venue could have been a hindrance to the data collected as it is possible that more information could have been obtained if the interviews were not carried out in the outpatients department as some of the participants could have been hesitant to confirm traditional medicine use due to fears of being disapproved for using these medicines. Furthermore there has been great discouragement by health care professionals for the use of antiretroviral treatment and traditional medicines.

1.11 Conclusion

The purpose of this study was to explore and describe the experiences of HIV/AIDS positive patients using Sesotho traditional medicines for the management of HIV/AIDS. An explorative descriptive qualitative study was conducted in order to explore and describe the experiences and views of HIV positive patients on the use of Sesotho traditional medicines. Data collection was during 3 days per week for a period of one month using one on one, face to face interviews with patients who met the inclusion criteria. Qualitative content analysis was used to analyse the data. The researcher applied ethical principles of beneficence, justice and confidentiality during data collection.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews the literature on trends in use of traditional medicines, experiences and views of using traditional medicines, and sources of knowledge of HIV positive individuals who have been using traditional or complimentary medicines for the management of HIV/AIDS.

2.1.1 Trends in the use of traditional medicines

The World Health Organisation (2008) defines traditional medicine as “the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health as well as to prevent, diagnose, improve or treat physical and mental illnesses”. Traditional medicine that has been adopted by other cultures is often termed alternative or complementary medicine (WHO 2008).

The use of African traditional medicines by HIV/AIDS positive patients is believed to be widespread although insufficiently documented. “Despite a paucity of evidence on effectiveness and the possibility of side effects, some African ministries of health currently promote traditional medicines for the management of HIV and associated symptoms” (Orisatoki & Oguntibeju 2010:3). Health professionals from several African countries acknowledge the involvement of traditional healers and the use of their medicines in the management of HIV/AIDS and associated symptoms (King, Balaba, Kaboru, kabatesi, Pharris, and Homsy. 2004:67). Nyika (2009: 32) also commended efforts being made in some African countries to improve African traditional medicine through a combination of different mechanisms that include the controversial approach of scientific research on traditional medicines. Tamuno (2011: 152) explained that the wide use of traditional medicines by patients living with HIV/AIDS should be of concern to clinicians and policy makers.

The majority of the population in the developing world has some access to a traditional health care provider and it is widely estimated that up to 80% of people in Africa may use some form of traditional medicine for primary health care (WHO 2008). The International Bioethics Committee (2012) in its draft report on traditional medicine and its ethical implications states that between 70% and 95 % of citizens in many developing countries use traditional medicines for the management of health and as a primary source of health care. This is attributed to the difficulty in gaining access to different and more expensive kinds of treatment hence the turn to traditional medicines which are close at hand, easily affordable, readily available, cheap and consistent with indigenous cultures or ethnic groups though their effectiveness still needs proving (International Bioethics Committee 2012).

In Lesotho it is estimated that 24% of the adult population (15-49 years) is HIV positive and the pandemic continues to have a negative impact on life expectancy and has reduced productivity, worsened household poverty, broken down family structures and increased the number of orphans and child-headed households (Bureau of Statistics (BOS) Lesotho & ORC Macro. 2009:159). Since the beginning of the AIDS pandemic access to comprehensive health care has remained a challenge in Lesotho due to limited health infrastructure and human resource shortages. Anecdotal evidence in which traditional medicines are even marketed on national radio, suggests that the use of traditional medicines is common in Lesotho, but there are no studies that have been conducted in this area and the challenge which results is that it is not known which traditional medicines are used in the management of HIV/AIDS.

Langlois-Klassen, Kipp, Jhangri and Rubaale (2007: 757) have confirmed traditional medicine use to be most prevalent amongst women. Peltzer et al (2008:255) reported that in South Africa herbal therapies and complementary alternative medicines are commonly used by outpatients of public health facilities and it is estimated that 70% to 80% of all South Africans consult traditional healers. Studies outside South Africa have found high rates of traditional medicine use among people living with HIV ranging from 15% to 79% with some researchers suggesting that people infected with HIV use traditional medicines

at substantially higher rates than people with other serious illnesses. Unfortunately the impact of traditional medicine use on quality of care and patient outcomes is still unknown in South Africa. Anecdotal evidence suggests that many patients on antiretroviral medications resort to traditional medicines after experiencing side effects of ART. Peltzer et al 2008:255 reported that "traditional medicines are used for pain relief, immune supplementation and stress relief". Namuddu et al (2011:855) also explain that poor management of side effects from ARVs has greatly contributed to the increased use of alternative medicines.

In the United States of America approximately 38% of adults use complementary and alternative medicines for the management of their health. The use of traditional medicines seems to stem from the lack of access to modern medicine but also from genuine demand as can be seen from the fact that in industrialized countries about half of the population makes use of them. Their potential benefits include availability and proximity, affordability, cultural familiarity and acceptability, efficacy for treating particular ailments, holistic and person oriented approach and the protection of biodiversity (International Bioethics Committee 2012). Puoane, Hughes, Uwinana, Johnson and Folk (2012) reported that "patients also utilize traditional medicines because of family expectations, privacy and confidentiality especially when they have not disclosed their HIV status".

Herbal medicines are used to treat illnesses and complaints in a similar fashion to western allopathic medicines. In Ghana it is estimated that more than 60% of the population uses traditional medicine in many instances to help meet primary health care needs and more than 90% of the population has used some form of traditional medicine at one point in their life. Treatments with traditional medicine embrace all ailments from simple bruises through fever, malaria, sexual weakness, piles and the rapid progression of AIDS in HIV positive individuals (Youpele 2009). Gyasi, Mensah, Adjei and Agyemang (2011:2) in their study reiterate that "traditional medicine is effective in the management of medical conditions such as malaria, typhoid fever, arthritis, jaundice, impotency, infertility, stroke, broken bones, boils, piles, HIV/AIDS, and mental illness". Anyonge, Rugalema, Kayambazinthu, Siteo and Baranya (2005) also state that "traditional medicines slow the progression of the

disease by helping control infections such as Candidiasis, herpes simplex, herpes zoster and diarrhea”.

However, traditional medicines are not well researched and are poorly regulated according to the scientific processes and standards. Despite their popularity and support even from the ministries of health and non-governmental organizations in some African countries, no clinical trials of efficacy exist (Edward et al. 2005:19). The lack of research on the effectiveness of herbs in HIV/AIDS treatment has been cited as letting African nations down and there is need for policy that will clearly define the meaning of herbs (SAFAIDS Program: 2007). The International Bioethics Committee (2012) in its report emphasizes that “crucial issues to be addressed in the use of traditional medicines include their safety as it is often difficult to distinguish between real traditional healers and charlatans”. Assessment of efficacy and quality is important although such an evaluation may require a long time with high costs as the active constituents of plants vary according to environment, time of harvesting, part of the plant used and the way they are stored (International Bioethics Committee (2012). World Health Organisation (2008) in its report in traditional medicines also sites challenges in the use of traditional medicines including international diversity, lack of policies and regulations, limited scientific evidence on their efficacy, safety and quality. In Uganda there are still no clear guidelines on herbal medicine use amongst HIV/AIDS patients and the extent and factors associated with herbal medicine use are also not well documented (Namuddu et al 2011:855)

Previously published research in the United States has found that up to 70% of patients who use such therapies do not tell their doctors. Potential harmful interactions between traditional medicines and ARVs have been found for garlic, St. John Wart, African potato, and Sutherlandia. Unfortunately many herbal remedies used by African people have not been quantified nor analysed for active and inactive components (Peltzer et al 2008:255). Puoane et al (2012) in their study reiterate that “patients prefer not to disclose traditional medicine use to health professionals because of lack support and understanding”.

2.1.2 Experiences and views of individuals who have used traditional medicines for the management of HIV/AIDS

Since HIV/AIDS is a social phenomenon, the understanding and addressing of its physical symptoms are often related to experiences of other diseases, which include the use of traditional medicines. Kaboru, Faljenburg, Ndulo, Muchimba, Solo & Faxelid (2006:335) concluded that “laypersons’ perspectives can inform complex policy issues in health care in terms of advantages, limitations and conditions for a positive inter-sectoral collaboration”. The researchers observed that community members did use both sectors and were aware of the risks of failed collaboration (Kaboru et al 2006:335).

Dawn (2010) in his editorial on traditional medicine in the Journal of Aboriginal health explains that the development of traditional healing protocols, inter-professional education for providers and community members, and a focus on client access to traditional health services provide the basis for integration of western and traditional healing practices. This showed that integrated care resulted in positive experiences for both clients and providers (Dawn 2010). Peltzer et al (2008:255) report findings from a study conducted on the benefits and harmful effects of traditional medicines in people with HIV/AIDS to suggest beneficial effects from some of the tested herbs but results from larger studies are needed to support this evidence. Gyasi et al (2011:2) found that most of the traditional medicines offered to clients were perceived as effective in the management of boils, piles, broken bones, impotency, infertility, sexual weakness, malaria, typhoid fever, mental disorders and hypertension, among others with most participants being psychologically comfortable with the use of traditional medicine because they perceived the system to be imbedded in their own socio-cultural roots. WU, Wang, Li, Tang and Zhao (2011:267) also explained that traditional Chinese medicine is also effective in treating other HIV/AIDS related symptoms including cough, headache, lymphangiectasia, kidney calculi and herpes zoster.

Barimah and van Teijlingen (2008:30) also found that most Ghanaian immigrants in Canada had a positive attitude towards traditional medicines. Fakeye, Adisa & Musa (2009: 53) further reiterated that “most pregnant women of Nigeria believed that traditional

medicines did not possess any adverse effects hence the reason they used them". In fact WU et al (2011:266) in their study explained that side effects attributable to antiretroviral therapy are the most common reason for poor compliance and the combined use of antiretroviral therapy and traditional Chinese medicine could lower adverse effects and improve quality of life. Chen, Shiu, Simoni, Fredriksen-Goldsen, Zhang, Starks & Zhao (2009:212-214) described positive attitudes to Chinese alternative medicine with three major themes that emerged from the study participants namely "effective in reducing side effects, dealing with other discomforts and enhancing general health".

However van der Kooi (2006:11) reported perceptions to be "weaknesses in traditional medicines which include unclear measurements and preparations that could cause overdosing and enhance harmful effects". Babb, Pemba, Seatlanyane, Charalambous, Churchyard & Grant (2007: 314) reported that the "concomitant use of traditional medicines with antiretroviral therapy had the potential for drug interactions and should be discussed routinely with counseling". Chen et al (2009:213) described negative attitudes to Chinese traditional medicine with four themes, namely, "questionable effectiveness in HIV treatment, difficulties in preparation, bad tastes and making medication schedules more complicated". Kaboru et al (2006:337) concluded that their study "provided a template pointing out the necessary actions at health system level, among providers and in the community so as to set up fruitful collaboration between modern and traditional practitioners to strengthen available resources for better care of STI/HIV/AIDS".

It is evident that views on the use of traditional medicines are either positive or negative depending on individuals' experiences on using traditional medicines.

2.1.3 Sources of knowledge on traditional medicines

Traditional medicines continue assume greater importance in primary health care of individuals and communities in many developing countries (Peltzer et al 2008:255). Gyasi et al (2011:2) explain that approaches to health care belong to the traditions of each culture and have been handed down from generation to generation. The authors further explain that tribes, cultures and indigenous people of nations throughout the world have evolved

system of traditional medicine for generations and communities have found most of these medical practices valuable and affordable and still depend on them for their health care needs (Gyasi et al 2011:2).

Kisangau et al (2007:29) explain that "in Tanzania there are a number of reports on traditional uses of plants". However knowledge on herbal remedies used to manage HIV/AIDS is scanty, impressionistic and not well documented. The authors further explain that since most of their respondents were above 50 years of age the legacy of the use of traditional medicine to manage HIV/AIDS related infections was in danger of being irrevocably lost if quick efforts were not exerted to document the invaluable knowledge Kisangau et al (2007:29).

Yineger and Delenasaw (2007:24) also explain that since cultural systems are dynamic, skills in traditional medicine knowledge and use remain fragile and are easily forgettable as most of the indigenous knowledge transfer in Ethiopia is based on oral transmission. Asiimwe, Kamatenesi-Mugisha, Namutebi, Bog-Karlsson & Musiimenta (2013:9) also reiterate that indigenous knowledge varies from one respondent to another and among different age groups. The researchers concluded that their study "revealed a diversity of medicinal plants and traditional knowledge about use, preparation and administration of herbal remedies which is maintained among the local communities and preservation of knowledge appeared to be the result of continued reliance medicinal plants by local communities" Asiimwe et al (2013:9).

Knowledge on traditional medicine has been irrevocably passed from generation to generation within individual families and communities across various cultures.

2.2 CONCLUSION

Anecdotal evidence suggests that the use of traditional medicines is common in Lesotho, but there are no studies that have been conducted in this area. The challenge which results from this situation is that it is not known which traditional medicines are commonly used in the management of HIV/AIDS in this country. Despite the wide use of these medicines,

there is no documented literature on the views, sources of knowledge, names of the common traditional medicines used in the management of HIV/AIDS, as well as their indication, safety or dose. This situation has identified a compelling need for knowledge regarding the effective use of traditional medicines in Lesotho. The aim of this study was therefore to explore and describe the lived experiences of HIV/AIDS positive patients who have been using Sesotho traditional medicines for the management of HIV/AIDS and related symptoms at Scott Hospital in Morija, Lesotho.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

In this chapter the research design and methods used in this study are presented. They include the research design and methods, population, sampling, data collection and analysis. Ethical considerations are also discussed.

3.2 RESEARCH DESIGN

An explorative descriptive qualitative study design was used in order to explore the experiences and views of HIV/AIDS positive patients on the use of Sesotho traditional medicines. This design was chosen as it enabled the researcher to generate information on the participants' experiences and views and not document the views of the researcher. According to Kitto et al (2008: 243-246) this design also "provides a purposeful conversation which represents a flexible and adaptable process of enquiry".

3.3 RESEARCH SETTING

The study was conducted at the Outpatients Department of Scott hospital. Scott hospital is a district hospital with a health service area of approximately 100km in diameter and 5 health centres under its supervision. The government of Lesotho controls all hospital fees by public providers to ensure that they are affordable to the public. Scott Hospital provides a variety of health care services including inpatient and outpatient services. Within the outpatient department services provided include voluntary counseling and testing, adherence counseling, screening and treatment for sexually transmitted infections, HIV/AIDS, tuberculosis just to mention a few. In order to ensure effective use of antiretroviral therapy, service providers at Scott hospital have been discouraging the concurrent use of antiretroviral therapy together with Sesotho traditional medicines.

3.4 RESEARCH METHODS

3.4.1 Population and sampling

According to Polit & Beck (2008: 761) population is the “entire set of individuals having a common characteristic”. All HIV/AIDS positive adults aged 18-49 years who were seeking health care at Scott Hospital were the population of the study. Clients who were either less than 18 years, older than 49 years and HIV/AIDS negative were excluded from the study.

Sampling

Non-probability sampling is described as a method in which the selection of participants from a population is done by non-random procedures (Polit & Beck 2008: 759). In this study non-probability sampling method was used to select the study participants.

Purposive sampling technique was used to select seventeen participants who were part of the study. This is non-probability sampling technique in which the researcher selects participants based on personal judgment about which one will be most informative (Polit & Beck 2008: 763). The technique allowed the researcher to select the participants who were seeking health care at Scott Hospital, HIV/AIDS positive, aged 18-49 years and had/were using Sesotho traditional medicines. The participants were recruited until data saturation was reached.

3.4.2 Ethical Considerations related to sampling

Participants were recruited on an individual basis upon explanation of the study. As they came in for their counseling session, prospective participants were introduced to the researcher and the study if they had/were using Sesotho traditional medicines. Upon agreeing to take part in the study, the researcher took mandate to thoroughly explain the study and the need for the consent form to be signed. Time was allotted to allow the participants to ask questions or seek clarification. Upon understanding and agreeing to take part in the study, the participants signed the consent form (See Appendix 1). Participants were not coerced into taking part in the study. Those that refused to take part were treated in a non-prejudicial manner.

The sample

The sample consisted of a total of 17 HIV/AIDS positive individuals aged 18-49 years who sought health care at Scott Hospital. This sample was rather limited in terms of its age as there were many other individuals older than 49 years that could provide information on Sesotho traditional medicines. The researcher however managed to recruit individuals who met the desired age until data saturation was reached, that is, until no new data was obtained from the participants.

3.4.3 Data Collection

Semi-structured interviews are used when the researcher prepares in advance a written topic guide with a list of areas or questions to be covered with each participant (Polit & Beck 2008: 394). This study employed one on one, face to face interviews with patients who met the inclusion criteria. This technique allowed the researcher to obtain all the information required and the participants had the freedom to respond in their own words, provide as much detail as possible and offer illustrations and explanations.

The data collection instrument or interview guide was developed by the researcher (see Appendix 2). A pilot study was done on five participants to elicit its ease of use and to identify any aspects that needed modification for clarity. The results of the pilot study also assisted the researcher to ascertain relevance of the items on the instrument. After conducting the pilot study the researcher concluded that the data collection instrument was adequate in addressing the study questions.

The interviews took place in a counseling room at the outpatients department at Scott Hospital. As the prospective participants came in for their counseling session, they were introduced to the researcher, study and requested to participate if they had/were using Sesotho traditional medicines. Upon showing interest to participate, the researcher took mandate to thoroughly explain the purpose of the study and the need for a consent form to be signed. Ethical issues were also explained in-depth to the participants and upon showing an understanding, a participant was asked to sign the consent form.

Individual interviews took between 25 and 35 minutes. Each interview was digitally recorded and the researcher took field notes to document any non-verbal communication.

Data collection was done using one-on-one semi-structured interviews with participants who met the selection criteria. Interviews were conducted in Sesotho or English depending on the preference of the interviewee. The researcher personally conducted the interviews which were recorded on a digital recorder and subsequently transcribed by the researcher to ensure that the interview data were the actual verbatim responses of the participants.

3.4.4 Ethical considerations related to data collection

Ethical considerations are a system of moral values concerned with the degree to which research procedures adhere to professional, legal and social obligations to study participants (Polit & Beck 2008: 753). Clearance and approval was first obtained from the Research and Ethics Committee of the University of South Africa before data collection was undertaken (See Ethical Clearance Certificate). The researcher then asked for permission to undertake the study from the Scott hospital management (See Annexure 2 and 3). Data was collected over 3 days/week for a period of one month as the researcher was recruiting participants on the scheduled counseling days at Scott hospital.

In order to ensure confidentiality, the researcher asked staff working in the counseling room to sign a confidentiality agreement. The registered nurse (counselor) who did not listen in on the interviews but only introduced the researcher to prospective participants was asked to sign a confidentiality agreement to maintain ethical considerations in the protection of participants as it might have been easy for her to note participants who took part in the study as they delayed to get to their counseling session with her (See Appendix 3). All the research data was handled only by the researcher and stored in a lockable cupboard. Although anonymity could not be guaranteed, the researcher did not record the individual names of the participants and the information provided could not be linked to their files. All participants who declined to participate in the study were not prejudiced in any manner. During the interview, the researcher did not perceive any discomfort from the

participants. None of the participants also voiced any discomforts and hence the interviews proceeded as planned.

3.4.5 Data management and analysis

Qualitative content analysis was used to analyse the data. According to Polit and Beck (2008:517) content analysis involves "analysis of the content of narrative data to identify prominent themes and patterns among themes. Qualitative content analysis includes breaking down data into smaller units, coding and naming the units according to the content they represent and grouping coded material based on shared concepts" (Polit & Beck 2008:518).

The researcher used a second person who conducted an enquiry audit by scrutinizing the data. The audit was done by a lecturer from a different Nursing school in Lesotho. The enquiry audit was conducted during the middle of the study which was two weeks after the initial data collection. The auditor checked consent forms to ensure that permission to conduct the study had been granted. The auditor also listened to the recorded initial part of the interviews when the study and its purpose were explained to the participants to ensure that an explanation of the study was given to the participants.

The entire set of transcripts was read in order to get a sense of the whole and discriminate irrelevant units from the participants' description of the experience under study. Data was reviewed and coded for common themes. Coding involved combining data for themes, categories and making similar passages of text with a code label. Analysis involved identifying emerging themes, ideas, terms, phrases and key words from the data. All meanings attributed to by the participants were synthesized into a consistent statement regarding the participants' experiences with the use of traditional medicines.

3.5 TRUSTWORTHINESS OF THE STUDY

According to Polit & Beck (2008: 768), "trustworthiness is the degrees of confidence qualitative researchers have in their data assessed using the criteria of credibility, transferability, dependability and confirmability". In this study data collection was during 3 days per week for a period of one month. This time was sufficient to allow in-depth

understanding of the participants' experiences. The participants' demeanor and behaviors were also recorded and the interview context has been thoroughly described. A digital recorder was used to record the proceedings of each interview. The researcher transcribed the verbatim responses of the participants to ensure accurate capturing of the interview. A code book was developed and it was consistently used during the coding process. A vivid description of the research context, participants, experiences and processes observed during the enquiry has been given.

3.6 CONCLUSION

The researcher believes that the research design and methods adopted were appropriate and relevant to address the research question "What are the experiences on the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms?" The sampling procedure and data collection were according to plan and therefore allowed the researcher to collect the relevant information for this study. Ethical considerations pertaining to sampling and data collection were also observed and hence no discomforts from the participants have been reported. Data analysis was initiated during data collection as planned.

CHAPTER 4: RESULTS

4.1 INTRODUCTION

This chapter focuses on the presentation and description of the results. The purpose of this study was to explore and describe the experiences of HIV positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS or the relief of related symptoms at Scott Hospital in Morija, Lesotho. The results have been organized around the 2 objectives, i.e. documenting the experiences of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms, and to explore the participants' views on the use of Sesotho traditional medicines in the management of HIV/AIDS and related symptoms. However, data analysis often overlapped between the experiences and the views of the participants.

4.2 RESULTS

4.2.1 Sample Characteristics

The characteristics of the sample are described according to age, gender, marital status, duration of HIV diagnosis and the first traditional medicine used.

4.2.1.1 Age

The ages of the participants ranged between 28 and 49 years. Figure 1 is the graphical presentation of the ages.

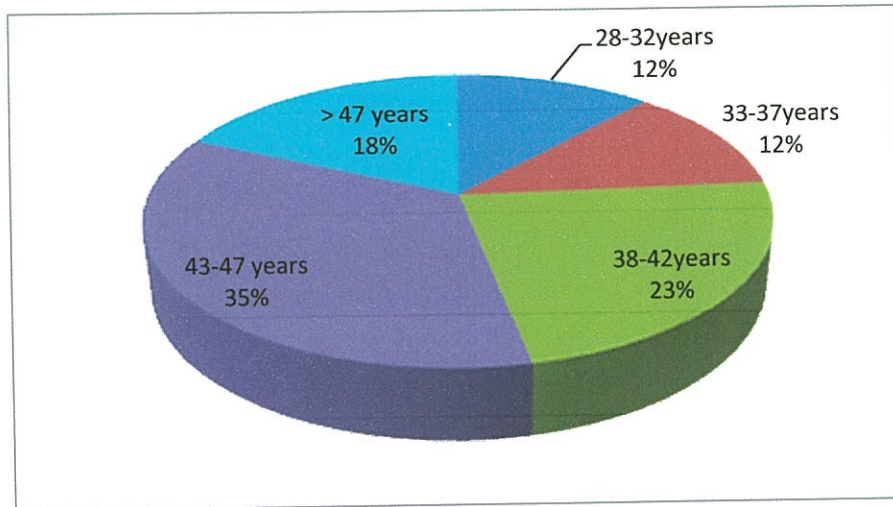


Figure 4.1 Age groups of participants (N=17)

12% (n=2) of the participants were aged between 28-32 years, 12% (n=2) between 33-37 years, 23% (n=4) between 38 and 42 years, 35% (n=6) between 43 and 47 years and 18% (n=3) above 47 years.

4.2.1.2 Gender

The majority of participants were females, as shown by the following graph.

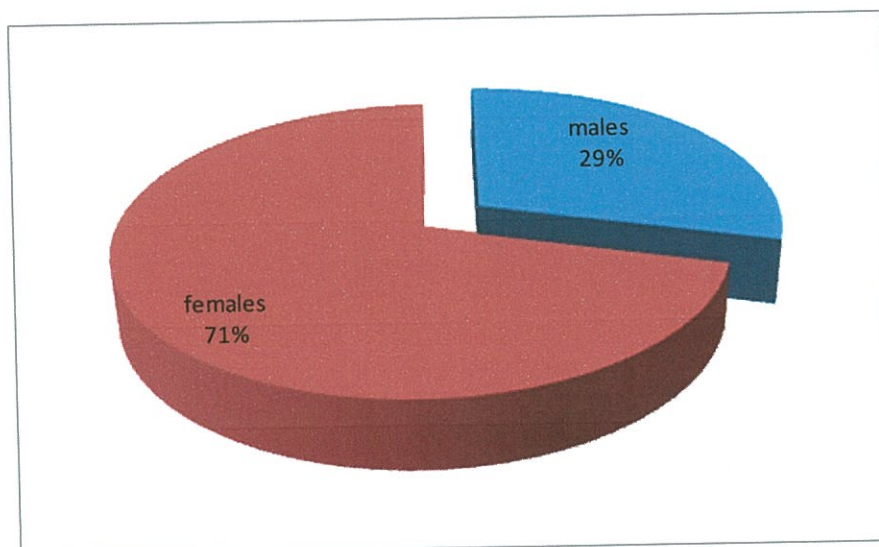


Figure 4.2 Gender of participants (N=17)

Out of the total of 17 participants interviewed, 29% (n=5) were men and 71% (n=12) were women.

4.2.1.3 Marital status

The majority of the participants were married, followed by widowed and the unmarried and divorced were of the same proportion. Figure 4.3 depicts the marital status of the participants.

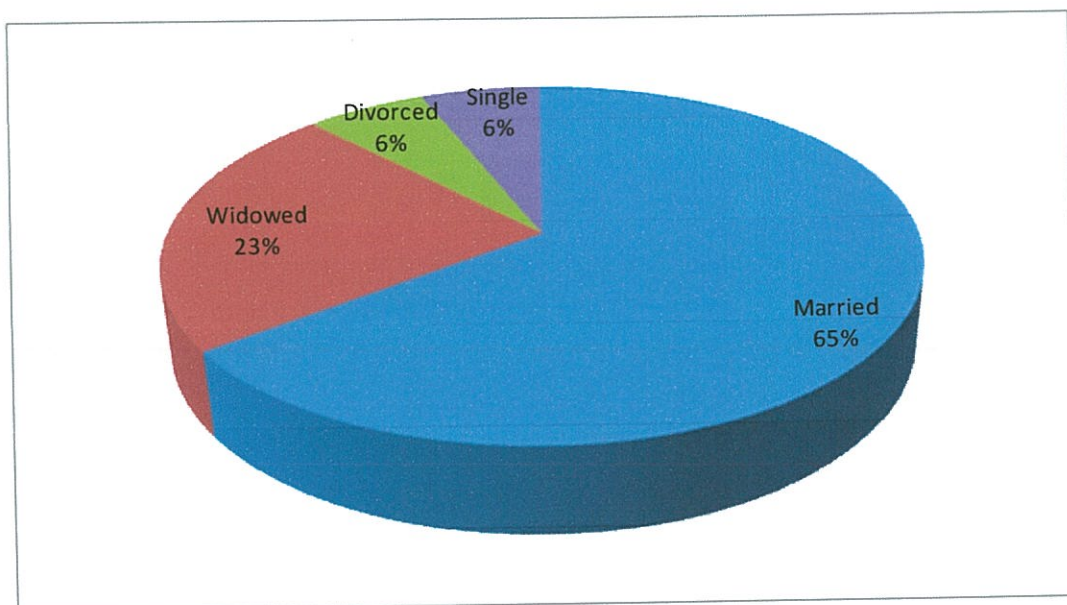


Figure 4.3 Marital status of the participants (N=17)

65% (n=11) of the participants were married, 23% (n=4) widowed, 6% (n=1) divorced and 6% (n=1) single.

4.2.1.4 Number of years since HIV diagnosis

Figure 4.4 shows the number of years since HIV diagnosis of the participants

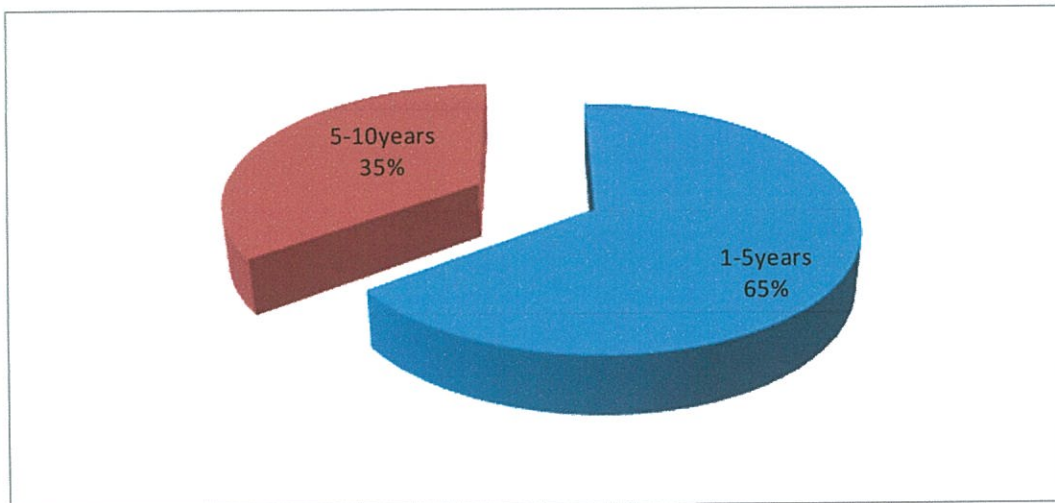


Figure 4.4 Duration of HIV diagnosis (N=17)

65% (n=11) of the participants had been diagnosed with HIV for a period between 1-5 years and 35% (n=6) had been diagnosed with HIV for a period of 5-10 years.

4.2.1.5 Type of medicine first used

Figure 4.5 shows information on the medicine first used by the participants.

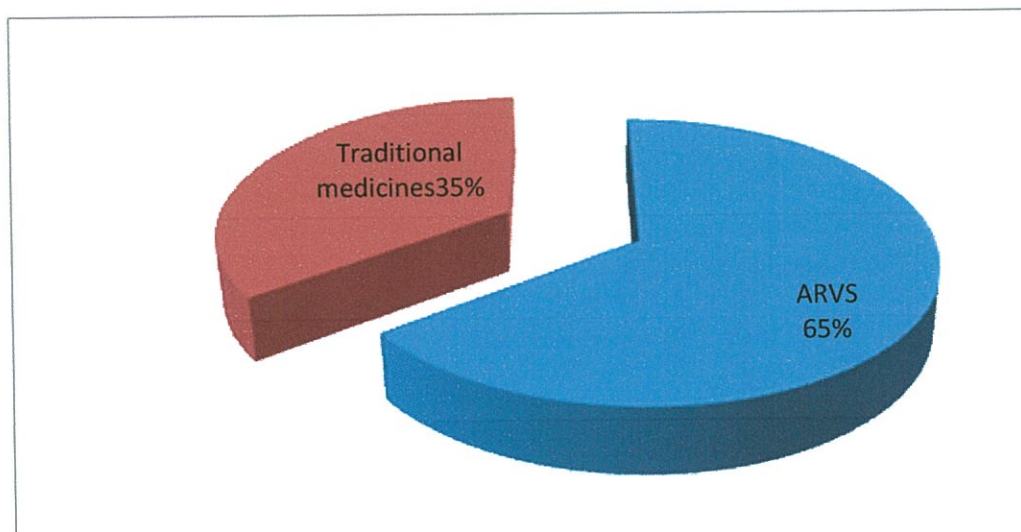


Figure 4.5 Medicine first used (N=17)

65% (n=11) of the participants admitted to have started by using ARVs for the management of HIV whilst 35% (n=6) admitted to have started their treatment with traditional medicines.

4.2.2 Traditional medicine use

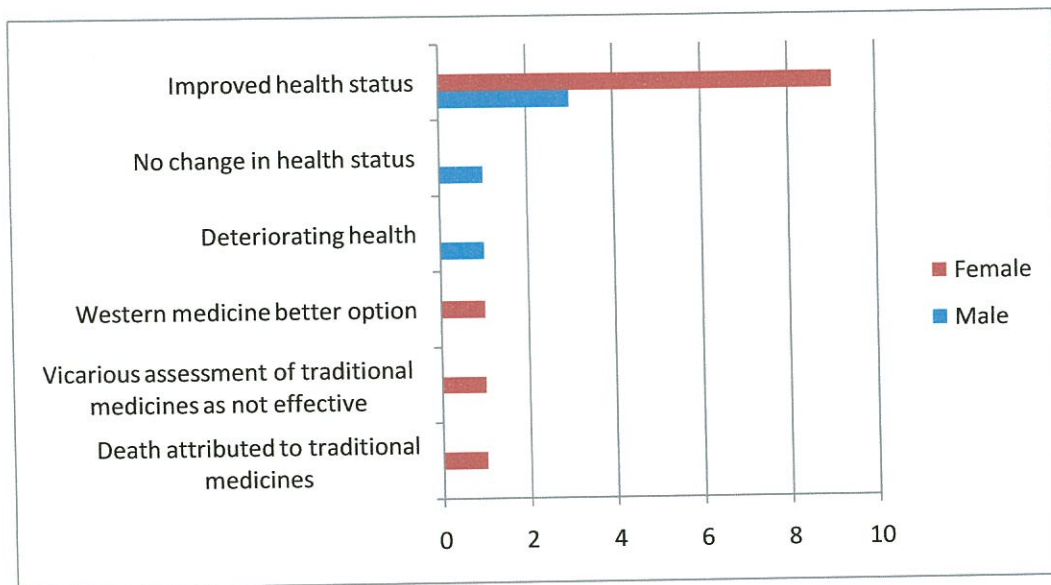
Table 1 shows the broader ideas or themes developed by the researcher.

Table 1

Concept	Theme
Experiences on the use of traditional medicines	Improved health status
	No change in health status
	Deteriorating health
	Western medicine regarded as a better option
	Vicarious assessment of traditional medicine as not effective
	Death attributed to traditional medicines
Views on traditional medicines	Tradition
	Beneficially contribute to HIV/AIDS management
	Provide Symptomatic relief
	Revitalizing effect
	Need further investigations
	Uncertainty
How participants differentiate whether benefits are from Sesotho traditional medicines or western medicines	Perceived benefits of using both Sesotho traditional medicines and western medicines
	Uncontested benefits of using western medicines
Source of knowledge on traditional medicines	Knowledge from family and other people
	Knowledge from traditional healers or herbalists
	The media as a source of knowledge

4.2.2.1 Experiences on the use of Sesotho traditional medicines

Six (6) themes emerged from the analysis of the data. Graph 4a shows themes identified on experiences of using Sesotho traditional medicines. These themes are improved health status, no change in health status, deteriorating health, Western medicine is regarded as a better option, vicarious assessment of traditional medicines as not effective and death attributed to traditional medicines.



Graph 4a Experiences on the use of Sesotho traditional medicines (N=17)

1. Improved health status

This theme refers to patients reporting that Sesotho traditional medicines improved their health status by relieving some of the symptoms associated with HIV diagnosis.

70% (n=12) of the participants reported symptomatic relief that resulted in improved health status. Of these 75% (n=9) were females and 25% (n=3) were males. The relief experienced was for a variety of symptoms related to the HIV diagnosis, both internal and external.

'I developed warts and visited hospital. The doctor prescribed western medications which I used. Unfortunately the warts did not resolve. Then I was referred to a traditional healer who prescribed a concoction that I was smearing on the warts. After a short while the warts did resolve and I haven't suffered from them since then.' (Female participant)

'I was generally weak and did not know what was happening to me. After some time I developed a discharge from my private parts. So I personally took several traditional herbs that I know and made a concoction which I drank whilst hot. After 1 day all that discharge came out and I did not have any more pain during micturition. I felt much better' (male participant)

Relief from dermatological symptoms were which were attributed to the use of ARVs were also reported

'ARVs made my lips to become too pink and I developed these small pimples on my face. I told the doctor but the medicine he gave me did not work. Hence I visited a traditional healer I know who gave me a traditional concoction. Now my lips have regained colour and the pimples are gone. They have just left spots'.(male participant)

2. No change in health status

This theme refers to patients reporting that Sesotho traditional medicines did not relieve their symptoms

'I developed lower back pain which I thought was the result of my kidneys not working well. So I took a traditional concoction which was prescribed by a traditional healer, but the pain did not improve. I ended up going to the hospital.' (male participant)

3. Deteriorating health

This theme refers to patients reporting that Sesotho traditional medicines made them feel worse

'I was on TB treatment. I was generally weak and not eating well. A cousin advised me that I needed to clean my intestines so that my appetite could return. He gave me a traditional concoction which I drank. To my surprise I felt even sicker and had to be admitted.' (male participant)

4. Western medicine is regarded as a better option

This theme refers to patients reporting that western medicine is a better option for treatment than Sesotho traditional medicines.

'When I fell ill, I was brought straight to the hospital and started on antiretroviral treatment. Ever since I only take ARVs. When not well I come straight to the hospital.' (female participant)

5. Vicarious assessment of traditional medicines as not effective

This theme refers to patients reporting that Sesotho traditional medicines are not effective at all.

'My husband is the one who fell ill first. We visited many traditional healers but his health did not improve at all. That is why when I became ill, I went straight the hospital.' (female participant)

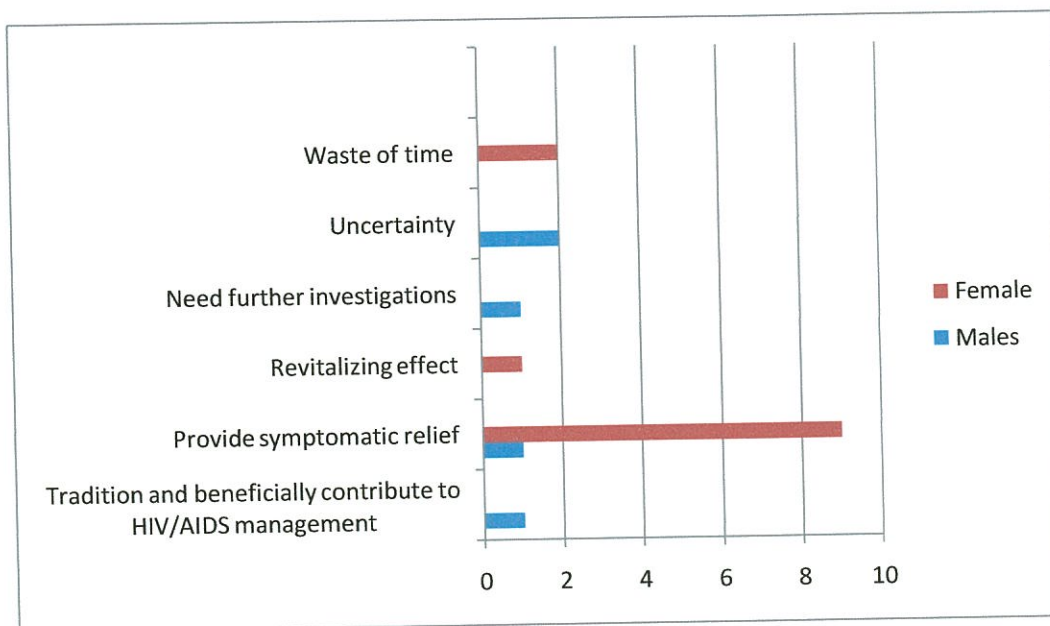
6. Death attributed to traditional medicines

This theme refers to participants reporting that Sesotho traditional medicines resulted in the death of a patient who was using them.

'My baby fell ill and my in-laws took us to a traditional healer who prescribed various concoctions. But she did not get any better. By the time we got to the hospital the doctors told me that she had HIV. Unfortunately she died.' (female participant)

4.2.2.2 Views on traditional medicines

Seven (7) themes on participants' views on Sesotho traditional medicines emerged from the data. Graph 4b shows themes identified on participants' views on Sesotho traditional medicines. These themes are that they are a tradition, beneficially contribute to HIV/AIDS management, provide symptomatic relief, revitalizing, need further investigations, uncertainty and waste of time.



Graph 4b Views on traditional medicines (N=17)

1. Tradition

This theme refers to participants reporting that Sesotho traditional medicines are part of the Basotho tradition.

'I am a herbalist myself. It runs in the family. The ancestors gave it to me'.
(Male participant)

2. Beneficially contribute to HIV/AIDS management

This theme refers to participants reporting that Sesotho traditional medicines contribute to successful management of HIV/AIDS and related symptoms.

'These medicines are helping me a lot. I only visit the hospital for my refill. When I don't feel well whilst at home I just take natural plants that I know can make me feel better'. (Male participant)

3. Provide symptomatic relief

This theme refers participants reporting that Sesotho traditional medicines work as they relieve various symptoms.

'I normally use Sesotho traditional medicines for the management of ailments such as headaches, flu, abdominal pain and I don't come to the hospital for such conditions'. (Female participant)

'These medicines really work. Like I said I had a problem of a painful discharge which was relieved after taking a traditional concoction and in just one day'. (Male participant)

4. Revitalizing effect

This theme refers to participants reporting that Sesotho traditional medicines make them feel energized

'Sometimes I feel generally weak and tired. All I do is to take a traditional concoction commonly sold at the market place. Within a day my energy is restored and I can do my household chores normally'. (Female participant)

5. Need further investigations

This theme refers to participants reporting that even though Sesotho traditional medicines are beneficial for them, more scientific enquiries on these medicines are needed, so that they are better understood.

'Those medicines work. They really do. However there are some secrets about them that still need to be understood'. (Male participant)

6. Uncertainty

This theme refers to participants reporting that they were doubtful about Sesotho traditional medicines.

'I actually do not know what to say about these medicines because when I went to the traditional healer my problem was not resolved. So I wonder if it is worthy to use them'. (Male participant)

'That is a tricky question because we have grown up using these medicines and by then they seemed to work. But now that I was even admitted after trying to use them, I don't know what to say'. (Male participant)

7 Traditional medicines as a waste of time

This theme refers to participants reporting that the use of Sesotho traditional medicines wasted time that could have been used for recovery from their symptoms.

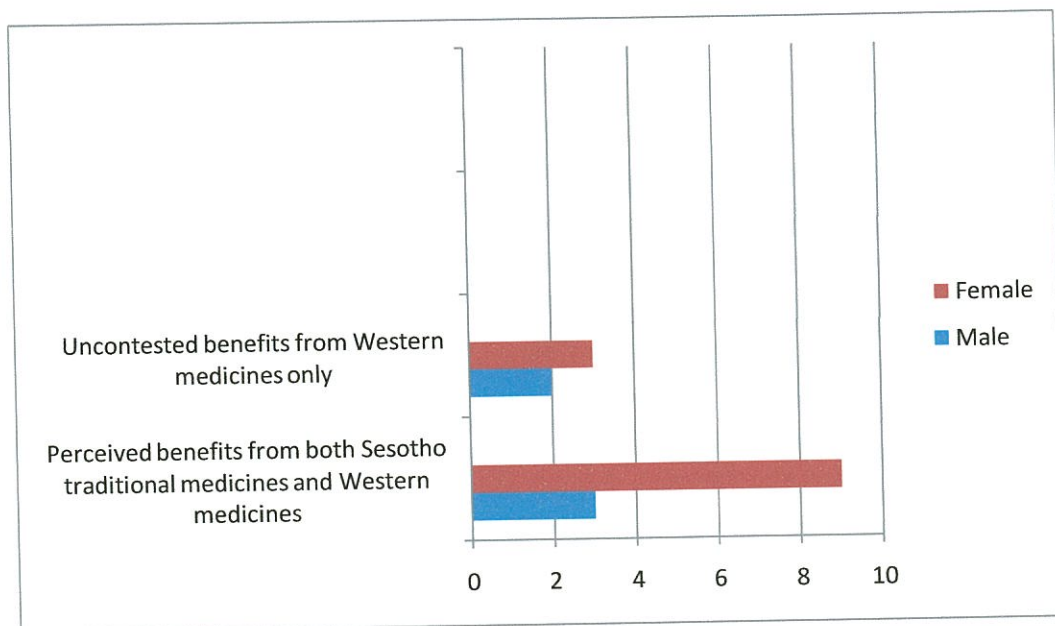
'It took us such a long time to get to know what my husband was actually suffering from. If only we had just gone to the hospital immediately.' (Female participant)

Another female participant stated:

'Probably my daughter would be alive if only we had gone to the hospital initially'.

4.2.2.3 How participants can differentiate whether benefits are from traditional medicines or ARVs

The researcher further asked participants how they knew whether benefits were from ARVs or the traditional medicines and from data, two (2) themes emerged. Graph 4c shows responses on how participants could differentiate whether the benefits were from Sesotho traditional medicines or Western medicines. These themes are perceived benefits of both Sesotho traditional and western medicines and uncontested benefits of western medicines.



Graph 4c Differentiation of whether benefits are from Sesotho Traditional or Western Medicines (N=17)

1. Perceived benefits of using both Sesotho traditional medicines and Western medicines

This theme refers to participants reporting that despite the fact that they are taking ARVs they experience various symptoms which are relieved after taking Sesotho traditional medicine. 70% (n=12) of the participants constantly referred to symptomatic relief. Of these 75% (n=9) were females and 25% (n=3) were males.

*'Even though I am taking ARVs I still experience conditions such as flu, nose bleeding and loss of appetite for which I take traditional concoctions that I know. Furthermore I do not have to go to the hospital each time I am ill'.
(Female participant)*

'It is not always easy to come to the hospital as I might not have enough money. So when I have minor ailments such as sore throat, flu, toothache, I just use traditional remedies that I know very well'. (Male participant)

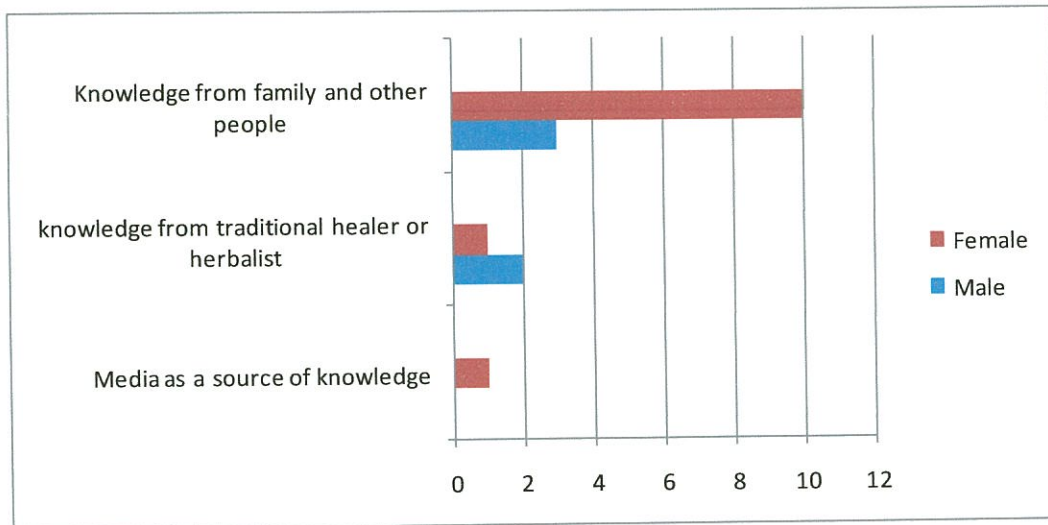
2. Uncontested benefits of Western Medicines

This theme refers to participants reporting that their health got better only after taking western medications.

'I took a traditional concoction which was prescribed by a traditional healer, but the pain did not improve. I ended up going to the hospital. That is why I am sure that western medicines have improved my health a lot.' (Male participant)

4.2.3 Source of knowledge on traditional medicines

Graph 4d shows the sources of knowledge on Sesotho traditional medicines. A total of 3 themes emerged. The themes are knowledge from family members and other people, knowledge from herbalist or traditional healers and knowledge from media.



Graph 4d Sources of knowledge on traditional medicines (N=17)

1. Knowledge obtained from family and other people

This theme refers to participants reporting that they were referred to traditional medicine by a relative.

'A cousin advised me that I needed to clean my intestines so that my appetite could return'. (Male participant)

'Some of the plants I know I was shown by my neighbor and others my mother showed me'. (Female participant)

'I know some of these traditional medicines from my grandparents and some from my friends'. (Male participant)

2. Knowledge from traditional healers or herbalists

This theme refers to participants reporting that they received knowledge on Sesotho traditional medicines from herbalists or traditional healers.

'I visited the Sesotho doctor and he gave me various herbs that I had to use for my problem.' (Female participant)

3. The media as the source of knowledge

This theme refers to participants reporting that they got knowledge on traditional medicines from the media.

'The traditional concoction that I normally buy from the market place when my energy is low is even talked about on the radio.' (Female participant)

4.3 SUMMARY OF THE RESULTS

Study participants comprised of males and females aged 28 to 49 years. The majority were females who were married. Most of the participants had been diagnosed with HIV/AIDS for a period of 1 -5 years and the other for 5 – 10 years. A large number of the participants started HIV/AIDS treatment by taking ARVs.

When asked about their experiences of using Sesotho traditional medicines various themes were identified. The most prominent theme was that Sesotho traditional medicines 'improved the health status' as participants reported that these medicines provided relief for various symptoms. A theme of 'no change in health status' also emerged in which participants reportedly did not cite any difference in their health after taking Sesotho traditional medicines. 'Deteriorating health' emerged as a theme in which participants reported that they had to be hospitalized after taking Sesotho traditional medicines. A theme of 'western medicine regarded as better option' emerged in which participants had an experience in which western medicines helped to improve their health. 'Vicarious assessment of Sesotho traditional medicine as not effective at all' emerged as a theme in which participants gave vivid experiences in which they used the traditional medicines but there was no improvement in the health of their loved ones. 'Death attributed to traditional medicines' emerged as a theme in which the participants associated the use of traditional medicines to the loss of their loved ones.

When asked for their views about Sesotho traditional medicines the most prominent theme that emerged is 'provide symptomatic relief' as most participants reported the relief of various symptoms to mean that traditional medicines work. 'Tradition' emerged as a theme as participants reported that traditional medicines are a strong part of the Basotho tradition and are themselves involved in their use and dispensation. Another theme that emerged on participants' views was 'beneficially contribute to HIV/AIDS management' as participants felt that traditional medicines work in the management of HIV/AIDS. 'Revitalizing effect' is a theme that emerged as participants explained how their energy returned after taking some traditional concoctions. 'Need further investigations' emerged as a theme as participants felt that there is still more information that must be sought and understood about traditional medicines. A theme of 'uncertainty' emerged as some of the participants were doubtful about Sesotho traditional medicines as they did not bring about the expected relief but rather hospitalization. 'Waste of time' was another theme that emerged as participants felt that they delayed in seeking hospital treatment whilst using traditional medicines.

When asked how it is they could differentiate which of the two medicines actually benefits them 2 main themes emerged. 'Perceived benefits of both traditional medicines and western medicines' emerged as the most prominent theme as participants constantly referred to symptomatic relief and feeling much better after using traditional medicines despite the fact that they were on ARVs as well. 'Uncontested benefits of western medicine' is the other theme that emerged as participants were sure that the benefits they got were from western medicines since they had stopped the use of Sesotho traditional medicines.

When asked for their sources of knowledge on traditional medicines various themes emerged. 'Knowledge from family and other people was the most prominent theme that emerged with participants reporting that information was passed on from family members and people they knew. 'Knowledge from a traditional healer/herbalist' emerged as a theme as participants reported that they had visited a traditional healer/herbalist who prescribed a

concoction. 'Media as a source of knowledge' emerged as a theme with participants reporting that the traditional concoction they made use of was talked about on the radio.

4.4 CONCLUSION

This chapter presented the research results using thematic structure which emerged after data analysis. Consideration of issues that have emerged and study recommendations will be addressed in the following chapter.

CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The focus of this chapter is on the discussion of the research findings, conclusions, recommendations, contributions and limitations of the study. This study attempted to answer the following questions:

1. What are experiences of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms at Scott Hospital in Morija, Lesotho?
2. What are the views of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS?

5.2 DISCUSSION

5.2.1 Sample characteristics

Participants of this study were in their middle adulthood, 28-49 years, an age group included in those mostly affected by HIV/AIDS in Lesotho. According to the Lesotho Demographic and health survey (2009: 159) an estimated 24% of the adult population, 15-49 years, is HIV positive.

70% (n=12) of the participants were females who had or were using Sesotho traditional medicines. This finding is in line with studies by Peltzer et al (2008:255) and Langlois-Klassein et al (2007:757) both in which traditional medicine use was found to be most prevalent amongst females than males. Most of the participants were married, showing prevalence of HIV infection to be common amongst couples. Majority of the participants had been diagnosed with HIV for a period of 1-5 years and had started treatment with ARVs. This finding is rather inconsistent with the total number of participants found to have used Sesotho traditional medicines before. This could have been due to the fact that

participants were not willing to disclose traditional medicine use or might have been have afraid to be denied further ARV treatment.

5.2.2 Experiences of using Sesotho traditional medicines

The central theme identified was improved health status, as participants aligned the state of health achieved to the symptoms relieved after using traditional medicine.

This finding is in line with a study by Gyasi et al (2011:2) on public perceptions of the role of traditional medicine in health care delivery system in Ghana, in which respondents perceived traditional medicines to be effective in the management of various medical conditions such as malaria, typhoid fever, arthritis, jaundice, impotency, infertility, stroke, broken bones, boils, piles, HIV/AIDS, and mental illness. Treatments with traditional medicine embrace all ailments from simple bruises through fever, malaria, sexual weakness, piles and the rapid progression of AIDS in HIV positive individuals (Youpele 2009). Anyonge et al (2005) reiterate that traditional medicines slow the progression of the HIV disease by helping control infections such as Candidiasis, herpes simplex, herpes zoster and diarrhea. This further suggests possible beneficial effects from Sesotho traditional medicines but larger studies are needed to provide more concrete evidence. These results also confirm traditional medicine use by HIV/AIDS positive patients whilst on ARVs. This finding is in line with a study by Puoane et al (2012) which revealed the need to better understand factors involved in patients choosing to use traditional medicines together with ARVs.

However discomforts after traditional medicine use were also reported in the theme of `deteriorating health` and this could have been the result of possible adverse effects or drug interactions.

This finding confirms various concerns about the safety of traditional medicines by the World Health Organization (2008), which reported that traditional medicines can cause harmful and adverse reactions if the product is of poor quality, taken inappropriately or in conjunction with other medicines. The International Bioethics Committee (2012) reported

crucial issues to be addressed in traditional medicine use to include their safety, efficacy and quality. This lack of documentation has been cited as letting African nations down and there is need for policy that will clearly define the meaning and regulation of herbs for the purposes of treating diseases (SAFAIDS program 2007).

5.2.3 Views on Sesotho traditional medicines

The most common theme was that Sesotho traditional medicines 'Provide symptomatic relief' as most participants reported the relief of various symptoms to mean that Sesotho traditional medicines work.

This finding is in consonance with studies by Barimah and Teijlingen (2008:30), Gyasi et al (2011:2), Namuddu et al (2011) and Peltzer et al (2008:255) in which participants reported positive attitudes towards traditional medicines. Treatments with traditional medicine embrace all ailments from simple bruises through fever, malaria, sexual weakness, piles and the rapid progression of AIDS in HIV positive individuals (Youpele 2009). Gyasi et al (2011:2) in their study reiterate that traditional medicine is effective in the management of medical conditions such as malaria, typhoid fever, arthritis, jaundice, impotency, infertility, stroke, broken bones, boils, piles, HIV/AIDS, and mental illness. Anyonge et al (2005) reiterate that traditional medicines slow the progression of the disease by helping control infections such as Candidiasis, herpes simplex, herpes zoster and diarrhea. Namuddu et al (2011:855) further stated that it is therefore unreasonable to suggest that some herbal products may have therapeutic benefits.

However, some of the participants were not sure about Sesotho traditional medicines as seen in the theme of 'uncertainty'.

This finding is in line with findings by van der Kooi (2006:11) who reported perceptions to be weaknesses in traditional medicines which included unclear measurements and preparations that could cause overdosing and enhance harmful effects.

Participants also identified the need to find out more information about traditional medicines as seen in the theme 'need further investigations'. These results show that

traditional medicines are believed and understood to be playing a major role in the management of HIV/AIDS even though the actual role they play still needs to be further explored. This finding is similar to various studies and reports that suggest the need for further investigations on the use of traditional medicines. Edward et al (2005:19) reported that despite their popularity and support even from the ministries of health and non-governmental organizations in some African countries, no clinical trials of efficacy exist. Namuddu et al (2011:855) also explain that in Uganda there are still no clear guidelines on herbal medicine use amongst HIV/AIDS patients and the extent and factors associated with herbal medicine use are also not well documented. The Safaids Program (2007) cited the lack of research on the effectiveness of herbs in HIV/AIDS treatment to be letting African nations down and there is need for policy that will clearly define the meaning of herbs. The International Bioethics Committee (2012) in its report reiterates that assessment of efficacy and quality is important although such an evaluation may require a long time with high costs as the active constituents of plants vary according to environment, time of harvesting, part of the plant used and the way they are stored. The World Health Organisation (2008) in its report on traditional medicines also reported challenges in the use of traditional medicines including international diversity, lack of policies and regulations, limited scientific evidence on their efficacy, safety and quality.

5.2.4 Differentiation of whether benefits are from Sesotho traditional medicines or ARVs

The most prevalent theme was 'Perceived benefits of both traditional medicines and western medicines'. Participants were confident explaining which medicine provided symptomatic relief by identifying symptoms alleviated.

This finding is in line with a study by Kisangau et al (2007:29) on the use of traditional medicines for the management of HIV opportunistic infections in Tanzania in which participants could unambiguously characterize symptoms of the targeted HIV/AIDS opportunistic infections without much problem. However this was mere speculation as most participants were already on ARVs at the times they took Sesotho traditional medicines and a conclusion could therefore not be made as to whether benefits were from Sesotho

traditional medicines, ARVs or both. This finding confirms the scientific proof in documented literature that ARVs are the best known medication for the management of HIV/AIDS.

5.2.4 Sources of knowledge on Sesotho traditional medicines

Knowledge on Sesotho traditional medicines was found to mostly emanate from participants' families and other people, with information being passed on from one generation to the next. This finding is in line with a study by Kisangau et al (2007:29) in which information on traditional medicines was found to be passed on from one generation to the next within families. This proves that African tradition still has reservations about revealing knowledge on traditional medicines as there is no documentation and information is still passed on verbally. Without any documentation all this valuable information on traditional medicines could be lost or never known.

5.3 CONCLUSIONS

The findings of this study clearly confirm traditional medicine use by HIV/AIDS positive patients whilst on ARVs as they are cheap, readily available and believed to bring about better health. Sesotho traditional medicines are used for the management of various conditions and some side effects from ARVs. This finding however is a cause for concern as health care professionals have been greatly discouraging the use of traditional medicines for management of HIV/AIDS and especially concurrently with antiretroviral therapy due to possible drug interactions and adverse drug reactions.

Sesotho traditional medicines are believed and understood to play a major role in the symptomatic management of HIV/AIDS even though the actual role they play is yet to be fully understood by users. The African tradition still has reservations on revealing or passing on knowledge on traditional medicines as information is verbalized and kept between generations within families. This shows a great need for documentation of information on traditional medicines as it can be lost or never known if it is kept in and between families/villages and not published. There was no proof to show that benefits in

health were actually from Sesotho traditional medicines as most of the participants were already on antiretroviral treatment. This confirms that there is a great need for further investigations to ascertain the efficacy, efficiency and doses of traditional medicines.

The researcher also concludes that the study methodology used was relevant and appropriate as the study objectives of:

- 1 Exploring and describing the experiences of HIV/AIDS positive patients on the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms and
- 2 Exploring the participants' views on the use of Sesotho traditional medicines in the management of HIV/AIDS and related symptoms were met.

5.4 RECOMMENDATIONS

Follow up studies that could focus on traditional healers/herbalists, the use of specific traditional medicines/herbs as well as the health seeking behaviour of HIV/AIDS positive patients could be done at Scott Hospital to further improve knowledge on Sesotho traditional medicine use. Such studies could better inform health professions education to include traditional medicine use and the benefits and/or challenges thereof. The health professionals involved in the initiation of antiretroviral therapy need to encourage patients to disclose traditional medicine use and reassure them that it will not disadvantage them in receiving appropriate health care but could inform the direction of health care provided.

5.5 LIMITATIONS OF THE STUDY

It is possible that more information could have been obtained if the interviews were not carried out in the outpatients department as some of the participants could have been hesitant to confirm traditional medicine use due to fears of being reprimanded or denied further antiretroviral treatment. Furthermore there has been great discouragement by health care professionals on the concurrent use of traditional medicines with antiretroviral treatment.

5.6 CONCLUDING REMARKS

This study adds to the scanty but growing documented literature about the potentials of traditional medicine. Even though Sesotho traditional medicines have been reported to improve the health status of some HIV/AIDS positive patients, there is a great need for further investigations to ascertain their efficacy and efficiency in the management of HIV/AIDS and related symptoms. Furthermore, there is need to differentiate the effectiveness western medicines against traditional medicines as the current methods used to assess the value of both are different.

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APPENDIX 1 INFORMED CONSENT FORM

My name is Isabel Nyangu, and I thank you for agreeing to participate in this study. The purpose of this study is to find out about the experiences of HIV/AIDS positive patients who have been using Sesotho traditional medicines for the management of the disease and related symptoms. I have requested you to participate in this study because I believe that you can provide valuable information on this matter. I therefore urge you to tell me as much as you know about this matter.

This study is important because it will assist us to get a better understanding of the use of traditional medicines by patients who have been diagnosed with HIV, and what these medicines are specifically used for. Please note that your participation in this study is entirely voluntary and you can withdraw from it at any time without repercussion or penalty, even in the middle of the interview.

There are no expected risks related to this study. However, you may experience some discomfort or distress during the interview. If that happens, please let me know and if needs be, that we discontinue with the interview. There are no individual benefits for participating in the study. However, the benefits are for the health system because health professionals will learn from the experiences and views of patients who use traditional medicines. This knowledge may assist in understanding these patients and the possible impact of these medicines on their health.

This study and its procedures have been approved by the Research and Ethics Committee of the University of South Africa.

The interview will be recorded using a tape recorder and this is to ensure that I capture what you say accurately. Because your name is not required, what you say will not be linked to you. All the information will be kept in a safe cupboard and will only be used for research.

If you agree to participate, an interview of between 25 - 35 minutes will be conducted.

If you have any questions about the study or about participating in the study, please feel free to ask me now. If you have questions after the interview, you can call me at +266 62017505.

I understand that my participation is voluntary and that I may refuse to participate or withdraw my consent and stop taking part at any time without penalty. I understand the risks/benefits associated with this study and I was given an opportunity to ask questions.

I therefore freely consent to take part in this research project.

Signature of participant

Date

It is my opinion that the participant understands the nature of the study, as well as related risks and benefits

Signature of Investigator

Date

Section 1

Participant information

THE FOLLOWING QUESTIONS ARE ABOUT YOUR PERSONAL INFORMATION

Participant's code		
Age		
Sex		
Marital status		
How long has it been since you were diagnosed with HIV		
Which type of medicines did you use first (tick one)	Traditional	
	ARVs	

Section 2

THE FOLLOWING QUESTIONS ARE ABOUT YOUR EXPERIENCE ON THE USE OF SESOTHO TRADITIONAL MEDICINES FOR THE MANAGEMENT OF HIV/AIDS AND OTHER RELATED SYMPTOMS

GRAND TOUR QUESTION

What are your experiences in the use of Sesotho traditional medicines for the management of HIV/AIDS and related symptoms?

FOLLOW UP QUESTIONS

1. How do you know which medicines to use for what?
2. What are your views regarding the benefits of these medicines for your symptoms?
3. How can you tell whether the benefits are due to traditional medicines or western medicines like ARVs?

I MATREROHO KHDANYANE..... having agreed to assist in the study titled "The experiences of HIV/AIDS positive patients who have been using Sesotho traditional medicines for the management of HIV/AIDS" hereby pledge that I will treat all information relating to this study confidentially. I will apply the ethical principles both in the protection of patients and management of data as outlined in the study proposal.

DATE 20/08/2012

SIGNATURE *[Handwritten Signature]*

DATE 20/08/2012

RESEARCHER'S SIGNATURE *[Handwritten Signature]*

Appendix 4 PERMISSION LETTER SEEKING TO CONDUCT RESEARCH

Scott Hospital School of Nursing
Private Bag
Morija 190
Lesotho

The Medical Superintendent

Scott Hospital

Private Bag

Morija 190

Dear Sir

RE: PERMISSION TO CONDUCT RESEARCH

I am a nurse educator in at Scott Hospital School of Nursing and am currently studying for a Masters degree in Public Health at the University of South Africa (UNISA).

I wish to apply for permission to undertake a study on **“The experiences of HIV positive patients who have been using Sesotho traditional medicine for the management of HIV/AIDS at Scott Hospital in Morija, Lesotho”**. This is part of the requirement for my Masters degree in Public Health.

The purpose of the study is to explore the experiences of those HIV positive patients who use traditional medicines for a range of symptoms. The study will contribute to the understanding of the use of traditional medicines by health professionals. Data will be collected by interviewing patients who have consented to take part in the study, and the interviews will be conducted in the outpatients department of the hospital.

I will appreciate it if you can give me the permission to carry out the study. If you have any queries, please do contact me or my supervisor on the details provided below.

Yours faithfully

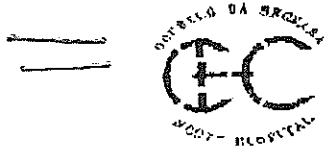


Isabel Nyangu

(Researcher; +266-62017505)

Prof.KE Mokwena

(Supervisor; +27 12 521 4613/4618)

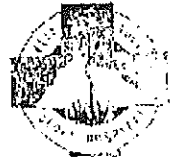


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Fax: 22360237
E-mail: scotthospital@lesotho.com

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Lesotho Evangelical Church



Private Bag
Moriya 190
Lesotho

07 August 2012

Isabel Nyangu
Scott Hospital School of Nursing
Private Bag
Moriya 190
Lesotho

Dear Madam,

RE: PERMISSION TO CONDUCT RESEARCH

We have received your application dated 6/8/2012, requesting permission to undertake research at the hospital on "The Experiences of HIV positive patients who have been using Lesotho traditional medicine for the management of HIV/AIDS at Scott Hospital in Morija, Lesotho".

We find no problem to do this and encourage you to act in the best interests of the patient and make efforts to secure their well-being.

Yours faithfully,

DR. D. BOLLUKAOTO
Acting Medical Superintendent



**UNIVERSITY OF SOUTH AFRICA
 Health Studies Higher Degrees Committee
 College of Human Sciences
 ETHICAL CLEARANCE CERTIFICATE**

HS HDC/71/2012

Date of meeting: 26 July 2012

Student No: 4494-510-8

Project Title: The experiences of HIV positive patients who have been using Sesotho traditional medicine for the management of HIV/AIDS.

Researcher: Isabel Nyangu

Degree: Masters in Public Health (MPH)

Code: DIS4986

Supervisor: Dr KE Mokwena

Qualification: Doctor of Education in Admin

Joint Supervisor: -

DECISION OF COMMITTEE

Approved

Conditionally Approved

A handwritten signature in black ink, appearing to read 'D. van der Wal'.

Prof D van der Wal

CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

A handwritten signature in black ink, appearing to read 'M. Moleki'.

Dr MM Moleki

ACTING ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

FD

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES