

## Traditional Healers and Management of HIV/AIDS cases at a University in Zimbabwe

Matunhu V. and Matunhu J.  
Midlands State University  
Gweru, Zimbabwe

### Abstract

*Development aims to improve human life. Several challenges have militated against world development; HIV and AIDS are some of the major factors to consider in the discourse of development. The disease has since reached epidemic and pandemic levels. Africa, one of the least developed continents on earth is the hardest hit by the pandemic. According to westerners, there is no cure for HIV/AIDS. However, some traditional healers and faith healers claim that HIV/AIDS are curable. The study investigated the influence of traditional healers in the management of the epidemic in a university in Zimbabwe. This transcendental phenomenology collected data from people with lived experience of the phenomenon under investigation. Data were collected from HIV positive university students and staff, and traditional healers who have lived experiences of managing HIV/AIDS patients. The study established that traditional healers have a significant influence on HIV/AIDS positive students and staff at the university. Government of Zimbabwe should incorporate traditional healers in its HIV/AIDS strategic plans.*

*Key Words: HIV/AIDS, Traditional Healers, University, students, staff, management, medicine, western, science, supernatural*

### Introduction

In Zimbabwe, HIV/AIDS remains a challenge; it robs society of human and non human resources for development. The country, as a signatory of United Nations General Assembly Special Session on HIV and AIDS (UNGASS), tracks and reports on the UNGASS indicators on a biennial basis. The country signed the Abuja Declaration of 1998, in which governments committed that a minimum of 15 percent of total government budget should go towards health care for the nation. In line with this declaration, Zimbabwe introduced the National AIDS Trust Fund (AIDS levy) which collects 3 percent of all taxable individual and corporate income to fund HIV programmes. According to UNGASS Report (2010), the AIDS levy

contributed USD 2 588 in 2007, USD8 148 in 2008 and \$143 108 in 2009. Government of Zimbabwe contributed USD10 596 393 in 2007, USD354 661 in 2008 and USD 7 700 453 in 2009 towards HIV programmes. In support of the country's effort, bilateral and multilateral partners as well as international foundations contributed USD35 351 862 in 2007, USD24 987 127 in 2008 and USD37 796 697 in 2009 towards HIV programmes in the Zimbabwe. The national HIV/AIDS response is therefore heavily depended on multilateral and bilateral partners and international foundations.

In Zimbabwe, HIV is the major cause of death in the adult population (15-49 years) because this population group is highly sexually active. One in every four people in this age group is HIV positive. Two important ideas arise from this statistic. First, fighting the disease requires strategies that target this age group. Second, fighting the pandemic should be the sole responsibility of the whole society because it affects both the infected and affected. However, there is no consensus on management of HIV/AIDS patients, neither is there a consensus on curability of the pandemic. Some traditional healers and faith-based healers claim that they have cures for the pandemic. The claim by traditional healers has attracted much criticism from the western medical fraternity, which claims that there is no cure for the pandemic and that traditional medicine is ineffective. Contrary to the above view, Bodeker et al. (2006) argue that not enough research has been carried out to warrant dismissal of the claim that traditional medicines are ineffective in curing HIV/AIDS. This controversy has an effect on management of HIV/AIDS related conditions in our society. The current study investigates the influence of traditional healers in management of HIV/AIDS patients in a university in Zimbabwe.

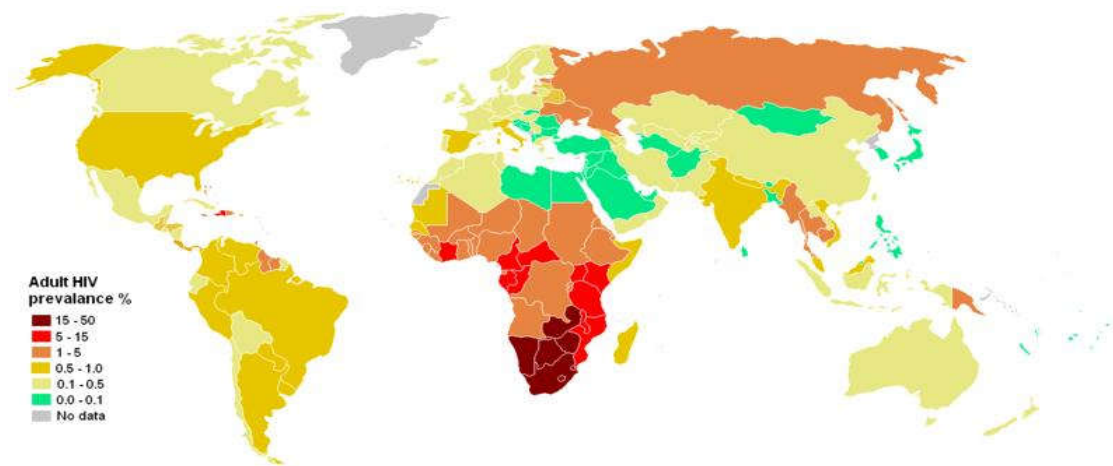
### **Focus of the Project**

Universities are centers of knowledge creation and so are engines for development. Lecturers and their students are considered more informed about cure and management of the HIV/AIDS pandemic. Little is known about the perceptions of University students and staff on the role of traditional healers on the cure of HIV/AIDS patients. There is a general paucity of reliable information on influence of traditional healers on the management of HIV/AIDS in Zimbabwe. This phenomenology explores the perceptions of HIV-positive students and staff at a university in Zimbabwe on the influence of traditional healers on their sero-statuses. The study is timely in that it is carried out at a time when an estimated 70% to 95% of citizens in Zimbabwe are consulting traditional healers to cure AIDS (Fraser 2010). In this phenomenology, the terms traditional medicine and herbs are used interchangeably.

The objective of this phenomenological study is to contribute knowledge on the role and influence of traditional healers on management of HIV/AIDS. Two basic questions were asked. The first was; what is your lived experiences of the influence of traditional healers on management of HIV/AIDS patients? The second question was; what context brought about the experience you have. The first question solicited textural responses while the second question solicited structural questions. The purpose of the study is to help Zimbabwe improve its HIV/AIDS management response by unveiling the influence of traditional healers on management of HIV/AIDS patients in universities. Such information is likely influence government of Zimbabwe's allocation of funding and effort to attitudes and perceptions that are likely to avert the most number of new infections. The study aimed to come up with a model for analyzing disease etiology under Literature Review.

### Literature review

Southern Africa, in which the university under study has the highest prevalence of HIV/AIDS in the world. The map below compares the prevalence of HIV/AIDS of all the regions of the world.



Source: Matunhu (2012)

The manner in which human beings interpret their life and the world has an influence on what type of health care they seek. On one hand, people who believe that their fate is controlled by the spiritual world seek the intervention of spirits in cases of health challenges. On the other hand, people who believe in scientific approach will look up to science for solutions to their health problems. Lying in

between the two worlds (spiritual and scientific) is a group of people who combine both science and the supernatural world (spirits) in searching for health solutions. A western medical doctor is scientific and so will apply science in dealing with medical issues. Traditional healers believe in the supernatural world and so will consult the spirits when confronted with health challenges. By and large, traditional healers are convinced that there are forces outside their natural realm that influence and affect them as people and these have influence on their health. Accordingly, for a person to register success in the natural, the paranormal must be recognized and honoured by society.

Etiology of disease is a fundamental distinction between western and traditional healing. According to Callaway (1970), numerous inquiries have shown that there is a direct linear relationship between belief and practice. In health care, one's cultural belief is a serious determinant factor in what sort of medical intervention a person is likely to seek when in need. Logically, a patient who believes that their ancestral spirits are the cause of ill health will not seek western medical intervention, but traditional healing because the spirits must be appeased. Zulu AIDS patients revert to their traditional healing and ancestral practices rather than adhering to their ARVs (Macfarlane 2009). In the same vein, a patient who believes in western medical practices (science) will visit western medicine when confronted with a health problem. People who believe in the power of both the supernatural world and the western medicine will tend to combine the two medical practices when need arises.

**Table 1: Model of Disease Etiology**

Scientific	Scientditional (scientific-traditional)	Traditional
Focus of science and western medicine is on pathology and curing diseases.	Focus on both pathology, and spiritual healing of individual and community	Healing the sick alone is not enough because an individual is just a member of a whole. So focus should be on health and healing the person and community
Reductionism: Diseases are biological, They are caused by organism or other biologically explainable causes.	Diseases are explained both biologically and supernaturally. There is no straight line explanation to why diseases are there	Complex: It is misleading to consider all diseases to have a simple biological explanation. Diseases can also have spiritual explanations.

All scientific treatments should produce clear/measurable outcomes.	Some cures have tangible/clear outcomes while others have outcomes that are not clear to the ordinary eye	Not all diseases have measurable outcomes. Human beings have not developed tools for measuring outcomes for all diseases and conditions
Adversarial Medicine: How can science eradicate the disease? Laboratory tests are necessary.	Some diseases are lessons/ messages while others are not. Knowing whether a disease is actually a lesson or not calls for the intervention of science and the supernatural.	Theological medicine: What message or lesson is embedded in the disease? The disease could be from the supernatural world.
Health history focuses on patient and family. Did anyone in the family suffer from the disease?	Diagnosis and prognosis of diseases should focus on both spiritual principles and scientific principles.	Intuition is primary. Healing is based on spiritual truths, which cannot be understood by western medical doctors (science).
Medical practitioner is an authority. Practitioner tells the patient what to do during treatment.	Western medical persons and healers complement each other in dealing with health issues.	Healer is a health counselor and advisor. Healer is assisted by the supernatural to heal the sick. Healer communicates with spirits.

*Source: Matunhu J and Matunhu V (2013)*

The last decade of the 20<sup>th</sup> century, Zimbabwe had the highest national HIV prevalence in the world (Fraser et al. 2011). It is estimated that since 2000, adult prevalence fell from 26.5 percent to 14.3 percent (Fraser et al. 2011). Although the country has witnessed the steepest fall of HIV prevalence levels any country has ever experienced, the pandemic remains a priority in challenge to human development. The pandemic has killed an estimated 1.9 million people. Traditional healing of HIV/AIDS by Africans has a long history. The above statistics show a national picture. It would have been better to cite the most recent statistics in universities. The statistics are hardly available. The researchers decided to infer the HIV/AIDS prevalence in universities from the national statistics.

## Methodology

This is a transcendental phenomenological study. By its very nature, transcendental phenomenology is concerned with shared lived experiences of a phenomena. Phenomenological studies do not give recommendations, they end with a summary. The study collected data on students and staff's shared experiences of the influence of traditional healers in the management of HIV/AIDS. Five HIV-positive students and five HIV-positive staff at university in Zimbabwe participated in this study. It is common knowledge that in phenomenology, a sample of between five and twenty is considered appropriate. Purposive sampling technique was used to come up with a list of participating students and staff. Convenience sampling was used in selecting the participating university. Three traditional healers with lived experiences of the phenomena in question were consulted. A Health Services Department at a university was involved in coming up with a list of HIV-positive students and staff who are interested in participation in the study. This in-depth study collected data using unstructured questionnaires and interviews. Responses were reduced to significant statements, quotes and analysed thematically. The study also collected data from documents like the Zimbabwe National HIV and AIDS Strategic Plan 2006-2010, the Zimbabwe Health Sector HIV Prevention Strategic Framework (ZHSHPF) (2007-2010), the MTR 2009, and the Biennial UNGASS Report 2010.

The respondents were not coerced to participate in the study; they were advised of their rights to pull out of the research at any point during the data collection stage. No respondent pulled out of the study. Tokens of appreciation were given to the respondents after the data collection process. The decision to give them gifts was not communicated to the respondents before the data collection process. The reason was to try and avoid influencing responses from the respondents. The researchers briefed the respondents on the benefits of the study to themselves as well as to society. The researchers assured the respondents that their identities were not going to be disclosed and that pseudonyms were to be used to maintain confidentiality. This decision was necessitated by the sensitivity of the phenomenon being researched. All the field notes by the researchers were destroyed upon completion of the inquiry. The respondents were protected from possible forms of injury: namely; physical harm, emotional harm, stress, anxiety and insecurity. A research methodological workshop was conducted before the start of the data collection process to train the researchers on how to protect the respondents from all forms of injury.

## Results and discussion

This section is divided into two main categories. The first section presents textural experiences of students and staff members in a university in Zimbabwe

and those of traditional healers on management of the pandemic. The second section endeavours to highlight the structural lived experience of the respondents. Textural experiences focus on contexts that are responsible for creating the lived experiences of the respondents.

### **Textural Data on the influence of traditional healers on HIV/AIDS Management in the University**

The researchers solicited lived experiences of the respondents of people living with the pandemic. More specifically, the question solicited textural responses from people with firsthand experience of the influence of traditional healers in the management of HIV/AIDS patients in a university in Zimbabwe. Some of the respondents claimed that HIV/AIDS is runyoka (a rare magical diseases which cannot be treated by western medicine). The respondents cited people who had been treated of the condition. One of the responding patient had the following to share with the researchers,

*I know of a couple of men who got runyoka after sleeping with somebody's wife. The men could not pass out urine and died within hours of infection of runyoka. One of the men went for western medicine; and died a few days after getting afterwards. Only traditional healers can cure runyoka. Three other men in the same area also got runyoka/AIDS and went to a traditional healer in Chipinge and they recovered from the condition. It is now six years since they recovered. The men are well and are open about their ordeal.*

The shared textural experience of the respondents is that people's lives is controlled by the world of spirits. Each clan has its ancestral spirits to guided its people. In that respect, a patient's ancestors decide whether or not to allow a person to survive the disease. The belief is that patients do not have the power to decide their fate in HIV/AIDS treatment. Rather, everything is cast upon them by evil spirits. The role of the diviners is therefore to be intermediaries between the spirits and patients. In this regard, one of the respondents noted, "my traditional healer did not regard me as a victim of the disease. This makes them (traditional healers) more acceptable to HIV/AIDS patients. At hospitals, I was regarded as a careless person; they blamed me for the disease, yet I was just unfortunate to get it. The problem with blame is that it leads to stigmatization."

The respondents claim that when people fall sick, the final authority on their disease diagnosis and prognosis are their ancestral spirits. "Our dead forefathers and foremothers, who exist in the world of spirits dictate our well being". This explains why culturally, nobody is allowed to beat or anger their parents; upon

death, the spirit of angry parents will refuse to look after their ill-behaving sons and daughters. According to the respondents; our fore-parents are our ancestral spirits, they are awarded super powers to look after us by God. In a sense, the spiritual realm cause people to live or not to live; it also influences a person's quality of life. Notably, one of the respondents claimed that traditional healers by themselves do not have the capacity to treat HIV/AIDS, they too receive the supernatural knowledge and power from their ancestral spirits. The above assertion forms the foundation on which the cure of HIV/AIDS is built. In the Native American tradition, everything in the universe is Spirit, each thing in it is of the same spirit and it is all connected (Neddermeyer 2006). A tribal world view may be animistic. The word animism means 'soul'. It is describes as 'a belief in spiritual; beings connected with human affairs and capable of helping or harming men's interests (Wooley and Lwenburg 1997). Most of the respondents believe that HIV/AIDS condition can be cured using superpowers, "after all it is a condition/disease like any other condition/disease' . . . Christians look to the Holy Ghost for treatment regime and traditional healers use the power of God through their ancestors to diagnose and treat such conditions." In this regard, one of the respondents had the following lived experience of the phenomenon to share with the researchers,

*My husband succumbed to AIDS in February 2004. He left me with the virus. I had been on ARVs for over four years when something happened to me. I spent much money to make sure that I get healthy all day. Happily, on 12 January 2005, in Botswana, I came in contact with a traditional healer who has cured many people of their AIDS disease. He consulted his oracle and gave me herbs to drink. After five months, I went for a medical checkup and I tested HIV negative.... I am no longer on ARVs, neither am I on herbs. In my view, traditional healers can cure the epidemic.*

The use of magical performance tend to dramatize treatment of the epidemic. This increases acceptability of traditional healers in the treatment of HIV/AIDS. However, high acceptability is not equal to effectiveness in HIV/AIDS cure. There are times when patients have to combine the western and traditional methods of curing the pandemic. One of the respondents mentioned that her husband succumbed to AIDS in February 2004. He left her with the virus. Six months after his death, she fell ill. She took herbs for two months but with minimal improvement in her condition. She was advised by her young sister to try both western and traditional medicines. The respondent mentioned that she is now on both ARVs and traditional medicine and she is feeling well. With these shared textural experiences of HIV/AIDS patients, the researchers hereunder present the lived experiences of traditional healers who claim to have treated people of HIV/AIDS.



### Textural responses from Traditional Healers on HIV/AIDS Management

Traditional healers who participated in this study claim that hospitals and clinics manage HIV conditions. In their view, they cannot cure the epidemic. The feeling among all the traditional healers is that they (traditional healers cure) do not suppress the virus like western medicine. In fact the traditional healers believe that the epidemic is caused by bad spirits which can be casted onto a patient by his/her enemies. In their view, treatment should be based on casting out the evil spirit that houses the epidemic. Their lived experiences (traditional healers) is that ancestral spirits are more powerful than the evil spirit that carries the pandemic. One of the traditional healers mentioned that hooking the HIV/AIDS spirit out of a patient is not an easy task; it requires powerful healers. For the respondent, this explains why there are very few traditional healers in the world who can treat the condition. The traditional healers mentioned that the HIV/AIDS spirit can be so powerful that the healer might fall sick for some days. Part of their treatment process involves strengthening their own immune systems before trying hook out the HIV/AIDS spirit from a patient. The healers claim that they get their powers from their ancestral spirits. According to the traditional healers, no amount of formal training will produce an effective and innovative healer. It also emerged that the healers are in constant touch with the spiritual world from which they receive counsel through dreams and visions.

In explaining the source of diseases, the traditional healers mentioned that apart from enemies, the patient's ancestors occasionally allow diseases like HIV/AIDS to attack a member of family as a way of punishing them or as a way of protesting against something or as a way of drawing their attention to something. In such cases, the spirit or ancestors should be appeased first. One of the traditional healers said, 'frequently, I come across patients who do not respond to my medicine. In such cases, I refer them to another traditional healer who is very good in interceding with the patient's ancestral spirits. Once that process is over, the patient is referred back to me for treatment.' The above treatment hierarchy was also confirmed by all the traditional healers. The impression given by the above view is that before appeasing the spirit, healers' herbs do not work on a patient. The same herbs or concoction will only work as soon as the patient is cleared for treatment by his/her ancestral spirits. Another traditional healer confirmed that he cured a couple of Government Ministers of the epidemic. Apparently, two of the Government Ministers (name withdrawn) had been bedridden and wheelchair bound for a couple of years. Now they can move around on their own. The collective lived experience of the phenomenon is that a person's illness and treatment is determined by their ancestors because they know their relatives better than in the modern

medical system. Traditional healers believe that there is an umbilical cord that binds ancestral spirits with each one of their living relatives.

When asked why some of the patients cured of HIV/AIDS die a few years later, the traditional healers were quick to point out that every patient is given instructions to follow if they are to survive. People who failed to observe the instruction upon recovery get themselves easier targets of the HIV/AIDS spirit. "when the spirit revisits a once cured person, it comes even stronger than before. Such relapses are much more difficult to deal with. For instance, I cured a prominent businessman in Mozambique. I gave him instructions which he ignored a few months later he had a relapse of the disease. He had himself to blame for the relapse."

The traditional healers also gave an example of a prominent boxer in Zimbabwe who had been cured of the pandemic. According to them the boxer recovered to such an extent that he was now fit to go back into the ring. However, the boxer died a few years later because he had defied the instruction not to have sex until after four months. So, recovery from the disease depends on an individual patient's ability to adhere to specific instructions given them by the traditional healers, who in turn will have received the instructions from the spirit world.

The textural experience of the respondents is that HIV/AIDS treatment by traditional healers is short. This position is confirmed by an article in the News Day of 17 April 2013, where a traditional healer, Mandla Nyathi claimed to treat more than 30 people of their HIV/AIDS every week. Mandla's treatment takes between 3 and 7 days. After that a patient is asked to go for a CD count. This is what every HIV/AIDS patient wants. For that reason, Mandla has announced his inability to cope with the high demand for his services. The treatment period is far shorter than that of the Western medicines where a patient is supposed to be on ARVs for life. These claims have steered anger among western medical experts who argue that the claim made by traditional healers gives a false hope to the HIV/AIDS patients. It also gives the impression that HIV/AIDS is curable, thus changing people's mind set on curability of the pandemic.

The traditional healers believe that they are in competition with western medical experts and so it is not surprising that these experts are furious about claims of HIV/AIDS curability by traditional herbs. One of the responding traditional healer argued, "Do you not know that western medical experts from America and Europe discarded our unique beliefs and medical practices . . . they regarded our medicine practices as belonging to the devil. Ethnocentrism and colonialism downplayed traditional healing. Western medicine is the medicine of the oppressor."

All the traditional healers challenged the researchers to bring to them confirmed HIV/AIDS patients for treatment. They claimed that they could treat the disease, on average, in only one week. Several cases were mentioned of people who were successfully treated of the disease. Among the names cited were top government ministers and politicians. The traditional healers claimed that treatment regime for an individual is given to them by their ancestors through dreams. One of the healers claimed that he would always insist on knowing the CD count of patients first so as to adjust the strength of his concoction. Soon after treatment, every patient is sent for a CD count. The traditional healer claimed that he successfully treated 37 HIV/AIDS patients in two years. According to the healer, some of his patients are coming from all over Southern Africa. According to the healers, they use portions of *muringa* tree and aloe vera. Two of the healers mentioned that they occasionally travel to Tanzania to get *mugariga* tree, which they consider useful in curing the epidemic. The tree is believed to have medicinal properties such as anti-inflammatory and anti-microbial effects and anti-viral properties.

Notably, western medicine experts claim that there is no proof to support claims that the traditional healer's herbs can cure HIV/AIDS. While research cannot support that traditional healers treat HIV/AIDS, there is evidence that the healers play a critical in health care especially in HIV/AIDS cases. The curability of the pandemic is also expressed by President Yahya Jammeh who says,

*I have cured HIV/AIDS patients using my secret concoction of boiled eggs. In a state television announcement on Sunday evening that 68 patients have been cured and discharged from his HIV/AIDS treatment Centre. Just as the Prophet Mohammed prevailed and established Islam, I have also prevailed to cure HIV/AIDS to the point that 68 are being discharged from my treatment centre. This is the 7<sup>th</sup> batch of HIV/AIDS patients undergoing the herbal remedy to have been discharged since the treatment began 5 years ago (Daily News of 17 April 2013).*

The President announced that his Government would fully integrate natural medicines to all the country hospitals to complement western medical techniques. The WHO and United Nations have castigate President Jammeh's HIV/AIDS treatment claim because it requires patients to stop taking their ARVs, making them more vulnerable to other infections. The castigation is contrary to the UNAIDS and the World Health Organisation's (WHO) recommendation that developing countries should harness the potential contribution of local resources and knowledge –specifically, traditional

medicine and its practitioners (Bodeker et al. 2006). The above authors noted, "Given the traditional medicine is low cost, widely available and culturally familiar, WHO has long considered traditional medicine an appropriate technology for developing countries" (Bodeker et al. 2006:563).

### **What context brought about your experience of traditional healing and HIV/AIDS cure?**

The above question solicited structural responses from people with lived experiences of HIV/AIDS. The question was concerned with collective lived experiences of respondents. By its very nature, transcendental phenomenology is about collective lived experiences, unlike hermeneutic phenomenology which focuses on individual lived experiences of individuals. It is for that matter that the researchers condensed their responses into significant statements or categories. The collective textural lived experiences of the respondents are that HIV/AIDS is like cancer, it is curable. However, curability depends on certain conditions. One of the respondents claimed,

*The problem is getting genuine traditional healers to cure the disease. There are false or opportunistic healers who are out there to swindle money out of desperate HIV/AIDS patients. Curability of the disease depends on your ancestors' willingness to get you treated of the condition. If they want you to live you will recover from the disease but if they want you to die no matter what you do and say you will still die. No medicine, western or traditional will be able to treat you of the condition.*

Different circumstances create collective textural lived experience of HIV/AIDS management. One of the of the responding students said,

*The experiences I have on HIV/AIDS treatment can be traced to news paper articles. I first read about a traditional healer who treat the pandemic. Many of the people with the diseases including myself tried the healer. I was not fortunate to get treated of the disease because my ancestors needed to be appeased. I was born out of wedlock. I have not been able to trace my clan. I cannot appease the spirits all by myself; it is traditionally impossible.*

In African tradition, a person's life is controlled by their ancestral spirits; they decide whether or not to allow one of their own to be bewitched. Sometimes the ancestral spirits allow witch doctors to cast a bad spell on their clans for a reason. All the respondents believed that one can only contract HIV if they are bewitched with the concern of their ancestral spirits. One of the traditional

doctors said that traditional leaders seek for authority from a person's ancestral spirits for them to succeed in their mission. The respondents believe that ancestral spirits are responsible for defending their living relatives from diseases, they are what western medical fraternity call immune system. In medical terms if a person's CD4 count is depleted, the person becomes vulnerable to opportunistic diseases. In traditional healing philosophy, if the ancestral spirits desert one of their relatives for one reason or the other, bad spirits and diseases prey on the person. In medical terms, a patient whose immune system has been weakened by HIV should undergo blood transfusion and be commenced of ARVs at the same time taking cotrimoxazol. In the traditional healing world, such a person must have their ancestral spirits consulted first, then given herbs to cure the HIV/AIDS. One of the traditional healers noted,

*The advantage of seeking treatment from us traditional healers is that we first of all talk to your ancestors and persuade them to facilitate healing. When they agree, we proceed with the treatment. In terms of logic, we first deal with the root cause of HIV/AIDs in person then the disease after. The problem with the medical practice is that they do not treat the root cause, they can only manage the disease. Once on ARVs you are there for life, just like when you are on BP drugs you are there for life. After healing patients, we remove them from drugs.*

Traditional healing and HIV/AIDS management could be traced to the time of the African potato –thought to be an immune booster. Traditional healers like Boniface Muponda in Norton and Benjamin Murombo in Kuwadzana claimed to cure HIV/AIDS victims with traditional herbs. Five respondents claimed that they got assistance from the traditional healers and that they long stopped taking their ARVs in compliance with instructions from their traditional healers. A significant number of HIV/AIDS patients were successfully treated of their conditions by the healers. The success stories of Muponda and Murombo helped boost people's confidence in the ability of traditional healers to treat the epidemic. It emerged from the textural explanations of the respondents that eventually, the two fell out of grace from their ancestral spirits, which gave them the rare powers to treat the disease. The fall from grace came as a result of the healers' failure to adhere to the spirits' instructions. For instance, the healers were not allowed to charge exorbitant fees to their clients, they ignored the order. The second order was for them not to live in corrugated thatched houses (modern houses). They were under instruction to live in traditional huts. The healers defied the order and the spirits abandoned them in search of better human vessels to use in the fight against the epidemic.

Structural questions on the role of traditional healers in the management of HIV/AIDS have noted that aculturalisation is one of the circumstances that force people to believe that traditional healers are capable of curing the epidemic. In this context, aculturalisation is the belief that traditional healers are more powerful than western

doctors in curing complex conditions. The notion that traditional healers cure HIV/AIDS is confirmed elsewhere in the world. According to Kaume et al (2012), in South Africa and India, the countries with the highest numbers of people with HIV, WHO estimates that at least 33 percent or more of the population living on these countries rely on traditional medicine for their everyday health care.

Part of the textural experience of the respondents claim that western medicine experts attack the HIV/AIDS victim's persona. Yet some patients got the disease from their unfaithful spouses and others got it through rape. In traditional healing the source of the illness is pushed away from the patient-hence HIV/AIDS patients in the study area are more readily available to accept traditional healers in epidemics.

The respondents at the university believe that there are superpowers which influence the health of individuals. In their view, most of the individuals consulted traditional healers at an early stage and they believe that bad people can cast evil spells to others. In such cases, traditional healers and not medical doctors, will cast out the evil spells that bring diseases. It emerged that the respondents prefer consulting traditional healers because they believe healers have a personalized attachment with their clients unlike in hospitals where there is no personal relationship between patients and service providers.

One of the collective textural experiences of the respondents is that before the coming in of western medicine in Africa, people rarely died of incurable diseases. Africans had a much higher life expectancy than we have today. The argument is that these people were using traditional medicines to cure both complex and simple medical conditions. One of the significant statements that was echoed is that their ancestors did not suffer from hypertension because there were medicines to prevent it.

## **Conclusion**

The transcendental phenomenology confirms that healing of HIV/AIDS patients is complex matter. Patient beliefs and convictions have a significant effect on their health both in the treatment they seek and the way they justify healing. Patients who believe in science seek western medical care, and those that believe in the power of prayer pray for their healing. Similarly, patients who believe in the power of traditional healers will seek the services of them when need arises. To develop a robust HIV/AIDS management system, society needs to attempt to understand different customs and value systems of patients. It emerged in the study that hospitals blame HIV/AIDS patients while traditional healers sympathise with patient and push the blame to factors

outside of their patients. By so doing and saying, traditional healers bring the treatment of a patient to the entire family for cooperation.

The lived experiences of the students and staff in the university encourage health care providers to embrace different value systems in the management of the pandemic. The shared lived experiences of students, traditional healers and staff point to the fact that there are people in our society who grew up believing in the power of the traditional healers and so it is difficult to just rubbish them when managing the HIV/AIDS epidemic. Government of Zimbabwe is encouraged to combine traditional healing and western medicine in the fight against the epidemic. In Australia, over 50 percent of those using ARVs are also using traditional medicine. Failure to take cognizant of this reality of life by the National Aids Council of Zimbabwe is a clear demonstration of Government of Zimbabwe's faith and commitment to western medical practice as if traditional medical practices are valueless. Apparently, Zimbabwe's 2011 political declaration targets on HIV/AIDS do not mention anything about involving traditional healers in fighting the pandemic. In fact, the current Zimbabwe National Aids Policy fails to outline the specific role of traditional healers in the treatment and management of the epidemic.

## References

Bodeker, ED. et al (2006). HIV/AIDS: Traditional Systems of Health Care in the Management of a Global Epidemic, *Journal of Alternative and Complementary Medicine*, 12 (6): 563-576.

Callaway, H. (1970). The Regions System of AmaZulus. Retrieved from [www.sacred-texts.com](http://www.sacred-texts.com)

Fraser, N. et al. (2010). *Zimbabwe: analysis of HIV epidemic*, Harare: Response and Modes of Transmission Report.

Kaume, L. et al. (2012). Microbial Contamination of herbs marketed to HIV-infected people in Nairobi, *South African Journal of Medical Science* 108(9): 10.

Matunhu, J. (2012). *Rural Development: Putting Agriculture First in South Africa*, Gweru: Love Book Publishers and Mambo Press.

Macfarlane, J. and Alpers, M. (2009). Treatment-seeking behaviour among the Nasioi people of Bougainville: choosing between traditional and western medicine. *Ethnicity and Health*, Retrieved from Health Source" nursing/academic edition database.

Neddermeyer, DM. (2006). Holistic Healthcare versus Traditional Western Medicine Health and Fitness. Retrieved from [www.ezinearticles.com/?Holistic-Healthcare-versus-traditional-western-medicine](http://www.ezinearticles.com/?Holistic-Healthcare-versus-traditional-western-medicine)

The Daily News of 17, April 2013, Harare.

Wooley, D. and Lwenburg, D. (1997). Ethnocentrism can hinder communication among those of different worldview. Retrieved from [www.dougsndmsrsha.com/essays-seminary](http://www.dougsndmsrsha.com/essays-seminary).