

EXPERIENCES AND VIEWS OF HIV-POSITIVE PATIENTS REGARDING SESOTHO TRADITIONAL MEDICINES FOR THE MANAGEMENT OF HIV/AIDS IN MORIJA, LESOTHO

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ABSTRACT

In Lesotho various traditional medicines have been reported to aid in the management of HIV/Aids, although the evidence is yet to be tested scientifically. The purpose of this study was to explore and describe experiences of HIV-positive/Aids patients using Sesotho traditional medicines for the management of HIV/Aids and related symptoms. An explorative qualitative research design was used in which a sample of 17 HIV-positive adults aged between 18 and 49 years was purposively sampled and interviewed individually. Two themes emerged from the data, namely: (1) experiences of using Sesotho traditional medicines and (2) views on Sesotho



Africa Journal of Nursing and Midwifery
Volume 17 | Number 1 | 2015
pp. 61–75

Print ISSN 1682-5055

traditional medicines. The study concluded that Sesotho traditional medicines were 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 determined. It is recommended that follow-up studies focusing on traditional healers/herbalists, the use of specific traditional medicines/herbs, potential interactions between traditional medicines and antiretroviral (ARV) treatment as well as the health-seeking behaviour of HIV-positive/Aids patients could be done to further improve knowledge of Sesotho traditional medicine use.

Keywords: experiences, HIV/Aids, Sesotho, traditional medicine use

INTRODUCTION AND BACKGROUND INFORMATION

The World Health Organisation (2003) 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 industrialised countries is often termed alternative or complementary medicine (WHO, 2003). Most 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 percent of people in Africa may use some form of traditional medicine for primary health care (WHO, 2003).

The use of African traditional medicines by HIV-positive/Aids 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). Nyika (2009:32) also commends 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) explains that the wide use of traditional medicines by patients living with HIV/Aids should be of concern to clinicians and policy-makers.

In Lesotho it is estimated that 24 percent 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 (MOHSW & ICF Macro, 2010:159). 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 including the marketing of traditional medicines on national radio, suggests that the use of traditional medicines is common in Lesotho, but no studies have been conducted in this regard and the challenge is to identify which traditional medicines are used in the management of HIV/Aids.

Langlois-Klassen, Kipp, Jhangri and Rubaale (2007:757) confirmed the use of traditional medicine is most prevalent amongst women. Peltzer, Preez, Ramlagan and Fomundum (2008:255) report 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 percent 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 percent, 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 (ARV) treatment resort to traditional medicines after experiencing side effects of ARV therapy. Peltzer et al (2008:255) report 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. Puoane, Hughes, Uwinana, Johnson and Folk (2012) report that 'patients also utilize traditional medicines because of family expectations, privacy and confidentiality especially when they have not disclosed their HIV status'. 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'.

However, traditional medicines are not well researched and are poorly regulated, according to scientific processes and standards. In its report on traditional medicines, the World Health Organisation (2003) also cites challenges in the use of traditional medicines, including international diversity, lack of policies and regulations and 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). Potential harmful interactions between traditional medicines and ARVs have been found for garlic, St. John's Wart, African potato, and *Sutherlandia frutescens* and, unfortunately, many herbal remedies used by African people have been neither quantified nor analysed for active and inactive components (Peltzer et al, 2008:255). In their study, Puoane et al (2012) state that 'patients prefer not to disclose traditional medicine use to health professionals because of lack of support and understanding'.

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, Falkenberg, Ndulo, Muchimba, Solo and Faxelid

(2006:335) conclude 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 used both sectors and were aware of the risks of failed collaboration (Kaboru et al, 2006:335).

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 other things, 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) explained that traditional Chinese medicine is also effective in treating HIV/Aids-related symptoms including cough, headache, lymphangiectasia, renal calculi/kidney stones and herpes zoster/shingles.

Barimah and Van Teijlingen (2008:30) also found that most Ghanaian immigrants in Canada had a positive attitude towards traditional medicines. Fakeye, Adisa and Musa (2009:53) further relate 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) explain in their study that side effects attributable to ARV therapy are the most common reason for poor compliance, and the combined use of ARV therapy and traditional Chinese medicine could lower adverse effects and improve quality of life. Chen et al (2009:212–214) describe 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 and Theobald (2006:11) report 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 and Grant (2007:314) report 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 in four themes, namely, 'questionable effectiveness in HIV treatment, difficulties in preparation, bad tastes and making medication schedules more complicated'. Kaboru et al (2006:337) conclude 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 were either positive or negative depending on individuals' experiences of using traditional medicines.

RESEARCH PROBLEM

In Lesotho, despite anecdotal evidence that many patients make use of Sesotho traditional medicines for the management of HIV/Aids, their experiences have not been explored and documented, and are thus not known to health professionals. Therefore, the purpose of the study was to explore and describe experiences of HIV-positive patients who use Sesotho traditional medicines. This lack of acknowledgement and knowledge of Sesotho traditional medicines implies that health professionals are not able to advise patients on any aspects of health impacted by the use of these medicines. Health professionals in Lesotho are also at a disadvantage in offering the required information and advice, because they do not know the extent to which traditional medicines are used or they prefer so-called Western medicines.

PURPOSE OF THE STUDY

The purpose of the study was to explore and describe the experiences of HIV-positive/Aids patients using Sesotho traditional medicines for the management of HIV/Aids or the relief of related symptoms at a hospital in Morija, Lesotho.

DEFINITIONS OF KEY CONCEPTS

Experiences are knowledge gained from things that have happened to people that influence the way they think or behave (Oxford Advanced Learner's Dictionary, 2010:514). In this study experiences are defined as knowledge gained through the use of traditional medicines for the relief of any symptoms related to HIV/Aids.

To use is to take in or apply a substance for a particular purpose (Oxford Advanced Learner's Dictionary, 2010: 1627). In this study to use is to take in, in whatever way, or apply traditional medicines for the management of HIV/Aids and related symptoms.

Traditional medicines or herbs are terms used interchangeably 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, other plant materials, or combinations thereof, whether in the crude state or as plant preparations (Edward, Cooper, Dugald & Kanfer, 2005:19). In this study they are indigenous medicines or herbs found in Lesotho that are used in any form for the management of HIV/Aids or related symptoms.

SIGNIFICANCE OF THIS STUDY

This study contributes to understanding the use of traditional medicines for the management of HIV/Aids and related symptoms by health professionals. The study,

therefore, informs health professionals of the perceived benefits of such medicines by patients. The study was also exploratory for potential subsequent studies, which may focus on herbalists, potential interactions between the traditional medicines and ARV treatments, the use of specific medicines and/or herbs, as well as health-seeking behaviour of HIV-positive patients who receive treatment from the hospital. Such studies could better inform the education of health professions to include traditional medicine use and its benefits and/or the challenges it presents.

METHODOLOGY

Research design

An explorative descriptive qualitative study was conducted in order to explore the experiences of HIV-positive patients on the use of Sesotho traditional medicines.

Population

The population for the study was adults who were HIV positive/had Aids, who sought health care at a hospital in Morija, Lesotho.

Sampling method and technique

Participants were recruited from the HIV outpatient department at the hospital. HIV-positive adults between ages of 18 and 49 years were purposively sampled to participate in the study. As they came in for their regular counselling sessions, prospective participants were introduced to the researcher and the study by the registered nurse (counsellor), and were requested to participate if they were using Sesotho traditional medicines for the management of HIV/Aids.

Data collection

This study employed one-on-one, in-depth, face-to-face interviews with patients who met the inclusion criteria of being adults aged between 18 and 49 years who were HIV positive/had Aids, could speak either Sesotho and/or English, were using Sesotho traditional medicines and were available and able to give informed consent. The interviews were conducted in Sesotho or English, depending on the preference of the interviewee. All the participants were asked a 'grand tour' question, namely: 'What are your experiences of using Sesotho traditional medicine for the management of HIV/Aids as a HIV positive patient?' The researcher employed facilitative communication techniques to encourage participants to verbalise their experiences of using Sesotho traditional medicines. The data were digitally recorded and transcribed by the researcher.

The interviews took place in one of the counselling rooms at the outpatient department at the selected hospital. Field notes were taken to document non-verbal communication. The audio recordings were transcribed verbatim. Those recorded in Sesotho were later translated into English by the researcher.

Trustworthiness

Credibility is the confidence in the truth of data and their interpretation (Polit & Beck, 2008:539) or a demonstration that the enquiry was conducted in a manner that ensured that the subject was accurately identified and described (De Vos, Strydom, Fouché & Delpont, 2011:346). Sufficient time was invested during data collection to ensure an in-depth understanding of the participants' experiences. The researcher recorded the participants' demeanour and behaviour during interactions and thoroughly described the interview context. The researcher reflected on biases, preferences and preconceptions throughout and took his own prejudices and perspectives into account.

Dependability is the stability of data over time and over conditions, and the researcher attempted to account for these changes (De Vos et al 2011:346). The researcher used a digital recorder of good quality and transcribed the data verbatim to enable the accurate capturing of interviews. The researcher used a second person who conducted an enquiry audit by scrutinising the data. The audit was done by a lecturer from a different nursing school in Lesotho. The enquiry audit was conducted halfway through 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 they were given an adequate explanation of the study.

Conformability is 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 and 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.

Transferability is 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.

Ethical considerations

The proposal was submitted to the Department of Health Studies Research and Ethics Committee of the University of South Africa for ethical approval. Thereafter, permission to conduct the study was requested and obtained from the management of the hospital. Participants who agreed to participate were given the consent form to read, or alternatively, it was read to them. The participants were given an opportunity to ask questions relating to the study. When the participants indicated that they understood the study and were ready to give consent, they were asked to provide informed consent by signing the consent form. The researcher informed the participants that the information they provided would be treated in strict confidence. Confidentiality was also required from other people who assisted with the study and they were required to sign a confidentiality agreement. A confidentiality agreement was also signed between the researcher and the counsellor, who was excluded from the interviews. The virtues of sensitivity, courtesy, respect and patience were applied during contact periods with participants. The researcher negotiated with hospital management and participants for the use of a convenient private room.

DATA ANALYSIS

A qualitative editing style of analysis was used to analyse the data. As described by Crabtree and Miller (1999) in Polit and Beck (2008:508), the process involves identifying category schemes and corresponding codes that can be used to organise the data and the researchers then search for patterns and structures that connect the categories. The researcher read the entire set of transcripts repeatedly to get a sense of the whole and discriminated units from the participants' descriptions of their experiences during the study. The data were reviewed and coded for common themes as they emerged from the data. The researcher synthesised all the meanings into a consistent statement regarding the participants' experiences with the use of traditional medicines.

RESULTS

Participants in this study were in their middle adulthood and aged 28 to 49 years, an age group including those most affected by HIV/Aids in Lesotho. According to the 2009 Lesotho Demographic and Health Survey (MOHSW & ICF Macro, 2010:159) an estimated 24 percent of the adult population, aged 15 to 49 years, is HIV positive. Exactly 70 percent (n=12) of the participants were women who had used or were using Sesotho traditional medicines. In this study findings are discussed in two themes, namely: (1) experience in the use of Sesotho traditional medicines and (2) views on traditional medicines.

Experiences in the use of Sesotho traditional medicines

Six categories emerged from the analysis of the data. These categories were about the ways in which HIV-positive patients experienced traditional medicines. These categories are grouped according to their subsections.

Improved health status

This category refers to patients who reported that Sesotho traditional medicines had improved their health status by relieving some of the symptoms associated with their HIV diagnosis. Exactly 70 percent (n=12) of the participants reported symptomatic relief that resulted in improved health status. Of these, 75 percent (n=9) were women and 25 percent (n=3) were men. The internal and external relief experienced was for a variety of symptoms related to their HIV diagnosis.

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)

Relief from dermatological symptoms that were attributed to the use of ARV treatment was 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)

No change in health status

This category refers to patients who reported that Sesotho traditional medicines had not relieved 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)

Deteriorating health

This category refers to patients who reported that Sesotho traditional medicines had 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)

Western medicine is regarded as a better option

This category refers to patients who reported that Western medicine was 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).

Assessment of traditional medicines as not effective

This category refers to patients who reported that Sesotho traditional medicines were 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).

Death attributed to traditional medicines

This category refers to participants who reported that Sesotho traditional medicines had 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)

Views on traditional medicines

Apart from the theme derived from the reported experience of HIV-positive patients using traditional medicines, another theme was also identified that dealt with the views of research participants regarding Sesotho traditional medicines. In this theme the researcher identified seven categories associated with their views on Sesotho traditional medicine. In this theme the categories are discussed in the following subsections.

Tradition

This category refers to participants who reported that Sesotho traditional medicines were part of the Basotho tradition. This is what one of the participants said: ‘I am a herbalist myself. It runs in the family. The ancestors gave it to me’ (male participant).

Beneficially contribute to HIV/Aids management

This category refers to participants who reported that Sesotho traditional medicines had contributed 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).

Provide symptomatic relief

This category refers to participants who reported that Sesotho traditional medicines worked as they had relieved various symptoms. This is what participants had to say:

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)

Revitalising effect

This category refers to participants who reported that Sesotho traditional medicines made them feel energised. This is what one of these participants had to say:

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)

Needs further investigation

This category refers to participants who reported that even though Sesotho traditional medicines were beneficial for them, more scientific enquiries into these medicines were needed, so that they could be better understood. This is what one of these participants had to say: ‘Those medicines work. They really do. However there are some secrets about them that still need to be understood’ (male participant).

Uncertainty

This category refers to participants who reported that they were doubtful about Sesotho traditional medicines. This is how participants expressed their uncertainty:

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)

Traditional medicines as a waste of time

This category refers to participants who reported that the use of Sesotho traditional medicines had wasted time that could have been used to recover 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 that: 'Probably my daughter would be alive if only we had gone to the hospital initially'.

It is evident that the participants had various experiences concerning the use of Sesotho traditional medicines and the following section further deliberates on these findings.

DISCUSSION

Experiences of using Sesotho traditional medicines

The central theme identified through the study 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 the 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. These results also confirmed that HIV-positive/Aids patients use traditional medicine whilst receiving ARV treatment. This finding is in line with a study by Puoane et al (2012:496), which revealed the need to better understand factors involved in patients choosing to use traditional medicines together with ARV treatments.

However, discomfort after traditional medicine use was also reported under 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 Organisation (2003), 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.

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 worked. This finding is in agreement with studies by Barimah and Teijlingen (2008:30), Gyasi et al (2011:2), Namuddu et al (2011:3–4) and Peltzer et al (2008:255) in which participants reported positive attitudes towards traditional medicines. Gyasi et al (2011:2) state 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. Namuddu et al (2011:855) further stated that it is, therefore, not unreasonable to suggest that some herbal products may have therapeutic benefits.

However, some of the participants were not sure about Sesotho traditional medicines as grouped under the subtheme of ‘uncertainty’. This finding is in line with findings by Van der Kooi and Theobald (2006:11) who report perceptions of weaknesses in traditional medicines, which included unclear measurements and preparations that could cause overdosing and aggravate harmful effects.

Participants also identified the need to find out more about traditional medicines as seen in the subtheme ‘needs further investigation’. These results show that traditional medicines were believed and understood to play an important role in the management of HIV/Aids, even though the actual role they play still needs further exploration. This finding is similar to various studies and reports that suggest the need for further investigation into the use of traditional medicines. Namuddu et al (2011:855) explain that in Uganda there are still no clear guidelines on herbal medicine use amongst HIV/Aids patients and the extent of factors associated with herbal medicine use are not well documented either. The World Health Organisation (2003) in its report on traditional medicines also recorded challenges in the use of traditional medicines, including international diversity, lack of policies and regulations, and limited scientific evidence on their efficacy, safety and quality.

CONCLUSION

The findings of this study confirmed traditional medicine use by HIV-positive/Aids patients whilst on ARV treatment as they are cheap, readily available and are believed by some to bring about better health. Sesotho traditional medicines are used for the management of various conditions and some side effects from ARV treatment, and are understood to play an important role in the symptomatic management of HIV/Aids even though the actual role they play is yet to be fully understood by users. This study added to the scanty, but growing documented literature about the potential uses of traditional medicine. Even though Sesotho traditional medicines have been reported to improve the health status of some HIV-positive/Aids patients, there is a great need for further

investigation to ascertain their efficacy and efficiency in the management of HIV/Aids and related symptoms.

RECOMMENDATIONS

Follow-up studies focussing on traditional healers/herbalists, the use of specific traditional medicines/herbs as well as the health-seeking behaviour of HIV-positive/Aids patients could be done to further improve knowledge of Sesotho traditional medicine use. Such studies could better inform the education of health professions to include the use of traditional medicine and its associated benefits and/or challenges. The health professionals involved in the initiation of ARV 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. Furthermore, there is a need to differentiate between the effectiveness of Western medicines against traditional medicines, as different methods are currently used to assess their respective values.

LIMITATIONS OF THE STUDY

It is possible that more information could have been obtained if the interviews had not been carried out in the outpatients department, as some of the participants might have been hesitant to confirm traditional medicine use due to fears of being reprimanded or denied further ARV treatment. The study was done in one location, hence the results cannot be generalised to the rest of the population.

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