

**STIGMATIZATION OF HIV/AIDS PATIENTS IN THE CONTEXT OF
INDIGENOUS HEALERS AND SPIRITUAL FAITH HEALERS IN
LIMPOPO PROVINCE**

By

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DEDICATION

To all my ancestors, who have always carried me through difficult times of my life. To my sons, DIKA and RANGOPO, this is for you.

DECLARATION

I declare that this thesis hereby submitted to the University of Limpopo, for a Doctoral Degree in Psychology, has not been previously submitted by me for the degree at this or any other institution, that it is my own work in design and in execution, and that all material contained herein has been duly acknowledged.

SIGNED AT _____ **on the** _____

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ABSTRACT

The role of indigenous healers and spiritual faith healers in managing various conditions of ill-health has been studied and debated. The aim of this study was to determine how indigenous healers and spiritual faith healers understand and define HIV/AIDS stigma and to explore the role that indigenous healers and faith healers play in reducing or reinforcing HIV/AIDS stigma in their communities.

In this study, a qualitative approach and in particular, the grounded theory methodology was used. Grounded theory is described as a research method in which theory is developed from data, rather than the other way round. The application of this methodology included personal interviews with thirty-nine practising indigenous healers and spiritual faith healers in the Limpopo Province, while additional information was gleaned from the literature review. The researcher focused on the participants' conceptualisation of HIV stigma, from the context of the African world view in order to gain insight into their roles as healers.

The findings indicate that indigenous healers' cultural beliefs prevented them from having a deeper understanding of HIV stigma when compared to the faith healers. Indigenous healers were generally found to have a positive attitude towards People Living with HIV/AIDS (PLWA), while spiritual faith healers showed a less positive attitude towards PLWA. The study further found that 'HIV secrecy clause' contained in the South African National Policy on HIV/AIDS for Learners and Educators (August 1999) prevents traditional and spiritual faith healers, the affected and infected, the family and society at large from disclosing the HIV status of those infected. It is suggested that the tendency not to disclose has the potential to encourage stigmatization and discrimination whilst at the same time hindering efforts to find solutions to the problem. The study is concluded by suggesting that HIV testing must be compulsory for every person who consults in a hospital. Such a policy move could contribute positively in terms of health promotion.

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CHAPTER 1: INTRODUCTION

In 2001 HIV was ranked as the ninth leading cause of death in South Africa (*Statistics South Africa, 2005*). Following tuberculosis, HIV is the leading cause of death in South Africa and in Limpopo, HIV/AIDS is ranked as the fourth leading cause of death (*Statistics South Africa, 2005*).

Studies show that HIV and AIDS should be regarded as social phenomena in the same way as they are seen as biological and medical concerns. According to Frederiksson and Kanabus (2005) HIV/AIDS is a global epidemic of HIV/AIDS that is capable of triggering responses of compassion, solidarity and support, bringing out the best in people, their families and communities. However, the disease is also associated with stigma, repression and discrimination, as individuals infected and affected by HIV have been rejected by their families, their loved ones and their communities (Frederiksson and Kanabus, 2005). Limpopo Province, in South Africa is no exception to these attitudes as the majority of the people living in the rural communities have no formal schooling and are dependent on subsistence farming for their survival. They are usually extremely poor (*Statistics South Africa, 2005*). This rejection by loved ones holds true according to Frederiksson and Kanabus (2005) in both the rich countries as well as the poor countries around the world.

1.1 Statement of the problem

The fact that HIV/AIDS was ranked as the fourth leading cause of death in Limpopo Province (*Statistics South Africa, 2005*) raises concern. Some of the reasons for this high figure are the low levels of education among the communities, the men migrating to other provinces and coming back home only

on occasions while the women are left behind to take care of the households and raise the kids (Nattrass, 2004).

When HIV/AIDS became first “known” in the early 1990s, it was portrayed as a deadly disease (Nattrass, 2004). The infected then became stigmatized politically, economically and socially. Politically there was a perception that HIV emanates from the black communities. Economically, those who were infected stood a chance of being fired from their jobs for being non-productive. Socially, the families of infected people were discriminated against for fear of contamination of the disease. Violence against the infected was also reported by the media (Huisman, 2006).

Numerous research studies are currently focussing on HIV/AIDS stigma in Africa because of its severity and the fact that it seems to be highly stigmatized in the Sub-Saharan region. However, the “lack of scientific research on the manifestations of HIV/AIDS related stigma (in Sub-Saharan Africa) presents a serious challenge to the understanding, alleviation and prevention of HIV/AIDS related stigma” (Kelly, 2002).

In a study focusing on HIV stigma in the African context, Kelly (2002) referred to the vulnerability to HIV-stigma and discrimination as linked to existing stereotypes, including poverty, intolerance and inequality between women and men. Kelly’s study shows that in Sub-Saharan Africa, issues of gender as well as poverty, the lack of economic opportunities, limited access to education, information as well as traditional norms and practices significantly increase a woman’s vulnerability to HIV and lie at the root of her experience in trying to cope with the related stigma and discrimination (Kelly, 2002).

Indigenous and spiritual faith healers live in the communities and are amongst the first persons to be consulted in cases where one is suspected of being infected. Because they are more available and easily accessible to their communities (Katz

and Wexler, 1989), this study sought to investigate their roles in reducing or reinforcing HIV/AIDS stigma in the community. The need to investigate the roles of indigenous healers and spiritual faith healers was also motivated by findings of previous studies that suggest that most Africans consult indigenous healers even after consulting a Western medical doctor for their ailments (Lesolang-Pitje 2003).

Most studies that have investigated HIV/AIDS infections in South Africa, including Limpopo have tended to focus on this problem from the Western/medical perspective in South Africa. None of these studies focused on HIV/AIDS from the perspective of indigenous and spiritual faith healers themselves. What prompted the researcher to undertake this study in Limpopo Province was the fact that many inequalities tend to be perpetuated in social practices that are well established, such as the use of language (Link and Phelan, 2001) and the labelling of people as ‘victims’ and ‘sufferers’. In the case of HIV/AIDS, these social practices tend to contribute to the stigmatization of those infected and affected (Nyblade, MacQuarrie, Phillip, Kwesigabo, Mbawambo, Ndega, Katende, Yuan, Brown, and Stangle, 2005).

1.1.2 Context of stigma

It is important to understand the context in which stigma is occurring and how the experience of stigma and one’s ability to cope with it are dependent on context. According to Nyblade et al., (2005), one’s socio-economic status, age and gender are particularly important and can lead to compounded stigma where groups are already marginalised and stigmatized. Those most frequently vulnerable to HIV infection are further stigmatized as HIV-stigma is added to the stigma they already face because of being poor, being young and being a woman (Nyblade et al., 2005).

According to France (2005), AIDS stigma is universal though its form varies from one country to another. Whatever its form, AIDS stigma inflicts suffering on people and interferes with attempts to fight the AIDS epidemic. Stigma is shameful because of its relation to sexual intercourse and promiscuity, most often associated with particular groups such as sex workers and homosexuals. Other words used repeatedly include ‘rejection’; ‘fear’ – being afraid of people and people being afraid of you, ‘shame; ‘isolation’; ‘judgemental’; ‘gossip’, rumours, feeling threatened, uncomfortable, socially unacceptable, negative, low self-esteem, paranoid, and abandonment. It is perpetuated by a lack of knowledge and ignorance (France, 2005). Often related to HIV/AIDS-stigma is the reference to witchcraft.

Frederiksson and Kanabus (2005) refer to stigma as a powerful tool of social control. They argue that it can be used to marginalize, exclude and exercise power over individuals who show certain characteristics. By blaming certain individuals or groups, society can excuse itself from the responsibility of caring for and looking after such populations. According to Link and Phelan (2001; p5), many inequalities are perpetuated in social practices that are well established such as the use of language. The naming of people as ‘victims’ and ‘sufferers’ in the case of HIV/AIDS, for example, contributes to their stigmatization (Nyblade et al., 2005).

In South Africa, HIV/AIDS has been given derogatory names such ‘amagama’ (Zulu), ‘maina’ (Sepedi), ‘mabitso’ (Sesotho/Setswana), (all literally meaning the name) ‘inculazi’ (literally meaning the disease) (Xhosa/Zulu) ‘phamogarge’ (local lingo) (literally meaning to steal from life unexpectedly) and many others, while homosexuality is called *isitabane* (Zulu). Sexual relations between men is called *matanyola* (Sepedi). The suggestion here is that someone who is practising homosexuality or is HIV positive is given these derogative names. This means that you are not normal any more but you now are reduced from a whole and usual person to a tainted, discounted one. Therefore, if you are associated with

one of these names you are likely to become stigmatized and discriminated against by the society. According to Herek (2002) and Nyblade et al., (2005), broadly speaking these tendencies to stigmatize and discriminate those that are infected and affected by HIV/AIDS is a violation of human rights and one's dignity. According to Herek (1990), a stigma arises when an individual's actual social identity and the attributes he/she possesses falls short of normative expectations about what the individual should be.

Stigma and discrimination can also arise from community-level responses to HIV and AIDS (France, 2005). The harassing of individuals suspected of being infected or belonging to a particular group has been widely reported. It is often motivated by the need to blame and punish and in extreme circumstances can extend to acts of violence and murder. Furthermore, HIV and AIDS related murders have been reported in countries as diverse as Brazil, Columbia, Ethiopia, India, South Africa, and Thailand (France, 2005). In December 1998, Gugu Dhlamini was stoned and beaten to death by neighbours in her township near Durban, South Africa, after speaking out openly on World AIDS Day about her HIV status (Frederiksson and Kanabus, 2005). Huisman reported in the *Sunday Times* (19/02/2006: p6) that a woman was beaten and murdered next to her home in Khayelitsha, Cape Town, for being a lesbian. He reported that "gays and lesbians are discriminated against in townships. People call them perverts, AIDS carriers, un-African, saying that they must be killed or raped."

Although there is a widespread recognition that stigma impedes efforts to reduce the impact of HIV/AIDS, there is insufficient data (*Information Bulletin*, 2002) to inform the design of interventions to reduce stigma and subsequent discriminatory acts.

1.1.3 Indigenous healers

Traditional healers in Limpopo Province have been playing a significant role in their communities as healers, advisors and counsellors. Communities seek medical attention from the healer more often because of the socio-cultural meaning of the illness than because of the seriousness of the disease (Pitje, 2004; Shirimba & Nyazema, 2005). The society looks up to indigenous healers as special people who can communicate with the ancestors and the living (Lesolang-Pitje, 2000, 2005; Mbiti, 1996, Mosue, 2005). As healers, they are recognized by their communities in which they live as competent to provide health care (Mosue, 2005; Sandlana 2005; Shirinda & Nyazema 2005).

Africans as a people live as a commune (Mbiti, 1996), and when faced with a dilemma, either personal or in the family, the first person to consult is a traditional healer to check where the misfortune comes from. The traditional healer will then (as the initial stage) consult the client's ancestors. If the illness is physical, it is attended to immediately and if it is caused by the ancestors a ritual is suggested to the family (Lesolang-Pitje, 2000, 2003; Mbiti, 1996; Mosue, 2005; Shilubane, 1990). Traditional healers have many roles that they play in their communities. They are seen as doctors, therapists, marriage counselors who resolve conflicts, as well as ministers of religion (Mbiti, 1996; and *Parliamentary Monitoring Group, 2001*).

African traditional beliefs about sex, blood and the transmission of other diseases provide a basis for further stigmatization of women within the context of HIV and AIDS. HIV-positive women are treated differently from men in many developing countries. Men are likely to be "excused" for their behaviour that resulted in their infection, whereas women are not. For example, in a study that focused on HIV infections in India Frederiksson and Kanabus (2005), wrote about a HIV positive woman who said; "my mother-in-law tells everybody, because of her, my son got this disease. My son is as simple as good as linked to gold- but she brought him

this disease” (p3). Women are expected to hold the fort, to protect family values and to maintain high moral standards (Boahene, 1996). This gender imbalance contributes to women suffering more from HIV/AIDS stigma because they are blamed for the spread of HIV by their partners and families because the disease is related to notions of promiscuity (France, 2005). In such instances traditional healers are called in as counsellors to resolve cases of family disputes and cure the illness.

According to Boahene (1996), traditional healers’ knowledge of HIV/AIDS varies across countries. In South Africa, traditional healers are said to have a high level of knowledge of HIV/AIDS through patient-practitioner contact and the media. In their study on tuberculosis (TB), Colvin, Gumede, Grimwade, Maher, and Wilkinson (2003:86), showed that forty-one (41) out of fifty-one (51) patients who had been treated by traditional healers and had completed treatment, revealed high levels of satisfaction. This study suggests that traditional healers may have a positive role to play in community-based DOT in Africa.

1.1.4 Spiritual faith healers

A great potential exists within the religious sector to provide care, comfort and unique spiritual support to HIV/AIDS infected and affected communities. According to France (2005), the church has not yet comprehensively addressed the ambivalent but often negative interpretation of sexuality that is common in religious dogma. This ambivalence has been transformed into widespread fear of people with HIV and cruelty towards them. Furthermore, because religious teachings generally encourage love one’s neighbour, acceptance of others, and encourages tolerance towards “others” which may be different from one’s religion, race and creed, Christians should not be prejudiced to those less fortunate than themselves (France, 2005:9).

Nicholas and Durrheim (1995) refer to religiosity as being conceptualized as personal control against deviance and, therefore, positively associated with conventionality and conformity. A study by Lagarde et al., (2000) on Christian and Muslim leaders in Senegal revealed a minimum involvement in AIDS prevention. It suggests that religion was negatively linked with preventative behaviours. Findings show that religion has the ability to modulate preventative behaviours, and suggest that there is a need to intensify the efforts to involve religious leaders at the local level.

Boahene (1996) states that some religious leaders lure women back into marriages where the husbands have been unfaithful. The phrase in the Bible “till death do us part” has resulted in many women losing their lives, the study reports. Stigmatization also serves as a strong deterrent to young people seeking HIV/AIDS-related counseling (Campbell et al., 2005). The study also reports negative attitudes by church ministers who stated that should the youth attend a workshop on life skills they would be demoted in the church. It furthermore states that HIV/AIDS issues discussed in church are encouraging the youth to sin. In addition, AIDS-stigma is also a key obstacle to HIV prevention and AIDS care, and to date very little research has been done to investigate the impact of people’s attitude toward the infected and affected (Campbell et. al., 2005).

A study by Parker and Birdsall (2005) has reported that observers are largely in agreement that early on in the epidemic, faith based organizations constituted “part of the problem” rather than “part of a solution”. The faith based organizations have been faulted for their delayed responses, for failure to acknowledge the scope of the implications of rising HIV infection rates and for moralistic, judge- mental and socially conservative stances towards HIV/AIDS which has contributed to silence and secrecy. The association of HIV infection with poor moral behaviour, and the failure to openly discuss the root causes underpinning HIV transmission, particularly differentials in power, have

contributed to the stigmatization and discrimination of people living with HIV/AIDS within the church (Parker & Birdsall, 2005).

While there is great potential within the religious sector to provide love and support among its members, there is also evidence of reluctance from individuals within this sector to positively respond to national calls for prevention and educating the communities about HIV/AIDS because of their moral judgement stand 'sex before marriage is a sin'.

1.2 Aim of the Study

The specific aim of the study was:

- To determine the roles played by indigenous healers and spiritual faith healers in reducing or reinforcing HIV/AIDS stigma in their communities.

1.3 Objectives of the study

The objectives of the study were:

1. To determine how indigenous healers understand and define HIV/AIDS stigma.
2. To determine the role indigenous healers play in reducing or reinforcing HIV/AIDS stigma in the community.
3. To determine how spiritual faith healers understand and define HIV/AIDS stigma.
4. To determine the role spiritual faith healers play in reducing or reinforcing HIV/AIDS stigma.

1.4 Research questions

- How do indigenous healers understand and define HIV/AIDS stigma?
- What are indigenous healers' specific roles in reducing or reinforcing HIV/AIDS stigma?
- How do spiritual faith healers understand and define HIV/AIDS stigma?
- What are spiritual faith healers' specific roles in reducing or reinforcing HIV/AIDS stigma?

1.5 Scope of the study

The study was conducted in Limpopo Province. Limpopo is an area of 123,910 sq kilometers representing 11.8% of the whole of South Africa. It has a population of 5,273,642 and a percentage of 97.2% as black residents. Thirty-three point four percent (33.4%) of the population have no schooling. Fifty-five percent (55.0%) are females and forty-five percent (45.0%) are males. Many men leave the province to find employment in other provinces. Most of the people in this province are living in non-urban areas. The language most frequently spoken is Sepedi (52.2%); followed by Xi-Tsonga (22.4%) and Tshi-Venda (15.4%). Only point four percent (0.4%) of the population in this province speak English at home as their first language. Limpopo Province has the highest number of people with no formal schooling with 98% of those with no formal schooling as Africans. Approximately twenty-seven percent (27%) of the population in Limpopo Province had never had formal education (*Statistics South Africa, 2001*).

The study was conducted in the five (5) districts of Limpopo Province, namely, the Mopani, Capricorn, Waterberg, Vhembe and Sekhukhune districts. These areas represent the origin of different ethnic groupings in the Province, namely, Northern Sotho, Xitsonga, Isindebele, and Tshivenda language speaking areas.

Twenty-one point six percent (21.6%) of the people living in these areas are unemployed and are communal, while fifty-five point seven percent (55.7%) are not economically active (*Statistics South Africa, 2001*). They depend on subsistence agriculture while many of them are poor.

1.6 Significance of the study

The significance of the study is that while the researcher was collecting and comparing her data, she also developed an inductive grounded theory on stigma as a phenomenon based on her findings. Among other factors, the following were examined, stigma clarification, indigenous and spiritual faith healing, a linkage with culture bound stigma, and an emerging theory.

CHAPTER 2: THEORETICAL PERSPECTIVES

2.1. Introduction

The present chapter deals with the theoretical framework of the study. The first section of this chapter, treats the theoretical perspectives, gives the operational definition of terms such as “stigma”, “indigenous healers”, “spiritual faith healers”, “collectivism”, “HIV/AIDS”, and the promotion of community-living among Africans.

The second section of the chapter includes the rationale for the cultural contextualisation of stigma, an overview of how Western traditional psychology has conceptualised the “self”, “culture and the self”, “culture and religion”, “belief in ancestors”, and the collectivistic theory among Africans as well as the African beliefs regarding illness.

The last section of the chapter will deal with theories on stigma and its causes.

2.2 Operational definition of terms

2.2.1 Stigma

Herek (2002) defines stigma as a painful and uncomfortable condition that is negatively viewed by society in which the society discredits and disadvantages such a person. He further more defines it in two ways namely the Instrumental context of stigma which is also observed in two ways – “felt” and “enacted”. Felt stigma motivates individuals with a stigmatised condition to attempt to “pass” as members of the non-stigmatised majority. This action reduces their likelihood to be targeted as having HIV. But it also disrupts their lives because of non-disclosure. Enacted stigma is an overt act of discrimination (Herek, 2002). It can

lead to discrimination on one's perceived or actual HIV-positive status or on one's association with someone with a perceived HIV-positive status (Big Issues in Brief, 2005).

According to Herek (2002) symbolic context of stigma is defined as based mainly on pre-existing attitudes towards a person or group affected by HIV. This might be economic, political or within the local community context.

The relevance of this definition to the title of this study is that African societies believe in traditional norms and belief systems which should be adhered to by every member of the community, even if one do not believe in them (Mbiti, 1996). Failure to adhere to or tow the line causes one to become stigmatised immediately, either by one's family, peer group and/or the community. For example, being HIV positive in the community, one would be viewed as a prostitute and, therefore, having broken a taboo, or as a punishment from the ancestors. For the purpose of this study, the researcher will look at the symbolic context of stigma as it is relevant to the healing process and in the local community context.

2.2.2 Indigenous healing

Katz and Wexler (1989) define indigenous healing as a process of transition towards greater meaning, balance, connectedness and wholeness, both between an individual and between individuals and their environment. It focuses on a person-environmental unit, holistically conceived, stressing the significance of interrelationships in healing, rather than isolated patients or discrete sicknesses (Katz & Wexler, 1989, p 20).

2.2.3 Spiritual faith healing

Spiritual faith healing may be defined as the process of preventing and curing illness or disease through the belief in an omnipotent force or creator (God) of the universe. It is a healing process that focuses on both the body and mind. An important foundation for successful healing in a spiritual context is faith (Answers.com, 2007).

Benor (2006) describes spiritual faith healing as a state of mind in which one's mind is centred, or focused, on the intent to help another person. Healing involves an unconditionally accepting, loving awareness of the person one is with. It lets one feel one is part of a larger "whole" – a cosmic, transpersonal awareness. It is the latter which gives healing the label, "spiritual" healing (Benor, 2006).

The channelling of healing energy from its spiritual source to someone who needs it is called spiritual healing. The channelling is usually a person, whom we call a healer, and the healing energy is usually transferred to the patient through the healer's hands. The healing does not come from the healer, but through him/her (Holistic-online.com, n.d).

2.2.4 Collectivism

Freedom Keys (2007) describes collectivism as a doctrine that the social collective, such as society, the people and the state, has rights, needs, or moral authority above and apart from the individuals who comprise it. Collectivism often sounds humane because it stresses the importance of human needs and demands that the group be more important than the individual. It requires the

individual to sacrifice himself/herself for the alleged good of the group (Freedom Keys, 2007).

2.3 Theories on stigma

2.3.1 Theorizing stigma and discrimination

Link and Phelan (2001) theorize stigma and discrimination as an individual identity, the product of how people think of themselves and of others. It is a process that occurs at an individual level. This includes attitudes, beliefs and values about people's commonalities and differences in relation to others. Stigma has to do with prejudice, setting apart of individuals or/and groups through attachments of negative perceptions and values (Allport, 1954).

Some authors identify stigma as intertwined with social and cultural differences which is further complicated by gender, class, religion, race, ethnicity, nationality, sexual orientation and physical attributes. Stigma, furthermore, involves the social expression of negative attitudes and beliefs that contribute to processes of rejection, isolation, marginalization, and harm to others (Goldin, 1994; Herek, 2002; Link & Phelan, 2001; Parker & Birdsall, 2005).

According to Parker and Birdsall (2005), discrimination involves some form of enactment of stigma which may be verbal or physical and which is likely to be hurtful and/or harmful to the person to whom it is addressed. It is subtle and readily defined.

Many inequalities are perpetuated in social practices that are well established and embedded such as in the use of language. In the case of HIV/AIDS, for example, the naming of people as "victims" and "sufferers" contributes to their stigmatization (Parker & Birdsall, 2005).

Africans view stigma in the context of all that is contrary to traditional beliefs. Processes such as rejection, isolation and marginalization to hurt others become evident.

2.3.2 Stigma and socio cultural aspects of HIV/AIDS

Socio-cultural factors have been identified as reasons for the rapid spread of HIV/AIDS in South Africa (France, 2005). Cultural practices related to sexuality contribute to HIV infection. For example, first, the negative attitudes towards condom use identified by Duncan, Harrison, Toldson, Malaka, and Sithole (2005); Madu & Peltzer, 2000). This emanates from the importance of fertility in African communities which may hinder the practising of safer sex. Second, the urbanisation of migrant labour which exposes people to cultural influences with the result that traditional modern values co-exist resulting in the further spreading of HIV (Duncan, et al. 2005; Madu & Peltzer, 2000).

Third, male dominance and gender inequalities contribute to the inferior status of women, which offers them little power to protect themselves or refuse sex without condoms. Last, stigma and discrimination hinder preventative efforts and make positive people fear to seek help/care and support and thus adopt what Herek (2002) calls successive passing.

2.3.3 Knowledge and attitude

Knowledge about HIV/AIDS varies across countries. Attitudes play a greater role in societies where knowledge about HIV/AIDS is minimal and greater stigmatization practices associated with greater HIV/AIDS and ways of knowing about HIV/AIDS infection are related to sexual-risk behaviour (Duncan, et al., 2005: p6; Madu, & Peltzer, 2000).

In South Africa, failing to engage in safer sex behaviour causes a high reaction against stigmatized groups. First, black male partners are said to be less likely to use condoms while college students experiment sexuality by inconsistently using condoms with multiple partners (Duncan, et al. 2005; Madu & Peltzer, 2000).

Second, the epidemic is linked to at risk-groups such as prostitutes and migrant workers. The reaction to stigmatized persons is that of being viewed as the 'other', less than the whole and usual person but instead being viewed as tainted and discounted. A study by Guma, Henda and Petros (n.d.) suggests that disparities in attitudes with respect to social context such as age, gender and religious background still greatly influence attitudes towards people living with AIDS. The study suggests that there is still a belief among some people or groups in South Africa that defines itself as normative through "othering" and labelling on the basis of any number of characteristics including physical attributes, socio-economic status, sexual preferences and practices, religious beliefs, race, ethnicity, and association with disease, amongst others.

Third, belief systems tend to inform the way HIV is understood and interpreted. Therefore, stigma is likely to thrive in an environment of ignorance and half truths (Valdiserri, 2002).

In Senegal there are two patterns regarding behaviour and perceptions towards AIDS which have been noted by Lagarde, et al., (2000). First, women appear to look at material needs as important whereas perceptions of a real threat lead men to adopt protective behaviours. Second, the study indicates that widowed and divorced women as well as seasonal migrants are particularly exposed to HIV infection because they are characterized by high risk behaviour, and a low rate of condom use. In addition, they seldomly use any protective measures to avoid HIV infection (Lagarde, et al., 2000).

HIV in Botswana is accompanied by stigma and discrimination that create circumstances for spreading HIV (Letamo, 2003). However, women are portrayed as more tolerant since the burden to care for the infected rests on their shoulders.

The results of attitudes of health providers in a study in Lagos Nigeria, indicate that most respondents (96.3%) had a moderate to good knowledge of HIV/AIDS. The respondents' level of knowledge was influenced by the level of formal education attained, length of practice, gender and attendance of refresher courses on HIV/AIDS. In contrast, respondents' age, occupation and religion did not significantly influence the level of knowledge. The attitude towards PWA was poor because only fifty-five point nine percent (55.9%) of health workers felt PWA were responsible for their illness, while thirty-five point four percent (35.4%) felt that they deserve the punishment for their sexual misbehaviours (Adebanjo, Bamgbala, & Oyedirin, 2003).

A study by Burkholder, Harlow and Washwich (1999) conducted in the United States suggests that heterosexual people distance themselves from HIV/AIDS and people get to know about HIV through related sexual risk behaviour such as condom self-efficacy and perceived HIV/AIDS risk. Knowledge has not been shown to result in behaviour change itself.

2.3.4 Root causes of individual perceptions of stigma

A study by Nyblade, MacQuarrie, Phillip, Kwesigabo, Mbawambo, Ndega, Katende, Yuan, Brown, and Strangle (2005) explored fear of contagion through every day contact. The enactment of stigma through discriminatory practices included physical isolation, for example, separating eating utensils and living quarters, social isolation from events, loss of social networks and diminished standing in the community as well as verbal discrimination and abuse, blaming and labeling, gossip, and taunting.

“Felt” stigma /discrimination may be expressed through feelings of denial, fear, guilt, depression, withdrawal, loss of hope, and worthlessness (Herek, 2002). He argues that PLWA are also subject to identity processes that include negative and positive constructions of “the other” and, therefore, PLWA may themselves stigmatize others living with the virus. Fear of stigma, according to Parker and Birdsall (2005), interacts with other psychological processes concerning HIV infection, including guilt at potentially having infected others, fear of illness and death, feelings of inadequacy, and denial.

2.3.5 Stigma and sexual prejudice

According to Herek and Capitanio (1999) people with AIDS in America are routinely blamed for their condition, especially if they contracted HIV through sexual behaviour. Contrary to that some people have sympathy for PLWA who contracted AIDS from blood transfusion while a large number of the public increasingly differentiates, between “blameworthy” and “innocent” people with AIDS. Numerous people express concern about mere symbolic contact with PLWA, such as through touching an article of clothing or drinking from a sterilized glass used by a PWA (Herek & Capitanio, 1999).

2.3.6 Indigenous healers and the community

According to the *South African Health Review (1999)*, traditional healers’ treatment is comprehensive and curative. Protective and preventative elements can either be natural or ritual or both depending on the cause of the disease. It includes, among other methods, ritual sacrifice, steaming, purification such as, ritual washing or use of emetics and purgatives, sniffing of substances, cuts (African mode of injection), wearing charms, and piercing (African acupuncture) (Kayombo, 2000; Lesolang-Pitje, 2000; Mbiti, 1996; Parliamentary Monitoring Group, 2001; Sandlana, 2005; and Sodi 1998).

A study by Colvin, et al., (2003) suggests that traditional healers may have a positive role to play in community-based directly observed treatment (DOT) in Africa. A traditional healer does everything for the community (Mbiti, 1996). The healer shares the customs of the community and when one consults such a person one feels comfortable (Lesolang-Pitje, 2000; Mbiti, 1996; Parliamentary Monitoring Group, 2001; Sandlana, 2005; and Sodi, 1998).

2.3.7 Spiritual faith healers and the church/community

The church without plays a very significant role in peoples' lives. As the world crumbles in one's life, spirituality serves the need. A person looks to God for survival (Abdu'l- Baha, 2007). Religious leaders are playing a part in the communities by teaching as well as creating religious awareness in relation to HIV/AIDS. However, there are contradictions in their actions as different churches do different things in line with the particular churches doctrine (Abdu'l-Baha, 2007).

2.3.8 Stigma in the context of religious communities

According to Lagarde, et al., (2000), it has been recognized that religion plays an important role in relation to the HIV/AIDS epidemic. Elements include doctrinal positions and religious teachings with which ministers address HIV/AIDS and HIV prevention and efforts undertaken by the church in communities and societies within which they work. Furthermore, the church has direct "jurisdiction" over issues of personal behaviour, morality, family life, and belief. Their regular involvement with members and followers includes direct contact with people at key life events such as birth, coming of age, marriage, and death. Their position includes being a spiritual home for members and as a source of strength, support and hope for people who are ill or in need (Lagarde, et al., 2000).

2.3.9 Religious orientation and prejudice

There are two types of religious orientations, according to Allport (1954), namely first the extrinsic oriented who are self-serving people, with an instrumental approach to conforming social conventions. They tend to be positively associated with prejudice and are religious primarily in order to enjoy social acceptance and integration since religion to them provides security, comfort, status, or social support. Since prejudice often provides similar benefits, extrinsics are also likely to be prejudiced. The second type has an intrinsic religious orientation which provides them with a meaning-endowing framework in terms of which all life is understood. In contrast to the extrinsically motivated, they use religious teachings to inform their everyday interactions with others. They love their neighbour because for them “there is no place for rejection, contempt or condescension” towards other human beings. Allport asserts that intrinsics have no room for rejection in their attitudes towards others.

Lesbian women and gay men suffer usually from forms of prejudice, including physical violence and discrimination in employment, housing and public accommodations. According to Herek (1987), this attitude towards homosexuals may constitute a conflict for the intrinsically religious between two beliefs: that they should follow religious teachings and that they should love all human beings.

Religiosity has been conceptualized as a personal control against deviance and, therefore, it is associated with conventionality and conformity (Nicholas & Durrheim, 1995). In an HIV-positive population, spiritual beliefs and religious practices appear to play a role in end-of-life decisions (Kaldjian et al., 1998). The morbidity, mortality and negative social forces associated with HIV challenge the deepest beliefs with questions of hope, meaning, purpose, forgiveness and relationship with God (Kaldjian et al., 1998).

2.3.10 The diverse inconsistent and sometimes contradictory roles of the church

The inconsistent and sometimes contradictory roles of the churches need to be understood as dependent on a range of contextual factors at both the micro as well as the macro level (Parker & Birdsall, 2005). These may be attitudinal or unofficial stances of religious bodies on the question of HIV/AIDS, such as societal factors which involve the position occupied by a faith group or religion within a community or society as a whole, and structural factors which relate to partnerships and other relationships in which religious groups are embedded, and their capacity to effect change (Parker & Birdsall, 2005).

According to Lunginaah et al., (2005), in Ghana dimensions of culture such as values, beliefs and norms are culture constructs that influence marital and other sexual behaviours. In their study, Lunginaah et al., (2005) acknowledge the potential role the churches could play in HIV/AIDS prevention efforts, while Christian Century (2000) notes that any real dent in the AIDS epidemic cannot be made without the help of African churches.

However, there are contrasting reports about the role of the church on sexual behaviour and HIV/AIDS in Africa (Largarde et al., 2000; Lunginaah et al., 2005). Although HIV/AIDS has established itself in Mozambique, according to Agadjanian (2005), informal communication regarding HIV/AIDS is still characterized by considerable uncertainty, ambivalence and stigmatization.

2.3.11 Promotion of community-living among Africans

Theorists in African philosophy and African psychology, specifically Mbiti (1996), have identified a principle of African social science that they identify as the principle of collective survival or “survival of the tribe” (Akbar, 1984; p406). Observations, then, of human behaviour can be understood as normal or abnormal to the degree that it adheres to this principle (Akbar, 1984).

For traditional Africans community is basically sacred, rather than secular, and is surrounded by several religious forms and symbols (Ejizu, 2007). It is a belief among Africans that a fundamental delicate balance and equilibrium exist in the universe, between the visible and the invisible one (Mbiti, 1996). Thus, traditional Africans view the universe as comprising of basically two realms- the visible and the invisible realism (Leeuw, 2004; Mbiti, 1996). They understand the cosmos as a three-tiered structure, consisting of the heaven above, the physical world and the world beneath. Each of these is inhabited by different categories of beings. The creator and a host of spirit beings, including arch-divinities inhabit the heaven above, other divinities, ancestors, and myriads of unnamed spirits dwell in the world beneath, while human beings occupy the physical earth (Mbiti, 1996). Human beings may be less powerful, according to Ejizu, (2007), but their world is the centre and the focus of attention. It belongs to human beings as sensible beings to maintain the delicate balance in the universe. This is what assures the happiness and prosperity of individuals and the community (Akbar, 1984; Leeuw, 2004; Mbiti, 1996).

Religion becomes central in inculcating, promoting and realising the harmonious inter-relationship among individuals and the community. Thus, the individual does not and cannot exist alone except cooperatively (Ejizu, 2007). In the traditional African background, religion is a most important aspect of life. It pervades and permeates all aspects of life and infuses the social, economic and political dimensions of Africans with meaning and significance (Leeuw, 2004; Mbiti, 1996). But there are some more striking avenues through which the traditional religion helps the community to realise the community ideal of harmonious living. They include transmission of certain key religious ideas and beliefs, initiation practices, ritual activities, sacred symbolic forms, and vital public institutions (Ejizu, 2007; Mbiti, 1996). The avenues then identify a norm that is all-inclusive and holistic, which states that normality is any process that operates in consistency with the tendency of nature's self-preservative character

(Akbar, 1984). Such a conclusion is not dissimilar to the eminently profound assertion of the “Law of relativity” which maintains that matter can be neither created nor destroyed, that is, it is self-preservative, observing the first law of nature (Akbar, 1984).

2.4 Theoretical framework

2.4.1 The rationale for the cultural contextualisation of stigma

2.4.1.1 The self in traditional psychology

The traditional Western ways of knowing, according to Greenfield (1997), draws sharp distinctions between the knowing of the subject and the object of her/his knowledge. The knower is a solitary, disinterested subject. He/she is stripped of all particularities such as gender, culture and positions his/her existence in space and time (Markus & Kitayama, 1991). The self in traditional psychology is a bounded autonomous entity in terms of its internal attributes such as thoughts and emotions which are independent of social and contextual factors. Where relationships with others and the social order exist, they are thought to be established through discretionary choice (Shweder, 1990). This view of selfhood is also known as the independent view of the self (Markus & Kitayama, 1994).

The view of the self contrasts sharply with conceptions of the self in indigenous societies and non-Western cultures in general. The self in these societies tends to be context-based (Shweder, 1990). It is defined in terms of one’s relationships with others, such as family, community and status or position within the group. Akbar (1984) in the Africentric approach to social science conceptualises the self as a collective phenomenon. The author denotes that it does not deny “uniqueness”, but it does deny the isolated notion of individualism, that is, that the person can be understood independent of other persons. Furthermore, the “other” is not just a mirror of the self but the ‘other’ is an expression of the self.

The fundamental adage emerging from African philosophy captures this collective experience of self in the proposition: ‘I am because we are and because we are, therefore I am’ (Mbiti, 1996). Akbar (1984) maintains the argument that this conception identifies the collective consciousness as the appropriate arena for human observation. Thus the goal of socialisation is to harmonise one’s interests with those of the collective. This view of selfhood, according to Markus and Kitayama (1991), is also called the collectivist or independent self.

Cultural psychologists, among other researchers, have criticized the notion of value-free knowledge. Shweder (1990: p73) defines cultural psychology as the study of the way culture traditions and social practices regulate, express, and transform the human psyche, resulting less in psychic unity for humankind than in ethnic divergences in mind, self, and emotion. Thus while traditional psychology seeks *objective* knowledge, cultural psychology assumes that the subject (scientist) and his/her object of knowledge are interdependent (Shweder, 1990). Like Shweder, Akbar, (1984) defines African intelligence according to a person’s adequacy in living and developing. That is, knowledge would be reflected in the degree to which a person is capable of manoeuvring an environment offering obstacles to his or her collective self’s development (Akbar, 1984: 411).

Schweder (1990) and Bruner (1986) emphasize that an important part of a human psychology is “meaning and the processes and transactions involved in the construction of meanings” (Bruner 1990; p33). These meanings are not realized by individuals acting in isolation but they result from participation in the symbolic systems afforded by their culture (Bruner, 1990; Shweder, 1991). The Africentric approach, on the other hand, assumes a universal knowledge rooted in knowledge of the make-up of the human beings themselves (Akbar, 1984). The most direct experience of the self is through emotion and affect. Affect refers to the feeling of the self, the emotive self engaged in experiencing phenomena holistically. Thus, this approach of Africentricity admits both symbols and affect as legitimate determiners of human activity. Emotional reactions called *malopo* in Sesotho,

manchomane in Xi-Tsonga are regarded as a means of knowing and as a balance for rationality that is legitimate within this model (Akbar, 1984; Katz & Wexler, 1989). The significance of symbols in the Jungian tradition as an expression of certain collective archetypes is also an approach of value (Akbar, 1984). Cultural symbols and rituals are considered as important causative dimensions in human experience. Such symbols would have little validity as either independent or dependent variables (Akbar, 1984) in Western science.

2.4.1.2 Culture and the self

Some authors such as Geertz (1993) view culture as an organization of ideas rather than an aggregate of independent traits. He argues that this concept of culture is like webs of significance, in which man is suspended while the analysis of it is not experimental science in search of law but an interpretive one in search of meaning. Similarly, the symbol system is man-created, shared, conventional, ordered, and learned, and it provides human beings with a meaningful framework for orienting themselves to one another, to the world around them and to themselves. For the same reasons the symbol system is the information source that to some measurable extent, gives shape and direction, particularly to point to an ongoing flow of activity (Geertz, 1993; p250).

Hofstede (1997) defines the concept of culture as derived from one's social environment, not from one's genes. He claims that it is learned and not inherited and is always a collective phenomenon, because it is partly shared with people who live or lived within the same social environment which is where it is learned. In addition, it is a collective programming of the mind which distinguishes the members of one group or category of people from another. In attempting to understand customs one finds that its meanings involve knowledge of social organization, religion and medicine. Communicative conventions are orderly and most importantly, they are an organized set of contexts from which customary beliefs and practices derive their meaning (Hofstede, 1997).

Furthermore, Schweder and Bourne (1984) describe cultural models as being simultaneously normative and descriptive. When formulated in terms of religion and cosmology, their descriptive aspects can embody accurate environmental knowledge and lead to adaptive practical outcomes. Cultural ideology, according to Geertz (1993), is a system of beliefs held in common by members of a collective. Markus et al., (1991) agrees with Geertz (1993) that the African culture, like Japanese culture, emphasizes attending to and fitting in with others. According to Markus, et al., (1991), these construals of the self and others are tied to the implicit, normative tasks that various cultures hold for what people should be doing in their lives.

The independent view, according to Markus, et al., (1991), is most clearly exemplified in some sizable segment of American culture, as well as many Western European cultures. Furthermore, that the self in Western culture is viewed as interdependent with the surrounding context, and it is the “other” or the “self-in-relation-to-other” that is focal in individual experience. The Africans, in contrast, look at aspects of knowledge representation and some of the processes involved in social and non-social thinking alike as influenced by the relevant others in the social context. Thus, one’s actions are more likely to be seen as situational while characterizations of the individual will include this context (Markus et al., 1991).

Since African culture insists on the fundamental connectedness of human beings to one another, this experience of interdependence among the Africans according to Markus (1991), entails seeing oneself as part of an encompassing social relationship and recognising that one’s behaviour is determined by what may be perceived to be the thoughts, feelings, and actions of others in the relationship (Markus et.al., 1991; Mbiti, 1996). Within such a construal, the self becomes most meaningful and complete when it is set in the appropriate social relationship (Markus et al., 1991). This view of the self and the relationship between the self

and others regards the person not as separate from the social context but as more connected and less differentiated from others. People are then motivated to find a way to fit in with relevant others, to fulfil and create obligations, and in general to become part of various interpersonal relationships. The same notion has been variously referred to as holistic (Mbiti, 1996), collective, connected and relational (Akbar, 1984; Markus et al., 1991), and accommodative (Azuma, 1984; Weisz et al., 1964).

According to Markus et al., in many domains of social life, one's opinions, abilities and characteristics are assigned only secondary roles – they must instead be constantly controlled and regulated to come to terms with the primary task of interdependence. Such voluntary control of the inner attributes constitutes the core of the cultural ideal of becoming mature (Markus et al., 1991). What is unique in the African self according to Mbiti (1996), is not the inner self, but the relationships of the person to other actors.

The relationship between the self and others, or between subject and object and situation, is assumed to be extremely close (Mbiti, 1996). Thus, in African culture, for instance, there is an emphasis on synthesizing the constituent parts of any problem or situation into an integrated or harmonious whole (Ejizu, 2007; Mbiti, 1996). Persons are only parts that when separated from the larger whole cannot be fully understood (Ejizu, 2007; Shweder et al., 1984). Such a holistic view is in opposition to Western thinking in which the self is separated from the object and from the natural world (Markus et al., 1991).

To maintain a connection to other people in an African culture means being constantly aware of others and focusing on their needs, desire, and goals. In other cases, fulfilling one's own goals may be quite distinct from those of others, but meeting another's goals, needs and desires will be a necessary requirement for satisfying one's own goals, needs and desires (Markus et al., 1991; Mbiti, 1996). The assumption is that while promoting the goals of others, one's own goals will

be attended to by the person with whom one is interdependent. Hence, people may actively work to fulfil the others' goals while passively monitoring the reciprocal contributions from these others for one's own goal-fulfilment (Akbar, 1984). Naturally, if one's actions are independent from the group's actions the tendency is to stigmatize him/her.

The sense of individuality that accompanies an interdependent self includes attentiveness and responsiveness to others so as to maintain further the reciprocal interpersonal relationships. One is conscious of where one belongs with respect to others and assumes a receptive stance toward these others, continually adjusting and accommodating to these others in many aspects of behaviour (Azuma, 1984; Markus et al., 1991; Mbiti, 1996). Such acts are fitting in and accommodating and are often intrinsically rewarding, because they give rise to pleasant, other-focused emotions such as the feeling of connection, while diminishing unpleasant ones such as shame, and furthermore, because the self-restraint required in doing so forms an important basis for self-esteem (Markus et al., 1991). Typically, then, it is others rather than the self that serves as the referent for organizing one's experiences. With an independent construal of self, others are less centrally implicated in one's current self-definition or identity. Certainly, others are important for social comparison, for reflected appraisal, and their role as targets of one's actions, yet at any given moment, the self is assumed to be a complete, whole, autonomous entity, without the others (Markus et al., 1991).

The defining features of an independent self are attributes, abilities, traits, desires, and motives that may have been social products but that have become the property of the self-contained individual and that are assumed to be the source of the individual's behaviour (Markus et al., 1991). The sense of individuality that accompanies this construal of the self includes a sense of oneself as an agent, as a producer of one's actions. One is conscious of being in control over the surrounding situation, and of the need to express one's own thoughts, feelings and

actions to others, and is relatively less conscious of the need to receive the thoughts, feelings and actions of others (Markus et al., 1991).

The Africentric approach, viewing humanity as ultimately reducible to a universal substance that is harmonious with the entire cosmos, implies the fundamental goodness of human goodness being the tendency of life to enhance life in a constructive direction (Akbar, 1984). Thus, human relationships are considered potentially as compatible as are the relationships among all of the mutually facilitating components of nature (Akbar, 1984). In other words, the *Ubuntu* adage ‘We are because you are, you are because we are’ fits very well in African culture.

2.4.1.3 Culture and African religion

In what is referred to as African ‘religion’, one encounters practices and ideas that form knowledge, which is demonstrated through participation at appropriate moments, as demonstrated by circumstances, in communities and in the lives of members of those communities (Leeuw, 2004). The practices, according to Leeuw (2004), constitute empirical knowledge, and the ideas constitute rational knowledge of both empirical and metaphysical forms. In this knowledge, the ideas are either independent of practices, or they form conceptualizations that express the meaning of those practices (Leeuw, 2004).

Leeuw (2004) defines African religion in terms of experience, perception of reality, and the language (literal and symbolized) for the expressing of all the foregoing stipulations and the reality in question. What is referred to as religion (in indigenous knowledge systems) is, in fact, the repeated act/actions and activities that articulate interpretations of the substance of experience, perception and the conceptualization of reality, as well as the meaning of the relationship between the substance of that articulation (that is, the merit, or authenticity, of its meaning) and reality in its total form (Leeuw, 2004).

The rites, rituals and sacrifices are derived from ideas, while they also represent ideas (Leeuw, 2004; Mbiti, 1996). This is another instance in which religion exists in philosophy, since philosophy consists of ideas. Thus, the ideas are abstractions of both the empirical objective reality and the metaphysical reality, which is perceived through consciousness. The empirical objective reality is abstracted and presented in categories of symbols (Mbiti, 1996). These symbols are found in elements of the rites, rituals and sacrifices. The elements are infused in everyday life through their symbolic understanding and knowledge (Leeuw, 2004; Mbiti, 1996).

The rites and rituals direct practices in life which bear on particular context, while the ideas exist in what is commonly referred to as beliefs – sometimes also referred to as superstition and magic (Katz et al., 1989; Leeuw, 2004; Mbiti, 1996). Rites and rituals are, therefore, practised within a communal context while beliefs belong to particular categories of ideas. At the same time there are distinguishable forms of consciousness between the context of rituals and between the rituals and the contexts of ideas (Leeuw, 2004).

In fact, African religion focuses on the eternal questions of what it means to be human: what is the meaning of life, and what are the correct relations among humans and spiritual powers, and with the natural world (Mbiti, 1996). In addition, African religious systems also seek to explain the persistence of evil and suffering, and they seek to portray the world as operating with some degree of order and predictability (Chiakwa, 1999; Katz & Wexler, 1989; Leeuw, 2004; Lesolang-Pitje, 2003; Mbiti, 1996). They also uphold certain types of ethical behaviour (Mosue, 2005). These ideas are expressed in sacred oral traditions, handed down from generation to generation through the performance of ritual dance and music and through intensive periods of education, including rites of passage (Leeuw, 2004; Mbiti, 1996).

2.4.1.4 Belief in the ancestors

The belief in the ancestors is an important element of African traditional religion (Mbiti, 1996). The belief occupies an important place in the understanding of the role of the traditional religion in inculcating the ideal of harmonious living among the African people. However, in this regard Leeuw (2004) declares that one needs to know the content of the belief to be better able to appreciate how it helps the people to realize the community ideal of harmonious living (Leeuw, 2004). Additional findings by Mbiti (1996) are that traditional Africans hold the ancestors as the closest link the physically living have with the spirit world. “The living-dead”, as they called, are bilingual; they speak the language of men, with whom they lived until recently, and they speak the language of the spirits of God (Mbiti, 1996). Therefore, the ancestors are regarded as the “spirits” with which African peoples are most concerned because it is through the living-dead that the spirit world becomes personal to the living as they are still part of their human families, and people have personal memories of them (Mbiti, 1996).

Africans believe that the ancestors are essentially benevolent spirits. They return to their human families from time to time and share meals with them, however, symbolically. They know and are interested in what is going on in these families. For African peoples, the belief and ideas about ancestors form an essential part of the effort to inculcate, mobilize and promote the community ideal of harmonious living in society. As benevolent spiritual guardians of their respective families and communities, the ancestors are believed to reincarnate in new-born babies in the community (Mbiti, 1996).

In addition, the ancestors are thought to mete a quick and severe punishment on people who disregard the hallowed traditions of the community, or infringe taboos and norms of acceptable behaviour in society (Ebigbo, 1989; Ejizu, 2007; Mbiti, 1996). Africans therefore, try to strictly observe such taboos and norms, thereby

ensuring peace and harmony in their relationship with one another, with the ancestors and other supernatural beings (Mbiti, 1996).

According to Leeuw (2004), the assumed existence of the creator (or supreme being) and spiritual beings (ancestors), as well as the assumption of what happens to human beings after death, are further examples of the existence of religion in philosophy, rites, rituals and sacrifices associated with the creator or supreme being and the spiritual beings, all of which are central to religion. The creator or “supreme being” and the spiritual beings, according to Leeuw (2004), provoke philosophical questions to which no testable answers based on certain knowledge could be provided.

The traditional healers and spiritual faith healers and the participating community therefore, reveal what that knowledge and understanding of religion are (Akbar, 1984). They provide the cross validation between subjective and objective experience such as recognizing the interdependence of the moral order and the material order. This means that a violation of either impacts on all dimensions of the human make-up. Such an approach, according to Akbar (1984), demands a balanced development of the inner and outer worlds, that is, one’s skill in scaling the heights of gravity is paralleled by exploring the depths of the human make-up.

Since the rites, rituals and sacrifices are responses to human circumstances, the experiences of changing conditions of life, conducting the rites, rituals and sacrifices aims to reconcile members of the community, individually and collectively, with these circumstances, which have their particular impact on the experiences of, and ability to cope with life’s circumstances (Leeuw, 2004; Lesolang-Pitje, 2003; Mbiti, 1996; Mosue, 2005).

Leeuw (2004) contends that rituals are acts or actions that embody knowledge that is significant to the communal context. Furthermore, they maintain the same forms and procedures. All members of the community know the rituals by name

and have, by participating in them, followed the procedures together with other members of the community within the confines of the defined forms (Katz et al., 1989; Leeuw, 2004; Mbiti, 1996).

2.4.1.5 Collectivistic theory among Africans

African culture insists on the fundamental connectedness of human beings to one another (Mbiti, 1996). This experience of interdependence among the Africans entails seeing oneself as part of an encompassing social relationship and recognizing that one's behaviour is determined by what may be perceived to be the thoughts, feelings and actions of others in the relationship (Markus, et al., 1991; Mbiti, 1996). Like Mbiti, Akbar (1984) conceptualizes the self as a collective phenomenon that does not deny uniqueness, but it does deny individualism, that is, that the person can be understood independent of other persons. The other is not just a mirror of the self but the other is an expression of the self (Akbar, 1984). The fundamental adage emerging from African philosophy that captures this collective experience of self is the proposition: "I am because we are and because we are, therefore I am" (Mbiti, 1996). This conception identifies the collective consciousness as the appropriate arena for human observation (Akbar, 1984).

In the context of the collectivistic theory, the self becomes most meaningful and complete when it is set in the appropriate social relationship (Markus et al., 1991). This view of the self and the relationship between the self and others features the person not as separate from the social context but as more connected and less differentiated from others. People are motivated to find a way to fit in with relevant others, to fulfil and create obligations, and in general to become part of various interpersonal relationships. The same notion has been referred to as holistic (Mbiti, 1996), collective, connected, and relational (Akbar, 1984; Markus et al., 1991), and accommodative (Azuma, 1984).

According to Markus et al., in many domains of social life, one's opinions, abilities and characteristics are assigned only secondary roles – they must instead be constantly controlled and regulated to come to terms with the primary task of interdependence. Such voluntary control of the inner attributes constitutes the core of the cultural ideal of becoming mature. What is unique in the African self is not the inner self, but the relationships of the person to other actors (Markus et al., 1991).

The relationship between the self and the other, or between subject and object, is assumed to be much closer. Thus, religion as part of the African people's cultural heritage dominates their thinking to such an extent that it has shaped their cultures, their social life, their political organizations, and economic activities (Mbiti, 1996). In African culture, for instance, there is an emphasis on synthesizing the constituent parts of any problem or situation into an integrated or harmonious whole (Mbiti, 1996). Thus, persons are only parts that when separated from the larger whole cannot be fully understood (Shweder & Bourne, 1984).

To maintain a connection with other people in an African culture means being constantly aware of others and focusing on their needs, desires and goals (Ejizu, 2007). In other cases, fulfilling one's own goals may be quite distinct from those of others, but meeting another's goals, needs and desires will be a necessary requirement for satisfying one's own goals, needs and desires. (Markus et al., 1991; Mbiti, 1996).

2.4.1.6 Normative standards of behaviour

The area of morality is yet another relevant avenue through which traditional Africans try to shape people and reinforce in them the important idea and value of harmonious community-living (Ejizu, 2007; Mbiti, 1996). Morality is simply an acknowledgement of a natural order and normality is man's harmony with that

order. Morality constitutes a uniquely human trait which represents the human being's capacity for self-mastery and self-direction as well (Akbar, 1984; Ejizu, 2007; Idowu, 1973; Mbiti, 1996).

African indigenous religions, therefore, provide a system of morality that establishes right from wrong, and good and appropriate from bad or inappropriate behaviour (Mbiti, 1996). Every social group evolves its distinct ethical code (Idowu, 1973). Every society has its norms of acceptable behaviour, taboos and prohibitions. Many traditional African groups have, in addition, motivational features and incentives through which compliance to the norms of approved behaviour and social ideals are encouraged (Leeuw, 2004). There are equally rituals of purification, as well as punitive measures that try to deter and curb the tendency to deviate (Leeuw, 2004; Mbiti, 1996; Mufamadi, 2004).

Religion may be distinct and separate from morality, as many scholars have rightly argued. For traditional Africans, the line dividing the two is very thin indeed. African traditional religion plays a crucial role in the ethical dynamics of the different groups. In the traditional African background, ancestors serve as police men (Mbiti, 1996). African traditional world-views invariably outline a vision of reality that is at once ethical in content and orientation. Human beings and their world is the focal point of a highly integrated universe. Akbar (1984) maintains that morality is an instrument of balance and an imperative of the human make-up and not an option. Human conduct is, therefore, seen as the key in upholding the delicate balance believed to exist between the visible world and the invisible one (Ejizu, 2007; Mbiti, 1996).

There are norms and taboos that try to address the need of the individual human person for security of life and property. There are also special restrictions and norms regulating the behaviour of people towards public functionaries such as lineage heads, the king or queen, traditional priests, diviners, and medicine-practitioners. Such persons are generally regarded as specially sacred, and

representative of the community. Their residence is equally sacred. So are instruments of their office (Akbar, 1984; Mbiti, 1996).

Traditional Africans believe that spiritual beings, especially ancestral spirits guarantee and legitimate the ethical code. By invoking severe divine sanctions on any one who would try to oppose or disobey a promulgated law or norm of morality (Akbar, 1984; Ejizu, 2007). People no doubt acknowledge the social basis of ethical norms, for morality becomes the instrument of balance and in Africa, it is an imperative of the human make-up and not an option (Akbar, 1984). For most African groups, ostracizing an individual or group that has flagrantly disobeyed the community is thought to be the most severe punishment that could be meted out to anybody. Sanctions and the recovery of fines are imposed on defaulters. Serious criminals are not simply regarded as anti-social persons, they are sorcerers, witches and murderers among others. So, people protect themselves against their nefarious activities through different kinds of ritual practices including offering ritual sacrifice, making and wearing charms and amulets (Ejizu, 2007). It feels like death for any one so punished since such a person is regarded as an outcast. They would not be allowed to share in the life of the community. There would be no visits to the family, no exchange of greetings while no one would sell or buy from the members of the affected family. So severe is the punishment of being ostracized, that every member of the community dreads it, and would do everything possible to avoid it. It does, on the other hand, show the tremendous power of the community in the traditional African background (Ejizu, 2007).

2.4.1.7 African beliefs regarding illness

It is African people's belief that a person is healthy when the body, the family, the community and the ancestors (being the recently departed) are happy (Mbiti, 1996). Traditional African religion plays an important part in shaping African cultures. It is through this religion that the community is able to live in harmony

with one another. According to Mbiti (1996), from the birth to the death of an individual, the family and community conduct certain rituals for every occasion and every individual understands the ritual for the occasion.

The whole community is expected to practise the culture and, therefore, the belief is that illness occurs if one of the family or the community does not adhere to cultural beliefs. Disagreeing with these beliefs is regarded as culturally immoral and evil because African customs are founded on moral values (Mbiti, 1996). This means that Africans regard moral values as a high priority. Anything which does not adhere to these values is regarded as a taboo and is punishable by the ancestors either by one becoming ill or a misfortune befalling the person. Africans, therefore, emphasize illness or the social construction of sickness rather than disease or the biomedical sickness (Mbiti, 1996). Chiakwa (1999) puts it in context by declaring that sickness is evidence of a breakdown of physical, social and spiritual mechanisms of the individual and the community. Man was believed to be a unitary being, consisting of biological body and spiritual body. He had to be healed medically, socially, psychologically and spiritually' (Chiakwa, 1999). The healing, therefore, becomes a transition towards greater meaning, balance, connectedness, and wholeness, both within the individual and between individuals and their environment (Katz & Wexler, 1989).

2.4.1.8 Concluding remarks

Knowledge of HIV/AIDS has not shown different attitudes between men and women in different countries. While women reveal compassion for those infected, such as in Botswana, they also show vulnerability in looking at material gains, as indicated in Senegal. However, South African college students, despite knowing about HIV, are failing to engage in safer sex behaviours such as condom use. Black male partners are regarded as rather unwilling to use condoms. Belief systems have also shown an influence on how they are understood and interpreted.

The next chapter will deal with the literature review on the following sub-topics: HIV/AIDS stigma, the context of stigma, traditional psychology and the self, culture and the self, traditional African religion, belief in ancestors and morality as part of religion, African belief regarding illness and indigenous healers, and spiritual faith healers. Lastly, the researcher will deal with questions and assumptions arising from the study.

CHAPTER 3: LITERATURE REVIEW

3.1. Introduction

This chapter reviews studies on HIV/AIDS stigma from international and South African perspectives. It also defines indigenous healers as well as spiritual faith healers. The literature investigates the context within which factors contributing to stigma play a role in the communities and how it influences both indigenous healers and spiritual faith healers in their roles as healers. Wherever, it examines how culture and beliefs in the ancestors as part of African religion plays a part in the way communities understand stigma, and African beliefs regarding illness as part of religion. Lastly, the researcher will formulate the research questions and assumptions of the study.

3.2 Understanding HIV/AIDS stigma

3.2.1 HIV/AIDS and stigma

Fredericksson and Kanabus (2005) have considered HIV/AIDS as a social phenomena, while Herek, (2002); Herek and Capatano, (1999); Kelly, (2002); Nyblade et al., (2005) associate HIV/AIDS with stigma, repression and discrimination. Natrass (2004) also highlighted the portrayal of the disease by the South African communities in 1991 as a deadly disease because of poverty and the lack of economic opportunities. This fact is clearly viable in the Limpopo Province where there is severe poverty and a lack of formal education among rural communities (Kelly, 2002; *Statistics South Africa, 2001, 2005*). Kelly, (2002) has also found a lack of scientific research on the manifestation of HIV/AIDS related stigma in

South Saharan–Africa, while an *Information Bulletin* (2002) mentions that there is insufficient data related to stigma.

3.2.2 Indigenous healers

Indigenous healers are easily accessible to the community according to Chiakwa (1999); Katz and Wexler (1989); Lamola (1999); Madu (1999); and Sodi (1997), 1998) and that they understand the belief systems of these communities (Mbiti, 1996). Importantly, indigenous healers reveal what knowledge and understanding of religion are (Akbar, 1984; Katz and Wexler, 1989; Mbiti, 1996), since they provide cross validation between subjective and objective experience such as the recognition of the interdependence of moral order and material order (Akbar, 1984) such acts balance out the development of the inner and outer worlds (Akbar, 1984; Katz & Wexler, 1989). According to Mbiti (1996), the Parliamentary Monitory Group (2001) and Sodi (1997, 1998). They are the ones who come to the rescue of individuals in matters of health and general welfare. In addition, Boaheme (1996) also acknowledges that indigenous healing varies in other counties, but in South Africa indigenous healers have a sound knowledge of HIV/AIDS through patient-practitioner contact and the media (Boaheme, 1996).

3.2.3 Spiritual faith healers

The Parliamentary Monitory Group (2001) regards spiritual faith healers as ministers of religion, marriage councillors and therapists who resolve conflicts in the society. They are the ones who are first called in matters of the spirit in the community. Spiritual faith healers are accessible to the society because of their proximity.

3.3 Reduction of stigma among traditional Africans

3.3.1 Traditional African religion

African religion was understood in terms of the experience of the perception of reality, symbols and language (literal and symbolic) (Leeuw, 2005). The symbols afforded by culture (Shweder, 1995) assume universal knowledge of the make-up by human beings themselves (Akbar, 1984), and this knowledge is handed down from generation to generation. Religion, therefore, according to Mbiti (1996) and Akbar (1984), focuses on the eternal questions of what it means to be human, what is the meaning of life in relation to the natural world and spiritual powers, while, on the other hand, it also seeks to explain the persistence of evil and suffering (Chiakwa, 1999; Katz & Wexler, 1989; Leeuw, 2005; Mbiti, 1996). In addition, religion portrays the world as operating with some degree of order and predictability. According to Akbar (1984) and Mbiti (1996), religion as part of African culture, dominates the society's behaviour and shapes their culture, social life and economic activities.

3.3.2 Culture and the self

Geertz (1993) describes cultural ideology as a system of beliefs held in common by members of a collective. Furthermore, Hofstede (1997) defines culture as derived from one's social environment and not one's genes from which customary beliefs and practices derive their meaning. In addition, Shweder and Levine (1986) describe cultural models as being simultaneously normative and descriptive.

Akbar (1984) and Mbiti (1996) express the self in the African tradition as a religion which insists that the religion be lived as a ritual in whatever is practiced in the every day life. The adage "I am because you are, and you are because I am" (Akbar, 1984; and Mbiti, 1996) underpins this phenomenon. Yet, what is

unique in the African self, according to Markus et al., (1991) and Mbiti (1996), is not the inner self but the relationships with the person and the other actors. Markus et al., (1991) like Geertz (1993), mentions that Africans like the Japanese, emphasize attending to and fitting in with others.

3.3.3 Traditional self as part of a collective

The idea of connectedness and collectiveness in relation to the African self, strongly features in studies of Akbar (1984); Geertz (1993); Markus and Kitayama (1991); Mbiti (1996); and Shweder (1982), while in Western philosophy the self, the idea of the individual, is expressed as being emotive and affect (Markus et al., 1991; Shweder, 1984).

The self in indigenous societies as well as in non-Western cultures tend to be context based, according to Shweder (1984), as it is defined in terms of relationships with others such as family, the community and status or position within the group. This is in contrast with the Western concept of the self in traditional psychology where Markus et al., (1991) note that the self is an autonomous entity in terms of internal attributes, such as thoughts and emotions.

3.3.4 Belief in ancestors as part of religion

According to Mbiti (1996), the belief in the ancestors is the closest link the physically living have with the spiritual world. It furthermore, occupies an important place in understanding the role traditional religion plays in inculcating the ideal of harmonious living among African people (Akbar, 1984; Leeuw, 2005). On the other hand, the ancestors mete out quick and severe punishment on people who disregard the traditions of their community or infringe taboos and norms of acceptable behaviour in society (Akbar, 1984; Ebigbo, 1989; Ejizu, 2007; Mbiti, 1996).

According to Leeuw (2005) and Mbiti (1996), conducting rites, rituals and sacrifices aims at reconciling members of the community individually and collectively, which impact on their experience and ability to cope with life's circumstances. In fact, rituals are, therefore, acts and actions that embody knowledge that is significant in the commercial context. All the community members, according to Kartz et al. (1989), Leeuw (2005) and Mbiti (1996), know the rituals by name and follow procedures within the confined forms.

3.3.5 Morality as part of religion

Morality as part of religion reinforces in them the important idea and value of community living that constitutes unique human traits which represent a human being's capacity for self mastery and self-direction (Akbar, 1984; Ejizu, 2007; Idowu, 1973; and Mbiti, 1996). In addition, there are equally rights of purification, as well as punitive measures that try to deter and curb the tendency to deviate (Leeuw, 2004; Mbiti, 1996; Mufamadi, 2004). Human conduct is, therefore, seen as a key to upholding the delicate balance between the visible world and the ancestors (Ejizu, 2007; Mbiti, 1996). On the whole, traditional African ancestral spirits guarantee a legitimate ethical code, and they invoke severe divine sanctions on any one who would oppose or disobey a traditional norm or morality (Akbar, 1984; Ejizu, 2007). Morality, therefore, is an instrument of balance that is imperative of the human make-up and not an option (Akbar, 1984; Katz & Wexler, 1989).

3.4 Reinforcement of stigma among traditional Africans

3.4.1 Context of stigma

The context of stigma was identified by many studies (France, 2005; Nyblade et al., 2005) as socio-economic, age and gender, which lead to compounded stigma by being poor, being young, being a woman, having a lack of knowledge, and

being ignorant. Stigma is also mentioned as being used as a powerful tool to manipulate others (own words) and as a mechanism of social control (Kelly, 2002; Frederiksson & Kanabus, 2005). It is also viewed as a violation of human rights (Herek, 2002), while the infected became stigmatized (Natrass, 2004).

The use of language as a tool by naming people as victims and sufferers was mentioned by Kelly (2002); Link and Phelan (2001), who refer to people being called perverts, Aids carriers or being un-African (Huisman, 2006), names that increase the stigma. For the same reason, in a study France (2005) alluded to the harassing of individuals suspected of being HIV while AIDS related murders were reported in diverse countries. Insufficient data to inform the design of intervention to reduce stigma and subsequent discriminatory acts were also mentioned (France, 2005; *Info Bulletin*, 2002).

3.4.2 African belief regarding illness

Traditional African religion plays an important role in shaping African cultures (Akbar, 1984). First, the traditional belief is that a person is healthy when the body, family and community live in harmony (Akbar, 1984; Mbiti, 1996). Secondly, from birth to death of an individual, the family and the community conduct certain rituals for the occasion (Mbiti, 1996). Thirdly, the whole community is expected to practise the culture and believe that illness occurs if one of the family or community does not adhere to cultural beliefs. Yet, disagreeing with these beliefs is regarded as culturally immoral and evil (Chiakwa, 1999; Leeuw, 2005; Mbiti, 1996). In their studies Chiakwa (1999) and Mbiti (1996) mention that Africans in fact regard values as a high priority while sickness is evidence of the breakdown of a physical, social and spiritual mechanism of the individual and the community.

This chapter has reviewed literature from studies on HIV/AIDs stigma from the international perspective and how it first became known in South Africa. It has

dealt with the context from which it emanated from the communities in South Africa and why indigenous healers as well as spiritual faith healers are regarded as important in understanding stigma in the communities. The self in traditional psychology, as well as the self from the African culture as part of religion, was also reviewed. Thus, African religion influences communality in a society as well as belief systems within its culture.

In the next chapter the researcher will explain the methodology used in the study.

CHAPTER 4: METHODOLOGY

4.1 Study Design

In the present study, a qualitative and in particular a grounded method of enquiry is used. Grounded theory is mostly described as a research method in which theory is developed from data, rather than the other way round (Strauss & Corbin, 1987). That makes it an inductive approach, meaning that it moves from the specific to the more general. The grounded theory research process according to Charmaz (2006) is fluid, interactive and open-ended. The researchers are part of what they study, not separate from it. The research problem informs initial methodological choices for data collection (Charmaz, 2006; Neuman, 1994).

The researcher looked for a pattern within the African traditional and spiritual faith healing contexts, and developed ideas about patterns or/and relationships from pre-existing theories or inductions. She then focused on a few regularities and made contrasts with alternative explanations.

4.2 Participants

Sodi (1997) describes a good research setting as one in which the researcher obtains easy access, establishes immediate rapport with the informants and gathers data directly related to the research questions. It is with this in mind that the researcher chose the Bushveld, Capricorn, Waterburg, Vhembe, Sekhukhune and the Mopani districts in the Limpopo Province for the study. Permission for the study was sought from the participants in the areas for the study.

The researcher selected nineteen males and twenty females for the study on the basis of all of them practising indigenous healing as well as spiritual faith healing in their communities in the Limpopo Province. Their ages ranged from forty-five to sixty-nine years. The majority of them had a primary level of education.

Biographical information of participants

Biographical Items		Indigenous Healers	Spiritual Faith Healers	
Participants		1-30	31-39	Total
Gender	Male	10	09	19
	Female	20	-	20
Age	Below 30	-	-	-
	30-39	-	-	-
	40-59	20	04	24
	60+	10	05	15
Education	No Schooling	13	-	13
	Primary	09	-	09
	Secondary	08	06	14
	Post-Secondary	-	03	03

4.3 Instrument

Interviews with the participants were conducted in Sepedi, Xitsonga, and Tshivenda (the three languages commonly spoken in Limpopo province). The interviews were translated into English by two independent translators.

4.4 Procedure

The process of qualitative analysis was based on data reduction and interpretation. The researcher took a voluminous amount of information and reduced it to certain patterns, categories or themes and then interpreted this information by using a schema. Tesch (1991) calls this process de-contextualisation and re-contextualization and mentions that the process results in a higher level of analysis. While much work in the analysis of the process consists of taking apart information into smaller pieces, the final goal is the emergence of a larger, consolidated picture (Creswell, 1994; p154).

The researcher interviewed the participants individually at both the indigenous healers meetings as well as the spiritual healers' gatherings. The medium of communication was the participants' choice, usually the home language. Thereafter, the translations were double checked by two bilingual researchers by means of back translation. Semi-structured interviews were used as a method of data collection while the data were analyzed qualitatively.

4.5 Pilot study

4.5.1 The process of building a grounded theory

There are five analytic phases identified by Pandit (1996) in grounded theory: research design, data collection, data ordering, data analysis and literature comparison. Within these phases nine procedures/steps are followed. These phases are evaluated against four research quality criteria: construct validity, internal validity, external validity, and reliability (Pandit, 1996).

Below are the phases and steps to be followed:

4.5.1.1 Research design phase

Step 1: Define research question and focus on efforts.

Step 2: Select cases. Use theoretical sampling that focuses efforts on theoretically useful cases, for example, those that test and/or extend the theory.

4.5.1.2 Data collection phase

Step 3: Increase reliability and construct validity while strengthening grounding of theory by triangulation of evidence to enhance internal validity.

Step 4: There is an overlap of data collection and analysis. Thus be flexible and use opportunistic data collection methods. This speeds up analysis and also reveals helpful adjustments to data collection. It also allows investigators to take advantage of emergent themes and unique case features.

4.5.1.3 Data ordering phase

Step 5: Facilitates easier data analysis and allows examination of process.

4.5.1.4 Data analysis phase

Step 6: The use of open coding develops concepts, categories and properties. The use of axial coding develops connections between a category and its sub-category, while the use of selective coding integrates categories to build theoretical framework. All forms of coding enhance internal validity.

Step 7: It is the literal and theoretical replication across cases (from step 2 until step 7 until theoretical saturation). This step confirms, extends and sharpens theoretical framework.

4.5.1.5 Literature comparison phase

Step 9: First, develop comparisons with conflicting frameworks which improve construct definitions, which are necessary for internal validity. It is followed by comparisons with similar frameworks which improve external

validity by establishing the domain to the study's findings that can be generalized.

Second, Strauss and Corbin (1991) distinguish between three different phases of coding in grounded theory, namely open coding which are concepts extracted from conversations with the participants. It refers to a preliminary process of 'breaking down, examining, comparing, conceptualisation and categorising data' (Strauss and Corbin, 1991). Concepts are utterances that the researcher picks in the conversation. Grouped concepts form a category which may be called a tree and involves a set of procedures after open coding. The listed categories are picked up from concepts. Categories are furthermore, reduced to properties and their dimensions. Selective coding involves selecting the core category, systematically relating it to other categories, and filling in categories that need further refinement and development (Strauss & Corbin, 1991).

According to Strauss and Corbin (1991), theoretical sampling (Axial coding) sharpens and refines questions which might lead to theories.

The researcher used Strauss and Corbin's theory in this chapter by first interviewing participants and also taking notes. She then looked for meaning in feelings, attitudes and actions of the participants picked up from the conversation. These extracts called concepts were extracted sentence by sentence from the conversations. Concepts were grouped together to form a tree, more related concepts formed categories which are called relationships. Categories are reduced to properties and dimensions. The researcher further tested the validity of the coding by using selective coding which asks who, what, by whom, and why questions. She followed Pandit's process of building a grounded theory in this chapter.

4.5.1.6 A brief explanation of the grounded theory method (Strauss and Corbin, 1991)

The quality of the method can be evaluated by the process by which the theory is constructed. The basic idea of the grounded theory approach is to read and reread a textual data base such as the corpus of field notes and discover or label variables called concepts, categories and properties and their interrelationships. Data collection is directed by theoretical sampling based on theoretically relevant constructs. By open sampling the data's relevance to the research question can be assessed early in the study. The data ordering phase facilitates easier data analysis. It allows the examination of processes and relates to the first case. For each case involved generate concepts through the process of coding. Open coding data are initially broken down by asking simple questions such as what, when and how. The answers to these questions are compared and grouped to form categories. Axial coding is a process of putting data back into new ways. It refers to the process of developing main categories and sub-categories. Selective coding involves the integration of categories that have been developed to form the initial theoretical framework. The ability to perceive variables and relationships is termed theoretical sampling/sensitivity and is affected by a number of things including one's reading of literature and ones use of techniques designed to enhance sensitivity. It confirms, extends and sharpens the theoretical framework. It is the theoretical replication across cases step-by-step until theoretical saturation if the marginal improvement becomes too small. The literature comparison phase compares emergent theory with extent literature. Comparisons with conflicting frameworks improve construct definitions and internal validity, while comparisons with similar frameworks improve external validity (Pandit, 1996).

4.6 Method of analysis

The researcher used a theory building computer programme called non-numerical unstructured data indexing, searching and theorizing. The NUD-IST programme

helps researchers who use qualitative methods by providing a system to the following: storing and organizing files, searching for themes, crossing themes, programming, and creating a template. The template supports the concept of displays of the information, a spatial format that presents information systematically to the reader.

4.7 Problems encountered

The major problem encountered by the researcher in these African communities is the suspicion with which the participants regarded her motives (Madu, 1998; Shilubane, 1990; Pitje, 2004). This makes the establishment of rapport difficult. The researcher herself an indigenous healer and spiritual faith healer, had to attend several traditional healers meetings and also attend different church gatherings under their watchful eyes not to steal any unwarranted information in order to be accepted and acknowledged as one of their kind.

The most difficult part was that the researcher could only interview them in their conference gatherings as opposed to where they stay. Somehow, it was safer out there for them than in their different homes. Equally, the spiritual faith healers also preferred to be interviewed in a group rather than as individuals, in a neutral venue such as when there was a church gathering.

4.8 Ethical considerations

Approval from Limpopo Traditional Health Practitioners Council and South African Council of Churches (SACC) (Limpopo) was sought to interview their members. The researcher also obtained approval from the University of Limpopo Ethics Committee to conduct this research.

Informed consent

The researcher has a responsibility to guide, protect and oversee the interests of the people being studied (Neuman, 1994). Permission was sought from each participant and each one was informed about the study, its aims and what was expected of them, so that they could make an informed decision whether to participate or not. The participants were made aware of the nature of the research and their right to withdraw from participating if they so wished.

In the next chapter, the researcher will present the results of the interviews conducted with the indigenous healers as well as the spiritual faith healers with the aim of discussing the results in Chapter Six.

CHAPTER 5: RESULTS

5.1. Introduction

In the first section of the chapter, the researcher deals with results from interviews conducted with indigenous healers while in the second section the results emanating from interviews with spiritual faith healers are presented.

The researcher looked at the interview data in relation to the research questions. Participant 1 to participant 30 were indigenous healers while participants 31 to 39 were spiritual faith healers. The researcher was guided by Strauss and Corbin's grounded theory in her interviews with the participants while taking notes and observing their reactions. In Part A, the indigenous healers' and spiritual faith healers' own accounts of HIV/AIDS stigma are presented. In Part B, the researcher gives an interpretation of these accounts.

PART A: INDIGENOUS HEALERS AND SPIRITUAL FAITH HEALERS' ACCOUNTS OF HIV/AIDS STIGMA

Assumption 1

“Indigenous healers do not understand HIV/AIDS stigma”

When the participants were asked what they understood about HIV/AIDS stigma, several answers were given. The answers they gave were grouped in the following theme:

5.2 Theme 1: Understanding HIV/AIDS stigma

Category 1: Uncertainty

When we are working with these people who are sick, we should get help on how to help them (Participant 2).

We need help from you in order for us to come together as traditional healers and help on how we can deal with this sickness. I have not treated a person with AIDS (Participant 6).

The problem with traditional healers is that we don't have medicines to see if a person is really HIV positive (Participant 24).

Most of the participants suggested that more workshops should be held amongst themselves as reflected in the following statements:

We must come together as traditional healers (Participants 2, 3, 25).

Maybe you might think of a way we can (Participant 8).

What if we can be put together as traditional healers to have a workshop (Participant 10).

There should be a workshop where all traditional healers are to meet and be taught about HIV and AIDS (Participant 12).

A request is that at many times they should organise workshops (Participants 1, 3, 16).

There should be workshops (Participants 9, 14, 20).

We need workshops (Participant 24)

*If we can have a place as traditional healers and come together
(Participant 2, 8).*

We should come together as traditional healers (Participant 4, 25).

We need help with workshops (Participant 27).

*You should have time to be with us and organise a workshop (Participant
18).*

You should come and meet us on regular basis (Participant 19).

Can't you organise some workshops (Participant 21).

Help with workshops (Participant 22).

*We must meet together and the western doctors as a way of finding a cure
for AIDS (Participant 2).*

Assumption 1 is confirmed by the above findings.

Assumption 2

“Indigenous healers reduce HIV/AIDS stigma in their specific roles as healers”

When the participants were asked about their specific roles in reducing or reinforcing HIV/AIDS stigma, several answers were given. The reasons they gave can be grouped under the following themes:

5.3 Theme 2: Indigenous healers' specific role in reducing HIV/AIDS stigma

Category 1: First encounter with HIV/AIDS patient

When asked how they felt when they first learned about HIV/AIDS, most of the participants explained their feelings and also described what the HIV infected person looks like. This is what they revealed:

We feel painful, because people who are HIV positive need help from us, we feel pity for them (Participant 1).

When someone is HIV positive or has this virus, the symptoms are that the person loose some weight, colour changes, some people turn dark, some develop some sores, some have diarrhoea (Participant 1, 2).

The person with HIV/AIDS should be treated like any other person, should be bathed and well looked after (Participant 2).

The person with HIV/AIDS has developed some sores and the way this person is coughing, it really shows that this person is very sick/ill, I feel very bad about the situation (Participant 2).

When this person comes to me being shy, not being able to face people or me in the eyes, I feel pity because this might be a sign that this person might be HIV positive (Participant 3, 15).

The person is so under weight, some have red lips, and they are heavily coughing, the person might be vomiting and is having diarrhoea (Participant 4).

When I see this person sick, I feel the pain and realise this person really needs help from us traditional healers. Inside the person with HIV/AIDS is in a lot of pain, this person has sores which make this person not to be able to see well, and the person changes colour (Participant 5).

To show the person has the virus, he/she has lost weight and is becoming tiny and swollen, vomiting and coughing (Participant 10).

We feel pity for them, I feel ashamed because most of them are children and very young (Participant 11).

This is a sickness because it is a big problem to the people and we feel pity for them, it is very painful and I feel very painful (Participant 11).

The person with HIV an AIDS is very shy he is having diarrhoea and is vomiting (Participant 12, 15).

Some might look tiny and underweight, some might be having sores on their faces, they don't look good at all (Participant 13).

The person usually scratches his body (Participant 17).

The person's hair is very soft his body does not look good (Participant 19).

He loses power when he walks loss of appetite (Participant 26).

The sickness is so dangerous among people (Participant 29).

Category 2: Ancestor guidance

On the question of “how do you go about attending to our HIV/AIDS patients? What do you do?”, the following answers were given:

When this person comes to me, I am able to throw bones to invite ancestors to guide me on how to help these people (Participant 3).

We call upon the ancestors (Participant 6).

They check with the ancestors to show the way (Participant 7).

We should sit and tell the ancestors (Participant 10).

I throw my bone to talk to the ancestors to give guidance and to check how I will help this person (Participant 22).

I throw my bones (Participant 15).

Category 3: Treatment

The following responses were elicited on the question: “can you describe what you do when you are attending to HIV/AIDS patients?”:

If the person is not seriously sick, we can be able to help the person. If the person is in a serious condition, he/she must not engage or must refrain from sexual intercourse, must do away with sugar and salt (Participant 1).

I should first take the person to the hospital. I check whether the person has enough water or not in the body, from there, the hospital will bring the person back to me and explain about the sickness (Participant 1).

I will be able to help that person with my own herbs together with the medicines from the hospital, and the patient drinks that in different times (Participant 2).

I have to mix my herbs and give them to this person (Participant 4).

After calling upon the ancestors, I take this person to the nearby clinic, after that take him home and ask that the patient be well looked after by family and relatives (Participant 6).

Before taking this person to the hospital they should first talk to the parents (Participant 7).

We mix the herbs and soft porridge and give the person to drink and after we take the person to see a doctor (Participant 9).

She must be clean (Participant 10).

I take this person to the clinic after two days and check him. I also take the person to his home. He must be well looked after (Participant 12).

We must also eat with them, but sometimes we should give them vegetables (Participant 13).

When a person is HIV we mix various herbs in order to help a person who is HIV positive. A person who is HIV positive doesn't want to be angered, you must not make him angry. We should make them feel comfortable (Participant 15).

They should be taken to hospital for the doctors to confirm if they are really HIV positive (Participant 16).

When treating this person he/she should be well looked after, we should clean and bath him/her. In the morning I cook the herbs and my patients. I wash/bath them but protecting myself (Participant 17).

After throwing the bones, I take the person to the nearby clinic person should be encouraged not to have unsafe sex (Participant 18).

This person should be well looked after and must be separate before anyone (Participant 17, 18).

I treat my patient by mixing all the herbs to make him feel better (Participants 20, 21).

After hospital, the person must come back to me for treatment (Participant 17).

We mix various herbs and give that to this person (Participant 19).

We should protect ourselves by wearing hand gloves (Participant 16).

After meeting this person with HIV there should be a workshop (Participant 14).

When asked if they separate their patients; this is how they responded:

My patients sit together so that it doesn't show or people shouldn't be able to differentiate between these people (Participant 1).

No, they are not, they can sit together with other people (Participant 7).

Yes, they are put together in one place (Participant 7).

I don't separate them from any other patients, I should treat this person the same (Participant 8, 19).

We put them together (Participant 9).

Yes, they are all people (Participant 12).

They should not be separated (Participant 13).

We should not separate them, they must feel welcomed (Participant 22).

Category 4: Showing compassion

In answer to the question “tell me about your feelings when you first learnt about HIV/AIDS stigma?” the participants replied:

People who are HIV positive need help from us. They must get help, and we feel pity for them (Participant 11).

This person is still the same as me, he should be treated like anyone else should be bathed and well looked after, caring for the person like your own child (Participant 2).

When asked “how do you go about attending to HIV/AIDS patients?”, The participants replied:

My patients sit together, so that it doesn't show or people shouldn't be able to differentiate between these people and they should not know what a person is suffering from, so I am the only one who knows (Participant 2).

I should sit, laugh with them, show the love we should make sure that they eat well and are well looked after, they should also feel free to laugh together with us and should not feel left out (Participant 2).

Replying to the question of what important lessons they have learned through interacting with people living with HIV, they responded:

When we are sitting with them, we should not make them feel uncomfortable, and realise they are same people like us (Participant 2).

They should not make this person angry, we should be able to communicate well with this person, and if there is something that he/she might need from you, just try your best to give it to him/her (Participant 3).

This person should be treated in a good manner, he/should not be separated from others (Participant 4).

I should not show this person that he/she is HIV positive and I don't separate them. Some people make them happy by mixing them with others I should not tell this person that he/she is HIV positive (Participant 8).

He/she must be well looked after (Participant 7).

I learnt to have mercy on these people, and also we should take good care of these people (Participant 13).

They should be treated like any other person, because they didn't plan to have this sickness (Participant 16).

They are treated like any other person. We share everything with them. He shouldn't feel lonely (Participant 2).

Category 5: Family support

When asked to describe what the healer does when attending to HIV/AIDS patients; the participants replied:

If a person is heavily or seriously ill, it becomes impossible for one to treat that person, but if he/she is not seriously sick, we can be able to help the person (Participant 1).

He must not engage or must refrain from sexual intercourse, must do away with sugar and salt (Participant 1).

If this person comes with his parents, I am able to visit them at home and advise them in understanding how to live with this person, they should not make this person angry and don't see any necessity of not eating. We should be able to communicate well with this person (Participant 3, 15).

As a healer, you call his or her parents and you explain the situation to them. At this stage the person is still at home with his parents (Participant 4).

I take this person to the nearby clinic, after that take him home, and I ask that the patient be well looked after by relatives and family members (Participant 2, 3, 4, 6).

Before taking this person to hospital they should first talk to the parents, that this person should be well looked after (Participant 7).

I also take this person to his home. He/she must be well looked after, and also ask the parents if they are treating this person well. In order for the person not to worry, he/she must not be told that they are HIV positive (Participant 8).

They should live well with their parents (Participant 13).

I also speak to their parents. These people should be loved. The people with HIV should be treated well and should be well looked after (Participant 12, 14).

We also have to find out how he/she is treated at home (Participant 17).

People with HIV/AIDS are treated like any other person. We share everything with them, they should not feel lonely (Participant 2, 16, 30).

Category 6: Stigma and uncertainty

Concerning stigma and uncertainty, the following statements were made:

When we are working with these people who are sick, we should get help on how we should help them (Participant 2).

They are not mixed, I separate them (Participant 4).

The problem with traditional healers is that we don't have medicines to see if a person is really HIV positive (Participant 24).

I don't mix these people, anyone is on his own (Participant 4).

Assumption 2 is confirmed by the above findings.

Assumption 3

“Spiritual faith healers do understand HIV/AIDS stigma”

When the participants were asked about what they understand about HIV/AIDS stigma, several answers were given. The reasons they gave were grouped into the following themes:

5.4 Theme 1: Spiritual faith healers' understanding of HIV/AIDS stigma

Category 1: Understanding of HIV/AIDS issues

When asked “what do you understand about HIV/AIDS stigma?”, the following answers were given:

When somebody is living with HIV, it has been stigmatized that maybe this person is irresponsible. The person is regarded like he/she is a slut or they put a blame on the person saying the person did not behave in a good manner. He is said to have self control, that is the reason he/she ended up contracting the virus HIV (Participant 31).

Many people are still having a problem with HIV people. When they see that person, all they see is death on him/her. On the other hand the person infected just think that I am going to die soon (Participants 31, 33).

Most people end up discriminating against those who are infected, and don't believe that these people did not choose to be infected (Participants 33, 35).

People don't associate themselves with the infected (Participant 34, 36).

People are afraid to touch somebody because of the condition of life in which one finds himself in. It is more negative, because it involves rejection, negative labelling therefore the person is stigmatized (Participant 37).

In addition to the labelling that accompanies this disclosure, it is subsequent to the alienation you are cut off from the rest of society because of what you said. It is the labelling that is followed by negative after effects (Participant 38).

It is labelling and people are rejected by the society. They are no more accepted and as a result people do not disclose (Participant 38).

Assumption 3 is confirmed by these findings.

Assumption 4

“Spiritual faith healers reinforce HIV/AIDS stigma in their specific roles as healers”

When the participants were asked about their specific roles in reducing or reinforcing HIV/AIDS stigma, several answers were given. The reasons were grouped under the following themes:

5.5 Theme 2: Spiritual faith healers’ specific roles in reinforcing HIV/AIDS stigma

Category 1: Feelings of denial

In reply to the question: “what are your feelings when you first heard of HIV/AIDS” the participants said:

I didn’t develop any kind of feeling towards it, I just told myself that I cannot get it, I had denial that it cannot happen to me, until 2007 when I developed a full perspective of what HIV/AIDS is, because I saw these people and developed a feeling of fear and now had to restructure my behaviour to that of acceptance and this thing is real (Participant 31).

It was scary, people tell you that if you have this virus you are going to die (Participants 31, 32, 38).

Now I do believe because it is here and just have to find ways of preventing it (Participant 33).

It pains me to see how the whole thing of HIV is, because when the person coughs he/she coughs blood, so it is painful to see that (Participant 34).

It is terrible because by that time I was given some pictures of HIV infected people. It was horrible to see that I felt like everyone can be a victim. The discrimination is very high against those infected by the virus. What is needed from us is support to these people who are HIV positive (Participant 35).

I felt a denial, people are not afraid to hide it. These people need sympathy (Participant 36).

The unfortunate part was that HIV was presented by politicians as being dangerous, a killer disease. People with HIV were promiscuous, irresponsible, truck people, prostitutes. It was actually scary in a way it was said. It made me feel scary. Obviously, the kind of feelings one have that makes one scary (Participant 38).

Category 2: Stigma and discrimination

On the question: “how do you describe the HIV/AIDS stigma?”, this is what participants said:

It is not normal stigma, through observations I have made people really think you are a slut. Some people think HIV is not supposed to infect people you know, they don't want that from people you know, they even ask questions on where the person has contacted the virus. They don't accept that HIV is there and it affects people, and it can even affect me (Participant 31).

If there are rumours that you are HIV, people will separate themselves from you, especially close friends. People will always talk about you

behind your back. People tend to avoid you every chance they get (Participant 32).

People have this mindset that people who are HIV positive must live on their own. They should not be mixed with those who believe are not infected (Participant 34)

Stigma is a negative feeling that people have because they know that a person is infected, therefore they have a negative attitude, negative rejection (Participant 35).

At first you would say it happens without people being aware if they first diagnose you. For instance, if you have sores, loose weight there are those who will stigmatise you deliberately. That, they have nothing to do with you by discriminating you. Stigma is stigma. Any disease or condition that is regarded by society that is unacceptable, people will naturally discriminate against you (Participant 38).

Category 3: Church involvement

When the question “how do you go about attending to you HIV/AIDS patients especially when it comes to the church?”, was asked, the following answers were given:

The church tries to compromise, spiritually people do understand, as a church we accommodate every one (Participant 32).

When you talk about it you become free, when you accept that you are HIV positive, you heal yourself spiritually (Participant 32).

We need to help each other spiritually, academically and emotionally and try to communicate socially so that if a person is having a problem, we can support and help that person (Participant 33).

I give biblical texts about the diseases. Keep on reading the texts to keep courage and not lose hope. Visit them several times and pray for the person (Participant 36).

Scriptures are read to encourage those who are infected to pass the message just to continue protecting yourself (Participant 35).

The church is continuously visiting HIV people and encouraging to go on through the word of God, praying for them, showing them God loves them. Workshops for caregivers are organised (Participant 36).

First, there is a particular reaction after knowing that one is HIV positive. I make the person to accept the condition, the state of life, therefore adapt to demands of how he/she has to behave towards other people, eat healthily, most importantly to accept and generate a positive attitude to life (Participant 37).

We do practical things, what would normally happen but reality on the ground is difficult. People do not come out in the open. It becomes difficult to help, to know who is infected and who is not. The difficulty is that there is secrecy enshrined by the government, people will not disclose. In our tradition people will talk about witchcraft, (makgoma) meaning African taboos, it is difficult. People are sick and because of secrecy to know who is infected and who is not. People will not disclose until it is too late (Participant 38).

We have them to accept their condition. Tell them it is not the end of the world even when you have been tested positively (Participant 39).

Category 4: Lessons learned from PLWA

In response to the question: “what lessons you learned with people living with HIV/AIDS?”, the participants gave the following answers:

Some have hope that through the Antiretroviral (ARV) treatment, they will get healed and live longer, but some just give up, some develop a feeling that they are going to die, some ask questions why don't they just die now and rest. There are some who are strong and there are those who say it is the same because they will never get healed, some gave up on the ARV treatment and just wish to die and rest (Participant 31).

Most of them have accepted and some have lost hope in life (Participant 32).

People are not opening up, so you might not know if a person is negative or positive. People do not want to disclose their status (Participant 35).

What they lack is support from other people (Participant 34).

The challenge is that people don't want to talk but we don't know who is positive and who is negative (Participant 35).

The person is not willing to disclose, as times go by one person develops trust in you. In most cases people don't want to associate themselves, even the family don't want to. The reason is that family thinks they will be affected. This notion comes from medical officials, that when you deal with the person you should wear gloves, wash your hands, the remaining

food eaten by the affected must be thrown into the toilet. Then the affected person feels unwanted and feels he/she can die anytime (Participant 36).

People have negative reaction. They do not want to accept. They have denial. They have many questions such as “what have I done, this must be a punishment from God, I am bewitched”. So, one problem is around denial which compounds this. Counsellors are shunned (Participant 37).

Category 5: Participants’ views after knowing about HIV/AIDS

In response to the question: “What were your views since you have known about HIV?”, the following responses were given by the participants:

There are a lot of organisations spreading the word that HIV/AIDS kill and it is very much alive. There are many interactions about HIV/AIDS, but people have a problem when it comes to their mind set. People do not care of what happens as long as they enjoy life (Participant 32).

People are ignorant. The problem of some of them is sleeping with many partners (Participant 33).

Most people still have a myth that HIV/AIDS is only in big cities and towns, when it comes to villages, it is not there (Participant 34).

Being HIV, people should learn to trust one another, because we don’t trust each other (Participant 35).

Category 6: Church is not doing enough

The question: “how do you go about attending to your HIV/AIDS patients especially when it comes to the church?”, was answered in the following ways:

Referring to my church, there is still a lot of negligence. They are not talking about the cure for the virus. They don't take care of the equipments. They use to treat you, using only one spade (meaning syringe) to clean twenty people. What I can say is that the church is neglecting these HIV/AIDS issues. The church has preventative majors, but when it comes to HIV/AIDS, they don't even talk about it (Participant 31).

The church is not doing enough. To understand better, is to spread information about HIV (Participant 35).

People with HIV should just be treated equally to those who are not infected with the virus. Most people do not want to be associate themselves with those who are HIV positive and don't even want to talk to them (Participant 36).

Generally not exactly, the issue is not talked about, up to now, most churches do not dwell much into the whole HIV issue. The church is not doing enough (Participant 35).

It is not enough that is done. The church must build centres to encourage one another. The affected should occasionally come together and share experiences, encourage one another (Participant 36).

As a grown person, a pastor, we view it as a punishment from God, one way it was contracted through sex (Participant 39).

Assumption 4 was confirmed by these findings.

5.6 Other themes

Other themes emerged from interviews with indigenous healers such as;

Category 1: Working together to find a cure for HIV/AIDS

Responses to the question: “Is there anything that traditional healers can do about this disease?” were as follows:

Yes, all that is needed is to bring all traditional healers together (Participant 4).

Yes, we can treat it by mixing our herbs as traditional healers. We can only do this if the hospitals and clinics as well as doctors can allow us to work with them to try and do away with this disease. We should mix these modern medicines and our herbs but in different times. All what is needed is working together with us traditional healers and doctors (participant 2).

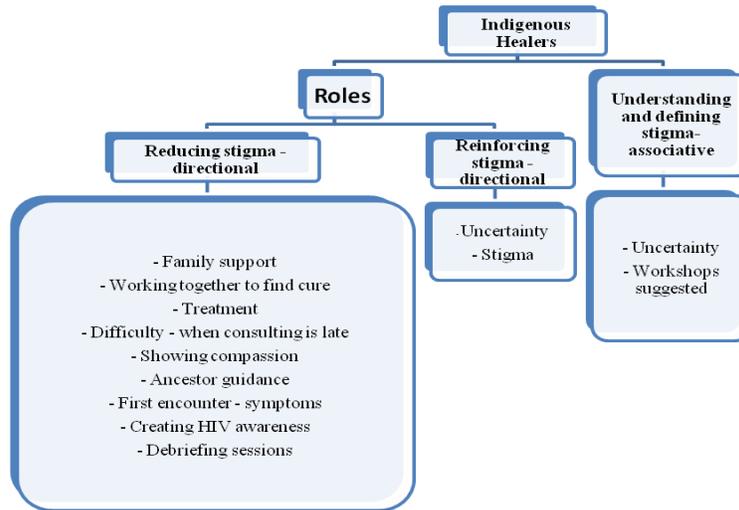
Yes, as long as we can mix our herbs as traditional healers we can. All we can do is to meet and come together as traditional healers and deal with this situation. Together we can make it (Participants 4, 8, 23, 25).

We as traditional healers can treat this sickness by trying all the herbs we have and mix them, maybe one day we will make it (Participant 4).

If we can have a place as traditional healers and come together (Participant 7).

The problem with traditional healers is that we don't have medicines to see if a person is really HIV positive (Participant 24).

Indigenous healers' relationships Model



5.7 Interpretation of the indigenous healers' interview relationship Model

The researcher looked at the indigenous healer at the top of the model to determine the roles he/she has to play. On the one hand, in the model, the healers should reduce the stigma while interacting with the infected and society and this action is directional. Under this action categories arise from their roles as directional. On the other hand, the researcher looked at the healers' roles as reinforcing stigma which is also directional. The two categories resulting from this role are uncertainty and stigma.

The researcher further examined the indigenous healers' understanding and definition of stigma in their roles, and found it as associative. Categories such as uncertainty and suggestions of workshops were mentioned, which indicated that indigenous healers believe that there is a need for more workshops on HIV/AIDS because they regard it as dangerous and a killer to society.

The diagram was designed to explain the analysis of the results of indigenous healers' interviews using the grounded theory.

5.7.1 First encounter

The indigenous healers' first encounter with HIV patients was that of having mixed feelings, namely of being surprised, shocked, then feeling sadness, and pity for the person. These mixed feelings of the indigenous healers emanate from the fact that in an African context/situation a person has to get married first, with the two families and the community involved in the occasion before a person indulges in sexual activities (Mbiti, 1996), and that women are expected to hold the fort, to protect family values and high moral standards (Boahene, 1996). However, nowadays marriage no longer appears to be the case in African culture because in South Africa, men migrate to other provinces, and come back home only on occasions while the women are left behind to take care of the households and raise kids (Nattrass, 2004). Men then secretly make temporary homes with other women in those provinces who are sometimes abandoned when it is time to go back home. So, for an unmarried person to find him/herself in being HIV infected is a curse in the family, let alone in the community. The perception was that the patients become desperate for help after having tried every remedy possible. The patients showed signs of being shy, felt ashamed as they are unable to look people in the eye. These signs showed by the patients may be interpreted as a feeling of guilt, embarrassment or having failed society or other people. They exhibit guilt because they are scared about how the community/society will regard the patient's families henceforth because of them (own interpretation).

The patients usually come to the indigenous healers having developed diarrhoea, with heavy coughing, red eyes, the skin has changed colour, sometimes having a swollen face, vomiting/throwing up, having sores in some of their faces "don't look good at all" was one of the healers' comments, they scratch their bodies, the hair looks very soft/thin, while the patients are weak and look tired. The pictures drawn by the indigenous healers of their HIV patients, indicate that the HIV

patients who consult with the indigenous healers come at the late stages of their illness after they have tried everything else.

5.7.2 Ancestor guidance

Indigenous healers' traditionally, seek guidance from the ancestors before embarking on their healing processes. The ancestors then confirm the condition and causes of the patients' illness and give directives to the healer as to what to do next. The indigenous healers usually refer the patients to the hospitals for confirmation of their status before embarking on a treatment course of mixing some herbs and referring to the different times to drink the medicines. There is an understanding from the healers that it is through collaboration with medical doctors that the fight against HIV/AIDS can be won.

5.7.3 Showing compassion

Indigenous healers show compassion in dealing with their patients. They mention that "their problem is our problem, show them love, acceptance and caring", giving advice to what the patients should eat or avoid eating, support, protect, and make them feel free in their company. Some mentioned privacy and confidentiality of the status of the person. They advise that one has to be sensitive that the patients should not be reminded of their illness by others or their family. This allows the patients to mix freely with other patients without fearing that people might know what they are suffering from.

5.7.4 Family support

Indigenous healers involve the families of the patients in their healing processes. Before referring the patients to hospital the healers consult with the families and counsel them about the magnitude of the problem and advise them that without their help not much can be achieved.

5.7.5 Treatment

Indigenous healers' treatment starts with the consultation of the ancestors. That is, they first check the patients' standing with their ancestors (spiritual world) before diagnosing the physical wellbeing of a person. The belief is that only through the ancestors one can fully understand the world and its people. The difficulty occurs when the consultation is too late, because even the healers are unable to help at that stage. If the patient consulted in the early stages of the disease, the indigenous healers claimed that they could cure the disease. However, they noted that HIV patients tend to consult indigenous healers when they have exhausted all other avenues. The indigenous healers mentioned that they go for a debriefing session after seeing an HIV patient. This shows an understanding of their spiritual roles.

5.7.6 Creating HIV awareness

Indigenous healers in treating an HIV patient, also involve the family and make suggestions on how to live harmoniously with the patient, give advise on family support, acceptance of the situation and what diet to give to the patient, such as to refrain from sugar and salty food.

5.7.7 Working together to find a cure

The study has shown that indigenous healers are aware that the HIV pandemic is not a one man issue. They suggested a collaboration of both indigenous healers and western doctors in fighting HIV and learning more from one another about the disease. There was also a suggestion of continuous workshops on HIV and the coming together of all healers in trying to find a cure for HIV/AIDS.

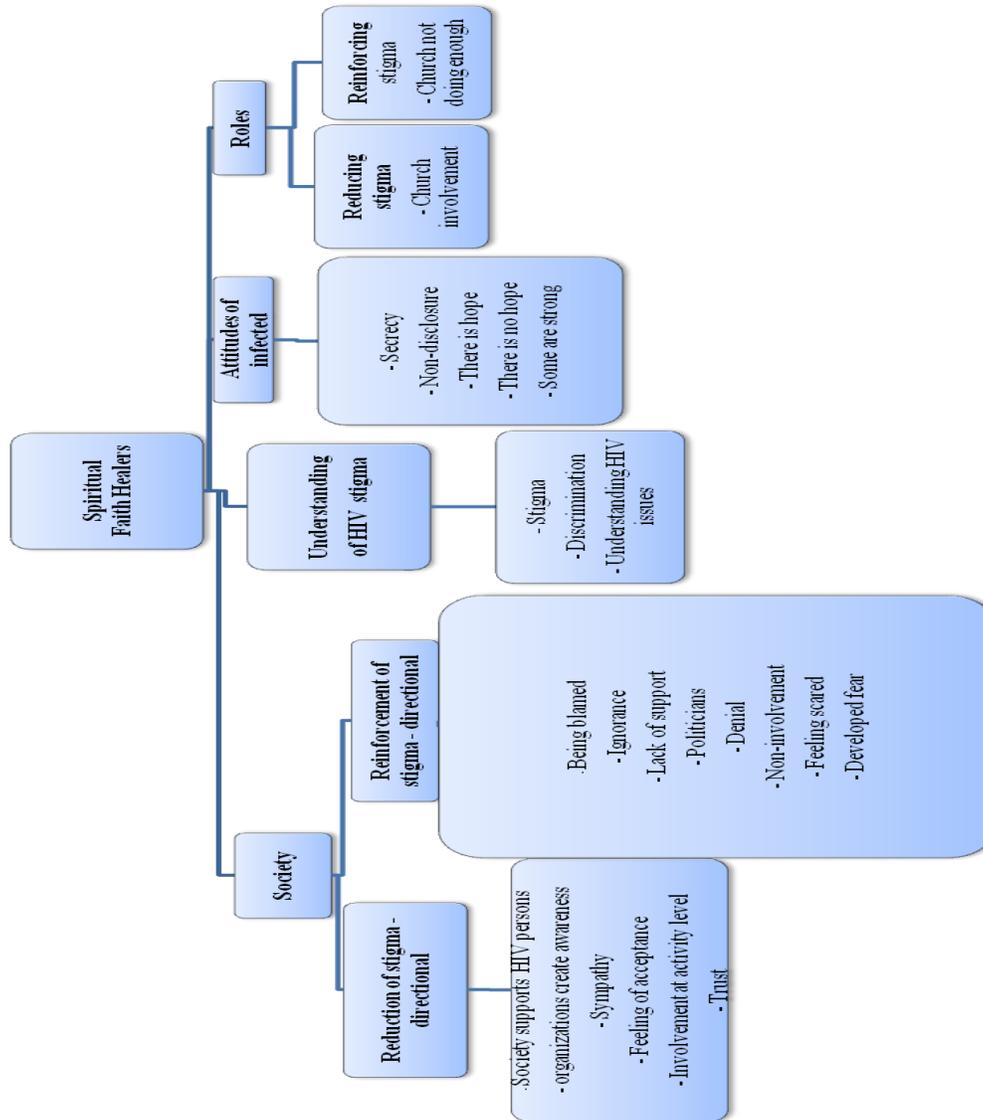
5.7.8 Uncertainty

A few of the indigenous healers mentioned that they had not come across or had treated an HIV patient. The reason might be that there was a communication break-down such as a language barrier, in other words, what was called HIV might not have been understood as that but something else as it might not have been their home language. Workshops were suggested as a solution.

5.7.9 Stigma

Stigma arises because of the context within which the community are socialised. African societies have belief systems emanating from their culture and religion that guides community members' lives from generation to generation. There are rules and regulations such as rituals that are not in written form but are practised orally as a rule from the birth of a child to the death of an old person. Each group of persons engage in them and practise them throughout their lifetime. Anything contrary to such beliefs or rules becomes automatically stigmatized by society.

A diagram explaining a summary of the interviews by spiritual faith healers in the community



5.8 Interpretation of spiritual faith healers' interview relationships Model

Plan for representing the information in matrices

In drawing up the model, the researcher had the thesis topic, the research questions and assumptions in mind. She then drew a model after theoretical coding, which answers the why, when, how, what happens, with whom, and whom questions. A quick look at the model shows the spiritual faith healers at the top. A direct link shows how they understand and define HIV stigma as associative with categories leading to stigma, discrimination and understanding HIV issues.

On the left side the model is linked to society which is divided into two areas, those who help reduce stigma – are called directional and below are categories showing how society reduces stigma. On the other hand society reinforces stigma, it is also directional with categories below it showing how stigma to the infected is reinforced.

On the right side of the model, the spiritual healers show the attitudes of the infected which influence society to act (reduce or reinforce stigma) for or against them. Further right, the researcher reveals the spiritual faith healers' roles which are also divided into reducing and reinforcing stigma. The spiritual faith healers act and work within a church setting which sometimes directs or misdirects their perception of the HIV aids problem. For instance, the church has taken a stance on issues such as “abstain before marriage”. Therefore, the faith healer works within those parameters.

The diagram was designed to explain the analysis of the results of indigenous healers' interviews using the grounded theory.

5.8.1 Society- reduction of HIV/AIDS stigma

The spiritual healers regarded society as adapting to the demands of how to behave towards others. They echoed the sentiment that the society must give support and be sympathetic to HIV persons. There is a feeling of acceptance in the society that HIV exists. It affects everybody and the affected should be treated like any other person. Organizations in the society create awareness through lessons, lectures and the media, while some people are involved at activity level which means people talk about HIV without being practical about it that is, without going for an HIV test. Another issue advocated in the society was that trust among the infected should be practiced, because after some time the person infected may develop trust and will open up and confide in you after disclosure.

5.8.2 Society's reinforcement of HIV/AIDS stigma

The society blames persons with HIV, and regards them as irresponsible, having no self-control. They call them derogatory names such as being a slut. Families often dissociate themselves for fear of being infected, fear of the “unknown” caused by promiscuous relationships of the infected. Most people are insensitive and ignorant, especially the youth who deny that HIV exists, that it is meant for others and not those next to them. For example, people do not care what happens as long as they enjoy life. There is a lack of support as people are afraid of being infected through association while many do not go for testing (non-involvement at personal level). It is said that even some of the HIV care-givers it is said do not know their status. Politicians initially presented HIV to society as a dangerous killer disease and, that people must eat vegetables instead of facing the problem. Participants mentioned that the way it was first presented was scary. There were rumours that a person was going to die because of the disease. Therefore, people are still not sure what the truth is.

5.8.3 Understanding and defining HIV/AIDS stigma

The spiritual faith healers observed that when you have sores, lose weight and, people will stigmatize you deliberately. People are afraid to even touch HIV persons. In the African tradition people talk about witchcraft and taboos which the person infected had not adhered to. It is negative because it involves rejection and negative labelling. The society will have nothing to do with such a person because of the suspicions that exist if people diagnose you and, then the infected gets a feeling of being unwanted. Discrimination is very high against those infected. People will separate themselves from such a person, his/her family and friends. It hurts. They will talk about the person behind his/her back and also avoid him/her. Such a person will be naturally discriminated for disease or condition unacceptable by society. Such a person is cut off from the rest of society because of disclosure.

5.8.4 Understanding HIV/AIDS issues

Most people are practising ABC meaning to abstain, be faithful and condomize. They also are spreading information about HIV. They acknowledge that HIV is spread through unprotected sex and it affects people through cuts, unprotected sex and blood transfers. Sometimes it is not their fault that they find themselves positive. The more people talk about HIV people the more they tend to accept and change their mindset. Issues of HIV must be continuously raised by government to change the mindset of the people as it is important for a healthy society.

5.8.5 Attitudes of HIV/AIDS infected persons

Generally infected people have negative reactions, they go through a period of denial, unanswered questions such as “what have I done to deserve this?” “This must be a punishment from God”; “I am bewitched”. They also shun counsellors

and people close to them. There is secrecy that surrounds HIV infected persons. The HIV secrecy is enshrined in the South African constitution. It is a challenge for people do not talk about HIV. So, because nobody knows who is positive and/or negative, it is difficult to help them because of the secrecy.

5.8.6 Non-disclosure

People do not want to disclose their status, until it is too late. To some there is still hope but to others there is no hope, and therefore, they lose hope in life.

5.8.7 There is hope

Some people have hope of being healed and have a strong conviction to live. They live their lives like any other person because when you accept your status you heal spiritually. Most of those who have accepted their condition, go for voluntary counselling.

5.8.8 There is no hope

A large number of infected people have lost hope and feel they are going to die. They have lost reason for living. Some have lost hope in life and gave up on ARV (antiretroviral) treatment. They are skeptical about these drugs and, therefore, are ready to die and rest.

5.8.9 The roles of spiritual faith healers within the church

5.8.9.1 Church involvement

The church accommodates an infected person like any other person. It gives support through the scriptures which are read to encourage and motivate the infected. Furthermore, it supports them physically by giving food parcels to the

sick, morally by telling them it is not the end of the world and organising workshops for caregivers, and spiritually by giving them biblical texts to strengthen them, paying them visits and praying for them. The church tries to do practical things but reality on the ground is difficult and different.

5.8.9.2 The church is not doing enough

The church neither nor dwells enough on HIV issues nor does it talk about its cure. Most of the pastors are old and, regard talking about sex as promoting it in the church. One pastor said: “As a grown person and pastor, we view HIV as a punishment from God”. In that light, the church is avoiding HIV issues. They are not discussed in church while equipment used for religious practices is usually not sterilized.

5.9 Other themes emerging from interviews with spiritual faith healers:

Category 1: Society

How is HIV/AIDS perceived in the society?

Most people are involved mostly at activity level and some are doing campaigns, creating awareness, but these people are not involved at the personal level. In the personal level, many people don't go to test, they have a fear of testing, because people involve themselves in unsafe sex (participant 31).

I did not believe I can share anything with someone who is HIV positive, it was difficult (participant 31).

People must change their mind set, the affected need love and encouragement to go on with life so as to avoid the idea of terminal life (participant 31).

PART B: QUALITATIVE INTERPRETATION OF INDIGENOUS HEALERS AND SPIRITUAL FAITH HEALERS' ACCOUNTS OF HIV/AIDS STIGMA

5.10 Indigenous healers

As people who are socialised within the African culture indigenous healers, strongly believe that one has to adhere to African belief systems which prescribes that a person should belong to a collective because of that, they felt ashamed and shocked at the first encounter with an infected person. The questions that immediately came to mind to the healer were among other questions, *where was the family when the infected started to become ill? Where were the family ancestors then?* because ancestors guide a person in his/her everyday lives (Mbiti, 1996). *What happened to adherence to morality and what about taboos? What about the belief in ancestors and how they guide a person in their everyday lives.* Some of the participants felt ashamed and some shocked at first. This invoked society's morality and values. The indigenous healers complained about PLWA consulting indigenous healers as a last resort for example, when signs of the illness are at stage 2. The reasons they forwarded were that it might be that the infected were afraid of being reprimanded, afraid that society might know or that they felt guilty of having contravened society's laws. HIV persons came to them (indigenous healers) only when there was no other help possible, when the disease was at an advance stage, hence the shock. Unfortunately, at that stage there is nothing that can be done.

Indigenous healers showed a need for collaboration with medical doctors to find a cure for HIV/AIDS. This was indicated in their referral of patients to hospital and back to continue treating the patient, the use of their own herbs together with medicines from hospital and reference to different times of drinking those medicines. The healers' seek parental guidance before referring the patient to hospital, expecting the family to tell the ancestors where the patient might be

going. By collaboration, the healer shows signs of the African collectiveness as they try to bring in the western doctors into their team to work against and fight HIV/AIDS. To them, HIV is regarded as dangerous to society and they identified a need for continuous workshops among themselves and outsiders (government and Western doctors). This was shown with the statement such as *a request for more information on how to work with HIV patients*. They maintain that if the patient is not seriously ill, treatment is possible. At this stage there is still, however, reluctance from the Western doctors to work with Indigenous healers.

Other indigenous healers were uncertain on how to work with HIV patients as they had not treated any personally and they mentioned the fact that indigenous healers do not have medicines to diagnose HIV positive persons. On the one hand, language communication is often lacking on the side of government agencies to explain to the healers/people down there (the community) what the breakdown of HIV is. What it means is that because indigenous healers treat a person holistically, the early symptoms of HIV may be regarded as any other illness. This means it can be cured and maintained at its early stages. These indigenous healers usually receive HIV patients when they consult at stage 2 of their illness which shows physically in a person. That is, where the symptoms of HIV are visible to the naked eye. The indigenous healers revealed that they naturally understand psychological disorders in line with their healing practice. This was indicated by the participants suggesting debriefing workshops after attending to the patient.

5.11 Spiritual faith healers

Spiritual faith healers have admitted that HIV is there, but it is difficult to treat at ground level. The implication is that dealing with stigma in the communities is a difficult task. One of the spiritual faith healers mentioned that he has not counselled an HIV person for a long time, although they attend his church services regularly. So, non-disclosure by the infected persons deters progress in the healing process. Non-disclosure creates stigma in itself in two ways. For the

society, it creates what may be called a “secret”. The society becomes afraid of accommodating a PLWA because they believe the person is hiding something from them and, therefore, are also afraid of that “something” which culminates into fear of the unknown. Hence, the discrimination and the violence. The second factor is that PLWA frequently refuse to disclose their status as a protective measure against discrimination by others while deterring medical progress and help from society and, therefore, only admit when it is too late for effective treatment.

A study by Parker and Birdsall (2005) reported that observers are largely in agreement that earlier on in the epidemic, faith-based organisations constituted part of the problem rather than part of a solution because of their moral and conservative stances towards HIV/AIDS which have contributed to silence and secrecy, the failure to openly discuss the root causes underpinning HIV transmission, particularly differentials in power that have contributed to stigmatization and discrimination of people living with HIV/AIDS within the church (Parker & Birdsall, 2005). The spiritual faith healers are said to be bound by the regulations of the church, such as the Bible prescribes in verses such as in 1 Corinthians 7: 2 one man one woman. Furthermore, by judging a person as having contravened/disobeyed the church laws by having sex out of wedlock has become their *modus operandi* which channels their working conditions and therefore, they become unable to tackle issues on the ground to their best ability. Because of this factor, spiritual faith healers are seen to be perpetuating stigma and discrimination. While there is great potential within the religious sector to provide love and support among its members, there is also evidence of reluctance from individuals within the sector to positively respond to national calls for prevention and educating the communities about HIV/AIDS because of (the church’s moral judgemental stand) that “sex before marriage is a sin”. Utterances such as *to a grown up person and pastor, HIV is a punishment from God* is evidence to this. This is prejudice, as Allport (1954) calls it “extrinsics”, meaning being religious primarily in order to enjoy security, status, social acceptance, and

comfort. The sense one gathers is that the moral judgement is already imposed on the patient and that closes communication, and therefore, no further help is expected from the pastor until it is too late when the patient is at Stage 2 of HIV. It is unfortunate because as individuals pastors know the truth. They are unable to distance themselves from the church doctrines, as well as the community which they are part of. The result is a contradiction of what they believe in and what puts bread on their table.

One feels that spiritual faith healers as individuals understand/feel one way while on the other hand they are bound by the church doctrine as they are expected to abide and act within the church regulations. The church also helps by creating centres for HIV persons, but this is also discriminatory because those who go there are already infected and affected.

5.12 Society and culture

AIDS stigma is a key obstacle to HIV prevention and AIDS care, according to Campbell, et al., (2005). The society insists on culture and the adherence thereof by its people. It also stigmatizes people quietly and without notice. This means that instead of looking at the problem which is at hand, the society shuns those who may not toe the line. Furthermore, stigma and discrimination hinder preventative efforts and make positive people fear to seek help/care and support from family and friends rather they go to church and also find it discriminating in a sense. Society also pushes the infected and their families away by blaming them for deviating from the African moral standards, thereby stigmatizing them by not trying to understand their fate. Some authors contend that society's mind-set lies in the African culture which must be accommodative towards those who are infected and affected. If HIV testing is compulsory, society will regard HIV as any other illness and thereafter stigma will automatically be reduced among societies.

CHAPTER 6: DISCUSSION

6.1. Introduction

The specific aim of the study was to determine the roles of indigenous healers and spiritual faith healers in reducing or reinforcing HIV/AIDS stigma in their communities in Limpopo. The following themes each addressing some aspects of the process of both indigenous healers and spiritual faith healers were consequently generated.

The first section of the chapter discusses the findings of the indigenous healers followed by the spiritual faith healers' roles. In the second section, the researcher examines other themes contributing to their specific roles in reducing or reinforcing stigma in the communities and the emerging theory from the study. The last section points out limitations that are associated with this study.

Assumption 1

“Indigenous healers do not understand HIV/AIDS stigma”

6.2 Theme 1: Indigenous healers' understanding of HIV/AIDS stigma

Category 1: Uncertainty

When asked about their first encounter with HIV patients indigenous healers mentioned that some said they were shocked to see a patient in that state, some felt ashamed while some understood the privacy and confidentiality that the patients deserved in their treatment. Indigenous healers having been culturally socialized in a collective were shocked to see the state in which some patients find him/herself. Indigenous healers understand stigma but because of cultural beliefs but they do not openly talk about stigma as it is a taboo word. Instead, in this

study they showed an understanding of the privacy and confidentiality that the patient deserved as part of their work. No literature review was found by the researcher confirming this finding.

Assumption 2:

“Indigenous healers reduce HIV/AIDS stigma in their specific roles as healers”

6.3 Theme 2: Indigenous healers’ specific role in reducing HIV/AIDS stigma

Category 1: First encounter with HIV/AIDS patient

Indigenous healers noticed denial in most HIV infected persons in that the person was shy, lonely and did not disclose his/her status even to a close family member. They exhibited negative reactions such as shunning the counsellors who were trying to come near them, and they were lonely and had many unanswered questions such as *what have I done to deserve this?, this is a punishment from God or I am bewitched*. Herek (2002) explains this reaction as “felt stigma/discrimination” which may be expressed through feelings of denial, fear, guilt, depression, withdrawal, loss of hope, and sometimes worthlessness. The healer admits that HIV is there but it is difficult because of non-disclosure of the infected and their being afraid of being labelled by others coupled with their feelings of guilt. Parker and Birdsall (2005) contends that fear of stigma interacts with other psychological processes to do with HIV infection, including guilt at having infected others, fear of illness and death, feelings of inadequacy and denial.

Category 2: Ancestor guidance

The context from which the indigenous healers work is that of an individual independent of other persons within a specific space such as his/her shrine, and reflects issues of the community and its environment from there (Mbiti, 1996).

Katz et al., (1989: p20) argues that the healing focuses on a “person-environment unit, holistically conceived, stressing the significance of interrelationships in healing, rather than isolated patients or discreet sickness”. Thus, according to Katz, indigenous healing is a process of transition towards greater meaning, balance, connectedness, and wholeness, both between the individual and between individuals and the environment. This argument was also alluded to by Ajizu (2007) and Leeuw (2004), namely that the healer’s healing powers are a gift from God, and the healing directives come from the ancestors and the spiritual world (Mbiti, 1996; Lesolang-Pitje, 2000; Mosue, 2005). In this study, the indigenous healers also ascribe to the African belief systems, which dictates that Africans regard moral values as a high priority, and anything which does not adhere to these values is regarded as a taboo and is punishable by the ancestors either by one becoming ill or a misfortune befalling the person (Mbiti, 1996; Muthali, 2006).

Category 3: Treatment

Some of the indigenous healers expressed shock at their first encounter with the HIV person and made statements such as *I feel bad about the situation and I feel pity* the sense of feeling pity for the patient by the healer is deep. By rooted, the researcher herself is feeling pity, anticipating the consequences of not adhering to society’s moral code and, therefore, anticipating the outcomes of the community towards the person perceived as having bridged cultural taboos. The answer *I felt ashamed, patient should be separated from others* has a connotation. On the one hand, the healer felt disgusted that the patient had kept the secret of her/his illness to him/herself and sought help only when it was too late. On the other hand, the healer, by separating the infected from other patients, was trying to protect the patient’s integrity from others, such as the use of derogatory language and naming such people as victims, sufferers, perverts or being un-African as Kelly (2002) and Link and Phelan (2001) have observed. It is done to prevent the patient from being harassed by suspicion of being HIV positive (France, 2005).

Category 4: Showing compassion

Most of the indigenous healers identified a sign of being “shy” by an HIV patient, which may portray a feeling of being guilty, embarrassed, or having failed society or someone. This tallies with what Mosue (2005) notes as actions contrary to African religion which upholds certain types of ethical behaviour from an individual. Furthermore, Mbiti (1996) and Leeuw (2004) mention as emanating from the African belief system that the meaning of life in Africa relates to the natural world and spiritual powers while also seeking to explain the persistence of evil and suffering. However, on the issue of the treatment the indigenous healer would suggest a change of diet and the use of watery fluids, mix with herbs to drink and to bath regularly. The indigenous healer seeks ancestral guidance and understands the need to protect him/herself and also suggests a debriefing session by stating that *after meeting this person with HIV, there should be a workshop*. Some indigenous healers were uncertain of how to treat an HIV infected person as they had not come across such a case *I have not treated a person with AIDS*. It was also noted that there is difficulty when a person consults at the late stages of the disease, as was always the case with HIV patients. This was indicated as *when the person with HIV and AIDS comes to us, we realise that the person is sick, because he/she has lost weight and is so tiny, has developed sores. His eyes are somehow, and the person has diarrhoea*. The indigenous healer suggested that there is a need for family involvement in supporting the patient in words such as *insist on family support, investigate family support, gives advice on family support, and parental guidance*. However, people do consult indigenous healers as a last resort in cases of HIV. By showing compassion the indigenous healer reveals love, acceptance and caring, being accommodative and embraces and motivates his/her patients.

Indigenous healers mentioned that there was concern about the spread of HIV in the community. They talked about being cautious that everyone can be infected if

promiscuous relationships are not avoided and that PLWA should be encouraged to avoid unsafe sex and that there must be more talks about HIV to encourage the prevention of the disease.

Category 5: Family support

On the issue of family support, some of the indigenous healers mentioned; *If this person comes with his parents, I am able to visit them at home and advise them in understanding how to live with this person, they should not make this person angry and don't see any necessity of not eating, we should be able to communicate well with this person, as a healer, you call his or her parents and you explain the situation to them, at this stage the person is still at home with his parents.*

According to Akbar (1984), traditional African religion plays an important role in shaping African culture. From the birth to the death of an individual, the family has to keep conducting rituals (Mbiti, 1996). The whole community is, therefore, expected to adhere to these cultural beliefs. Yet, disagreeing with these is regarded as culturally immoral and evil (Chiakwa, 1999; Leeuw, 2004; Mbiti, 1996). In their studies mention is also made that Africans regard values as of high priority while sickness is actually the evidence of a physical, social and spiritual mechanism of the individual and the community.

The experience of interdependence among Africans, according to Markus et al., (1991) entails seeing oneself as part of a social relationship and recognising that one's behaviour is determined by what may be perceived to be thoughts, feelings and actions of others in the relationship. This view of self in the relationship between the self and others regards the person not as separate from the social context but as connected and less differentiated from others (Markus et al., 1991). The family of the infected finds itself in a fix as the patient has disgraced it by

contacting HIV/AIDS. This means a contravention of the moral standards of society, and thus the whole family falls out of society's favour.

Category 6: Stigma and uncertainty

The above mentioned positive roles of the indigenous healer notwithstanding, there is a large degree of ignorance in the communities with regards to HIV/AIDS. This was alluded to by several participants. *The fact that HIV/AIDS is here and very much amongst us is not taken seriously. The perception is that HIV is still in the big cities hence many do not go for testing. It is perceived that HIV is meant for others and not those next to you.* So, people are afraid of being infected through association. Participants mentioned *people are afraid to touch somebody because of the condition of life in which one finds himself in, people turn to avoid you every chance they get.* Some of the infected are said to be strong. They have accepted their condition and are using ARVs antiretroviral treatment while others have lost hope in life and say *they wish to die, are ready to die.* They do not want to disclose for fear of harassment or being discriminated against. The HIV infected person frequently excludes him/herself from the societal practices and, therefore, shows signs of guilt and embarrassment as evidence in his/her first encounter with the indigenous healer by *being shy, unable to look people in the eye.* The society does not take kind to such practices and retaliates against the individual by *labelling* the infected and shunning and ostracizing his/her family in their gatherings.

Indigenous healers and spiritual faith healers insist on morality among its people as part of a religion in line with the African culture to reinforce the idea of values of community living. Akbar (1984); Ejizu (2007); Idowu (1973); and Mbiti (1996) emphasize that community living constitutes unique human traits which represents human beings' capacity for self-mastery and self direction. This means that human conduct is seen as a key to upholding the balance between the visible and the invisible world of the ancestors (Ejizu, 2007; Mbiti, 1996). So, all in all

the ancestors guarantee the legitimate ethical code and they also invoke severe punishment on anyone who oppose or disobey traditional norms or morality (Akbar, 1984; Ejizu, 2007; Muthali, 2006). One can argue that Africans regard moral values as a high priority.

According to Herek and Capitanio (1999), people in America are routinely blamed for their condition especially if they have contacted HIV/AIDS through sexual behaviour, as is also the case in the Limpopo Province. Numerous people express concern about symbolic contact with people living with AIDS (PLWA), such as through touching an article of clothing or drinking from the same sterilized glass used by PLWA. The society might also discriminate against the family together with the patient if they are suspicious of their actions. It feels like death for anyone to be punished since such a person is regarded as an outcast. They would not be allowed to share in the life of the community. There would be no visits to the family, no exchange of greetings, while no one would sell or buy from members of the affected family. The stigma to a communicable disease such as HIV/AIDS can also affect the way in which society understands its transmission, particularly when the already stigmatized groups are perceived to be vulnerable to the illness.

Assumption 3

“Spiritual faith healers do understand HIV/AIDS stigma”

6.5 Theme 3: Spiritual faith healers’ understanding of HIV/AIDS stigma

Category 1: Understanding HIV/AIDS issues

Spiritual faith healers also live and practise within the African community, but are attached and work within the church environment which is regulated by the church doctrine. While being driven by spiritual powers as a person, he/she also

has to take the church's stand on certain issues, such as HIV/AIDS, for instance. Most of the spiritual healers when asked what they understand about HIV issues were forthright to say that *most people are practicing (ABC) that is, abstain, be faithful and condomise, spreading information about HIV can help, HIV is passed through unprotected sex, HIV affects people through cuts, unprotected sex and blood transfer* and also added that *sometimes it is not their fault they found themselves positive and the more people talk about HIV people tend to accept and change their mindset.*

Spiritual healers also mentioned the fact that many people in the society do not go for testing. Some give reasons such as being afraid of being infected through association with people who have HIV. According to Campbell et al., (2005), AIDS stigma is also a key obstacle to HIV prevention and AIDS care. This displays society's insensitivity and ignorance. This is what spiritual faith healers had to say *there is lack of support from the society.* People are rejected by society because of being labelled after disclosure.

The infected are viewed by society as *promiscuous, irresponsible, truck people and also as prostitutes.* This labelling is followed by alienation by society and there are also negative effects such as 'the infected is seen by society as a living corpse'. The connotation is that PLWA are seen by society as already dead or those who are in line of being discriminated against, whatever they say or do is not recognized by the society. Akbar (1984) argues that morality in Africa is as imperative of the human make-up and not an option and, therefore, society might invoke severe punishment on any one who would try to oppose or disobey a promulgated law or norm of morality (Akbar, 1984; Ejizu, 2007). For most African groups, ostracizing an individual or family that has disobeyed the community is thought to be the most severe punishment that could be meted out to anybody. This would usually put the family in a predicament. As it shows the tremendous power of the community in a traditional African background (Ejizu,

2007). However, within the African framework, stigma is regarded as all that which is not in line with the traditional African view.

Organizations in the society created HIV awareness programmes which may be called “involvement at activity level”. These organizations encourage testing and also sharing of experiences of people which help in accepting and understanding HIV better. It is also regarded as a way of eliminating the stigma of ignorance and discrimination. There is also a concern that an increase in the high pregnancy rate means faster spreading of HIV/AIDS. Spiritual healers alluded to the secrecy clause which is enshrined by the Government in the HIV and AIDS Act which states that, “it is a person’s right to disclose or not to disclose”. So, it is difficult to help, and a real challenge to society because people do not talk about it and nobody knows who is positive or negative. Only if people open up, society will be able to help them.

Assumption 4

“Spiritual faith healers reinforce HIV/AIDS stigma in their specific roles as healers”

6.5 Theme 4: Spiritual faith healers’ specific role in reinforcing HIV/AIDS stigma

Category 1: Feelings of denial

The spiritual faith healers showed an understanding of HIV issues, by stating *sometimes it is not the person’s fault that they found themselves being positive and that treatment for HIV is the same as any other treatment*. Another spiritual faith healer mentioned that *the more people talk about HIV, people tend to accept and change their mind set about the disease*. Furthermore, *society must adapt to the demands of how to behave towards others, and start supporting them because*

they need love, caring, empathy and encouragement. These actions are what Herek (2002) calls “intrinsic” religious orientation. In other words, since the intrinsic use religious teachings to inform their everyday interactions with others, they love their neighbour, for them that is the right thing to do.

As part of the community spiritual healers are also involved in cultural activities such as spiritual rituals. These then make them understand their flock informally, that is outside the church as well as formally that is, in church activities.

Category 2: Church involvement

Some of the spiritual healers mentioned that the church has its stand on the HIV issue: *It welcomes the person as any other.* There is spiritual support in that *the scriptures are read to encourage and motivate the infected. Biblical texts about the disease are read that before God nothing is impossible.* Moreover a spiritual faith healer stated *we tell them it is not the end of the world, church tries to compromise, church accommodates them, it encourages biblical texts, visits and prayers are given for positive persons, there are workshops for the care givers. We help them live positively, assuring them of God and the church’s love. The church supports the person physically, morally and spiritually and prays for them.* The spiritual healers stated: *the church does practical things but reality on the ground is difficult and different.*

According to Herek (2002), stigma and discrimination hinder preventative efforts and make positive people fear to seek help/care and support and thus adopt what he calls “successive passing”. What it means is that people pretend and act as if things are normal so that they are not identified as the “other”. According to the spiritual healers *HIV stigma is not normal stigma.* Their perception is that it seems that HIV stigma is inflammatory to the whole world, meaning if you are stigmatized by others, you are gone/nothing. It is also a key obstacle to HIV prevention and AIDS care (Campbell et al., 2005). The church helps these people

to live positively, assuring them God's and the church's love. The church's involvement in contributing to the AIDS pandemic has been acknowledged world wide. The contribution is that the church first accepts or/and welcomes their condition which is symbolical in that the HIV person attends church like any other with no special attention to his/her condition. By reading the scriptures, the church supports the infected person morally and spiritually and also prays for them.

Lunginaah et al., (2005) noted that dimensions of culture in Africa, such as values, beliefs and norms are culture constructs which influence marital and other social behaviours (Mbiti, 1996). In South Africa, traditional Africans still strongly adhere to these cultural dimensions. In their studies, Lunginaah et al., (2005) acknowledges the potential role the churches could play in HIV/AIDS prevention efforts to eradicate the AIDS epidemic which cannot be done without the help of the African churches. One agrees in that the African churches involve people's settings in their healing processes, that is, the body, family and environment of the patient. Abdu'l-Baha (2007) contends that as the world crumbles in one's life, spirituality consoles the person. In such a situation a person looks to God for survival.

Category 3: Stigma and discrimination

A number of spiritual faith healers mention concerning stigma and discrimination society blames PLWA as *having no self control, regarded as irresponsible, being a slut as misbehaved*. The family finds itself in a predicament of either having to disown the infected or to be discriminated against by society. This was also articulated by a participant who stated. *If you deal with the person, you should wear gloves, wash your hands, and that the remaining food eaten by the affected must be thrown in the toilet*. This refers to what Nyblade et al., (2005) calls "enactment of stigma" through discriminatory practices, including physical isolation. These include, for example, fear of contagion in separating eating

utensils and living quarters, social isolation from events, loss of social networks, and diminished standing in the community also verbal discrimination and abuse, gossip and blaming.

The spiritual healers identified families dissociating themselves from the patients for *fear of being infected, and fear of the unknown caused by promiscuous relationships*. This is in line with what Herek (2002) defines as symbolic context of stigma based on pre-existing attitudes towards a person or group targeted by HIV. This might be economic, political or within the local community context. There is also a denial of the existence of HIV, namely an attitude that it is meant for others and not those next to you. The HIV infected person is perceived as shy, does not disclose his/her status and has lost hope because he/she feels scared. For example, one pastor reported he had not counselled an HIV person for a long time. This means that even if HIV positive persons do attend church regularly, they do not trust anyone including the church elders.

Herek (2002) also defines what he calls “felt stigma”. Felt stigma motivates individuals with a stigmatized condition to attempt to “pass” as members of the non-stigmatized majority. Some of the participants mentioned the question of non-disclosure by HIV infected persons. This action, Herek argues, reduces their likelihood of being targeted as having HIV. But it also disrupts their lives because of non-disclosure. However, some patients are said to be strong, to have accepted the situation, have hope, and trust that things will turn around.

Category 4: Church is not doing enough

Although AIDS has established itself in Africa, according to Agadjanian (2005), informal communication regarding HIV/AIDS is still characterized by considerable uncertainty, ambivalence and stigmatization. However, the church is not doing enough in its contribution towards alleviating the plight of the infected. One of the spiritual faith healers mentioned that *pastors do not talk about the cure*

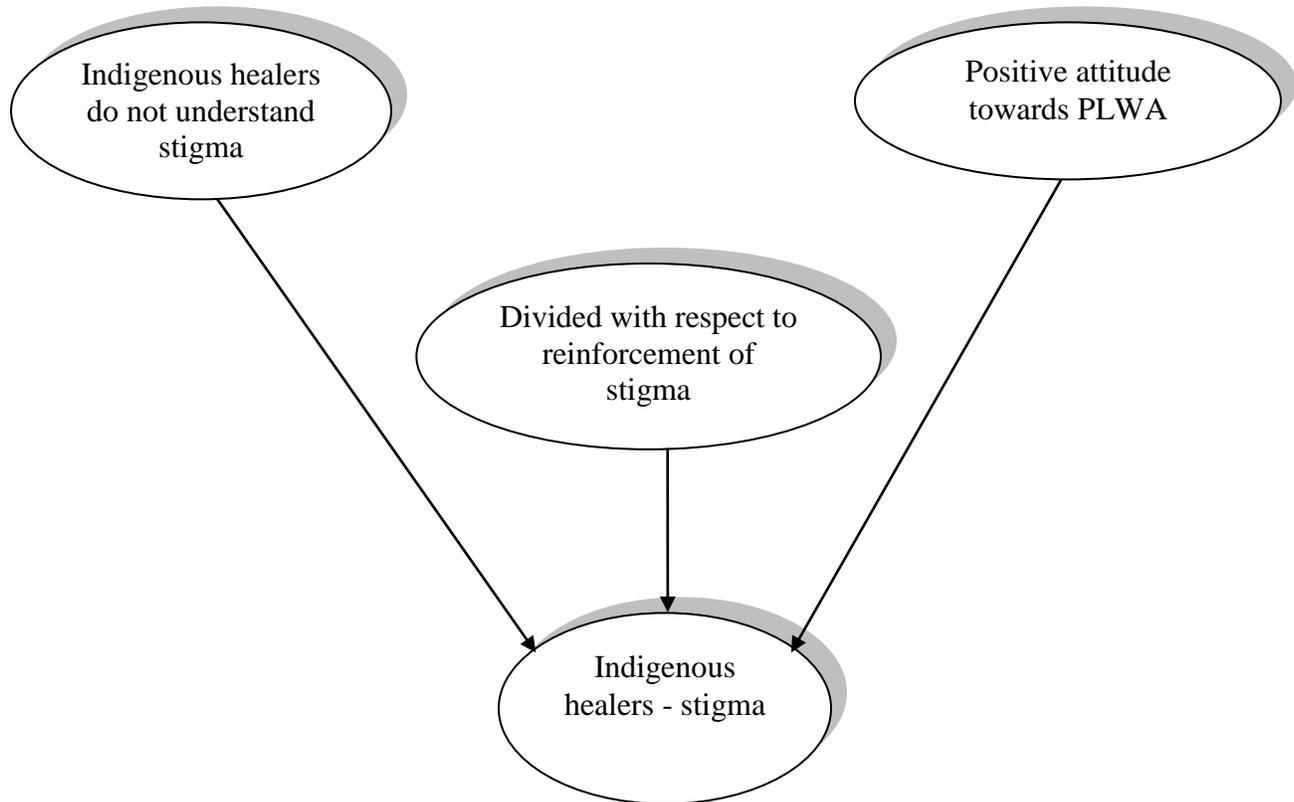
for the virus, church does not dwell much on the HIV issues, these issues are not discussed in church. As much as the church tries to build centres to encourage church members, the connotation is that those who go for such sessions are already infected by HIV. One can argue that it separates people from the congregation and, therefore, they become stigmatized. Allport (1954) explains the setting of people apart from other individuals or groups through attachments of a perception of negative values as prejudice.

According to Parker and Birdsall (2005), the inconsistent and sometimes contradictory roles by the church need to be understood as dependent on many contextual factors both are in the micro as well as the macro level. These may be attitudinal or unofficial stances by religious bodies on the question of HIV/AIDS. These include societal factors which involve the position occupied by a faith group or religion within a community or society as a whole. The church was also noted as not doing enough for those with HIV/AIDS. Most of the pastors are old and they regard talking about sex as promoting it in the church. The church does not even talk about a cure for the virus. There is still much negligence in the church in that as grown persons and pastors, they view HIV as a punishment from God. The researcher's understanding is that there are no continuous workshops for the pastors regarding the HIV pandemic. Equipment used is usually not sterilized and the church is actually avoiding HIV issues because HIV issues are not discussed in church.

6.6. Emerging theory from the study

- Indigenous healers show compassion in their working environment with HIV/AIDS patients, while spiritual faith healers are seen to perpetuate stigma and discrimination.

6.6.1 Emerging theory model - indigenous healers



Interpretation of the emerging theory model on indigenous healers

6.6.2 Indigenous healers' understanding of HIV stigma.

While indigenous healers generally do not understand what HIV stigma is, the taboo word in the traditional Northern Sotho context is not verbally talked about as a tradition because of cultural beliefs. Stigma is a taboo word in the traditional African context. It is only enacted but not verbalized as a tradition.

6.6.2.1 Positive attitude towards PLWA

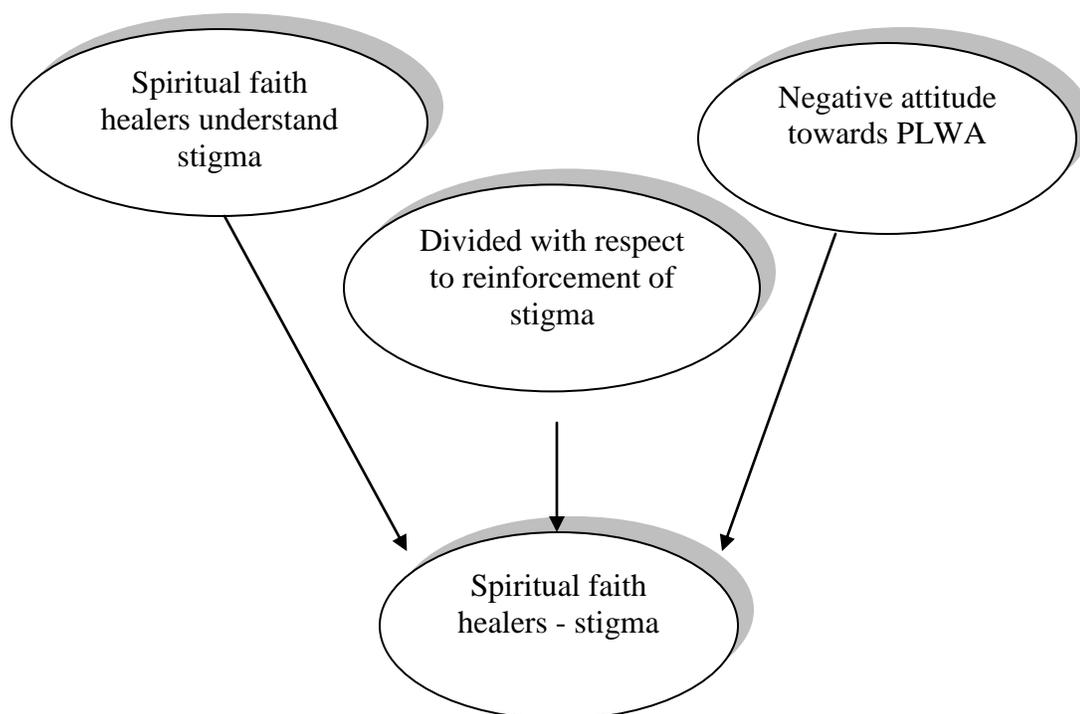
Indigenous healers were seen to be reducing the stigma by being compassionate towards PLWA in their healing practices. They did whatever was necessary to

help towards recuperation of the patient, such as showing love, accepting of caring for the patient, being accommodative in their plight, embracing and motivating patients to better health, also involving the families and their support in understanding the patients' situation as well as giving suggestions to both the patients and their families on which diet to give to the patients. Indigenous healers were concerned about the spread of HIV/AIDS if the patients do not avoid unsafe sex.

6.6.2.2 Indigenous healers are divided in respect to reinforcing stigma

A few of the indigenous healers were uncertain of what HIV/AIDS stigma is because PLWA usually only come to them when it is too late. One can only ascribe this fact to the lack of the understanding of the viral transmission of AIDS. The mistrust of experts is very high among rural Africans as well since many of them still believe there is a government conspiracy targeted at blacks (Parker & Aggleton, 2003: p.17).

6.6.3 Emerging theory model - spiritual faith healers



6.6.3.1 Spiritual faith healers' understanding of HIV/AIDS stigma

Most of the spiritual faith healers showed an understanding of HIV/AIDS stigma. They talk about AIDS in church as a reference to the scriptures. The level of education of them is mostly high and they can, therefore, make the difference. However, they have to adhere to what the church commands, and have to talk from the positive side and not the negative side of issues. For example, talking about sexual issues would be seen as encouraging sex out of wedlock and, therefore, encouraging people to sin.

6.6.3.2 Negative attitudes towards PLWA

Spiritual faith healers are seen to be reinforcing stigma in their healing processes in that the church does not talk about an HIV cure. To the infected this is idle talk for people do not share in their pain. The church is avoiding and does not dwell on HIV issues and, therefore, there is considerable ignorance among the congregants while they depend on the church for spiritual and daily living guidance. When the church does not talk about HIV, it becomes an abstract concept. Most of the pastors are old and they regard talking about sex in church is actually promoting it. The church organizes care-givers who, because they have not tested and are not professional, become insensitive when they talk to and about PLWA. Nobody talks about it, and nobody knows who is positive or negative. Therefore, PLWA pretend there is nothing wrong with them, what Herek (2002) calls successive passing.

Most of the spiritual faith healers are, therefore, reinforcing stigma in that they hide behind the church in confronting HIV stigma by not applying their own minds in dealing with stigma. There is still a fair degree of denial in church, both by the spiritual faith healers and the church.

6.6.3.3 Spiritual faith healers are divided with respect to reinforcing HIV stigma

Spiritual faith healers are divided with respect to reinforcing HIV/AIDS stigma in that they preach the gospel in church without segregating the congregants. They welcome infected people and treat them as any other members of the congregation. They give verses to PLWA to read and they also pray for them assuring them of God's love. How this is taken by the patient depends solely on the individual person. They also visit them in their homes to say prayers and motivated them to live positively. Spiritual faith healers also organize care givers from the church to visit PLWA who give them food and other goodies. However, their scope is limited because they are concentrating on the spiritual issues only and have no way of knowing who is positive or negative. They only operate within the scope of the church since the church constitution declares that people should help one another in their plight.

CHAPTER 7: SUMMARY AND CONCLUSION

7.1. Summary of the findings

Indigenous healers showed a large degree of compassion in their work towards others. They showed an understanding of HIV issues even when it was evident that the infected persons only consulted them when it was in the later stages of the disease. Working together with family and the hospital, the indigenous healers gave an impression of being professional in their work. The insistence of debriefing workshops after attending to an HIV person shows an understanding of psychotherapy which is included in the holistic treatment of indigenous healing. Collaboration with Western doctors and others was also mentioned as of high priority in order to find a cure for HIV. One can argue that morality ranks high in African religion and society. It is only by exploring the relationships between culture, power and difference that one can understand stigma not merely as an isolated phenomenon, but as a function of the interaction of these various factors (Parker & Aggleton, 2003: p17).

Spiritual faith healers showed an understanding of HIV/AIDS stigma. They perceived themselves as helpless in that they have to work within the church dogma which avoids HIV issues. It does appear that the church is not in a position to effectively address the HIV problem given its “abstain until marriage” stance. Therefore, sticking to what the Bible appears to be better and safer than in the context of the church than having to deviate a little in the fight against AIDS. The programmes offered by the churches for HIV could be perceived as discriminatory for those affected and infected. For example, a pastor can publicly state that HIV is punishment from God. Such a pronouncement could make those infected to feel discriminated against.

It is suggested that the government’s Department of Health should consider communicating messages aimed at HIV/AIDS prevention through indigenous healers and traditional leaders since these people are considered leaders by their

own communities. In its efforts to educate communities on HIV/AIDS, the government should embrace traditional methods of healthcare, education, social care and language, including the spirit of *Ubuntu* to make their HIV/AIDS prevention strategies relevant to indigenous African communities. Furthermore, those who are involved as HIV voluntary caregivers should have gone through HIV testing so that they can serve as role models for those who may be contemplating to be tested. The “HIV secrecy clause” contained in the government’s HIV policy documents should be reviewed. As Herek (2002) points out:

“... the public remains ill informed about the disease – whereas scientific understanding of HIV/AIDS has increased dramatically while the public’s knowledge has not followed suit. The public has never completely understood the viral transmission of AIDS. Secondly, that some sectors of the public do not believe the scientific data about HIV. Mistrust of experts is especially high among Africans, many of whom believe there is a government conspiracy targeting blacks. Thirdly, that a considerable portion of stigma is symbolic, and consequently unlikely to be affected by information campaigns (Herek, 2002: p600).

Lastly, testing should be made compulsory for every person who consults in a hospital. This could encourage acceptance of HIV/AIDS as a condition of ill health like any other morbid condition.

7.2. Limitations of the study

When the researcher asked a question relating to their knowledge of HIV/AIDS stigma, participants avoided giving direct answers. Instead, they would talk generally about HIV/AIDS and its symptoms instead of answering the question on HIV/AIDS stigma. The reason avoiding the question on HIV/AIDS stigma is that stigma is a taboo word among Africans in the same way that witchcraft is seen as taboo. It is enacted but never mentioned in everyday language in the African culture. This made it difficult for the researcher to explore the participants views on this particular issue.

The second limitation relates to the fact that the researcher herself is an indigenous healer. Often the researcher had to ask questions in the affirmative way so as to make the participants feel that she is one of them. This approach may have compromised the objectivity of the study. For example, the researcher had to ask questions like: “how can we treat these people as traditional healers?”. These questions were presented to the participants in this way so as to make them feel understood by the researcher as one of the indigenous healers. Charma (2006) argues that a researcher cannot divorce herself from a study because she forms part of the conversation/research.

The third limitation was the issue of language interpretation. Traditional African people tend to use indirect references when speaking to someone who is not their equal or peer. Instead of using the person’s name and being direct during a conversation, they would attach a name or names. The researcher sometimes referred to the infected and affected as “these people” to differentiate between the ordinary patients and HIV/AIDS patients.

The fourth limitation was that indigenous healers could only agree to be interviewed at a neutral venue such as at their council offices rather than in their respective homes (where they were working). This could have robbed the research of an opportunity to observe the healers in their natural working environments.

The fifth limitation was that spiritual faith healers were more comfortable to be interviewed at their council offices as a group than as individuals. This compromised the study because each had to say what was perceived as right and not what he/she thought was right.

The sixth limitation was that PLWA were not interviewed in this study. Their own understanding of the HIV/AIDS stigma might have shed more light that could enrich the researcher’s interpretation of the results.

Lastly, the results of the present investigation cannot be generalised to the entire population of indigenous healers and spiritual faith healers in the Limpopo Province since only a very small fraction participated of them contributed to the study.

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APPENDIX A

INTERVIEW GUIDE

1. Tell me about what you understand about HIV/AIDS stigma?
2. Tell me about your feelings when you first learned about HIV/AIDS?
3. Can you tell me how you describe HIV/AIDS stigma?
4. Tell me how you go about attending to your HIV/AIDS patients. What do you do?
5. Can you describe what you do when you are attending to HIV/AIDS patients?
6. Could you describe the most important lessons you learned through interacting with people living with HIV?
7. Tell me about your views since you have known about HIV/AIDS?
8. Is there anything else you think I need to know to understand it better?
9. Is there anything you would like to ask me?

APPENDIX B

INTERVIEWS CONDUCTED WITH INDIGENOUS HEALERS

Interviews conducted with indigenous healers using grounded theory

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List of concepts derived from interviews	pp 154
Categories derived from concepts	pp 155 - 170
List of categories grouped from concepts	pp 171 - 173
Categories, properties and dimensions	pp 174 - 175
Categories, pattern codes/relationships derived from concepts	pp 176
Theoretical coding derived from interviews	pp 177 - 191

PARTICIPANT 1

Researcher: What do you understand by HIV/AIDS stigma?

Participant 1: We feel painful, because people who are HIV positive need help from us. They must get help, and we feel pity for them. When someone is HIV positive or has this some people turn dark, some develop some sores, some have developed diarrhoea. If a person is heavily or seriously ill, it becomes impossible for one to treat that person; but if he/she is not seriously sick, we can be able to help the person. If the person is in a serious condition, he/she must not engage or refrain from sexual intercourse, must do away with sugar and salts. When he or she has developed sore sores, he must not drink water from the fridge; he must drink warm water and eat soft porridge in order to get help. When I see this person, I should first take the person to the hospital, to check whether the person has enough water or not in the body, from there, the hospital will bring the person back to me and explain to me about the sickness the person has or the suffering from God will help sometimes, because this person is still the same as me, he should be treated like anyone else.

Researcher: As traditional healers do you think we can treat this illness?

Participant 1: Yes, all that is needed is to bring all traditional healers together. How can we do and how can you help us, because when it's a day like this where traditional healers come together or gather like this, they can be able to come up with different or various kinds of herbs that can be cooked and be given to our patients. Another thing is that, when a person has this serious illness and has developed some sores, it becomes difficult to help that person or we fail to help this person.

PARTICIPANT 2

Researcher: What do you understand by HIV/AIDS stigma?

Participant 2: The person with HIV/AIDS should be treated like any other person, should be bathed and well looked after. Caring for that person like your own child. The person with HIV/AIDS is seen by loss of weight, when that person has developed some sores and the way this person is coughing, it really shows that this person is very sick/ill. When seeing all these things in the person, I will take the person to the nearby clinic, they will say the person doesn't have enough water in the body, so the person is taken to the hospital and from there, the person comes back to see me, and I will be able to help that person with my own herbs together with the medicines from the hospital and the patient drinks that in different times.

Researcher: Do you mix your patients?

Participant 2: My patients seat together, so that it doesn't show or people shouldn't be able to differentiate between these people and they should know what a person is suffering from, so I'm the only one who knows.

Researcher: The first day how did you feel about AIDS?

Participant 2: Things happen, the reason I decided that I should mix my herbs, I feel very bad about the situation, together with white people or modern doctors; we see that these people should get well and be like us.

Researcher: What have you learned through interacting with HIV/AIDS patients?

Participant 2: What I have learnt is that people who are HIV positive or has AIDS, for it not to show that they are sick, when we are seating with them, we should not make them feel uncomfortable and realise that they are the same people as us. I should sit, laugh with them, show the love, we should make sure that they eat well, and well looked after, not to catch any of the disease. We should try and make sure that these people should not feel lonely. They should also feel free to laugh together with us and should not feel left out.

Researcher: On the issue of modern doctors, can we as traditional healers be able to treat this virus/sickness?

Participant 2: Yes, we can treat it by mixing our herbs as traditional healers. We can only do this if the hospitals and clinics as well as doctors can allow us to work with them to try and do away with this disease. We should mix these modern medicines and our herbs but in different times, all what is needed is working together with us traditional healers and doctors.

Researcher: On anything you would like to know from me?

Participant 2: You should help us informing a place where as traditional healers should meet and also help us in finding a way on how can we work together as traditional healers. When we are working with these people who are sick, we should get help on how we should help them.

PARTICIPANT 3

Researcher: What do you understand about HIV/AIDS stigma?

Participant 3: When this person comes to me being shy, not being able to face people or me in the eyes, I feel pity because this might be a sign that the person might be HIV positive. When this person comes to me, I am able to throw bones to invite the ancestors to guide me on how to help these people. If this person comes with his parents, I am able to visit them at home and advise them in understanding how to live with this person, they should not make this person angry and don't see any necessity of not eating. We should be able to communicate well with this person, and if there is something that he/she might need from you, just try your best to give it to him/her.

Researcher: Are they separated from others?

Participant 3: No they are not, they can seat together with other people.

Researcher: Anything else that you want to know from me?

PARTICIPANT 4

Participant 4: The symptoms are that this person is so under weight, some have red lips, and they are heavily coughing, and after seeing this, what you must do as a traditional healer, you call his or her parents and you explain the situation or his/her situation to them. This person might be vomiting and is having diarrhoea, so I have to mix my herbs and give them to them to this person. After, I take the person to the hospital here they are going to tell me what the person is running short of. I mix the herbs for this person and give it to him and her. At this stage, the person is still at home with his parents. This person should be treated in a good manner, he/she should not be separated from others and we should not remind him/her that he has this sickness.

Researcher: Do you mix your patients?

Participant 4: I don't mix these people, anyone is on his own.

Researcher: Is there anything as traditional healers can do about this disease?

Participant 4: Yes, as long as we can mix our herbs as traditional healers we can. All we can do is to meet and come together as traditional healers and deal with this situation. Together we can make it.

Researcher: Is there anything you would like to know from me?

Participant 4: No questions.

PARTICIPANT 5

Researcher: What is your understanding of HIV/AIDS?

Participant 5: When I see this person sick, I feel the pain and realise this person really needs help from us traditional healers. Inside, a person with HIV/AIDS is in a lot of pain. This person has sores and sometimes the sores make this person not to be able to see well and the person changes colour. I have not yet treated a person with AIDS.

Researcher: Is there any thing you want to know from me?

Participant 5: No questions.

PARTICIPANT 6

Researcher: What is your understanding of HIV/AIDS?

Participant 6: We welcome this person without any problems, and call upon the ancestors. Take this person to the nearby clinic, after that take him home, and I ask the patient is well looked after by relatives and family members. The person is unable to walk straight; it shows that this person is really sick.

Researcher: Any questions?

Participant 6: How can you help us? We need you to help with the workshops, maybe we might get help.

PARTICIPANT 7

Researcher: What do you understand about HIV/AIDS?

Participant 7: The person has lost weight, developed some sores and the person coughs a lot. After this they take this person to the clinic, they check with the ancestors to show the way. Before taking this person to the hospital they should first talk to the parents. This person should be well looked after. We must come together as traditional healers.

Researcher: How do you go about attending your patients?

Participant 7: Yes, they are put together in one place.

PARTICIPANT 8

Researcher: What do you understand about HIV/AIDS?

Participant 8: What I understand is that the person with AIDS, has lost weight, and has diarrhoea. We take it from there. You see the way Mr Makhubele is, after you got the virus, you will be tiny and very tiny, so we realise these that the person is HIV positive.

Researcher: Do you mix or separate your patients?

Participant 8: I don't separate them from any other patients, I should treat this person the same. I should not show this person that she/he is HIV positive and I separate them. When you separate them, this person won't be happy, some make them feel happy by mixing them with others.

Researcher: How can we treat HIV as traditional healers?

Participant 8: We as traditional healers can treat this sickness by trying all the herbs we have and mix them, maybe one day we will make it. Maybe you might think of a way we can meet or come together as traditional healers.

PARTICIPANT 9

Researcher: What is your understanding of HIV/AIDS stigma?

Participant 9: When the person with HIV and AIDS comes to us, we realise that the person is sick, because he/she has lost weight and is so tiny, developed some sores. His eyes are somehow, and the person is tiny.

Researcher: Are they separated or mixed?

Participant 9: We put them together. We mix the herbs and give the person to drink and after we take the person to see a doctor. When we see the person who is HIV positive, his body has swollen. He is so tiny and no blood, he has sores everywhere, he is vomiting. The person is very shy, can't look you in the eyes.

Researcher: How can we treat these people as traditional healers?

Participant 9: We must mix the herbs, soft porridge, I should not tell this person the he/she is HIV positive, I put something in the soft porridge.

Researcher: Are there any questions you want to ask me?

Participant 9: There must be a workshop.

PARTICIPANT 10

Researcher: What is your understanding of HIV/AIDS stigma?

Participant 10: To show that this person has this virus, he/she has lost weight and he/she is becoming tiny and swollen, vomiting, coughing.

Researcher: How did you feel when you heard of HIV/AIDS?

Participant 10: We should sit and tell the ancestors, you should mix your herbs.

Researcher: What does HIV mean to you?

Participant 10: When a person is HIV positive, he/she should be treated well, like other persons. What we do to mix the herbs, he/she must be clean. Don't make him angry.

Researcher: What did you learn living with HIV people?

Participant 10: We don't separate these people.

Researcher: Are there any questions you want to ask me?

Participant 10: What is we can be put together as traditional healers to have a workshop.

PARTICIPANT 11

Researcher: What is your understanding of HIV stigma?

Participant 11: We feel pity for them, I feel ashamed because most of them are children and very young. She was released early because of her answer.

PARTICIPANT 12

Researcher: What is your understanding of HIV stigma?

Participant 12: This is a sickness because it is a big problem to the people and we feel pity for them.

Researcher: How did you feel when you heard about HIV/AIDS?

Participant 12: It is very much painful and I feel very painful. The person with HIV and AIDS, is very shy, he has lost weight, he is having diarrhoea and vomiting.

Researcher: Do you separate your patients?

Participant 12: Yes, they are all people.

Researcher: What have you learned, living with people with HIV?

Participant 12: When this person is HIV positive, I take the person to the clinic after two days and check him, I also take the person to his home. He/she must be well looked after. They also ask the parents if they are treating this person well. In order for him or her not to worry he/she shouldn't be told that she is HIV positive.

Researcher: Any other thoughts on HIV/AIDS?

Participant 12: There should be a workshop where all traditional healers are to meet and be taught about HIV and AIDS.

Researcher: Are there any questions you want to ask me?

Participant 12: No questions.

PARTICIPANT 13

Researcher: What is your understanding of HIV/AIDS stigma?

Participant 13: When the person is sick, some might look tiny and under weight, some might be having sores in their faces, so you see there that this person is HIV positive, they don't look good at all.

Researcher: How do you treat them?

Participant 13: They should not be separated, we must spend time with them. We must also eat with them, but sometimes we should give them vegetables.

Researcher: What have you learnt about HIV/AIDS people when living with these people?

Participant 13: I learnt to have mercy on these people, and also that we should take a good care of these people. They should live well with their parents. As a young person, I should be aware of these things, because anyone can have this disease. They are very shy and can't look in the eye.

Researcher: Are there any questions you would want to ask me?

Participant 13: A request is that at many times they should organize workshops.

PARTICIPANT 14

Researcher: What is your understanding of HIV/AIDS stigma?

Participant 14: This person should be well looked after, this person is seen by loss of weight, I give the person some vegetables and enjoy my time with him/her, and to also speak to their parents. These people should be loved. The people with HIV/AIDS should be treated well and should be well looked after. After meeting this person with HIV, there should be a workshop.

PARTICIPANT 15

Researcher: What is your understanding on HIV/AIDS stigma?

Participant 14: When a person is HIV we mix various herbs in order to help a person who is HIV positive. A person who is HIV positive doesn't want to be angered, you must not make him angry.

Researcher: What does HIV mean to you?

Participant 15: The person with HIV is under weight, have sores, coughs a lot. We help them by mixing various types of herbs, and we should make them feel comfortable.

Researcher: Your thoughts on the first day you know about HIV/AIDS?

Participant 15: A person is very shy, he/she is unable to face/look you into the eyes.

Researcher: Any other thoughts on HIV/AIDS?

Participant 15: Throwing bones to get help from the ancestors.

PARTICIPANT 16

Researcher: What do you understand about HIV/AIDS stigma?

Participant 16: The person is continuously losing weight, and as time goes on, the person start coughing and another problem is that the person develops some sores, and sometimes vomits or throws up. The person is very shy.

Researcher: How do you treat your patients?

Participant 16: They are treated like any other person, because they didn't plan to have this sickness. They are put together with others.

Researcher: What have you learned through interacting with people living with HIV?

Participant 16: They should be treated like any other person, I should be able to protect myself especially when the person has sores.

Researcher: Any thought on HIV/AIDS?

Participant 16: They should be taken to the hospital for the doctors to confirm if he/she is really HIV positive.

PARTICIPANT 17

Researcher: What is your understanding of HIV/AIDS stigma?

Participant 17: The person who is HIV positive is having sores, and usually scratches his body, when treating this person he/she should be well looked after, we should clean him/her bath him. We also have to find out how he/she is treated at home.

Researcher: Are they separated?

Participant 17: They are not mixed, I separate them. In the morning I cook the herbs and give my patients. I wash/bath them but protecting myself.

Researcher: What have you learned when you interact with HIV patients?

Participant 17: Enjoying but encouraging them not to loose hope and tell them things will be fine.

Researcher: Your thoughts after knowing HIV/AIDS?

Participant 17: Let us remind one another and encourage them to protect themselves.

Researcher: Any questions?

Participant 17: Let us respect one another.

PARTICIPANT 18

Researcher: What do you understand about HIV/AIDS stigma?

Participant 18: The person who is HIV positive lost weight, vomits, sores and coughing, they are shy.

Researcher: How do you help your patients?

Participant 18: When the parents brings him/her I throw bones and tell this person is he/she HIV that this is not the end of the world and also take the person to the nearby clinic where they take his or her blood and water level. The person should be encouraged not to have unsafe sex. This person should be well looked after and must be separated before anyone.

Researcher: Are there any questions?

Participant 18: You should have time to be with us and organise a workshop.

PARTICIPANT 19

Researcher: What is your understanding about HIV/AIDS stigma?

Participant 19: The person with HIV/AIDS is having sores and loss of weight and is coughing a lot. We take this person to the clinic, when he comes back I treat him to be welcomed. I should treat him well. I don't separate these people.

Researcher: Your thoughts since you knew of HIV/AIDS/?

Participant 19: The person's hair is so soft and very shy. I treat my patient by mixing all the herbs, to make him feel better.

Researcher: Anything else you would like to ask me?

Participant 19: You should come and meet with us on regular basis.

PARTICIPANT 20

Researcher: What do you understand about HIV/AIDS stigma?

Participant 20: The person is under weight, when the person arrives, I throw bones to talk to the ancestors to give guidance and to check how I will help this person. I help them by mixing herbs, to drink and bath with. These people should be supported.

Researcher: Are there any questions you would like to ask me?

Participant 20: There should be workshops.

PARTICIPANT 21

Researcher: What do you understand about HIV/AIDS stigma?

Participant 21: The person with HIV/AIDS when he comes to me, he is coughing, he has sores and has lost weight. I help this person by mixing my herbs for him to drink.

Researcher: Are there any questions you would like to ask?

Participant 21: Can't you organise some workshops?

PARTICIPANT 22

Researcher: What do you understand about HIV/AIDS stigma?

Participant 22: I throw my bones, this person who has HIV/AIDS, coughs a lot, he/she is always tired. In order to help this person, I mix the herbs together, and give that to him. We should not separate them, they must feel welcomed.

Researcher: Are there any questions?

Participant 22: Help with workshops.

PARTICIPANT 23

Researcher: What do you understand about HIV/AIDS stigma?

Participant 23: I see this person by the way he is coughing and he looks tired, he developed some sores and has lost weight. We can take this person to the doctors for water and blood levels.

Researcher: What are your views since you have known HIV/AIDS?

Participant 23: If we can have a place as traditional healers and come together.

PARTICIPANT 24

Researcher: What do you understand about HIV/AIDS stigma?

Participant 24: We take this person to the clinic or doctors, after being tested and he/she is HIV positive we give them herbs to drink and bath. The problem with traditional healers is that we don't have medicines to see if a person is really HIV positive.

Researcher: Any questions?

Participant 24: We need workshops

PARTICIPANT 25

Researcher: What do you understand about HIV/AIDS stigma?

Participant 25: The person with HIV/AIDS, is seen by sores, he coughs a lot, his body doesn't look good, he has lost weight. A person like this should be treated like any other person, they shouldn't feel lonely and being separated.

Researcher: Are there any questions?

Participant 25: We should come together as traditional healers.

PARTICIPANT 26

Researcher: What do you understand about HIV/AIDS stigma?

Participant 26: The person with HIV and AIDS, has sores, loss of weight and appetite, and he normally loses power when walking. His hair is very soft, he is very shy. This person should be taken to hospital, they should add some water in their body, then come back to me for treatment.

Researcher: Any questions?

Participant 26: No question.

PARTICIPANT 27

Researcher: What do you understand about HIV/AIDS stigma?

Participant 27: We help people with HIV/AIDS by putting together different herbs and we boil that for them to drink and bath with. We should treat them like anyone.

Researcher: Are there any questions?

Participant 27: We need help with workshops

PARTICIPANT 28

Researcher: What do you understand about HIV/AIDS stigma?

Participant 28: The person has severe headaches, sores and coughs a lot. We mix various herbs and give that to this person.

Researcher: Any questions?

Participant 28: No questions.

PARTICIPANT 29

Researcher: What do you understand about HIV/AIDS stigma?

Participant 29: People with HIV/AIDS, are treated by preparing various herbs for them to drink. As traditional healers, we should find a way of meeting. When a person is weak, the eyes are deep inside.

Researcher: The first time you heard of HIV?

Participant 29: I felt pity for the person. The sickness is so dangerous amongst people.

PARTICIPANT 30

Researcher: What do you understand about HIV/AIDS stigma?

Participant 30: When this person is brought at home, he has sores, coughs, loss of weight, soft hair and the person is shy. I treat them by mixing the herbs, we should wash them, we should protect ourselves from them by wearing gloves if they have sores. People living with HIV/AIDS are treated like any other person. We share everything with them. He shouldn't feel lonely.

Researcher: Any questions?

Participant 30: Workshops.

Concepts derived from interviews with indigenous healers

CONCEPTS	Interviews with indigenous healers
<p>Sorry, support Need for support Feel pity Weight loss Skin change, symptoms of illness Helplessness, not seriously sick Treatment is possible Refrain from intercourse Refrain from taking sugar and salts, developed sores Refrain from drinking cold water from fridge Drink warm water and soft porridge to get help Reference to hospital Status of the body Reference from hospital to me, explanation by hospital to me about the illness, God might have mercy</p> <p>Positive attitude, if all traditional healers come together Reference to traditional healers' workshops and them working as a team</p> <p>Consulting at a late stage is futile</p>	<p>PARTICIPANT 1</p> <p>Researcher: What do you understand by HIV/AIDS stigma?</p> <p><i>Par1: We feel painful, because people who are HIV positive need help from us. They must get help, and we feel pity for them. When someone is HIV positive or has this virus, the symptoms are that the person loose some weight, the person's colour changes, some people turn dark, some develop some sores, some has develop diarrhoea. If a person is heavily or seriously ill, it becomes impossible for one to treat that person; but if he/she is not seriously sick, we can be able to help the person. If the person is in a serious condition, he/she must not engage or refrain from sexual intercourse, must do away with sugar and salts. When he or she has developed sore sores, he must not drink water from the fridge; he must drink warm water and eat soft porridge in order to get help. When I see this person, I should first take the person to the hospital, to check whether the person has enough water or not in the body, from there, the hospital will bring the person back to me and explain to me about the sickness the person has or the suffering from God will help sometimes, because this person is still the same as me, he should be treated like anyone else.</i></p> <p>Res: As traditional healers do you think we can treat this illness?</p> <p><i>Par1: Yes, all that is needed is to bring all traditional healers together.</i></p> <p><i>How can we do and how can you help us, because when it's a day like this where traditional healers come together or gather like this, they can be able to come up with different or various kinds of herbs that can be cooked and be given to our patients. Another thing is that, when a person has this serious illness and has developed some sores, it becomes difficult to help that person or we fail to help this person.</i></p>

<p>Acceptance and caring</p> <p>Weight loss developed sores, developed coughing Person is seriously ill Reference to hospital Assumption of lack of water fluids in the body Reference to hospital reference back to me the use of own herbs together with medicines from hospital reference to different times of drinking medicines</p> <p>Acceptance. Do not segregate patients privacy and confidentiality</p> <p>Surprised/shocked. Decided to mix some herbs, feeling bad/sorry about the situation Collaboration with medical doctors is suggested to fight HIV</p> <p>Acceptance, show compassion, their problem is our problem, show acceptance and love, minister their diet, caring,</p>	<p>PARTICIPANT 2</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par2: The person with HIV/AIDS should be treated like any other person, should be bathed and well looked after. Caring for that person like your own child. The person with HIV/AIDS is seen by loss of weight, when that person has developed some sores and the way this person is coughing, it really shows that this person is very sick/ill. When seeing all these things in the person, I will take the person to the nearby clinic, they will say the person doesn't have enough water in the body, so the person is taken to the hospital and from there, the person comes back to see me, and I will be able to help that person with my own herbs together with the medicines from the hospital and the patient drinks that in different times.</i></p> <p>Res: How do you describe HIV/AIDS stigma?</p> <p><i>Par2: My patients seat together, so that it doesn't show or people shouldn't be able to differentiate between these people and they should not know what a person is suffering from, so I'm the only one who knows.</i></p> <p>Res: The first day how did you feel about AIDS?</p> <p><i>Par2: Things happen, the reason I decided that I should mix my herbs, I feel very bad about the situation, together with white people or modern doctors; we see that these people should get well and be like us.</i></p> <p>Res: What have you learnt when working with HIV/AIDS patients?</p> <p><i>Par2: What I have learnt is that people who are HIV positive or has AIDS, for it not to show that they are sick, when we are seating with them, we should not make them feel uncomfortable and realise that they are the same people as us. I should sit, laugh with them, show the love, we</i></p>
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<p>protection, give them support, make them feel free in my company</p> <p>Traditional healers believe they can treat HIV if hospitals and clinics allow a collaboration with medical doctors to eradicate HIV</p> <p>Request of more information on ways of working together as traditional healers Uncertainty on how to work with HIV patients, request for more information on how to cure them</p> <p>Signs of being shy, unable to face people in eye Feeling pity because it might be a sign of HIV Ancestor guidance, parental support, give advice on family support Family to refrain from making patient angry Patient must eat, give support to patient be compassionate</p>	<p><i>should make sure that they eat well, and well looked after, not to catch any of the disease. We should try and make sure that these people should not feel lonely. They should also feel free to laugh together with us and should not feel left out.</i></p> <p>Res: On the issue of modern doctors, can we as traditional healers be able to treat this virus/sickness?</p> <p><i>Par2: Yes, we can treat it by mixing our herbs as traditional healers. We can only do this if the hospitals and clinics as well as doctors can allow us to work with them to try and do away with this disease. We should mix these modern medicines and our herbs but in different times, all what is needed is working together with us traditional healers and doctors.</i></p> <p>Res: On anything you would like to know from me?</p> <p><i>Par2: You should help us informing a place where as traditional healers should meet and also help us in finding a way on how can we work together as traditional healers. When we are working with these people who are sick, we should get help on how we should help them.</i></p> <p>PARTICIPANT 3</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par3: When this person comes to me being shy, not being able to face people or me in the eyes, I feel pity because this might be a sign that the person might be HIV positive. When this person comes to me, I am able to throw bones to invite the ancestors to guide me on how to help these people. If this person comes with his parents, I am able to visit them at home and advise them in understanding how to live with this person, they should not make this person angry and don't see any necessity of not eating. We should be able to communicate well with this person, and if there is something that he/she might need from you, just try your best to give it to him/her.</i></p> <p>Res: Are they separated from others?</p>
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<p>No segregation of patients</p> <p>We need help from you in order for us traditional healers to help one another to fight this illness</p> <p>Symptoms of HIV are underweight, red lips, heavily coughing, call parents of the patient and explain situation, Symptoms; vomiting, diarrhoea , you mix herbs Reference to hospital Mix herbs to drink Family support. Patient to be treated with love always be with the patient, be sensitive, patient not to be reminded of his/her illness</p>	<p><i>Par3: No they are not, they can seat together with other people.</i></p> <p>Res: Anything else that you want to know from me?</p> <p><i>Par3: We need help from you in order for us to come together as traditional healers and help on how we can deal with this sickness.</i></p> <p>PARTICIPANT 4</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par4: The symptoms are that this person is so under weight, some have red lips, and they are heavily coughing, and after seeing this, what you must do as a traditional healer, you call his or her parents and you explain the situation or his/her situation to them. This person might be vomiting and is having diarrhoea, so I have to mix my herbs and give them to them to this person. After, I take the person to the hospital here they are going to tell me what the person is running short of. I mix the herbs for this person and give it to him or her. At this stage, the person is still at home with his parents. This person should be treated in a good manner, he/she should not be separated from others and we should not remind him/her that he has this sickness.</i></p> <p>Res: Do you mix your patients?</p>
<p>Privacy of patients</p> <p>Acknowledgement of traditional healers to cure HIV provided they mix their herbs, traditional healers should come together to deal with the situation. Together we can cure HIV</p>	<p><i>Par4: I don't mix these people, anyone is on his own.</i></p> <p>Res: Is there anything as traditional healers can do about this disease?</p> <p><i>Par4: Yes, as long as we can mix our herbs as traditional healers we can. All we can do is to meet and come together as traditional healers and deal with this situation. Together we can make it.</i></p> <p>Res: Anything else you think I need to know?</p>

<p>No questions</p> <p>I feel sorry, I feel the person is desperate for help and has tried everything else. There is a need for help from traditional healers. There is compassion. A lot of pain, he/she has sores, sores may lead to causing confusion and skin change Not treated an HIV personally</p>	<p>Par4: No question</p> <p>PARTICIPANT 5</p> <p>Res: What is your understanding of HIV/AIDS stigma?</p> <p><i>Par5: When I see this person sick, I feel the pain and realise this person really needs help from us traditional healers. Inside, a person with HIV/AIDS is in a lot of pain. This person has sores and sometimes these sores make this person not to be able to see well and the person changes colour. I have not yet treated a person with AIDS.</i></p> <p>Res: Any questions?</p> <p><i>Par5: No questions.</i></p>
<p>No questions</p> <p>Consultation with ancestors, reference to hospital, then advocate family and relatives' support to the patient Symptoms are unable to walk straight</p>	<p>PARTICIPANT 6</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 6: We welcome this person without any problems, and call upon the ancestors. Take this person to the nearby clinic, after that take him home, and I ask the patient is well looked after by relatives and family members. The person is unable to walk straight; it shows that this person is really sick.</i></p> <p>Res: Anything else you think I need to know?</p>
<p>Request for workshops on the subject will help</p> <p>Symptoms; loss of weight, sores, person coughs a lot Referral to hospital</p>	<p><i>Par 6: How can you help us? We need you to help with the workshops, maybe we might get help.</i></p> <p>PARTICIPANT 7</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 6: The person has lost weight, developed some sores and the person coughs a lot. After this they take this person to the clinic, they check with the ancestors to show the way.</i></p>

<p>Reference to ancestors for way forward, seek parental guidance first before referral to hospital Parental support is advocated traditional healers must come together</p>	<p><i>Before taking this person to the hospital they should first talk to the parents. This person should be well looked after. We must come together as traditional healers.</i></p>
<p>No discrimination of patients</p>	<p>Res: How do you go about attending to your patients?</p> <p><i>Par 7: Yes, they are put together in one place.</i></p>
<p>Symptoms of HIV are loss weight and diarrhoea Patient will shrink from her/his present weight if HIV positive</p>	<p>PARTICIPANT 8</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 8: What I understand is that the person with AIDS, has lost weight, and has diarrhoea. We take it from there. You see the way Mr Makhubele is, after you got the virus, you will be tiny and very tiny, so we realise these that the person is HIV positive.</i></p>
<p>No segregation of patients Patients are treated the same, traditional healer should be sensitive, when you separate them the patient will feel stigmatized.</p>	<p>Res: Do you mix or separate your patients?</p> <p><i>Par 8: I don't separate them from any other patients, I should treat this person the same. I should not show this person that she/he is HIV positive and I separate them. When you separate them, this person won't be happy, some make them feel happy by mixing them with others.</i></p>
<p>HIV can be cured by coming together of traditional healers, mixing their herbs If you organize a workshop for traditional healers</p>	<p>Res: How can we treat HIV as traditional healers?</p> <p><i>Par 8: We as traditional healers can treat this sickness by trying all the herbs we have and mix them, maybe one day we will make it. Maybe you might think of a way we can meet or come together as traditional healers.</i></p>
<p>People with HIV consult with traditional healers as</p>	<p>PARTICIPANT 9</p> <p>Res: What is your understanding of HIV/AIDS stigma?</p> <p><i>Par 9: When the person with HIV and AIDS comes to us, we realise that the person is sick, because he/she has lost</i></p>

<p>a last resort, symptoms are loss of weight, tiny, developed sores, eyes are somehow</p>	<p><i>weight and is so tiny, developed some sores. His eyes are somehow, and the person is tiny.</i></p>
<p>No segregation of patients Mix herbs to drink and thereafter refer to medical doctor, the person's body is swollen, tiny, no blood, has sores everywhere, he vomits, person looks shy and avoids eye contact.</p>	<p>Res: Are they separated or mixed?</p> <p><i>Par 9: We put them together. We mix the herbs and give the person to drink and after we take the person to see a doctor. When we see the person who is HIV positive, his body has swollen. He is so tiny and no blood, he has sores everywhere, he is vomiting. The person is very shy, can't look you in the eyes.</i></p>
<p>We treat the person by mixing herbs, give soft porridge, I should be sensitive not to personally tell the patient that he/she is HIV positive</p>	<p>Res: How can we treat these people as traditional healers?</p> <p><i>Par 9: We must mix the herbs, soft porridge; I should not tell this person the he/she is HIV positive, I put something in the soft porridge.</i></p>
<p>There is a need for a workshop</p>	<p>Res: Any questions to me?</p> <p><i>Par 9: There must be a workshop.</i></p>
<p>Symptoms; weight loss, becoming tiny, swollen, vomiting and coughing</p>	<p>PARTICIPANT 10</p> <p>Res: What is your understanding of HIV/AIDS stigma?</p> <p><i>Par 10: To show that this person has this virus, he/she has lost weight and he/she is becoming tiny and swollen, vomiting, and coughing.</i></p>
<p>Consultation with the ancestors</p>	<p>Res: How did you feel when you heard of HIV/AIDS?</p> <p><i>Par 10: We should sit and tell the ancestors, you should mix your herbs.</i></p>
<p>Acceptance by traditional healer, mix herbs, wash the patient, be sensitive</p>	<p>Res: What does HIV mean to you?</p> <p><i>Par 10: When a person is HIV positive, he/she should be treated well, like other persons. What we do to mix the herbs, he/she must be clean. Don't make him angry.</i></p>
	<p>Res: What did you learn living with HIV people?</p>

<p>Acceptance</p>	<p><i>Par 10: We don't separate these people.</i></p> <p>Res: Any questions you would like to ask me?</p>
<p>Suggested workshop by traditional healers</p>	<p><i>Par 10: What is we can be put together as traditional healers to have a workshop.</i></p>
<p>Felt pity, felt ashamed She left early because of her answer</p>	<p>PARTICIPANT 11</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 11: We feel pity for them, I feel ashamed because most of them are children and very young. She was released early because of her answer.</i></p>
<p>There is concern in the community about HIV We feel pity for the victims</p>	<p>PARTICIPANT 12</p> <p>Res: What is your understanding of HIV/AIDS stigma?</p> <p><i>Par 12: This is a sickness because it is a big problem to the people and we feel pity for them.</i></p>
<p>It is painful, I feel very painful, person is very shy, lost weight, have diarrhoea and vomiting</p>	<p>Res: How did you feel when you heard about HIV/AIDS?</p> <p><i>Par 12: It is very much painful and I feel very painful. The person with HIV and AIDS, is very shy, he has lost weight, he is having diarrhoea and vomiting.</i></p>
<p>Privacy and confidentiality</p>	<p>Res: Do you separate your patients?</p> <p><i>Par 12: Yes, they are all people.</i></p>
<p>Reference to the clinic and check him after two days for progress, suggestion of family support and sensitivity to his/her illness. There must be secrecy on the status of the patient if the this was discovered by the healer</p>	<p>Res: What have you learned, living with people with HIV?</p> <p><i>Par 12: When this person is HIV positive, I take the person to the clinic after two days and check him, I also take the person to his home. He/she must be well looked after. They also ask the parents if they are treating this person well. In order for him or her not to worry he/she shouldn't be told that she is HIV positive.</i></p>

<p>first</p> <p>Suggestion of a workshop among traditional healers to be taught more on HIV</p> <p>Description of the patient, Symptoms; patient is tiny and under weight, some have sores in their faces. Don't look good at all.</p> <p>No segregation Give them support Give them support Share utensils with them Encourage them to eat vegetables/suggest diet</p> <p>Having compassion Support them, family support, as a young person I should be cautious because anyone can be infected, patient looks very shy and avoids eye contact</p> <p>A request for frequent workshops should be organized</p>	<p>Res: Any other thoughts on HIV/AIDS?</p> <p><i>Par 12: There should be a workshop where all traditional healers are to meet and be taught about HIV and AIDS.</i></p> <p>Res: Any questions?</p> <p><i>Par 12: No questions.</i></p> <p>PARTICIPANT 13</p> <p>Res: What is your understanding of HIV/AIDS stigma?</p> <p><i>Par 13: When the person is sick, some might look tiny and under weight, some might be having sores in their faces, so you see there that this person is HIV positive, they don't look good at all.</i></p> <p>Res: How do you treat them?</p> <p><i>Par 13: They should not be separated; we must spend time with them. We must also eat with them, but sometimes we should give them vegetables.</i></p> <p>Res: What have you learnt about HIV/AIDS people when living with these people?</p> <p><i>Par 13: I learnt to have mercy on these people, and also that we should take a good care of these people. They should live well with their parents. As a young person, I should be aware of these things, because anyone can have this disease. They are very shy and can't look in the eye.</i></p> <p>Res: Any questions?</p> <p><i>Par 13: A request is that at many times they should organize workshops</i></p> <p>PARTICIPANT 14</p> <p>Res: Your understanding of HIV/AIDS?</p>
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<p>Patient should be supported, symptoms; loss of weight, suggest giving vegetables, spend time with patient, rally support from family, give them love, patient should not be, discriminated against A debriefing workshop is suggested</p>	<p><i>Par 14: This person should be well looked after, this person is seen by loss of weight; I give the person some vegetables and enjoy my time with him/her, and to also speak to their parents. These people should be loved. The people with HIV/AIDS should be treated well and should be well looked after. After meeting this person with HIV, there should be a workshop.</i></p> <p>PARTICIPANT 15</p> <p>Res: Your understanding on HIV/AIDS?</p>
<p>Mix various herbs in order to help the person, show affection to person</p>	<p><i>Par 15: When a person is HIV we mix various herbs in order to help a person who is HIV positive. A person who is HIV positive doesn't want to be angered, you must not make him angry.</i></p> <p>Res: What does HIV mean to you?</p>
<p>Symptoms; under weight, have sores, coughs a lot We mix various herbs show affection/love</p>	<p><i>Par 15: The person with HIV is under weight, has sores, and coughs a lot. We help them by mixing various types of herbs, and we should make them feel comfortable.</i></p> <p>Res: Your thoughts on the first day you know about HIV/AIDS?</p>
<p>Symptoms; the person is shy, he/she unable to look you in the eye (first encounter)</p>	<p><i>Par 15: A person is very shy; he/she is unable to face/look you into the eyes.</i></p> <p>Res: Any other thoughts on HIV/AIDS?</p>
<p>Consultation with ancestors for help</p>	<p><i>Par 15: Throwing bones to get help from the ancestors.</i></p> <p>PARTICIPANT 16</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Symptoms; continuously loosing weight, coughing, develops sores, sometimes vomits or throws up</p>	<p><i>Par 16: The person is continuously loosing weight, and as time goes on, the person starts coughing and another problem is that the person develops some sores, and sometimes vomits or throws up. The person is very shy.</i></p>

<p>First encounter; person is shy, no segregation of patients</p>	<p>Res: How do you treat them?</p> <p><i>Par 16: They are treated like any other person, because they didn't plan to have this sickness. They are put together with others.</i></p>
<p>All are treated the same Acceptance. Treated like all other patients, Protection of self in case of patient with sores</p>	<p>Res: What have you learnt through interacting with HIV patients?</p> <p><i>Par 16: They should be treated like any other person; I should be able to protect myself especially when the person has sores.</i></p>
<p>Referral to hospital for confirmation of patient's status</p>	<p>Res: Any thought on HIV/AIDS?</p> <p><i>Par 16: They should be taken to the hospital for the doctors to confirm if he/she is really HIV positive.</i></p>
<p>Symptoms; having sores, usually scratches his body Patient should be well looked after by traditional healer, should be kept clean, investigate family support systems</p>	<p>PARTICIPANT 17</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 17: The person who is HIV positive is having sores, and usually scratches his body, when treating this person he/she should be well looked after, we should clean him/her bath him. We also have to find out how he/she is treated at home.</i></p>
<p>There is privacy and confidentiality, cook herbs for patients, protection of oneself as I wash and bath them</p>	<p>Res: Are they separated?</p> <p><i>Par 17: They are not mixed, I separate them. In the morning I cook the herbs and give my patients. I wash/bath them but protecting myself.</i></p>
<p>Embracing and motivating patients</p>	<p>Res: What have you learnt?</p> <p><i>Par 17: Enjoying but encouraging them not to loose hope and tell them things will be fine.</i></p>
<p>Talk about HIV and</p>	<p>Res: Your thoughts after knowing HIV/AIDS?</p> <p><i>Par 17: Let's remind one another and encourage them to</i></p>

<p>encourage prevention</p> <p>Let us avoid being promiscuous</p> <p>Symptoms; lost weight, vomits, sores and coughing. Shy at first encounter.</p> <p>Family support, I consult ancestors, I encourage the person to be strong Reference to hospital for testing, patient should be encouraged avoid unsafe sex, privacy of patient should be respected</p> <p>A workshop was suggested with the interviewer</p> <p>Symptoms; having sores, loss of weight, coughing a lot, reference to hospital then I can treat him/her with herbs, I should treat him well.</p> <p>No segregation of patients</p>	<p><i>protect themselves.</i></p> <p>Res: Any questions?</p> <p><i>Par 17: Let's respect one another.</i></p> <p>PARTICIPANT 18</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 18: The person who is HIV positive lost weight, vomits, sores and coughing, they are shy.</i></p> <p>Res: How do you help patients?</p> <p><i>Par 18: When the parents brings him/her I throw bones and tell this person is he/she HIV that this is not the end of the world and also take the person to the nearby clinic where they take his or her blood and water level. The person should be encouraged not to have unsafe sex. This person should be well looked after and must be separated before anyone.</i></p> <p>Res: Any questions?</p> <p><i>Par 16: You should have time to be with us and organise a workshop.</i></p> <p>PARTICIPANT 19</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 19: The person with HIV/AIDS is having sores and loss of weight and is coughing a lot. We take this person to the clinic, when he comes back I treat him to be welcomed. I should treat him well.</i></p> <p>Res: Do you separate these people?</p> <p><i>Par 19: I don't separate these people.</i></p> <p>Res: Your thoughts since you knew of HIV/AIDS/?</p>
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<p>Symptoms; hair is very soft, first encounter; very shy, mix all herbs to make patient feel better</p>	<p><i>Par 19: The person's hair is so soft and very shy. I treat my patient by mixing all the herbs, to make him feel better.</i></p> <p>Res: Anything else?</p>
<p>Suggestion of regular workshop with interviewer</p>	<p><i>Par 19: You should come and meet with us on regular basis.</i></p>
<p>Symptoms; under weight First I consult with ancestors to give guidance Mix herbs to drink Show compassion Patients need support</p>	<p>PARTICIPANT 20</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 20: The person is under weight, when the person arrives, I throw bones to talk to the ancestors to give guidance and to check how I will help this person. I help them by mixing herbs, to drink and bath with. These people should be supported.</i></p> <p>Res: Do you have any questions?</p>
<p>Workshops suggested</p>	<p><i>Par 20: There should be workshops.</i></p>
<p>Symptoms; coughing, has sores, lost weight, mix herbs to drink</p>	<p>PARTICIPANT 21</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 21: The person with HIV/AIDS when he comes to me, he is coughing; he has sores and has lost weight. I help this person by mixing my herbs for him to drink.</i></p> <p>Res: any questions you would like me to answer?</p>
<p>Workshops suggested</p>	<p><i>Par 21: Can't you organise some workshops.</i></p>
<p>Consult the ancestors Symptoms; coughs a lot, always tired, mix herbs No segregation of patients Acceptance of patients</p>	<p>PARTICIPANT 22</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 22: I throw my bones, this person who has HIV/AIDS, coughs a lot; he/she is always tired. In order to help this person, I mix the herbs together, and give that to him. We should not separate them, they must feel welcomed.</i></p> <p>Res: any questions?</p>

<p>Symptoms; sores, loss of weight and appetite, loss of power when walking, his hair is thin/weak, first encounter; the person is very shy, referral to hospital for testing then the person should come back to the healer for treatment</p>	<p><i>Par 26: The person with HIV and AIDS has sores, loss of weight and appetite, and he normally loses power when walking. His hair is very soft, he is very shy. This person should be taken to hospital; they should add some water in their body, and then come back to me for treatment.</i></p> <p>Res: Are there any questions you would like to ask me?</p>
<p>No questions</p>	<p>Par 26: No questions</p> <p>PARTICIPANT 27</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Mixing different herbs and boil them to drink and bath/ show compassion Acceptance</p>	<p><i>Par 27: We help people with HIV/AIDS by putting together different herbs and we boil that for them to drink and bath with. We should treat them like anyone.</i></p> <p>Res: Are there any questions you would like to ask me?</p>
<p>Workshops were suggested</p>	<p><i>Par 27: We need help with workshops</i></p> <p>PARTICIPANT 28</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Symptoms; severe headaches, sores, coughs a lot, mixing of various herbs</p>	<p><i>Part 28: The person has severe headaches, sores and coughs a lot. We mix various herbs and give that to this person.</i></p> <p>Res: Any questions?</p>
<p>No questions</p>	<p><i>Par 28: No questions.</i></p> <p>PARTICIPANT 29</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Mixing of herbs to drink Suggestion of a traditional</p>	<p><i>Par 29: People with HIV/AIDS, are treated by preparing various herbs for them to drink. As traditional healers, we</i></p>

<p>healers workshop Symptoms; person looks weak, eyes are look deep inside</p>	<p><i>should find a way of meeting. When a person is weak, the eyes are deep inside.</i></p>
<p>Felt pity, concern of the dangerous illness among the people</p>	<p>Res: The first time you heard of HIV?</p> <p><i>Par 29: I felt pity for the person. The sickness is so dangerous amongst people.</i></p>
<p>Symptoms; sores, coughs, loss of weight, hair is soft First encounter; person is shy, treatment; Mixing of herbs, wash them, personal safety; wear gloves if they have sores Show acceptance</p>	<p>PARTICIPANT 30</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 30: When this person is brought at home, he has sores, coughs, loss of weight, soft hair and the person is shy. I treat them by mixing the herbs, we should wash them, and we should protect ourselves from them by wearing gloves if they have sores.</i></p>
<p>Being sensitive by sharing everything, show compassion</p>	<p>Res: How do you treat your HIV patients?</p> <p><i>Par 30: People living with HIV/AIDS are treated like any other person. We share everything with them. He shouldn't feel lonely.</i></p>
<p>Suggestion of workshops</p>	<p>Res: Any questions?</p> <p><i>Par 30: Workshops.</i></p>

List of Concepts – Indigenous Healers

1. Feel sorry
2. It is painful
3. Need for support
4. Feel pity
5. Felt ashamed
6. Symptoms of HIV patients
7. Helpless, impossible to treat/ when consulting at late stage- futile
8. Not seriously ill/ treatment is possible
9. Refrain from sex
10. Refrain from taking sugar and salt
11. Refrain from taking cold water from fridge
12. Drink water and soft porridge
13. Reference to hospital
14. Reference from hospital
15. Sympathy
16. Positive attitude if all traditional healers come together
17. Reference to traditional healers workshops and they work together as a team
18. Acceptance and caring
19. Assumption of lack of watery fluids
20. Do not segregate patients
21. Privacy and confidentiality
22. Surprised/shocked
23. Mix herbs
24. Feeling bad/sorry about situation
25. Collaboration with medical doctors is suggested
26. Show compassion
27. Society should own the problem
28. Acceptance and love
29. Protection
30. Give them support
31. Traditional healers believe they can treat HIV
32. Request of more information on ways of working together
33. Uncertainty on how to work with HIV patients
34. Request for information on how to care for them
35. Ancestor guidance
36. Parental support
37. Give advice on family support
38. Workshop suggested with interviewer
39. Be sensitive
40. Patient shows desperation
41. Patient shows a lot of pain inside
42. Not treated HIV personally
43. Request more workshops on HIV

Categories derived from concepts by indigenous healers

CATEGORIES	Interviews by indigenous healers
<p>Compassion Need for support Compassionate, symptoms of HIV, sores, diarrhoea, colour change, some turn dark. Helplessness, if person is seriously ill treatment becomes impossible. Not seriously sick treatment is possible Condition to refrain from intercourse, sugar, salt, if developed sores, refrain from drinking cold water from fridge, drink warm water and soft porridge to get help. Referral to hospital, to check water level of the body, referral from hospital to healer explanation by hospital to me about the illness. Compassion, God/ancestors might have mercy (Compassion)</p> <p>Yes, positive attitude, if all traditional healers come together. Reference to traditional healers' working together to find a cure. Difficulty occurs when a person consults at a late stage of the disease, acceptance and caring, Show compassion</p>	<p>PARTICIPANT 1 Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 1: We feel painful, because people who are HIV positive need help from us. They must get help, and we feel pity for them. When someone is HIV positive or has this virus, the symptoms are that the person loose some weight, the person's colour changes, some people turn dark, some develop some sores, some has develop diarrhoea. If a person is heavily or seriously ill, it becomes impossible for one to treat that person; but if he/she is not seriously sick, we can be able to help the person. If the person is in a serious condition, he/she must not engage or refrain from sexual intercourse, must do away with sugar and salts. When he or she has developed sore sores, he must not drink water from the fridge; he must drink warm water and eat soft porridge in order to get help. When I see this person, I should first take the person to the hospital, to check whether the person has enough water or not in the body, from there, the hospital will bring the person back to me and explain to me about the sickness the person has or the suffering from God will help sometimes, because this person is still the same as me, he should be treated like anyone else.</i></p> <p>Res: As traditional healers do you think we can treat this illness?</p> <p><i>Par 1: Yes, all that is needed is to bring all traditional healers together. How can we do and how can you help us, because when it's a day like this where traditional healers come together or gather like this, they can be able to come up with different or various kinds of herbs that can be cooked and be given to our patients. Another thing is that, when a person has this serious illness and has developed some sores, it becomes difficult to help that person or we fail to help this person.</i></p>

<p>Weight loss, developed sores, developed coughing Person is seriously ill Reference to hospital Assumption of lack of water fluids in the body Reference to hospital Reference back to healer The use of own herbs together with medicines from hospital, reference to different times of drinking medicines.</p> <p>Acceptance, do not segregate patients, privacy and confidentiality</p> <p>Surprised/shocked. Reason I decided to mix some herbs, compassion feeling bad/sorry about the situation, collaboration with medical doctors is suggested to fight HIV</p> <p>Acceptance, show love Acceptance -their problem is our problem, show acceptance and love administer their diet Caring, protection Give them support Acceptance - make them feel free in my company</p>	<p>PARTICIPANT 2</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 2: The person with HIV/AIDS should be treated like any other person, should be bathed and well looked after. Caring for that person like your own child. The person with HIV/AIDS is seen by loss of weight, when that person has developed some sores and the way this person is coughing, it really shows that this person is very sick/ill. When seeing all these things in the person, I will take the person to the nearby clinic, they will say the person doesn't have enough water in the body, so the person is taken to the hospital and from there, the person comes back to see me, and I will be able to help that person with my own herbs together with the medicines from the hospital and the patient drinks that in different times.</i></p> <p>Res: How do you describe HIV/AIDS stigma?</p> <p><i>Par 2: My patients seat together, so that it doesn't show or people shouldn't be able to differentiate between these people and they should not know what a person is suffering from, so I'm the only one who knows.</i></p> <p>Res: The first day how did you feel about AIDS?</p> <p><i>Par 2: Things happen, that's the reason I decided that I should mix my herbs, I feel very bad about the situation, together with white people or modern doctors; we see that these people should get well and be like us.</i></p> <p>Res: What did you learn when working with HIV/AIDS patients?</p> <p><i>Par 2: What I have learnt is that people who are HIV positive or has AIDS, for it not to show that they are sick, when we are seating with them, we should not make them feel uncomfortable and realise that they are the same people as us. I should sit, laugh with them, show the love, we should make sure that they eat well, and well looked after, not to catch any of the disease. We should try and make sure that these people should not feel lonely. They should also feel free to laugh together with us and should not feel</i></p>
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<p>Yes, Traditional healers believe they can treat HIV by mixing herbs, <u>condition</u> if hospitals and clinics allow a collaboration with medical doctors to eradicate HIV, we should mix modern medicines and our herbs, what is needed is a collaboration with medical doctors</p> <p>Request of more, information on ways of working together as traditional healers Uncertainty on how to work with HIV patients, request for more information on how to cure them</p> <p>Signs of being shy, unable to face people in eye compassion -Feeling pity because it might be a sign of HIV. Feel pity for person, ancestor guidance If parental support, healer gives advice on family support, visit family and advice on support, family to refrain from making patient angry, patient must eat, healer give support to patient –is emphasized Be compassionate</p>	<p><i>left out.</i></p> <p>Res: On the issue of modern doctors, can we as traditional healers be able to treat this virus/sickness?</p> <p><i>Par 2: Yes, we can treat it by mixing our herbs as traditional healers. We can only do this if the hospitals and clinics as well as doctors can allow us to work with them to try and do away with this disease. We should mix these modern medicines and our herbs but in different times, all what is needed is working together with us traditional healers and doctors.</i></p> <p>Res: On anything you would like to know from me?</p> <p><i>Par 2: You should help us with information and a place where as traditional healers should meet and also help us in finding a way on how can we work together as traditional healers. When we are working with these people who are sick, we should get help on how we should help them.</i></p> <p>PARTICIPANT 3</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 3: When this person comes to me being shy, not being able to face people or me in the eyes, I feel pity because this might be a sign that the person might be HIV positive. When this person comes to me, I am able to throw bones to invite the ancestors to guide me on how to help these people. If this person comes with his parents, I am able to visit them at home and advise them in understanding how to live with this person, they should not make this person angry and don't see any necessity of not eating. We should be able to communicate well with this person, and if there is something that he/she might need from you, just try your best to give it to him/her.</i></p>
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<p>Accommodative -No segregation of patients</p> <p>Workshop is suggested of traditional healers on cure of HIV</p> <p>Symptoms of HIV are underweight, red lips, heavily coughing, call parents of the patient and explain situation (involvement), symptoms; vomiting, diarrhoea, you mix herbs, reference to hospital plus advice on condition, mix herbs to drink, family support Patient to be treated with love always be with the patient, be sensitive, patient not to be reminded of his/her illness</p> <p>Privacy of patients</p> <p>Acknowledgement of traditional healers to cure HIV provided they mix their herbs, traditional healers should come together to deal with the situation. Together we</p>	<p>Res: Are they separated from others?</p> <p><i>Par 3: No they are not, they can seat together with other people.</i></p> <p>Res: Anything else that you want to know from me?</p> <p><i>Par 3: We need help from you in order for us to come together as traditional healers and help on how we can deal with this sickness.</i></p> <p>PARTICIPANT 4</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 4: The symptoms are that this person is so under weight, some have red lips, and they are heavily coughing, and after seeing this, what you must do as a traditional healer, you call his or her parents and you explain the situation or his/her situation to them. This person might be vomiting and is having diarrhoea, so I have to mix my herbs and give them to them to this person. After, I take the person to the hospital here they are going to tell me what the person is running short of. I mix the herbs for this person and give it to him or her. At this stage, the person is still at home with his parents. This person should be treated in a good manner, he/she should not be separated from others and we should not remind him/her that he has this sickness.</i></p> <p>Res: Are they separated from others?</p> <p><i>Par 4: I don't mix these people, anyone is on his own.</i></p> <p>Res: Is there anything as traditional healers can do about this disease?</p> <p><i>Par 4: Yes, as long as we can mix our herbs as traditional healers we can. All we can do is to meet and come together as traditional healers and deal with this situation. Together we can make it.</i></p>
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<p>can cure HIV</p> <p>No question</p> <p>I feel sorry, I feel the person is desperate for help. There is a need for help from traditional healers. There is compassion, a lot of pain, patient has sores that may lead to causing confusion and skin change, not treated an HIV personally</p> <p>Consultation with ancestors, reference to hospital, then, advocate family and relatives' support to the patient Symptoms are unable to walk straight</p> <p>Request for workshops on the subject is needed</p> <p>Symptoms; loss of weight, sores, person coughs a lot Referral to hospital</p>	<p>Res: Is there anything you would like to know from me?</p> <p><i>Par 4: No questions.</i></p> <p>PARTICIPANT 5</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 5: When I see this person sick, I feel the pain and realise this person really needs help from us traditional healers. Inside, a person with HIV/AIDS is in a lot of pain. This person has sores and sometimes these sores make this person not to be able to see well and the person changes colour. I have not yet treated a person with AIDS.</i></p> <p>Res: Do you have questions you would like to ask me?</p> <p><i>Par 5: No questions.</i></p> <p>PARTICIPANT 6</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 6: We welcome this person without any problems, and call upon the ancestors. Take this person to the nearby clinic, after that take him home, and I ask the patient is well looked after by relatives and family members. The person is unable to walk straight; it shows that this person is really sick.</i></p> <p>Res: Any questions?</p> <p><i>Par 6: How can you help us? We need you to help with the workshops, maybe we might get help.</i></p> <p>PARTICIPANT 7</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 7: The person has lost weight, developed some sores and the person coughs a lot. After this they take this person to the clinic, they check with the ancestors to show the way.</i></p>
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<p>Reference to ancestors for way- forward, seek parental guidance first before, referral to hospital Parental support is advocated, traditional healers must come together for a workshop</p>	<p><i>Before taking this person to the hospital they should first talk to the parents. This person should be well looked after. We must come together as traditional healers.</i></p> <p>Res: Do you put your patients together?</p>
<p>No discrimination of patients</p>	<p><i>Par 7: Yes, they are put together in one place.</i></p> <p>PARTICIPANT 8</p> <p>Res: What do you understand by HIV/AIDS stigma?</p>
<p>Symptoms of HIV are loss of weight and diarrhoea Patient will shrink from her/his present condition- weight if HIV positive</p>	<p><i>Par 8: What I understand is that the person with AIDS, has lost weight, and has diarrhoea. We take it from there. You see the way Mr Makhubele is, after you got the virus, you will be tiny and very tiny, so we realise these that the person is HIV positive.</i></p> <p>Res: Do you mix or separate them?</p>
<p>No segregation of patients Patients are treated the same, traditional healer should be sensitive, when you separate them the patient will feel stigmatized</p>	<p><i>Par 8: I don't separate them from any other patients, I should treat this person the same. I should not show this person that she/he is HIV positive and I separate them. When you separate them, this person won't be happy, some make them feel happy by mixing them with others.</i></p> <p>Res: Can traditional healers treat HIV/AIDS?</p>
<p>HIV can be cured by coming together of traditional healers, mixing their herbs. If you organize a workshop for traditional healers</p>	<p><i>Par 8: We as traditional healers can treat this sickness by trying all the herbs we have and mix them, maybe one day we will make it. Maybe you might think of a way we can meet or come together as traditional healers.</i></p> <p>PARTICIPANT 9</p> <p>Res: Your understanding of HIV/AIDS?</p>
<p>People with HIV consult with traditional healers as a last resort, symptoms</p>	<p><i>Par 9: When the person with HIV and AIDS comes to us, we realise that the person is sick, because he/she has lost weight and is so tiny, developed some sores. His eyes are</i></p>

<p>are loss of weight, tiny, developed sores, eyes are somehow</p>	<p><i>somehow, and the person is tiny.</i></p>
<p>No segregation of patients Mix herbs to drink and thereafter, refer to medical doctor, the person's body is swollen, tiny, no blood, has sores everywhere, he vomits, person looks shy and avoids eye contact.</p>	<p>Res: Are they separated or mixed?</p> <p><i>Par 9: We put them together. We mix the herbs and give the person to drink and after we take the person to see a doctor. When we see the person who is HIV positive, his body has swollen. He is so tiny and no blood, he has sores everywhere, he is vomiting. The person is very shy, can't look you in the eyes.</i></p>
<p>We treat the person by mixing herbs, suggestion of diet, I should be sensitive not to personally tell the patient that he/she is HIV positive</p>	<p>Res: How can we treat these people as traditional healers?</p> <p><i>Par 9: We must mix the herbs, soft porridge; I should not tell this person that he/she is HIV positive, I put something in the soft porridge.</i></p> <p>Res: Any questions to me?</p>
<p>There is a need for a workshop on cure of HIV</p>	<p><i>Par 9: There must be a workshop.</i></p> <p>PARTICIPANT 10</p>
<p>Symptoms; weight loss, becoming tiny, swollen, vomiting and coughing</p>	<p>Res: Your understanding on HIV/AIDS?</p> <p><i>Par 10: To show that this person has this virus, he/she has lost weight and he/she is becoming tiny and swollen, vomiting, and coughing.</i></p>
<p>Consultation with the ancestors, mix herbs</p>	<p>Res: How did you feel when you heard of HIV/AIDS?</p> <p><i>Par 10: We should sit and tell the ancestors, you should mix your herbs.</i></p>
<p>Acceptance by traditional healer, mix herbs, wash the patient, be sensitive</p>	<p>Res: What does HIV mean?</p> <p><i>Par 10: When a person is HIV positive, he/she should be treated well, like other persons. What we do to mix the herbs, he/she must be clean. Don't make him angry.</i></p> <p>Res: What did you learn living with HIV people?</p>

Acceptance	<i>Par 10: We don't separate these people.</i>
Suggested workshop by traditional healers	<p>Res: Any questions?</p> <p><i>Par 10: What is we can be put together as traditional healers to have a workshop.</i></p>
Felt pity, felt ashamed she left early because of her answer	<p>PARTICIPANT 11</p> <p>Res: Your understanding on HIV?</p> <p><i>Par 11: We feel pity for them, I feel ashamed because most of them are children and very young. She was released early because of her answer.</i></p>
There is concern in the community about HIV We feel pity for the victims	<p>PARTICIPANT 12</p> <p>Res: Your understanding on HIV?</p> <p><i>Par 12: This is a sickness because it is a big problem to the people and we feel pity for them.</i></p>
It is painful, I feel very painful. Person is very shy, lost weight, have diarrhoea and vomiting	<p>Res: How did you feel when you heard about HIV/AIDS?</p> <p><i>Par 12: It is very much painful and I feel very painful. The person with HIV and AIDS, is very shy, he has lost weight, he is having diarrhoea and vomiting.</i></p>
Privacy and confidentiality	<p>Res: Do you separate your patients?</p> <p><i>Par 12: Yes, they are all people.</i></p>
Reference to the clinic and check him after two days for progress, suggestion of family support and sensitivity to his/her illness. Family should not remind person of his status	<p>Res: What have you learned, living with people with HIV?</p> <p><i>Par 12: When this person is HIV positive, I take the person to the clinic after two days and check him, I also take the person to his home. He/she must be well looked after. They also ask the parents if they are treating this person well. In order for him or her not to worry he/she shouldn't be told that she is HIV positive.</i></p>
Suggestion of a workshop among traditional healers	<p>Res: Any other thoughts on HIV/AIDS?</p> <p><i>Par 12: There should be a workshop where all traditional healers are to meet and be taught about HIV and AIDS.</i></p>

<p>to be taught more on HIV/AIDS</p>	<p>Res: Any questions?</p>
<p>No questions</p>	<p><i>Par 12: No questions.</i></p>
<p>Patient is tiny and under weight, some have sores in their faces. Don't look good at all.</p>	<p>PARTICIPANT 13</p> <p>Res: Your understanding on HIV/AIDS?</p> <p><i>Par 13: When the person is sick, some might look tiny and under weight, some might be having sores in their faces, so you see there that this person is HIV positive, they don't look good at all.</i></p>
<p>No segregation, give them support, acceptance and Share utensils with them Encourage them to eat vegetables</p>	<p>Res: How do you treat them?</p> <p><i>Par 13: They should not be separated; we must spend time with them. We must also eat with them, but sometimes we should give them vegetables.</i></p>
<p>Having compassion Support them, family support, as a young person I should be cautious because anyone can be infected, patient looks very shy and avoids eye contact</p>	<p>Res: What have you learnt about HIV/AIDS people when living with these people?</p> <p><i>Par 13: I learnt to have mercy on these people, and also that we should take a good care of these people. They should live well with their parents. As a young person, I should be aware of these things, because anyone can have this disease. They are very shy and can't look in the eye.</i></p>
<p>A request for frequent workshops should be organized</p>	<p>Res: Any questions?</p> <p><i>Par 13: A request is that at many times they should organize workshops.</i></p>
<p>Patient should be supported, symptoms; loss of weight, suggest giving vegetables, spend time</p>	<p>PARTICIPANT 14</p> <p>Res: Your understanding of HIV/AIDS?</p> <p><i>Par 14: This person should be well looked after, this person is seen by loss of weight; I give the person some vegetables and enjoy my time with him/her, and to also speak to their parents. These people should be loved. The people with</i></p>

<p>with patient, rally support from family, give them love, patient should be treated well and well looked after a debriefing workshop is suggested</p>	<p><i>HIV/AIDS should be treated well and should be well looked after. After meeting this person with HIV, there should be a workshop.</i></p>
<p>Mix various herbs in order to help the person, show affection to person</p>	<p>PARTICIPANT 15</p> <p>Res: Your understanding on HIV/AIDS?</p> <p><i>Par 15: When a person is HIV we mix various herbs in order to help a person who is HIV positive. A person who is HIV positive doesn't want to be angered, you must not make him angry.</i></p>
<p>Symptoms; under weight, have sores, coughs a lot Mix herbs, show affection/love</p>	<p>Res: What does HIV stigma mean?</p> <p><i>Par 15: The person with HIV is under weight, has sores, and coughs a lot. We help them by mixing various types of herbs, and we should make them feel comfortable.</i></p> <p>Res: Your thoughts on the first day you knew about HIV/AIDS?</p>
<p>The person is shy, he/she unable to look you in the eye</p> <p>Consultation with ancestors for help</p>	<p><i>Par 15: A person is very shy; he/she is unable to face/look you into the eyes.</i></p> <p>Res: Any other thoughts on HIV/AIDS?</p> <p><i>Par 15: Throwing bones to get help from the ancestors.</i></p>
<p>Symptoms; continuously loosing weight, coughing, develops sores, sometimes vomits or throws up, Person is shy</p>	<p>PARTICIPANT 16</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 16: The person is continuously loosing weight, and as time goes on, the person starts coughing and another problem is that the person develops some sores, and sometimes vomits or throws up. The person is very shy.</i></p> <p>Res: How do you treat them?</p>
<p>No segregation of patients All are treated the same</p>	<p><i>Par 16: They are treated like any other person, because they didn't plan to have this sickness. They are put together with others.</i></p>

<p>Acceptance. Treated like all other patients, protection of self in case of patient with sores</p>	<p>Res: What have you learnt?</p> <p><i>Par 16: They should be treated like any other person; I should be able to protect myself especially when the person has sores.</i></p>
<p>Referral to hospital for confirmation of patient's status</p>	<p>Res: Any thoughts on HIV/AIDS?</p> <p><i>Par 16: They should be taken to the hospital for the doctors to confirm if he/she is really HIV positive.</i></p>
<p>Symptoms; having sores, usually scratches his body Patient should be well looked after by traditional healer, should be kept clean, investigate family support systems</p>	<p>PARTICIPANT 17</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 17: The person who is HIV positive is having sores, and usually scratches his body, when treating this person he/she should be well looked after, we should clean him/her bath him. We also have to find out how he/she is treated at home.</i></p>
<p>There is privacy and confidentiality, Cook herbs for patients protection of oneself as I wash and bath them</p>	<p>Res: Are they separated?</p> <p><i>Par 17: They are not mixed, I separate them. In the morning I cook the herbs and give my patients. I wash/bath them but protecting myself.</i></p>
<p>Embracing and motivating patients</p>	<p>Res: What have you learnt?</p> <p><i>Par 17: Enjoying but encouraging them not to loose hope and tell them things will be fine.</i></p>
<p>Talk about HIV and encourage prevention</p>	<p>Res: Your thoughts after knowing HIV/AIDS?</p> <p><i>Par 17: Let's remind one another and encourage them to protect themselves.</i></p>
<p>Let us avoid being promiscuous in our relationships</p>	<p>Res: Any questions?</p> <p><i>Par 17: Let's respect one another.</i></p>

<p>Symptoms; loss of weight, vomits, sores, coughing Person looks shy</p> <p>Family support, I consult ancestors I encourage the person to be strong, reference to hospital for testing, patient should be encouraged avoid unsafe sex, give support and Separated before anyone</p> <p>A workshop was suggested with the interviewer</p>	<p>PARTICIPANT 18</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 18: The person who is HIV positive lost weight, vomits, sores and coughing, they are shy.</i></p> <p>Res: How do you help patients?</p> <p><i>Par 18: When the parents brings him/her I throw bones and tell this person is he/she HIV that this is not the end of the world and also take the person to the nearby clinic where they take his or her blood and water level. The person should be encouraged not to have unsafe sex. This person should be well looked after and must be separated before anyone.</i></p> <p>Res: Any questions?</p> <p><i>Par 18: You should have time to be with us and organise a workshop.</i></p>
<p>Symptoms; having sores, loss of weight, coughing a lot, reference to hospital, then I can treat him/her with herbs, I should treat him well</p> <p>No segregation of patients</p> <p>Symptoms; hair is very soft person is very shy Mix all herbs to make patient feel better</p> <p>Suggestion of regular</p>	<p>PARTICIPANT 19</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 19: The person with HIV/AIDS is having sores and loss of weight and is coughing a lot. We take this person to the clinic, when he comes back I treat him to be welcomed. I should treat him well.</i></p> <p>Res: Do you separate your patients?</p> <p><i>Par 19: I don't separate these people.</i></p> <p>Res: Your thoughts since you knew of HIV/AIDS/?</p> <p><i>Par 19: The person's hair is so soft and very shy. I treat my patient by mixing all the herbs, to make him feel better.</i></p> <p>Res: Anything else?</p> <p><i>Par 19: You should come and meet with us on regular</i></p>

<p>workshop with interviewer</p> <p>Symptoms; under weight First I consult with ancestors to give guidance Mix herbs to drink, Show compassion, patients need support</p>	<p><i>basis.</i></p> <p>PARTICIPANT 20</p> <p>Res: What so you understand about HIV/AIDS stigma?</p> <p><i>Par 20: The person is under weight, when the person arrives, I throw bones to talk to the ancestors to give guidance and to check how I will help this person. I help them by mixing herbs, to drink and bath with. These people should be supported.</i></p> <p>Res: Any questions?</p>
<p>Workshops suggested</p>	<p><i>Par 20: There should be workshops.</i></p> <p>PARTICIPANT 21</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Symptoms; Coughing, has sores, lost weight Mix herbs to drink</p>	<p><i>Par 21: The person with HIV/AIDS when he comes to me, he is coughing; he has sores and has lost weight. I help this person by mixing my herbs for him to drink.</i></p> <p>Res: Any questions?</p>
<p>Workshops suggested</p>	<p><i>Par 21: Can't you organise some workshops.</i></p> <p>PARTICIPANT 22</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Consult the ancestors Symptoms; coughs a lot, always tired mix herbs</p>	<p><i>Par 22: I throw my bones, this person who has HIV/AIDS, coughs a lot; he/she is always tired. In order to help this person, I mix the herbs together, and give that to him.</i></p> <p>Res: Do you separate you patients?</p>
<p>No segregation of patients, acceptance of patients</p>	<p><i>Par 22: We should not separate them, they must feel welcomed.</i></p> <p>Res: Any questions?</p>
<p>Workshop suggested</p>	<p><i>Par 22: Help with workshops.</i></p>

<p>Symptoms; coughing, looks tired, developed some sores, lost weight Referral to hospital for testing</p>	<p>PARTICIPANT 23</p> <p>Res: How do you describe HIV/AIDS stigma?</p> <p><i>Par 23: I see this person by the way he is coughing and he looks tired, he developed some sores and has lost weight. We can take this person to the doctors for water and blood levels.</i></p>
<p>Suggestion of traditional healers to come and work together</p>	<p>Res: Tell me about your views since you have known about HIV/AIDS?</p> <p><i>Par 23: If we can have a place as traditional healers and come together.</i></p>
<p>Referral to hospital for testing, give them herbs to drink and bath treatment/compassionate Traditional healers don't have medicines to cure HIV</p>	<p>PARTICIPANT 24</p> <p>Res: What do you understand about HIV/AIDS?</p> <p><i>Par 24: We take this person to the clinic or doctors, after being tested and he/she is HIV positive we give them herbs to drink and bath. The problem with traditional healers is that we don't have medicines to see if a person is really HIV positive.</i></p>
<p>Suggestion of workshops on HIV</p>	<p>Res: Any question?</p> <p><i>Par 24: We need workshops</i></p>
<p>Symptoms; sores, he coughs a lot, body doesn't look good, loss of weight Show acceptance and compassion</p>	<p>PARTICIPANT 25</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 25: The person with HIV/AIDS is seen by sores, he coughs a lot, his body doesn't look good, and he has lost weight. A person like this should be treated like any other person, they shouldn't feel lonely and being separated.</i></p>
<p>Workshop for traditional healers suggested</p>	<p>Res: Any questions?</p> <p><i>Par 25: We should come together as traditional healers.</i></p> <p>PARTICIPANT 26</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>

<p>Symptoms; sores, loss of weight and appetite, loss of power when walking, his hair is thin/weak, first encounter; the person is very shy, referral to hospital for testing then the person should, come back to the healer for treatment</p>	<p><i>Par 26: The person with HIV and AIDS has sores, loss of weight and appetite, and he normally loses power when walking. His hair is very soft, he is very shy. This person should be taken to hospital; they should add some water in their body, and then come back to me for treatment.</i></p> <p>Res: Any questions?</p>
<p>No questions</p>	<p><i>Par 26: No questions</i></p> <p>PARTICIPANT 27</p> <p>Res: How do you go about attending to your HIV/AIDS patients?</p>
<p>Mixing different herbs and boil them to drink and bath with. Acceptance</p>	<p><i>Par 27: We help people with HIV/AIDS by putting together different herbs and we boil that for them to drink and bath with. We should treat them like anyone.</i></p> <p>Res: Any questions?</p>
<p>Workshops were suggested</p>	<p><i>Par 27: We need help with workshops</i></p> <p>PARTICIPANT 28</p> <p>Res: What do you understand about HIV/AIDS?</p>
<p>Symptoms; severe headaches, sores, coughs a lot, mixing of various herbs</p>	<p><i>Par 28: The person has severe headaches, sores and coughs a lot. We mix various herbs and give that to this person.</i></p> <p>Res: Any questions?</p>
<p>No questions</p>	<p><i>Par 28: No questions</i></p> <p>PARTICIPANT 29</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Mixing of herbs to drink</p>	<p><i>Par 29: People with HIV/AIDS, are treated by preparing</i></p>

<p>Suggestion of a traditional healers workshop, symptoms; person looks weak, eyes are look deep inside</p>	<p><i>various herbs for them to drink. As traditional healers, we should find a way of meeting. When a person is weak, the eyes are deep inside.</i></p>
<p>Felt pity. Concern of the dangerous illness among the people</p>	<p>Res: How was your first time you heard of HIV?</p> <p><i>Par 29: I felt pity for the person. The sickness is so dangerous amongst people.</i></p>
<p>Symptoms; sores, coughs, loss of weight, hair is soft First encounter; person is shy, mixing of herbs, Wash them, personal safety; wear gloves if they have sores, show acceptance, being sensitive by sharing everything. Show compassion</p>	<p>PARTICIPANT 30</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 30: When this person is brought at home, he has sores, coughs, loss of weight, soft hair and the person is shy. I treat them by mixing the herbs, we should wash them, and we should protect ourselves from them by wearing gloves if they have sores. People living with HIV/AIDS are treated like any other person. We share everything with them. He shouldn't feel lonely.</i></p>
<p>Suggestion of workshops</p>	<p>Res: Any questions?</p> <p><i>Par 30: Workshops.</i></p>

List of Categories derived from concepts by indigenous healers

1. Compassion
2. Need for support
3. Privacy and confidentiality (contradictory)
4. Symptoms
5. If person is seriously ill, treatment becomes impossible
6. If not seriously ill treatment is possible
7. Reference to hospital
8. Reference from hospital to healer
9. Shocked/surprised – reason healer decided to mix herbs
10. Yes. If all traditional healers come together
11. Reference to traditional healers working together to find cure
12. Difficulty occurs when a person consults at late stage of disease
13. Mix herbs to drink
14. Reference to different times of drinking medicines
15. Collaboration with medical doctors
16. Show love
17. Acceptance/acceptance and caring
18. Caring
19. Protection of self
20. Give them support
21. Request of more information on ways of working together as traditional healers
22. Uncertainty on how to work with HIV patients

23. Assumption of lack of water fluids in the body
24. The use of own herbs together with medicines from the hospital
25. Do not segregate patients
26. Insist on family support
- 26a. Investigate family support
27. Administer/suggest diet
28. Signs of being shy
29. Ancestors' guidance
30. Involvement of parental support
31. Traditional healer gives advice on family support
32. Family should refrain from making patient angry
33. Accommodative
34. Workshop suggested
35. Be sensitive
36. No questions
37. Not treated HIV person
38. Request for more information on how to work with HIV patients
39. People consult traditional healers as a last resort
40. Felt ashamed (stigma)
41. Concern in the community
42. Being cautious that anyone can be infected
43. Debriefing workshop suggested
44. Embracing and motivating patients

45. Talk about HIV and encourage prevention
46. Let us avoid being promiscuous
47. Patient to be encouraged to avoid unsafe sex
48. Patient should be separated (stigma)
49. Workshop suggested with interviewer
50. Traditional healers don't have medicines to diagnose HIV positive person
51. Feel ashamed
52. Seek parental guidance

CATEGORIES, PROPERTIES AND DIMENSIONS derived from interviews with indigenous healers

1. **Category** **Family support**
Properties Need for support
Give support
Involvement of parental support
Traditional healer gives advice on family support
Dimension Insist on family support
Investigate family support
2. **Category** **Working together to find cure for HIV**
Properties Not seriously ill, treatment is possible
Request for more information on ways of working as traditional healers
Request for more information on how to work with HIV patients
Dimension Yes, if all traditional healers come together to find cure
Reference to traditional healers working together to find cure
3. **Category** **Reference to hospital**
Properties Traditional healers refer HIV patients to hospital
4. **Category** **Reference from hospital**
Properties Western doctors refer HIV patients to traditional healer
5. **Category** **Symptoms of HIV Patients**
Properties Weight loss, developed sores, diarrhoea, swollen body, person seriously ill, red lips, heavy coughing, vomiting/throws up, unable to walk straight, severe headache
Dimensions Being shy, unable to face people in the eye, tiny, hair is very soft, always tired, eyes look deep inside, skin colour change, no blood
6. **Category** **Difficulty occurs when consultation is late**
Properties If a person is seriously ill, treatment becomes impossible
Difficulty occurs when a person consults at late stage of disease
7. **Category** **Treatment**
Properties Mix herbs to drink and bath
8. **Category** **Showing compassion**
Properties Be compassionate
Show love
Acceptance and caring
Caring
Accommodative
Be sensitive
Embracing and motivating patients
Dimension Do not segregate patients
Family should refrain from making patient angry
9. **Category** **Workshop suggested**
Properties Workshops suggested
Workshop suggested with interviewer

10. **Category** **Ancestor guidance**
Properties Ancestors give guidance towards healing patient
11. **Category** **First encounter with HIV patient**
Properties Signs of patient being shy
12. **Category** **Protection of self**
Properties Use of protective gloves to protect self
13. **Category** **Creating HIV awareness**
Properties Concern in the community
Being cautious that everyone can be infected
Patient is to be encouraged to avoid unsafe sex
- Dimension** Talk about HIV and encourage prevention
Let us avoid promiscuous relationships
14. **Category** **Stigma**
Properties Privacy and confidentiality
Shocked
Felt ashamed
Feel ashamed
- Dimension** Patient should be separated
15. **Category** **Uncertainty**
Property Uncertainty on how to work with HIV patients
Not treated HIV person personally
Traditional healers do not have medicines to diagnose HIV positive person
16. **Category** **Suggestion of diet**
Properties Administer/suggestion of diet for the patient
17. **Category** **Collaboration**
Properties Collaboration with medical doctors
The use of own herbs together with medicines from hospital
- Dimension** Reference to different times of drinking medicines.
18. **Category** **Debriefing sessions**
Properties Debriefing workshops suggested
19. **Category** **Consultation with traditional healers**
Properties People consult traditional healers as a last resort in cases of HIV
20. **Category** **Parental guidance before referral to hospital**
Properties Healer seeks parental guidance before referral to hospital
21. **Category** **Assumption of lack of watery fluids**
Properties Assumption of lack of watery fluids in the body

CATEGORY PATTERN CODES/RELATIONSHIPS derived from categories of interviews by Indigenous Healers

- | | | |
|----|--|---|
| 1. | Family support | First encounter with patient |
| 2. | Working together to find cure | Collaboration of Indigenous healers and medical doctors |
| 3. | Reference to hospital by healer | Reference from hospital to healer |
| 4. | Symptoms of HIV patient | Difficulty occurs when consultation is late |
| 5. | Treatment

Suggestion of diet

Debriefing session

Protection of self

Assumption of lack of watery fluids | Uncertainty |
| 6. | Workshop suggested | Consultation with Indigenous healer |
| 7. | Creating HIV awareness | Stigma |
| 8. | Parental guidance | Ancestor guidance |

Theoretical Coding derived from concepts which were sourced from interviews with Indigenous Healers

Theoretical coding	Interviews of indigenous healers
<p>Condition – why Action – by whom Action – how Action – whom</p> <p>Consequences- with what</p> <p>Condition- when Action- by whom Condition-where Action- how Condition- when Action- how Consequences- with what Action- how</p> <p>Condition- when Action- by whom Condition-why</p> <p>Action- by whom Action- by whom</p> <p>Action- by whom, how Action- by whom Action- by whom, how Action- by whom Action- how Action- by whom</p>	<p>PARTICIPANT 1</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 1: We feel painful because people who are HIV positive need help from us. They must get help, and we feel pity for them. When someone is HIV positive or has this virus, the symptoms are that the person loose some weight, the person’s colour changes, some people turn dark, some develop some sores, some has develop diarrhoea. If a person is heavily or seriously ill, it becomes impossible for one to treat that person; but if he/she is not seriously sick, we can be able to help the person. If the person is in a serious condition, he/she must not engage or refrain from sexual intercourse, must do away with sugar and salts. When he or she has developed sore sores, he must not drink water from the fridge; he must drink warm water and eat soft porridge in order to get help. When I see this person, I should first take the person to the hospital, to check whether the person has enough water or not in the body, from there, the hospital will bring the person back to me and explain to me about the sickness the person has or the suffering from God will help sometimes, because this person is still the same as me, he should be treated like anyone else.</i></p> <p>Res: As traditional healers do you think we can treat this illness?</p> <p><i>Par 1: Yes, all that is needed is to bring all traditional healers together. How can we do and how can you help us, because when it’s a day like this where traditional healers come together or gather like this, they can be able to come up with different or various kinds of herbs that can be cooked and be given to our patients. Another thing is that, when a person has this serious illness and has developed some sores, it becomes difficult to help that person or we fail to help this person.</i></p>

<p>Consequences- with what Condition- why Action- by whom, how Condition- why Action- by whom Action- by whom Action- how</p> <p>Consequences- with what Condition- why Condition- why Action- by whom Consequence- with what</p> <p>Action- by whom Action- by whom Action- by whom, how Action- by whom, how</p> <p>Action- by whom Action- how, by whom</p> <p>Condition- when, where, why</p> <p>Action- by whom, how Condition- where Action- by whom Condition- when, where Condition- when Condition- when Action- by whom Consequences- with what Action- by whom, how Action- how</p>	<p>PARTICIPANT 2</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 2: The person with HIV/AIDS should be treated like any other person, should be bathed and well looked after. Caring for that person like your own child. The person with HIV/AIDS is seen by loss of weight, when that person has developed some sores and the way this person is coughing, it really shows that this person is very sick/ill. When seeing all these things in the person, I will take the person to the nearby clinic, they will say the person doesn't have enough water in the body, so the person is taken to the hospital and from there, the person comes back to see me, and I will be able to help that person with my own herbs together with the medicines from the hospital and the patient drinks that in different times.</i></p> <p>Res: How so you describe HIV/AIDS stigma?</p> <p><i>Par 2: My patients seat together, so that it doesn't show or people shouldn't be able to differentiate between these people and they should not know what a person is suffering from, so I'm the only one who knows.</i></p> <p>Res: The first day how did you feel about AIDS?</p> <p><i>Par 2: Things happen, the reason I decided that I should mix my herbs, I feel very bad about the situation, together with white people or modern doctors; we see that these people should get well and be like us.</i></p> <p>Res: What did you learn when working with HIV/AIDS patients?</p> <p><i>Par 2: What I have learnt is that people who are HIV positive or has AIDS, for it not to show that they are sick, when we are seating with them, we should not make them feel uncomfortable and realise that they are the same people as us. I should sit, laugh with them, show the love, we should make sure that they eat well, and well looked after, not to catch any of the disease. We should try and make sure that these people should not feel lonely. They should also feel free to laugh together with us and should not feel left out.</i></p>
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<p>Condition- when Action- by whom, how Condition- why Action- how Action- how Condition- where Action- how</p>	<p>Res: On the issue of modern doctors, can we as traditional healers be able to treat this virus/sickness?</p> <p><i>Par 2: Yes, we can treat it by mixing our herbs as traditional healers. We can only do this if the hospitals and clinics as well as doctors can allow us to work with them to try and do away with this disease. We should mix these modern medicines and our herbs but in different times, all what is needed is working together with us traditional healers and doctors.</i></p>
<p>Action- how Action- how, by whom Condition- when Action- how Consequences- with what</p>	<p>Res: On anything you would like to know from me?</p> <p><i>Par 2: You should help us informing a place where as traditional healers should meet and also help us in finding a way on how can we work together as traditional healers. When we are working with these people who are sick, we should get help on how we should help them.</i></p>
<p>Action- by whom Condition- why Condition- where Action- how Action- by whom Condition- where Action- by whom Condition- why, action- how, Condition- where Action- how, by whom Consequences- with what Action- how, Action- how, by whom</p>	<p>PARTICIPANT 3</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 3: When this person comes to me being shy, not being able to face people or me in the eyes, I feel pity because this might be a sign that the person might be HIV positive. When this person comes to me, I am able to throw bones to invite the ancestors to guide me on how to help these people. If this person comes with his parents, I am able to visit them at home and advise them in understanding how to live with this person, they should not make this person angry and don't see any necessity of not eating. We should be able to communicate well with this person, and if there is something that he/she might need from you, just try your best to give it to him/her.</i></p>
<p>Condition- when, where Action- how</p>	<p>Res: Are they separated from others?</p> <p><i>Par 3: No they are not, they can seat together with other people.</i></p>
<p>Action- how Action- by whom Consequences- with what</p>	<p>Res: Anything else that you want to know from me?</p> <p><i>Par 3: We need help from you in order for us to come together as traditional healers and help on how we can deal with this sickness.</i></p>

<p>Condition- why Action- by whom Action- how Action- by whom, how Action- how Condition- why Action- by whom, how Consequences- with what Condition- why Action- by whom, where Action- how Condition- when, why Action- how, Action- how Action- by whom Consequences- with what</p> <p>Action- by whom Condition- when</p> <p>Action- by whom Action- how Condition- why Condition- when, where</p> <p>Action- how Action- by whom, how</p> <p>Condition- when, action- how, condition- when,</p>	<p>PARTICIPANT 4</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 4: The symptoms are that this person is so under weight, some have red lips, and they are heavily coughing, and after seeing this, what you must do as a traditional healer, you call his or her parents and you explain the situation or his/her situation to them. This person might be vomiting and is having diarrhoea, so I have to mix my herbs and give them to them to this person. After, I take the person to the hospital here they are going to tell me what the person is running short of. I mix the herbs for this person and give it to him or her. At this stage, the person is still at home with his parents. This person should be treated in a good manner, he/she should not be separated from others and we should not remind him/her that he has this sickness.</i></p> <p>Res: Are they separated from others?</p> <p><i>Par 4: I don't mix these people, anyone is on his own.</i></p> <p>Res: Is there anything as traditional healers can do about this disease?</p> <p><i>Par 4: Yes, as long as we can mix our herbs as traditional healers we can. All we can do is to meet and come together as traditional healers and deal with this situation. Together we can make it.</i></p> <p>Res: Anything else?</p> <p><i>Par 4: No questions.</i></p> <p>PARTICIPANT 5</p> <p>Res: What is your understanding on HIV/AIDS and how do you treat these patients?</p> <p><i>Par 5: When I see this person sick, I feel the pain and realise this person really needs help from us traditional healers. Inside, a person with HIV/AIDS is in a lot of pain. This person has sores and sometimes these sores make this person not to be able to see well and the person</i></p>
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<p>where, action- how, action- how</p>	<p><i>changes colour. I have not yet treated a person with AIDS.</i></p> <p>Res: Any questions.</p> <p><i>Par 5: No questions</i></p>
<p>Condition- when, action- by whom Condition- why Consequence- with what Condition- why Condition- why</p>	<p>PARTICIPANT 6</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 6: We welcome this person without any problems, and call upon the ancestors. Take this person to the nearby clinic, after that take him home, and I ask the patient is well looked after by relatives and family members. The person is unable to walk straight; it shows that this person is really sick.</i></p> <p>Res: Any questions?</p>
<p>Action- how Action- by whom Condition- when, where</p>	<p><i>Par 6: How can you help us? We need you to help with the workshops, maybe we might get help.</i></p> <p>PARTICIPANT 7</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Action- how Action- by whom, how Action- how Consequences- with what Action- by whom, how</p>	<p><i>Par 7: The person has lost weight, developed some sores and the person coughs a lot. After this they take this person to the clinic, they check with the ancestors to show the way. Before taking this person to the hospital they should first talk to the parents. This person should be well looked after. We must come together as traditional healers.</i></p> <p>Res: Are your patients separated from others?</p> <p><i>Par 7: Yes, they are put together in one place.</i></p>
<p>Condition- when</p>	<p>PARTICIPANT 8</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Action- how, action- by whom, how, condition- why Action- by whom, how</p>	<p><i>Par 8: What I understand is that the person with AIDS, has lost weight, and has diarrhoea. We take it from there. You see the way Mr Makhubele is, after you got the virus,</i></p>

<p>Action- by whom, how Action- how</p>	<p><i>you will be tiny and very tiny, so we realise these that the person is HIV positive.</i></p>
<p>Consequences- with what Action- how Condition- why Condition- when Action- by whom, how Action- how</p>	<p>Res: Do you mix or separate them?</p> <p><i>Par 8: I don't separate them from any other patients, I should treat this person the same. I should not show this person that she/he is HIV positive and I separate them. When you separate them, this person won't be happy, some make them feel happy by mixing them with others.</i></p>
<p>Consequences- with what Action- how Condition- when Action- how</p>	<p>Res: Do you think traditional healers can treat this illness?</p> <p><i>Par 8: We as traditional healers can treat this sickness by trying all the herbs we have and mix them, maybe one day we will make it. Maybe you might think of a way we can meet or come together as traditional healers.</i></p>
<p></p>	<p>PARTICIPANT 9</p>
<p>Action- how Action- by whom, how Action- how Condition- why</p>	<p>Res: Your understanding of HIV/AIDS?</p> <p><i>Par 9: When the person with HIV and AIDS comes to us, we realise that the person is sick, because he/she has lost weight and is so tiny, developed some sores. His eyes are somehow, and the person is tiny.</i></p>
<p>Action- how Action- by whom, how Condition- where, when Consequences- with what Action- by whom, how Action- how</p>	<p>Res: Are they separated or mixed?</p> <p><i>Par 9: We put them together. We mix the herbs and give the person to drink and after we take the person to see a doctor. When we see the person who is HIV positive, his body has swollen. He is so tiny and no blood, he has sores everywhere, he is vomiting. The person is very shy, can't look you in the eyes.</i></p>
<p>Action- how Action- by whom Condition- when, where, why</p>	<p>Res: How can we treat these people as traditional healers?</p> <p><i>Par 9: We must mix the herbs, soft porridge; I should not tell this person that he/she is HIV positive, I put something in the soft porridge.</i></p>
<p>Action- how</p>	<p>Res: Any questions to me?</p> <p><i>Par 9: There must be a workshop.</i></p>

<p>Action- how Condition- where, when</p>	<p>PARTICIPANT 10</p> <p>Res: Your understanding on HIV/AIDS?</p> <p><i>Par 10: To show that this person has this virus, he/she has lost weight and he/she is becoming tiny and swollen, vomiting, and coughing.</i></p>
<p>Action- how Condition- why Action- how</p>	<p>Res: How did you feel when you heard of HIV/AIDS?</p> <p><i>Par 10: We should sit and tell the ancestors, you should mix your herbs.</i></p>
<p>Condition- where Action- how, action- by whom, how, condition- where, action- how</p>	<p>Res: What does HIV mean?</p> <p><i>Par 10: When a person is HIV positive, he/she should be treated well, like other persons. What we do to mix the herbs, he/she must be clean. Don't make him angry.</i></p>
<p>Action- how</p>	<p>Res: What did you learn living with HIV people?</p> <p><i>Par 10: We don't separate these people.</i></p>
<p>Condition- where, when Action- how, action- by whom, how</p>	<p>Res: Any questions?</p> <p><i>Par 10: What if we can be put together as traditional healers to have a workshop.</i></p>
<p>Consequences- with what</p>	<p>PARTICIPANT 11</p> <p>Res: Your understanding on HIV?</p> <p><i>Par 11: We feel pity for them, I feel ashamed because most of them are children and very young. She released herself early.</i></p>
<p>Action- by whom, how</p>	<p>PARTICIPANT 12</p> <p>Res: Your understanding on HIV?</p> <p><i>Par 12: This is a sickness because it is a big problem to the people and we feel pity for them.</i></p> <p>Res: How did you feel when you heard about HIV/AIDS?</p>

<p>Action- by whom Consequences- with what Condition- why</p>	<p><i>Par 12: It is very much painful and I feel very painful. The person with HIV and AIDS, is very shy, he has lost weight, he is having diarrhoea and vomiting.</i></p>
<p>Action- why Action- how</p>	<p>Res: Do you separate your patients?</p> <p><i>Par 12: Yes, they are all people.</i></p>
<p>Action- how Action- how Action- why, by whom Consequences- with what Action- how</p>	<p>Res: What have you learned, living with people with HIV?</p> <p><i>Par 12: When this person is HIV positive, I take the person to the clinic after two days and check him, I also take the person to his home. He/she must be well looked after. They also ask the parents if they are treating this person well. In order for him or her not to worry he/she shouldn't be told that she is HIV positive.</i></p> <p>Res: Any other thoughts on HIV/AIDS?</p>
<p>Action-by whom, how</p>	<p><i>Par 12: There should be a workshop where all traditional healers are to meet and be taught about HIV and AIDS.</i></p> <p>Res: Any questions?</p> <p><i>Par 12: No questions.</i></p> <p>PARTICIPANT 13</p> <p>Res: Your understanding on HIV/AIDS?</p>
<p>Consequences- with what</p>	<p><i>Par 13: When the person is sick, some might look tiny and under weight, some might be having sores in their faces, so you see there that this person is HIV positive, they don't look good at all.</i></p> <p>Res: How do you treat them?</p>
<p>Action- how Action- how</p>	<p><i>Par 13: They should not be separated; we must spend time with them. We must also eat with them, but sometimes we should give them vegetables.</i></p> <p>Res: What have you learnt about HIV/AIDS people when living with these people?</p>

<p>Action- how Action- how Action- by whom Action- by whom, how</p>	<p><i>Par 13: I learnt to have mercy on these people, and also that we should take a good care of these people. They should live well with their parents. As a young person, I should be aware of these things, because anyone can have this disease. They are very shy and can't look in the eye.</i></p> <p>Res: Any questions?</p> <p><i>Par 13: A request is that at many times they should organize workshops.</i></p>
<p>Action- how Condition- why Consequences- with what Action- how Action- how Condition- why Action- by whom, how Action- how</p>	<p>PARTICIPANT 14</p> <p>Res: Your understanding of HIV/AIDS?</p> <p><i>Par 14: This person should be well looked after, this person is seen by loss of weight; I give the person some vegetables and enjoy my time with him/her, and to also speak to their parents. These people should be loved. The people with HIV/AIDS should be treated well and should be well looked after. After meeting this person with HIV, there should be a workshop.</i></p>
<p>Action- by whom, how Consequences- with what Condition- when, Action- by whom, how Action- how</p>	<p>PARTICIPANT 15</p> <p>Res: Your understanding on HIV/AIDS?</p> <p><i>Par 15: When a person is HIV we mix various herbs in order to help a person who is HIV positive. A person who is HIV positive doesn't want to be angered, you must not make him angry.</i></p> <p>Res: What does HIV mean to you?</p>
<p>Condition- when Action- - by whom, how Action- by whom</p>	<p><i>Par 15: The person with HIV is under weight, has sores, and coughs a lot. We help them by mixing various types of herbs, and we should make them feel comfortable.</i></p> <p>Res: Your thoughts on the first day you know about HIV/AIDS?</p>
<p>Condition- when Action- by whom, how</p>	<p><i>Par 15: A person is very shy; he/she is unable to face/look you into the eyes.</i></p> <p>Res: Any other thoughts on HIV/AIDS?</p>

<p>Action- by whom, how Action- how</p>	<p><i>Par 15: Throwing bones to get help from the ancestors.</i></p>
	<p>PARTICIPANT 16</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Consequences- with what Action- by whom Consequences- with what Action- by whom, how</p>	<p><i>Par 16: The person is continuously losing weight, and as time goes on, the person starts coughing and another problem is that the person develops some sores, and sometimes vomits or throws up. The person is very shy.</i></p>
	<p>Res: How do you treat them?</p>
<p>Action- by whom Action- how Condition- where</p>	<p><i>Par 16: They are treated like any other person, because they didn't plan to have this sickness. They are put together with others.</i></p>
	<p>Res: What have you learnt?</p>
<p>Action- by whom, how Action- how</p>	<p><i>Par 16: They should be treated like any other person; I should be able to protect myself especially when the person has sores.</i></p>
	<p>Res: Any thought on HIV/AIDS?</p>
<p>Action – by whom Consequences- with what</p>	<p><i>Par 16: They should be taken to the hospital for the doctors to confirm if he/she is really HIV positive.</i></p>
	<p>PARTICIPANT 17</p> <p>Res: What do you understand by HIV/AIDS?</p>
<p>Condition why Action- how Condition- where, why Action- how condition- why</p>	<p><i>Par 17: The person who is HIV positive is having sores, and usually scratches his body, when treating this person he/she should be well looked after, we should clean him/her bath him. We also have to find out how he/she is treated at home.</i></p>
	<p>Res: Are they separated?</p>
<p>Action- by whom, how Consequences- with what Condition- why</p>	<p><i>Par 17: They are not mixed, I separate them. In the morning I cook the herbs and give my patients. I wash/bath them but protecting myself.</i></p> <p>Res: What have you learnt?</p>

<p>Action- how</p>	<p><i>Par 17: Enjoying but encouraging them not to loose hope and tell them things will be fine.</i></p> <p>Res: Your thoughts after knowing HIV/AIDS?</p>
<p>Action - by whom Condition- when</p>	<p><i>Par 17: Let's remind one another and encourage them to protect themselves.</i></p> <p>Res: Any questions?</p>
<p>Action- how</p>	<p><i>Par 17: Let's respect one another.</i></p> <p>PARTICIPANT 18</p> <p>Res: What do you understand by HIV/AIDS stigma?</p>
<p>Consequences – with what, Action- how</p>	<p><i>Par 18: The person who is HIV positive lost weight, vomits, sores and coughing, they are shy.</i></p> <p>Res: How do you help patients?</p>
<p>Condition- why Action- by whom, how Action- by whom, Consequences- with what Condition- where, why Action- how</p>	<p><i>Par 18: When the parents brings him/her I throw bones and tell this person is he/she HIV that this is not the end of the world and also take the person to the nearby clinic where they take his or her blood and water level. The person should be encouraged not to have unsafe sex. This person should be well looked after and must be separated before anyone.</i></p> <p>Res: Are there any questions you would like to ask me?</p>
<p>Action- how</p>	<p><i>Par 18: You should have time to be with us and organise a workshop.</i></p> <p>PARTICIPANT 19</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Consequences-with what Condition- why Action-by whom, how</p>	<p><i>Par 19: The person with HIV/AIDS is having sores and loss of weight and is coughing a lot. We take this person to the clinic, when he comes back I treat him to be welcomed. I should treat him well.</i></p> <p>Res: Do you separate your patients?</p>

<p>Action- how</p>	<p><i>Par 19: I don't separate these people.</i></p> <p>Res: Your thoughts since you knew of HIV/AIDS/?</p>
<p>Condition- why Action- how</p>	<p><i>Par 19: The person's hair is so soft and very shy. I treat my patient by mixing all the herbs, to make him feel better.</i></p> <p>Res: Is there anything else you would like to ask me?</p>
<p>Action- by whom, how</p>	<p><i>Par 19: You should come and meet with us on regular basis.</i></p> <p>PARTICIPANT 20</p> <p>Res: What do you understand by HIV/AIDS stigma?</p>
<p>Action- how Consequences- with what Action- how Condition- when Action- how</p>	<p><i>Par 20: The person is under weight, when the person arrives, I throw bones to talk to the ancestors to give guidance and to check how I will help this person. I help them by mixing herbs, to drink and bath with. These people should be supported.</i></p> <p>Res: Are there any questions you would like to ask me?</p>
<p>Action- how</p>	<p><i>Par 20: There should be workshops.</i></p> <p>PARTICIPANT 21</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Action- by whom, why Consequences- with what Action- how</p>	<p><i>Par 21: The person with HIV/AIDS when he comes to me, he is coughing; he has sores and has lost weight. I help this person by mixing my herbs for him to drink.</i></p> <p>Res: Are there any questions you would like to ask me?</p>
<p>Action- by whom, how</p>	<p><i>Par 21: Can't you organise some workshops.</i></p> <p>PARTICIPANT 22</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Action- how Condition- why action- how, condition- when</p>	<p><i>Par 22: I throw my bones, this person who has HIV/AIDS, coughs a lot; he/she is always tired. In order to help this person, I mix the herbs together, and give that to him.</i></p>

<p>Action- how</p>	<p>Res: Do you separate your patients?</p> <p><i>Par 22: We should not separate them, they must feel welcomed.</i></p>
<p>Action- by whom</p>	<p>Res: Are there any questions you would like to ask me?</p> <p><i>Par 22: Help with workshops.</i></p>
<p>Action- by whom</p> <p>Action- by whom</p> <p>Condition- where</p> <p>Action-by whom, how</p>	<p>PARTICIPANT 23</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 23: I see this person by the way he is coughing and he looks tired, he developed some sores and has lost weight. We can take this person to the doctors for water and blood levels. If we can have a place as traditional healers and come together.</i></p>
<p>Action-by whom, why</p> <p>Consequences- with what</p> <p>Condition- where</p> <p>Action- how</p>	<p>PARTICIPANT 24</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 24: We take this person to the clinic or doctors, after being tested and he/she is HIV positive we give them herbs to drink and bath. The problem with traditional healers is that we don't have medicines to see if a person is really HIV positive.</i></p>
<p>Action- how</p>	<p>Res: Are there any questions you would like to ask me?</p> <p><i>Par 24: We need workshops</i></p>
<p>Consequences- with what</p> <p>Condition- when</p> <p>Action- how</p> <p>Action- by whom, how</p>	<p>PARTICIPANT 25</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 25: The person with HIV/AIDS is seen by sores, he coughs a lot, his body doesn't look good, and he has lost weight. A person like this should be treated like any other person, they shouldn't feel lonely and being separated.</i></p>
<p>Action- by whom, how</p>	<p>Res: Are there any questions you would like to ask me?</p> <p><i>Par 25: We should come together as traditional healers.</i></p>

<p>Action- why Action- how Consequences- with what Condition- when Action- by whom, how</p>	<p>PARTICIPANT 26</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 26: The person with HIV and AIDS has sores, loss of weight and appetite, and he normally loses power when walking. His hair is very soft, he is very shy. This person should be taken to hospital; they should add some water in their body, and then come back to me for treatment.</i></p> <p>Res: Are there any questions you would like to ask me?</p> <p><i>Par 26: No questions</i></p>
<p>Action- how Action- how Consequences- with what</p>	<p>PARTICIPANT 27</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 27: We help people with HIV/AIDS by putting together different herbs and we boil that for them to drink and bath with. We should treat them like anyone.</i></p> <p>Res: Are there any questions you would like to ask me?</p>
<p>Action- how</p>	<p><i>Par 27: We need help with workshops</i></p>
<p>Condition- why Consequences- with what Condition- when</p>	<p>PARTICIPANT 28</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 28: The person has severe headaches, sores and coughs a lot. We mix various herbs and give that to this person.</i></p> <p>Res: Are there any questions you would want to ask me?</p> <p><i>Par 28: No questions.</i></p>
<p>Condition- when Action- how, by whom Action- how Action-why</p>	<p>PARTICIPANT 29</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 29: People with HIV/AIDS, are treated by preparing various herbs for them to drink. As traditional healers, we should find a way of meeting. When a person is weak, the eyes are deep inside.</i></p>

<p>Action-why Condition-when</p>	<p>Res: The first time you heard of HIV?</p> <p><i>Par 29: I felt pity for the person. The sickness is so dangerous amongst people.</i></p>
<p>Condition-when Action-how Action-by whom Action-why Condition-when Action-how</p>	<p>PARTICIPANT 30</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 30: When this person is brought at home, he has sores, coughs, loss of weight, soft hair and the person is shy. I treat them by mixing the herbs, we should wash them, and we should protect ourselves from them by wearing gloves if they have sores. People living with HIV/AIDS are treated like any other person. We share everything with them. He shouldn't feel lonely.</i></p> <p>Res: Are there any questions you would want to ask me?</p>
<p>Action- how</p>	<p><i>Par 30: Workshops.</i></p>

APPENDIX C

INTERVIEWS CONDUCTED WITH SPIRITUAL FAITH HEALERS

Interviews conducted with Spiritual Faith Healers using grounded theory

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PARTICIPANT 31

Researcher: What do you understand by HIV/AIDS stigma?

Participant 31: What I understand by HIV/AIDS stigma is like when somebody is living with HIV, it has been stigmatized that maybe this person is irresponsible, the person is regarded like he/she is a slut or they put a blame on the person saying the person did not behave in a good manner, the person is said to not having self control, that is the reason he/she ended up contracting the virus HIV.

Researcher: What are your feelings when you first heard of HIV/AIDS?

Participant 31: I read and heard of HIV/AIDS and I didn't develop any kind of feeling towards it, I just told myself that I cannot get it, until 2007, I had denial that it cannot happen to me. Until 2007, when I did my internship at one of the hospitals, where we were talking to people infected and affected by HIV/AIDS, I developed a full perspective of what HIV/AIDS is, because I saw these people and developed a feeling of fear and now had to restructure my behaviour and say, now let me try to behave in this manner, so that I can prevent myself from contracting the virus or getting infected and also developing feelings of acceptance, that this thing is very real, because at first I did not believe I could see somebody who could say I am HIV positive. I developed feelings of reality and realised that HIV is amongst people I am living with.

Researcher: In your opinion, how do you describe the HIV/AIDS stigma?

Participant 31: It is not a normal stigma, though the observations I have made people really think you are a slut as I said earlier. Some people think HIV is not supposed to infect people you know, they don't want that from people you know, they also ask

questions on where the person has contracted the virus. They don't accept that HIV is there and it affects people, and it can even affect me, those are some of the things I have learned.

Researcher: How do you go about attending to the HIV/AIDS patients especially when it comes to the church?

Participant 31: Referring to my church, there is still a lot of negligence. They are not talking about the cure for this virus. They don't take care of the equipments. They use to treat you, like the spade, you find they use only one spade to clean 20 people, so this to me is a problem, when you find that sometime, it is not cleaned and it has to be used to someone else that on its own could lead to infection. What I can say is that the church is neglecting these HIV/AIDS issues. The church has preventing majors when it comes to HIV/AIDS, they don't even talk about it.

Researcher: Describe what you do when you are attending these patients? What most lessons you learned with people living with HIV/AIDS?

Participant 31: People living with HIV/AIDS, some have a hope that through the Anti-Retro-Viral (ARV) treatment, they will get healed and live longer, but some just give up some just develop a feeling that when they are going to die, some just ask questions on why don't they just die now and rest. There are some who are strong and there are those who say it is the same because they will never get healed, some gave up on the ARV treatment and just wish to die and rest.

Researcher: Anything else you think I would want to know to make me understand HIV/AIDS stigma better?

Participant 31: What I realised now is that most people are involved mostly, at the activity level and some are doing campaigns, posting notices, creating awareness, but these people are not involved at the personal level, they are only involved at the activity level than at the personal level. In personal level, many people don't go to test; they have a fear of testing. They have ideas that they are not the kind of people who can acquire or contact HIV/AIDS. My opinion, is that people should be encouraged to involve themselves personally by testing and sharing their feelings about these and also giving support to these and also to those who are infected by AIDS. I think that would help in reducing the stigma. If ever I involve myself personally, I am going to develop an understanding on what HIV/AIDS really is, that in a way is going to help me accept and understand it better. This in a way is going to eliminate the stigma of ignorance and discrimination.

What makes one not to go and test, I think to me is fear of the unknown, this is what makes people not to go there and test. Which is created by not having trust in oneself, for instance, when we see the way HIV is spreading; it is mainly because people involve themselves in unsafe sex. The fear is there, I once tested and it was not an easy thing to do. The problem is that we are working with HIV/AIDS patients, but most of us don't

know our status, and waiting for the results was not easy, but when you get your results, you are in a way relieved; now you know your status and can protect myself and others.

PARTICIPANT 32

Researcher: What do you understand about HIV/AIDS stigma?

Participant 32: What I understand about HIV/AIDS stigma is like this, it's a disease which mostly affects people through sex, not only through sex but even the cuts that one might have, actually through transfer of blood.

Researcher: What were your feelings when you first learned about HIV?

Participant 32: It was so scary, people tell you that if you have this virus you going to die, so you become scared.

Researcher: How do you describe this stigma, people's reaction?

Participant 32: As an individual, if ever there will be rumours that you are HIV, people will separate themselves from you and, especially close friends. People will always talk about you behind your back, and you develop heart pains because these things hurt. People turn to avoid you every chance they get.

Researcher: In the church?

Participant 32: It is different, because the church tries to compromise, it doesn't mean that if you are HIV positive, you will infect the whole congregation. Spiritually, people do understand, as the church we accommodate everyone, we don't discriminate.

Researcher: Does the church help in the cure of HIV?

Participant 32: What I understand about HIV is that when you talk about it, you become free. When you accept that you are HIV positive, you heal yourself spiritually, and you become happy.

Researcher: What lesson did you learn through interacting with HIV positive people?

Participant 32: Those infected, I did not believe that you can share anything with someone who is HIV positive. It was difficult up until I heard that if there is no blood transfer, you won't be infected by HIV/AIDS. As you go on, you realise that you won't contract the virus by sharing with these people who are infected. We shouldn't act in a certain manner when interacting with these people.

Researcher: Their reaction when in a group?

Participant 32: Most of them have accepted and some have lost hope in life.

Researcher: Your view on the HIV stigma?

Participant 32: The increase of high pregnancy to me means the increase or fast spreading of HIV/AIDS where I think most people are going to die through infection.

Researcher: Anything else you would want to ask me?

Participant 32: There are a lot of organisations spreading the word that HIV/AIDS kills and it is very much alive. There are many interactions about HIV/AIDS, but people have a problem when it comes to their mind set. I don't like that mentality that, people usually say, we can by sex, then it means we must indeed be killed by sex or through sex. People do not care of what happens, as long as they enjoy life.

PARTICIPANT 33

Researcher: What do you understand about HIV stigma?

Participant 33: It is a virus that is speedily affecting people more and more easily because of ignorance, especially the youth, because they are ignoring the fact that HIV/AIDS exists.

Researcher: Your feelings when you first heard of HIV/AIDS?

Participant 33: At first, I did not believe, but now I do because it is here and we just have to find ways of preventing it. I did not believe that AIDS is there mainly because of ignorance.

Researcher: How can you describe this stigma?

Participant 33: Most of the people do not support people who are HIV positive or having AIDS, because we cannot turn back the hands of time, we just have to accept that it is there and support people.

Researcher: In the church how so you attend to these people?

Participant 33: As the section of the constitution says, we need to help each other spiritually, academically and emotionally and try to communicate socially so that if a person is having a problem, we can support and help that person. This means a person is helped or supported spiritually.

Researcher: The lesson you have learned?

Participant 33: People are not opening up, so you might not know if a person is negative or positive. People do not want to disclose their status. Actually, I think that people must

just open up, because it is just for their security reasons, and they must be open so that we can support them.

Researcher: Your views since you have known of HIV?

Participant 33: I will take the principles forward, abstain, be faithful or condomise.

Researcher: What could be the problem?

Participant 33: People are just so ignorant, in the fact that HIV is here. Some of them, the problem is sleeping with many people, in future you wont know who actually infected you, because of multiple partners. When it comes to the churches, I can say churches are not doing enough. To understand better, what can be done, is to spread information about HIV. That in a way helps. People should just stop ignoring.

PARTICIPANT 34

Researcher: What do you understand about HIV/AIDS stigma?

Participant 34: This is a sickness that is passed through sexual intercourse, especially when there is no protection and the other partner is infected. Many people are still having a problem with HIV people, when they see that person, all they see is death on him/her. And on the other hand the person who is infected just think to himself or herself that I am going to die soon.

Researcher: Your feelings the first time you heard about HIV?

Participant 34: It pains me to see how the whole thing of HIV is, because when the person coughs he/she coughs blood, so it is painful to see that.

Researcher: Can you describe HIV stigma to me?

Participant 34: People have this mindset that people who are HIV positive must live on their own, they should not be mixed with those who believe are not infected.

Researcher: HIV people what do you do?

Participant 34: What I have realised is that the treatment for HIV positive people is just the same as for the ordinary people who are not infected. People who are HIV positive should just be treated equally to those who are not infected by the virus. What I realised again is that most people do not want to associate themselves with those who are HIV positive and don't even want to talk to them.

Researcher: In the church do they talk about HIV?

Participant 34: In most churches, many pastors don't talk about HIV/AIDS, when you look at most pastors, you find that most of them are old and they think when they talk about sex, they are promoting that in the church. In the church we just have to welcome the person, we treat him just like any other person.

Researcher: What have you learned about HIV positive persons?

Participant 34: They just live their lives just like any other person, what they lack is the support from other people and sometimes it is not even their problem that they contracted the virus, they did not choose to be positive.

Researcher: Anything you think you can say to make me understand HIV stigma better?

Participant 34: Most people still have that myth that HIV/AIDS is only in big cities and towns, when it comes to villages, it is not there. Most people end up going to the big cities just to get jobs, but they end up contracting the virus, and come back home with it and spread it.

Researcher: Anything you want to know from me?

Participant 34: The myth that if ever you have sex with someone, and that person is positive, you don't use protection, but you are not cut anywhere, you won't get the virus, is it true?

Researcher: No it is not true.

PARTICIPANT 35

Researcher: What do you understand about HIV stigma?

Participant 35: Most people do not have an idea that we are all people, as a result, they end up discriminating against those who are infected, forgetting that anyone, anytime can be infected and don't believe that these people did not choose to be infected. As far as the government is concerned, these issues should continue being raised.

Researcher: Your feelings on HIV/AIDS?

Participant 35: It is terrible because by that time I was given some pictures of HIV infected people. It was horrible to see that, I felt like everyone can be a victim, whenever is needed we must encourage one another. The discrimination is very high against those infected by the virus. What is needed from us is to support these people who are HIV positive.

Researcher: In the church?

Participant 35: Certain scriptures are read to encourage and motivate those who are infected and will also try to pass the message that if ever you are not infected, just continue protecting yourself.

Researcher: Is the church doing enough?

Participant 35: Generally not exactly, the issue is not talked about, up to now, most churches do not dwell much into the whole HIV issue. It is not always that this is included in churches. The churches are not doing enough.

Researcher: The lesson you learned?

Participant 35: The challenge is that people don't want to talk but we don't know who is positive and who is negative.

Researcher: Your views on the whole thing of HIV stigma?

Participant 35: Pregnancy, Satan is in a way using us, the message is there but people don't take note of that. A scripture says, when we call upon his name, he will be there. Satan on the other hand is playing another part in our lives.

Researcher: Anything else you want to say?

Participant 35: Being HIV, people should learn to trust one another, because we don't trust each other.

Researcher: Any questions you would like me to respond to?

Participant 35: Do you think there is difference now since you started this research on HIV and AIDS, are there any changes you see?

PARTICIPANT 36

Researcher: What do you understand about HIV/AIDS stigma?

Participant 36: People don't associate themselves with the infected people as if they themselves will be infected through association. The person is shy, lonely, does not disclose her/his status.

Researcher: What about your feelings when you first learned about HIV/AIDS?

Participant 36: I felt a denial. People are not afraid to hide it. Don't shun them, make the person feel at home with them. Live with them, these people need sympathy.

Researcher: How do you describe HIV/AIDS' patients. What do you do?

Participant 36: HIV/AIDS is a disease that affects any body. People should live with the person and not to be afraid of it.

Researcher: How do you go about attending to HIV/AIDS patients?

Participant 36: I explain the disease and how to cure for yourself, keep to prescription. It is not a deathly disease, can be controlled, don't give up, have strong conviction to live, tell yourself you have life ahead. I give biblical texts about diseases. What God says the person should know that before God nothing is impossible. She is still good. Keep on reading the texts to keep courage and not loose hope. That shows that we are always supporting the person physically, morally and spiritually. Visit them several times and pray for the person.

Researcher: Could you describe the most important lessons you learned through interacting with people living with HIV/AIDS?

Participant 36: The person is not willing to disclose, as times go by one person develops trust in you. When she realises you want to help he becomes open. The person explains where she/he got the disease and how others treat him/her. In most cases I learn people don't want to associate themselves, even the family don't want to. The reason is that family thinks they will be affected. This notion comes from the medical officials, that when you deal with the person you should wear gloves, wash your hands, the remaining food eaten by the affected must be thrown in the toilet. Then the affected person feels unwanted and feels he/she can die anytime. This information comes from the nurses that no other person must eat the food.

Researcher: Your views since you have known about HIV/AIDS?

Participant 36: People must change their mind concerning how they view HIV. They must change their mind set. HIV people are still human beings, they need support, caring and not sympathy but empathy. They need love and encouragement to go on with life so as to avoid the idea of terminal life.

Researcher: What about the church position?

Participant 36: The church is continuously visiting HIV people and encouraging to go on through the word of God, praying for them, showing them God loves them in spite of the disease. Workshops for caregivers are organised. It is not enough that is done, the church must build centres to encourage one another. The affected should occasionally come together and share experiences, encourage one another and invite experts for talks but not for them to stay there.

PARTICIPANT 37

Researcher: What do you understand about HIV/AIDS stigma?

Participant 37: People are afraid to touch somebody because of the condition of life in which one finds himself in. It is more negative, because it involves rejection, negative labelling therefore the person is stigmatized. It is a state of life in which a person finds himself in. In my case it was different in that I am a counsellor. We are going through a particular face of life. As a nation we are a platoon. In this particular condition of life, we have to behave in a particular way. I take it as going through a phase. It is a foundation of life, a particular stage of life towards a person that people have. Stigma is a negative feeling that people have because they know that a person is infected, therefore, they have a negative attitude, negative rejection, it is unfortunate.

Researcher: How do you go about attending to your HIV/AIDS patients?

Participant 37: First, there is a particular reaction after knowing that one is HIV positive. I make the person to accept the condition, the state of life, therefore adapt to demands of how he/she has to behave towards other people, eat healthily and most importantly to accept and generate a positive attitude to life. Generally, people have negative reaction. They do not want to accept. They have denial. They have many questions such as; 'what have I done, this must be a punishment from God, I am bewitched', so one problem is around denial which compounds this. Counsellors are shunned. People react differently. There is a lot of awareness that has been created through lessons, lectures, the media etc. People unlike before voluntarily come forward for testing, counselling. The more often people talk about HIV, people tend to accept and this is a victory if we join hands. Unfortunately, politicians talk another language, for example, they say people must eat beetroot etc instead of facing the problem as a nation. Most people are practicing the ABC.

Researcher: In the church how do you deal with stigma?

Participant 37: It is a broad religion. I am not too sure.

PARTICIPANT 38

Researcher: What do you understand about HIV/AIDS stigma?

Participant 38: In addition to the labelling that accompanies this disclosure, it is subsequent to the alienation you are cut off from the rest of society because of what you said. It is the labelling that is followed by negative after effects.

Researcher: What were your feelings when you first learned about HIV/AIDS?

Participant 38: I learned about issues of HIV before I became a pastor. The unfortunate part was that HIV was presented by politicians as being dangerous, a killer disease. People with HIV were promiscuous, irresponsible, truck people, prostitutes. It was actually scary in a way it was said. It made me feel scary. Obviously the kind of feelings one have that makes one scary. It became different later. At first you would say it happens without people being aware if they first diagnose you. For example, when you

have sores, loose weight there are those who will stigmatize you deliberately. That they have nothing to do with you. Discriminating against you. Stigma is stigma. Any disease or condition that is regarded by society that as being unacceptable, people will naturally discriminate against you. For example, albinos were discriminated against, with HIV it becomes worse.

Researcher: As the church what do you do?

Participant 38: We do practical things, what would normally happen but reality on the ground is difficult. People do not come out in the open. It becomes difficult to help, to know who is infected and who is not. The difficulty is that there is secrecy enshrined by the government, people will not disclose. In our tradition people will talk about witchcraft, (makgoma) African taboos, it is very difficult. People are sick and because of the secrecy to know who is infected and who is not. People will not disclose until it is too late.

PARTICIPANT 39

Researcher: What do you understand about HIV/AIDS stigma?

Participant 39: So that it is labelling and people are rejected by the society. They are no more accepted and as a result people do not disclose. First, to me as a grown person, and a pastor, we view it as a punishment from GOD, one way it was contacted through sex.

Researcher: How do you treat HIV persons as a church?

Participant 39: First have them to accept their condition. Tell them it is not the end of the world even when you have been tested positively. Help them live positive lives. Assure them that GOD and the church loves them.

Concepts derived from the interviews with spiritual faith healers

CONCEPTS	Interviews with spiritual faith healers
<p>Understanding HIV stigma is that: Feeling that they are regarded as irresponsible by society Being a slut or being blamed Misbehaved No self control That's the reason for contracting HIV.</p> <p>Ignorance</p> <p>Sense of denial and ignorance</p> <p>Developed fear A behavior introspection Developed change of sexual behavior Saw reality</p> <p>Developed feelings of acceptance and reality Developed feelings of reality</p> <p>HIV stigma is not normal</p>	<p>PARTICIPANT 31</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 31: What I understand by HIV/AIDS stigma is like when somebody is living with HIV, it has been stigmatized that maybe this person is irresponsible, the person is regarded like he/she is a slut or they put a blame on the person saying the person did not behave in a good manner, the person is said to not having self control, that is the reason he/she ended up contracting the virus HIV.</i></p> <p>Res: What are your feelings when you first heard of HIV/AIDS?</p> <p><i>Par 31: I read and heard of HIV/AIDS and I didn't develop any kind of feeling towards it, I just told myself that I cannot get it, until 2007, I had denial that it cannot happen to me. Until 2007, when I did my internship at one of the hospitals, where we were talking to people infected and affected by HIV/AIDS, I developed a full perspective of what HIV/AIDS is, because I saw these people and developed a feeling of fear and now had to restructure my behaviour and say, now let me try to behave in this manner, so that I can prevent myself from contracting the virus or getting infected and also developing feelings of acceptance, that this thing is very real, because at first I did not believe I could see somebody who could say I am HIV positive. I developed feelings of reality and realised that HIV is amongst people I am living with.</i></p> <p>Res: In your opinion, how do you describe the HIV/AIDS stigma?</p> <p><i>Par 31: It is not a normal stigma, though the</i></p>

<p>stigma, through observations people regard you as a slut There is a sense that people think HIV is meant for others and not those next to you. Questions are asked where one as got the virus? There is denial of existence of HIV</p>	<p><i>observations I have made people really think you are a slut as I said earlier. Some people think HIV is not supposed to infect people you know, they don't want that from people you know, they also ask questions on where the person has contracted the virus. They don't accept that HIV is there and it affects people, and it can even affect me, those are some of the things I have learned.</i></p>
<p>Still a lot of negligence in the church, church does not talk about cure for the virus, it does not take care of equipment they use e.g. an equipment is used for several people without being sterilized. Church is avoiding/neglecting HIV issues.</p>	<p>Res: How do you go about attending to the HIV/AIDS patients especially when it comes to the church?</p> <p><i>Par 31: Referring to my church, there is still a lot of negligence. They are not talking about the cure for this virus. They don't take care of the equipments. They use to treat you, like the spade, you find they use only one spade to clean 20 people, so this to me is a problem, when you find that sometime, it is not cleaned and it has to be used to someone else that on its own could lead to infection. What I can say is that the church is neglecting these HIV/AIDS issues. The church has preventing majors when it comes to HIV/AIDS, they don't even talk about it.</i></p>
<p>Church don't even talk about it</p> <p>To some there is hope of being healed through ARV's they will live longer, some give up/ lose hope, some develop a feeling that they are going to die, some have lose reason for living, some are strong, some are skeptical about these drugs and therefore feel death is inevitable in that there is no cure for HIV, some gave up on ARV treatment and wish to die and rest.</p>	<p>Res: Describe what you do when you are attending these patients? What most lessons you learned with people living with HIV/AIDS?</p> <p><i>Par 31: People living with HIV/AIDS, some have a hope that through the Anti-Retro-Viral (ARV) treatment, they will get healed and live longer, but some just give up some just develop a feeling that when they are going to die, some just ask questions on why don't they just die now and rest. There are some who are strong and there are those who say it is the same because they will never get healed, some gave up on the ARV treatment and just wish to die and rest.</i></p>
	<p>Res: Anything else you think I would want to know to make me understand HIV/AIDS stigma</p>

<p>Most people are involved at activity level</p> <p>But are not involved at personal level</p> <p>Many do not go for testing They have ideas that HIV is not meant for them My opinion: People should be encouraged to involve themselves personally by testing and sharing their feelings about HIV, give support, that would help in reducing stigma, an understanding will then develop about HIV, it will help my accepting and understanding it better. This is one way of eliminating stigma of ignorance and discrimination.</p> <p>There is fear of the unknown to those who are afraid of testing Which is created by not knowing your status There is fear of the unknown because of promiscuous relationships Problem is even HIV care-givers do not know their status If you know your results you can protect yourself and others.</p> <p>It affect people through cuts, sex, blood transfer</p>	<p>better?</p> <p><i>Par 31: What I realised now is that most people are involved mostly, at the activity level and some are doing campaigns, posting notices, creating awareness, but these people are not involved at the personal level, they are only involved at the activity level than at the personal level. In personal level, many people don't go to test; they have a fear of testing. They have ideas that they are not the kind of people who can acquire or contact HIV/AIDS. My opinion, is that people should be encouraged to involve themselves personally by testing and sharing their feelings about these and also giving support to these and also to those who are infected by AIDS. I think that would help in reducing the stigma. If ever I involve myself personally, I am going to develop an understanding on what HIV/AIDS really is, that in a way is going to help me accept and understand it better. This in a way is going to eliminate the stigma of ignorance and discrimination.</i></p> <p><i>What makes one not to go and test, I think to me is fear of the unknown, this is what makes people not to go there and test. Which is created by not having trust in oneself, for instance, when we see the way HIV is spreading; it is mainly because people involve themselves in unsafe sex. The fear is there, I once tested and it was not an easy thing to do. The problem is that we are working with HIV/AIDS patients, but most of us don't know our status, and waiting for the results was not easy, but when you get your results, you are in a way relieved; now you know your status and can protect myself and others.</i></p> <p>PARTICIPANT 32 Res: What do you understand about HIV/AIDS stigma</p> <p><i>Par 32: What I understand about HIV/AIDS stigma is like this, it's a disease which mostly affects people through sex, not only through sex</i></p>
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<p>Scary, rumours that you are going to die</p>	<p><i>but even the cuts that one might have, actually through transfer of blood.</i></p> <p>Res: Your feelings about HIV?</p> <p><i>Par 32: It was so scary, people tell you that if you have this virus you going to die, so you become scared.</i></p>
<p>People will separate themselves from you especially your friends, people will talk about you behind your back, you will develop heart pains because it hurts, people will avoid you every chance they get</p>	<p>Res: How do you describe this stigma, people's reaction?</p> <p><i>Par 32: As an individual, if ever there will be rumours that you are HIV, people will separate themselves from you and, especially close friends. People will always talk about you behind your back, and you develop heart pains because these things hurt. People turn to avoid you every chance they get.</i></p>
<p>It is different in church Church tries to compromise Spiritually people do understand Church accommodates everyone We don't discriminate</p>	<p>Res: What about in the church?</p> <p><i>Par 32: It is different, because the church tries to compromise, it doesn't mean that if you are HIV positive, you will infect the whole congregation. Spiritually, people do understand, as the church we accommodate everyone, we don't discriminate.</i></p>
<p>If you talk about HIV you become free, when you accept your status you heal yourself spiritually and you become happy</p>	<p>Res: Does the church help in the cure of HIV?</p> <p><i>Par 32: What I understand about HIV is that when you talk about it, you become free. When you accept that you are HIV positive, you heal yourself spiritually, and you become happy.</i></p>
<p>Those infected did not believe that you can share anything with someone who is HIV positive It was difficult, until I leant that without blood transfer you wont be infected, as you go on you</p>	<p>Res: What lesson did you learn through interacting with HIV positive people?</p> <p><i>Par 32: Those infected, I did not believe that you can share anything with someone who is HIV positive. It was difficult up until I heard that if there is no blood transfer, you won't be infected by HIV/AIDS. As you go on, you realise that you won't contract the virus by sharing with these</i></p>

<p>realize you wont contract the virus by sharing with the affected, we should not discriminate them</p>	<p><i>people who are infected. We shouldn't act in a certain manner when interacting with these people.</i></p>
<p>Most have accepted their condition, some have lost hope in life</p>	<p>Res: Their reaction when in a group?</p> <p><i>Par 32: Most of them have accepted and some have lost hope in life.</i></p>
<p>Increase of high pregnancy means fast spreading of HIV/AIDS where most people are going to die through infection</p>	<p>Res: Your view on the HIV stigma?</p> <p><i>Par 32: The increase of high pregnancy to me means the increase or fast spreading of HIV/AIDS where I think most people are going to die through infection.</i></p>
<p>Organizations are creating awareness that HIV/AIDS kills and it is very much alive Interaction is there but the problem is the mind set, the mentality that 'we can by sex, then it means we must indeed be killed by sex or through sex' People do not care what, happens as long as they enjoy life.</p>	<p>Res: Anything else you would want to ask me?</p> <p><i>Par 32: There are a lot of organisations spreading the word that HIV/AIDS kills and it is very much alive. There are many interactions about HIV/AIDS, but people have a problem when it comes to their mind set. I don't like that mentality that, people usually say, we can by sex, then it means we must indeed be killed by sex or through sex. People do not care of what happens, as long as they enjoy life.</i></p>
<p>PARTICIPANT 33</p>	
<p>Its affecting people because of ignorance especially the youth Youth ignores the fact that HIV exists</p>	<p>Res: Your understanding of HIV stigma?</p> <p><i>Par 33: It is a virus that is speedily affecting people more and more easily because of ignorance, especially the youth, because they are ignoring the fact that HIV/AIDS exists.</i></p>
<p>At first I did not believe because of ignorance Now I do, we have to find ways of preventing it</p>	<p>Res: Your feelings when you first heard of HIV/AIDS?</p> <p><i>Par 33: At first, I did not believe, but now I do because it is here and we just have to find ways of preventing it. I did not believe that AIDS is there mainly because of ignorance.</i></p>

<p>HIV people are not supported because of ignorance, we have to accept that it is there and start supporting them</p> <p>The church constitution says we have to help each other spiritually, academically and emotionally There is spiritual support from the church</p> <p>Affected people do not open up There is secrecy, there is no disclosure of their status, I think people must open up, for us to be able to support them</p> <p>People must abstain, be faithful and use a condom</p> <p>There is ignorance that HIV is here The question of multiple partners</p> <p>Churches are not doing enough Spread information about HIV. That can help, ignorance should be stopped among people.</p>	<p>Res: How can you describe this stigma?</p> <p><i>Par 33: Most of the people do not support people who are HIV positive or having AIDS, because we cannot turn back the hands of time, we just have to accept that it is there and support people.</i></p> <p>Res: In the church how so you attend to these people?</p> <p><i>Par 33: As the section of the constitution says, we need to help each other spiritually, academically and emotionally and try to communicate socially so that if a person is having a problem, we can support and help that person. This means a person is helped or supported spiritually.</i></p> <p>Res: The lesson you have learned?</p> <p><i>Par 33: People are not opening up; so you might not know if a person is negative or positive. People do not want to disclose their status. Actually, I think that people must just open up, because it is just for their security reasons, and they must be open so that we can support them.</i></p> <p>Res: Your views since you have known of HIV?</p> <p><i>Par 33: I will take the principles forward, abstain, be faithful or condomise.</i></p> <p>Res: What could be the problem?</p> <p><i>Par 33: People are just so ignorant, in the fact that HIV is here. Some of them, the problem is sleeping with many people, in future you wont know who actually infected you, because of multiple partners. When it comes to the churches, I can say churches are not doing enough. To understand better, what can be done, is to spread information about HIV. That in a way helps. People should just stop ignoring.</i></p> <p>PARTICIPANT 34</p>
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<p>HIV is passed through sex When there is no protection When the other partner is infected The infected is seen as a living death. The affected has lost hope/ feels that he/she is going to die</p> <p>It pains me Coughs blood, Its painful to see</p> <p>There is a mindset that affected people must be discriminated against</p> <p>Treatment for HIV is the same as any other treatment</p> <p>The affected should be treated like any other person People dissociate themselves from the infected They are discriminated against</p> <p>Pastors do not talk about HIV/AIDS Most of them are old They regard talking about sex as promoting it in church The church just welcomes the person and treat them as any</p>	<p>Res: Your understanding of HIV/AIDS stigma?</p> <p><i>Par 34: This is a sickness that is passed through sexual intercourse, especially when there is no protection and the other partner is infected. Many people are still having a problem with HIV people, when they see that person, all they see is death on him/her. And on the other hand the person who is infected just think to himself or herself that I am going to die soon.</i></p> <p>Res: Your feelings the first time you heard about HIV?</p> <p><i>Par 34: It pains me to see how the whole thing of HIV is, because when the person coughs he/she coughs blood, so it is painful to see that.</i></p> <p>Res: Can you describe HIV stigma to me?</p> <p><i>Par 34: People have this mindset that people who are HIV positive must live on their own, they should not be mixed with those who believe are not infected.</i></p> <p>Res: HIV people what do you do?</p> <p><i>Par 34: What I have realised is that the treatment for HIV positive people is just the same as for the ordinary people who are not infected. People who are HIV positive should just be treated equally to those who are not infected by the virus. What I realised again is that most people do not want to associate themselves with those who are HIV positive and don't even want to talk to them.</i></p> <p>Res: In the church do they talk about HIV?</p> <p><i>Par 34: In most churches, many pastors don't talk about HIV/AIDS, when you look at most pastors, you find that most of them are old and they think when they talk about sex, they are promoting that in the church. In the church we just have to welcome the person, we treat him just like any other person.</i></p>
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<p>other</p> <p>The affected live their lives like any other person, what they lack is support from others, sometimes it is not their problem they did not choose to be positive</p> <p>There is ignorance Most people go to big cities for jobs but come back home to spread HIV</p> <p>Is the myth that if you are positive and you don't use a condom you won't get the virus? No, it is not true</p> <p>Most people are insensitive and ignorant</p> <p>These issues must be raised with government, feeling terrible</p> <p>Feeling terrible Every one can be a victim To encourage one another</p>	<p>Res: What have you learned about HIV positive persons?</p> <p><i>Par 34: They just live their lives just like any other person, what they lack is the support from other people and sometimes it is not even their problem that they contracted the virus, they did not choose to be positive.</i></p> <p>Res: Anything you think you can say to make me understand HIV stigma better?</p> <p><i>Par 34: Most people still have that myth that HIV/AIDS is only in big cities and towns, when it comes to villages, it is not there. Most people end up going to the big cities just to get jobs, but they end up contracting the virus, and come back home with it and spread it.</i></p> <p>Res: Anything you want to know from me?</p> <p><i>Par 34: The myth that if ever you have sex with someone, and that person is positive, you don't use protection, but you are not cut anywhere, you won't get the virus, is it true?</i></p> <p>PARTICIPANT 35</p> <p>Res: What do you understand by HIV stigma?</p> <p><i>Par 35: Most people do not have an idea that we are all people, as a result, they end up discriminating against those who are infected, forgetting that anyone, anytime can be infected and don't believe that these people did not choose to be infected. As far as the government is concerned, these issues should continue being raised.</i></p> <p>Res: Your feelings on HIV/AIDS?</p> <p><i>Par 35: It is terrible because by that time I was given some pictures of HIV infected people. It was horrible to see that, I felt like everyone can be a victim, whenever is needed we must</i></p>
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<p>Discrimination is very high There is need for support</p>	<p><i>encourage one another. The discrimination is very high against those infected by the virus. What is needed from us is to support these people who are HIV positive.</i></p>
<p>Encourage and motivate Try to pass message</p>	<p>Res: What about in the church?</p>
<p>Just continue protecting self</p>	<p><i>Par 35: Certain scriptures are read to encourage and motivate those who are infected and will also try to pass the message that if ever you are not infected, just continue protecting yourself.</i></p>
<p>Issue of HIV is not talked about in church They don't dwell much on the HIV issue Church is not doing enough</p>	<p>Res: Is the church doing enough?</p>
<p>It is a challenge, people don't talk about it, nobody knows who is positive or negative</p>	<p><i>Par 35: Generally not exactly, the issue is not talked about, up to now, most churches do not dwell much into the whole HIV issue. It is not always that this is included in churches. The churches are not doing enough.</i></p> <p>Res: The lesson you learned?</p>
<p>Satan is using us People don't take note of that Scripture testifies it Satan is playing another part in our lives</p>	<p><i>Par 35: The challenge is that people don't want to talk but we don't know who is positive and who is negative.</i></p> <p>Res: Your views on the whole thing of HIV stigma?</p>
<p>Trust should be practiced</p>	<p><i>Par 35: Pregnancy, Satan is in a way using us, the message is there but people don't take note of that. A scripture says, when we call upon his name, he will be there. Satan on the other hand is playing another part in our lives.</i></p> <p>Res: Anything else you want to say?</p>
<p>Yes</p>	<p><i>Par 35: Being HIV, people should learn to trust one another, because we don't trust each other.</i></p> <p>Res: Any questions?</p> <p><i>Par 35: Do you think there is difference now since you started this research on HIV and AIDS, are there any changes you see?</i></p>

<p>There is a feeling of discrimination from the people. Afraid of being infected through association. Person is shy, lonely, does not disclose status</p> <p>Feeling of denial. People are not afraid to hide it, feeling of acceptance, there is accommodation, need for sympathy</p> <p>The disease affects everybody People should live with the person and not shun him</p> <p>Keep to prescription, HIV is not deadly it can be controlled Have strong conviction to live Give biblical texts about disease Before God nothing is impossible, encourage biblical text reading, don't lose hope Church support victim physically, morally and spiritually, visits are several also prayer is given for person</p>	<p>PARTICIPANT 36</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 36: People don't associate themselves with the infected people as if they themselves will be infected through association. The person is shy, lonely, does not disclose her/his status.</i></p> <p>Res: What about your feelings when you first learned about HIV/AIDS?</p> <p><i>Par 36: I felt a denial. People are not afraid to hide it. Don't shun them, make the person feel at home with them. Live with them, these people need sympathy.</i></p> <p>Res: How do you describe HIV/AIDS' patients. What do you do?</p> <p><i>Par 36: HIV/AIDS is a disease that affects any body. People should live with the person and not to be afraid of it.</i></p> <p>Res: How do you go about attending to HIV/AIDS patients?</p> <p><i>Par 36: I explain the disease and how to cure for yourself, keep to prescription. It is not a deathly disease, can be controlled, don't give up, have strong conviction to live, tell yourself you have life ahead. I give biblical texts about diseases. What God says the person should know that before God nothing is impossible. She is still good. Keep on reading the texts to keep courage and not lose hope. That shows that we are always supporting the person physically, morally and spiritually. Visit them several times and pray for the person.</i></p> <p>Res: Could you describe the most important lessons you learned through interacting with</p>
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<p>Affected are not willing to disclose, after a time person develops trust and opens up Person explains where he got the disease and how others treat him, there is discrimination from others, even family discriminate against them Family thinks they will be affected. Notion comes from medical officials e.g. when you deal with affected wear gloves, wash hands and remaining food from his plate should be thrown into the toilet. The affected feels unwanted and feels he can die anytime. Information comes from the nurses</p>	<p>people living with HIV/AIDS?</p> <p><i>Par 36: The person is not willing to disclose, as times go by one person develops trust in you. When she realises you want to help he becomes open. The person explains where she/he got the disease and how others treat him/her. In most cases I learn people don't want to associate themselves, even the family don't want to. The reason is that family thinks they will be affected. This notion comes from the medical officials, that when you deal with the person you should wear gloves, wash your hands, the remaining food eaten by the affected must be thrown in the toilet. Then the affected person feels unwanted and feels he/she can die anytime. This information comes from the nurses that no other person must eat the food.</i></p>
<p>Changing mind set on HIV is important, mind set must change. Affected people are still human beings, they need support, caring and empathy They need love, need encouragement</p>	<p>Res: Your views since you have known about HIV/AIDS?</p> <p><i>Par 36: People must change their mind concerning how they view HIV. They must change their mind set. HIV people are still human beings, they need support, caring and not sympathy but empathy. They need love and encouragement to go on with life so as to avoid the idea of terminal life.</i></p>
<p>Church continues visits Encourages them through the word of God, prays for them Workshops are organized for caregivers, not enough is done by church, church must build centres to encourage one another. The affected must come together occasionally, share experiences, encourage one another but not to stay there Invite experts for talks</p>	<p>Res: What about the church position?</p> <p><i>Par 36: The church is continuously visiting HIV people and encouraging to go on through the word of God, praying for them, showing them God loves them in spite of the disease. Workshops for caregivers are organised. It is not enough that is done, the church must build centres to encourage one another. The affected should occasionally come together and share experiences, encourage one another and invite experts for talks but not for them to stay there.</i></p>

<p>People are afraid to touch somebody because of the condition/HIV, it is more negative, it involves rejection, negative labeling, therefore affected become stigmatized. State one finds himself</p> <p>I am a counselor As a nation we are in a transition, in this condition we have to behave in a particular way, we are going through a phase. Stigma is a negative feeling against another, they have a negative attitude, they have negative rejection, it is unfortunate</p> <p>There is a particular reaction after knowing, I make person to accept their condition, the state of life, therefore adapt to demands of how to behave towards others, eat healthily accept and generate a positive attitude to life generally affected people have negative reaction, they have denial, they have many questions such as; what have I done, this must be a punishment from God, I am bewitched Problem is denial which compounds this. Counselors are shunned, people react differently, there is a lot of awareness, through lessons, lectures, media etc. Some come</p>	<p>PARTICIPANT 37</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 37: People are afraid to touch somebody because of the condition of life in which one finds himself in. It is more negative, because it involves rejection, negative labelling therefore the person is stigmatized. It is a state of life in which a person finds himself in. In my case it was different in that I am a counsellor. We are going through a particular face of life. As a nation we are a platoon. In this particular condition of life, we have to behave in a particular way. I take it as going through a phase. It is a foundation of life, a particular stage of life towards a person that people have. Stigma is a negative feeling that people have because they know that a person is infected, therefore, they have a negative attitude, negative rejection, it is unfortunate.</i></p> <p>Res: How do you go about attending to your HIV/AIDS patients?</p> <p><i>Par 37: First, there is a particular reaction after knowing that one is HIV positive. I make the person to accept the condition, the state of life, therefore adapt to demands of how he/she has to behave towards other people, eat healthily and most importantly to accept and generate a positive attitude to life. Generally, people have negative reaction. They do not want to accept. They have denial. They have many questions such as; what have I done, this must be a punishment from God, I am bewitched, so one problem is around denial which compounds this. Counsellors are shunned. People react differently. There is a lot of awareness that has been created through lessons, lectures, the media etc. People unlike before voluntarily come forward for testing, counselling. The more often people talk about HIV, people tend to accept and this is a victory if we join hands. Unfortunately, politicians talk another language, for example,</i></p>
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<p>forward for voluntary testing and counseling, the more often people talk about HIV people tend to accept this is victory if we join hands unfortunately, politicians talk another language e.g they say people must eat beetroot etc instead of facing the problem as a nation most people are practicing ABC</p>	<p><i>they say people must eat beetroot etc instead of facing the problem as a nation. Most people are practicing the ABC.</i></p>
<p>Church is a broad religion.</p>	<p>Res: in the church how do you deal with stigma? <i>Par 37: It is a broad religion. I am not too sure.</i></p>
<p>There is labeling after disclosure, it is followed by alienation, you are cut off from the rest of society because of what you said. Labeling is followed by negative effects</p>	<p>PARTICIPANT 38 <i>Res: What do you understand about HIV/AIDS stigma?</i> <i>Par 38: In addition to the labelling that accompanies this disclosure, it is subsequent to the alienation you are cut off from the rest off from the rest of society because of what you said. It is the labelling that is followed by negative after effects.</i></p>
<p>HIV was initially presented by politicians as being dangerous, a killer disease to the people Infected are viewed by society as promiscuous, irresponsible, truck people, prostitutes. It was actually scary the way it was presented, it made me feel scary It became different later. At first it happens without notice if people diagnose you For example, when you have sores, loose weight, people will stigmatize you deliberately, that they have nothing to do with you, discriminating against you Any disease or condition</p>	<p>Res: What did you learn through interacting with people living with HIV? <i>Par 38: I learned about issues of HIV before I became a pastor. The unfortunate part was that HIV was presented by politicians as being dangerous, a killer disease. People with HIV were promiscuous, irresponsible, truck people, prostitutes. It was actually scary in a way it was said. It made me feel scary. Obviously the kind of feelings one have that makes one scary. It became different later. At first you would say it happens without people being aware if they first diagnose you. For example, when you have sores, loose weight there are those who will stigmatize you deliberately. That they have nothing to do with you. Discriminating against you. Stigma is stigma. Any disease or condition that is regarded by society that as being unacceptable, people will naturally discriminate</i></p>

<p>unacceptable by society you will be naturally discriminated against by society, with HIV it becomes worse</p> <p>As the church we do practical things but reality on the ground is difficult, people do not disclose, it is difficult to help because of secrecy The HIV secrecy is enshrined by government, people decide not to disclose, in our tradition people talk about witchcraft and African taboos, it then becomes very difficult to help, people will not disclose until it is too late</p> <p>Labeling, and people are rejected by society because of that, as a result people do not disclose. As a grown person and pastor, we view HIV as punishment from GOD, one way it was contacted through sex</p> <p>First, we accept their condition We tell them it is not the end of the world to have HIV, we help them live positively, assure them GOD and the church's love</p>	<p><i>against you. For example, albinos were discriminated against, with HIV it becomes worse.</i></p> <p>Res: As the church what do you do?</p> <p><i>Par 38: We do practical things, what would normally happen but reality on the ground is difficult. People do not come out in the open. It becomes difficult to help, to know who is infected and who is not. The difficulty is that there is secrecy enshrined by the government, people will not disclose. In our tradition people will talk about witchcraft, (makgoma) African taboos, it is very difficult. People are sick and because of the secrecy to know who is infected and who is not. People will not disclose until it is too late.</i></p> <p>PARTICIPANT 39</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 39: So that it is labelling and people are rejected by the society. They are no more accepted and as a result people do not disclose. First, to me as a grown person, and a pastor, we view it as a punishment from GOD, one way it was contacted through sex.</i></p> <p>Res: How do you treat HIV persons as a church?</p> <p><i>Par 39: First have them to accept their condition. Tell them it is not the end of the world even when you have been tested positively. Help them live positive lives. Assure them that GOD and the church loves them.</i></p>
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List of Concepts derived from interviews with Spiritual Faith Healers

Number	Concepts
1.	Regarded as irresponsible People regard you as a slut
2.	Being a slut
3.	Being blamed It is affecting people because of ignorance especially the youth
4.	Misbehaved
5.	No self control
6.	Ignorance Many do not go for testing Ignorance Previously I did not believe I can share anything with an HIV person The mentality that 'we can by sex, then we must be killed through sex' People do not care what happens as long as they enjoy life Youth ignores the fact that HIV exists There is a mindset that infected people must be discriminated against There is ignorance Misconception that HIV is in the big cities There is a myth that, if you have sex with a positive person with no protection, and there is no cut anywhere, you won't get the virus Most people are insensitive and ignorant

People are afraid of being infected through association

7. Denial

HIV is meant for others and not those next to you

There is denial of existence of HIV

At first I did not believe because of ignorance

Satan is using the people scriptures testify it

Person is shy, lonely, does not disclose status

Satan is playing a part in our lives

Feeling of denial

8. Developed fear

Family dissociates themselves for fear of being infected

9. Introspection

10. Change of sexual behaviour

11. Acceptance of reality

Developed feelings of reality

12. Feelings of acceptance

We have to accept that HIV/AIDS is there

The infected should be treated like any other person

Feeling of acceptance

The disease affects everybody

Infected people are still human beings

First we accept their condition

We tell them it is not the end of the world

13. HIV stigma is not normal stigma
14. Still a lot of negligence in the church
15. Church does not talk about cure for virus
Pastors do not talk about HIV/AIDS
As a grown person and pastor, we view HIV as punishment from God
16. Equipment used is not usually sterilized
17. Church is avoiding HIV issues
Church does not dwell much on HIV issues
18. Church does not even talk about HIV
Issues of HIV is not discussed in church
19. To some there is hope of being healed
20. Some have lost hope
The infected has lost hope and feels he/she is going to die
Some have lost hope in life
21. Feeling that they are going to die
22. Some have lost reason for living
23. Some are strong
24. Some are sceptical about these drugs and therefore ready to die
Increase of high pregnancy means fast spreading of HIV/AIDS through infection
25. Some gave up on ARV's and wish to die and rest
26. Most people are involved at activity level (creating awareness)
27. But not at personal level (testing)

28. Encouragement for testing and thereby sharing experience
It will help in accepting and understanding it better
It is one way of eliminating stigma of ignorance and discrimination
29. Give support
They need support, caring and empathy
30. There is fear of the unknown because of promiscuous relationships
31. HIV care-givers do not even know their status
If you know your status you can protect yourself and others
32. HIV affects people through cuts, unprotected sex and blood transfer
33. Feeling scary
Rumours that you are going to die
It made me feel scary
It was actually scary the way it was presented
34. People will separate themselves from you, family and friends
35. People will talk about you behind your back
36. You will develop heart pains (it hurts)
37. People will avoid you every chance they get
38. Church tries to compromise
39. Church accommodates people
The church just welcomes the person as any other
The church says we have to help each other spiritually, academically and emotionally
There is spiritual support from the church

Scriptures are read to encourage and motivate the infected

Give biblical texts about the disease, before God nothing is impossible

Encourage biblical text readings

Church supports victim physically, morally and spiritually

Visits and prayers are given for persons

Church prays for them

Workshops are organised for caregivers

Church must build centres to encourage one another

The affected must come and share experiences, encourage one another and invite experts for talks but not to stay there

The church does practical things but reality on the ground is difficult and different

40. Church does not discriminate

We help them live positively, assuring them God and church's love

41. When you accept your status you heal spiritually

42. It was difficult until I learnt that without blood transfer you won't be infected

As you go on you realise you won't contract the virus by sharing with infected

43. Society should not discriminate them

44. Most have accepted their condition

45. Organizations are creating awareness

46. Interaction is there but the problem is the mind set

47. There is lack of support from society
48. Society must start supporting them
If possible continue to protect yourself
49. Infected people do not open up
There is secrecy
I think people must open up for society to be able to support them
It is a challenge people do not talk about it
Nobody knows who is positive or negative
The HIV secrecy is enshrined by government
It is difficult to help because of secrecy
50. People do not want to disclose their status
Infected are not willing to disclose
People decide not to disclose
People will not disclose until it is too late
People do not disclose
As a result people do not disclose
51. People must abstain, be faithful and use a condom (ABC)
52. Infected lack support from others
53. Church is not doing enough
Not enough is done by the church
54. Spreading information about HIV can help
55. HIV is passed through unprotected sex
When there is no protection, the other partner becomes infected

56. The infected is seen by society as a living corpse
57. Feeling of pain (it pains me)
It is painful to see
58. Person coughs blood
59. Treatment for HIV is the same as any other treatment
Eat healthily
60. They are discriminated against
Discrimination is very high against those infected
There is a feeling of discrimination from people
People openly discriminate against others
There is discrimination from others
Even family discriminates against them
When you have sores, loose weight people will stigmatise you deliberately
That they have nothing to do with you
Any disease or condition unacceptable by society you will be naturally be discriminated against
People are afraid to even touch HIV persons
It is more negative
It involves rejection
It involves negative labelling
They have a negative attitude
They have rejection it is unfortunate
People have a negative attitude towards the infected that of rejection

61. Most of the pastors are old, they regard talking about sex as promoting it
in church
62. The infected live their lives like any other person
63. Sometimes it is not their fault they found themselves positive
64. These issues must be continuously raised by government
65. Feeling terrible
66. Feeling horrible
Every one can be a victim
67. We must encourage one another
68. There is need for support
Trust among the infected should be practiced
After some time person develops trust and opens up
Person confides in you after disclosure
69. There is need for sympathy
70. Have strong conviction to live
71. Adapt to the demands of how to behave towards others
72. Feeling of being unwanted
73. Mindset must change
Changing mind set on HIV is important
74. They need love
75. They need encouragement
76. Generally infected people have negative reaction

They have denial,

They have many unanswered questions such as; what have I done,

This is a punishment from God,

I am bewitched

77. Counsellors are shunned
78. There is a lot of awareness, through lessons, lectures, media etc.
79. Some come for voluntary testing and counselling
80. The more often people talk about HIV people tend to accept
81. Politicians say people must eat beetroot etc. instead of facing the problem
HIV was initially presented to society as a dangerous killer disease
People are rejected by society because of being labelled
82. Most people are practicing ABC
83. There is labelling after disclosure
84. Labelling is followed by alienation by society
Labelling is followed by negative effects
Infected are viewed by society as promiscuous, irresponsible, truck
people, prostitutes
85. You are cut off from the rest of society because of disclosure
The suspicion happens without notice if people diagnose you
86. In our tradition people talk about witchcraft and African taboos
87. It then becomes difficult to help

Categories derived from concepts from interviews with Spiritual faith healers

CATEGORIES	Interviews by Spiritual faith healers
<p>Irresponsible Infected is a slut The person is blamed by society Person is irresponsible No self control</p>	<p>PARTICIPANT 31</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 31: What I understand by HIV/AIDS stigma is like when somebody is living with HIV, it has been stigmatized that maybe this person is irresponsible, the person is regarded like he/she is a slut or they put a blame on the person saying the person did not behave in a good manner, the person is said to not having self control, that is the reason he/she ended up contracting the virus HIV.</i></p>
<p>Feeling of denial</p>	<p>Res: What are your feelings when you first heard of HIV/AIDS?</p> <p><i>Par 31: I read and heard of HIV/AIDS and I didn't develop any kind of feeling towards it, I just told myself that I cannot get it, until 2007, I had denial that it cannot happen to me. Until 2007, when I did my internship at one of the hospitals, where we were talking to people infected and affected by HIV/AIDS, I developed a full perspective of what HIV/AIDS is, because I saw these people and developed a feeling of fear and now had to restructure my behaviour and say, now let me try to behave in this manner, so that I can prevent myself from contracting the virus or getting infected and also developing feelings of acceptance, that this thing is very real, because at first I did not believe I could see somebody who could say I am HIV positive. I developed feelings of reality and realised that HIV is amongst people I am living with.</i></p>
<p>Feeling of fear Protect myself</p>	
<p>Feelings of acceptance that HIV is real</p>	
<p>Feelings of reality realized</p>	<p>Res: In your opinion, how do you describe the HIV/AIDS stigma?</p>

<p>t is not normal stigma People think you are a slut</p> <p>There is ignorance among people There is suspicion on such a person There is ignorance among the people</p> <p>There is a lot of negligence The church evades HIV cure issues for the virus Equipments are unhygienic, e.g. the use of one syringe for many people, syringe used repeatedly without being cleaned The church is neglecting HIV issues The church has power but it ignores HIV issues, there is no talk about it</p> <p>Some have hope through the use of ARV's Some give up, some develop feeling of waiting to die, some have a sense of helplessness – wish to die and rest, some are strong, some say it doesn't help to use ARV's because they will never get healed, some have lost hope and wish to die and rest</p>	<p><i>Par 31: It is not a normal stigma, though the observations I have made people really think you are a slut as I said earlier. Some people think HIV is not supposed to infect people you know, they don't want that from people you know, they also ask questions on where the person has contracted the virus. They don't accept that HIV is there and it affects people, and it can even affect me, those are some of the things I have learned.</i></p> <p>Res: How do you go about attending to the HIV/AIDS patients especially when it comes to the church?</p> <p><i>Par 31: Referring to my church, there is still a lot of negligence. They are not talking about the cure for this virus. They don't take care of the equipments. They use to treat you, like the syringe, you find they use only one spade to clean 20 people, so this to me is a problem, when you find that sometime, it is not cleaned and it has to be used to someone else that on its own could lead to infection. What I can say is that the church is neglecting these HIV/AIDS issues. The church has preventing majors when it comes to HIV/AIDS, they don't even talk about it.</i></p> <p>Res: Describe what you do when you are attending these patients? What most lessons you learned with people living with HIV/AIDS?</p> <p><i>Par 31: People living with HIV/AIDS, some have a hope that through the Anti-Retro-Viral (ARV) treatment, they will get healed and live longer, but some just give up some just develop a feeling that when they are going to die, some just ask questions on why don't they just die now and rest. There are some who are strong and there are those who say it is the same because they will never get healed, some gave up on the ARV treatment and just wish to die and rest.</i></p> <p>Res: Anything else you think I would want to know to make me understand HIV/AIDS stigma better?</p>
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<p>People are mostly involved in activity level than at a personal level</p> <p>In the personal level, many people don't go for testing They have a fear of testing There is ignorance. Have ideas that they cannot contract HIV</p> <p>Speaker's opinion- people should be encouraged to be involved personally by testing Sharing their feelings, Give support By involvement personally that would help in reducing stigma One will develop an understanding of what HIV is really is, there will be acceptance and understanding HIV better, that will eliminate stigma and ignorance and discrimination</p> <p>Speaker's opinion- There is fear of the unknown</p> <p>No trust in oneself</p> <p>People are involved in unsafe sex Fear is expressed of the outcomes of the test Problem is most of the caregivers do not know their status</p> <p>Knowledge of HIV Affects people through sex Through cuts</p>	<p><i>Par 31: What I realised now is that most people are involved mostly, at the activity level and some are doing campaigns, posting notices, creating awareness, but these people are not involved at the personal level, they are only involved at the activity level than at the personal level. In personal level, many people don't go to test; they have a fear of testing. They have ideas that they are not the kind of people who can acquire or contract HIV/AIDS. My opinion, is that people should be encouraged to involve themselves personally by testing and sharing their feelings about these and also giving support to these and also to those who are infected by AIDS. I think that would help in reducing the stigma. If ever I involve myself personally, I am going to develop an understanding on what HIV/AIDS really is, that in a way is going to help me accept and understand it better. This in a way is going to eliminate the stigma of ignorance and discrimination.</i></p> <p><i>What makes one not to go and test, I think to me is fear of the unknown, this is what makes people not to go there and test. Which is created by not having trust in oneself, for instance, when we see the way HIV is spreading; it is mainly because people involve themselves in unsafe sex. The fear is there, I once tested and it was not an easy thing to do. The problem is that we are working with HIV/AIDS patients, but most of us don't know our status, and waiting for the results was not easy, but when you get your results, you are in a way relieved; now you know your status and can protect myself and others.</i></p> <p>PARTICIPANT 32</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 32: What I understand about HIV/AIDS stigma is like this, it's a disease which mostly affects people through sex, not only through sex but even the cuts that one might have, actually</i></p>
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<p>Through transfer of blood</p> <p>It was scary, scary - If you have virus you are going to die</p> <p>People separate themselves from you especially close friends People will talk behind your back, it is hurting, people will avoid you</p> <p>It is different Church tries to compromise Spiritually, people accommodate you they don't discriminate</p> <p>When you talk about it you free Yourself, when you accept your status you heal inside spiritually You become happy</p> <p>Previously I did not believe I can share anything with an HIV infected person</p> <p>Until recently I heard without blood transfer there one cannot be infected We should accept these people</p>	<p><i>through transfer of blood.</i></p> <p>Res: What was your feeling about HIV patients?</p> <p><i>Par 32: It was so scary, people tell you that if you have this virus you going to die, so you become scared.</i></p> <p>Res: How do you describe this stigma, people's reaction?</p> <p><i>Par 32: As an individual, if ever there will be rumours that you are HIV, people will separate themselves from you and, especially close friends. People will always talk about you behind your back, and you develop heart pains because these things hurt. People turn to avoid you every chance they get.</i></p> <p>Res: In the church?</p> <p><i>Par 32: It is different, because the church tries to compromise, it doesn't mean that if you are HIV positive, you will infect the whole congregation. Spiritually, people do understand, as the church we accommodate everyone, we don't discriminate.</i></p> <p>Res: Does the church help in the cure of HIV?</p> <p><i>Par 32: What I understand about HIV is that when you talk about it, you become free. When you accept that you are HIV positive, you heal yourself spiritually, and you become happy.</i></p> <p>Res: What lesson did you learn through interacting with HIV positive people?</p> <p><i>Par 32: Those infected, I did not believe that you can share anything with someone who is HIV positive. It was difficult up until I heard that if there is no blood transfer, you won't be infected by HIV/AIDS. As you go on, you realise that you won't contract the virus by sharing with these people who are infected. We shouldn't act in a certain manner when interacting with these</i></p>
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<p>Most have accepted the situation, some have lost hope in life</p>	<p><i>people.</i></p> <p>Res: Their reaction when in a group?</p> <p><i>Par 32: Most of them have accepted and some have lost hope in life.</i></p>
<p>The high increase of pregnancies means fast spread of HIV where people are going to die through infection</p>	<p>Res: Your view on the HIV stigma?</p> <p><i>Par 32: The increase of high pregnancy to me means the increase or fast spreading of HIV/AIDS where I think most people are going to die through infection.</i></p>
<p>A lot of organizations spreads word that HIV kills and it is very much alive</p> <p>Mind set problem such as ‘the mentality that ‘we came by sex we will die by sex’ (mob psychology) as long as they enjoy sex (there is ignorance)</p>	<p>Res: Anything else you would want to ask me?</p> <p><i>Par 32: There are a lot of organisations spreading the word that HIV/AIDS kills and it is very much alive. There are many interactions about HIV/AIDS, but people have a problem when it comes to their mind set. I don’t like that mentality that, people usually say, we can by sex, then it means we must indeed be killed by sex or through sex. People do not care of what happens, as long as they enjoy life.</i></p>
	<p>PARTICIPANT 33</p>
<p>Virus that speedily affects people more because of ignorance Especially the youth</p>	<p>Res: Your understanding of HIV stigma?</p> <p><i>Par 33: It is a virus that is speedily affecting people more and more easily because of ignorance, especially the youth, because they are ignoring the fact that HIV/AIDS exists.</i></p>
<p>At first I did not believe, now I do, we have to find ways of preventing it there is lack of support, I did not believe because of ignorance</p>	<p>Res: Your feelings when you first heard of HIV/AIDS?</p> <p><i>Par 33: At first, I did not believe, but now I do because it is here and we just have to find ways of preventing it. I did not believe that AIDS is there mainly because of ignorance.</i></p> <p>Res: How can you describe this stigma?</p>

<p>Most people do not support HIV affected people We have to accept the situation and support them</p>	<p><i>Par 33: Most of the people do not support people who are HIV positive or having AIDS, because we cannot turn back the hands of time, we just have to accept that it is there and support people.</i></p>
<p>We need to support them Spiritually, academically and Emotionally. Communicate socially This means the person is supported spiritually</p>	<p>Res: In the church how so you attend to these people?</p> <p><i>Par 33: As the section of the constitution says, we need to help each other spiritually, academically and emotionally and try to communicate socially so that if a person is having a problem, we can support and help that person. This means a person is helped or supported spiritually.</i></p>
<p>The affected do not open up to others. Their condition is secret They do not want to disclose their status for fear of being discriminated against. They should open up so we can give them support</p>	<p>Res: What were the lessons you learned?</p> <p><i>Par 33: People are not opening up; so you might not know if a person is negative or positive. People do not want to disclose their status. Actually, I think that people must just open up, because it is just for their security reasons, and they must be open so that we can support them.</i></p>
<p>I use the ABC principle</p>	<p>Res: Your views since you have known of HIV?</p> <p><i>Par 33: I will take the principles forward, abstain, be faithful or condomise.</i></p>
<p>People are ignorant They have multiple partners</p>	<p>Res: What could be the problem?</p> <p><i>Pat 33: People are just so ignorant, in the fact that HIV is here. Some of them, the problem is sleeping with many people, in future you wont know who actually infected you, because of multiple partners. When it comes to the churches, I can say churches are not doing enough. To understand better, what can be done is to spread information about HIV. That in a way helps. People should just stop ignoring.</i></p>
<p>Church is not doing enough To understand better is to spread information about HIV</p>	<p>PARTICIPANT 34</p> <p>Res: Your understanding of HIV/AIDS stigma?</p>

<p>Sickness is spread through sex and with no protection</p> <p>People see the infected as a living corpse</p> <p>The infected have lost hope in life</p>	<p><i>Par 34: This is a sickness that is passed through sexual intercourse, especially when there is no protection and the other partner is infected. Many people are still having a problem with HIV people, when they see that person; all they see is death on him/her. And on the other hand the person who is infected just think to himself or herself that I am going to die soon.</i></p> <p>Res: Your feelings the first time you heard about HIV?</p>
<p>Expression of pain for HIV victims, person coughs blood</p> <p>It is painful to see</p>	<p><i>Par 34: It pains me to see how the whole thing of HIV is, because when the person coughs he/she coughs blood, so it is painful to see that.</i></p> <p>Res: Can you describe HIV stigma to me?</p>
<p>People's mindset is that the infected must segregated from others and discriminated against</p>	<p><i>Par 34: People have this mindset that people who are HIV positive must live on their own, they should not be mixed with those who believe are not infected.</i></p> <p>Res: HIV people what do you do?</p>
<p>HIV treatment is the same as any other treatment for other ailments</p> <p>There is acceptance</p> <p>People dissociate themselves from the infected</p>	<p><i>Par 34: What I have realised is that the treatment for HIV positive people is just the same as for the ordinary people who are not infected. People who are HIV positive should just be treated equally to those who are not infected by the virus. What I realised again is that most people do not want to associate themselves with those who are HIV positive and don't even want to talk to them.</i></p> <p>Res: In the church do they talk about HIV?</p>
<p>Element of discrimination</p> <p>Many pastors do not talk about HIV, most pastors are old, they avoid the subject of sex, by talking about it, to them it is promoting sex in church</p> <p>The accepts them as any other member</p>	<p><i>Par 34: In most churches, many pastors don't talk about HIV/AIDS, when you look at most pastors, you find that most of them are old and they think when they talk about sex, they are promoting that in the church. In the church we just have to welcome the person; we treat him just like any other person.</i></p> <p>Res: What have you learned about HIV positive</p>

<p>The infected live ordinary lives</p> <p>They lack support from society</p>	<p>persons?</p> <p><i>Par 34: They just live their lives just like any other person, what they lack is the support from other people and sometimes it is not even their problem that they contracted the virus, they did not choose to be positive.</i></p> <p>Res: Anything you think you can say to make me understand HIV stigma better?</p>
<p>There is a myth that HIV/AIDS Is only found in the big cities and not in the villages (there's ignorance)</p>	<p><i>Par 34: Most people still have that myth that HIV/AIDS is only in big cities and towns, when it comes to villages, it is not there. Most people end up going to the big cities just to get jobs, but they end up contracting the virus, and come back home with it and spread it.</i></p> <p>Res: Anything you want to know from me?</p> <p><i>Par 34: The myth that if ever you have sex with someone, and that person is positive, you don't use protection, but you are not cut anywhere, you won't get the virus, is it true?</i></p> <p>Res: No, it is not true.</p> <p>PARTICIPANT 35</p> <p>Res: What do you understand by HIV stigma?</p>
<p>Most people are insensitive against those infected as a result they discriminate others</p> <p>HIV issues should be continuously raised by government</p> <p>I felt terrible at that time It was horrible to see pictures of the infected, I realized anyone</p>	<p><i>Par 35: Most people do not have an idea that we are all people, as a result, they end up discriminating against those who are infected, forgetting that anyone, anytime can be infected and don't believe that these people did not choose to be infected. As far as the government is concerned, these issues should continue being raised.</i></p> <p>Res: Your feelings when you learned about HIV/AIDS?</p> <p><i>Par 35: It is terrible because by that time I was given some pictures of HIV infected people. It was horrible to see that, I felt like everyone can</i></p>

<p>can be a victim, encouragement is needed from one another Discrimination is high against those infected, there is need for support to the victims</p>	<p><i>be a victim, whenever is needed we must encourage one another. The discrimination is very high against those infected by the virus. What is needed from us is to support these people who are HIV positive.</i></p>
<p>Scripture texts are read for encouragement to motivate the infected. Spread message that you should continue to protect yourself</p>	<p>Res: In the church?</p> <p><i>Par 35: Certain scriptures are read to encourage and motivate those who are infected and will also try to pass the message that if ever you are not infected, just continue protecting yourself.</i></p>
<p>The issue is not talked about in church, up to now most churches do not dwell much into the whole issue of HIV Subject is avoided in church Churches are not doing enough</p>	<p>Res: Is the church doing enough?</p> <p><i>Par 35: Generally not exactly, the issue is not talked about, up to now, most churches do not dwell much into the whole HIV issue. It is not always that this is included in churches. The churches are not doing enough.</i></p>
<p>Challenge is that the infected are secretive and do not want to come out in the open</p>	<p>Res: The lesson you learned?</p> <p><i>Par 35: The challenge is that people don't want to talk but we don't know who is positive and who is negative.</i></p>
<p>People do not want to take responsibility. There is denial</p>	<p>Res: Your views on the whole thing of HIV stigma?</p> <p><i>Par 35: Pregnancy, Satan is in a way using us, the message is there but people don't take note of that. A scripture says, when we call upon his name, he will be there. Satan on the other hand is playing another part in our lives.</i></p>
<p>Trust should be practiced among people</p>	<p>Res: Anything else you want to say?</p> <p><i>Par 35: Being HIV, people should learn to trust one another, because we don't trust each other.</i></p>
<p>Yes</p>	<p>Res: Any questions?</p> <p><i>Par 35: Do you think there is difference now since you started this research on HIV and AIDS, are there any changes you see?</i></p>

<p>There is mistrust and discrimination among people Symptoms; person is shy, lonely, secretive about his/her status</p> <p>Feeling of denial There is open discrimination Feeling of acceptance There is need for sympathy</p> <p>Acknowledgement of HIV Feeling of accommodation and acceptance</p> <p>Patient to keep to doctor's prescriptions HIV can be controlled Don't give up Have strong conviction to live I give biblical texts on the disease. Trust in God Read text for encouragement Don't lose hope, church shows support, physically, morally and spiritually, several visits and prayers are given to person</p>	<p>PARTICIPANT 36</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 36: People don't associate themselves with the infected people as if they themselves will be infected through association. The person is shy, lonely, does not disclose her/his status.</i></p> <p>Res: What about your feelings when you first learned about HIV/AIDS?</p> <p><i>Par 36: I felt a denial. People are not afraid to hide it. Don't shun them; make the person feel at home with them. Live with them, these people need sympathy.</i></p> <p>Res: How do you describe HIV/AIDS' patients. What do you do?</p> <p><i>Par 36: HIV/AIDS is a disease that affects anybody. People should live with the person and not to be afraid of it.</i></p> <p>Res: How do you go about attending to HIV/AIDS patients?</p> <p><i>Par 36: I explain the disease and how to get cured yourself, keep to prescription. It is not a deadly disease, can be controlled, don't give up, have strong conviction to live, tell yourself you have life ahead. I give biblical texts about diseases. What God says the person should know that before God nothing is impossible. She is still good. Keep on reading the texts to keep courage and not lose hope. That shows that we are always supporting the person physically, morally and spiritually. Visit them several times and pray for the person.</i></p> <p>Res: Could you describe the most important lessons you learned through interacting with people living with HIV/AIDS?</p>
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<p>Initially, person is hard to disclose until trust is developed in you, after some time he/she opens up. Person confides in you and explains where she got the disease and how others treat him/her. Mostly there is discrimination from family and friends, family dissociates themselves for fear of being discriminated against. The notion comes from medical officials e.g. when you deal with the infected wear gloves, wash hands and remaining food from his/her plate be thrown in the toilet. The infected feels unwanted, feels death is a quicker way out. This information comes from the nurses e.g. no other person must eat the food</p>	<p><i>Par 36: The person is not willing to disclose, as times go by one person develops trust in you. When she realises you want to help he becomes open. The person explains where she/he got the disease and how others treat him/her. In most cases I learn people don't want to associate themselves, even the family don't want to. The reason is that family thinks they will be affected. This notion comes from the medical officials, that when you deal with the person you should wear gloves, wash your hands, the remaining food eaten by the affected must be thrown in the toilet. Then the affected person feels unwanted and feels he/she can die anytime. This information comes from the nurses that no other person must eat the food.</i></p> <p>Res: Your views since you have known about HIV/AIDS?</p>
<p>Change of mindset on HIV is important, HIV people need support, caring and empathy They need love, and encouragement to go on with life</p>	<p><i>Par 36: People must change their mind concerning how they view HIV. They must change their mind set. HIV people are still human beings, they need support, caring and not sympathy but empathy. They need love and encouragement to go on with life so as to avoid the idea of terminal life.</i></p> <p>Res: What about the church position?</p>
<p>The church visits HIV persons It encourages them through the word of God, prays for them and demonstrates that God loves them, organizes caregivers' workshops Not enough is done by the church, church must build centres to encourage one another. The affected should</p>	<p><i>Par 36: The church is continuously visiting HIV people and encouraging them to go on through the word of God, praying for them, showing them God loves them in spite of the disease. Workshops for caregivers are organised. It is not enough that is done; the church must build centres to encourage one another. The affected should occasionally come together and share experiences, encourage one another and invite experts for talks but not for them to stay there.</i></p>

<p>occasionally come together, share experiences. Invite experts for talks and not as a hospice</p>	
	<p>PARTICIPANT 37</p>
<p>Feelings of uncertainty among people, the feeling is negative, It involves rejection, negative labeling</p>	<p>Res: What do you understand about HIV/AIDS stigma?</p>
<p>Therefore person is stigmatized</p>	<p><i>Par 37: People are afraid to touch somebody because of the condition of life in which one finds himself in. It is more negative, because it involves rejection, negative labelling therefore the person is stigmatized. It is a state of life in which a person finds himself in. In my case it was different in that I am a counsellor. We are going through a particular face of life. As a nation we are a platoon. In this particular condition of life, we have to behave in a particular way. I take it as going through a phase. It is a foundation of life, a particular stage of life towards a person that people have. Stigma is a negative feeling that people have because they know that a person is infected, therefore, they have a negative attitude, negative rejection, and it is unfortunate.</i></p>
<p>A state one finds himself</p>	
<p>As a nation we are in a transition</p>	
<p>We are going through a phase Stigma is a negative feeling People have a negative attitude There is rejection</p>	
	<p>Res: How do you go about attending to your HIV/AIDS patients?</p>
<p>First there is shock</p>	<p><i>Par 37: First, there is a particular reaction after knowing that one is HIV positive. I make the person to accept the condition, the state of life, therefore adapt to demands of how he/she has to behave towards other people, eat healthily and most importantly to accept and generate a positive attitude to life. Generally, HIV people have negative reaction. They do not want to accept. They have denial. They have many questions such as; what have I done, this must be a punishment from God, I am bewitched, so one problem is around denial which compounds this. Counsellors are shunned. People react differently. There is a lot of awareness that has been created through lessons, lectures, the media etc. People unlike before voluntarily come forward for testing, counselling. The more often</i></p>
<p>I make person to accept his condition (state of life)</p>	
<p>To adapt to demands of how to behave towards others</p>	
<p>To eat healthily, to accept and generate positive attitude to life</p>	
<p>There is denial</p>	
<p>They question the status quo</p>	
<p>They focus on the WHY instead of the how do I go forward</p>	
<p>Counselors help is rejected</p>	
<p>Reaction is different, a lot of awareness has been Created</p>	

<p>through lectures and the media etc. Nowadays people come forward for testing and counseling. The more often people talk about HIV, people tend to accept its presence, the more acceptance there will be victory. Unfortunately politicians misguide people with their language, instead of facing the problem as a nation. Most people practice ABC</p>	<p><i>people talk about HIV, people tend to accept and this is a victory if we join hands. Unfortunately, politicians talk another language, for example, they say people must eat beetroot etc instead of facing the problem as a nation. Most people are practicing the ABC.</i></p>
<p>After disclosure you are labeled and alienated from society</p>	<p>Res: In the church how do you deal with stigma? <i>Par 37: It is a broad religion. I am not too sure.</i></p>
<p>Labeling is followed by discrimination</p>	<p>PARTICIPANT 38 Res: What do you understand about HIV/Aid stigma? <i>Par 38: In addition to the labelling that accompanies this disclosure, it is subsequent to the alienation you are cut off from the rest off from the rest of society because of what you said. It is the labelling that is followed by negative after effects.</i></p>
<p>HIV was presented by politicians as a dangerous killer disease, the infected were regarded as promiscuous, irresponsible, truck people, prostitutes, it was scary the way it was presented, I felt scared Feeling of being scared At first it happens without you being aware of you being diagnosed e.g. when you have sores, loose weight people will stigmatize you deliberately that they do not have nothing to</p>	<p>Res: What were your feelings when you first learned about HIV/AIDS? <i>Par 38: I learned about issues of HIV before I became a pastor. The unfortunate part was that HIV was presented by politicians as being dangerous, a killer disease. People with HIV were promiscuous, irresponsible, truck people, prostitutes. It was actually scary in a way it was said. It made me feel scary. Obviously the kind of feelings one have that makes one scary. It became different later. At first you would say it happens without people being aware. If they first diagnose you. For example, when you have sores, loose weight there are those who will stigmatize you deliberately. That they have nothing to do with you. Discriminating against</i></p>

<p>do with you, discriminating against you, traditionally any disease or condition, unacceptable by society one will naturally be discriminated against e.g. albinos were once discriminated against</p>	<p><i>you. Stigma is stigma. Any disease or condition that is regarded by society that as being unacceptable, people will naturally discriminate against you. For example, albinos were discriminated against, with HIV it becomes worse.</i></p>
<p>Church does practical things but Reality on the ground is difficult, people do not disclose It become difficult to help The difficulty is the secrecy clause enshrined by government People will not disclose Traditionally people talk about witchcraft, African taboos People will not disclose until it is too late</p>	<p>Res: As the church what do you do?</p> <p><i>Par 38: We do practical things, what would normally happen but reality on the ground is difficult. People do not come out in the open. It becomes difficult to help, to know who is infected and who is not. The difficulty is that there is secrecy enshrined by the government, people will not disclose. In our tradition people will talk about witchcraft, (makgoma), it is very difficult. People are sick and because of the secrecy to know who is infected and who is not. People will not disclose until it is too late.</i></p>
	<p>PARTICIPANT 39</p>
<p>People are rejected by society because of labeling, as a result people opt not to disclose As a grown person and a pastor, we view HIV as punishment from God, it was contracted through sex</p>	<p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 39: So that it is labelling and people are rejected by the society. They are no more accepted and as a result people do not disclose. First, to me as a grown person, and a pastor, we view it as a punishment from GOD, one way it was contacted through sex.</i></p>
<p>First accept their condition Give encouragement to life against all odds, help them live positive lives, assure them God and church's love.</p>	<p>Res: How do you treat HIV persons as a church?</p> <p><i>Par 39: First, have them to accept their condition. Tell them it is not the end of the world even when you have been tested positively. Help them live positive lives. Assure them that GOD and the church loves them.</i></p>

List of categories grouped from concepts by spiritual faith healers

- | Number | Category |
|--------|--|
| 1. | Being blamed
Regarded as irresponsible
Being a slut
People regard you as a slut
Being blamed
It is affecting people because of ignorance especially the youth
Misbehaved
No self control |
| 2. | Ignorance
Ignorance
Many do not go for testing
Previously I did not believe I can share anything with an HIV person
The mentality that ‘we can by sex, we must then be killed through sex’
People do not care what happens as long as they enjoy life
Youth ignores the fact that HIV exists
There is a mindset that infected people must be discriminated against
There is ignorance
Misconception that HIV is in the big cities
There is a myth that, if you have sex with a positive person with no protection, and there is no cut anywhere, you won’t get the virus
Most people are insensitive and ignorant
People are afraid of being infected through association |
| 3. | Denial
HIV is meant for others and not those next to you
There is denial of existence of HIV
At first I did not believe because of ignorance
Satan is using the people scriptures testify it
Person is shy, lonely, does not disclose status
Satan is playing a part in our lives |

- Feeling of denial
4. **Developed fear**
 - Family dissociates themselves for fear of being infected
 - Fear of the unknown caused by promiscuous relationships
 - If you know your status you can protect yourself and others
 5. **Feelings of acceptance**
 - Acceptance that HIV/AIDS is there
 - The infected should be treated like any other person
 - Feeling of acceptance
 - The disease affects everybody
 - Infected people are still human beings
 - Acceptance of reality
 - Developed feelings of reality
 6. **Church involvement**
 - First we accept their condition
 - We tell them it is not the end of the world
 - HIV stigma is not normal stigma
 - Church tries to compromise
 - Church accommodates people
 - The church just welcomes the person as any other
 - The church says we have to help each other spiritually, academically and emotionally
 - There is spiritual support from the church
 - Scriptures are read to encourage and motivate the infected
 - Give biblical texts about the disease, before God nothing is impossible
 - Encourage biblical text readings
 - Church supports victim physically, morally and spiritually
 - Visits and prayers are given for persons
 - Church prays for them
 - Workshops are organised for caregivers
 - Church must build centres to encourage one another

The affected must come and share experiences, encourage one another and invite experts for talks but not to stay there

The church does practical things but reality on the ground is difficult and different

Church does not discriminate

We help them live positively, assuring them God and church's love

7. **Church is not doing enough**

Church is not doing enough

Not enough is done by the church

Most of the pastors are old, they regard talking about sex as promoting it in church

Still a lot of negligence in the church

Church does not talk about cure for virus

Pastors do not talk about HIV/AIDS

As a grown person and pastor, we view HIV as punishment from God

Equipment used is usually not sterilized

Church is avoiding HIV issues

Church does not dwell much on HIV issues

Church does not even talk about HIV

Issues of HIV is not discussed in church

8. **There is hope**

To some there is hope of being healed

9. **There is no hope**

Some have lost hope

The infected has lost hope and feels he/she is going to die

Some have lost hope in life

Feeling that they are going to die

Some have lost reason for living

Some are sceptical about these drugs and therefore ready to die

Some gave up on ARV's and wish to die and rest

Increase of high pregnancy means fast spreading of HIV/AIDS through infection

10. **Some are strong**

Some have a strong conviction to live

When you accept your status you heal spiritually

When you accept your status you heal spiritually

Most have accepted their condition

The infected live their lives like any other person

Some come for voluntary testing and counselling

11. **Creating awareness (Involvement at activity level)**

Increase of high pregnancy means fast spreading of HIV/AIDS through infection

Encouragement for testing and thereby sharing experience

Sharing experience helps in accepting and understanding HIV better

It is one way of eliminating stigma of ignorance and discrimination

12. **HIV testing (non-involvement at personal level)**

HIV care-givers do not even know their status

13. **Trust**

Trust among the infected should be practiced

After some time person develops trust and opens up

Person confides in you after disclosure

14. **Feeling scared**

Rumours that you are going to die

It made me feel scary

It was actually scary the way it was presented

15. **Discrimination**

People will separate themselves from you, family and friends

People will talk about you behind your back

You will develop heart pains (it hurts)

People will avoid you every chance they get

They are discriminated against

Discrimination is very high against those infected
There is a feeling of discrimination from people
People openly discriminate against others
There is discrimination from others
Even family discriminates against them
Any disease or condition unacceptable by society you will be naturally be discriminated against
You are cut off from the rest of society because of disclosure

16. **Lack of support from society**

Society should not discriminate them
Infected lack support from others
People are rejected by society because of being labelled
There is labelling after disclosure
Labelling is followed by alienation by society
Labelling is followed by negative effects
Infected are viewed by society as promiscuous, irresponsible, truck people, prostitutes
The infected is seen by society as a living corpse

17. **Society supports HIV people**

Society must start supporting them
Give support
They need support, caring and empathy
They need love
They need encouragement
There is need for support
Adapt to the demands of how to behave towards others

18. **Organizations are creating awareness**

There is a lot of awareness, through lessons, lectures, media etc.

19. **Secrecy**

There is secrecy
People must open up for society to be able to support them

It is a challenge people do not talk about it
Nobody knows who is positive or negative
The HIV secrecy is enshrined by government
It is difficult to help because of secrecy

20.

Non disclosure

People do not want to disclose their status
Infected are not willing to disclose
People decide not to disclose
People will not disclose until it is too late
People do not disclose
As a result people do not disclose
Infected people do not open up

21.

Stigma

When you have sores, loose weight people will stigmatise you deliberately
That they have nothing to do with you
People are afraid to even touch HIV persons
It is more negative
It involves rejection
It involves negative labelling
They have a negative attitude
They have rejection it is unfortunate
People have a negative attitude towards the infected that of rejection
The suspicion happens without notice if people diagnose you
In the African tradition people talk about witchcraft and taboos
Feeling terrible
Feeling horrible
Feeling of being unwanted

22.

Attitudes of HIV infected people

Generally infected people have negative reaction
They have denial,
They have many unanswered questions such as; what have I done,

This is a punishment from God,
I am bewitched
Counsellors are shunned
Interaction is there but the problem is the mind set

23.

Politicians

Politicians say people must eat beetroot etc. instead of facing the problem
HIV was initially presented to society as a dangerous killer disease

24.

Sympathy

Feeling of pain (it pains me)
It is painful to see
There is need for sympathy

25.

Understanding HIV issues

Most people are practicing ABC
It then becomes difficult to help
If possible continue to protect yourself
It was difficult until I learnt that without blood transfer you won't be
infected
As you go on you realise you won't contract the virus by sharing with
infected
People must abstain, be faithful and use a condom (ABC)
Spreading information about HIV can help
HIV is passed through unprotected sex
When there is no protection, the other partner becomes infected
Person coughs blood
Treatment for HIV is the same as any other treatment
Eat healthily
HIV affects people through cuts, unprotected sex and blood transfer
Change of sexual behaviour
The more often people talk about HIV people tend to accept
Mindset must change
Changing mind set on HIV is important

Sometimes it is not their fault they found themselves positive

These issues must be continuously raised by government

Every one can be a victim

We must encourage one another

Categories, Properties and Dimensions derived from interviews with Spiritual Faith Healers.

1. **Category** **Being blamed**
 Properties Regarded as irresponsible
 Misbehaved
 No self control.
 Dimension Being a slut
 People regard you as a slut
 Being blamed
 It is affecting people because of ignorance especially the youth

2. **Category** **Ignorance**
 Properties Ignorance
 Many do not go for testing
 Youth ignores the fact that HIV exists
 There is ignorance
 Most people are insensitive and ignorant
 People are afraid of being infected through association
 Dimension Previously I did not believe I can share anything with an HIV
 person
 The mentality that ‘we can by sex, we must then be killed through
 sex’
 People do not care what happens as long as they enjoy life

 There is a mindset that infected people must be discriminated
 against
 Misconception that HIV is in the big cities
 There is a myth that, if you have sex with a positive person with no
 protection, and there is no cut anywhere, you won’t get the virus

3. **Category** **Denial**

- Properties** HIV is meant for others and not those next to you
 There is denial of existence of HIV
 Person is shy, lonely, does not disclose status
 Feeling of denial
- Dimension** At first I did not believe because of ignorance
 Satan is using the people scriptures testify it
 Satan is playing a part in our lives
4. **Category** **Developed fear**
- Properties** Family dissociates themselves for fear of being infected
 Fear of the unknown caused by promiscuous relationships
- Dimension** If you know your status you can protect yourself and others
5. **Category** **Feelings of acceptance**
- Properties** Acceptance that HIV/AIDS is there
 The infected should be treated like any other person
 Feeling of acceptance
 The disease affects everybody
 Infected people are still human beings
 Developed feelings of reality
- Dimension** Acceptance of reality
6. **Category** **Church involvement**
- Properties** First we accept their condition
 The church just welcomes the person as any other
 There is spiritual support from the church
 Scriptures are read to encourage and motivate the infected
 Give biblical texts about the disease, before God nothing is impossible
 Church supports victim physically, morally and spiritually
 Church prays for them
 The church does practical things but reality on the ground is difficult and different
- Dimension** We tell them it is not the end of the world

HIV stigma is not normal stigma
 Church tries to compromise
 Church accommodates people
 The church says we have to help each other spiritually,
 academically and emotionally
 Encourage biblical text readings
 Visits and prayers are given for persons
 Workshops are organised for caregivers
 Church must build centres to encourage one another
 The affected must come and share experiences, encourage one
 another and invite experts for talks but not to stay there
 Church does not discriminate
 We help them live positively, assuring them God and church's love

7. Category Church is not doing enough

Properties Church is not doing enough

Not enough is done by the church

Most of the pastors are old, they regard talking about sex as
 promoting it in church

Church does not talk about cure for virus

Dimension Still a lot of negligence in the church

Pastors do not talk about HIV/AIDS

As a grown person and pastor, we view HIV as punishment from
 God

Equipment used is usually not sterilized

Church is avoiding HIV issues

Church does not dwell much on HIV issues

Church does not even talk about HIV

Issues of HIV is not discussed in church

8. Category There is hope

Properties To some there is hope of being healed

9. Category There is no hope

- Properties** Some have lost hope
Some have lost hope in life
Some are sceptical about these drugs and therefore ready to die
Some gave up on ARV's and wish to die and rest
- Dimension** The infected has lost hope and feels he/she is going to die
Feeling that they are going to die
Some have lost reason for living
Increase of high pregnancy means fast spreading of HIV/AIDS through infection
- 10. Category** **Some are strong**
- Properties** Some have a strong conviction to live
The infected live their lives like any other person
- Dimension** When you accept your status you heal spiritually
Most have accepted their condition
Some come for voluntary testing and counselling
- 11. Category** **Creating awareness (Involvement at activity level)**
- Properties** Increase of high pregnancy means fast spreading of HIV/AIDS through infection
Encouragement for testing and thereby sharing experience
- Dimension** Sharing experience helps in accepting and understanding HIV better
It is one way of eliminating stigma of ignorance and discrimination
- 12. Category** **HIV testing (non-involvement at personal level)**
- Properties** HIV care-givers do not even know their status
- 13. Category** **Trust**
- Properties** Trust among the infected should be practiced
- Dimension** After some time person develops trust and opens up
Person confides in you after disclosure
- 14. Category** **Feeling scared**
- Properties** It was actually scary the way it was presented
- Dimension** Rumours that you are going to die

- It made me feel scary
- 15. Category** **Discrimination**
- Properties** People will separate themselves from you, family and friends
 You will develop heart pains (it hurts)
 They are discriminated against
 Discrimination is very high against those infected
 There is discrimination from others
- Dimension** People will talk about you behind your back
 People will avoid you every chance they get
 There is a feeling of discrimination from people
 People openly discriminate against others
 Even family discriminates against them
 Any disease or condition unacceptable by society you will be naturally be discriminated against
 You are cut off from the rest of society because of disclosure
- 16. Category** **Lack of support from society**
- Properties** Infected lack support from others
 People are rejected by society because of being labelled
 There is labelling after disclosure
 Infected lack support from others
 People are rejected by society because of being labelled
 There is labelling after disclosure
 Infected are viewed by society as promiscuous, irresponsible, truck people, prostitutes
- Dimension** Society should not discriminate them
 Labelling is followed by alienation by society
 Labelling is followed by negative effects
 The infected is seen by society as a living corpse
- 17. Category** **Society supports HIV people**
- Properties** Give support
 Adapt to the demands of how to behave towards others

- Dimension** Society must start supporting them
They need support, caring and empathy
They need love
They need encouragement
There is need for support
- 18. Category** **Organizations are creating awareness**
Properties There is a lot of awareness, through lessons, lectures, media etc.
- 19. Category** **Secrecy**
Properties There is secrecy
It is a challenge people do not talk about it
The HIV secrecy is enshrined by government
- Dimension** People must open up for society to be able to support them
Nobody knows who is positive or negative
It is difficult to help because of secrecy
- 20. Category** **Non disclosure**
Properties People do not want to disclose their status
People decide not to disclose
People do not disclose
Infected people do not open up
- Dimension** Infected are not willing to disclose
People will not disclose until it is too late
As a result people do not disclose
- 21. Category** **Stigma**
Properties When you have sores, loose weight people will stigmatise you deliberately
People are afraid to even touch HIV persons
It is more negative
It involves rejection
It involves negative labelling
In the African tradition people talk about witchcraft and taboos
- Dimension** That they have nothing to do with you

They have a negative attitude
 They have rejection it is unfortunate
 People have a negative attitude towards the infected that of
 rejection
 The suspicion happens without notice if people diagnose you
 Feeling terrible
 Feeling horrible
 Feeling of being unwanted

- 22. Category Attitudes of HIV infected people**
Properties Generally infected people have negative reaction
 They have denial,
 Counsellors are shunned
Dimension They have many unanswered questions such as; what have I done,
 This is a punishment from God,
 I am bewitched
 Interaction is there but the problem is the mind set
- 23. Category Politicians**
Properties HIV was initially presented to society as a dangerous killer disease
Dimension Politicians say people must eat beetroot etc. instead of facing the
 problem
- 24. Category Sympathy**
Properties Feeling of pain (it pains me)
 It is painful to see
Dimension There is need for sympathy
- 25. Category Understanding HIV issues**
Properties Most people are practicing ABC
 People must abstain, be faithful and use a condom (ABC)
 Spreading information about HIV can help
 HIV is passed through unprotected sex
 Treatment for HIV is the same as any other treatment
 Eat healthily

HIV affects people through cuts, unprotected sex and blood transfer

Sometimes it is not their fault they found themselves positive

Dimension It then becomes difficult to help

If possible continue to protect yourself

It was difficult until I learnt that without blood transfer you won't be infected

As you go on you realise you won't contract the virus by sharing with infected

When there is no protection, the other partner becomes infected

Person coughs blood

Change of sexual behaviour

The more often people talk about HIV people tend to accept

Mindset must change

Changing mind set on HIV is important

These issues must be continuously raised by government

Every one can be a victim

We must encourage one another

**Category Pattern Codes/Relationships derived from concepts from interviews with
Spiritual Faith Healers**

1.	Being blamed Attitudes of HIV persons	Sympathy
2.	Ignorance	Understanding HIV issues
3.	Developed fear	Some are strong
4.	Denial	Feelings of acceptance
5.	Church involvement	Church is not doing enough
6.	There is hope	There is no hope
7.	Creating awareness (involvement at activity level)	HIV testing (non-involvement at personal level)
8.	Trust	Feeling scared
9.	Discrimination	Non-disclosure
10.	Lack of support from society	Society support HIV people
11.	Organizations are creating awareness	Politicians
12.	Secrecy	Stigma

<p>Condition - how come</p> <p>Consequence – what happens Action – by whom</p> <p>Consequence – what happens Action - how</p> <p>Action - how Action - how</p> <p>Action - how Action - how</p> <p>Action - how</p> <p>Action - how Action - how</p> <p>Consequences – what happens</p> <p>Action - how</p> <p>Condition - why Condition - why Action - why</p>	<p><i>Par 31: It is not a normal stigma, though the observations I have made people really think you are a slut as I said earlier. Some people think HIV is not supposed to infect people you know, they don't want that from people you know, they also ask questions on where the person has contracted the virus. They don't accept that HIV is there and it affects people, and it can even affect me, those are some of the things I have learned.</i></p> <p>Res: How do you go about attending to the HIV/AIDS patients especially when it comes to the church?</p> <p><i>Par 31: Referring to my church, there is still a lot of negligence. They are not talking about the cure for this virus. They don't take care of the equipments. They use to treat you, like the syringe, you find they use only one spade to clean 20 people, so this to me is a problem, when you find that sometime, it is not cleaned and it has to be used to someone else that on its own could lead to infection. What I can say is that the church is neglecting these HIV/AIDS issues. The church has preventing majors when it comes to HIV/AIDS, they don't even talk about it.</i></p> <p>Res: Describe what you do when you are attending these patients? What most lessons you learned with people living with HIV/AIDS?</p> <p><i>Par 31: People living with HIV/AIDS, some have a hope that through the Anti-Retro-Viral (ARV) treatment, they will get healed and live longer, but some just give up some just develop a feeling that when they are going to die, some just ask questions on why don't they just die now and rest. There are some who are strong and there are those who say it is the same</i></p>
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<p>Condition - why Consequences – what happens</p>	<p><i>because they will never get healed, some gave up on the ARV treatment and just wish to die and rest.</i></p>
<p>Action - how</p>	<p>Res: Anything else you think I would want to know to make me understand HIV/AIDS stigma better?</p>
<p>Action - how</p>	<p><i>Par 31: What I realised now is that most people are involved mostly, at the activity level and some are doing campaigns, posting notices, creating awareness, but these people are not involved at the personal level, they are only involved at the activity level than at the personal level. In personal level, many people don't go to test; they have a fear of testing. They have ideas that they are not the kind of people who can acquire or contract HIV/AIDS. My opinion, is that people should be encouraged to involve themselves personally by testing and sharing their feelings about these and also giving support to these and also to those who are infected by AIDS. I think that would help in reducing the stigma. If ever I involve myself personally, I am going to develop an understanding on what HIV/AIDS really is, that in a way is going to help me accept and understand it better. This in a way is going to eliminate the stigma of ignorance and discrimination. What makes one not to go and test, I think to me is fear of the unknown, this is what makes people not to go there and test. Which is created by not having trust in oneself, for instance, when we see the way HIV is spreading; it is mainly because people involve themselves in unsafe sex. The fear is there, I once tested and it was not an easy thing to do. The problem is that we are working with HIV/AIDS patients, but most of us don't know our status, and waiting for the results was not easy, but when you get your results, you are in a way relieved; now you know your status and can protect myself</i></p>
<p>Action - how Condition – why Condition – how come</p>	
<p>Action - how Action – how Action - how</p>	
<p>Condition - when Consequences – what happens</p>	
<p>Consequences – what happens</p>	
<p>Consequences – what happens</p>	
<p>Condition - where Condition - why</p>	
<p>Consequences – what happens Consequences – what happens</p>	
<p>Condition – how come</p>	

	<p><i>and others.</i></p>
<p>Condition - when</p>	<p>PARTICIPANT 32</p> <p>Res: What do you understand by HIV/AIDS stigma?</p> <p><i>Par 32: What I understand about HIV/AIDS stigma is like this, it's a disease which mostly affects people through sex, not only through sex but even the cuts that one might have, actually through transfer of blood.</i></p>
<p>Consequences – what happens Consequences – what happens</p>	<p>Res: Your feeling about HIV?</p> <p><i>Par 32: It was so scary, people tell you that if you have this virus you going to die, so you become scared.</i></p>
<p>Consequences – what happens Consequences – what happens Condition - why Consequences – what happens</p>	<p>Res: How do you describe this stigma, people's reaction?</p> <p><i>Par 32: As an individual, if ever there will be rumours that you are HIV, people will separate themselves from you and, especially close friends. People will always talk about you behind your back, and you develop heart pains because these things hurt. People turn to avoid you every chance they get.</i></p>
<p>Condition - how Action - how</p>	<p>Res: In the church?</p> <p><i>Par 32: It is different, because the church tries to compromise, it doesn't mean that if you are HIV positive, you will infect the whole congregation. Spiritually, people do understand, as the church we accommodate everyone, we don't discriminate.</i></p>
<p>Condition - when</p>	<p>Res: Does the church help in the cure of HIV?</p> <p><i>Par 32: What I understand about HIV is</i></p>

<p>Condition - when</p>	<p><i>that when you talk about it, you become free. When you accept that you are HIV positive, you heal yourself spiritually, and you become happy.</i></p> <p>Res: What lesson did you learn through interacting with HIV positive people?</p>
<p>Condition - when</p>	<p><i>Par 32: Those infected, I did not believe that you can share anything with someone who is HIV positive. It was difficult up until I heard that if there is no blood transfer, you won't be infected by HIV/AIDS. As you go on, you realise that you won't contract the virus by sharing with these people who are infected. We shouldn't act in a certain manner when interacting with these people.</i></p>
<p>Action - how</p>	<p>Res: Their reaction when in a group?</p>
<p>Condition - when Action – how</p>	<p><i>Par 32: Most of them have accepted and some have lost hope in life.</i></p> <p>Res: Your view on the HIV stigma?</p>
<p>Consequences – what happens Action - how</p>	<p><i>Par 32: The increase of high pregnancy to me means the increase or fast spreading of HIV/AIDS where I think most people are going to die through infection.</i></p> <p>Res: Anything else you would want to ask me?</p>
<p>Action- by whom</p>	<p><i>Par 32: There are a lot of organisations spreading the word that HIV/AIDS kills and it is very much alive. There are many interactions about HIV/AIDS, but people have a problem when it comes to their mind set. I don't like that mentality that, people usually say, we can by sex, then it means we must indeed be killed by sex or through sex. People do not care of what happens, as long as they enjoy life.</i></p>
<p>Action – how, by whom Action – by whom, how Action- by whom, how Action- why</p>	

<p>Consequences – what happens Action – by whom</p> <p>Action - how Action – by whom Condition - why</p> <p>Action – by whom Condition - When</p> <p>Action – by whom</p> <p>Action – by whom</p> <p>Condition – by whom Condition – how come</p> <p>Action - how Action – how</p>	<p>PARTICIPANT 33</p> <p>Res: Your understanding of HIV stigma?</p> <p><i>Par 33: It is a virus that is speedily affecting people more and more easily because of ignorance, especially the youth, because they are ignoring the fact that HIV/AIDS exists.</i></p> <p>Res: Your feelings when you first heard of HIV/AIDS?</p> <p><i>Par 33: At first, I did not believe, but now I do because it is here and we just have to find ways of preventing it. I did not believe that AIDS is there mainly because of ignorance.</i></p> <p>Res: How can you describe this stigma?</p> <p><i>Par 33: Most of the people do not support people who are HIV positive or having AIDS, because we cannot turn back the hands of time, we just have to accept that it is there and support people.</i></p> <p>Res: In the church how so you attend to these people?</p> <p><i>Par 33: As the section of the constitution says, we need to help each other spiritually, academically and emotionally and try to communicate socially so that if a person is having a problem, we can support and help that person. This means a person is helped or supported spiritually.</i></p> <p>Res: The lesson you have learned?</p> <p><i>Par 33: People are not opening up; so you might not know if a person is negative or positive. People do not want to disclose their status. Actually, I think that people must just open up, because it is just for their security reasons, and they must be</i></p>
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<p>Action -by whom</p>	<p><i>open so that we can support them.</i></p> <p>Res: Your views since you have known of HIV?</p>
<p>Action – by whom</p>	<p><i>Par 33: I will take the principles forward, abstain, be faithful or condomise.</i></p> <p>Res: What could be the problem?</p>
<p>Consequences – what happens Condition - why</p>	<p><i>Par 33: People are just so ignorant, in the fact that HIV is here. Some of them, the problem is sleeping with many people, in future you wont know who actually infected you, because of multiple partners. When it comes to the churches, I can say churches are not doing enough. To understand better, what can be done is to spread information about HIV. That in a way helps. People should just stop ignoring.</i></p>
<p>Action – by whom Consequences – what happens</p>	<p><i>Par 33: People are just so ignorant, in the fact that HIV is here. Some of them, the problem is sleeping with many people, in future you wont know who actually infected you, because of multiple partners. When it comes to the churches, I can say churches are not doing enough. To understand better, what can be done is to spread information about HIV. That in a way helps. People should just stop ignoring.</i></p>
<p>Consequences – What happens</p>	<p>PARTICIPANT 34</p> <p>Res: Your understanding of HIV/AIDS stigma?</p>
<p>Condition - why</p>	<p><i>Par 34: This is a sickness that is passed through sexual intercourse, especially when there is no protection and the other partner is infected. Many people are still having a problem with HIV people, when they see that person; all they see is death on him/her. And on the other hand the person who is infected just think to himself or herself that I am going to die soon.</i></p>
<p>Condition - Why</p>	<p>Res: Your feelings the first time you heard about HIV?</p>
<p>Condition - when</p>	<p><i>Par 34: It pains me to see how the whole thing of HIV is, because when the person coughs he/she coughs blood, so it is painful to see that.</i></p>
<p>Condition - when</p>	<p>Res: Can you describe HIV stigma to me?</p>

Action – by whom	<p><i>Par 34: People have this mindset that people who are HIV positive must live on their own, they should not be mixed with those who believe are not infected.</i></p> <p>Res: HIV people, what do you do?</p>
Condition - when	<p><i>Par 34: What I have realised is that the treatment for HIV positive people is just the same as for the ordinary people who are not infected. People who are HIV positive should just be treated equally to those who are not infected by the virus. What I realised again is that most people do not want to associate themselves with those who are HIV positive and don't even want to talk to them.</i></p> <p>Res: In the church do they talk about HIV?</p>
Action – by whom	
Action – by whom	
Consequences – what happens	
Action – by whom	<p><i>Par 34: In most churches, many pastors don't talk about HIV/AIDS, when you look at most pastors, you find that most of them are old and they think when they talk about sex, they are promoting that in the church. In the church we just have to welcome the person; we treat him just like any other person.</i></p> <p>Res: What have you learned about HIV positive persons?</p>
Action – by whom	
Action - how	
Condition - where	
Action- how	
Action - how	<p><i>Par 34: They just live their lives just like any other person, what they lack is the support from other people and sometimes it is not even their problem that they contracted the virus, they did not choose to be positive.</i></p> <p>Res: Anything you think you can say to make me understand HIV stigma better?</p>
Action - how	
Condition – how come	<p><i>Par 34: Most people still have that myth that HIV/AIDS is only in big cities and towns, when it comes to villages, it is not there. Most people end up going to the big</i></p>
Action- how	

<p>Consequences- what happens</p>	<p><i>cities just to get jobs, but they end up contracting the virus, and come back home with it and spread it.</i></p> <p>Res: Anything you want to know from me?</p>
<p>Consequences – what happens</p>	<p><i>Par 34: The myth that if ever you have sex with someone, and that person is positive, you don't use protection, but you are not cut anywhere, you won't get the virus, is it true?</i></p> <p>Res: No it is not true.</p> <p>PARTICIPANT 35</p> <p>Res: What do you understand by HIV stigma?</p>
<p>Action – by whom Action – by whom Condition - when</p>	<p><i>Par 35: Most people do not have an idea that we are all people, as a result, they end up discriminating against those who are infected, forgetting that anyone, anytime can be infected and don't believe that these people did not choose to be infected. As far as the government is concerned, these issues should continue being raised.</i></p> <p>Res: Your feelings on HIV/AIDS?</p>
<p>Condition - why Consequences – what happens Action - how Consequences – what happens Action – by whom Action - how</p>	<p><i>Par 35: It is terrible because by that time I was given some pictures of HIV infected people. It was horrible to see that, I felt like everyone can be a victim, whenever is needed we must encourage one another. The discrimination is very high against those infected by the virus. What is needed from us is to support these people who are HIV positive.</i></p> <p>Res: What about in the church?</p>
<p>Action - how Action - how</p>	<p><i>Par 35: Certain scriptures are read to encourage and motivate those who are infected and will also try to pass the</i></p>

<p>Condition – how come</p> <p>Condition - why</p> <p>Action – by whom</p> <p>Yes</p>	<p><i>message that if ever you are not infected, just continue protecting yourself.</i></p> <p>Res: Is the church doing enough?</p> <p><i>Par 35: Generally not exactly, the issue is not talked about, up to now, most churches do not dwell much into the whole HIV issue. It is not always that this is included in churches. The churches are not doing enough.</i></p> <p>Res: The lesson you learned?</p> <p><i>Par 35: The challenge is that people don't want to talk but we don't know who is positive and who is negative.</i></p> <p>Res: Your views on the whole thing of HIV stigma?</p> <p><i>Par 35: Pregnancy, Satan is in a way using us, the message is there but people don't take note of that. A scripture says, when we call upon his name, he will be there. Satan on the other hand is playing another part in our lives.</i></p> <p>Res: Anything else you want to say?</p> <p><i>Par 35: Being HIV, people should learn to trust one another, because we don't trust each other.</i></p> <p>Res: Any questions?</p> <p><i>Par 35: Do you think there is difference now since you started this research on HIV and AIDS, are there any changes you see?</i></p> <p>PARTICIPANT 36</p> <p>Res: What do you understand about HIV/AIDS stigma?</p>
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<p>Action – by whom Condition – how</p> <p>Condition - when</p>	<p><i>Par 36: People don't associate themselves with the infected people as if they themselves will be infected through association. The person is shy, lonely, does not disclose her/his status.</i></p> <p>Res: What about your feelings when you first learned about HIV/AIDS?</p>
<p>Consequences – what happens Action – by whom Condition - when</p>	<p><i>Par 36: I felt a denial. People are not afraid to hide it. Don't shun them; make the person feel at home with them. Live with them, these people need sympathy.</i></p> <p>Res: How do you describe HIV/AIDS' patients. What do you do?</p>
<p>Condition - where Consequences - how</p>	<p><i>Par 36: HIV/AIDS is a disease that affects any body. People should live with the person and not to be afraid of it.</i></p> <p>Res: How do you go about attending to HIV/AIDS patients?</p>
<p>Action – by whom Condition – when Action – how Consequences – what happens Action – by whom Condition - when Action – by whom</p>	<p><i>Par 36: I explain the disease and how to get cured yourself, keep to prescription. It is not a deadly disease, can be controlled, don't give up, have strong conviction to live, tell yourself you have life ahead. I give biblical texts about diseases. What God says the person should know that before God nothing is impossible. She is still good. Keep on reading the texts to keep courage and not loose hope. That shows that we are always supporting the person physically, morally and spiritually. Visit them several times and pray for the person.</i></p>
<p>Action - by whom Action – by whom</p> <p>Consequence – What happens</p>	<p>Res: Could you describe the most important lessons you learned through interacting with people living with HIV/AIDS?</p> <p><i>Par 36: The person is not willing to disclose, as times go by one person</i></p>

<p>Consequence – what happens Action - how</p> <p>Action - whom Consequence – what happens</p> <p>Action - whom Action - how</p> <p>Consequence – what happens</p> <p>Action – whom</p> <p>Condition - why</p> <p>Condition - when Condition – when</p> <p>Action - how Action - how Action - how</p> <p>Action - how Condition – how come Action – how Action – by whom</p>	<p><i>develops trust in you. When she realises you want to help he becomes open. The person explains where she/he got the disease and how others treat him/her. In most cases I learn people don't want to associate themselves, even the family don't want to. The reason is that family thinks they will be affected. This notion comes from the medical officials, that when you deal with the person you should wear gloves, wash your hands, the remaining food eaten by the affected must be thrown in the toilet. Then the affected person feels unwanted and feels he/she can die anytime. This information comes from the nurses that no other person must eat the food.</i></p> <p>Res: Your views since you have known about HIV/AIDS?</p> <p><i>Par 36: People must change their mind concerning how they view HIV. They must change their mind set. HIV people are still human beings, they need support, caring and not sympathy but empathy. They need love and encouragement to go on with life so as to avoid the idea of terminal life.</i></p> <p>Res: What about the church position?</p> <p><i>Par 36: The church is continuously visiting HIV people and encouraging them to go on through the word of God, praying for them, showing them God loves them in spite of the disease. Workshops for caregivers are organised. It is not enough that is done; the church must build centres to encourage one another. The affected should occasionally come together and share experiences, encourage one another and invite experts for talks but not for them to stay there.</i></p> <p>PARTICIPANT 37</p> <p>Res: What do you understand about</p>
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<p>Consequences – what happens</p> <p>Consequences – what happens</p> <p>Consequence – what happens</p> <p>Condition - where</p> <p>Condition - where</p> <p>Condition - when</p> <p>Condition - when</p> <p>Consequence – what happens</p> <p>Condition - where</p> <p>Conditions - when</p> <p>Action - how</p> <p>Action - how</p> <p>Condition - when</p> <p>Condition - why</p> <p>Action – by whom</p> <p>Action – by whom</p> <p>Action – by whom</p>	<p>HIV/AIDS stigma?</p> <p><i>Par 37: People are afraid to touch somebody because of the condition of life in which one finds himself in. It is more negative, because it involves rejection, negative labelling therefore the person is stigmatized. It is a state of life in which a person finds himself in. In my case it was different in that I am a counsellor. We are going through a particular face of life. As a nation we are a platoon. In this particular condition of life, we have to behave in a particular way. I take it as going through a phase. It is a foundation of life, a particular stage of life towards a person that people have. Stigma is a negative feeling that people have because they know that a person is infected, therefore, they have a negative attitude, negative rejection, and it is unfortunate.</i></p> <p>Res: How do you go about attending to your HIV/AIDS patients?</p> <p><i>Par 37: First, there is a particular reaction after knowing that one is HIV positive. I make the person to accept the condition, the state of life, therefore adapt to demands of how he/she has to behave towards other people, eat healthily and most importantly to accept and generate a positive attitude to life. Generally, HIV people have negative reaction. They do not want to accept. They have denial. They have many questions such as; what have I done, this must be a punishment from God, I am bewitched, so one problem is around denial which compounds this. Counsellors are shunned. People react differently. There is a lot of awareness that has been created through lessons, lectures, the media etc. People unlike before voluntarily come forward for testing, counselling. The more often people talk about HIV, people tend to accept and this is a victory if we join</i></p>
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<p>Consequences – what happens Action – by whom Consequences – what happens Condition - why Consequences – what happens</p>	<p><i>hands. Unfortunately, politicians talk another language, for example, they say people must eat beetroot etc instead of facing the problem as a nation. Most people are practicing the ABC.</i></p> <p>Res: In the church how do you deal with stigma?</p> <p><i>Par 37: It is a broad religion. I am not too sure.</i></p> <p>PARTICIPANT 38</p> <p>Res: What do you understand by HIV/AIDS stigma?</p>
<p>Consequences – what happens Consequences – what happens Action - how Consequences – what happens Condition - why Condition – when Conditions – when Conditions - when Conditions - when Consequences – what happens Consequences – what happens Condition - where</p>	<p><i>Par 38: In addition to the labelling that accompanies this disclosure, it is subsequent to the alienation you are cut off from the rest off from the rest of society because of what you said. It is the labelling that is followed by negative after effects. I learned about issues of HIV before I became a pastor. The unfortunate part was that HIV was presented by politicians as being dangerous, a killer disease. People with HIV were promiscuous, irresponsible, truck people, prostitutes. It was actually scary in a way it was said. It made me feel scary. Obviously the kind of feelings one have that makes one scary. It became different later. At first you would say it happens without people being aware. If they first diagnose you. For example, when you have sores, loose weight there are those who will stigmatize you deliberately. That they have nothing to do with you. Discriminating against you. Stigma is stigma. Any disease or condition that is regarded by society that as being unacceptable, people will naturally discriminate against you. For example, albinos were discriminated against, with HIV it becomes worse.</i></p>

<p>Action - whom</p> <p>Condition - why</p> <p>Condition - when</p> <p>Condition - why</p> <p>Condition – why</p> <p>Condition - when</p> <p>Condition - where</p> <p>Consequence – what happens</p> <p>Consequences – what happens</p> <p>Condition - why</p> <p>Consequences – what happens</p> <p>Condition - when</p> <p>Action - how</p> <p>Action – by whom</p>	<p>Res: As the church what do you do?</p> <p><i>Par 38: We do practical things, what would normally happen but reality on the ground is difficult. People do not come out in the open. It becomes difficult to help, to know who is infected and who is not. The difficulty is that there is secrecy enshrined by the government, people will not disclose. In our tradition people will talk about witchcraft, (makgoma), it is very difficult. People are sick and because of the secrecy to know who is infected and who is not. People will not disclose until it is too late.</i></p> <p>PARTICIPANT 39</p> <p>Res: What do you understand about HIV/AIDS stigma?</p> <p><i>Par 39: So that it is labelling and people are rejected by the society. They are no more accepted and as a result people do not disclose. First, to me as a grown person, and a pastor, we view it as a punishment from GOD, one way it was contacted through sex.</i></p> <p>Res: How do you treat HIV persons as a church?</p> <p><i>Par 39: First, have them to accept their condition. Tell them it is not the end of the world even when you have been tested positively. Help them live positive lives. Assure them that GOD and the church loves them.</i></p>
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APPENDIX D

NATIONAL POLICY ON HIV AND AIDS FOR LEARNERS AND EDUCATORS

VOLUME 410 NUMBER 20372, 1999

National Education Policy Act, 1996 (NO. 27 of 1996)

NATIONAL POLICY ON HIV AND AIDS FOR LEARNERS AND EDUCATORS IN PUBLIC SCHOOLS AND D STUDENTS AND EDUCATORS IN FURTHER EDUCATION AND TRAINING INSTITUTIONS (10 AUGUST 1999 VOLUME 410 NUMBER 20372)

1. BACKGROUND

HIV and AIDS is one of major challenges to all South Africans. It is estimated that almost 25% of the general population will be HIV positive by the year 2010. In South Africa HIV is spread mainly through:

- Sexual contact
- Breast feeding
- Mother to child

In keeping with International standards and in accordance with education law and the constitutional guarantees of the right to a basic education, right not to be unfairly discriminated against, the right to life and bodily integrity, right to privacy, the right to safe environment and the best interests of the child.

2. PURPOSE / INTENTION OF THIS POLICY

To prevent the spread of HIV infection.

To demystify HIV & AIDS

- Allay fears
- Reduce stigma
- Instill non-discriminatory attitudes

Develop knowledge, skills, values and attitudes in order that they may adopt and maintain behavior that will protect them from HIV infection and to support infected and affected.

The policy provides a framework for development of provincial and schools policies and strategic plans for implementation thereof

It further recommends establishment of health advisory committees

3. TARGET GROUP

- Learners and Educators in public schools
- Students and Educators in further education and training institutions
- Broader school community
- Provincial and District officials

4. THE SALIENT FEATURES/KEY MESSAGES OF THE POLICY

4.1 Premises

Because of an increase of infection rates, learners, students and educators with HIV & AIDS will increasingly form part of the population of schools and institutions. Non-discrimination and equality with regard to learners, students and educators

4.2 HIV & AIDS testing and admission of learners and students and / or the appointment of educators

4.3 Attendance at schools and institutions by learners or students – right to attend any school/institution.

4.4 Disclosure of HIV & AID status

Learners and educators are not compelled to disclose their status. In cases where voluntary disclosure of their status has been done, it should be treated confidentially.

- 4.5 A safe school / institution environment
Provision must be made for all schools and institutions to implement Universal precautions to eliminate risk of transmission.
- 4.6 Prevention of HIV transmission during play and sport
- 4.7 Education on HIV & AIDS – not to be seen as add on, but part of the curriculum
- 4.8 Duties and responsibilities of learners, students, educators and parents
- 4.9 Refusal to study with or teach a learner or student with HIV and AIDS or to be taught by an educator with HIV and AIDS.

5 What are its implications in relation to other policies?

- 5.2 Revised National Curriculum Statement
 - 5.2.1 HIV and AIDS issues cut across all learning areas and therefore in the development of learning programmes these issues must be captured.
- 5.3 Assessment Policy
 - 5.3.1 It is important that learners who are likely to experience barriers to learning and development are identified early, assessed and provided with learning support. – multiple opportunities, adaptive methods of assessment..
- 5.4 Education WP 6 – Inclusive ed. (barriers and orphans, learners at risk)
 - 5.4.1 The development of an inclusive education and training system must take into account the incidence and impact of the spread of HIV and AIDS and other infectious diseases.
- 5.5 Norms and Standards for funding
 - 5.5.1 For the provisioning of all the appropriate equipment to implement universal precautions to eliminate risk of transmission (first aid kits, rubber gloves)
- 5.6 Work Place Skills plan
 - 5.6.1 Should include development programmes that would address issues on HIV and AIDS.
- 5.7 IQMS
 - 5.7.1 Whole school evaluation, school development plans (vision, mission) and school improvement plans must also include HIV and AIDS planned strategy to cope with the pandemic.
 - SASA
 - Learners of compulsory school – going age with HIV/AIDS may be granted exemption from attendance in terms of Section 4(1)
 - If and when learners become incapacitated schools and institutions should make work available to them for study at home and should provide support where possible.

5.9 Constitution of the Republic of South Africa 1996.

5.9.1 To prevent discrimination, all learners, students and educators should be educated about fundamental human rights.

6. What are the possible gaps between policy and its implications?

- Insufficient training for educators with regard to HIV and AIDS
- Insufficient resources available at institutions
- Insufficient funding to purchase the necessary resources needed to address the issues of HIV and AIDS at institutions
- Inadequate co-ordination of inter and intra-departmental initiatives concerning HIV and AIDS
- Policy should be updated at regular intervals to accommodate the progress made in the prevention and treatment of HIV and AIDS.

7. What are the possible questions concerning the policy?

Q. In the development of this policy, were all the relevant stakeholders part of the process?

R. Yes. According to the NEPPA agreement, all the relevant stakeholders were consulted in the formulation of the policy.

[Department of Justice, Health, Education and Social Services]

Q. Is this policy limited to learners, students and educators of Public schools only?

R. The policy is available to Independent schools. The recommendations and suggestions could be used by these schools.

Q. Are there Provincial and District strategies in place for the monitoring and support of the HIV and AIDS policy?

R. Yes. The National Integrated Plan supported by the Departments of Health, Social Services and Education addresses the issue of HIV and AIDS in a co-ordinated manner. Conditional Grant funding has been 'ring fenced' to provide resources and teacher training to support the implementation of the policy. In every province HIV and AIDS co-ordinators have been appointed to monitor and support the implementation of the policy. The services of a service provider has also been obtained to assist Schools and School Governing Bodies in developing their HIV and AIDS policy.

Q. NGOs and other departments also run HIV and AIDS programmes for schools. What is the nature of the relationship of the Department of Education towards these programmes?

R. The National Integrated Plan supported by the Departments of Health, Social Services and Education addresses the issue of HIV and AIDS in a co-ordinated manner.

Q. Schools have admitted HIV and AIDS orphans, do these schools have additional support programmes for these learners?

R. Schools can play a huge role in identifying these learners so that they are able to access social grants.

Q. Is there a recourse for parents of learners, who refuse their child to be taught by a teacher, who is infected?

R. Parents can not be punished.

Q. What does the policy say regarding disclosure of HIV status by learners and teachers?

R. Learners and teachers are not compelled to disclose their status, however a holistic programme for life skills and HIV/AIDS education should encourage voluntary disclosure. Unauthorised disclosure of HIV/AIDS related information could give rise to legal liability.

Q

Government Gazette Vol.410, No.20372, 10th August 1999.

GENERAL NOTICES

NOTICE 1926 OF 1999

DEPARTMENT OF EDUCATION

NATIONAL EDUCATION POLICY ACT, 1996 (NO. 27 OF 1996)

NATIONAL POLICY ON HIV/AIDS, FOR LEARNERS AND EDUCATORS IN PUBLIC SCHOOLS,
AND STUDENTS AND EDUCATORS IN FURTHER EDUCATION AND TRAINING INSTITUTIONS

I, Kader Asmal, Minister of Education, after consultation with the Council of Education Ministers, hereby publish the national policy on HIV/AIDS for learners in public schools, and students and educators in further education and training institutions, in terms of section 3(4) of the National Education Policy Act, 1996 (No. 27 of 1996), as set out in the Schedule.

PROFESSOR KADER ASMAL

MINISTER OF EDUCATION

AUGUST 1999

SCHEDULE

NATIONAL POLICY ON HIV/AIDS FOR LEARNERS AND EDUCATORS IN PUBLIC SCHOOLS
AND STUDENTS AND EDUCATORS IN FURTHER EDUCATION AND TRAINING INSTITUTIONS

PREAMBLE

Acquired Immune Deficiency Syndrome (AIDS) is a communicable disease that is caused by the Human Immunodeficiency Virus (HIV).

In South Africa, HIV is spread mainly through sexual contact between men and women. In addition, around one third of babies born to HIV-infected women will be infected at birth or through breast-feeding. The risk of transmission of the virus from mother to baby is reduced by antiretroviral drugs.

Infection through contact with HIV-infected blood, intravenous drug use and homosexual sex does occur in South Africa, but constitutes a very small proportion of all infections. Blood transfusions are thoroughly screened and the chances of infection from transfusion are extremely low.

People do not develop AIDS as soon as they are infected with HIV. Most experience a long period of around 5 - 8 years during which they feel well and remain productive members of families and workforces. In this asymptomatic period, they can pass their infection on to other people without realising that they are HIV infected.

During the asymptomatic period, the virus gradually weakens the infected person's immune system, making it increasingly difficult to fight off other infections. Symptoms start to occur and people develop conditions such as skin rashes, chronic diarrhoea, weight loss, fevers, swollen lymph glands and certain cancers. Many of these problems can be prevented or treated effectively. Although these infections can be treated, the underlying HIV infection cannot be cured.

Once HIV-infected people have a severe infection or cancer (a condition known as symptomatic AIDS) they usually die within 1 to 2 years. The estimated average time from HIV infection to death in South Africa is 6 to 10 years. Many HIV infected people progress to AIDS and death in much shorter periods. Some live for 10 years or more with minimal health problems, but virtually all will eventually die of AIDS.

HIV-infected babies generally survive for shorter periods than HIV-infected adults. Many die within two years of birth, and most will die before they turn five. However, a significant number may survive even into their teenage years before developing AIDS.

No cure for HIV infection is available at present. Any cure which is discovered may well be unaffordable for most South Africans.

HIV/AIDS is one of the major challenges to all South Africans. The findings of the 1998 HIV survey among pregnant women attending public antenatal clinics of the Department of Health, show that the HIV/AIDS epidemic in South Africa is among the most severe in the world and it continues to increase at an alarming pace. The rate of increase is estimated at 33.8%. Using these figures, it is estimated that one in eight of the country's sexually active population those over the age of 14 years - is now infected. In the antenatal survey, the prevalence of HIV/AIDS among pregnant women under the age of 20 years has risen by a frightening 65.4% from 1997 to 1998.

According to the 1998 United Nations Report on HIV/AIDS Human Development in South Africa, it is estimated that almost 25% of the general population will be HIV positive by the year 2010. The achievements of recent decades, particularly in relation to life expectancy and educational attainment, will inevitably be slowed down by the impact of current high rates of HIV prevalence and the rise in AIDS-related illnesses and deaths.

This will place increased pressures on learners, students and educators.

Because the Ministry of Education acknowledges the seriousness of the HIV/AIDS epidemic, and international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, the Ministry is committed to minimise the social, economic and developmental consequences of HIV/AIDS to the education system, all learners, students and educators, and to provide leadership to implement an HIV/AIDS policy. This policy seeks to contribute towards promoting effective prevention and care within the context of the public education system.

In keeping with international standards and in accordance with education law and the constitutional guarantees of the right to a basic education, the right not to be unfairly discriminated against, the right to life and bodily integrity, the right to privacy, the right to freedom of access to information, the right to freedom of conscience, religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment, and the best interests of the child, the following shall constitute national policy.

1. DEFINITIONS

In this policy any expression to which a meaning has been assigned in the South African Schools Act, 1996 (Act No. 84 of 1996), the Further Education and Training Act, 1998 (Act No. 98 of 1998) and the Employment of Educators Act, 1998 (Act No. 76 of 1998), shall have that meaning and, unless the context otherwise indicates "AIDS" means the acquired immune deficiency syndrome, that is the final phase of HIV infection;

"HIV" means the human immunodeficiency virus;

"institution" means an institution for further education and training, including an institution contemplated in section 38 of the Further Education and Training Act, 1998 (Act No. 98 of 1998);

"sexual abuse" means abuse of a person targeting their sexual organs, e.g. rape, touching their private parts, or inserting objects into their private parts;

"unfair discrimination" means direct or indirect unfair discrimination against anyone on one or more grounds in terms of the Constitution of the Republic of South Africa, 1996 (Act No.108 of 1996);

"universal precautions" refers to the concept used worldwide in the context of HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes procedures concerning basic hygiene and the wearing of protective clothing such as latex or rubber gloves or plastic bags when there is a risk of exposure to blood, blood-borne pathogens or

blood-stained body fluids;

"violence" means violent conduct or treatment that harms the person of the victim, for example assault and rape;

"window period" means the period of up to three months before HIV antibodies appear in the blood following HIV infection. During this period HIV tests cannot determine whether a person is infected with HIV or not.

2. PREMISES

2.1 Although there are no known cases of the transmission of HIV in schools or institutions, there are learners with HIV/AIDS in schools. More and more children who acquire HIV prenatally will, with adequate medical care, reach school-going age and attend school. Consequently a large proportion of the learner and student population and educators are at risk of contracting HIV/AIDS.

2.2 HIV cannot be transmitted through day-to-day social contact. The virus is transmitted only through blood, semen, vaginal and cervical fluids and breast milk. Although the virus has been identified in other body fluids such as saliva and urine, no scientific evidence exists to show that these fluids can cause transmission of HIV.

2.3 Because of the increase in infection rates, learners, students and educators with HIV/AIDS will increasingly form part of the population of schools and institutions. Since many young people are sexually active, increasing numbers of learners attending primary and secondary schools, and students attending institutions might be infected. Moreover, there is a risk of HIV transmission as a result of sexual abuse of children in our country. Intravenous drug abuse is also a source of HIV transmission among learners and students. Although the possibility is remote, recipients of infected blood products during blood transfusions (for instance haemophiliacs), may also be present at schools and institutions. Because of the increasing prevalence of HIV/AIDS in schools, it is imperative that each school must have a planned strategy to cope with the epidemic.

2.4 Because of the nature of HIV antibody testing and the "window period" or "apparently well period" between infection and the onset of clearly identifiable symptoms, it is impossible to know with absolute certainty who has HIV/AIDS and who does not. Although the Department of Health conducts tests among women attending ante-natal clinics in public health facilities in South Africa as a mechanism of monitoring the progression of the HIV epidemic in South Africa, testing for HIV/AIDS for employment or attendance at schools is prohibited.

2.5 Compulsory disclosure of a learner's, student's or educator's HIV/AIDS status to school or institution authorities is not advocated as this would serve no meaningful purpose. In case of disclosure, educators should be prepared to handle such disclosures and be given support to

handle confidentiality issues.

2.6 Learners and students with HIV/AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability. Likewise, educators with HIV/AIDS should lead as full a professional life as possible, with the same rights and opportunities as other educators and with no unfair discrimination being practiced against them. Infection control measures and adaptations must be universally applied and carried out regardless of the known or unknown HIV status of individuals concerned.

2.6.1 The risk of transmission of HIV in the day-to-day school or institution environment in the context of physical injuries, can be effectively eliminated by following standard infection-control procedures or precautionary measures (also known as universal precautions) and good hygiene practices under all circumstances. This would imply that in situations of potential exposure, such as in dealing with accidental or other physical injuries, or medical intervention on school or institution premises in case of illness, all persons should be considered as potentially infected and their blood and body fluids treated as such.

2.6.2 Strict adherence to universal precautions under all circumstances in the school or institution is advised.

2.6.3 Current scientific evidence suggests that the risk of HIV transmission during teaching, sport and play activities is insignificant. There is no risk of transmission from saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming-pool water, communal bath water, toilets, food or drinking water. The statement about the insignificant risk of transmission during teaching, sport and play activities, however, holds true only if universal precautions are adhered to. Adequate wound management has to take place in the classroom and laboratory or on the sports field or playground when a learner or student sustains an open bleeding wound. Contact sports such as boxing and rugby could probably be regarded as sports representing a higher risk of HIV transmission than other sports, although the inherent risk of transmission during any such sport is very low.

2.6.4 Public funds should be made available to ensure the application of universal precautions and the supply of adequate information and education on HIV transmission. The State's duty to take all reasonable steps to ensure safe school and institution environments, is regarded as a sound investment in the future of South Africa.

2.6.5 Within the context of sexual relations, the risk of contracting HIV is significant. There are high levels of sexually active persons within the learner population group in schools. This increases the risk of HIV transmission in schools and institutions for further education and training considerably. Besides sexuality education, morality and life skills education being provided by educators, parents should be encouraged to

provide their children with healthy morals, sexuality education and guidance regarding sexual abstinence until marriage and faithfulness to their partners. Sexually active persons should be advised to practice safe sex and to use condoms. Learners and students should be educated about their rights concerning their own bodies, to protect themselves against rape, violence, inappropriate sexual behaviour and contracting HIV.

2.7 The constitutional rights of all learners, students and educators must be protected on an equal basis. If a suitably qualified person ascertains that a learner, student or educator poses a medically recognised significant health risk to others, appropriate measures should be taken. A medically recognised significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious (highly communicable) diseases, uncontrollable bleeding, unmanageable wounds, or sexual or physically aggressive behaviour, which may create the risk of HIV transmission.

2.8 Furthermore, learners and students with infectious illnesses such as measles, German measles, chicken pox, whooping cough and mumps should be kept away from the school or institution to protect all other members of the school or institution, especially those whose immune systems may be impaired by HIV/AIDS.

2.9 Schools and institutions should inform parents of vaccination/inoculation programmes and of their possible significance for the wellbeing of learners and students with HIV/AIDS. Local health clinics could be approached to assist with immunisation.

2.10 Learners and students must receive education about HIV/AIDS and abstinence in the context of life-skills education on an ongoing basis.

Life-skills and HIV/AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific but understandable way. Appropriate course content should be available for the pre-service and in-service training of educators to cope with HIV/AIDS in schools. Enough educators to educate learners about the epidemic should also be provided.

2.10.1 The purpose of education about HIV/AIDS is to prevent the spread of HIV infection, to allay excessive fears of the epidemic, to reduce the stigma attached to it and to instill nondiscriminatory attitudes towards persons with HIV/AIDS. Education should ensure that learners and students acquire age and context-appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection.

2.10.2 In the primary grades, the regular educator should provide education about HIV/AIDS, while in secondary grades the guidance counsellor would ideally be the appropriate educator. Because of the sensitive nature of the learning content, the educators selected to offer this education should be specifically trained and supported by the support staff

responsible for life skills and HIV/AIDS education in the school and province. The educators should feel at ease with the content and should be a rolemodel with whom learners and students can easily identify. Educators should also be informed by the principal and educator unions of courses for educators to improve their knowledge of, and skills to deal with, HIV/AIDS.

2.10.3 All educators should be trained to give guidance on HIV/AIDS. Educators should respect their position of trust and the constitutional rights of all learners and students in the context of HIV/AIDS.

2.11 In order to meet the demands of the wide variety of circumstances posed by the South African community and to acknowledge the importance of governing bodies, councils and parents in the education partnership, this national policy is intended as broad principles only. It is envisaged that the governing body of a school, acting within its functions under the South African Schools Act, 1996, and the Council of a Further Education and Training Institution, acting within its functions under the Further Education and Training Act, 1998, or any provincial law, should preferably give operational effect to the national policy by developing and adopting an HIV/AIDS implementation plan that would reflect the needs, ethos and values of a specific school or institution and its community within the framework of the national policy.

3. NON-DISCRIMINATION AND EQUALITY WITH REGARD TO LEARNERS, STUDENTS AND EDUCATORS WITH HIV/AIDS

3.1 No learner, student or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusations against any person suspected to have HIV/AIDS.

3.2 Learners, students, educators and other staff with HIV/AIDS should be treated in a just, humane and life-affirming way.

3.3 Any special measures in respect of a learner, student or educator with HIV should be fair and justifiable in the light of medical facts, established legal rules and principles; ethical guidelines; the best interest of the learner, student and educator with HIV/AIDS; school or institution conditions; and the best interest of other learners, students and educators.

3.4 To prevent discrimination, all learners, students and educators should be educated about fundamental human rights as contained in the Constitution of the Republic of South Africa, 1996.

4. HIV/AIDS TESTING AND THE ADMISSION OF LEARNERS TO A SCHOOL AND STUDENTS TO AN INSTITUTION, OR THE APPOINTMENT OF EDUCATORS

4.1 No learner or student may be denied admission to or continued

attendance at a school or an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status.

4.2 No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV/AIDS status or perceived HIV/AIDS status. HIV/AIDS status may not be a reason for dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's employment contract, nor to treat him or her in any unfair discriminatory manner.

4.3. There is no medical justification for routine testing of learners, students or educators for evidence of HIV infection. The testing of learners or students for HIV/AIDS as a prerequisite for admission to, or continued attendance at school or institution, to determine the incidence of HIV/AIDS at schools or institutions, is prohibited. The testing of educators for HIV/AIDS as a prerequisite for appointment or continued service is prohibited.

5. ATTENDANCE AT SCHOOLS AND INSTITUTIONS BY LEARNERS OR STUDENTS WITH HIV/AIDS

5.1 Learners and students with HIV have the right to attend any school or institution. The needs of learners and students with HIV/AIDS with regard to their right to basic education should as far as is reasonably practicable be accommodated in the school or institution.

5.2 Learners and students with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to do so effectively.

5.3 Learners of compulsory school-going age with HIV/AIDS, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance in terms of section 4(1) of the South African Schools Act, 1996, by the Head of Department, after consultation with the principal, the parent and the medical practitioner where possible.

5.4 If and when learners and students with HIV/AIDS become incapacitated through illness, the school or institution should make work available to them for study at home and should support continued learning where possible. Parents should, where practically possible, be allowed to educate their children at home in accordance with the policy for home education in terms of section 51 of the South African Schools Act, 1996, or provide older learners with distance education.

5.5 Learners and students who cannot be accommodated in this way or who develop HIV/AIDS-related behavioural problems or neurological damage, should be accommodated, as far as is practically possible, within the education system in special schools or specialised residential institutions for learners with special education needs. Educators in these institutions

must be empowered to take care of and support HIV-positive learners. However, placement in special schools should not be used as an excuse to remove HIV-positive learners from mainstream schools.

6. DISCLOSURE OF HIV/AIDS-RELATED INFORMATION AND CONFIDENTIALITY

6.1 No learner or student (or parent on behalf of a learner or student), or educator, is compelled to disclose his or her HIV/AIDS status to the school or institution or employer. (In cases where the medical condition diagnosed is the HIV/AIDS disease, the Regulations relating to communicable diseases and the notification of notifiable medical conditions **Health Act, 1977** only require the person performing the diagnosis to inform the immediate family members and the persons giving care to the person and, in cases of HIV/AIDS-related death, the persons responsible for the preparation of the body of the deceased.)

6.2 Voluntary disclosure of a learner's, student's or educator's HIV/AIDS status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which the confidentiality of such information is ensured and in which unfair discrimination is not tolerated. In terms of section 39 of the Child Care Act, 1983 (Act No. 74 of 1983), any learner or student above the age of 14 years with HIV/AIDS, or if the learner is younger than 14 years, his or her parent, is free to disclose such information voluntarily.

6.3 A holistic programme for life-skills and HIV/AIDS education should encourage disclosure. In the event of voluntary disclosure, it may be in the best interests of a learner or student with HIV/AIDS if a member of the staff of the school or institution directly involved with the care of the learner or student, is informed of his or her HIV/AIDS status. An educator may disclose his or her HIV/AIDS status to the principal of the school or institution.

6.4 Any person to whom any information about the medical condition of a learner, student or educator with HIV/AIDS has been divulged, must keep this information confidential.

6.5 Unauthorised disclosure of HIV/AIDS-related information could give rise to legal liability.

6.6 No employer can require an applicant for a job to undergo an HIV test before he/she is considered for employment. An employee cannot be dismissed, retrenched or refused a job simply because he or she is HIV positive.

7. A SAFE SCHOOL AND INSTITUTION ENVIRONMENT

7.1 The MEC should make provision for all schools and institutions to implement universal precautions to eliminate the risk of transmission of

all blood-borne pathogens, including HIV, effectively in the school or institution environment. Universal precautions include the following:

7.1.1 The basis for advocating the consistent application of universal precautions lies in the assumption that in situations of potential exposure to HIV, all persons are potentially infected and all blood should be treated as such. All blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, as well as all body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should therefore be treated as potentially infectious.

- (a) Blood, especially in large spills such as from nosebleeds, and old blood or blood stains, should be handled with extreme caution.
- (b) Skin exposed accidentally to blood should be washed immediately with soap and running water.
- (c) All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics.
- (d) If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing.
- (e) Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
- (f) Disposable bags and incinerators must be made available to dispose of sanitary wear.

7.1.2 All open wounds, sores, breaks in the skin, grazes and open skin lesions should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.

7.1.3 Cleansing and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleansed. Schools without running water should keep a supply, e.g. in a 25-litre drum, on hand specifically for use in emergencies. This water can be kept fresh for a long period of time by adding a disinfectant, such as Milton, to it.

7.1.4 All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to eliminate

the risk of HIV transmission effectively. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel.

7.1.5 If a surface has been contaminated with body fluids and excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and fresh, clean household bleach (1:10 solution), and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags.

7.1.6 Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down a toilet.

7.1.7 If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re-using.

7.1.8 Needles and syringes should not be re-used, but should be safely disposed of.

7.2 All schools and institutions should train learners, students, educators and staff in first aid, and have available and maintain at least two first aid kits, each of which should contain the following:

- (a) two large and two medium pairs of disposable latex gloves;
- (b) two large and two medium pairs of household rubber gloves for handling blood-soaked material in specific instances (for example when broken glass makes the use of latex gloves inappropriate);
- (c) absorbent material, waterproof plasters, disinfectant (such as hypochlorite), scissors, cotton wool, gauze tape, tissues, containers for water and a resuscitation mouth piece or similar device with which mouth-to-mouth resuscitation could be applied without any contact being made with blood or other body fluids.
- (d) protective eye wear; and
- (e) a protective face mask to cover nose and mouth.

7.3 Universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using less sophisticated devices than those described in 7.2, such as

- (a) unbroken plastic bags on hands where latex or rubber gloves are not available;
- (b) common household bleach for use as disinfectant, diluted one part bleach to ten parts water (1:10 solution) made up as needed.

(c) spectacles; and

(d) a scarf.

7.4 Each classroom or other teaching area should preferably have a pair of latex or household rubber gloves.

7.5 Latex or household rubber gloves should be available at every sports event and should also be carried by the playground supervisor.

7.6 First-aid kits and appropriate cleaning equipment should be stored in one or more selected rooms in the school or institution and should be accessible at all times, also by the playground supervisor.

7.7 Used items should be dealt with as indicated in paragraphs 7.1.6 and 7.1.7.

7.8 The contents of the first-aid kits, or the availability of other suitable barriers, should be checked each week against a contents list by a designated staff member of the school or institution. Expired and depleted items should be replaced immediately.

7.9 A fully equipped first-aid kit should be available at all school or institution events, outings and tours, and should be kept on vehicles for the transport of learners to such events.

7.10 All learners, students, educators and other staff members, including sports coaches, should be given appropriate information and training on HIV transmission, the handling and use of first-aid kits, the application of universal precautions and the importance of adherence universal precautions.

7.10.1 Learners, students, educators and other staff members should be trained to manage their own bleeding or injuries and to assist and protect others.

7.10.2 Learners, especially those in pre-primary and primary schools, and students should be instructed never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor to handle emergencies such as nosebleeds, cuts and scrapes of friends on their own. They should be taught to call for the assistance of an educator or other staff member immediately.

7.10.3 Learners and students should be taught that all open wounds, sores, breaks in the skin, grazes and open skin lesions on all persons should be kept covered completely with waterproof dressings or plasters at all times, not only when they occur in the school or institution environment.

7.11 All cleaning staff, learners, students, educators and parents should be informed about the universal precautions that will be adhered to at a school or an institution.

7.12 A copy of this policy must be kept in the media centre of each school or institution.

8. PREVENTION OF HIV TRANSMISSION DURING PLAY AND SPORT

8.1 The risk of HIV transmission as a result of contact play and contact sport is generally insignificant.

8.1.1 The risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of learners, students and educators are exposed to infected blood.

8.1.2 Certain contact sports may represent an increased risk of HIV transmission.

8.2 Adequate wound management, in the form of the application of universal precautions, is essential to contain the risk of HIV transmission during contact play and contact sport.

8.2.1 No learner, student or educator may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion.

8.2.2 If bleeding occurs during contact play or contact sport, the injured player should be removed from the playground or sports field immediately and treated appropriately as described in paragraphs 7.1.1 to 7.1.4. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains completely and securely covered.

8.2.3 Blood-stained clothes must be changed.

8.2.4 The same precautions should be applied to injured educators, staff members and injured spectators.

8.3 A fully equipped first-aid kit should be available wherever contact play or contact sport takes place.

8.4 Sports participants, including coaches, with HIV/AIDS should seek medical counselling before participation in sport, in order to assess risks to their own health as well as the risk of HIV transmission to other participants.

8.5 Staff members acting as sports administrators, managers and coaches should ensure the availability of first-aid kits and the adherence to universal precautions in the event of bleeding during participation in

sport.

8.6 Staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education of sports participants with respect to HIV/AIDS. They should encourage sports participants to seek medical and other appropriate counselling where appropriate.

9. EDUCATION ON HIV/AIDS

9.1 A continuing life-skills and HIV/AIDS education programme must be implemented at all schools and institutions for all learners, students, educators and other staff members. Measures must also be implemented at hostels.

9.2 Age-appropriate education on HIV/AIDS must form part of the curriculum for all learners and students, and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. This should include the following:

9.2.1 providing information on HIV/AIDS and developing the life skills necessary for the prevention of HIV transmission;

9.2.2 inculcating from an early age onwards basic first-aid principles, including how to deal with bleeding with the necessary safety precautions;

9.2.3 emphasising the role of drugs, sexual abuse and violence, and sexually transmitted diseases (STDs) in the transmission of HIV, and empowering learners to deal with these situations;

9.2.4 encouraging learners and students to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines;

9.2.5 teaching learners and students how to behave towards persons with HIV/AIDS, raising awareness on prejudice and stereotypes around HIV/AIDS;

9.2.6 cultivating an enabling environment and a culture of nondiscrimination towards persons with HIV/AIDS; and

9.2.7 providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of universal precautions.

9.3 Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable.

9.4 Parents of learners and students must be informed about all life-skills and HIV/AIDS education offered at the school and institution, the learning content and methodology to be used, as well as values that will be imparted. They should be invited to participate in parental guidance sessions and should be made aware of their role as sexuality educators and imparters of values at home.

9.5 Educators may not have sexual relations with learners or students. Should this happen, the matter has to be handled in terms of the Employment of Educators Act, 1998.

9.6 If learners, students or educators are infected with HIV, they should be informed that they can still lead normal, healthy lives for many years by taking care of their health.

10. DUTIES AND RESPONSIBILITIES OF LEARNERS, STUDENTS, EDUCATORS AND PARENTS

10.1 All learners, students and educators should respect the rights of other learners, students and educators.

10.2 The Code of Conduct adopted for learners at a school or for students at an institution should include provisions regarding the unacceptability of behaviour that may create the risk of HIV transmission.

10.3 The ultimate responsibility for the behaviour of a learner or a student rests with his or her parents. Parents of all learners and students:

10.3.1 are expected to require learners or students to observe all rules aimed at preventing behaviour which may create a risk of HIV transmission; and

10.3.2 are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school or institution, and to attend meetings convened for them by the governing body or council.

10.4 It is recommended that a learner, student or educator with HIV/AIDS and his or her parent, in the case of learners or students, should consult medical opinion to assess whether the learner, student or educator, owing to his or her condition or conduct, poses a medically recognised significant health risk to others. If such a risk is established, the principal of the school or institution should be informed. The principal of the school or institution must take the necessary steps to ensure the health and safety of other learners, students, educators and staff members.

10.5 Educators have a particular duty to ensure that the rights and dignity of all learners, students and educators are respected and

protected.

11. REFUSAL TO STUDY WITH OR TEACH A LEARNER OR STUDENT WITH HIV/AIDS, OR TO WORK WITH OR BE TAUGHT BY AN EDUCATOR WITH HIV/AIDS

11.1 Refusal to study with a learner or student, or to work with or be taught by an educator or other staff member with, or perceived to have HIV/AIDS, should be preempted by providing accurate and understandable information on HIV/AIDS to all educators, staff members, learners, students and their parents.

11.2 Learners and students who refuse to study with a fellow learner or student or be taught by an educator or educators and staff who refuse to work with a fellow educator or staff member or to teach or interact with a learner or student with or perceived to have HIV/AIDS and are concerned that they themselves will be infected, should be counselled.

11.3 The situation should be resolved by the principal and educators in accordance with the principles contained in this policy, the code of conduct for learners, or the code of professional ethics for educators. Should the matter not be resolved through counselling and mediation, disciplinary steps may be taken.

12. SCHOOL AND INSTITUTIONAL IMPLEMENTATION PLANS

12.1 Within the terms of its functions under the South African Schools Act, 1996, the Further Education and Training Act, 1998, or any applicable provincial law, the governing body of a school or the council of an institution may develop and adopt its own implementation plan on HIV/AIDS to give operational effect to the national policy.

12.2 A provincial education policy for HIV/AIDS, based on the national policy, can serve as a guideline for governing bodies when compiling an implementation plan.

12.3 Major roleplayers in the wider school or institution community (for example religious and traditional leaders, representatives of the medical or health care professions or traditional healers) should be involved in developing an implementation plan on HIV/AIDS for the school or institution.

12.4 Within the basic principles laid down in this national policy, the school or institution implementation plan on HIV/AIDS should take into account the needs and values of the specific school or institution and the specific communities it serves. Consultation on the school or institution implementation plan could address and attempt to resolve complex questions, such as discretion regarding mandatory sexuality education, or whether condoms need to be made accessible within a school or institution as a preventive measure, and if so under what circumstances.

13. HEALTH ADVISORY COMMITTEE

13.1 Where community resources make this possible, it is recommended that each school and institution should establish its own Health Advisory Committee as a committee of the governing body or council. Where the establishment of such a committee is not possible, the school or institution should draw on expertise available to it within the education and health systems. The Health Advisory Committee may as far as possible use the assistance of community health workers led by a nurse, or local clinics.

13.2 Where it is possible to establish a Health Advisory Committee, the Committee should:

13.2.1 be set up by the governing body or council and should consist of educators and other staff,, representatives of the parents of learners at the school or students at the institution, representatives of the learners or students, and representatives from the medical or health care professions;

13.2.2 elect its own chairperson who should preferably be a person with knowledge in the field of health care;

13.2.3 advise the governing body or council on all health matters, including HIV/AIDS;

13.2.4 be responsible for developing and promoting a school or institution plan of implementation on HIV/AIDS and review the plan from time to time, especially as new scientific knowledge about HIV/AIDS becomes available; and

13.2.5 be consulted on the provisions relating to the prevention of HIV transmission in the Code of Conduct.

14. IMPLEMENTATION OF THIS NATIONAL POLICY ON HIV/AIDS

14.1 The Director-General of Education and the Heads of provincial departments of education are responsible for the implementation of this policy, in accordance with their responsibilities in terms of the Constitution of the Republic of South Africa, 1996, and any applicable law. Every education department must designate an HIV/AIDS Programme Manager and a working group to communicate the policy to all staff, to implement, monitor and evaluate the Department's HIV/AIDS programme, to advise management regarding programme implementation and progress, and to create a supportive and nondiscriminatory environment.

14.2 The principal or the head of a hostel is responsible for the practical implementation of this policy at school, institutional or hostel level, and for maintaining an adequate standard of safety according to this

policy.

14.3 It is recommended that a school governing body or the council of an institution should take all reasonable measures within its means to supplement the resources supplied by the State in order to ensure the availability at the school or institution of adequate barriers (even in the form of less sophisticated material) to prevent contact with blood or body fluids.

14.4 Strict adherence to universal precautions under all circumstances (including play and sports activities) is advised, as the State will be liable for any damage or loss caused as a result of any act or omission in connection with any educational activity conducted by a public school or institution.

15. REGULAR REVIEW

This policy will be reviewed regularly and adapted to changed circumstances.

16. APPLICATION

16.1 This policy applies to public schools which enroll learners in one or more grades between grade zero and grade twelve, to further education and training institutions, and to educators.

16.2 Copies of this policy must be made available to independent schools registered with the provincial departments of education.

17. INTERPRETATION

In all instances, this policy should be interpreted to ensure respect for the rights of learners, students and educators with HIV/AIDS, as well as other learners, students, educators and members of the school and institution communities.

18. WHERE THIS POLICY MAY BE OBTAINED

This policy may be obtained from The Director: Communication, Department of Education, Private Bag X895, Pretoria, 0001, Tel. No. (012) 312-5271.

This policy is also available on the Internet at the following web site: <http://education.pwv.gov.za>