

Sexually transmitted infections and their diagnoses: Bapedi experience

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Abstract

Background: The global burden of sexually transmitted infections (STIs) is a major concern to the World Health Organization (WHO).

Objective: To document STIs treated by Bapedi traditional healers and their methods of diagnoses in the Limpopo Province, South Africa.

Methods: A semi-structured questionnaire with closed and open-ended questions was used to collect data from 34 traditional healers, during a face-to-face interview.

Results: Five seemingly dissimilar STIs; gonorrhoea, chlamydia, HIV/AIDS, *nta* (Bapedi-terminology) and syphilis were identified as being treated by Bapedi traditional healers. With the exclusion of HIV/AIDS, all STIs are known by healers via their vernacular names. Not all of the recorded STIs are treated by all the questioned traditional healers. Generally, diagnosis of these infections was based primarily on the presentation of symptoms and certain behavioural traits; mostly unprotected sexual intercourse with multiple partners.

Conclusion: The current study concludes that Bapedi traditional healers play an important role in the treatment STIs in the Limpopo Province. Of concern is their diagnosis which is based primarily on the presentation of symptoms and behavioural traits, which are not always accurate indicators. Thus, to make their contribution to the treatment and management of STIs beneficial, they have to receive elementary training in diagnostic methods particularly for HIV/AIDS.

Keywords: Bapedi, diagnoses, Limpopo Province, sexually transmitted infections, traditional healers.

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Introduction

Annually, millions of people are exposed to and possibly infected by a variety of STIs such as *Candida albicans*, chlamydia, gonorrhoea, HIV/AIDS, herpes simplex virus and syphilis³⁵. These infections can have a detrimental effect on the sexual health status of the individual if left untreated³⁶. Fortunately some of them are curable; with the more prominent curable ones including amongst others gonorrhoea, syphilis, chlamydia²⁰ and herpes simplex virus¹. These are bacterial infections that respond well to treatment with antibiotics. Of some concern is their asymptomatic presentation which can hamper detection and effective treatment.

According to Chavhunduka⁴ traditional healers rely on the physical manifestation of symptoms to assist them in their diagnosis of STIs, obviously due to lack of access to laboratory services.

In cases of symptomatic presentation the occurrence of one or more of the following forms part of the WHO syndromic management guidelines: Abnormal urethral discharge, dysuria or ulcers in the genital area¹¹. These guidelines aim to treat STIs patients according to their symptoms, are in line with the approach followed by traditional healers of different cultures in South Africa^{18,7,28} and elsewhere^{21,25,30,5}. The present study is part of larger project aiming at documenting medicinal plants and treatment of STIs by Bapedi healers in the Limpopo Province of South Africa, and includes a study by Semanya et al.³².

Methods

Study area and population

This study was carried out in the Limpopo Province of South Africa, and included 17 local municipalities from the Capricorn, Sekhukhune and Waterberg districts (figure 1 and table 1). The majority of people in these districts are Pedi speaking. This culture constitutes the largest ethnic group in the Limpopo Province, comprising almost 57% of the population¹⁷.

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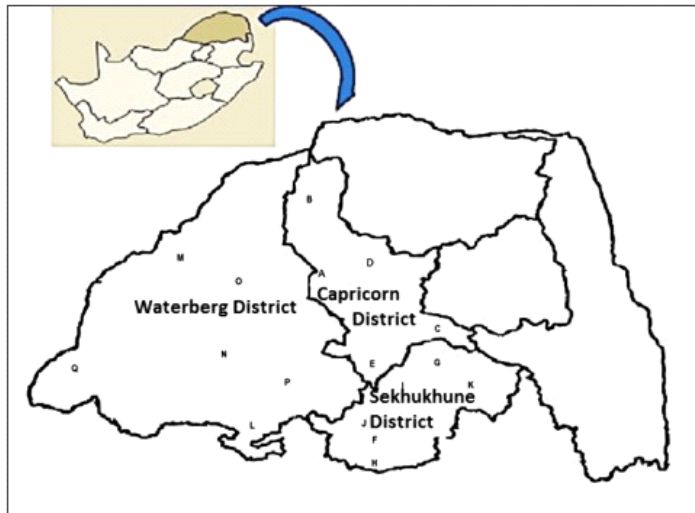


Figure 1: Study area: Capricorn, Waterberg and Sekhukhune districts, Limpopo Province, South Africa. A to Q designates the involved municipalities

Table 1: Surveyed municipal districts and local municipalities of the Limpopo Province

Capricorn district		Sekhukhune district		Waterberg district	
Aganang	A	Elias Motsoaledi	F	Bela-Bela	L
Blouberg	B	Fetakgomo	G	Lephalale	M
Lepelle-Nkumpi	C	Groblersdal	H	Modimolle	N
Molemole	D	Makhuduthamaga	I	Mogalakwena	O
Polokwane	E	Marble Hall	J	Mookgophong	P
		Tubatse	K	Thabazimbi	Q

Survey and data collection

A dual purpose reconnaissance survey was first carried out in each local municipality to: (i) obtain permission to conduct this study within the area of jurisdiction and (ii) also to meet with the traditional healers to request them to participate in the study³¹. Data was collected during first half of 2011 using a semi structured questionnaire with closed and open-ended questions, during a face-to-face interview.

In each local municipality two traditional healers were randomly selected and the objective of the study was explained in Sepedi, the local dialect. Interviews were designed to gather data on the type of STIs treated by Bapedi traditional healers and their methods of diagnoses.

Results

Sexually transmitted infections treated

The current study indicated that five STIs are treated by Bapedi traditional healers. These include gonorrhoea, chlamydia, HIV/AIDS, *nta* (Bapedi-terminology) and syphilis. With exclusion of HIV/AIDS; traditional healers know these STIs with their

vernacular names. For instance gonorrhoea is known as *drop* in Pedi culture, chlamydia as *kbutlega*, and syphilis as *tsbofela*.

Not all five STIs are treated by all interviewed healers. In fact none of the traditional healers from a single municipality indicated that they treat all five-listed STIs. Two healers from the Elias Motsoaledi municipality treat four of the five STIs, except syphilis. Traditional healers from the Capricorn district treated only gonorrhoea and chlamydia; whilst those from the Sekhukhune district treat all the infections among them, and in the Waterberg district the focus was on chlamydia, gonorrhoea and HIV/AIDS.

Diagnosis of sexually transmitted infections

Generally, diagnoses of STIs by the questioned traditional healers were primarily based on the symptomatic presentation and certain behavioural traits. Before commencement of the treatment, Bapedi healers closely observe the condition of their patient and request information about prevailing symptoms.

All traditional healers in the studied districts treated gonorrhoea. These healers mentioned that behaviour such as unprotected sexual intercourse with many partners or an infected partner will result in being infected. The only symptomatic presentation used during the diagnosis was the presence of a smelly urethral discharge (traditionally referred to as drops of smelly sperm).

None of the healers from the Capricorn district treated HIV/AIDS. Therefore information regarding this infection was obtained only from healers residing in Sekhukhune and Waterberg districts. Only one traditional healer from Modimolle municipality (Waterberg districts) indicated exposure to contaminated blood (blood of person who sleeps around with multiple partners-Bapedi terminology) as a source of infection. The remainder identified sexual intercourse with the partner of a person who died from HIV/AIDS as the leading cause of contracting this infection. Coloured (green) ligaments, feeling of dizziness on hot days, prolonged flu-like symptoms and sudden and dramatic weight loss (wasting syndrome) were used as diagnosis criterion. Overwhelming support was observed for the occurrence of sudden and dramatic weight loss, which was, according to the healers, positively associated with HIV/AIDS.

Chlamydia was only treated by healers from five local municipalities (Blouberg, Lepelle-Nkumpi, Polokwane, Elias Motsoaledi and Lephalale). Seven of the nine traditional healers who treated this infection mentioned that their patients had an abnormal gait (“stretch legs when walking”) as well as an inability to urinate. Exposure to blood seems to play an important role in contracting this infection, as unprotected sexual intercourse with menstruating partners or one who just terminated her pregnancy was clearly indicated as a risk factor.

Information regarding the identification of *nta* (Bapedi- terminology) is lacking as only one traditional healer from the Elias Motsoaledi municipality treats it. Unprotected sexual intercourse with many partners was given as the reason for infection. A similar situation occurred regarding syphilis. Only one traditional healer from the Groblersdal municipality treats this infection. Once again unprotected sexual intercourse with many partners was a key factor in identification of the infection. However, this behavioural trait was complemented by the presence of a measles-like rash on the genitals.

Discussion

Sexually transmitted infections treated

With the exclusion of *nta* which we couldn't establish its western medicinal term due to limited information, all STIs (gonorrhoea, chlamydia, HIV/AIDS and syphilis) treated by Bapedi are common amongst healers of other ethnic groups in South Africa. For instance, they are also treated by VhaVenda traditional healers residing in the far northern part of the Limpopo Province^{23,24}. Furthermore, various studies focusing on the Zulu cultures^{22,28} clearly indicated that Zulu traditional healers in KwaZulu-Natal Province treat these STIs. Their treatment is not restricted to the South African traditional healers; as they are common among the traditional health practitioner residing in other African countries such as Zambia², Morocco¹⁹, Zimbabwe¹³, Malawi³⁷, and elsewhere¹⁰. Interestingly, all these studies also observed that STIs are traditionally known by vernacular names. In the current study local names, were often descriptive of the symptom/s rather than a specific infection. For instance *nta* alludes to the fact that an infected patient mostly feels discomfort in their blood veins, mostly around the genitals parts.

The treatment of the above mentioned STIs by Bapedi healers might be due to multifaceted factors including the belief that their clients have in their prescriptions, and or the efficacy of their medicine. For example a comprehensive community survey conducted by Peltzer²⁹ found among rural adult South Africans that, of those who reported to have had one or more of curable STIs including chlamydia, gonorrhoea and syphilis; in the past 12 months, 36% had consulted traditional healers for treatment. Another possible reason for treatment of these STIs by healers in the present study might be due to the comfortability of their patients during treatment. For instance prior diagnosis, Bapedi healers spend much time listening to their patients and discussing the causes of the infections, and other issues not related to the treatment including family matters; these factors are often lacking in the local contemporary health facilities. Some of the traditional healers in the current study went extra miles to accommodate their patients in their own house for treatment of STIs, until they are completely healed. This might also make the patient feel accepted and well taken care of, thus prefer healers service for STIs.

Diagnosis of sexually transmitted infections

Like other traditional healers in South Africa, other African countries, and elsewhere, diagnosis of STIs (chlamydia, HIV/AIDS, gonorrhoea, *nta* and syphilis) by Bapedi was primarily based on the symptomatic presentation and certain behavioural traits. Although all healers indicated that they use unprotected sexual intercourse with an infected person in combination with a smelly urethral discharge to identify gonorrhoea. Their majority (73%) rated unprotected sexual intercourse with multiple partners in combination with a smelly urethral discharge as of greater importance in the identification process. Traditional diagnosis of gonorrhoea using urethral discharge by Bapedi healers is not a new finding as was also noted by Mulaudzi and Makhubela-Nkondo²⁴ for VhaVenda traditional healers. Similar findings were reported in Chiawa rural area located in south of Lusaka, Zambia². It is worth noting that the treatment of gonorrhoea via syndromic algorithms for urethral discharge is recognised by WHO, and has been reported by Gergen et al.⁹ to be largely successful in males. Use of unprotected sexual intercourse, either with an infected person or with multiple partners, by Bapedi as part of the identification process of gonorrhoea was expected, as many initiatives in the media promote the use of condoms as a protective means. This finding calls for an urgent need to incorporate Bapedi healers in the STIs control activities in the Limpopo Province, and encourage their role in promoting safer sexual behaviour and a healthy lifestyle.

Likewise, most healers agreed that unprotected sexual intercourse with an infected person or the partner of a person who died of HIV/AIDS would increase the likelihood of being infected. Coloured (green) ligaments, feeling of dizziness on hot days, prolonged flu-like symptoms and sudden and dramatic weight loss, were the most commonly used diagnostic criteria; these symptoms are associated with HIV/AIDS¹⁴, but are not reliable for identification of this pandemic. These symptoms seem to be commonly used as part of HIV/AIDS identification in the traditional primary health care sectors. They are also employed by healers of other ethnic groups in South Africa³³ and Tanzania¹⁵. However, amongst Bapedi healers, sudden and dramatic weight loss was the only consistent symptom, which was a huge disappointment. This disappointment stems from the fact that firstly many HIV/AIDS symptoms exist, as such, it is difficult to understand why healers would mostly base the

diagnosis on a single symptom, and secondly, the fact that weight loss can result from any number of conditions, but not limited to HIV/AIDS³². This finding is a clear indication that some of the Bapedi traditional healers are not well informed about HIV/AIDS; it is well known that the only way to know your HIV/AIDS status is to get yourself tested at the modern health care facilities such as hospitals and clinics. In this regard, collaboration between these healers and local biomedical health providers is essential. Traditional healers in the present study should be advised to refer their patients to modern health care facilities for accurate diagnosis prior to treatment.

Chlamydia was less often treated and only five of the 17 municipalities had traditional healers who treated it. General agreement has it that sexual intercourse with either a menstruating woman or a woman pregnant with another man's child will result in contracting this disease. Abnormal gait and an inability to urinate in patients were used as a diagnosis. In contrast, the decision to treat patients for possible chlamydial infection by traditional healers residing in the Antananarivo region of Madagascar, was taken due to the fact that patients complained of 'feeling something unusual' in their genital³⁰. However, traditional healers residing in Kilombero and Ulanga districts, Tanzania, first ask the patient about the complaints, and then examine body signs; unfortunately no specific signs were reported⁸. Furthermore, if healers are still not sure about the problem, they perform a '*ramli*' with a chicken (patients have to bring a chicken for the consultation of the oracle). The chicken is killed and then carefully examined during an autopsy for any abnormal and pathological features which are connected with the problem of the patient. Indeed as noted by Neba²⁶ and Darshan and Bestus⁶, traditional methods of diagnosing diseases are very complex and complicated. Thus sometimes questionable and difficult to understand or make sense of them. Identification of chlamydia by Bapedi traditional healers via abnormal gait and an inability to urinate is dubious; firstly these can result from a number of problems but not limited to chlamydia^{3,27}, and secondly it is well known that chlamydial symptoms do not occur that frequently at all, or at least not to any observable level^{16,34}.

Nta and syphilis were exclusively treated by traditional healers from the Sekhukhune district, perhaps due to their prevalence in this district.

Unprotected sexual intercourse with many partners was used as a means of identifying *nta*, with no accompanying symptoms mentioned.

Unprotected sexual intercourse with multiple partners was also used in the identification of syphilis, in addition to this it was mentioned that patients had many measles-like rash on their genitals. This diagnostic criterion is contrary to that employed by traditional healer in Zambia, who usually uses genital sores and rarely skin rashes to identify syphilis². However, it is very difficult to say with certainty what is meant with “measles” on their genitals, in the present study. The fact that it seems to be confined to the genital area creates more confusion; at least a skin rash as used by Zambian healers, does appear during the secondary stage of syphilis¹². This skin rash appears all over the body, is painless and does not itch. As a result of this, there is a possibility that both the Bapedi traditional healers and patient could have overlooked it, simply because healers, in the case of an STI, would not necessarily associate a rash on other body parts with an STI, and the patient, due to a lack of discomfort, might not mention it³². Consequently traditional healers might prescribe the wrong medication.

Conclusion

The current study indicated that Bapedi traditional healers play an important role in the treatment STIs such as gonorrhoea, chlamydia, HIV/AIDS, *nta* and syphilis. Of concern is their diagnosis which is based primarily on the presentation of symptoms and certain behavioural traits, which are not always accurate indicators. Thus, to make their contribution to the treatment and management of STIs beneficial, they have to be given elementary training in diagnostic methods particularly for HIV/AIDS. The present study further indicated that most interviewed healers use unprotected sexual intercourse to diagnose STIs. Consequently, it would be imperative to take advantage of this, and incorporate them in STIs control actions, and ensure condom availability at their consultation places; to dispense them to their clients. They could further play an important role in encouraging safer sexual behaviour to these clients.

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