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PATTERN OF USE OF TRADITIONAL AND ALTERNATIVE MEDICAL THERAPY AMONG CLIENTS ON ANTI RETROVIRAL DRUGS IN SOUTHWESTERN NIGERIA

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ABSTRACT

Introduction: With the fear of uncertainties brought about by prolonged use of ARVs, clients may seek alternative medical therapy from traditional care givers with high hopes of getting cure. The objective of this study is to determine pattern of use of alternative medical therapy among HIV positive clients on ARVs in Lagos southwestern Nigeria

Methods: Descriptive cross sectional study carried out among 400 eligible clients on ART in Lagos Nigeria using multi stage sampling method. Research instruments employed were semi structured interviewer administered pre tested questionnaires, and responses analyzed using the SPSS software version 13.0.

Results: Seventy two (18.0%) had consulted an alternative or traditional doctor for HIV cure and care. Thirty six (9.0%) have been taking alternative medications treatment which included herbs and soaps. Forty (10.0%) of respondents believed that alternative medications can cure HIV infection. For HIV care, 328 (82.0%) use ARVs/orthodox medications only, 24(6.0%) combined modern and traditional while 44(11.0%) combined spiritual care with both orthodox and traditional medical care. Thirteen (36.1% of those who took traditional medications) had ever stopped ARVs because of these herbal medications. While 104(26%) were taking immune boosters, 35(33.7%) of these had ever stopped ARVs because of these immune boosters. A statistically significant association exists between use of alternative medical therapy and gender of clients ($P=0.02$) while non exist between level of education and seeking alternative medical care ($P=0.47$)

Conclusion: Clients on ARVs seek traditional medical care for prompt management of their HIV conditions. Health care workers should improve on counseling towards strict adherence to ARVs

Key words: traditional and alternative medical therapy, antiretroviral drugs, adherence

1. INTRODUCTION

The patronage of traditional or alternative medical care as a means of getting cure for the dreaded HIV infection is a common occurrence in many parts of the world. As in the rest of sub-Saharan Africa, 80-85% of Black South African people are estimated to make use of traditional healers' services in both rural and urban areas. (1) Traditional healers tend to be the first 'professionals' consulted by people with a sexually transmitted disease, including Human Immunodeficiency Virus (HIV). These healers are more easily accessible geographically, creditable, respected and provide a culturally accepted treatment among the population they serve, and thus form a critical part of the health-care delivery system. (2)

Alternative and complementary medicine is quite popular among people living with HIV. For example, around a half of HIV positive Americans report recent use.(3) Many HIV positive people say they feel better after using alternative and complementary medicine. It is likely that some of these treatments are indeed beneficial, although unproven according to conventional Western medicine.

The fear of uncertainty arising from the general information that HIV is incurable, even with long duration of use of ARVs, had influenced decision of HIV positive clients towards seeking alternative medical care. Many use all available healing methods including spiritual to solve their health problems. Furthermore, concerns for nutrition and its relationship to level of immunity and well being in HIV positive clients has made many of them to buy expensive nutritional capsules and immune boosters at the expense of antiretroviral drugs and availability of funds for other orthodox medical care and services.

Although many HIV-positive individuals use alternative medicine, little is known about user characteristics. It has been documented that patient's level of knowledge about HIV disease, a belief that ART is effective and prolongs life, and a recognition that poor adherence may result in viral resistance and treatment failure all impact favourably upon a patient's ability to adhere.(4) On the other hand, the tendency to abandon ARVs to the detriment of alternative drugs would affect level of adherence with care, evaluation of care and subsequent management of HIV positive clients in case of resistance to ARVs. Thus it is important to determine client's knowledge and attitude to seeking alternative medical therapy and self medication more so when efficacy of these medications is yet to be determined. The objective of this study is to determine pattern of use of alternative medical therapy among HIV positive clients in Lagos southwestern Nigeria

2. MATERIALS AND METHODS

This was a descriptive cross sectional study of pattern of use of alternative medical therapy among HIV positive clients in Lagos in South western Nigeria. There are several health facilities at secondary and tertiary levels providing funded HIV services in the state. The reference population consisted of all adult HIV positive clients on ARVs in Lagos state. Clients less than 15 years were excluded from this study.

With a calculated sample size of 400, multi stage sampling method was used in sample selection. Two out of three senatorial districts were selected using simple random sampling employing simple balloting. In the second stage, 4 out of 7 facilities in the two districts were selected using simple random sampling, employing simple balloting. Respondents were proportionately selected from these facilities based on the patient load. At the facility level, 2 weekly clinics in a month were also selected using random sampling in stage III. In stage IV, the daily clinic attendance sheet was used in selecting every third client on the ART register using systematic sampling method until maximum sample size was attained.

Ethical issues were settled at the level of the authorities of health facilities, the health service commission and verbal informed consent were obtained from individual clients who generally shown very good attitude towards participating in the study. Research instrument was a semi structured self administered questionnaires previously pre tested on ten clients attending a neighboring territorial health facility. Study variables were mainly on socio-demographic characteristics, and their attitude and perception towards the use of alternative medical therapy for HIV care and management. One limitation of this study was possible dis-inhibition to faithfully respond as a result of a fear and feeling that a client may be suspected by facility care givers of not fully adhering to ARVs only. An assurance of strict confidentiality in data handling helped to circumvent this challenge.

Also, the findings from this study may not be generalizable to HIV positive clients who accessed private health services or not eligible for this study. Data was analyzed using the SPSS software version 12.0 after ensuring validity of data using double entry and manual checks. Frequency tables were drawn and relevant associations between categorical variables determined at a significant p value of less than or equals to 0.05.

3. RESULTS

Mean age of respondents was 38.9(\pm 1.3) years while mean number of years on ARVs was 3.7(\pm 0.4) years. One hundred and ninety two (48.0%) were males, 234(58.5%) were married, 30(7.5%) had no formal education, while only 196(49.0%) had been on ARVs for less than 5 years. Table 2 showed the pattern of use of alternative medical therapy among respondents. One hundred and twenty four (31.0%) of respondents believed that modern or orthodox medicine may not offer a cure for HIV. About 72(18.0%) had consulted an alternative or traditional healer for HIV cure and care. While 36(9.0%) already taking medications from these traditional care givers, common forms of treatment include herbs and soaps.

Forty (10.0%) of respondents believed that these alternative medications can cure HIV infection. Sources of HIV care reported include 328(82.0%) using orthodox medications only, 24(6.0%) combining modern and traditional while 44(11.0%) combined spiritual care with both orthodox and traditional medical care. Common reasons proffered for seeking alternative care included the believe that hospital treatment only cannot work for HIV, that hospital treatment is life long, stigma and discrimination and bad attitude of health care workers among others.

Thirteen (36.1% of those who took traditional medications) had ever stopped ARVs because of these herbal medications. While 104(26%) were taking immune boosters, 35(33.7%) of these had ever stopped ARVs because of these immune boosters. Fifty six (14.0%) of respondents believed that these alternative medications can work without ARVs. Among respondents taking native herbs, 34 (94.4%) said that their health care giver was not aware of their taking these herbs. A statistically significant association exists between use of alternative medical therapy and gender of clients ($P=0.02$) while non exist between level of education and seeking alternative medical care ($P=0.47$).

Table 1. Socio-demographic characteristics of respondents

Socio demographic characteristics	Frequency	Percentage
Age		
20-29	68	17.0
30-39	148	37.0
40-49	136	34.0
50-59	48	12.0
Sex		
Male	192	48.0
Female	208	52.0
Marital status		
Single	138	34.5
Married	234	58.5
Others	28	7.0
Education level		
No formal education	30	7.5
Primary	52	13.9
Secondary	194	48.5
Tertiary	124	31.0
Period since ART started		
• Less than 5 years	196	49.0
• 5-9 years	180	45.0
• 10 years and above	24	6.0

Table 2. Pattern of use of alternative medical therapy among respondents

Variables	Frequency	Percentage
Believe modern medicine may not offer a cure for HIV	124	31.0
Have consulted an alternative/traditional doctor for HIV cure and care before	72	18.0
Have been taking medications from traditional healers		
Type of medications(n=36)	36	9.0
• Herbs		
• Soaps	36	100.0
• Others e.g. roots	12	33.3
Believed that these medications could cure HIV infections	20	55.6
Description of respondent's present HIV care centers		
• Modern/orthodox care only	40	10.0
• Modern plus traditional		
• Modern plus traditional and spiritual healings		
• Others	328	82.0
Reasons for seeking alternative traditional care(n=36)	24	6.0
• Hospital treatment only cannot work	44	11.0
• Hospital treatment is life long	4	1.0
• Stigma and discrimination		
• Bad attitude of HCWs	32	88.9
• Others	14	38.9
Currently taking immune boosters/similar drugs	30	83.3
Ever stopped your ARVs because of these herbal medications(n=36)	12	33.3
Ever stopped your ARVs because of these immune boosters(n=104)	19	52.8
Alternative medical therapy can work without ARVs	104	26.0
Respondents health care workers not aware that clients use TCAM(n=36)	13	36.1
	35	33.7
	56	14.0
	34	94.4

4. DISCUSSIONS

In this study, one third of respondents believed that orthodox medicine or hospital care alone may not offer a cure for HIV. This agrees with another study in which nearly half believed that ART cannot cure a deadly disease like HIV,(5) despite nearly three decades of the raging scourge of HIV infection and the huge amount of resources committed worldwide. Despite enormous attention it received from the international community; a cure or vaccine for the HIV infection is still elusive. Mortality has risen in many communities while stigma and discrimination has worsened morbidity due to HIV/AIDS. This has made lots of people living with HIV to loose interest in orthodox medical care and made them probably look elsewhere for survival.

In this study, about one fifth of respondents had consulted an alternative or traditional healer or practitioner for HIV cure and care, while about one-tenth had been taking medications from them. In a similar study, about half of respondents in an Australian study had use traditional and alternative medicine to manage their HIV/AIDS. (6) Several other studies had reported a 15 to 79% of clients on ART patronize traditional and alternative care, and they often use traditional and alternative medicines for HIV care more than for other serious illnesses.(7,8)

The patronage of traditional medicine and alternative medical care is a common feature in this environment. It is acceptable to them, the care givers are respected member of the society and their care usually goes along the line of traditional beliefs and norms. Though traditional medical care is more of unwritten knowledge and technology handed over from generations to generations, many had laid claims to its ability to cure HIV and offer life and good health to clients who had been on several years on ART without a resultant change in test result.

Majority of respondents in this study used orthodox medications only, less than one tenth combined modern and traditional care while about one tenth combined spiritual care with both orthodox and traditional medical care. This agreed with similar study in which about half used other combinations with alternative and traditional care, about one third use herbal therapies alone, about three quarter adopted spiritual practices while about half used micronutrients.(9) In yet another study, prayer was used as a complementary health strategy for HIV-related anxiety, depression, fatigue, and nausea.(10)

In this study, common reasons for seeking alternative care include that hospital treatment alone cannot work for HIV, that hospital treatment is life long, because of stigma and discrimination and bad attitude of health care workers among others. Requirements for improved energy level, to supplement dietary intake and to enhance immune response may however prompt HIV positive clients into seeking traditional or alternative medical care irrespective of ARVs use.

About one third of those who took traditional medications had ever stopped ARVs because of these herbal medications while about a quarter used immune boosters regularly as a form of care. About one third of those who took immune boosters had ever stopped ARVs because of these immune boosters. A little over one tenth of respondents believed that these alternative medications can work without ARVs, one tenth believed that these traditional medications can cure HIV infections. This compares to a studies where the use of micronutrients was reported among half (11), and majority (12) of clients studied ARVs are drugs to be taken persistently by clients without stoppage with a preferred adherence of 100%. Non adherence to ARVs has a lot of implications for the client including treatment failure, drug resistance, hypersensitivity drug reaction and morbidity and mortality. Other reasons why clients may opt for traditional care but which bothers on adherence to ARVs include potential harmful interactions between some traditional medicines and ARVs;(11) and low confidence in the efficacy of the medications on the part of traditional medications and perceived minimal benefits resulting from ARVs among those on ART.(13)

However, most of clients using alternative medical care in this study said that their health care providers were not aware of their using it. This non disclosure by most clients agrees with a similar study in which most participants indicated that their health care provider was not aware that they were taking herbal therapy for HIV.(9) This brings to fore the importance of creating a strong trust based professional relationship with the clients so that clients be willing to disclose all aspects of their illness and treatment. It is common knowledge that care givers would perform better at counseling when their clients open up and tell them all medications and treatments they are taking to complement ARVs. This may also assist them to change the style and intensity of counseling and work towards total adherence to ARVs among such clients.

Conviction and beliefs in ARVs on the part of clients could also determine the success or otherwise of their treatments. While many traditional medications used by several people have not been quantified nor analyzed for its active and inactive components, many herbs may generally be found not to have significant effect on antiviral or immunity enhancement. A significant association between use of alternative medical therapy and sex($P=0.02$) found in this study supports another study in which female patients were found to be generally more frequently utilizing traditional health medicine than male patients.(14)

Conclusion: Clients on ARVs seeks alternative or traditional medical care in their quest for prompt management of their HIV conditions. As many of treatment issues bothers on adherence to ARVs, it is important that health care workers re-strategize and improve both in their counseling technique and care provider/client relationship so as to encourage strict adherence to ARVs.

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