

Traditional Healing Systems: A Pathway for Integrative HIV Care

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ABSTRACT

The integration of traditional healing systems into modern HIV care represents both a challenge and an opportunity for improving health outcomes, particularly in sub-Saharan Africa, where cultural beliefs heavily influence health-seeking behaviors. While antiretroviral therapy (ART) has transformed HIV from a terminal illness to a manageable condition, a significant number of people living with HIV (PLHIV) continue to seek care from Traditional Health Practitioners (THPs) due to deep-rooted spiritual, social, and cultural beliefs. This paper explores the dynamics of traditional healing in the context of HIV care, the socio-cultural factors behind its usage, and the emerging models of integrative care. It emphasizes the need for culturally competent healthcare approaches, policy reforms, and participatory research to develop collaborative frameworks between traditional and biomedical systems. Drawing from case studies in South Africa and other African contexts, the study outlines how mutual respect, shared knowledge, and community engagement can bridge the divide between systems, ultimately enhancing HIV treatment adherence and psychosocial support for PLHIV.

Keywords: Traditional healing, HIV/AIDS, antiretroviral therapy (ART), cultural competence, medical pluralism, integrative care, traditional health practitioners (THPs).

INTRODUCTION

In 2009, 33.3 million people were infected with HIV worldwide, with 60% in sub-Saharan Africa and 46% receiving antiretroviral treatment (ART). HIV/AIDS is now treated as a chronic disease, requiring lifelong care. Societies have traditionally interpreted unknown illnesses through cultural spiritualism, attributing events to forces beyond the natural world. Despite the risks of untreated HIV leading to AIDS-related complications, many people living with HIV (PLHIV) turn to traditional healing systems. In countries like South Africa, these systems are recognized as primary healthcare providers, especially in rural areas. However, reliance on traditional treatments is linked to delays in HIV diagnosis, adherence to ART, and increased mortality. Understanding community models of HIV illness is crucial for effective prevention strategies. The integration of traditional healing within broader healthcare requires careful negotiation. Widespread HIV conspiracy theories persist, particularly among traditional health practitioners who deny the existence of HIV, leading to excessive trust in traditional practices over Western medicine. This results in delays in testing and ART initiation, putting millions at risk for complications. To address these public health challenges and improve ART outcomes, further ethnographic research is needed to understand the impact of health-seeking behaviors [1, 2].

Overview of HIV and Its Impact

Human Immunodeficiency Virus (HIV) is a retrovirus that attacks the body's immune system and, left untreated, leads to Acquired Immune Deficiency Syndrome (AIDS). The epidemic has had a significant impact on health systems in sub-Saharan Africa, which carry the highest burden of disease and mortality. South Africa bears the brunt of this epidemic, with a total of 7.1 million people living with HIV for a national prevalence of 19%. The introduction of Antiretroviral Treatment (ART) has been hailed as a monumental achievement in the battle against HIV/AIDS globally. However, persistent societal ills of fear, stigma, and discrimination often prevent people from getting tested and accessing cascades of care. As such, HIV is viewed through a lens of catastrophic illness. The resultant illness and consultation around it are predominantly sought from the Traditional Healing systems. Traditional Health

Practitioners (THPs), also known as ngangas and inyangas, attach a broader social context to the illness, focusing on social challenges, breach of social norms, ancestral anger, and violation of communal rules. Hence, THPs have been rendered as important resources in terms of community-based care. Whether THPs are an appropriate resource to support the scaling up of HIV treatment and prevention services in South Africa remains unclear. Several studies show that THPs provide services to people affected and infected with HIV/AIDS alongside the biomedical system. However, findings are often presented as HCT and treatment services from the two systems competing with respect to HIV/AIDS. The first is that whilst the WHO has identified possibilities for linking biomedical and traditional healing systems, studies using qualitative and quantitative methods highlight myriad challenges for patients who use THPs or both biomedical and traditional healing systems in the context of HIV/AIDS. A multi-country qualitative study established that medical pluralism contributes to delays in HIV-related care and interruption of care for people living with HIV. Some studies have also shown that increasing the availability of ART is not enough, as more people still choose to consult THPs to avoid being identified as HIV positive. Finally, in South Africa, substantial evidence suggests that the broader cultural and social context may influence engagement with biomedical public health care systems and the acceptability of lifelong treatments such as ART. There is evidence that socio-cultural beliefs around HIV/AIDS and dissatisfaction with biomedical public health systems drive significant levels of medical pluralism and the continued use of the traditional healing system alongside ART care [3, 4].

Integrative Approaches to HIV Care

Understanding contextual factors is vital for effective HIV prevention among adolescents, particularly males perceived as vulnerable due to risk-taking linked to masculinity and peer influence, rather than poverty or gender disparity. Societal silence on male sexual health and inadequate school education also exacerbate the issue. Prevention efforts should target both boys and girls, with some advocating for more educational engagement. Employed actors recognize adolescent girls' heightened risk and collaborate with target actors to recommend strategies. Women's narratives illustrate intimate experiences surrounding motherhood, marriage, and community, shedding light on their everyday lives and how these foster new forms of belonging. Non-state legal systems will be explored regarding women's rights to choose co-wives and navigate relationships, emphasizing the importance of community ties in the private realm. Women's intimate experiences call for recognizing the quotidian as ethico-philosophico-political. As access to ART increases, the role of traditional healing in HIV care has gained significance, demonstrated through case studies in rural South Africa. Some individuals consulted traditional healers upon diagnosis, recognizing them for identifying illness signs beforehand. The relationship between traditional healers (THPs) and health care systems is complex, showing synergy in supporting people living with HIV (PLHIV). Bridging practitioners, often with backgrounds in TB and HIV counseling, help legitimize ART, combining respect for traditional practices with state health care knowledge, thus enhancing overall care [5, 6].

Traditional Healing Practices around the World

Indigenous Therapies are utilized by Traditional Healers who undergo training to cultivate their healing abilities. They expend considerable effort to acquire indigenous therapy knowledge through attentive observation throughout their maturation years, close association with forebears and other trained traditional healers, and rigorous rehearsals over several years to refine these learned methods. Traditional Healers apply techniques like massage or another form of physical therapy to stimulate bodily fluids, herbs, charms, psycho-spiritual interventions, and dressings on physical locations impacted by ailments, involving ceremonial chants among other rituals. Traditional Healers generally assert that the cause of ailments lies in mystic healing and safeguard their curing protocols as a secret for ethnical permanence; informants also maintain a discreet attitude toward non-indigenous African investigators engaged in ethnomedical inquiries, who they believe might jeopardize their remedies' safekeeping. In rural Ngaka Modiri Molema District, North-West Province, South Africa, a predominantly Kalanga and Tswana community armed with knowledge surrounding herbal cures demonstrates sincerity in remedying diseases believed to be infinite by non-indigenous African ethnomedical investigators and remedied with extreme difficulty by biomedical practitioners. Furthermore, Traditional Healers in the Ngaka Modiri Molema District, who generally assert the capacity of their herbs and remedies to control and remedy HIV/AIDS, avow working closely with their clients and local structures to handle emerging circumstances arising from the HIV/AIDS pandemic. They also treat ailments/products of HIV/AIDS(sic). Eliciting the indigenous herbal remedies and protocols administered to handle HIV/AIDS, and its manifestations, this paper demonstrates the authenticity of curative capacities professed regarding these indigenous therapies. Additionally, the article offers a consideration of human ethics, in contrast to biomedical Healers who are depicted as ignorant, dishonest, and manipulative. Many

efforts have been made by societies, tribal groups, and non-governing societies to study the ethics of those administering native invocation, though adequacy and credibility remain unresolved among others, as the extent of cryptic divergence is still under-explored [7, 8].

Case Studies of Successful Integrative Care

The integration of traditional healing practices into healthcare systems is critical for enhancing treatment uptake, adherence, and retention in care for people living with HIV. Community-based participatory research approaches can produce contextualized evidence demonstrating the feasibility of integrating traditional healing systems with biomedicine. Local case studies exploring the integration of traditional healing practices into the care of people living with HIV and antiretroviral treatment are presented as a starting point for engaging in local and national advocacy discussions to incorporate traditional healing practices into formal HIV care systems. In Soweto, South Africa, the strong yearning for both spiritual and traditional practices to augment mainstream biomedicine motivated a study exploring the feasibility of integrating traditional healing systems into HIV care. Through this ethnography and visual anthropology study, three successful models of engagement emerged: 'house of playful learning' and 'I AM' designs of care that arose from indigenous knowledge systems celebrating rhythm, chants, music, dance and embodiment, and 'fashion hip-hop influencers' who transitioned to biomedicine after using traditional medicine to maintain good health. These models provided a valuable starting point for preliminary engagement discussions with local and national health authorities, the informal HIV care sector, and national and international research elite to describe possible pathways for engaging local traditional healing systems with biomedicine. A deep appreciation of local healing contexts may inspire action towards the two-phased process of system integration of traditional healing practices into biomedicine. During this process, community-based participatory research systems would generate and mobilize locally contextual evidence towards systems integration. Local champions would then mobilize this evidence into advocacy framed by socio-cultural and public health arguments [9, 10].

Cultural Competence in HIV Care

HIV is a complex, multifaceted disease that requires a multidimensional approach, which includes biomedical, psychological, and social interventions that consider culture. Cultural competence is now recognized as a key element of culturally appropriate services. Cultural competence, also termed cultural capability, refers to a set of values, behaviors, attitudes, and practices within a system, agency, or among professionals that enable effective work in cross-cultural situations. Cultural competence includes appropriateness and understanding of the culture of clients, knowledge-based skills in effective strategies to overcome cultural conflict, a positive attitude to cultural differences, awareness of the potential of one's own culture, and willingness to engage in self-examination. Public health programs seeking to target particular populations are expected to actively engage with the community. Community members are consulted to adapt and revise messages and materials tailored to the community's characteristics and cultural beliefs. In Uganda, HIV service engagement remains suboptimal among adults receiving care from traditional healers. This population takes longer to receive an HIV diagnosis, has less knowledge of HIV services, and is less likely to have an HIV test. Studies in South Africa and Uganda found that multiculturalism and alternative systems of care were barriers to ART adherence for those receiving care from traditional healers. Reducing HIV service deserts requires attention to the gaps in HIV Testing, care, and treatment in regions unique for their reliance on traditional healing. Lack of cultural competence in HIV prevention, care, and treatment services is a major barrier to care engagement in communities reliant on traditional healing and may explain observed disparities in service utilization. Basic tenets of cultural competence include understanding a population's healing beliefs and traditions and how healing systems interact with formal medical systems. Addressing power dynamics between communities, healers, and the formal health system is critical to creating and improving programs aimed at mobilizing care from traditional healers in these regions [11, 12].

Challenges in Integrating Traditional and Modern Medicine

The acceptance of traditional healing systems is a way to ensure maximum benefits from the use of both systems in HIV prevention and care. It is believed that traditional healers, through their long-standing presence and knowledge in local ethnic systems and languages, can communicate effectively with HIV-infected individuals about the disease. This can accelerate and sustain the positive change in attitudes and behaviors conducive to HIV prevention and care. Expecting equal acceptance and appreciation of another system may not be realistic, as this would not happen when developing an HIV prevention model with the use of modern medicine alone. Perhaps only in the midst of the overwhelming evidence of the usefulness of the newer system in alleviating the burden of the disease would the older system be relegated to being collateral. Attempts to integrate traditional healing with modern medicine would probably fail in the face of traditional healer wisdom, parallel to the fear of many geologists and climatologists that the evidence

of global warming and climate change may not be regarded as sufficient for the aggressive reduction of greenhouse gas emissions by manufacturers of these gases. Caution should be taken in determining the scope and practices to be considered traditional medicine. Models of collaboration in HIV prevention and care between traditional healers and modern practitioners have been initiated and are in progress. It is anticipated that these initiatives will overcome opposition for the benefit of people infected with or affected by HIV. The optimization of the acceptance of use of both systems will introduce a new chapter in the control of HIV/AIDS in Tanzania, and perhaps other African countries where traditional medicine is still accepted. Questions abound about the mechanism of standards and criteria to be used for articulation, common documentation for the crucial practice of both systems, and quality assurance with regard to the management of some preventive aspects such as HIV/AIDS dietary consideration, etc [13, 14].

Research on Traditional Healing and HIV

The South African Traditional Health Practitioners Act acknowledges that the African traditional healing system is an ancient system of holistic healing intertwined with cultural beliefs. It focuses on the social, psychological, and spiritual aspects of illness. In the light of HIV/ AIDS, traditional health practitioners (THPs) may offer a more culturally sensitive and holistic resource for patients. The age-old system of traditional healing is embedded in culture. Fear, stigma, and discrimination are persistent challenges in the fight against HIV/AIDS, often preventing people from getting tested. People are still seeking healing for their conditions in traditional systems instead of seeking rehabilitation in the biomedicine system, where an HIV-positive person will be subjected to prejudice. Whether THPs are an appropriate resource to support the scaling up of HIV treatment and prevention services in South Africa is unclear, despite an evident need. Has identified possibilities for linking biomedical and traditional healing systems, including incorporation, collaboration, and integration. Despite this body of evidence, questions remain concerning THPs and the health care provided to HIV patients. Research was conducted to investigate the challenges and coping strategies faced by community members in navigating multiple sources of treatment in the context of HIV, as well as identifying possible areas for collaboration with traditional healers. It was found that there are challenges for patients who use THPs in the context of HIV/AIDS. Integration is an important first step towards their involvement in the fight against AIDS, but the challenges patients face are not solely the result of a mismatch between contexts. A study conducted in the Vhembe district of Limpopo, South Africa, collected data about the effects of traditional healing methods on the treatment of HIV/ AIDS 1. The following key points were identified. The Vhavenda people strongly believe that they are suffering from a calling from their ancestors and witchcraft and not HIV. This is the central belief about HIV in the communities. As a result, their first port of call to address health issues is mostly traditional healers who will address psychological and social issues in addition to contemplating the use of antiretroviral (ARV) medication [15, 16].

Policy Implications for Integrative HIV Care

The global focus on finding a cure for AIDS has overshadowed the urgent need to integrate Antiretroviral Therapy (ART) into diverse cultures. Study findings reveal that ART, rooted in surgical biomedical science, has been variably integrated into societies with established folk biomedical practices. Key factors in successful integration include extensive public education, accessible HIV testing, decentralized treatment sites, and the provision of free ART, supported by global funding. In contexts lacking folk biomedical science, a wide array of health beliefs and practices presents unique challenges for innovation and response strategies. This study emphasizes the perspectives of those educated in folk healing, as these practices face threats from rapid socio-cultural changes brought by ART. The pressure from increased demand—unmet by traditional social networks—has caused significant strain on the folk medicine industry, suggesting a shift toward a new form of folk psychology. Understanding the issues confronting folk medicine enables the application of theories from sociology and political science to frame traditional healing systems as vital social capital. Therefore, AIDS warrants more comprehensive research and intervention focused on integrative international health efforts [17, 18].

Future Directions for Integrative HIV Care

Despite more people living with HIV/AIDS (PLHIV) in South Africa utilizing antiretroviral treatment (ART), there remains a need to promote holistic health-seeking behaviors. Traditional healing systems (THS) are predominant among many South Africans, including PLHIV. The interaction between THS and biomedical care for HIV/AIDS and ART is under-researched. This study investigates experiences and perceptions of individuals in rural KwaZulu-Natal. While ART access has increased, THPs and PLHIV employ different health systems based on their understandings of health and illness. Relationships with family, friends, and the community affect health decisions. Each healing system shapes unique expectations and practices vital for maintaining health. Recognizing these factors is essential for public

health strategies aimed at helping HIV-infected individuals maintain healthy lives and adhere to ART. Participants using both systems noted the distinct approaches of practitioners and often utilized treatments from both, either simultaneously or alternately. Those integrating therapies shared that certain traditional and biomedical medicines could safely coexist, particularly for PLHIV. This qualitative research contributes to understanding the use of both healing systems amidst the ART rollout. Community members turned to THPs to fulfill expectations from authoritative family figures, especially elders. Most viewed THPs as capable of treating spiritually-linked illnesses that biomedical methods could not. Influences also stemmed from friends and partners knowledgeable about traditional healing. Participants recognized the benefits of ART, with some prioritizing physical health, while others emphasized overall well-being. Family and social connections significantly impacted the use of THPs, illustrating the intricate interplay of health beliefs, behaviors, and the relationship between traditional and biomedical healing systems [19, 20].

Ethical Considerations in Traditional Healing

Concerns about adherence to medication and the ethicality of using traditional healing as part of HIV care are spelled out in this section. Some participants believed that if clients were given traditional healing, they would abandon medications, thereby interfering with ARV adherence. Some participants expressed views as to the ethicality of having faith in another system of healing when the disease is severe to the extent that one has to visit the clinic. As a result, the views revolved around a strong belief system in traditional practitioners as the cause of ill-health, and the minds of clients on western treatment and the thought that they were being given a toxic concoction. This resulted in traditional healers treating clients initially as a way to heal a badly damaged reputation. The de facto nature of the continuum of care model was described in regard to traditional healing about access, safety, and confidentiality. On their part, traditional healers said the faith system was there to embrace the Western option of care, and did not question the ingredients and suitability of the concoction for treatment. Traditional healers claimed that what was needed was moral suasion for the clients to accept their option, as criminals were apprehended. Traditional healers believe that a concoction that is labelled not for sale would do the healing for sexual enforcers. Participants claimed they give concoctions to the loved ones of ill clients to sip and heal the person without their knowledge. Traditional practitioners were believed to be the only ones who could heal their own. The observation that people adjacent to clinics abandon care while residing close to indigenous healers was summarised. Clients were also reported to travel long distances to traditional healers even in this time of era. Traditional medicines were reported to be in abundant supply and cheap. Both trained and national traditional healers reported relying on relatives and herbalists or plants from neighbouring countries as healers' subject knowledge in their training. Some healers claimed their concoctions can respond to anything under the sun, including mental conditions and herbal teas to assist health [21, 22].

Training and Education for Healthcare Providers

A focused research agenda that allows traditional healers to identify unmet community needs and explore how their practices can enhance HIV service engagement is warranted. In Uganda, over 80 percent of the population utilizes traditional healers. Common traditional healing practices include herbal medicine, spiritual healing, prenatal care, and treatment of broken bones. Previous studies indicate that adults receiving care from traditional healers have suboptimal HIV service utilization. Use of a healer has been associated with prolonged time to HIV diagnosis and reduced ART adherence among PLWH. However, local healing practices and needs of rural communities have not been harmonized with traditional healers' capacity to support HIV services engagement. This gap can only be addressed using locally grounded data. Stakeholder perspectives on improving uptake of HIV testing were explored through qualitative interviews with three groups: traditional healers, adults receiving care from healers, and HIV clinical staff. Themes related to traditional healer characteristics that could facilitate uptake and issues needing consideration to avoid harm were generated. Community leaders' concepts of the positive aspects of traditional healing can be leveraged to develop an intervention that builds on existing community strengths to support HIV prevention and care. This study was conducted in Mbarara District in southwestern Uganda, where rural villages dotted with swampy valleys, banana plantations, and fish ponds compete for attention. With approximately 475,000 residents and a density of three people per square kilometer, 19.6 percent are unemployed. Mbarara Regional Referral Hospital, with a capacity of 435 patients, serves the District; it is home to the Immune Suppression Syndrome clinic, the District's largest HIV clinic. More than 40 percent of Mbarara's human resources for health are stationed at the hospital. In Mbarara, access to care is constrained by transportation costs for individuals, connected and unaffordable care for almost everyone, and a healthcare system poorly equipped for choice. Therefore,

Mbarara has a high burden of unmet medication needs, with only modest supplies of narcotic analgesics or treatments for respiratory conditions. Only one hospital is located in the entire District [23, 24].

Patient Perspectives on Integrative Care

The increased roll-out of ART has led to intense and widespread interest in TB and HIV in many countries since HIV infection is often accompanied and complicated by secondary infections, occurring in different manifestations. A wide variety of biomedical and traditional TB precautions, treatments, and associated beliefs have differing validity, efficacy, and rationale. Understanding local illness and treatment beliefs, sources of healing, and treatment pathways is essential to inform culturally appropriate and feasible guidelines for integrated care. The ongoing HIV pandemic is rapidly leading to a rise in the burden of HIV/AIDS-related morbidity and mortality. Effective and safe ART reduces morbidity and mortality, but requires lifelong adherence and can unfortunately not cure HIV infection. Meanwhile, the health care systems in Southern Africa are diverse, and the majority of HIV infected individuals rely, at least in part, on TB healing practices. Similar patterns of dual illness perceptions and treatment pathways have been described in other contexts, and pathways are governed by different sets of beliefs and cultural logics. Traditionally-focused THPs have been described recently as having an important role in South Africa's response to the HIV epidemic. THPs have been defined as individuals who use non-biomedical treatments or preventative measures to address ill health and promote well-being, and range from traditional healers to herbalists. Recruitment of the study participants has provided THPs with information about the study and promoted the relationship between the study and the THPs. Interviews with traditional practitioners were conducted in the isiZulu language, and profiled THPs, practices, and beliefs about HIV/AIDS and its treatment with a focus on TB. The clinically-relevant complementary treatments originated from patients' beliefs in the efficacy of the treatment or need for a panacea. Integration of ethnobotany and yes card methodologies provides a powerful tool for understanding and mapping patients' divergent beliefs about HIV/AIDS prevention and treatment to develop a culturally appropriate integrated care model. The importance of local HIV/AIDS beliefs for care-seeking behavior and health systems has been illustrated, with separate, disparate, and sometimes divergent healing beliefs and care pathways co-existing [25, 26].

CONCLUSION

The persistent use of traditional healing systems among PLHIV highlights the urgent need for integrative approaches that respect and incorporate cultural values without compromising biomedical efficacy. Traditional Health Practitioners serve as pivotal community figures, providing culturally relevant interpretations of illness and psychosocial support. However, reliance on traditional therapies alone can delay HIV diagnosis, treatment initiation, and adherence. Successful integration of traditional and biomedical systems requires building trust, enhancing cultural competence among healthcare workers, and engaging THPs in HIV education and referral systems. By leveraging local knowledge systems and fostering collaboration, health authorities can create a culturally congruent HIV care framework that improves access, retention, and health outcomes. Policymakers and researchers must prioritize inclusive strategies and community-led initiatives to navigate the complexities of dual healthcare systems and promote holistic well-being for all individuals living with HIV.

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