THE INTERSECTION BETWEEN TRADITIONAL HEALING AND MODERN MEDICINE
PRACTICES IN THE CARE OF HIV POSITIVE PEOPLE LIVING IN SWAZILAND:
A PILOT STUDY

A Research Grant Proposal

Presented to the faculty of the School of Nursing
California State University, San Marcos

Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SCIENCE

in

Nursing
CNS Public Health

by
Michelle Alfe

SPRING
2012
CALIFORNIA STATE UNIVERSITY SAN MARCOS

PROJECT SIGNATURE PAGE

PROJECT SUBMITTED IN PARTIAL FULLFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF SCIENCE

IN

NURSING

PROJECT TITLE: The Intersection of Traditional Healers and Modern Medicine in the
Care of HIV Positive People Living in Swaziland: A Pilot Study

AUTHOR: Michelle Alfe

DATE OF SUCCESSFUL DEFENSE: April 24, 2012

THE PROJECT HAS BEEN ACCEPTED BY THE PROJECT COMMITTEE IN
PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING.

Linnea Axman, DrPH
PROJECT COMMITTEE CHAIR

Denise Boren, PhD
PROJECT COMMITTEE MEMBER

Lisa Sheehan, FNP
PROJECT COMMITTEE MEMBER

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE
Student: Michelle Alfe

I certify that this student has met the School of Nursing format requirements, and that this project is suitable for shelving in the Library and credit is to be awarded for the project.

__________________________, Graduate Coordinator  
Denise Boren, PhD Director  

4/24/12  
Date  

School of Nursing  
College of Education, Health, and Human Services  
California State University San Marcos
Abstract

The Intersection Between Traditional Healing and Modern Medicine Practices in the Care of HIV Positive People Living in Swaziland: A Pilot Study

by

Michelle N. Alfe

HIV/AIDS care and prevention activities in sub-Saharan Africa are mainly the result of collaborations between health care providers (physicians, nurses, and mental health professionals) and traditional healers (Bodeker, Carter, Buford, & Dvorak-Little, 2006; Sukati, 1996). Traditional herbal and spiritual practitioners (also known as iSangoma and iNyanga) have shown little inclination to adopt antiretroviral therapies to treat their HIV/AIDS patients (Shuster, Sterk, Frew, & del Rio, 2009). The proposed qualitative pilot study will examine the background of this reluctance, based on experiences of health care providers who are interacting with traditional healers in Swaziland. This pilot study will use qualitative methods to evaluate data collected from focus group discussions. The information will be collected from Swazi care givers attending an HIV/AIDS workshop sponsored by the United States President’s Emergency Plan for AIDS Relief (PEPFAR). The data obtained from this pilot study proposes to improve understanding, and communication, between collaborating health care providers and traditional healers with the specific aim of propelling the incorporation of antiretroviral therapies in the treatment regime for HIV/AIDS patients in Swaziland.

Keywords: HIV/AIDS, traditional healer, spiritual healers, iSangoma, iNyanga, Swaziland
ACKNOWLEDGEMENTS

I would like to thank my family, and in particular my sister Julianne, who has worked enthusiastically with me for the past six years. How can I ever thank you? I also wish to thank my colleagues and friends (and my dearest friend, Mary Baker!) at CSUSM School of Nursing for their confidence in me.

To Dr. Linnea Axman, I owe my deepest gratitude for her hours of mentorship and patience; and to Dr. Denise Boren to whom I will always be grateful for opening the doors to Swaziland.

Finally, I wish to express my gratitude to Lisa Sheehan, FNP, for generously accepting a position on my thesis committee.

I love you all.

Michelle N. Alfe
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Grant Application

Do not exceed character length restrictions indicated.

1. TITLE OF PROJECT (Do not exceed 81 characters, including spaces and punctuation.)
   The Intersection Between Traditional Healing and Modern Medicine Practices…

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION
   Number: XXXXXXX
   Title: XXXXXXXXX XXXXXXX XXXXXXX

3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR
   3a. NAME (Last, first, middle)
       Alfe, Michelle, N.
   3b. DEGREE(S)
       BSN
       RN
       PHN
   3c. POSITION TITLE
       Graduate student
   3d. MAILING ADDRESS (Street, city, state, zip code)
       P.O. Box #XXXX
       Rancho Villa Este, CA XXXXX
   3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT
       California State University San Marcos
   3f. MAJOR SUBDIVISION
       School of Nursing
   3g. TELEPHONE AND FAX (Area code, number and extension)
       TEL: XXX-XXX-XXXX
       FAX: XXX-XXX-XXXX
   E-MAIL ADDRESS:
       XXXXXXX@cougars.csusm.edu

4. HUMAN SUBJECTS RESEARCH
   4a. Research Exempt
       If “Yes,” Exemption No.
   4b. Federal-Wide Assurance No.
   4c. Clinical Trial
   4d. NIH-defined Phase III Clinical Trial

5. VERTEBRATE ANIMALS

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)
   From 9/1/2012 Through 9/1/2013

7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD
   7a. Direct Costs ($)  $58,154.21
   7b. Total Costs ($)  $74,437.38

8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
   8a. Direct Costs ($)  $58,154.21
   8b. Total Costs ($)  $74,237.38

9. APPLICANT ORGANIZATION
   Name CSUSM School of Nursing
   Address 333 S. Twin Oaks Valley Rd.
            San Marcos, CA 92096

10. TYPE OF ORGANIZATION
    Public:  — Federal  — State  — Local
    Private: —  — Private Nonprofit
    For-profit: —  — General  — Small Business
    Woman-owned  — Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER
    DUNS NO. XXXXXXX
    Cong. District XXXXXXX

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
    Name  XX XXXX XXXXXXX
    Title  Sponsored Project Administrator
    Address  CSUSM UARSC
             333 S. Twin Oaks Valley Rd.
             San Marcos, CA 92096
    Tel:  760-750-4000  FAX:  760-750-4710
    E-Mail:  XXXX@csusm.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
    Name  XX XXXX XXXXXXX
    Title  XXXXXXX XXXXXXX
    Address  CSUSM
             333 S. Twin Oaks Valley Rd.
             San Marcos, CA 92096
    Tel:  XXX-XXX-XXXX  FAX:  XXX-XXX-XXXX
    E-Mail:  XXXX@csusm.edu

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that
    the statements herein are true, complete and accurate to the best of my knowledge, and
    accept the obligation to comply with Public Health Services terms and conditions if a grant
    is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent
    statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13.
(In ink. “Per” signature not acceptable.)
DATE XX/XX/XX
HIV has profoundly affected sub-Saharan Africa’s health care systems (USP Swaziland, 2009; PEPFAR, 2011). Current reports by the International Treatment Preparedness Coalition (ITPC) on the reduction of funds for antiretroviral medications (ART) confirm that donor cutbacks are greatly hampering the ability to scale-up the distribution of ARTs (ITPC, 2010). Currently, comprehensive care and prevention in sub-Saharan African countries of HIV/AIDS has been through the collaboration of health care providers (physicians, nurses, mental health professionals including counselors) and traditional healers (Sukati, 1996). Nevertheless, it has been reported that in Swaziland, traditional herbal and spiritual practitioners, also known as iSangoma and iNyanga, have shown low support for antiretroviral therapies (Shuster, Sterk, Frew, & del Rio, 2009). This pilot study will use qualitative methods to assess data collected from focus group discussions, which will be obtained from Swazi care providers who may be themselves HIV positive or caring for someone living with HIV/AIDS. The chosen sample of convenience group will be attending an HIV/AIDS workshop sponsored by The President's Emergency Plan For AIDS Relief.

The research question of this study is:

What are health care providers’ experiences with traditional healers in the prevention, care, and treatment of HIV, including their use of ART therapy in Swaziland?

The information obtained from this pilot study will enhance communication, understanding, and collaborations between health care providers and traditional healers; and, will expand future nursing research, care, and medical treatment of HIV/AIDS patients in Swaziland.
SENior/KEy PersonNel. See instructions. Use continuation pages as needed to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

<table>
<thead>
<tr>
<th>Name</th>
<th>eRA Commons User Name</th>
<th>Organization</th>
<th>Role on Project</th>
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</thead>
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<tr>
<td>Michelle Alfe</td>
<td></td>
<td>CSUSM, SON</td>
<td>PI</td>
</tr>
<tr>
<td>Ilene Dunagan</td>
<td></td>
<td>CSUSM, SON</td>
<td>AI</td>
</tr>
<tr>
<td>Julianne Alfe Gilker</td>
<td></td>
<td>JBJ Press, LLC</td>
<td>RA</td>
</tr>
<tr>
<td>Linnea Axman, DrPH</td>
<td></td>
<td>CSUSM, SON</td>
<td>Mentor/AI</td>
</tr>
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</table>

OTHER SIGNIFICANT CONTRIBUTORS

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<tr>
<th>Name</th>
<th>Organization</th>
<th>Role on Project</th>
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</thead>
<tbody>
<tr>
<td>Albert Thembinkosi Dlamini</td>
<td>Swaziland Armed Forces</td>
<td>Swazi Consultant</td>
</tr>
</tbody>
</table>

Human Embryonic Stem Cells  ☐ No ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: [http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp](http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp). Use continuation pages as needed.

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line
# RESEARCH GRANT

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13. Consortium/Contractual Arrangements                                  | N/A          |
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15. Resource Sharing Plan (s)                                             | N/A          |

**Appendix (Five identical CDs.)**  X

* Follow the page limits for these sections indicated in the application instructions, unless the Funding Opportunity Announcement specifies otherwise.
# DETAILED BUDGET FOR INITIAL BUDGET PERIOD

**DIRECT COSTS ONLY**

**FROM** 9/1/2012  
**THROUGH** 9/1/2012

**List PERSONNEL (Applicant organization only)**

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>Cal. Mnths</th>
<th>Acad. Mnths</th>
<th>Summer Mnths</th>
<th>INST. BASE SALARY</th>
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<td></td>
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<td>73,000</td>
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<td>3,999.99</td>
<td>1,039.99</td>
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**SUBTOTALS**

20,799.97 | 5,937.97 | 26,207.94

**CONSULTANT COSTS**

Thembinkosi, Albert, Dlamini, SWAZI Consult, $10.75 X 5 days, 10 hours a day.  

948.15

**EQUIPMENT** (Itemize)

N/A

0

**SUPPLIES** (Itemize by category)

Desktop, printer, Zoom H4n digital audio recorder and bundle, alternate audio equipment,  
computer battery pack, tapes, thumb drives, diskettes, CDs, cell phones, sims cards, copy  
paper, printer cartridge, general office supplies (pens, pencils, paper clips, copier expenses,  
pencil, pens, paper clip, staplers, staples, dissemination supplies, ATLAS.ti.software.  

6,340.00

**TRAVEL**

Flights, lodging, meals, car rental, driver salary and per diem, dissemination, taxis, gas.  

23,158.12

**INPATIENT CARE COSTS**

N/A

0

**OUTPATIENT CARE COSTS**

N/A

0

**ALTERATIONS AND RENOVATIONS** (Itemize by category)

N/A

0

**OTHER EXPENSES** (Itemize by category)

Training expense and transcription (multiple voice 9 + 180 min., accented voice)  
1 hour interview = 3 hours transcriptions  

1,500.00

**CONSORTIUM/CONTRACTUAL COSTS**

DIRECT COSTS

$ 58,154.21

**TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD**

$ 58,154.21
## BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

### DIRECT COSTS ONLY

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<tr>
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### TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD

$58,154.21

**JUSTIFICATION.** Follow the budget justification instructions exactly. Use continuation pages as needed. See attachment for justification.
Budget Justification

**Personnel Cost: $27,156.09**

Michelle Alfe, BSN, RN, PHN will serve as Principle Investigator (PI) on this qualitative pilot study project. Ms. Alfe is a graduate student prepared in Advance Practice in Public Health. For the proposed study, Michelle Alfe will devote 30% of her time on two consecutive trips, including initial study plus dissemination. She will be responsible for the overall direction of the project including (1) presenting the protocol before the Institutional Review Board, and the Graduate Student Committee, (2) coordinating the efforts of the project team, (3) leading project team meetings before, during and after the study, (4) overseeing the study budget, (5) preparing the reports for transcription, and (6) presenting the outcome of the study for Swazi review. Her salary will be paid through the grant award. Michelle’s yearly salary is: $30,000. 6 months will be dedicated to this project. The total of her payment will be calculated as follows: $30,000/12 = $2,500 X 6 months = $15,000 X .30 (devoted time) = $4,500 + X .26 (fringe) = $1,700 = Total project salary = $5,670.00.

Ilene Dunagan, will serve as Associate Investigator (AI) on this project. Ms. Dunagan, MSN, is Mental Health prepared nurse with more than 30 years of experience. She will assist with any identified emotional needs and support of the participants during this study, devoting 20% of her time to this project. Ms. Dunagan’s yearly salary is: $50,000.00. The total of her payment will be calculated as follows: $50,000/12 = $4,166.66 X 6 months = $24,999.99 X .20 (devoted time) = $4,999.99 + X .26 (fringe) = $1,299.99 = Total project salary = $6,299.98.

Dr. Axman is a doctorally prepared Family Nurse Practitioner with over 30 years of experience in nursing. Dr. Axman will serve as mentor and Associate Investigator (AI) on this project. She has performed multiple qualitative and quantitative research studies and as PI has received funding for three grant proposals. For the proposed project, she will devote 10% of her time. She will be responsible for providing guidance to the PI on the overall direction of the project including (1) presenting the protocol before the Institutional Review Board initially and annually, and (2) coordinating the efforts of the project team including, (3) attending at least five (5) project team meetings in person or telephonically. As a faculty member at CSUSM SON, her salary is a paid by CUSM and she will request 10% “by-out” time from the grant. Dr. Axman’s Total yearly salary is: $73,000. The total of her payment will be calculated as follows: $73,000/12 = $6,083.33 X 6 months = $36,499.99 X .20 (devoted time) = $7,299.99 + X .26 (fringe) = $1,897.99 = Total project salary = $9,197.98.

Mrs. Julianne Alfe Gilker, will serve as Research Assistant (RA) for this project. Mrs. Alfe Gilker is a Bachelors prepared archeologist with 20 years of experience in anthropological linguistics, and cultural anthropology. Mrs. Gilker has been teaching English as a second language for seven years. She will provide logistic and technical support for research preparation. Mrs. Gilker is currently enrolled in the TESOL graduate program at California State University, Fullerton. As an RA, Julianne Alfe Gilker will devote 20% of her time on this research project. To this end, as the RA, she will (1) prepare pre-activity reports, (2) assist the PI with travel arrangements, (3) will participate in the Atlas.ti training component, (4) be responsible for editing, and revisions, (6) will keep reports in order of audio files, written notes and transcripts, (7) will analyze the content of the focus interviews for coding trends, (8) will conclude her work upon the completion of the multi-media dissemination presentation. Mrs. Gilker’s yearly salary is $40,000. The total of her payment will be calculated as follows: $40,000/12 = $3,333.33 X 6 months = $19,999.99 X .20 (devoted time) = $3,999.99 + X .26 (fringe) = $1,039.99 = Total project salary = $5,039.98.

USA personnel costs: $26,207.94

**Consultant: $948.15**

Mr. Dlamini will serve as Military trained Swazi consultant, cultural advisor, interpreter, security detail, assistant in logistics. As a Prevention with Positives (Pwp) counselor, Mr. Dlamini has had over 5 years of experience working with people living with HIV/AIDS. He has extensive knowledge in the topic of HIV/AIDS. He will devote
10 hours a day (0800-1900) with the research team. He will have standard daily breaks and a one hour daily lunch period. Mr. Dlamini will be the primary liaison between the PI, RA, AI and Swazi organizations. He will be paid through the grant award. The total calculated payment for his services are as follows: ($10.75 X 10 hours a day) X 7 days = $752.50 + $195.65 (meals) = $948.15

Total personnel: $27,156.09

**Major Equipment:** N/A

**Materials audio/computer supplies:** $6,340.00

Zoom H4N digital audio recorder and bundle (mic clip and remote control) $400.00; (2) alternate audio recorders $500.00 (250/ea); (1) computer battery pack ($200); micro tapes for handheld audio recorder ($50.00); (4) cell phones $280 ($40/phone;$30/sims card/ea). Dragon voice recognition software: $200.00. Total cost: $1,630.00.

Deskop computer and dedicated printer: A desktop computer and dedicated printer are needed to generate reports, correspondence, flyers, and store and analyze data. Total cost is estimated: $1,700 in study ($1,500 for the computer and $200 for the printer).

External hard drive and diskettes: $350.00.

Printer ink cartridges: $240.00.

ATLAS.ti software for analysis: $530.00.

General office supplies and copy paper will be needed during this study. General office supplies (pens, pencils, staplers, paper clips) are estimated at $1,000.00 ($500 per project x 2 projects).

Copy paper will be needed for questionnaires, forms, correspondence, and transcribed data to include consent forms, correspondence, and interim/final reports. Estimated expense for copy paper is $90 ($30/case x 3 cases per year x 1 project = $90).

Copier service expenses: Consent forms will be copied for each participant and copies of progress reports will be made: $150.00.

Dissemination additional supply costs: One presentation will be requested for dissemination of findings. Media graphics professionally produces tabletop presentation. Total estimated expense for supplies for posters is $450.00. Postage stamps will be needed for submission of reports and correspondence with Swazi government: $200.00.

Total cost of all office supplies: $6,340.00

**Travel costs:** $12,161.12

Travel time was estimated as follows: (1) 2 days to Swaziland, 4 days in Swaziland, 2 days travel home. 8 days. Team travel: 9/1/2012 departure; 1/8/2013 return. SAN/JNB; JNB/SWAZILAND r/t, plus taxes $2,767 per person.

Flight: $2,767 per person. Total flight cost (4 persons): $11,068.00

Car rental (5 days): $500.00

Driver salary: ($6.24 X 10 hours daily X 5 days) = $312.00 plus $81.12 meals (driver will have standard breaks and one hour lunch: $393.12

Gasoline: $150.00

Taxis: $50.00

**Per diem costs:** $6,340.00

Lodging: (double occupancy) $1,000.00 (single occupancy) $750.00 (2 persons $1,500) Total cost of lodging (5 days): $2,500.00 (Sunday, Monday, Tuesday, Wednesday, and Thursday)

Meals: (100 per day X 8 days X 4 persons including flights): $3,200.00
Incidentals (Fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses and others on ships, and hotel servants in foreign countries, meals, and mailing costs associated with filing travel vouchers and payment of employer-sponsored charge card billings): $20 (8 days/4 persons): $640.00

**Other expenses: $1,500.00**

Training expenses: $500.00. Hall rental, electricity, miscellaneous
Transcription editing reserves: $1,000.00 (multiple voice 9 +180 minutes accent voice audio, 2 recordings). $1,500.00

**Dissemination: $4,657.00**

The PI will present research findings to Swazi participants and local organizations.
Travel cost: SAN/JNB; JNB/SWAZILAND r/t, plus taxes $2,767.00.
Per diem: $1,050.00 (hotel: 7 days), meal $700.00 ($100 X & 7), incidentals, $140.00 ($20 X 7).
Total per diem: $1,890.00
Total cost for dissemination, trip 2: $4,657.00

**Total costs for 8 day research and 7 day dissemination: $58,154.21**

Research-related Patient Costs: NA
**A. Personal Statement**

Since 2006, I’ve traveled to Swaziland with The United States President’s Emergency Plan for AIDS Relief (PEPFAR) educating the population about HIV/AIDS. I became interested in the subject of HIV/AIDS during informal conversations with the local Swazi residents that suggested that when biomedical providers obtained the opinions of traditional healers, it improved promoting the acceptance and support of antiretroviral therapy (ART). By collaborating with traditional healers, sub-Saharan countries may dramatically strengthen their ability to provide ART in poorer and remote settings. My goal as a Public and Community Health Nurse is to improve medical treatment, care and outcomes of people living with HIV/AIDS globally.

**B. Positions and Honors**

**Positions and Employment**

2006-2012 Student of Nursing at California State University. Interest of study: Advanced Public Health

**Employment**

- **Spring 2011**: NURS 447, Community and Public Health – Escondido Public Health
- **Spring 2011**: NURS 447, Community and Public Health and Migrant Health
- **Summer 2011**: NURS LAB, Laboratory simulation graduate assistant
- **Fall 2011**: NURS LAB, Laboratory simulation graduate assistant
- **Fall 2011**: NURS 447, Community and Public Health – Oceanside Public Health
- **Spring 2012**: NURS 445, Community and Public Health – Valley Center
- **Spring 2012**: NURS LAB, Laboratory simulation graduate assistant

**Professional Licenses and Certifications**

- California State University San Marcos Registered Nurse License - 763034
- Public Health Nurse State of California Certificate
Service

Spring 2009 to present Educator and clinical preceptor for The President’s Emergency Plan PEPFAR, Swaziland.

Community

2011 to present Educator and Public, Community and Clinical Nurse. OB1 Faith-Based Healthcare Project. Provide basic healthcare and referral services every Wednesday (10 AM to 3 PM) to the uninsured and underinsured population of Ocean Beach, San Diego, CA.

Honors

2006 – Present Founding member, San Marcos Student Nurse Honor Society
2009 – Present Sigma Theta Tau International
2010 – Present Phi Theta Chapter

C. Selected Peer-reviewed Publications

N/A

Most relevant to the current application

N/A

D. Research Support

Ongoing Research Support

2012 - Present OB1 Faith-Based Healthcare Project. OB1 funding grant
Role: Co-Investigator
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. DO NOT EXCEED FOUR PAGES.

NAME
Linnea M. Axman

POSITION TITLE
Regional Research Integrity Leader
Lead Research Administrator & Project Director,
Naval Medical Center San Diego

eRA COMMONS USER NAME

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurley Medical Center School of Nursing, Flint, MI</td>
<td>Diploma</td>
<td>1974-1977</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Michigan, Ann Arbor, MI</td>
<td>BSN</td>
<td>1978-1981</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Kentucky, Lexington, KY</td>
<td>MSN</td>
<td>1990-1992</td>
<td>Family Practitioner</td>
</tr>
<tr>
<td>The George Washington University, Washington, DC</td>
<td>DrPH</td>
<td>1998-2003</td>
<td>Public Health</td>
</tr>
</tbody>
</table>

A. Positions and Honors

Positions and Employment

1977-1981 Emergency Department Staff and Charge Nurse, Hurley Medical Center, Flint, MI.
1979-1980 Nursing Instructor, Mott Community College, Flint, MI.
1981 Protocol Consultant for Emergency Medical Services, Region V, Genesee County, MI.
1981-1985 Director of Nursing Services, Cardiac Rehabilitation/Patient Education Nurse, and Special Care Unit Staff and Charge Nurse, Paul Oliver Memorial Hospital, Frankfort, MI.
1985-1986 Medical-Surgical Staff Nurse, Naval Hospital, Charleston, S.C.
1986-1988 Critical Care Nurse, Naval Hospital Charleston, S.C.
1988-1990 Emergency Department Staff & Charge Nurse, U.S. Naval Hospital Guam, Critical Care Nurse, Naval Hospital, Charleston, S.C.
1990-1992 Graduate Student, University of Kentucky, Lexington, KY. Family Nurse Practitioner Program
1992-1994 Family Nurse Practitioner, Naval Hospital, Charleston, S.C.
1997-2000 Deputy Special Assistant for Women's Health Bureau of Medicine and Surgery, Washington, DC.
2003 Staff Researcher, Clinical Plans and Operations, Navy Bureau of Medicine and Surgery, Washington, DC.
2003-2005 Assistant Department Head for Research and Analysis, Naval Medical Center San Diego, CA.
2005-2007 Department Head, Nursing Research and Analysis, Naval Medical Center, San Diego, CA
2007-2008 Department Head, Staff Education and Training, Naval Medical Center, San Diego, CA
2008-2009 Chief Operating Officer, Navy School of Health Sciences, San Diego, CA
2009-2010 Regional (NAVMEDWEST) Director for Research Integrity and Lead Research Administrator and Project Director for Graduate Medical Education, Naval Medical Center, San Diego, CA

2010-present Faculty, California State University San Marcos, San Marcos, CA

Faculty Appointments
1993-1994 Clinical Instructor in Family Practice, Uniformed Services University of the Health Sciences, Bethesda, M.D.
1996-1997 Clinical Preceptor, The Georgetown University, Washington, DC.
2000-2001 Affiliate Faculty, The George Washington University, Washington, DC.
2003-present Adjunct Faculty for Research and Evidence Based Practice, Hahn School of Nursing, University of San Diego, San Diego, CA.
2005-2007 Adjunct Faculty, School of Nursing and Health Sciences, San Diego State University, San Diego, CA.
2008-2012 Adjunct Faculty, School of Nursing, Uniformed Services University of the Health Sciences, Bethesda, M.D.
2008-2010 Adjunct faculty, School of Nursing, California State University San Marcos, San Marcos, CA.
2010-present Faculty, California State University San Marcos, San Marcos, CA.

Honors- Military
1989 Navy Achievement Medal. Naval Hospital Charleston, S.C.
1993 Joint Commendation Medal, Operation GTMO, Guantanamo Bay, Cuba.
1996 Navy and Marine Corps Commendation Medal, Naval Hospital Charleston, S.C.
2000 Meritorious Service Medal, Bureau of Medicine and Surgery, Washington, DC.
2006 Navy and Marine Corps Commendation (fourth award). Expeditionary Medical Facility, Camp Arifjan, Kuwait.

Honors- Civilian
1977 Outstanding Nursing Student Award, Genesee County Medical Society, Flint, MI.
1981 Sigma Theta Tau, International Honor Society
1981 Summa cum Laude, University of Michigan, Ann Arbor, MI.
1992 Graduate Faculty Award for Excellence College of Nursing, University of Kentucky.
1998 Nurse of the Year, Naval Hospital, Charleston, S.C.
1997 Outstanding Clinical Preceptor Award, Uniformed Services University of Health Sciences, Bethesda, MD.
2003 Delta Omega National Public Health Honor Society
2005 Fellow in the American Academy of Nurse Practitioners (FAANP).

B. Selected peer-reviewed publications (in chronological order).


15. Axman, L.P. Development of An Interview Tool to Guide Patient-Practitioner Encounters in Cross-Cultural Environments: Focus on Women’s Health Care During Complex Humanitarian Emergencies

**Additional Training and Certifications**

**C. Research Support**
ACTIVE

Grant Number HU00001-08-TS08  Axman, L. PI  December 2008- present.
TriService Nursing Research program  $250,000
Back to Basics: Development of an Evidence Based Practice Protocol. The primary aim of this EBP is to continue the development of the Evidence-Based Practice Guideline: The Basic Bundle of Nursing Care using methodologies as described by Titler and Adams (2005).
Role: Principal Investigator

Grant  Almonte, A. PI
CIP # NMCSD-2010-0060  2010
TriService Nursing Research Program
Stress Inoculation Therapy Intervention For Deployed Personnel
Evaluate the effect of a program of stress inoculation training on intensity of symptoms of PTSD for NMCSD personnel as compared to personnel who did not receive the same training; (2) Describe the characteristics of stress symptoms in a group of NMCSD members before and after deployment to a combat environment; and (3) Describe NMCSD personnel perceptions of the utility of active stress management skills while deployed.
Role: Associate Investigator  $120,000

Grant  Marks, S. PI
CIP# S-07-031  2007-present
American Association of Ambulatory Care Nurses
Evaluation of Two Nurse Run Interventions for Blood Pressure Control: An Evidence Based Practice Project. The major aim of this evidence-based practice (EBP) project is to determine the effectiveness of two different RN-Run interventions in two discrete primary care clinic settings intended to assist patients to reach target blood pressure measurement and associated patient outcomes as defined by JNC7 Guidelines and Healthy People 2010 Goals in those patients with a diagnosis of hypertension.
Role: Grant Writer, Associate Investigator  $2,000

COMPLETED

NIH/NINR  $432,039.00
Genitourinary Self-Diagnosis for Deployed Military Women.
The major goal of the research is development of a gynecologic infection self-care intervention for military women. The aims are to test the sensitivity and specificity of women's self-diagnoses in comparison with laboratory reference standards; and to estimate the frequency with which women would have made an error in self-treatment based on their self-diagnoses.
Role: Associate Investigator

Grant  Axman, L. PI  2005-2008
CIP#  S-05-062  $930
STTI, Epsilon Zeta Chapter
Development of An Interview Tool to Guide Patient-Practitioner Encounters in Cross-Cultural Environments: Focus on Women's Health Care During Complex Humanitarian Emergencies
The major aim of this study is to continue the development of an interview tool intended to guide patient-practitioner encounters with women during complex humanitarian emergencies.
Role: Principal Investigator
**NAME**
Ilene Dunagan

**POSITION TITLE**
RN, MSN, CNS Mental Health

eRA COMMONS USER NAME (credential, e.g., agency login)

**EDUCATION/TRAINING** (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>MM/YY</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Washington, Seattle</td>
<td>BSN</td>
<td>06/1973</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of California, San Francisco</td>
<td>MSN</td>
<td>12/1987</td>
<td>CNS in Mental Health</td>
</tr>
<tr>
<td>Boston University (Overseas Program: Germany)</td>
<td>MEd</td>
<td>06/1976</td>
<td>Counseling</td>
</tr>
</tbody>
</table>

**A. Personal Statement**

“Compassion In action,” to empower vulnerable individuals and populations, has been my motto for the last quarter century. My primary focus as a teacher, mentor, facilitator with undergraduate students has been the mentally ill, to include children, adolescents and their families, as well as all those who struggle with drug/alcohol problems, veterans and homeless populations. I have worked at CSUSM School of Nursing for five years and, during that time, have also served and taught with students during their international community health rotation in Swaziland, Africa and Belize, Central America, partnering with local health care providers to deliver care that meets immediate needs and includes plans for sustainability and exchange programs.

**B. Positions and Honors**

**Positions and Employment**

2007-2012 CSUSM School of Nursing: Mental Health and Community Health Adjunct Professor
2005-2006 San Diego State University: Mental Health Adjunct Professor
2004-2006 Maric College: Mental Health Clinical Instructor
2004-2005 Elizabeth Hospice: Admission Team Nurse/part-time
1996-2001 Samuel Merritt College: Mental Health and Community Health Adjunct Professor
1986-1989 Public Health Nurse and District School Nurse: Nevada City, CA
1981-1983 School Nurse on Military Base: Stuttgart, Germany
1977-1981 Psychiatric Staff Nurse: Acute, Adult Inpatient, VA Medical Centers
   Numerous stateside locations to include: Office of the Army Surgeon General, Falls Church, VA
1974-1977 Army Nurse Corps: Active Duty: Med-Surg Nurse; Head Nurse, Outpatient Clinics, Germany

**Professional Licenses and Certifications**

RN License: 297229

**Service**

2010-2012: President’s Emergency Plan PEPFAR, Swaziland, South Africa
Community

2008 – 2012: Interfaith Community Services, Escondido, CA.
2008 - 2012: Casa de Amparo Childrens Services: Oceanside, CA.
2012 Second Chances and OB1 Community Clinics, Ocean Beach, CA.

Honors

2010 – Present Sigma Theta Tau International (STTI)
2011 – Present Founding member of Phi Theta Chapter of STTI

C. Selected Peer-reviewed Publications

None

Most relevant to the current application

None

D. Research Support

Ongoing Research Support

None
BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. DO NOT EXCEED FOUR PAGES.

NAME
Julianne Alfe Gilker

POSITION TITLE
Research Assistant/Coordinator

eRA COMMONS USER NAME (credential, e.g., agency login)

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE</th>
<th>MM/YY</th>
<th>FIELD OF STUDY</th>
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</thead>
<tbody>
<tr>
<td>UC Berkeley, Berkeley, CA</td>
<td>BA</td>
<td>06/1975</td>
<td>Anthropology</td>
</tr>
<tr>
<td>UC Irvine, Irvine, CA</td>
<td>Certificate</td>
<td>06/2005</td>
<td>TESL</td>
</tr>
<tr>
<td>CSU Fullerton</td>
<td>MS</td>
<td>Present</td>
<td>TESOL</td>
</tr>
</tbody>
</table>

A. Personal Statement

Since 1986, I have been employed as reporter, foreign language translator (English/Spanish/French), editor and administrator. Assignments have taken me to Mexico as interpreter for major international services (London Times), administrator to private arts foundations (Friends of the Arts of Mexico and Houston Grand Opera), as well as scientific, university/government research foundations (Calar/Maryut USAID Research Program at CSU San Diego) in the United States.

My present positions are as freelance medical editor and proofreader for several prominent brands, English as a Second Language instructor for Santa Ana Community College, School of Adult Continuing Education, and as managing editor of JBJ Press, LLC, a private publishing company, specializing in the design and preparation of anthropological and architectural titles in English and other languages.

B. Positions and Honors

Positions and Employment

2009 to Present  Managing Editor, JBJ Press, LLC, Irvine, CA
1986 to Present  Freelance Translator and Proofreader of English, Spanish, French, USA
2005 to Present  ESL Instructor, Levels I Beginning-III Intermediate, Santa Ana College, School of Adult Continuing Education (CBET specialist)
2005 to 2008  Technical and Scientific Writer and Proofreader, Center for Learning and Behavioral Solutions, Irvine, CA
1994-1997  Executive Staff, Assistant to General Director, Houston Grand Opera, Houston, TX
1993-1994  Reporter, Reed Publishing, Houston, TX
1991-1993  Office Administrator, Calar and Maryut Research Programs, USAID.

Professional Licenses and Certifications

TESL Certified, UCI, 2005
California Basic Education Skills Test (CBEST) certified, State of CA, 2003
Community

2005 to present  English as a second language instructor. Community based English training. Santa Ana, College, Santa Ana, CA.

C. Selected Peer-reviewed Publications

N/A

Most relevant to the current application

English grammar: Reduction of Medical English for community training programs. Master’s degree student.

D. Research Support

Ongoing Research Support
RESOURCES

Follow the 398 application instructions in Part I, 4.7 Resources.

The facilities for this study will be reserved not only for the pilot study, but also for the purpose of meeting the needs of a five-day workshop, HIV Prevention for People Living with HIV/AIDS: Tools for Health Care Providers in HIV Care and the Treatment Setting, conducted in Swaziland, sponsored by the Kingdom of Swaziland in coordination with the United States President's Emergency Plan for AIDS Relief (PEPFAR).

The workshops are normally conducted in a convention hall and the participants are served meals and refreshments during breaks. The group discussion will be held in a convenient, comfortable room at the site of the workshop with a door for privacy. The PI will arrange the seating in a circle around a table that will include the 8 to 12 participants (all men in one group and all women in another group). A mental health Advanced Practice Nurse (APN) will be available for consultation. Additional refreshments will be served for the participants' comfort, which is in accordance with cultural custom.
CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

☐ NEW application. (This application is being submitted to the PHS for the first time.)

☐ RESUBMISSION of application number:

☐ RENEWAL of grant number:

☐ REVISION to grant number:

☐ CHANGE of program director/principal investigator.

☐ CHANGE of Grantee Institution. Name of former institution:

☐ FOREIGN application ☒ Domestic Grant with foreign involvement

List Country(ies) Involved: USA and Swaziland

INVENTIONS AND PATENTS (Renewal appl. only) ☐ No ☐ Yes

If "Yes," ☐ Previously reported ☐ Not previously reported

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

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<tr>
<th>Budget Period</th>
<th>Anticipated Amount</th>
<th>Source(s)</th>
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<tr>
<td>9/1/2012</td>
<td>$58,154.21</td>
<td>PEPFAR Grant</td>
</tr>
<tr>
<td>9/1/2013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINISTRATIVE COSTS (F&A)/INDIRECT COSTS. See specific instructions.

☐ DHHS Agreement dated: ☐ No Facilities And Administrative Costs Requested.

☐ DHHS Agreement being negotiated with Regional Office.

☐ No DHHS Agreement, but rate established with Date CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period: Amount of base $58,154.21 x Rate applied 28% = F&A costs $74,437.38

b. 02 year Amount of base $ x Rate applied = F&A costs $

c. 03 year Amount of base $ x Rate applied = F&A costs $

d. 04 year Amount of base $ x Rate applied = F&A costs $

e. 05 year Amount of base $ x Rate applied = F&A costs $

TOTAL F&A Costs $74,437.38

*Check appropriate box(es):

☒ Salary and wages base ☐ Modified total direct cost base ☐ Other base (Explain)

Explain (Attach separate sheet, if necessary):

USA team wages are based on yearly salaries. The Swaziland personnel salary is based on an hourly rate.

4. DISCLOSURE PERMISSION STATEMENT: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? ☒ Yes ☐ No
The Intersection Between Traditional Healing and Modern Medicine Practices in the Care of HIV Positive People Living in Swaziland: A Pilot Study

Research Plan

To explore and explicate Swazi health care providers’ experiences with traditional healers in the care and treatment of patients living with HIV/AIDS.

Specific Aims

The spread of HIV in sub-Saharan Africa has had a profound impact on the region’s health care systems (USP Swaziland, 2009; PEPFAR, 2011). Although antiretroviral therapies (ART) are currently the mainstay of HIV/AIDS treatment, recent reports by the International Treatment Preparedness Coalition (ITPC) document a declining trend in funding to support their implementation in these countries (ITPC, 2010). Consequently, HIV/AIDS care and prevention activities in sub-Saharan Africa are mainly the result of collaborations between health care providers (physicians, nurses, counselors and other health professionals) and traditional healers (Bodeker, Carter, Buford, & Dvorak-Little, 2006; Sukati, 1996). It is therefore significant that traditional herbal and spiritual practitioners (also known as iSangoma and iNyanga) have shown little inclination to adopt antiretroviral therapies to treat their HIV/AIDS patients (Shuster, Sterk, Frew, & del Rio, 2009).

The proposed qualitative pilot study will examine the background of this reluctance, based on experiences of health care providers who are interacting with traditional healers in Swaziland. Specifically, this pilot study will use qualitative methods (Table 1) to assess data collected from focus group discussions, which will be obtained from Swazi providers attending an HIV/AIDS workshop. The information obtained from this pilot study will improve understanding, and communication, between collaborating health care providers and traditional healers with the
specific aim of propelling the incorporation of antiretroviral therapies in the treatment regime for HIV/AIDS patients in Africa.

Research Question

“What are health care providers’ experiences with traditional healers in the prevention, care, and treatment of HIV, including their use of ART therapy in Swaziland?”

Research Strategy

Significance

The USAID 2011 health report profile makes it clear that, in addition to the immediate health crises HIV/AIDS is causing in sub-Saharan Africa, the disease is creating a systemic condition with long-term economic effects on the region. For example, HIV/AIDS reduces the labor force, depletes savings, reduces productivity, and negatively affects public finances. “The epidemic is also erasing decades of progress in increasing the region’s life expectancy” (USAID, 2011). These issues are particularly critical in Swaziland, where approximately one in every four adults is HIV-positive” (USAID, 2011), and more than 86,000 people are in need of antiretroviral therapy (NERCHA, 2009). Swaziland’s health care system provides only one physician per 5,000 and one nurse per 350 people (Government of the Kingdom of Swaziland, 2010), so there is a desperate need to increase health care services (ITCP, 2010). On the other hand, approximately 80% of the Swazi people visit traditional healers, but these practitioners customarily show low support for ART therapies (Shuster et al., 2009). This fact, coupled with a paucity of effective care systems, has interfered with clinical treatment of people living with HIV. Currently, there are no mechanisms to measure the collaborations that are already occurring between health care providers and traditional healers, though this information is clearly crucial to reversing the detrimental effects HIV/AIDS is having in Swaziland and other
sub-Saharan African countries. This pilot study will provide information that will enhance communication, understanding, and cooperation between the above-mentioned health care providers and traditional healers in terms of promoting ART implementation.

**Innovation**

The proposed pilot study provides a unique element in that the focus groups will include Swaziland’s health care professionals, who may themselves be HIV positive, as well as those living with persons whose status is positive (although the research team may not be privy to that information). Thus, the results will include their special perspectives concerning traditional healing methods, in addition to their cultural myths and fallacies. This project builds on the work of Furin (2011), who concluded that traditional healers could provide a variety of community-based HIV services and not, obstacles for advancing care in the communities they served.

**Approach**

The proposed pilot study will be based on interviews with participants chosen from a pool of 40 “health care providers” attending *HIV Prevention for People Living with HIV/AIDS: Tools for Health Care Providers in HIV Care and the Treatment Setting*; a five-day workshop sponsored by the Kingdom of Swaziland in coordination with the United States President’s Emergency Plan for AIDS Relief (PEPFAR).

In Swaziland, “health care providers” are defined as physicians, advanced family nurses, midwives, registered nurses, certified nurses, counselors, and community health aids. Because they are attendees of a PEPFAR workshop, the proposed participant population comprises a convenience sample of Swaziland’s healthcare providers, and will include caregivers who may be themselves HIV positive, or those living with someone whose status is positive.
Sample

All of the participants of the proposed research are likely to have collaborated directly with traditional healers in the care of HIV/AIDS patients, or at least to have had contact with HIV/AIDS patients who have received care from traditional healers.

Participant ages are expected to vary; however, no one will be under the age of 18 years. All participants of the five-day workshop will be invited to be a part of the pilot study, but participation will be voluntary. When presenting the invitation to join the study, the project team will introduce the purpose of the study as well as address expectations of participants; anticipated risks (if any); mechanisms to protect confidentiality; contact information for the principal investigator (PI) and the PI’s research mentor. In addition, the PI will explain the informed consents and the requirements for participation, which include that participants:

a) Speak, read, and understand English, at grade 6-level or higher and possesses substantial knowledge of HIV/AIDS;

b) Sign a personal consent form, including their permission to voice record;

c) Understand no gift incentive is offered for participation;

d) Voluntarily respond to a series of questions that may take 60 minutes of their time;

e) May stop participation at any time.

The study will exclude attendees who do not speak English and those who read below grade 6-level English, because such participants would require the services of a translator who may interject language bias and compromise confidentiality. The assumption is made that all participants speak and read English at a grade 6-level because they do so in the course of their daily professional activities. Interested participants will be provided a 24-hour period to consider their decision before informed consent is requested. It is anticipated that at least half of the
attendees will consent to participate. They will be segregated into focus groups by gender, in order to foster uninhibited discussion within the groups and to prevent intimidation or coercion during the conduct of the focus groups. Once informed consent is obtained, pseudonyms will be assigned.

Methodology

Data collection will involve an open-ended, face-to-face interview approach in a focus group forum. The group discussion will be held in a room located at the site of the workshop with a door for privacy. To facilitate interaction, seating will be arranged in a circle around a table that will accommodate the participants, the PI, and a research assistant who will be responsible for note taking, the describing of gestures or gestures important to the study (Table 2). An Advanced Practice Nurse in mental health will be available for counseling/consultation before, during, and after the interviews. All discussions will be conducted in English and documented using voice recording and written notes. Participants will be asked to briefly describe their profession and other attributes they feel are important to the purpose of the study. A series of six questions concerning traditional and western medicine healing practices currently being used for clients with HIV/AIDS will be asked during the interviews. Although the proposed approach was influenced by the qualitative methods for transcultural nursing, founded by Leininger (1991), the conceptual framework of this pilot study was modeled after Hewson’s (1998) doctoral research. In her dissertation titled “Traditional Healers in Southern Africa” (Hewson, 1998), six traditional healers were interviewed and asked a series of questions, such as: What kind of healing do you provide? How do you know when someone is healed? (Hewson, 1998).
Table 1

Qualitative Research Approach

<table>
<thead>
<tr>
<th>General framework</th>
<th>To describe variation, explain relationships, explain individual experiences and group norms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytical objective</td>
<td>To use open-ended questions.</td>
</tr>
<tr>
<td>Question format</td>
<td>To be obtained with audio and field notes.</td>
</tr>
<tr>
<td>Data format</td>
<td>To maintain flexibility according to how the participants respond and how the questions are asked.</td>
</tr>
<tr>
<td>Flexibility in design</td>
<td>The data collection and research can be adjusted according to what has been learned.</td>
</tr>
</tbody>
</table>


Table 2

What to Observe During Participant Observation

<table>
<thead>
<tr>
<th>Category</th>
<th>Includes</th>
<th>Researchers Should Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Clothing, age, gender, physical appearance.</td>
<td>Anything that might indicate membership in groups or in sub-populations of interest to the study, such as profession, social status, socioeconomic class, religion, or ethnicity.</td>
</tr>
<tr>
<td>Verbal behavior and interactions</td>
<td>Who speaks to whom and for how long; who initiates interaction; languages or dialects spoken; tone of voice.</td>
<td>Gender, age, ethnicity, and profession of speakers; dynamics of interaction.</td>
</tr>
<tr>
<td>Physical behavior and gestures</td>
<td>What people do, who does what, who interacts with whom, who is not interacting.</td>
<td>How people use their bodies and voices to communicate different emotions; what individuals’ behaviors indicate about their feelings toward one another, their social rank, or their profession.</td>
</tr>
<tr>
<td>Personal space</td>
<td>How close people stand to one another.</td>
<td>What individuals’ preferences concerning personal space suggest about their relationships.</td>
</tr>
<tr>
<td>Human traffic</td>
<td>People who enter, leave, and spend time at the observation site.</td>
<td>Where people enter and exit; how long they stay; who they are (ethnicity, age, gender); whether they are alone or accompanied; number of people.</td>
</tr>
</tbody>
</table>
People who stand out a lot of attention from others. The characteristics of these individuals; what differentiates them from others; whether people consult them or they approach other people; whether they seem to be strangers or well known by others present.


**Focus Group Interview Questions**

Unlike Hewson’s (1998) work, the participants of the proposed study will be health care workers who interact with traditional healers in the course of caring for people living in rural areas of Swaziland rather than the traditional healers themselves. The inquiries will last approximately one hour and will be recorded on tape (recorder), transcribed, and analyzed for commonly recurring concepts, ideas, and themes. The proposed target questions are:

a) What has been your experience with traditional healers (iSangoma, iNyanga) in the practice of treating/caring for/healing HIV/AIDS?

b) Without stating names, has someone you know with HIV/AIDS visited a traditional healer or healers? Do you believe the visits have been helpful? If yes, in what way?

c) Do you believe that traditional healers are helping or hindering the treatment of HIV/AIDS, specifically in the use of ARTs (HAARTs)? Please expand your answer.

d) In your experience, what is the relationship between traditional healers and western health care providers?

e) What has been your experience with western health care providers? Do you feel they are helpful and/or knowledgeable in the field of HIV/AIDS? How so?

f) What is your opinion of the current system of delivery of ARV medicine? Do you think that *Prevention with Positives* (PwP) classes, like the one you are currently attending, would help traditional healers (iSangoma, iNyanga) expand their knowledge of
HIV/AIDS and evidence based-therapeutic healing practices? If yes, how much do you think it will help? If no, why not?

After the focus group forum, there will be a review of the notes and a discussion of areas that were particularly important to the research questions (especially those that are culturally meaningful or surprising). Tape recordings will be transcribed and uploaded into ATLAS.ti Qualitative Analysis Software. Data will be coded using open coding methods. Interpretations of the interviews will proceed using latent- and manifest-content analysis, and will be reported in network view (latent) and frequency distribution (manifest). The unit of analysis will be the paragraph. It is proposed that the PI will return to Swaziland to share the results of the pilot study with interested groups who attend and/or support PwP classes.

**Ethical Guidelines**

As proposed above, the participants of this study will be segregated into groups by gender, in order to foster uninhibited discussion within the groups, and to prevent intimidation or coercion during the conduct of the focus groups. Once informed consent is obtained, pseudonyms will be written on a sheet of paper, folded and put into a container. Each interviewee will randomly pull a name (pseudonym) which will be used during the interview. Pseudonyms will be written on disposable name tags. The name tags will be removed and destroyed before participants leave the focus group. To further secure anonymity, a reference number will be assigned to each pseudonym. Very few risks are anticipated because the sample groups will consist of individuals already attending a professional HIV/AIDS-related workshop. However, potential risks/concerns include:

a) Stigma and distress if the confidentiality clause is broken. To avoid this, a confidentiality form will be signed by all focus group participants.
b) Concerns that disclosure of study results to local traditional healers could compromise their continued interactions with health care providers in the program.

c) The questions asked during the voice-recorded discussions could reveal healthcare practices that are not approved by the medical profession, and participants may be concerned that reprisals may arise from their answers.

d) The interviews could evoke negative recollections in participants who are HIV positive or have HIV positive relatives.

Participants will be permitted to stop their interview at any time, and an Advanced Practice Nurse specializing in mental health will be available for consultation for emotional discomfort. During the introduction of the pilot study, it will be explained that individuals will be assigned a pseudonym, and that the only people present during the interviews will be PI and her research assistant. No actual names of pseudonyms will be in the written report in the unlikely event that pseudonyms be revealed to individuals of the group. In this way it is expected that the team will protect the interviewees by:

a) Avoiding deception.

b) Completely explaining the intended use of the research.

c) Obtaining the interviewee’s informed consent.

d) Understanding and protecting the interviewee’s right to privacy.

e) Ensuring that the interviewees do not suffer emotionally or socially.

It is proposed to commence the examination of all data immediately after the interview session. Once the initial interviews have been broken down and isolated into comprehensible statements, and cultural nuances, electronic audio files will be stored and later re-analyzed and transcribed. As indicated above, the intention is to explore common trends using grounded
theory methodology. All confidential information, including audio files, written notes, and transcripts will be hand-carried in a locked briefcase during transport between Swaziland and the USA, and maintained in a locked file cabinet in a secure office at the CSUSM School of Nursing. No visual recording will be used. Audio files and transcribed notes will be destroyed no later than two years after they were obtained.

This pilot study protocol has been approved by the CSUSM School of Nursing Thesis Chair and Committee and will be submitted for approved to CSUSM IRB and Naval Health Research Center IRB, prior to beginning data collection. The research mentor and research team members will be involved in the analysis of data and development and dissemination of study findings.

Threats to Validity

Due to the qualitative nature of this pilot study, the validity of the interviews could be threatened by:

a) The interviewee’s beliefs and interpretations;

b) The convenience sample;

c) Only brief cross checking is available for validation.

Dissemination

After the data have been analyzed and interpreted, it is proposed to return to Swaziland and present the results to the original study group, and to other parties who may benefit from the findings (e.g., Ministry of Health personnel, PEPFAR, and Swazi health care practitioners). The findings of the research will be presented in a multi-media format summarizing the context and practical difference that practitioners could make in terms of the adoption of antiretroviral therapies in Swaziland. Finally, a research manuscript will be submitted to the Journal of Community Health.
Bibliography and References Cited/Progress Report Publication List

Citations


Inclusion Enrollment Report (Renewal or Revision applications only)

Not applicable.

Protection of Human Subjects

An application for research involving human subjects will be submitted for approval by Institutional Review Board at California State University San Marcos and The School of Nursing.

Inclusion of Women and Minorities

Women will be included.

Targeted/Planned Enrollment Table

Included in grant content.

Inclusion of Children

Not applicable.

Vertebrate Animals

Not applicable.

Select Agent Research

Not applicable.

Consortium/Contractual Arrangements

Not applicable.

Letters of Support (e.g., Consultants)

Included in grant content.

Resource Sharing Plan(s)

Not applicable.
Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

**Study Title:** The Intersection Between Traditional Healing and Modern Medicine Practices

**Total Planned Enrollment:** 24

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<th>Males</th>
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**Ethnic Category: Total of All Subjects * | 12      | 12    | 24    |

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**Racial Categories: Total of All Subjects * | 12      | 12    | 24    |

* The “Ethnic Category: Total of All Subjects” must be equal to the “Racial Categories: Total of All Subjects.”
MEMORANDUM FOR: MICHELLE ALFE

SUBJECT: “THE INTERSECTION BETWEEN TRADITIONAL HEALING AND MODERN MEDICINE PRACTICES IN THE CARE OF HIV POSITIVE PEOPLE LIVING IN SWAZILAND: A PILOT STUDY” GRANT APPLICATION

Dear Executive Director:

It is with great pleasure that I write this letter in support of the proposed research project: “The Intersection of traditional healers and modern medicine: The care of HIV positive people living in Swaziland: A Pilot study”. The research study is important in that it will consider the modern healthcare provider’s emic view of working with traditional healers in the care of the HIV positive patient. Innovative and well thought out, this proposed qualitative pilot study will illuminate barriers to modern and traditional providers collaborating successfully in the care of their HIV positive patients and will inform future training programs with healthcare providers and people living with HIV.

As one educated in public health and specifically health behavior change, I am most enthusiastic about this pilot study and I am prepared to devote 20 hours of time in the role of Mentor. I will work with the principal investigator to prepare the protocol to be presented to the required Institutional Review Boards, advise the research team on issues of concern attending at least five one-hour research team meetings in person or telephonically, assist with the conduct of the study including data analysis and answer questions concerning the study budget and required progress reports. If you have any questions or concerns I may be reached by cell phone at 619-813-5732 or by email at laxman@csusm.edu.

Sincerely,

Linnea M. Axman
DrPH, MSN, FNP-BC, FAANP
Project Director
Assistant Professor
California State University Sa
Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: The Intersection Between Traditional Healing and Modern Medicine Practices…
Total Enrollment: 24
Grant Number: 

### PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race

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### PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)

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