

**INDIGENOUS PRACTICES OF MOTHERS WITH CHILDREN ADMITTED AT THE  
POLOKWANE/MANKWENG HOSPITAL COMPLEX IN THE LIMPOPO PROVINCE**

BY

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MINI-DISSERTATION SUBMITTED IN (PARTIAL) FULFILMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF

**MASTER OF CURATIONIS**

IN THE

FACULTY OF HEALTH SCIENCES

(SCHOOL OF HEALTH SCIENCES)

AT THE

UNIVERSITY OF LIMPOPO

TURFLOOP CAMPUS

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2013

## **DECLARATION**

I declare that the mini-dissertation hereby submitted to the University of Limpopo for the degree of Master of Curationis (M CUR) has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution; and that all the material contained herein has been duly acknowledged”.

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Date

## **ACKNOWLEDGEMENTS**

The following individuals and institutions deserve special recognition:

- Mrs TM Mothiba, my supervisor, for guiding and encouraging me through the journey of my research project.
- Dr RN Malema, my co-supervisor, for her efforts in steering my studies on the right course.
- Maatla Bopape, my husband, for his support and encouragement throughout my studies. He was always available to proofread my work before submission.
- My children, Mahlane, Bokamoso and Matsatsi, for their support throughout my studies.
- The University of Limpopo, for financial assistance.
- The Department of Health, for granting me permission to conduct the study in the Limpopo Province.
- The mothers who participated in the study, for their cooperation and willingness to provide information during interview sessions.
- Mr Andrew Hills, for editing and proofreading of the thesis.

## **ABSTRACT**

Indigenous knowledge (IK) originated from a particular community within a broader cultural tradition. It is stated that IK is socially transmitted shared knowledge, beliefs, and/or practices that vary systematically across different cultural groups. It is further indicated that IK is a critical determinant of human behaviour and health, and the intergenerational mother in the society. Indigenous forms of communication and organisation are seen as important to family and societal decision-making processes with regard to health related issues like care given to children from birth onwards and curing of childhood illness. The operational plan for Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) South Africa points out that some South African citizens prefer to consult traditional health practitioners (THPs) on a regular basis for their health problems. The study conducted by Peltzer, Phaswana-Mafuya and Treger (2009) points out that THPs use indigenous practices to prevent and heal childhood illnesses.

**The aim of the study:** To determine indigenous practices by mothers of children admitted in the paediatric unit of a Polokwane/Mankweng hospital complex in the Limpopo Province.

**The objectives of this study:** To explore and describe the indigenous practices of mothers of children admitted in a paediatric unit of a Polokwane/Mankweng hospital complex, Limpopo Province, and to recommend guiding principles based on the study findings for healthcare professionals on the strategies that can be used to assist mothers of children admitted in a paediatric unit of a Polokwane/Mankweng hospital complex of the Limpopo Province.

**Design and Method:** A qualitative, descriptive and explorative research design was conducted for the participants to describe the indigenous practices in relation to managing and treating childhood illnesses. Data were collected by means of unstructured one-on-one interviews at the Mankweng/ Polokwane hospital complex with mothers of children admitted at the paediatric unit. Criteria for trustworthiness were observed as stipulated in Babbie and Mouton (2009). Ethical standards by DENOSA (1998) were adhered to in order to ensure the quality of the study.

**Findings:** Three themes with sub-themes emerged from the data analysis, using Tech's open coding approach (Cresswell 2009:186), i.e. analogous indigenous practices in curing childhood illnesses, believes related to the indigenous healing process and THP treating of HIV infected children. It is recommended that healthcare providers need to have understanding of indigenous belief systems in relation to healthcare, and work towards incorporating this understanding into their service delivery to recognise and to embark upon the journey of working with THPs.

## **DEFINITION OF KEY CONCEPTS**

### **Indigenous knowledge**

According to Horny (2010: 764, 827), indigenous knowledge (IK) is the understanding of facts, actions and ideas that originate in or being native to a particular place. It forms the basis for local level decision making in health, agriculture, food preparation, education, natural resources management and a host of other activities in rural communities.

In this study IK, means indigenous knowledge embraced by mothers from a given cultural background caring for the children admitted at a tertiary hospital in the Limpopo Province.

### **Indigenous practices**

Indigenous practices are acts or perform acts that originate from a naturally living, growing environment, or practices occurring in a specific region or country (Horny. 2010:764, 1148). In this study, indigenous practices means practices embraced by mothers from a given cultural background caring for children admitted at a tertiary hospital in the Limpopo Province.

### **Mothers**

A mother is a female parent of a child or animal (Horny. 2010:962). In this study, a mother means a woman caring for children who are admitted at a tertiary hospital in the Limpopo Province.

### **Children**

Children are young people, especially between infancy and youth (Webster 2005:136). In this study, children mean the children under five years admitted at a tertiary hospital in the Limpopo Province whose mothers use indigenous practices before taking them to hospital for admission.

## **Childhood illnesses**

Childhood illnesses mean diseases that mainly affect children; not adults (Horny. 2010: 244, 747). In this study, childhood illnesses mean illnesses that affect children admitted at a tertiary hospital in the Limpopo Province.

## **LIST OF ABBREVIATIONS**

AIDS:	Acquired Immune Deficiency Syndrome
CCMT:	Comprehensive HIV and AIDS Care, Management and Treatment
DoH:	Department of Health
HIV:	Human Immune Virus
IK:	Indigenous Knowledge
SA:	South Africa
THPs:	Traditional Health Practitioners
WHO:	World Health Organisation



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# CHAPTER 1

## OVERVIEW OF THE RESEARCH STUDY

### 1.1 INTRODUCTION AND BACKGROUND

Indigenous knowledge (IK) originates from the particular community within a broader cultural tradition. McDade, Garcia, Tanner, Huanca & Leonard (2007:6134) state that IK is socially transmitted shared knowledge, beliefs, and/or practices that varies systematically across different cultural groups. It is further indicated that IK is a critical determinant of human behaviour and health, and the intergenerational mother in the society. IK is shared and communicated orally by different cultures, societies and countries from the primary socialisation of an individual in a family. Indigenous forms of communication and organisation are regarded as important to family and societal decision-making processes with regard to health related issues like care giving to children from birth onwards and curing of childhood illness (Gabrysch, Lema, Bedriñana, Bautista, Malca, Campbell & Miranda 2009:725).

The operational plan for Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) in South Africa (Department of Health CCMT Operational Plan 2003:86, Walwyn & Maitshotlo 2010:15) points out that some of the South African citizens prefer to consult traditional health practitioners (THPs) on a regular basis for their health problems. It is further stated that the THPs are the first to be consulted before the patient goes to the hospital, and upon return from the hospital they go to the THPs to give them feedback about what has transpired at hospital. The study conducted by Peltzer, Phaswana-Mafuya and Treger (2009:161) points out that THPs use indigenous practices either to prevent or to heal childhood illnesses. Furthermore, it is indicated that in South Africa (SA), the use of indigenous practices on infants and consultation with THPs are common. The importance of recognising and directly addressing the use of indigenous practices should be acknowledged in SA; with the purpose of educating mothers to minimise drug interaction from pregnancy and during childcare (Peltzer *et al.*2009:161).

According to the Department of Health and Social Development (2010) in the Limpopo Province, children with childhood illnesses admitted in the paediatric unit at the Polokwane/Mankweng hospital complex were brought to the hospital when they were very ill. When taking history from their mothers, they indicated that they first consulted the THPs for their children to be treated with indigenous practice methods for their illnesses. Therefore, it was evident that after realising that the children were not getting better, they then decided to take them to hospital. Moreover; mothers, who took their children for re-admission, stopped giving them treatment after they were discharged from hospital and took them to the THPs for indigenous treatment. Some mothers did not take their children for follow-up consultation; they took them to the THPs for indigenous practices and they only took them back to hospital once they were very ill (Department of Health & Social Development 2010).

Evidence that was observed during physical examination at hospital indicated that most children were taken to hospital with the following: razor blade marks and black discolouration on the fontanel. Mothers confirmed that they had consulted a THP prior to going to hospital. Statistics for January to June 2010 showed that out of 834 children admitted at the Polokwane/Mankweng hospital complex in the Limpopo Province 58 were admitted with a history of traditional herbal use, evidence of razor blade marks and black discolouration on the fontanel. At admission, mothers confirmed during history taking that they had administered traditional herbal medicines (Department of Health & Social Development 2010).

It is against the above background that the researcher was motivated to conduct a scientific research study about the indigenous practices of mothers of children admitted in the paediatric unit at the Polokwane/Mankweng hospital complex in the Limpopo Province.

## **1.2 LITERATURE REVIEW**

Traditional medicine plays an important role in the primary healthcare of many developing countries because society believes more in traditional medicine when compared to bio-medicine which differs in approach. The Department of Health CCMT Operational Plan (2003:86) indicated that 200 000 THPs were consulted by

black ethnic groups in South Africa during 1995. South African black ethnic groups view diseases as a supernatural phenomenon governed by vital powers, for example ancestral spirits. The people visit THPs because they form an integral part of their culture and custom, while traditional medicine in various African cultures is administered in combinations which cannot be separated. It is believed that Western medicine practitioners lack knowledge in the treatment of culture-bound syndromes (Truter 2007:56). It is indicated by Lans (2007:270) that in Trinidad and Tobago herbal remedies are traditionally used for unspecified male problems, such as erectile dysfunction and prostate problems. It is further stated that women use traditional medicine for infertility, menstrual pains and childbirth.

According to Soewu and Ayodele (2009:2), the World Health Organisation (WHO) estimates that 80% of the world population rely on traditional medicine prepared from natural products to meet their daily health requirements. In Africa, traditional healing existed long before the advent of modern medicine and the people depend on traditional medicine as their source of healthcare. The traditional medicine practices contribute to the discovery of new drugs which are found to be useful in curing major ailments that were previously incurable. Traditional medicine usage is always popular amongst the majority of the human population (Soewu & Ayodele 2009:2). According to Truter (2007:58), plants had traditionally been used as a source of medicine in India by indigenous people of different ethnic groups for the control of various ailments, which were afflicting them and their domestic animals.

Osman, El Zein and Wick (2009:2) state that cultural beliefs and local traditions are important when determining health behaviour in general. A good understanding of local beliefs, customs and traditions related to breastfeeding, for instance, can help healthcare providers to provide better support and proper counselling to breastfeeding mothers. Furthermore, the use of the healthcare provider's intention to initiate, encourage and prolong breastfeeding can act as a reinforcement and encouragement for women to breastfeed which will result in initiation and maintenance of breastfeeding at the correct time. Cultural evolution is a dynamic

phenomenon. Therefore; each individual, regardless of his or her genetic make-up, has a unique cultural identity (Chan-Yip 2004:627). It is indicated that a caring physician needs to be aware of cultural differences between a healthcare giver and the patient. Physicians serving multi-ethnic communities, especially in the primary care paediatric setting, should be aware of cultural factors influencing particular modes of illness presentation and the health-seeking behaviour of their clients.

In the study conducted by Hilgert and Gil (2007:4) about traditional and institutional systems it is observed that in some communities, domestic medicine prevails over institutional medicine. Diseases are diagnosed by the rural doctor who will indicate whether he can provide a treatment or whether the patient should go to the health centre. Although mothers in these communities accept that deliveries at the hospitals are safer, they refuse to go to hospital because many of the practices that are firmly rooted in the local culture cannot be carried out at the hospitals. It is further indicated that better communication and understanding of certain simple cultural matters by the hospital personnel will increase the utilization of institutional systems (Hilgert & Gil 2007:4).

The news bulletin of the WHO (2008:244) outlines that the current existing initiative is to combine the efforts of doctors and traditional midwives at hospitals and clinics while anticipating that there will be minimal utilisation of modern delivery techniques such as caesarean section, while acknowledging indigenous practice in midwifery practice. It is further indicated that; due to the development in this initiative; Mexico's health ministry has started encouraging doctors to work closely with traditional midwives. The WHO (2008:247) has also recognised that the contributions of traditional medicine to psychiatric patient's care in curing other psychiatric related ailments are achieved. Raven, Chen, Tolhurst and Garner (2007:148) reveal that when cultural practices are matched with Western standards, some practices are either beneficial or have no negative effect on the health of the mother and the baby. Healthcare delivery to ethnic populations can be improved by providing culturally appropriate services (Chan-Yip 2004:629). Chan-Yip (2004:629) further states that



different ethnic groups may have a higher prevalence of certain health problems which needs to be recognised. Therefore, physicians need to work with other healthcare professionals and community groups to develop health promotional projects adapted to local needs.

The WHO formally recognised the importance of collaborating with the traditional healers in 1977 (Truter 2007:60). Truter (2007:60) further indicates that, in South Africa, the Traditional Health Practitioners Bill of 2003 was drafted and certain sections of the Traditional Health Practitioners Act, Act 35 of 2004, came into operation on 13 January 2006. Furthermore, an extensive project is underway to document all traditional medicines derived from indigenous medicinal plants. The operational plan for CCMT South Africa (2003:88) indicates that the Department of Health (DoH) in SA acknowledges traditional medicine as an important modality of treatment for the people. The importance of recognising and directly addressing the use of traditional medicines is emphasized by Peltzer *et al.* (2009:161). Peltzer *et al.* (2009:161) further indicate that health programmes that neglect this matter maybe missing important opportunities to provide education and to minimise drug interactions.

### **1.3 PROBLEM STATEMENT**

As mentioned earlier, out of 834 children admitted for a period of six months at the paediatric unit of Polokwane/Mankweng hospital complex in the Limpopo Province, 58 on admission presented with traditional herbal use, evidence of razor blade marks and black discolouration on the fontanel (Department of Health and Social Development 2010). It is suspected that mothers are still using indigenous practices to treat and manage childhood illnesses like diarrhoea and meningitis. According to the researcher's observations, healthcare professionals seem to undermine the indigenous practices of the mothers based on the comments that they make when observing such practices during physical examination of children. The healthcare institutions seem not to have specific guiding principles that can be used by nurses, doctors and other healthcare professionals when caring for these children. According

to Mignone, Bartlett, O'Neil and Orchard (2007:6), there is a lack of clarity in relation to the legal framework for the practice of traditional herbal medicine and its interaction with Western medicine. The lack of clarity about the way in which indigenous practices should be handled by the society creates problems. Peltzer *et al.* (2009:156) explain that; in order to understand the people who consider usage of indigenous practices; they conducted the study to determine views of people using indigenous practices in prenatal and postnatal care.

#### **1.4 AIM OF THE STUDY**

The main aim of this study was to:

- Determine the indigenous practices of mothers with children admitted in the paediatric unit at a Polokwane/Mankweng hospital complex in the Limpopo Province.

#### **1.5 RESEARCH QUESTIONS**

The following research questions guided the researcher during the period of conducting this study:

- What childhood illnesses do mothers of children treat and manage at home before admission at the paediatric unit at the Polokwane/Mankweng hospital complex in the Limpopo Province?
- What are the indigenous practices of mothers with children admitted at the paediatric unit at the Polokwane/Mankweng hospital complex in the Limpopo Province?
- What guiding principles are available to healthcare professionals about the strategies that can be used to assist mothers of children who use indigenous practices in curing childhood illnesses?

## **1.6 THE OBJECTIVES OF THE STUDY**

The objectives of this study are to:

- Explore and describe the indigenous practices of mothers of children admitted in a paediatric unit at a Polokwane/Mankweng hospital complex, Limpopo Province.
- Recommend guiding principles based on the study findings for healthcare professionals on the strategies that can be used to assist mothers of children admitted in a paediatric unit at a Polokwane/Mankweng hospital complex of the Limpopo Province.

## **1.7 RESEARCH METHODOLOGY**

A qualitative approach was used by the researcher in order to explore and describe the indigenous practices of mothers with children admitted at the paediatric unit at a Polokwane/Mankweng hospital complex in the Limpopo Province. The population consisted of all mothers with children admitted in the paediatric ward at the Polokwane/Mankweng hospital complex in the Limpopo Province at the time of data collection. Non probability purposive sampling was used to select the sample. Unstructured one-on-one interviews were used to collect data. Data were analysed using Tesch's method of open coding as described by Creswell (2009:186) and condensed in Chapter 2 of this study.

## **1.8 ETHICAL CONSIDERATIONS**

The following ethical standards for nurse researchers as outlined in the position statement of the Democratic Nursing Organisation of South Africa (1998:232) were adhered to during the research project:

- **Permission to conduct the research**

An ethical clearance was obtained from Medunsa Research Ethics Committee (MREC). Written permission to collect data at the tertiary hospital complex was

obtained from the Limpopo Provincial Department of Health and Social Development. Furthermore, permission was also obtained from the Chief Executive Officer and paediatrics units managers at the Polokwane/Mankweng Hospital Complex based on the presentation of the permission letter from the Provincial Department before commencing with the interview sessions.

- **Informed consent**

According to Brink, Van der Walt and Van Rensburg (2006:37) and De Vos, Strydom, Fouche and Delport (2006: 59), informed consent is obtained after participants have been adequately informed about the risks and benefits involved in the research project. Before the participants were allowed to take part in the study, a written consent form was obtained from each participant. The consent form included the title, researcher's name, research supervisors, purpose, objective, brief description of the study and its procedures. The participants were made aware that they had a right to withdraw at any time and an assurance that participation was voluntary. The participants were informed that field notes would be written and permission to use a voice recorder to capture the proceedings of the interview sessions was requested from each participant before data collection sessions. Process consent refers to re-obtained consent when unexpected events occur or new research questions emerge during the development of the study (Brink *et al.* 2006:37). Process consent was obtained during the study prior to the asking of any sensitive questions.

- **Autonomy**

The participants were informed about the right to self-determination. Self-determination means that participants are made aware of the right to decide whether to take part in the study or not without being penalised (Brink *et al.* 2006:32). Furthermore, it meant that participants had the right to withdraw from the study at any time, but the information they had shared at the time of termination would still be used for the purpose of the study. They were also informed about the right to refuse; and not to be coerced into; supplying information, and not to answer any question

when they felt it would violate their rights and confidentiality. Participants were also made aware of the right to ask for clarity about the purpose of the study (Brink *et al.* 2006: 32). Informed consent was obtained from each participant before they could participate in the study. The research was planned and executed in a way that fostered justice, beneficence and excluded harm and exploitation of participants.

The researcher established a continuous rapport with the participants in order to gain trust. The participants were made aware that field notes would be written and a voice recorder would be used during the interview sessions. All the interview sessions and the recordings were made available to the researcher, supervisor, co-supervisor and independent coder. Permission to gain entry into the hospitals identified were obtained from the Polokwane/Mankweng Hospital Complex managers.

- **Avoidance of harm/beneficence**

The participants were informed that there would be no risks or discomfort to them in sharing their experiences during unstructured one-on-one interview sessions (Brink *et al.* 2006:33). The awareness of the participants were raised that they could terminate their participation in the research study when they felt that they could not continue and they would not be forced to answer questions when they felt that such questions were violating their rights of confidentiality (De Vos *et al.*2006:58 ). Participants were informed that field notes would be written during interview sessions, a voice recorder would be used to record all the interview sessions and that the recordings would be made available only to the researcher, the appointed independent coder and the research supervisor.

- **Confidentiality and anonymity**

The worth and dignity of the participants were maintained. The invasion of privacy was prevented by making sure that no information was shared without the participants' knowledge or against their will, because the invasion of an individual's

privacy might cause loss of dignity, feeling of anxiety, guilt, embarrassment and shame. To ensure confidentiality, participants were ensured that neither their names, nor any information that might identify them would appear on the voice recordings or on transcripts. To ensure anonymity, participants were informed that they were allocated numbers since their real names were not used. No participants' names were used in naming the files created in the voice recorder, and the participant's names were not used during recording to protect and maintain confidentiality (Seale, Gobo, Gubrium & Silverman 2004:233, Babbie & Mouton 2009:523, Cormack, 2001:57). The voice recordings were made available only to the research supervisor by copying them to the disk (Matheson 2007:553). Furthermore, the identities of participants were not revealed when the study was reported or published.

Participants were treated with integrity by being honest with them, they were given the purpose, objectives and the manner in which dissemination of the results would take place. The participants were made aware that the results and recommendations of the study would be presented to the Limpopo Department of Health and Social Development Ethics Committee. This committee would issue an instruction to which hospitals the report should be distributed.

## **1.9 CONCLUSION**

The overview of the research study was discussed. The problem statement, aim, objectives, research question and the significance of the study were outlined to present the rationale of conducting this scientific investigation. Chapter 2 discusses the research methodology used in this study.

## CHAPTER 2

### RESEARCH METHODOLOGY

#### 2.1 INTRODUCTION

The purpose of this chapter is to describe the research methodology that was followed in this study which deals with indigenous practices of mothers with children admitted at the Polokwane/Mankweng hospital complex in the Limpopo Province. An outline is provided of the research design and the criteria to ensure trustworthiness.

#### 2.2 RESEARCH DESIGN

According to Babbie and Mouton (2009:74) and De Vos *et al.* (2006:132), a research design is a plan or blueprint of how the researcher intends to conduct the study. The research design provides the logic of the study; i.e. the what and why of data production (De Vos *et al.* 2006:132). A research design is a plan for scientific enquiry, where a strategy is developed to determine the process how a research problem will be addressed. The underlying principle for research design is that the researcher should be able to outline what needs to be investigated and secondly, to explain the way in which the investigation will be carried out (Babbie & Mouton 2009:72).

A qualitative, descriptive and explorative research design; contextual in nature; was used to conduct this study. This research approach helped the researcher to gain a full view about the indigenous practices of mothers with children admitted at paediatric unit of the Polokwane/Mankweng hospital complex in the Limpopo Province. The participants were given the opportunity to describe their experiences while focusing on indigenous practices for their children admitted at the Polokwane/Mankweng hospital complex in the Limpopo Province.

### **2.2.1 Qualitative research approach**

A qualitative research approach was used in this study. According to Brink *et al.* (2006:113), qualitative research approach is a method used by a researcher to explore the meaning, describe and promote understanding of human experiences from the point of view of the participants in the context in which the action was taking place. It focuses on the qualitative aspects of the meaning, experience and understanding. De Vos *et al.* (2006:268) further define qualitative research as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. A qualitative research approach was used by the researcher in order to explore and describe the indigenous practices of mothers with children admitted at the Polokwane/Mankweng hospital complex in the Limpopo Province.

In this study, the researcher allowed the participants to describe what they knew with regard to the indigenous practices used to treat and manage childhood illnesses before taking their children to the Polokwane/Mankweng hospital complex. The qualitative research approach further assisted the researcher to explore meaning, describe and understand the indigenous practices of mothers with children presenting with childhood illnesses as described by the mothers in their own context. The researcher described qualitative methodological steps that were followed in this study. The researcher further outlined a complex, holistic picture; analysed words; reported detailed views of the participants and the study was conducted in the natural setting in which the participants lived (Burns & Grove 2005:27).

### **2.2.2 Descriptive research design**

In a descriptive research design the phenomenon is described (Brink *et al.* 2006:201) to present a picture of the specific detail of a situation, social setting or relationship. Additionally, it refers to a more intensive examination of phenomena and their deeper meaning leading to thicker descriptions (De Vos *et al.* 2006:106). According to



Babbie & Mouton (2009:272), during descriptive research emphasis is placed on an in-depth description of a specific individual, situation, groups, interaction or social object. Cormack (2001:178) supports this notion by describing that the aim of a descriptive research design is to discover new facts about a situation, people, activities or events, or the frequency with which certain events occur.

A descriptive research design assisted the researcher to gather factual data, by giving the participants time to describe indigenous practices in relation to curing childhood illnesses. In this study, the researcher examined the indigenous practices of mothers with children admitted at a paediatric unit of Polokwane/Mankweng hospital complex in the Limpopo Province by affording the mothers time to describe indigenous practices in relation to curing childhood illnesses during the interview sessions until data saturation was reached. The researcher had an opportunity to understand the phenomenon with a detailed account of the context, the activities, the participants and the processes as the phenomenon occurred. The design was further used to capture the lives of the participants in their own context in order to understand and interpret their present realities from participants' own points of view when they were given an opportunity to describe the research phenomenon.

### **2.2.3 Explorative research design**

An explorative research design was conducted in this study to gain insight into the research phenomenon. An explorative research design can be used where there is a lack of basic information about a new area of interest, or in order to get acquainted with a situation in order to formulate a problem or develop a hypothesis (De Vos *et al.* 2006:106). In order to achieve the explorative part of the study, the researcher asked one main question in the same way to all participants: "Kindly share with me by describing the indigenous practices that they have used prior to bringing your child to the hospital". Then, after the participant's first response, the researcher further asked probing questions which were clarity seeking questions, to enable the participants to clarify the aspects that the researcher didn't understand (De Vos *et al.* 2006:293, Leedy & Ormrod 2005:139, Brink *et al.* 2006: 152, Burns & Grove 2009:40).The

researcher made a point of bracketing own ideas before entering the study field to avoid a situation where own ideas could indirectly influence the manner in which the participants responded to the questions during the unstructured interviews (Brink *et al.* 2006: 113). The researcher wrote down own ideas about the research phenomenon before starting with the interview sessions to identify which ideas she had in order to be able to bracket them.

#### **2.2.4 Contextual research design**

The study was conducted in the natural context of the participants (Brink *et al.* 2006:64, Babbie & Mouton 2009:272). The researcher's view was that the participants were not isolated from their environment and the factors that affected it. Babbie and Mouton (2009:272) explain that the contextual research design involves understanding the participants of the study within their immediate setting and further avoids the separation of participants with their context. Babbie and Mouton (2009:282) and Madrigal (2009:1) support the idea by indicating that it is required to conduct the study in the context of the people studied because they are able to describe their own world with ease.

In this study, a contextual research design was used to assist the researcher with understanding events of the research phenomenon; that is the indigenous practices of mothers with children admitted at the Polokwane/Mankweng hospital complex in the Limpopo Province within the concrete, natural context of the Limpopo Province (Brink *et al.* 2006:113, Babbie & Mouton 2009:272). The researcher conducted the unstructured one-on-one interviews in the participants' own world for enabling the participants to describe what they knew about the research phenomenon with ease (Madrigal 2009:1, Babbie and Mouton 2009:282). In this study, the contextual design was based on understanding the indigenous practices of mothers with children by visiting the Polokwane/Mankweng hospital complex and conducting the unstructured one-on-one interviews in the paediatric ward; the area where mothers and their children were admitted (Babbie and Mouton 2009:272, Madrigal 2009:1).

## **2.3 POPULATION AND SAMPLING**

### **2.3.1 Population**

A population is a complete set of persons that possessed some characteristics that the researcher is interested in studying, from which the study participants were chosen (Brink *et al.* 2006:206). This study was conducted in a paediatric unit of the Polokwane/Mankweng hospital complex in the Limpopo Province. The population was all mothers of children admitted in a paediatric unit of the Mankweng/Polokwane hospital complex in the Limpopo Province.

### **2.3.2 Sampling**

Sampling is the selection of an element or unit from the population in order to obtain information about a phenomenon (Brink *et al.* 2006:124). In qualitative research, sampling occurs subsequent to establishing the circumstances of the study. Sampling is based on saturation of data during interview sessions; not representative in relation to the size of the population nor is it statistically determined (De Vos *et al.* 2006:382). According to Burns and Grove (2009:361), saturation of data occurs when additional sampling provides no new information. A non-probability purposive sampling technique was used in this study.

Purposive sampling entails judgmental sampling that involves the conscious selection by the researcher of participants to be included in the study (Brink *et al.* 2006:133, Burns & Grove 2009:335). Purposive sampling is used when the participants included in the study have knowledge about the research phenomenon (De Vos *et al.* 2006:328). Participants were chosen on the basis of their experience with indigenous practices in relation to the care of childhood illnesses. Purposive sampling was used to select mothers of children who used indigenous practices admitted in paediatric unit at the Polokwane/Mankweng hospital complex in the

Limpopo Province, until data saturation was reached during the conducted interview sessions.

### **2.3.3 Inclusion criteria**

According to Burns and Grove (2009:345), inclusion criteria are those characteristics that a participant or element needs to possess to be part of the target group. To be included in this study, during the interview sessions mothers had to satisfy the inclusion criteria.

The inclusion criteria for mothers who used indigenous practices before taking their children to the Polokwane/Mankweng Hospital Complex were:

- mothers of children admitted with traditional herbal use;
- razor blade marks which were observed during physical examination of the child; and
- black discolouration on the fontanel of the child.

## **2.4 STUDY SITE**

The healthcare system in the Limpopo Province functions at four levels, namely primary healthcare hospitals, district hospitals, regional hospitals and tertiary hospitals. There are forty one (41) hospitals in the Limpopo Province. Thirty four of these hospitals are district hospitals that provide for patients seen at and referred by primary healthcare clinics. Five of these regional hospitals are meant to accommodate patients seen at and referred by district hospitals. Two of these regional hospitals are tertiary campus hospitals that attend to the healthcare needs of patients seen at and referred by regional hospitals. This arrangement leads to patients from primary healthcare and district hospitals being referred directly to the tertiary hospitals. Tertiary hospitals end up serving patients referred by primary healthcare, district and regional hospitals.

The Mankweng/Polokwane Hospital Complex in the Limpopo Province is situated in the rural part of the province and provide for the patients who are influenced by IK,

e.g. about caring for childhood illnesses, that is handed down from one generation to the next (McDade *et al.* 2007:6134). The mothers who are using indigenous practices to treat and cure childhood illnesses from primary healthcare and district hospitals are being referred to the Polokwane/Mankweng Hospital Complex. This study had been conducted at the Mankweng/Polokwane Hospital Complex in the Limpopo Province.

## 2.5 DATA COLLECTION METHOD

A data collection method refers to the procedures specifying techniques to be employed, measuring instruments to be utilized and activities to be performed when conducting a research study (Burns & Grove 2006:391). A limited number of unstructured one-on-one interviews were conducted during this study to determine the indigenous practices of mothers of children at the Polokwane/Mankweng Hospital Complex in the Limpopo Province.

One main question was asked in the same way to each participant: **“Kindly share with me by describing the indigenous practices that you have used prior to bringing your child to the hospital?”** The main question was followed by probing questions to allow the participants to clarify areas where the researcher sought more clarity to increase and generate detailed data exploration. According to Brink *et al.* (2006:152), De Vos *et al.* (2006:296), Leedy & Ormrod (2005:139) and Burns & Grove (2009:405), probing encompasses prompting questions that encourage the participants to elaborate more on the topic and to enhance rapport by indicating to the participant that the researcher is truly interested in understanding his/her experience. The researcher guarded against influencing the participants’ responses by bracketing own ideas before entering the study field. The researcher wrote down own ideas about the research phenomenon before starting with the interview sessions, with the purpose of identifying which ideas of the researcher needed to be separated from the participants’ responses for these ideas to be bracketed (Brink *et al.* 2006:113).

The interviews were conducted in a private room to ensure privacy. All interview sessions were recorded verbatim by using a voice recorder and field notes were written to capture nonverbal cues that were not captured by voice recorder to supplement data collected (Brink *et al.* 2006:118). Unstructured one-on-one interviews were conducted for a period of two months (October 2011 and November 2011) during this study until data saturation was reached.

### **2.5.1 Preparation of the research field**

De Vos *et al.* (2002: 257) describe that when the research field is to be prepared properly for collecting data, background information about the nature of the research field needs to be obtained for providing the researcher with confidence and guidance when approaching the participants and the field. The main aim of preparing the research field is to ensure that the venue is relatively quiet and in a private space where the researcher can talk freely to the participants without distractions, e.g. telephone calls and visitors (Watson, Mckenna, Cowman & Keady 2008:284).

The venue was prepared in such a way that a free conversation in a comfortable manner can be initiated. Two small desks facing each other was the sitting arrangement during the unstructured one-on-one interviews (Burns & Grove 2005:542). The preparations of the participants for the interviews sessions were facilitated by the manager in charge of the unit in collaboration with the researcher.

### **2.5.2 Selection of data collection methods**

Methodological triangulation was used in this study to enhance the trustworthiness of the collected data. De Vos *et al.* (2006:362) describe methodological triangulation as the use of two or more methods of data collection procedures within a single study. Triangulation of data collection methods was used in this study; namely unstructured

one-on-one interviews, using a voice recorder for recording verbal responses and writing field notes for capturing the nonverbal proceedings of all the interview sessions that were conducted.

### **2.5.3 Unstructured one-on-one interviews**

According to De Vos *et al.* (2006: 292), an unstructured one-on-one interview is a method that extends and formalises conversation and assists the researcher to collect in-depth data about the participants' beliefs and attitudes. The root of data collection is found in the soil of understanding the experiences of other people and the meaning they attach to those experiences. An unstructured one-on-one interview is focussed and allows the researcher and participant to explore an issue (De Vos *et al.* 2006:292). In this study, the researcher used unstructured one-on-one interviews to determine the indigenous practices of mothers with children admitted to the Polowane/Mankweng Hospital Complex in the Limpopo Province. Unstructured one-by-one interviews also assisted the researcher to achieve understanding of the mothers' point of view about the indigenous practices of mothers with children in relation to childhood illnesses.

### **2.5.4 Communication techniques used during data collection**

A good interpersonal attitude and skills are important during an unstructured interview session, in order to obtain relevant information about the research phenomenon without threatening or annoying the participant. The researcher displayed a caring, warm and non-judgemental attitude when communicating with all participants during the unstructured interview sessions (Watson *et al.*2008:291).

The researcher utilised certain communication techniques during the unstructured interview sessions, i.e. reflecting feelings, timing, paraphrasing, tracking, clarification, using silence and probing.

- During reflection of feelings the researcher repeated what the participant had said with regard to the indigenous practices of mothers with children in relation

to childhood illnesses in a genuinely warm way for allowing the participant to perceive the researcher as respectful (De Vos *et al.* 2006:290).

- The participants were given time to describe the indigenous practices in relation to childhood illnesses and were not interrupted in any way before finishing what they intended to communicate.
- The researcher used paraphrasing to restate the participant's descriptions in simple, but fewer words without adding new ideas to the message; especially at the end of each unstructured interview session (De Vos *et al.* 2006:289).
- The researcher did tracking by showing interest and encouraging the participants to communicate freely by following the content and the meaning of their verbal and non-verbal conversation (De Vos *et al.* 2006:290).
- Using silence was a means of allowing both participants and interviewer to think, and to motivate the participants to talk more, share perceptions and to decide how to express thoughts (Henning, Van Rensburg & Smit 2007:125).
- Probing assisted the researcher to stimulate the participants to provide additional information for clarifying prior communication fully (De Vos *et al.* 2006:290, Babbie & Mouton 2009:253, Brink *et al.* 2006:152).

## **2.6 DATA ANALYSIS**

Data analysis is a process of bringing order, structure and meaning to the mass of data collected (De Vos *et al.* 2006:339). Tesch's method of open coding of data analysis as described in Creswell (2009:186) was used as the data analysis method in this study. The researcher listened to the voice recordings to get the sense of the entire conducted interview sessions, to internalise the content before transcribing it verbatim. The transcribed interviews and the researcher's field notes collected during the individual interview sessions were analysed. The researcher's field notes were also included for thick data description.

Tesch's (cited in Creswell 2009:186) method involves the following steps:

- The researcher carefully reads through all transcripts to get a sense of the whole interview while jotting down some ideas as they come to mind.



- The researcher randomly picks up one conducted interview session from all the transcripts, read it, while seeking answers to these questions: What is it about? What is the underlying meaning? The researcher identifies the responses to the questions asked, repeatedly listening and jotting down ideas about the responses in the margin.
- After the researcher has completed the task for all the interviews, a list of all the covered topics is compiled, clustered together in similar topics, represented as major and exceptional topics in columns.
- The researcher takes the list and returns to the data with the purpose of abbreviating topics into codes and writing codes next to the appropriate segments of the text to establish whether new categories and codes are emerging.
- The researcher finds the most descriptive wording for topics and turns them into categories; the complete list of categories is reduced by grouping them based on similar ideas. Lines are drawn between the categories to show interrelationships amongst the concepts and statements.
- The researcher makes final decisions about the abbreviation of each category.
- The data which belong to each category are assembled. Thereafter, the researcher performs an analysis of the data.

Field notes and voice recordings were used as a point of reference during data analysis. An independent coder; who is an experienced qualitative researcher; was requested to analyse raw data independently. A meeting was held between the independent coder and the researcher to reach consensus about the categories identified independently.

## **2.7 TRUSTWORTHINESS**

The criteria of trustworthiness were adhered to in this study as described by Babbie and Mouton (2009:276), which were credibility, transferability, confirmability and dependability.

### **2.7.1 Credibility**

Credibility demonstrates that the inquiry is conducted in a manner conducive to ensuring that the subjects are accurately identified and described. According to Bowen (2005:215), credibility refers to the confidence one needs to have in the truth of the research findings, which can be established by complying with the different methods; e.g. prolonged engagement in the study field and triangulation of data collection methods. In this study, credibility was ensured by extensive engagement while conducting unstructured one-on-one interviews over a period of two months (October 2011– November 2011) until data saturation was reached, during which the participants were allowed to describe the indigenous practices used to treat and manage childhood illnesses (Bitsch 2005:82). Triangulation was used in data gathering to provide a richer, multi-layered and more credible set of data. The researcher used a voice recorder to capture all interview proceedings. Furthermore, field notes were written during interview sessions to capture the nonverbal cues which could not be captured by a voice recorder (Brink *et al.* 2006:118). The recorded interview sessions and field notes were sent to an independent coder to confirm the results.

### **2.7.2 Transferability**

Transferability means that other researchers can apply the findings of the study to their own setting using the research method that the researcher has used as long as it is described in full (Bowen 2005:216). Babbie and Mouton (2009:277), furthermore, describe transferability as the extent to which the findings of the study can be transferred to another context or with other participants. In this study, the researcher provided a thick description of the methodology and a detailed database of the study for other researchers to determine whether the findings of the study were applicable in another setting. (Brink *et al.* 2006: 119).

Purposive sampling was used to select mothers with children who used indigenous practices to treat childhood illnesses prior to admission at the Polokwane/Mankweng

Hospital Complex in the Limpopo Province with the purpose of studying the research phenomenon contextually. The researcher collected sufficiently detailed data in the natural setting of the participants. The study findings were not generalised to all the public hospitals in the Limpopo Province, but were limited to the Polokwane/Mankweng Hospital Complex only (De Vos *et al.* 2006:346).

### **2.7.3 Dependability**

It is the degree to which the researcher attempted to account for changing conditions in the phenomenon chosen for the study and in the design created by an increasingly refined understanding of the setting (De Vos *et al.* 2006:346). The findings of this research were the product of the scientific inquiry and not the researcher's bias. An inquiry auditor was involved to determine whether the process and procedures used were acceptable by submitting the voice recorder, transcribed notes and field notes to the supervisor who had extensive experience in qualitative research (De Vos *et al.* 2006:346). Voice recordings and written field notes were made available for auditing by the supervisor. The use of voice recordings and written field notes supported the unstructured one-on-one interviews as a point of reference (De Vos *et al.* 2006:346).

### **2.7.4 Confirmability**

Babbie and Mouton (2009:278) define confirmability as the degree to which the findings of the research study are the product of the focus of the inquiry and not of the biases of the researcher. In this study, confirmability was obtained by prolonged engagement with the participants, observing them during data collection and decreasing the distance between the researcher and participant during conversation, without allowing biases or own perspectives to influence the conversations.

An inquiry auditor was used in this study to assess and check whether the conclusions, findings and interpretations were supported by the collected data. The voice recordings were given to an independent coder who listened to the recorded

interviews sessions and who checked whether there was an internal agreement between the investigator's interpretation and the actual evidence (Brink *et al.* 2006:119).

**Table 2.1: Summary of strategies to establish trustworthiness**

<b>Strategy</b>	<b>Criteria</b>	<b>Trustworthiness criteria accomplished by executing the following activities</b>
Credibility	Prolonged engagement	The researchers collect data for a period of two months until data saturation was reached.
	Triangulation	Voice recorder was used and field notes were written.  Transcription and field notes were sent to independent coder.
Transferability	Nominated sample	Purposive sampling was used to include the participants in this study
	Dense description	It was ensured by a thick description of the research method
Dependability	Dense description of research methods	Will be ensured by a thick description of the research method
	Triangulation	Voice recorder was used and field notes were written
	Peer examination	The research proposal and the final report were presented during the research seminar in the Nursing Science Department
	Code-recode	The independent coder was given the raw

Strategy	Criteria	Trustworthiness criteria accomplished by executing the following activities
	procedure	data to come up with codes independently and an agreement was reached with the researcher for final codes
Confirmability	Triangulation	Voice recorder was used and field notes were written
	Referential adequacy	Written field notes and the use of a voice recorder
	Independent coder	Independent coder was involved in this study

## 2.8 SIGNIFICANCE OF THE STUDY

Most children with childhood illnesses were brought to the hospital when they were very ill due to the fact that their mothers started with indigenous practices before taking them to the tertiary hospital. As a result, the children were admitted while being critically ill and many lives of the children were lost due to the practice. The guidelines developed in this study were based on the findings and might assist mothers and healthcare professionals to mitigate the indigenous practices in relation to the care of childhood illness.

## 2.9 CONCLUSION

A qualitative, descriptive and explorative research approach; which was contextual in nature was used in this study. A non-probability purposive sampling method was used to select participants from the identified population until data saturation was reached. Unstructured one-on-one interview method was used for data collection. One main question was asked in the same way to each participant: **“Kindly share with me by describing the indigenous practices that you have used prior to**

**bringing your child to the hospital”**. Field notes were taken and a voice recorder was used during interview sessions. Data were analysed according to Tesch’s approach as outlined in Cresswell (2009:186). Criteria for trustworthiness were adhered to in this study as outlined in Babbie and Mouton (2009:276). Ethical standards for nurse researchers were adhered to during the research project as outlined in the position statement of the Democratic Nursing Organisation of South Africa (1998:232).

## **CHAPTER 3**

### **DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL**

#### **3.1 INTRODUCTION**

In Chapter 2, the research design and method of this study are discussed. Chapter 3 presents the study findings which emerged during qualitative data analysis using Tesch's open coding technique. This chapter further explains the meaning extracted from the un-structured one-on-one interviews conducted with mothers of children admitted at the paediatric unit at the Polokwane/Mankweng Hospital Complex in the Limpopo Province. The findings are presented with support of literature to generate meaning based on existing relevant sources and previously conducted research studies. Themes and sub-themes reflecting indigenous practices of mothers with children admitted at the Polokwane/Mankweng Hospital Complex in the Limpopo Province are presented.

#### **3.2 DESCRIPTION OF FINDINGS**

A total number of fifteen participants were interviewed at the Polokwane/Mankweng Hospital complex. The findings of the study were based on the unstructured one-on-one interview proceedings with the participants captured by means of a voice recorder and written field notes. The presentation of the research findings were not based the researcher's biases. The central storyline (De Vos *et al.* 2006:344) clearly reflected that participants had shared analogous indigenous practices in curing childhood illnesses and they had described their health seeking behaviour prior to taking their children to be treated at the hospital. The quotations of participants' responses were indicated in italics during the discussion of themes and sub-themes that emerged from data analysis, using the Tesch's open coding technique.

### 3.3 CENTRAL STORYLINE

The central storyline (De Vos *et al.*, 2006:344) reflects the indigenous practices of mothers of children admitted at the paediatric unit of the Polokwane/Mankweng tertiary hospital complex.

The study revealed that the participants included in the study had shared analogous indigenous practices in curing childhood illnesses and they had described their health seeking behaviour prior to taking their children to be treated at the hospital. They held a strong believe that some childhood illnesses could not be treated at the hospital, but by the Traditional Health Practitioners (THP). On the one hand, they knew that after the indigenous practices had failed, they should take their children to hospital where they supplied the healthcare professionals report: *“If I took my child to the THP first when I take the child to the medical doctor I tell him that I have already took my child to the THP”; And then let me say that this is a law for us blacks to take our children to be treated for hlogwana (passing greenish watery stools and sunken, not pulsating fontanel)”*. On the other hand, participants shared similar information about the different types of childhood illnesses that had to be treated by using indigenous healing methods which included; amongst others: *“hlogwana (passing greenish watery stools and sunken, not pulsating fontanel), themo (retracted neck and red marks at the back of the neck. The child will cry a lot), makgoma (evil spirits from people who are having some illnesses, who have had abortions or who have attended funerals), lekone (retracted neck and red marks at the back of the neck. The child will cry a lot. It is the same as themo), sekgalaka (the child has sores on the body) and sephate/tsa dithabeng (the child scratches himself in the nose; and scratches and pulls the fingers)”* (Appendix C). At the same time, the participants also shared the indigenous practices for healing the above childhood diseases and methods of healing were analogous for almost all THP.

### 3.4 DISCUSSION OF THEMES, SUB-THEMES AND LITERATURE CONTROL

The themes and sub-themes; presented in Table 3.1; emerged during data analysis, and indicated the indigenous practices of mothers with children admitted at the Polokwane/Mankweng Hospital Complex in the Limpopo Province.



**Table 3.1: Themes and sub-themes**

Themes	Sub-themes
3.1 Analogous indigenous practices of curing childhood illnesses	<ul style="list-style-type: none"><li>• A tale of curing childhood illnesses.</li><li>• Healthcare seeking behaviours prior to going to hospital.</li><li>• Childhood illnesses treated by indigenous methods and their signs and symptoms.</li><li>• Indigenous healing methods of specific childhood illnesses.</li><li>• Worsening of signs and symptoms after indigenous treatment.</li></ul>
3.2 Beliefs related to the indigenous healing process	<ul style="list-style-type: none"><li>• Positive beliefs related to indigenous herbs in treating childhood illnesses.</li><li>• Initial ancestral request for guidance.</li><li>• Healing expectations/symptoms after indigenous treatment.</li><li>• Perceptions related to poor prognosis after indigenous treatment.</li></ul>
3.3 THP treating HIV infected children	<ul style="list-style-type: none"><li>• Precautions taken when treating HIV positive client.</li></ul>

### **3.4.1 Theme 1: Analogous indigenous practices of curing childhood illnesses**

Analogous refers to a form of logical inference or an instance thereof, based on the assumption that if two things are known to be alike in some respects, then they have to be alike in other respects (Horny 2010:46). The study findings reflected that the participants had described dominant stories related to indigenous practices of curing childhood illnesses before taking their children to the hospital. Theme 1 had five sub-

themes that had emerged; indicating dominant stories about curing childhood illnesses utilising indigenous method which were perceived to be working, i.e. a tale of curing childhood illnesses; healthcare seeking behaviours prior to going to hospital; childhood illnesses treated by indigenous methods and their signs and symptoms; indigenous healing methods of specific childhood illnesses; and worsening of signs and symptoms after indigenous treatment.

#### **3.4.1.1 Sub-theme 1.1: A tale of curing childhood illnesses**

The study findings revealed indigenous practices as a story situated in the past and present and as a law for African people, indicating indigenous methods in relation to curing childhood illnesses. A story of curing childhood illnesses was indicated: *“I grew up knowing that hlogwana [passing greenish watery stools and sunken, not pulsating fontanel] is treated with indigenous practices. And then let me say that it is a law for us blacks to take our children to be treated for hlogwana [passing greenish watery stools and sunken, not pulsating fontanel]”*. Another participant indicated: *“The child was scratching himself in the nose and on the hands. Then I knew that it was the sign of sephate. Then I took the child to a person who knows to treat sephate”*. A third participant said: *“They say lekone is high blood (madi a magolo) that is not needed in the body. That is why the child has a red mark at the back of the neck. When they treat lekone they cut the child on the red mark on the neck with a razor blade for the blood to come out and apply the grind powder”*. One of the other participants further indicated: *“When my child was still very young I kept him in the house and took him out of the house when going to the clinic. After a month I called a traditional doctor to take the child out of the house”*. Furthermore, a participant said: *“She is not a traditional healer; she is just an old woman who has knowledge on the treatment of hlogwana [passing greenish watery stools and sunken, not pulsating fontanel] and themo”*.

Truter (2007:59) supports this sub-theme by indicating that THPs deals with traditional ailments which are culture bound syndromes that do not respond to Western medication and need to be treated by traditional healers. Ritcher (2004:6)

further indicates that traditional medicine looks at the “spiritual” origin; such as witchcraft and displeasure by ancestors; in order to cure ailments.

In support of this sub-theme, Hilgert and Gil (2007:7) indicate in their study that immediately after birth the child is bathed with hot herbs or sometimes they practise the habit of forcing them to drink some special preparations, otherwise the child will suffer from stomach aches caused by worms that develop inside them. If these practices are not observed, the child will later cry constantly due to stomach aches. This ailment can be treated by fumigating aromatic herbs, black wool and tobacco around the infant’s cradle and anus. In addition, it is believed that herbs from traditional birth attendants give magical effects which modern medicine may not be able to provide (Waiswa, Kemigisa, Kiguli, Naikoba, Pariyo & Perterson 2008:1473).

#### **3.4.1.2 Sub-theme 1.2: Healthcare seeking behaviours prior to going to hospital**

The findings of the study indicated that children were taken to the THPs prior to taking them to the hospital. It was confirmed by a participant who indicated: *“You do not take your child to any traditional healer; you must take him to a registered traditional healer”*. Another participant indicated: *“At the hospital they do not know how to treat hlogwana [passing greenish watery stools and sunken, not pulsating fontanel], lekone [retracted neck and red marks at the back of the neck. The child will cry a lot], makgoma [evil spirits from people who are having some illnesses, who have had abortions or who have attended funerals], mokakamalo and sephate. With other conditions besides these ones we take our children to the clinics and hospitals because they cannot be treated indigenously.”* One of the participants indicated: *“She also gave me the powder to make the child lick it, to protect the child from makgoma and that is why before I come to the hospital I gave it to the child to protect my child from makgoma”*. Another participant confirmed that she took the child for indigenous treatment before taking the child to the hospital: *“I have treated my child for “hlogwana” [the beating on the middle of the fontanel] because it cannot be treated at the hospital”*.

In support of health seeking behaviours prior to going to hospital, Peltzer and Mngqundaniso (2008:371) confirm that traditional healers tend to be the first “professionals” consulted by people with health problems; including children because they are more easily accessible geographically and provide a culturally accepted treatment. They enjoy credibility, acceptance and respect among the population they serve. Therefore, they form a critical part of the healthcare delivery system. Most African women emphasise the spiritual influences that touch their daily lives, which are leading them to seek assistance from THPs rather than from modern health services (Peltzer and Mngqundaniso 2008:377). The administration of non-prescribed medication maybe dangerous, and may interfere with breastfeeding compliance (Peltzer *et al.* 2009:160). They further indicate that Xhosa speaking women follow indigenous healing practices to prevent childhood illnesses and to treat other symptoms.

#### **3.4.1.3 Sub-theme 1.3: Childhood illnesses treated by indigenous methods, and their signs and symptoms**

The study findings revealed childhood illnesses treated by indigenous methods, and their signs and symptoms. It was confirmed by the participants:

**Hlogwana** [passing greenish watery stools and sunken, not pulsating fontanel]. One participant said: “*The child has diarrhoea passing greenish watery stools and the fontanel is not pulsating*”. Another participant said: “*I took the child to the traditional healer because he was having ‘hlogwana’ and presented with sunken fontanel and was passing greenish stools*”.

**Themo** [retracted neck and red marks at the back of the neck. The child will cry a lot]. One participant responded by saying: “*Themo is when the child’s neck is retracted backwards and stiff and unable to shake the head, open eyes widely, fontanel not pulsating and crying a lot especially at night*”. Another participant explained: “*With themo the child has red blood mark at the back, on the neck and tilting his head backwards shaking it as if is itching and is scratching*”.

**Makgoma** [evil spirits from people who are having some illnesses who have made abortions or who have attended funerals]. One participant indicated: “*Makgoma is the evil spirits from people who are having some illnesses, who have made abortions or who have attended funerals and the child will suddenly change condition, have fever and start crying a lot*”.

**Lekone** [retracted neck and red marks at the back of the neck. The child will cry a lot. It is the same as themo]. One of the participants said: “*With lekone the child will lie with the abdomen when sleeping or have rash on the buttocks that looks like nappy rash; red marks at the back of the neck*”.

**Sekgalaka** [the child has sores on the body]. One participant verbalised: “*With sekgalaka the child has sores on the body*”.

**Sephate/tsa dithabeng** [the child scratches himself in the nose; and scratches and pulls the fingers]. One of the participants said: “*I took my child to be treated for 'sephate' because the child scratches himself in the nose and on the fingers; and pull the fingers*”.

According to the study conducted in KwaZulu-Natal in 2006 by Peltzer, Mngqudaniso and Petros, traditional health practitioners confirm that children's problems are amongst the conditions they treat. In support of this sub-theme, traditional health practitioners seem to be consulted more often for the treatment of childhood illnesses, including HIV/AIDS in rural and urban areas (Peltzer and Mngqudaniso 2008:377).

#### **3.4.1.4 Sub-theme 1.4: Indigenous healing methods of specific childhood illnesses**

The study findings revealed the indigenous healing methods for specific childhood illnesses as indicated by the participants in their own words:

**Hlogwana** [passing greenish watery stools and have sunken, non pulsating fontanel]. One participant verbalised: “*With hlogwana the traditional doctor took a razor blade and cut the child on the fontanel and I squeezed breast milk on the cut*”

fontanel.”Another participant indicated: “On arrival she took the child and removed the hair on the fontanel make small cuts with a razor blade and applied a mixture of her herbs on the fontanel”. One of the participants said: “I told him my child’s problem and he took out the herbs and burns them. While the herbs were burning he took the child and made the child inhale (aramela) the burning herbs. Then he took some of the burned herbs, grinded them and mixed them with breast milk and applied it on the fontanel”. In addition, a third participant said: “Then I took my child to be treated and on arrival they burned the herbs made the child to inhale the smoke of the burning herbs. After that she took the razor blade and cut the child with it on the fontanel. Thereafter, he burned the herbs grinded them and mixed them with Vaseline and applied them on the fontanel. The remaining burned herbs are called tshidi and are put in the child’s mouth to lick”. Furthermore, another participant added: “Then they gave me another medication to give the child to drink”. Another participant said: “She took the razor blade and cut the child on the fontanel, instructed me to squeeze breast milk on the child’s fontanel and the burned herbs were mixed with breast milk and applied on the fontanel. From there she moved thete (a worm found in the cattle kraal) on the head of my child making a cross throwing it down after each line. She then gave me medication which the child has to drink for treating hlogwana [passing greenish watery stools and sunken, not pulsating fontanel]”.

**Themo/lekone** [retracted neck and red marks at the back of the neck. The child will cry a lot. Lekone and theme are the same].In the case of themo, one of the participants indicated: “They make the child inhale the herbs they used to treat hlogwana but they mix them with a feather of the bird or monkey. They cut the child on the neck going down on the back and the waist line and the chest and apply the burned mixture. The remaining medication is to be put in the porridge when the baby is fed”. Another participant said: “Then they took a razor blade and cut the child at the back on the neck so that blood must come out and gave me a dry leave to scratch myself on the private parts and come out with blood. They took that leave put it in the clay pot (lengeta) mix it with the herbs and chicken stools and burn them. After making the cuts they applied the ashes of the burned mixture where they have made the cuts”. A third participant confirmed: “She came with her things and on arrival she took the herbs burned them, cut the child’s hair and a piece of the bottom of my

*panty and burned them together. The child was made to inhale the burning mixture two times. Thereafter, the child was cut at the back where there were red marks and the mixture of the burned ashes was applied". Yet another participant said: "They made the cuts on the fontanel, then at the back starting on the neck to the waist and around it. If blood comes out the red marks will disappear and the neck will no longer be retracted back". Furthermore, another participant explained: "They take their herbs and make the child to inhale them. They cut the child on the forehead, behind the ears and at the back and when the child starts to bleed, the grinded burned herbs are applied on all the cut places. They also gave me a cooked medication for the child to drink".*

**Makgoma** [evil spirits from people who are having some illnesses, who have had an abortion or who have attended funerals]. One of the participants said: *"I was given a powder which the child had to lick to protect him against makgoma".* Another participant indicated: *"To prevent makgoma I was given ashes which the child had to lick and also to apply on the umbilicus after attending a funeral".* It was confirmed by a third participant: *"They also burn the herbs and make the child inhale to protect the child from makgoma".*

**Sekgalaka** [the child has sores on the body]. One of the participants said: *"Because the sores are outside they instructed me not to bath the child and apply Vaseline until the rash is no longer visible".* A second participant said: *"They gave me medication to apply on the child's body except for the head for three days without bathing the child".*

**Sephate/tsa dithabeng** [the child scratches himself in the nose and pulls the fingers]. One participant said: *"They burn the herbs with cut finger and toe nails inside the lengeta (clay pot) and the child is covered with the blanket to inhale the burning mixture. Thereafter the burned herbs are mixed with Vaseline. Then they use a scissor to remove the child's hair in two lines to make a cross on the head. Then the mixture is applied on the cross made on the head. The mixture will look like an ointment. Let me say before they apply that ointment they take 'thete'[a worm found in the cattle's kraal]. They take it and push it to move on the head of the child along the cross that they have made. Then from there they apply that ointment".*

Truter(2007:59) in support of these observations, indicates that blood-letting is one of the commonest surgical procedures performed by the THPs as a way of casting out the illness. Truter (2007:59) further indicates a variety of treatment methods that are used by THPs like cutting and rubbing of powdered medication into incisions. In support of this sub-theme, the THPs treat psychosis with various methods that include herbs, appeasing the spirits and divination; depending on the perceived cause (Abbo 2011:3). The study conducted by Peltzer *et al.* (2009:160) in the Eastern Cape confirm that THP treatments prior to delivery vary from rubbing; medicine for bathing or ingestion and referral to the traditional birth attendance or clinics and postpartum care which include checking of mother and infant; advice about breastfeeding; and medicine for baby protection or for ingestion. The growing popularity and use of complementary and alternative medicine world-wide may assist and support the improvement and sustainability of traditional medicine and healing. Traditional healing is embedded in holism and is challenging the biomedical system that indigenous patients have to deal with. The use of traditional medicines and healing can empower patients in the health process, creating possibilities for positive outcomes (Shahid, Bleam, Bessarab & Thompson 2010:9).

#### **3.4.1.5 Sub-theme 1.5: Worsening of signs and symptoms after indigenous treatment**

The findings of the study indicated that the instructions which the participants got from the THP after they had done all the healing methods and procedures and indigenous medicine/herbs had been given to the child, they had to take back the child if he/she was not getting better as verbalised by one of the participants: *“She told me to bring the child back if she is not better”*. Another participant said: *“I did not wait to see if the medication was working because I brought my child to the hospital the same day I took him to the traditional health practitioner because my child was weak and getting worse”*. Yet another participant said: *“They said I must bring the child back after three days for further treatment of the abdominal cramps but I did not go because the child’s fontanel started bulging and I brought the child to the hospital”*.



Green (2004:67) states that, if THPs in a given area cannot successfully treat childhood illnesses then emphasis needs to be on influencing them to refer their patients to clinics. Lack of improvement in symptoms after indigenous treatment may encourage a patient to switch modalities of treatment resulting in simultaneous use of indigenous and biomedical treatment (Nxumalo, Alabab, Harrisa, Chersicha, & Goudge 2008:133). Shopping around among health seekers may delay access to essential care and support services, and the use of several different types of health practitioners may lead to patient confusion due to conflicting information and may generate mistrust in the public health system (Nxumalo *et al.*2008:134). They further indicate that the tendency of accessing both public health and traditional systems of care compounds this vulnerability and compromises both efficacy of treatment and the ability of the public health system to respond effectively.

### **3.4.2 Theme 2: Beliefs related to the indigenous healing process**

The study findings revealed that the participants displayed beliefs related to the indigenous healing process. There were four (4) sub-themes that constituted theme two (2), namely positive beliefs related to indigenous herbs in treating childhood illnesses, initial ancestral request for guidance during the end-to-end healing process, healing expectations/symptoms after indigenous treatment and perceptions related to poor prognosis after indigenous treatment.

#### **3.4.2.1 Sub-theme 2.1: Positive beliefs related to indigenous herbs in treating childhood illnesses**

The study findings indicated that all the participants had some positive beliefs about indigenous herbs when treating childhood illnesses. A positive belief was indicated: *“They save our children’s lives. I am a member of ZCC but I use these things even if we are afraid of what the priests will say. But I did these to save my child’s life”*. Another participant indicated a positive belief when she said: *“They have helped me a lot more especially with themo [retracted neck and red marks at the back of the neck. The child will cry a lot] because is very dangerous and can kill a child. The child*

can also be held by everybody without a fear of being affected by makgoma and the child sleeps very well". In addition, one of the participants indicated a positive belief by saying: "They help me a lot because if I take my child to the hospital with these conditions she/he might not come back alive. This is my fifth child and I have taken them all to the traditional healer to be treated for these". Another positive belief was indicated by the participant who said: "My first child was very ill and was treated and got well very fast. The child was very weak and not playing but after being treated for lekone [retracted neck and red marks at the back of the neck. The child will cry a lot] the child got well and started playing. The treatment for lekone is very effective".

This study finding is supported by Truter (2007:59) when he indicates that herbal medication is the most common therapeutic method used by the African traditional healers for protecting the patients from possible afflictions and for the treatment of ailments achieved by prepared powders and earthy ointments that comprise animal fat, clay and ashes. He further reveals that African people use traditional healers because they are available and easily accessible; they are familiar with culture-bound syndromes; their relationships with patients and their families place them in a position to serve as an alternative to mainstream health providers. The most frequently cited reasons for using traditional healers area perception that treatment is effective and that there is continuity of care Nxumalo *et al.* 2011:125). Nxumalo *et al.* (2011:125) further indicate that respectful treatment, proximity, and availability of medicines also impact on respondents' use of services.

#### **3.4.2.2 Sub-theme 2.2: Initial ancestral request for guidance**

The study findings indicated that the THPs started with ancestral request for guidance during the end-to-end healing process. It was indicated by the participant who said: "The THP throws his bones to ask the ancestors if they allow him to treat the child, if they agree it is only then that the child is treated". Another participant verbalised: "On arrival the THP threw her ancestral bones down and said she wanted to ask her ancestors if she is allowed to treat my child and find out the child's illnesses. The ancestors allowed her to treat the ailment of my child".

In support of the initial ancestral request for guidance, Bogopa (2010:1) indicates that THPs facilitate communication between the living and the ancestors by throwing the bones to determine the cause of a person's illness. Truter (2007:58) further indicates that the traditional healing process follows the stage of identification of the cause of the ailments and removal of the source by prescription of certain medication. THPs in the South African context are people who possess the gifts of receiving spiritual guidance from the ancestral world (Moagi 2009:116). Furthermore, Moagi (2009:117) indicates that these doctors receive their calling through dreams.

#### **3.4.2.3 Sub-theme 2.3: Healing expectations of the symptoms after indigenous treatment**

The study findings uncovered that there were healing expectations/symptoms after indigenous treatment and these hopes were supported by the participant who indicated: *"After treatment the fontanel will start pulsating and you will see the child starting to pass yellowish stools and then normal stools"*. Another participant verbalised healing expectations/symptoms after indigenous treatment by saying: *"They have helped because the child's fontanel is no longer sunken and is beating well. The child is no longer tilting the head backwards and the red mark has disappeared"*. Another participant responded: *"Yes, after giving the medication as instructed the child became better and the diarrhoea stopped"*. One of the participants further indicated: *"After treating the child for lekone [retracted neck and red marks at the back of the neck. The child will cry a lot] and hlogwana [passing greenish watery stools and sunken, not pulsating fontanel]he was sleeping well at night and no longer crying a lot. The child's fontanel started beating immediately after the treatment"*.

In support of the healing expectation/symptoms after indigenous treatment, cases treated by THPs report that they are healed (Abbo 2011:2). He further indicates that there are similar belief systems about health and illness and the healers' holistic approach explains the subjective improvement.

#### **3.4.2.4 Sub-theme 2.4: Perceptions related to poor prognosis after indigenous treatment**

The study findings reflected that some participants had perceptions related to poor prognosis after indigenous treatment. It was evidenced by the response of the participant who said: *“The child can be treated today and after a month start to have sores at the back, that is why they are treating it more often and that is why even a five year old child can suffer from themo [retracted neck and red marks at the back of the neck. The child will cry a lot]”*. One of the participants who had perceptions related to poor prognosis after indigenous treatment presented that by saying: *“With this one they did not help much, because I did not wait to see if the treatment was working. My child became very ill and weak, that is why I brought him to the hospital”*. In addition, one of the participants said: *“The treatment partly helped because the red blood marks disappeared, the child was no longer tilting the head back and the greenish stools stopped. The child was passing normal stools but the problem was the fontanel which started swelling”*.

In support of this sub-theme, Green (2004:67) indicates that if traditional health practitioners in a given area cannot successfully treat childhood illnesses then emphasis needs to be placed on influencing them to refer their patients to clinics.

### **3.4.3 Theme 3: THP treating HIV infected children**

The study findings reflected that the participants and the THPs had the necessary knowledge of preventing human immune virus (HIV) infection. One sub-theme constituted theme three (3), which was the precautions taken when treating HIV positive clients. The following sub-theme emerged from this main theme:

#### **3.4.3.1 Sub-theme 3.1: Precautions taken when treating HIV positive client**

The study findings indicated that precautions were taken when treating HIV positive clients and it was confirmed by the participant who said: *“With us who are HIV positive people, we do not take our children to THP to be given drinking herbs, but*

*when you take your child to the THP is for cutting and you must make sure that you do not have cuts that will cause problems to the children".* Another participant indicated: *"They do not cut the child because they are afraid of infecting the child with HIV. They only apply medication on the fontanel and give another one to drink".* This was also supported by the participant's response during an interview session who said: *"It must be a new razor blade which was not used for anyone, because we are scared to give our children an HIV from other people".* In addition, another participant said: *"On arrival the THP will tell you to go and buy a new razor blade if you did not bring a new one because they are afraid of spreading HIV".*

Peltzer and Mngqundaniso (2008:376) explain that most THPs make use of enema contaminated equipment and razor blades which can serve as means of infection from one client to the next, hence the importance of using new razor blades, gloves and sterilised enema equipment. Furthermore, according to another study conducted by Peltzer, Phaswana-Mafuya and Treger (2009:159), most THPs have good HIV transmission knowledge, have knowledge about how HIV transmission from mother-to-child can be prevented and also have knowledge that they can contract HIV when assisting the infected clients. They further indicate that some THPs use gloves when assisting during delivery. According to Peltzer, Mngqundaniso and Petros (2006:7), THPs perform incisions in the skin for the purpose of introducing medication and it is a widely used technique in traditional Zulu medicine. According to Peltzer *et al* (2006:7), using the same razor blade for incisions or scarifications on more than one patient is found among healers in Zimbabwe. Peltzer *et al.* (2006:7) further explains that some of these practices maybe rooted in culture and, therefore, it is difficult to change, and it also requires the availability of gloves and new razor blades. Peltzer *et al.* (2009:159) indicate that most of the traditional health practitioners in the study conducted in the Eastern Cape use new razor blades or sterilised scissors when cutting an umbilical cord.

### **3.5 CONCLUSION**

The findings revealed that participants shared analogous indigenous practices in curing childhood illnesses before taking their children to the hospital. The findings

indicated dominant stories about curing childhood illnesses utilising indigenous methods which were perceived to be working. Furthermore, the participants reflected a tale of curing childhood illnesses, healthcare seeking behaviours prior to coming to hospital, childhood illnesses treated by indigenous methods and their signs and symptoms and indigenous healing methods in specific childhood illnesses. The participants revealed beliefs related to the indigenous healing process that reflected healing expectations after indigenous treatment, perceptions related to poor prognosis after indigenous practices, initial ancestral request for guidance and positive beliefs related to indigenous herbs in treating childhood illnesses. The themes and sub-themes which emerged from the data analysis were presented and supported by literature. Chapter 4 presents the theoretical framework based on the findings of the study in order to suggest solutions to the study findings that reveal that some mothers still use indigenous practices before taking their children to the hospital.

## **CHAPTER 4**

### **SUMMARY, RECOMMENDED GUIDING PRINCIPLES, LIMITATIONS AND CONCLUSIONS**

#### **4.1. INTRODUCTION**

The results in Chapter 3 revealed that mothers of children admitted at the paediatric unit at the Polokwane/Mankweng Hospital Complex used indigenous practices for curing childhood illnesses before taking their children to the hospital. In Chapter 4 the guiding principles are recommended. These recommended guiding principles can be used by healthcare professionals in their strategies to assist mothers of children admitted to the paediatric unit at the Polokwane/Mankweng Hospital Complex in the Limpopo Province. The guiding principles will determine the course of action to be taken as far as indigenous practices are concerned. This chapter discusses the extent to which the objectives of the study are achieved, the limitations that were experienced during the study and the recommendations which are based on the research findings.

#### **4.2. SUMMARY**

The purpose of the study was to determine indigenous practices of mothers with children admitted at the Polokwane/Mankweng hospital complex in the Limpopo Province.

The objectives of this study were to:

- Explore and describe the indigenous practices of mothers of children admitted in a paediatric unit of a Polokwane/Mankweng hospital complex, Limpopo Province.
- Recommend guiding principles based on the study findings for healthcare professionals on the strategies that could be used to assist mothers of children

admitted in a paediatric unit of a Polokwane/Mankweng hospital complex of the Limpopo Province.

#### **4.2.1. Research design and method**

A qualitative, descriptive, explorative and contextual research design was conducted to determine the indigenous practices of mothers with children admitted at the Polokwane/Mankweng Hospital Complex. The researcher focussed on the qualitative approach in order to investigate the phenomena in natural settings as they occurred (Leedy & Ormrod 2005, Burns & Grove 2005:27). The participants were given an opportunity to give in-depth accounts of their lived experiences with regard to the phenomenon studied (Cormack 2001:213); i.e. the study sought to discover the indigenous practices of mothers with children admitted at Polokwane/Mankweng Hospital Complex. The researcher gained insight into and an understanding of the phenomenon studied by asking follow-up questions during the un-structured one-on-one interview sessions that allowed participants to clarify areas which were not well-defined during data collection (Brink *et al.* 2006:152, De Vos *et al.* 2006:296, Leedy & Ormrod 2005:139, Burns & Grove 2009:405). The target population of this study consisted of all mothers with children admitted at paediatric unit of Polokwane/Mankweng Hospital Complex during the time of data collection.

Data were analysed by applying Tesch's open coding method of qualitative analysis (cited in Creswell 2009:186). An independent coder analysed verbatim transcripts of the data. The independent coder and the researcher held a consultative meeting during which they had to reach consensus about the codes reached independently. The criteria of Lincoln & Guba's model of trustworthiness were used to maintain the quality of this research study: credibility, transferability, confirmability and dependability (De Vos *et al.* 2006:346, Babbie & Mouton 2009:276).

#### **4.2.2. Findings of the study**

This study revealed that participants shared the same indigenous practices in relation to curing childhood illnesses. They had a strong belief that some childhood illnesses



could not be treated in hospital but by the THPs only. On the other hand, participants indicated same childhood illnesses that had to be treated by indigenous methods of treating diseases. At the same time, the participants further shared the indigenous practices for healing the above childhood diseases and methods of healing were analogous for approximately all THPs. On the one hand, they knew that after the indigenous practices, they should take their children to hospital for treatment. Three themes and sub-themes had emerged during the application of Tesch's open coding method of qualitative data analysis. The research findings related to Theme 1 revealed that the participants shared analogous indigenous practices in curing childhood illnesses prior to taking their children to hospital.

Theme 1 had five sub-themes that had emerged indicating dominant stories about curing childhood illnesses utilising indigenous methods which were perceived to be working, i.e. a tale of curing childhood illnesses, healthcare seeking behaviours prior to going to the hospital, childhood illnesses treated by indigenous methods and their signs and symptoms, indigenous healing methods of specific childhood illnesses, worsening of signs and symptoms after indigenous treatment.

The study findings linked to Theme 2 pointed out that the participants displayed beliefs related to the indigenous healing process. Theme 2 had the following sub-themes: positive beliefs related to indigenous herbs in treating childhood illnesses, initial ancestral request for guidance during the healing process, healing expectations/symptoms after indigenous treatment and perceptions related to poor prognosis after indigenous treatment.

The study findings under Theme 3 showed that THPs had knowledge to treat HIV infected children. One sub-theme emerged from Theme 3, which was precaution were taken when treating HIV positive clients.

### **4.3. RECOMMENDED GUIDING PRINCIPLES FOR ANALOGOUS INDIGENOUS PRACTICES OF CURING CHILDHOOD ILLNESSES**

Theme 1 had five sub-themes that had emerged, indicating dominant stories about curing childhood illnesses utilising indigenous method which were perceived to be working, i.e. a tale of curing childhood illnesses, healthcare seeking behaviours prior to going to the hospital, childhood illnesses treated by indigenous methods and their signs and symptoms, indigenous healing methods of specific childhood illnesses, worsening of signs and symptoms after indigenous treatment. The recommended guiding principles are discussed for each sub-theme:

#### **4.3.1. A tale of curing childhood illnesses**

The study findings reveal that mothers of children believe in using indigenous practices when curing childhood illnesses and they only take their children to the hospital for the conditions that cannot be treated by the traditional health practitioners. Mignone *et al.* (2007:10) state that traditional medicinal knowledge and healing practices of indigenous people in the entire world play an important role in healthcare. Healthcare delivery to ethnic populations can be improved by providing culturally appropriate services (Chan-Yip 2004:629). Therefore, healthcare professionals should offer culture-specific health education to the communities with regard to childhood illnesses and the treatment thereof. Healthcare providers should have an appreciation and understanding of indigenous belief systems in relation to healthcare, and should work to incorporate this understanding into their service delivery to recognise and begin the journey of working with indigenous epistemology and ways of applying it. Government should intensify the establishment of a strategic collaboration between public health clinics and THPs in the fight against diseases with a particular focus on prevention and palliative care (Gqaleni, Hlongwane, Khondo, Mbatha, Mhlongo, Ngcobo, Mkhize, Mtshali, Pakade and Street 2011:2). Training workshops for THPs should be conducted to familiarise them with issues of ethical practices, confidentiality of patients and patients' informed consent (Gqaleni *et al.* 2011:3).

#### **4.3.2. Healthcare seeking behaviour prior to going to hospital**

Healthcare-seeking choices are often embedded within cultural beliefs about the origins of illness and influenced by past experiences of care, rumour, financial or material circumstances, and social networks (Nxumalo *et al.* 2008:133). Healthcare professionals serving multi-ethnic communities, especially in the primary care paediatric setting, should be aware of cultural factors influencing particular modes of illness presentation and the health-seeking behaviour of their clients (Chan-Yip 2004:628). Healthcare providers should open lines of communication with traditional health practitioners and with mothers (Peltzer *et al.* 2009:161) with regard to healthcare seeking behaviour of childhood illnesses.

#### **4.3.3. Childhood illnesses treated by indigenous methods and their signs and symptoms**

The study findings reveal childhood illnesses that are treated by indigenous methods and their signs and symptoms. If traditional health practitioners can cure at least some childhood illnesses, we need to determine which childhood illnesses they are. This outcome will modify the general strategy of influencing clients of traditional health practitioners to report to clinics instead of traditional health practitioners, which is a difficult task under the best of circumstances (Green 2004:68). Health education should be supplied to the community, emphasising/differentiating the conditions/illnesses that can be treated by Western methods from those illnesses that are treated by indigenous methods. The community should be made aware of the signs and symptoms of the childhood illnesses that require hospital intervention. Healthcare providers should be able to refer patients to THPs who have special knowledge about certain diseases if the mothers request them to do so (Gqaleni *et al.* 2011:3).

#### **4.3.4. Indigenous healing methods of specific childhood illnesses**

The study findings indicate the indigenous healing methods of specific childhood illnesses. The use of traditional medicine and consultation with traditional health practitioners is common for mothers with children admitted at the hospital and healthcare professionals need to take into consideration the use of traditional medicine of their patients (Peltzer *et al.* 2009:161). Healthcare programmes should emphasise the importance of recognising and directly addressing the use of traditional medicine when curing childhood illnesses (Peltzer *et al.* 2009:161). Healthcare professionals should know whether their patients are taking traditional medicine because there can be potential risks involved in using both. Healthcare professionals should provide education about the dangers of giving both Western and indigenous medicine simultaneously with the view of minimising drug interaction. Another risk that medicinal plants may pose is that they often are not safe to use. Effects may not manifest immediately, and the potential toxicity of plants maybe hidden to traditional healers. Healthcare professionals should accept and understand the use of traditional medicine because it will provide a rationale for dealing with such issues. Traditional medicine and healing systems should be recognised to boost the confidence of indigenous people and to access mainstream services. It will definitely improve the delivery of health services to communities.

#### **4.3.5. Worsening of signs and symptoms after indigenous treatment**

Nxumalo *et al.* (2008:133) state that the lack of improvement in symptoms after indigenous treatment may lead to a patient switching modalities of treatment. It may result in the simultaneous use of both systems. Shopping around among health providers may delay access to essential care and support services, and the use of several different types of health practitioners may lead to patient confusion due to conflicting information and may generate mistrust in the public health system (Nxumalo *et al.* 2008:133). Policymakers should develop strategies to protect poor South Africans from out-of-pocket payments for healthcare, considering that there is use of two parallel healthcare systems. The simultaneous utilization of these systems evidently absorbs expenditure from low income households significantly (Nxumalo *et al.* 2008:134). Therefore, traditional health practitioners should refer their clients to the public health centres for further management in case of conditions that can be

treated at the hospitals and community members should take their children to the hospital if they are not getting better after indigenous treatment.

#### **4.4. RECOMMENDED GUIDING PRINCIPLES FOR BELIEFS RELATED TO THE INDIGENOUS HEALING PROCESS**

The study findings revealed that the participants displayed beliefs related to the indigenous healing process. There were four (4) sub-themes that constituted theme two (2), namely positive beliefs related to indigenous herbs in treating childhood illnesses, initial ancestral request for guidance during the healing process, healing expectations/symptoms after indigenous treatment and perceptions related to poor prognosis after indigenous treatment.

The guiding principles for these sub-themes are discussed.

##### **4.4.1. Positive beliefs related to indigenous herbs in treating childhood illnesses**

Mothers are convinced that there are childhood illnesses that can only be treated with indigenous medicines, e.g. hlogwana, themo and makgoma. Some mothers even say that childhood illnesses treated in the presence of hospital medicine may become impossible to cure (Green 2004:67). Africans often regard traditional healers as more sympathetic, they are more likely to retain confidence, and they are also more accessible than modern health workers. In addition, healers' medicine is often believed to be more, or at least as, effective than biomedical treatments. Therefore, healthcare providers should be sensitised in the following areas: to appreciate that patients feel embarrassed and therefore need to be treated with special consideration; to be discreet and more personal in their approach; and not to make patients feel ashamed when they have visited a traditional health practitioner (Green 2004:72).

##### **4.4.2. Initial ancestral request for guidance**

Healthcare in South Africa has to meet the needs of all the people living in it. The key to the health of a large sector of the population is found in compliance with cultural

traditions; intra- and inter-cultural tolerance and respect for ritual practices; and understanding of their significance (Bogopa 2004:6). Concerning the inclusion and regulation of traditional health practitioners, the government should aim at preserving and protecting the traditional knowledge that had been neglected by the previous regime. Its stance should be to respect and uphold the tradition that has been in existence for centuries in South Africa. The government should advocate for the Act to be promulgated in order to preserve traditional knowledge, protect the public and channel the skills of traditional health practitioners. Government regulation of health practitioners should ensure that standards are stipulated for each of the different kinds of traditional health practitioners governed by the Act. The council of THPs should formulate rules and assist the minister in drawing up regulations to ensure the health and well-being of the members of the public who make use of the services of traditional health practitioners (Moagi, 2009:121).

#### **4.4.3. Healing expectations of the symptoms after indigenous treatment**

Abbo (2011:2) states that patients treated by THPs rate themselves as being cured. He further indicates that there are similar belief systems about health and illness and the healers' holistic approach explains the subjective improvement. Green (2004:64) states that trained personnel from biomedical backgrounds are not as skilled in culturally appropriate approaches to behaviour change as indigenous healers who already share and strongly influence the health beliefs of those people who are consulting them. Medical practitioners should learn that the referral system can work in favour of specific cases and THPs may become willing to encourage patients to take treatment as advised by the clinic or hospital (Gqaleni *et al.* 2011:3). The mothers who request to be discharged for them to take their children for indigenous practices should be advised to complete hospital treatment first.

#### **4.4.4. Perceptions related to poor prognosis after indigenous treatment**

If traditional health practitioners in a given area cannot successfully treat childhood illnesses then emphasis should be on influencing them to refer

their patients to clinics (Green 2004:67). The community should be advised to seek other assistance if the child does not get any better after indigenous treatment. The traditional health practitioner should refer their clients in case there is no improvement after indigenous treatment, especially those children who require palliative care need to be referred to the hospital.

#### **4.5. RECOMMENDED GUIDING PRINCIPLES FOR THP TREATING HIV INFECTED CHILDREN**

The study findings reflect that the participants and the THPs have the necessary knowledge of preventing HIV infection. One sub-theme constitutes theme three (3), which deals with the precautions taken when treating HIV positive clients. The guiding principles for the following sub-themes are discussed.

##### **4.5.1. Precautions taken when treating HIV positive clients**

The study findings indicate that the participants and the THPs were aware of the precautions to be taken when treating HIV positive clients. Traditional health practitioners should be trained about HIV transmission risk practices and HIV prevention (Peltzer *et al.* 2009:161). Traditional health practitioners should be discouraged from having direct, unprotected contact with the blood of patients. They should also be advised to use gloves when handling blood. The THPs should be encouraged to regard every client to be HIV positive. THP performed incisions or scarifications, making incisions and punctures in the skin for the purpose of introducing medication as widely used techniques in traditional Zulu medicine (Peltzer and Mngqundaniso 2008:375). The study results reveal that the mothers need to take a new razor blade with when taking their children for indigenous treatment. It is also stated that the mothers will be sent to buy a new razor blade if they do not take a new one with. THPs should strengthen the importance of bringing a new razor blade when coming for treatment. Mothers should also be encouraged to take a new razor blade when they consult.

#### **4.6. LIMITATIONS OF THE STUDY**

The study was limited to the Polokwane/Mankweng Hospital Complex of the Limpopo Province and the findings could not be generalised to all public hospitals. The reason for choosing the Polokwane/Mankweng Hospital Complex was that all the public hospitals in the Limpopo Province referred their patients to the complex.

#### **4.7. CONCLUSION**

This study was qualitative, descriptive, explorative and contextual in nature. The aims and objectives of the research had been met because the researcher collected quality data during unstructured one-on-one interviews and allowed the participants to describe the indigenous practices of mother with children in relation to childhood illnesses. Probing questions were asked by the researcher in order to pursue the in-depth understanding of the phenomenon studied. Tesch's open coding method of qualitative data analysis was used and an independent coder was involved in the data analysis. Limitations of the study had been highlighted and guiding principles were recommended based on the findings of this study were outlined.



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## APPENDIX A: PERMISSION LETTER FROM LIMPOPO DEPARTMENT OF HEALTH TO CONDUCT THE STUDY

 **LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

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**DEPARTMENT OF HEALTH**

Enquiries: Selamolela Donald Ref: 4/2/2

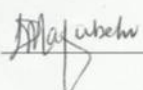
23 September 2011  
Bopape AM  
University of Limpopo  
Sovenga  
0727

Greetings,

**Re: Permission to conduct the study titled: Indigenous practices of mothers of children admitted at the Polokwane/Mankweng hospital Complex, Limpopo Province**

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
  - Further arrangement should be made with the targeted institutions.
  - In the course of your study there should be no action that disrupts the services
  - After completion of the study, a copy should be submitted to the Department to serve as a resource
  - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible

Your cooperation will be highly appreciated

  
\_\_\_\_\_  
Head of Department  
Department of Health  
Limpopo Province

---

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700  
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: <http://www.limpopo.gov.za>

**The heartland of Southern Africa – *development is about people***



**APPENDIX B: CLEARANCE CERTIFICATE FROM THE UNIVERSITY OF LIMPOPO RESEARCH & ETHICS COMMITTEE**

**UNIVERSITY OF LIMPOPO**  
Medunsa Campus



**MEDUNSA RESEARCH & ETHICS COMMITTEE**

**CLEARANCE CERTIFICATE**

P O Medunsa  
Medunsa  
0204  
SOUTH AFRICA

**MEETING:** 06/2011

**PROJECT NUMBER:** MREC/HS/120/2011: PG

Tel: 012 - 521 4000  
Fax: 012 - 560 0086

**PROJECT :**

**Title:** Indigenous practices of mothers of children admitted at the Polokwane / Mankweng Hospital Complex, Limpopo province.

**Researcher:** Mrs MA Bopape  
**Supervisor:** Mothiba TM  
**Co-supervisor:** Malema RN  
**Other involved HODs:** Dr ME Lekhuleni  
**Department:** Nursing Science  
**School:** Health Sciences  
**Degree:** Master of Curatoris

**DECISION OF THE COMMITTEE:**

MREC approved the project.

**DATE:** 18 August 2011

  
**PROF GA QGUNBANJO**  
**CHAIRPERSON MREC**



**Note:**

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

*African Excellence - Global Leadership*

## **APPENDIX C: INDIGENOUS CHILDHOOD ILLNESSES AND DEFINITIONS**

Indigenous childhood illnesses and definitions:

- Hlogwana – passing greenish watery stools and sunken; fontanel not pulsating.
- Themo – retracted neck and red marks at the back of the neck. The child will cry a lot.
- Makgoma–evil spirits from people who are having some illnesses, who have had abortions or who have attended funerals.
- Lekone – the same as themo.
- Sekgalaka–the child have sores on the body.
- Sephate/tsa dithabeng– the child scratches himself in the nose; and scratches and pulls the fingers.

## **APPENDIX D: TRANSCRIPT OF AN UNSTRUCTURED INTERVIEW**

Participant 2

Researcher: Kindly share with me the indigenous practices that you have used before bringing your child to the hospital.

Participant 2: Before I bring the child to the hospital?

Researcher: Yes, I mean while you were still at home; which indigenous practices have you used to treat your child when ill?

Participant 2: I have treated my child for “hlogwana” (the beating on the middle of the fontanel) because it cannot be treated at the hospital. I grew up knowing that hlogwana is treated with indigenous practices. And then let me say that it is a law for us blacks to take our children to be treated for hlogwana.

Researcher: Ok

Participant 2: When the child is born the fontanel is beating and that means there is a problem and it must be treated. I was not having money and I waited for three weeks. Then I took my child to the traditional healer.

Researcher: Yes

Participant: On arrival she took her herbs and put them in a small clay pot (lengeta) in front of me and burns them to ashes.

Researcher: Alright

Participant 2: Then she took a stone (thitelo) and grinds the ashes into powder. She took the child and cut the child on the fontanel with a razor blade so that blood must come out and applied the powder on the cut fontanel. After that she gave me some medication in the form of very small sticks tied together. She said I must put it in the water and boil it until it is strong. I put it aside to cool, pour it in a container and gave the child to drink. She also gave me the powder to make the child lick it, to protect the child from “makgoma” (evil spirits from people who are having some illnesses, who have made abortions or who have attended funerals).

Researcher: Ok

Participant 2: That is why before I come to the hospital I gave it to the child to lick the powder to protect my child from makgoma.

Researcher: You made the child lick the powder before coming to the hospital?

Participant 2: Yes to protect my child from makgoma.

Researcher: Ok, you have treated your child for hlogwana and makgoma only?

Participant 2: Yes but there is another one called “lekone” (the red mark at the back of the neck). Some traditional doctors treat hlogwana and lekone at the same time.

Researcher: Then how do they treat lekone? You said when they treat hlogwana they burn dry herbs and grind them to form powder, cut the child on the fontanel with a razorblade and apply medication. She gave you the remaining powder for the child to lick it and the other one to drink.

Participant 2: Yes

Researcher: How often do you give the medication to drink?

Participant 2: Three times per day like the western medication.

Researcher: How do you measure the medication?

Participant 2: With a teaspoon.

Researcher: Alright, one teaspoon in the morning, during the day and at night?

Participant 2: Lekone is when the child has a red mark at the back on the neck.

Researcher: Ok

Participant 2: Sometimes the child will lie with the abdomen when sleeping or have rash on the buttocks that looks like nappy rash. People who do not know will say you do not rinse the nappies well.

Researcher: Lekone is treated like hlogwana?

Participant 2: Yes because if you take the child to the doctor after birth for treatment and do not specify a condition will be treated for everything. But if you specify the condition the child will be treated for that specific condition only.

Researcher: But they treat them the same?

Participant 2: Yes. They say lekone is high blood (madi a magolo) that is not needed in the body. That is why the child has red mark at the back of the neck. When they treat lekone they cut the child on the red mark on the neck with a razor blade for the blood to come out and apply the grinned powder.

Researcher: How do these practices help you?

Participant 2: They help me a lot because if I take my child to the hospital with these conditions might not come back alive. This is my fifth child and I have taken them all to the traditional healer to be treated for these.

Researcher: Do you think the one you have given to your child to lick before coming to hospital has helped her?

Participant 2: Yes, because there are many people here with different problems like who have attended funerals and who made abortions and they will not affect my child. Other mothers have them in their bags and they will not tell you.

Researcher: You said you treat hlogwana, lekone and makgoma with indigenous practices?

Participant 2: Yes because they are dangerous and they can kill a child if not treated. With lekone the child might present with a big body and you will think the child is well fed only to find that it is because the child is not well. The child's face will not look well. Again the child will lie with the abdomen when sleeping even after spending the day playing.

Researcher: Ok

Participant 2: With hlogwana the fontanel might beat or protrude, the child will be weak and passes stools that look like chappies.

Researcher: Chappies? How does it look like?

Participant 2: It looks like chappies mixed with diarrhoea. There is another condition where the stools will be very green and looks like mucoid.

Researcher: What do you call it?

Participant 2: It is called mokakamalo (greenish mucoid stools). It is treated with “bolele” from the river. You just take a container and go to fetch it from the river. Then you give it to the child to drink and the stools will change to normal after taking it.

Researcher: How do you give it to the child?

Participant 2: It is given like other medication three times a day with a teaspoon.

Researcher: Ok

Researcher 2: There is another condition called “sephate” or “tsa di thabeng”(scratching the nose, scratching and pulling of fingers). I do not know how it is treated traditionally because I treated it at the church.

Researcher: Ok you said you treat hlogwana, lekone, makgome, mokakamalo and sephate while you are still at home indigenously and it is helping you?

Participant 2: Yes, because at the hospital they do not know how to treat them. Other conditions besides these ones we take our children to the clinics and hospitals because they cannot be treated indigenously.

Researcher: That is all mama, and thank you.



## APPENDIX E: CODING REPORT

**FOR:** MA BOPAPE

**DATE:** 2011-11-06

**STUDY:** INDIGENOUS PRACTICES OF MOTHERS WITH CHILDREN ADMITTED AT THE POLOKWANE/MANKWENG HOSPITAL COMPLEX IN THE LIMPOPO PROVINCE

**BY:** Sonto Maputle

**Method:** **Tesch's inductive, descriptive coding technique** in Creswell (1994:155-156) was used by following the steps below:

1. The researcher obtains a sense of the whole by reading through the transcriptions carefully. Ideas that come to mind may be jotted down.
2. The researcher selects one interview, for example the shortest, top of the pile or most interesting and goes through it asking: "What is this about?" thinking about the underlying meaning in the information. Again any thoughts coming to mind can be jotted down in the margin.
3. When the researcher has completed this task for several respondents, a list is made of all the topics. Similar topics are clustered together and formed into columns that might be arranged into major topics, unique topics and leftovers.
4. The researcher now takes the list and returns to the data. The topics are abbreviated as codes and the codes written next to the appropriate segments of

the text. The researcher tries out this preliminary organising scheme to see whether new categories and codes emerge.

5. The researcher finds the most descriptive wording for the topics and turns them into categories. The researcher endeavours to reduce the total list of categories by grouping together topics that related to each other. Lines are drawn between categories to show interrelationships.
6. The researcher makes a final decision on the abbreviations for each category and alphabetizes the codes.
7. The data belonging to each category is assembled in one place and a preliminary analysis performed.
8. If necessary, existing data is recorded by the researcher.

**Table E.1: Themes and sub-themes reflecting the indigenous practices of mothers with children admitted at the Polokwane/Mankweng Hospital Complex in the Limpopo Province**

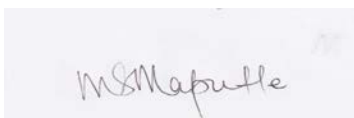
<p><b>Central storyline:</b> Participants shared analogous indigenous practices in curing childhood illnesses in which they outlined their health seeking behaviour prior taking their children to be treated in the hospital. They have a strong believe that some childhood illnesses cannot be treated in hospital but by the Traditional Health Practitioners (THP). On the one hand, they know that after the indigenous practices, they must take their children to hospital and give the healthcare professionals report <i>“If I took my child to the THP first when I take the child to the medical doctor I tell him that I have already took my child to the THP”; And then let me say that this is a law for us blacks to take our children to be treated for hlogwana</i>”. On the other hand, participants shared same childhood illnesses that have to be treated through indigenous methods of treating diseases that is <i>“hlogwana, themo, makgoma, lekone, mokakamalo, sekgalaka and sephate/tsa dithabeng</i>”. At the same time the participants further shared the indigenous practices for healing the above childhood diseases and methods of healing are analogous in approximately all THP.</p>	
<b>Main themes</b>	<b>Sub-themes</b>

<p>1. Participants shared analogous indigenous practices in curing childhood illnesses prior bringing their children in hospital.</p>	<p>1.1 Dominant stories about curing childhood illnesses utilising indigenous method which are perceived to be working.</p> <p>1.1.1 A tale of curing childhood illnesses</p> <ul style="list-style-type: none"> <li>• A story situated in the past and the present as a law for African people</li> </ul> <p>1.1.2 Healthcare seeking behaviours prior coming to hospital</p> <p>The children are taken to the Traditional Health Practitioners prior taking them to the hospital “you do not take your child to any traditional healer, you must take him to a registered traditional healer”.</p> <p>1.1.3 Childhood illnesses treated through indigenous methods and their signs and symptoms</p> <ul style="list-style-type: none"> <li>• Hlogwana</li> <li>• Themo</li> <li>• Makgoma</li> <li>• Lekone – “child will lie with the abdomen when sleeping or have rash on the buttocks that looks like nappy rash; when the child has a red mark at the back of the neck”</li> <li>• Sekgalaka</li> <li>• Sephate/tsa dithabeng</li> </ul> <p>1.1.4 Indigenous healing methods in specific childhood illnesses</p>
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	<ul style="list-style-type: none"> <li>• Hlogwana – they burn the herbs and make the child to inhale</li> <li>• Themo –</li> <li>• Makgoma</li> <li>• Lekone</li> <li>• Sekgalaka</li> <li>• Sephate/tsa dithabeng Indicate all what they do in each childhood illness mentioned above</li> </ul> <p>1.1.5 Worsening of signs and symptoms after indigenous treatment</p> <p>The instructions that they get from the THP after they done all the healing methods and procedures and indigenous has been given to the child then <i>“She also told me to bring the child back if she is not better”</i></p>
<p>2. Believes related to the indigenous healing process</p>	<p>2.1 Positive believes related to indigenous herbs in treating childhood illnesses</p> <p>All the participants had some positive stories to tell on this you will to write the quotations</p> <p>2.2 Initial ancestral request for guidance throughout the healing process “The THP take his ancestral bones and throws them down to ask if is possible for him to treat the child, after he told me it was possible to treat my child”</p> <p>2.3 Healing expectations/symptoms after indigenous treatment</p> <ul style="list-style-type: none"> <li>• Child in child’s behaviour – “[after treatment] the fontanel will start pulsating and you will</li> </ul>

	<p>see the child start pass yellowish stools and then normal stools”.;</p> <ul style="list-style-type: none"> <li>• They have helped because the child’s fontanel is no longer sunken and is beating well. The child is no longer tilting the head backwards and the red mark has disappeared”.</li> </ul> <p>2.4 Perceptions related to poor prognosis after indigenous treatment “the child can be treated today and after a month start to have sores at the back, that why they are treating it more often and that is why even a five year old child can suffer from themo”</p>
<p>3. THP treating HIV infected children</p>	<p>3.1 Precautions taken when treating HIV positive client“With us HIV positive people we do not take our children to THP to be given drinking herbs, but when you take your child to the THP is for cutting and you must make sure that you do not have cuts that will cause problems to the children”.</p> <p>3.2 Razor blade use “it must be a new razor blade which was not used for anyone, because we are scared to give our children an HIV from other people”</p>

Saturation of data was achieved related to the major themes and most sub-themes.



Dr

Maputle

MS

## **APPENDIX F: CERTIFICATE FROM INDEPENDENT CODER**

Qualitative data analysis

---

Master of Curationis degree (Nursing Science)

**MAMARE ADELAIDE BOPAPE**

THIS IS TO CERTIFY THAT:

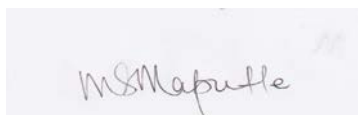
Prof. Maria Sonto Maputle has co-coded the following qualitative data:

12 Individual interviews and field notes

For the study:

**INDIGENOUS PRACTICES OF MOTHERS OF CHILDREN ADMITTED AT THE  
POLOKWANE/MANKWENG HOSPITAL COMPLEX, LIMPOPO PROVINCE**

I declare that the candidate and I have reached consensus on the major themes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.



Prof Maria Sonto Maputle

**APPENDIX G: EDITING CONFIRMATION**

P O Box 65251  
Erasmusrand  
0165

30 May 2012

Dear Ms Bopape

**CONFIRMATION OF EDITING AND FORMATTING YOUR DISSERTATION  
TITLED: INDIGENOUS PRACTICES OF MOTHERS WITH CHILDREN ADMITTED  
AT THE POLOKWANE/MANKWENG HOSPITAL COMPLEX IN THE LIMPOPO  
PROVINCE**

I hereby confirm that I have edited the abovementioned article as requested.

Please pay particular attention to the editing notes AH01 – AH10 for your revision.

The tracks copy of the document contains all the changes I have effected while the edited copy is a clean copy with the changes removed. Kindly make any further changes to the edited copy since I have effected minor editing changes after removing the changes from the tracks copy.

You are more than welcome to send me the document again to perform final editing should it be necessary.

Kind regards



André Hills

083 501 4124