

**Help-seeking pathways followed by patients with chronic diseases: The case
of Ga-Dikgale**

By

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DEDICATION

I dedicate this work to my late grandmother, Muofhe Khuvhuli, for her love and support throughout. May her soul rest in peace of Christ.

DECLARATION

I declare that **Help-seeking pathways followed by Patients with chronic diseases: the case of Ga-Dikgale** hereby submitted to the University of Limpopo, for the degree of Master of Arts in Clinical Psychology has not previously been submitted by me for a degree at this or any other university; that is, it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

Phethi TS

Date

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ABSTRACT

The aim of the study was to investigate help-seeking pathways that are followed by patients with chronic disease in one rural community in Limpopo Province. Specifically, the objectives of the study were: a). to investigate help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition; b). to explore the treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions; and, c). to determine whether or not the patients received other forms of treatment in addition to their treatment for the chronic diseases.

Through snowball sampling, 10 participants (female = 6; male = 4) drawn from Ga-Dikgale community (Limpopo Province) were selected and requested to participate in the present study. The ages of the participants ranged from 42 to 96 years. Data were collected using semi-structured interviews and analyzed using interpretative phenomenological analysis (IPA) The results of the study are presented under the following themes: a). participants' understanding of chronic disease; b). participants' view or understanding of factors that could have led to their chronic disease ; c). the help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition; d). the treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions; and, e) whether or not the patients received other forms of treatment in addition to their treatment for the chronic diseases. The study found that different treatment agencies are consulted by patients with chronic diseases. These agencies include: spiritual leaders, traditional healers, to mention few. Based on the findings of the present study, it is concluded that help-seeking pathways are mainly determined by the perceived causes of the disease, which are culturally rooted.

TABLE OF CONTENTS

| Contents | Page |
|--|-------------|
| Dedication | ii |
| Declaration | iii |
| Acknowledgements | iv |
| Abstract | v |
| CHAPTER 1: INTRODUCTION | |
| 1.1 Context of the present study | 1 |
| 1.2 Background to the problem | 1 |
| 1.3 Rationale for the present study | 3 |
| 1.4 Aim of the study | 3 |
| 1.5 Objectives of the study | 4 |
| 1.6 Research questions | 4 |
| 1.7 Operational definitions of concepts | 4 |
| CHAPTER 2: LITERATURE REVIEW | |
| 2.1 Introduction | 6 |
| 2.2 Help-seeking pathways | 6 |
| 2.3 Factors that influence help-seeking behavior | 9 |
| 2.3.1 The role of religion | 11 |
| 2.3.2 The role of the family | 11 |
| 2.3.3 The role of the community | 12 |

| | |
|--|----|
| 2.4 Theoretical perspectives on help-seeking pathways | 12 |
| 2.4.1 Theory of Planned Behaviour | 13 |
| 2.4.2 Health Belief Model | 13 |
| 2.4.3 Health Attribution Theory | 14 |
| 2.5 Theoretical framework for the present study: The Pathway Model | 14 |

CHAPTER 3: RESEARCH METHODOLOGY

| | |
|--|----|
| 3.1 Introduction | 16 |
| 3.2 Research design | 16 |
| 3.3 Sampling | 16 |
| 3.4 Demographic profile of participants | 17 |
| 3.5 Data collection | 18 |
| 3.6 Data analysis | 19 |
| 3.6.1 Familiarization and immersion | 19 |
| 3.6.2 Inducing themes | 19 |
| 3.6.3 Coding | 19 |
| 3.6.4 Elaboration, interpretation and checking | 20 |
| 3.6.5 Presentation of results | 20 |
| 3.7 Credibility, transferability, dependability and confirmability | 20 |
| 3.7.1 Credibility | 20 |
| 3.7.2 Transferability | 20 |
| 3.7.3 Dependability | 21 |
| 3.7.4 Conformability | 21 |

| | |
|---|----|
| 3.8 Ethical considerations | 21 |
| 3.8.1 Permission of the study | 21 |
| 3.8.2 Informed consent | 21 |
| 3.8.3 Confidentiality/anonymity and privacy | 21 |
| 3.8.4 Respect for persons | 22 |
| 3.8.5 Debriefing of respondents | 22 |

CHAPTER 4: RESULTS

| | |
|--|----|
| 4.1 Introduction | 23 |
| 4.2 Phenomenological analysis | 23 |
| 4.2.1 Participants' understanding of chronic disease | 23 |
| 4.2.2 Participants' view or understanding of factors that could have led to their chronic disease | 24 |
| 4.2.3 The help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition | 26 |
| 4.2.4 The treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions | 30 |
| 4.2.5 Whether or not the patients received other forms of treatment in addition to their treatment for the chronic diseases | 31 |
| 4.3 Summary of findings | 32 |

CHAPTER 5 DISCUSSION OF FINDINGS

| | |
|---|----|
| 5.1 Introduction | 33 |
| 5.2 Emerging themes | 33 |
| 5.2.1 Participants' understanding of chronic disease | 33 |
| 5.2.2 Participants' view or understanding of factors that could have led to their chronic disease | 34 |

| | |
|--|----|
| 5.2.3 The help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition | 34 |
| 5.2.4 The treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions | 36 |
| 5.2.5 Whether or not the patients received other forms of treatment in addition to their treatment for the chronic diseases | 36 |
| CHAPTER 6 SUMMARY AND CONCLUSION | |
| 6.1 A brief summary of findings | 38 |
| 6.2 Significance of the study | 39 |
| 6.3 Limitations of the study | 39 |
| 6.4 Recommendations for future studies | 39 |
| 7 REFERENCES | 40 |
| APPENDICES | |
| Appendix 1(a): Interview guide | 48 |
| Appendix 1(b): Interview guide in Sepedi | 49 |
| Appendix 2(a): Participant consent letter and form | 50 |
| Appendix 2(b): Participant consent letter and form in Sepedi | 51 |
| Appendix 3(a): Consent form to be signed by the participant | 52 |
| Appendix 3(b): Consent form to be signed by the participant in Sepedi | 53 |
| Interview transcripts | 54 |

CHAPTER 1

INTRODUCTION

1.1. Context of the present study

This study forms part of a bigger research project that is undertaken by Dr J Makhubele and Prof T Sodi under the auspices of the University of Limpopo (UL) and Vlaamse Interuniversitaire Raad – Institutional University Cooperation (VLIR-IUC) Partnership Programme. The programme is a partnership between Flemish Universities and the University of Limpopo, with the University of Antwerp as principal partner. The programme is a multidisciplinary comprehensive package that supports and integrates five project clusters whose overarching theme is: “Human wellness in the context of global change – finding solutions for rural Africa”. The bigger research project by Dr Makhubele and Prof Sodi entitled “The impact of lifestyle behaviours on chronic diseases: The case of Ga-Dikgale Communities”), is located in Cluster 2. The aim of this research project (also known as Project 2) is to explore and describe various lifestyle behaviours and chronic diseases in Ga-Dikgale community (Limpopo Province). Some of the key objectives of Project 2 are:

- To explore chronic disease terminology and prototypes of chronic illnesses in this particular community
- To explore help-seeking pathways that are followed in dealing with chronic diseases
- To explore the alternative healing practices that are used in dealing with chronic diseases
- To explore the cultural beliefs and practices in relation to chronic diseases.
- To determine barriers to acceptance and adherence to medication by people who are chronically ill.

1.2. Background to the problem

Chronic diseases are often permanent morbid conditions that tend to develop slowly over time, often progressing in severity (Ministry of Health and Long Term Care, 2007). Chronic diseases include some of the following: cardiovascular diseases (heart disease and stroke), cancer, diabetes, arthritis, back problems, asthma, and chronic depression. Chronic diseases can cause significant impairment in everyday

physical and mental functions and reduce one's ability to perform activities of daily living. Diet, tobacco, and alcohol are amongst the high leading risk factors associated to chronic illnesses (World Health Organization, 2002).

Globally, it has been indicated that 58 million deaths occurred in 2005, approximately 35 million, or 60%, were all caused by chronic diseases. Most of them resulted from cardiovascular disorders and diabetes (32%), cancers (13%), and chronic respiratory diseases (7%). This situation is predicted to be worse in the future. It is important to note that many chronic diseases are preventable through healthy lifestyle (for example, exercising, choosing a healthier diet, and quitting smoking) (Sassi & Hurst, 2008).

Heart and Stroke Foundation SA (2007) reported that between the year 1997 and 2004 in South Africa, 195 people died daily because of cardiovascular disease and approximately 33 people die of heart attacks every day. High blood pressure, high cholesterol and diabetes are adding to the burden of disease in the country. HIV/AIDS is the highest killer of South African citizen followed by heart disease, (approximately 890 people die from Aids daily). It has been indicated that 30 South Africans die of heart attacks everyday while 60 die of stroke alone. Approximately 70% of these cases occur in people who are 55 years of age or younger. It was thought that heart disease was a male only problem, it is now understood that it also affect females. 25% of SA women who are younger than 60 are affected, this means that 1 out of 4 is affected. 20% of all deaths in women are as a result of heart disease. The majority of deaths that occur due to chronic disease occur before the age of 65 years. Premature deaths due to chronic disease in people between 35 and 65 years are expected to increase by 41% between 2007- 2030.

According to Globalization and Health (2010), Africa faces an increased burden of infectious and chronic diseases. It has been indicated that infectious diseases are accountable for approximately 69% of deaths on the continent, sub Saharan Africa come first in experiencing age specific mortality rates from chronic diseases as a whole. The mortality is high in both male and female. It is speculated that in the next coming ten years the continent will experience the largest increase in death rates from cardiovascular disease, cancer, respiratory disease and diabetes. The challenging factor in the continent is that African health systems are weak and

national investments in healthcare training and service delivery continue to overlook the chronic disease and prioritise infectious and parasitic diseases.

Although chronic illnesses can victimize different age groups, it is evident that the elderly have a higher chance of suffering from them than the younger people. It has been estimated that approximately 80% of people who are over the age of 65 have at least one chronic disease. Chronic diseases may have a big problem to one third of potential life after age 65. Since the life expectancy of the world has been increasing gradually throughout this century, more people are expected to live well beyond the age of 65, and that means more people living with chronic diseases (World Health Organization, 2004). The deterioration of health that occurs when people are getting older, most evident in life-threatening chronic diseases, creates additional sources of stress that require mid-life and older adults to develop new ways of coping (Morris, Moore & Morris, 2011).

1.3. Rationale for the present study

The presentation of symptoms by chronic ill patients is influenced by people who are told, the environment, and what is seen as not suitable to be told. However, a good communication between the patients and the health professional is helpful in producing positive health outcomes (Thomas, Aggleton & Anderson, 2010). Peltzer, Preez, Ramlagan, and Fomundam (2008) indicated that in Africa, there is a high use of traditional medicine among individuals suffering from chronic disease. This on its own suggests that individuals with chronic disease use other treatment modalities before and after being diagnosed with chronic disease. What motivated the researcher to embark on this study is the realization that patients suffering from chronic diseases could be using different treatment modalities to ameliorate their debilitating conditions. Based on this, the researcher sought to determine the pathways that are followed by patients with chronic diseases when dealing with their conditions.

1.4. Aim of the study

The aim of the study is to investigate help-seeking pathways that are followed by patients with chronic disease in one rural community in Limpopo Province.

1.5. Objectives of the study

- To investigate the help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition;
- To explore the treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions; and
- To determine whether or not the patients receive other forms of treatment in addition to their treatment for the chronic diseases

1.6. Research questions

The study sought to answer the following research questions:

- What help-seeking pathways were followed by the chronically ill patients before and after they were diagnosed with chronic diseases?
- What treatment modalities were used by the patients before they started receiving hospital treatment for their chronic conditions; and,
- What other forms of treatment do the patients receive in addition to the treatment for their chronic conditions?

1.7. Operational definition of concepts

- **Patient-** refers to a person who is receiving medical treatment (Hornby, 2006). In the context of the study patient refers to a person who is suffering from chronic disease and receiving treatment.
- **Help-seeking-** refers to the behaviour of actively seeking help from other people, It is all about talking with different people to get help in terms of understanding, advice, information, treatment, and general support in response to a discomfort or problem they are having (Rickwood, Deane, Wilson, & Ciarrochi, 2005). In the context of the study help-seeking refers the procedures that patients follow prior to the treatment.
- **Help-seeking pathways-** This refers to the sequence of consultation made by distressed person in order to get help, from a point when the problem is recognised and the point when an individual receive help (Tseng, 2001). In the context of the study help-seeking pathways refers to the steps (who they

consulted, who advised them etc.) that were followed by patients from the time they were diagnosed with chronic disease until they start receiving the treatment they are receiving.

- **Chronic disease-** Chronic diseases are those diseases that are characterized by often being permanently and rarely cured, and they need long-term care (WHO, 2002). In the context of the study, chronic disease refers to the diseases that takes long duration and are have slow progression (e.g. cancer, diabetes, arthritis, back problems, asthma, or HIV/AIDS).

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The first part of this chapter will focus on the literature on help-seeking pathways followed by patient with chronic disease. It will be followed by a review of factors that influence help-seeking behaviour and the last part of this section will be a presentation of the theoretical framework that will inform the researcher in the present study.

2.2 Help-seeking pathways

According to Chrisman (1977) the term "disease behaviour" is used to describe how people behave when they become ill. In a broad sense, it covers a set of sequential behaviours, including how they recognize, perceive and interpret the discomfort or suffering and react against it; how they seek help, attention, or treatment from others; how they communicate and present their problems or disease to their families, healers and others; how their role changes when they are sick, including how they are cared for by family members, friends, or others; how they react to therapy prescribed or the treatment offered by healers, including compliance and adherence to treatment; and how they accept or react to the results of treatment and the prognosis of their disorders. Thus, disease behaviour includes several identifiable elements that are involved in the process of disease. From a cultural perspective, it is important to know how cultural factors contribute to patients' behaviour and to their behaviour in seeking help, including how they utilize the healing systems that are available. It is believed that disease behaviour is shaped by culture to a great extent and that such behaviour varies considerably among societies with different cultural backgrounds (Chrisman, 1977).

According to Zondo (2008), help-seeking pathways refer to remedial actions taken to treat perceived disease. He further postulated that people's help-seeking pathways do not only concern the affected individual, but it also concerns formal and informal institutions such as health institutions and family. The procedure of help-seeking behaviour involves an interaction between the person concerned and the

environment (other people). Consultation starts with the family members from there it proceeds to health professionals or to unconcerned people.

Whereas help-seeking is a process that is taken by an individual in response to a social problem or emergency situation, help-seeking pathways start after a social problem or emergency have occurred (Uehara, cited in Lorri, 2008). Help-seeking pathways that are followed are influenced by the experience of the concerned individual, cultural norms and beliefs, expression of the social problem and perception of the problem by society. The identification of symptoms and disease behaviour largely depend on individual differences. Symptoms can be perceived, judged and treated differently by different kind of people. Factors that appear to affect the process to treatment are health knowledge, and sociocultural background (Alberts, Sanderman, Gerstenbluth & Van den Heuvel, 1998).

According to Alberts et al. (1998), social and cultural background not only lead to the decision of disease behaviour, but also have a great influence in the first stage of realization and identification of symptoms. Young people are reported not to seek help from professional bases. Hence, they often seek help from informal bases rather than formal base, and in most cases the main sources of help happens to be friends and family. Friends tend to be highly preferred help source for personal-emotional problems, than parents who are ranked below friends. It is argued that females are more likely to seek help than males. However, this varies depending on the source of help and type of problem, but the majority of females' often seek out other people for support and advice. In contrast, males are more likely to rely on themselves instead of seeking help from other people, and are also more likely to avoid recognition or deny the symptoms of a problem in the first place (Rickwood, et al, 2005). Differences in the use of health services depends largely on three categories of variables, disposing issues, enabling and barriers factors to care (Shaw, Brittain, Tansey, & Williams, 2008).

According to Moffat (2010), people do not seek help because they are very sick, but because they cannot cope with the changes that they are experiencing. He further postulated that the insight to the disease is useful, because it can influence interpretation and help-seeking pathways. An individual's decision to engage with a particular medical pathway is highly influenced by a variety of socio-economic

variables, sex, age, the social status and the type of disease. The view is often that the individual must first seek help from professional health care services. However, findings from many different studies suggest that for some diseases, people in some cultural contexts may choose traditional healers, over formally trained practitioners or government health facilities (MacKian, 2003).

Before an individual can make a decision that is related to their health, they consider the potential risks or benefits of intended behaviour. However, they do so in consideration of their social practices, environment and self-belief. An individual health seeking behaviour differs for the same individuals or communities when they are dealing with different diseases (MacKian, 2003). Zwaanswijk (2005) argued that help-seeking and disease recognition does not depend on the level of the sickness per se, but it is highly dependent on the difficulty and distress experienced by parents raising the child. This means that the more parents experience difficulty and distress in raising their children the more likely they will seek help. In addition, the attitude and beliefs of an individual also play a role, so is education level and family stress. People who have high level of education are more likely to seek help than people who have low levels of education.

In South Africa, health services are offered in many different ways, and in some cases, they are offered in overlapping channels. The same can be said in many parts of the developing world (Ahmed, Adams, Chowdhury & Bhuiya, 2000; Baume, Helitzer & Kachur, 2000; Develay, Sauerborn, & Diesfeld, 1996). Case, Menendez and Ardington (2005) observed pathways of health seeking followed before death (from all sorts of medical condition) in Umkhanyakude area in KwaZulu-Natal Province amongst people who dwell there. Their findings revealed that traditional healers were consulted by almost fifty percent of the participants. It further revealed that almost 100% of those who consulted traditional healers also consulted a Western medical practitioner. From this study, it was assumed that the service rendered by traditional healers does not substitute public and private medical practitioners but it seemed to complement them. The consultation to traditional healers was observed to be high, with half of all adults who fell ill before death sought help from an inyanga, a sangoma or an umthandazi (Case et al., 2005). Approximately sixty percent of individuals who were ill also purchased non-prescribed medications and also made use of home-cures and vitamins.

According to a study conducted by Zondo (2008), help-seeking pathways start by consultation with family members, then the diviner, and end with *inyanga* or doctor. Depending on the perceived cause of the disease, consultation can be simultaneous. The health-seeking behaviour of patients influences the outcome of any disease.

However most recently, self-help has emerged as an area of attention. This has occurred because of the rapidly growing opportunities to use computer mediated communication technologies to support ill patients. Help-seeking can now include assistance from sources that do not comprise communication with an actual person. Sophisticated and dynamic help-seeking options are increasingly available through online and computer-mediated processes. Such options make an interpersonal component less critical in the help-seeking process (Rickwood, 2010).

2.3 Factors that influence help-seeking behaviour

According to Pandalangat (2011), culture influences individuals' view of health, the expression of symptoms of the disease and how and when to seek help. Another health belief that is held in most racial communities is that disease can be caused by supernatural means, as a result it influence the pathway to take for help. For example, it has been pointed out that many Asian Indians explain their psychological distress and physical disease from a religious background (i.e. in terms of spirit possession or violations of religious or moral principles). This specific belief about the cause of the disease will therefore determine the help-seeking behaviour, including the pathways that will be followed to receive the treatment for the condition. Consequently, many patients in this cultural context tend to use various traditional healing practices to deal with their ailments.

Individual's perceptions about disease, (diagnosis, cause and treatment) are social constructs; hence, they reflect societal values and norms (Castillo, 1997; Kleinman, 2004; Swartz, 1998; Ryder, Yang & Heini, 2002). Due to the differences in cultural assumptions about disease, the norms and values differ across contexts. The findings indicate that the nature of help-seeking pathways is social and is based on perceived causality. For health practitioners such as, traditional healers, Western trained counsellors and health care professionals, help-seeking pathways were heavily linked to the perceived causes of the disease.

Pronyk et al. (2001) piloted a study assessing the health seeking pathways followed by patients suffering from tuberculosis in Bushbuckridge Region of South Africa's Limpopo Province. He found out that 15.4% first sought treatment at a traditional or spiritual healer, such as the traditional healers or the Zionist Christian Church (ZCC). 25% of patients referred themselves to hospital, the great influence to seek treatment was found to be family members. It is, evident that approximately one-quarter of the patients in the study consulted traditional healers at some point during their help-seeking behaviour.

In a study conducted in Mankweng area in Limpopo Province, Peltzer (2001) found that both traditional and faith healers treat a wide range of physical and mental disorders. A study conducted by Berg (2003), indicated that African people seek health services from both Western trained health practitioners and traditional healers for the same symptoms based on the cultural perception. In a fairly recent study focusing on help seeking behaviour by patients receiving mental health treatment in Polokwane-Mankweng Hospital Complex in Limpopo Province, Shai (2012) also found that patients tended to consult traditional healers and spiritual healers in addition to western trained health care practitioners. Shai further found that most of the participants have entered the mental health care facility as their initial treatment point, and that this decision was mostly informed by the severity of symptoms.

Furthermore, apart from culture, there are other factors that have been found to influence help-seeking behaviour by people with different forms of diseases, including chronic conditions. For example, Pandalangat (2011) suggests that gender may be a good predictor of health seeking behaviour. Even when men have some diseases, they tend not to seek help due to lack of support from family members, friends and society. However, women tend to receive support, which lead them to seek help more often than men. In addition, men happen to be tolerant of the signs and symptoms of disease than women, this also influence help-seeking by women than men.

According to WHO (2010), regardless of the type of disease, family members are usually the first to be consulted regarding treatment and advice. In the study conducted by the World Health Organization (following the Haitian earthquake in 2010), it was found that Haitians from the lower class generally sought for help for

mental problems from an oungan (a male Vodou priest). They would visit a mental health professional if a visit to an oungan has been unsuccessful. Some may simultaneously use both an oungan and a mental health professional (WHO, 2010).

In another study conducted by Al-Busaidi (2010) on the attitudes and beliefs towards help-seeking for emotional distress, it was highlighted that previous studies have established that several factors interact to determine help-seeking behaviour. These factors include stigma and embarrassment, difficulty in discussing mental health problems, doctor-patient relationship, trust in health care professionals, the presentation of disease, previous coping abilities. In addition, social and cultural norms and beliefs have been shown to play an important role in the way people perceive health and disease and use available resources.

2.3.1 The role of religion

Understanding the role of religion in help-seeking and service utilization varies, as does the function of religion as a source of support. In a quantitative analysis, data from structured interviews with 2,285 respondents for the Filipino American Community Epidemiological Survey (FACES) were used to examine help-seeking for emotional distress among Filipino Americans. Rates of help-seeking from religious clergy were comparable to rates from mental health professionals. However, higher religiosity, though associated with help-seeking through religious means, did not translate into lesser help-seeking from mental health professionals (Abe -Kim, 2005) as cited in Pandalangat (2011). This is a very important finding as other studies do not focus on such comparisons and make the (wrong) assumption that a preference for alternate sources of help diminishes utilization of mental health services. This warrants further qualitative exploration into how religion functions as a source of support.

2.3.2 The role of the family

The importance of family support in promoting positive mental health has also been noted in cultures that are collectivistic (Vega, 1995; Rivera, 2007; Francis, 2000). Interdependence, an externalized locus of control, and family involvement are significant cultural factors that have been held responsible for a better prognosis for people with psychiatric disabilities in developing nations when compared to

Westerners (Stanhope, 2002). Another qualitative study of an Asian Indian population in the United States, family involvement was seen as both a strength and a barrier to help-seeking and service utilization. Family participation was crucial to history-taking because of the nature of disease in the patients; however family conceptualization of disease and its causes and perceived stigma led to delayed help-seeking, non-adherence to treatment regimens, and drop-out from treatment. This suggests that the role of family can differ in different ethnic groups and can be influenced by factors such as perceived stigma (Conrad & Pacquiao, 2005).

2.3.3 The role of the community

The model of migration contingencies and mental health suggests that social resources, such as family and ethnic community support, exert beneficial influences on mental health. The large scale quantitative analysis of Ethiopian immigrants in Toronto (Fenta et al., 2004) as cited by Pandalangat (2011) found a significant relationship between a strong ethnic identity and a reduced risk of depression. It suggests that, while like ethnic community provides practical advantages such as provision of employment in ethnic enterprises, the real value is in the sense of identity, belonging, and a sense of historic continuity that the community provides. Again, as this was a quantitative study, the actual ways in which the community functions as a source of support is not made clear. The support function of community has also been shown in South Asian cultures, where a reliance on one's friendship networks for support and coping is noted as an important dimension of the collectivistic-communal bent of South Asian culture.

2.4 Theoretical perspectives on help-seeking pathways

According to Rickwood (2005), help-seeking is the process of actively seeking out and utilising social relationships, either formal or informal, to help with personal problems. Unlike many other social transactions, the objective in help-seeking is intensely personal. Help-seeking is at the nexus of the personal and the interpersonal. Consequently, factors that affect both these domains are relevant, but those that operate at their intersection are especially pertinent. Factors were considered that were expected to affect awareness of the personal domain in

relation to mental health problems, the ability to articulate or express this personal domain to others, and willingness to disclose to these people.

Help-seeking was conceptualised as a process whereby the personal becomes increasingly interpersonal. The process begins with the awareness of symptoms and appraisal of having a problem that may require intervention. This awareness and problem-solving appraisal must then be able to be articulated or expressed in words that can be understood by others and which the potential help-seeker feels comfortable expressing. Sources of help must be available and accessible. Finally, the help-seeker must be willing and able to disclose their inner state to that source (Rickwood, 2005).

2.4.1 Theory of Planned Behaviour

According to the theory of planned behaviour, help-seeking pathway is planned and is driven by behavioural intentions. The theory explains that the positive or negative feeling towards a performing behaviour is highly determined by the individual beliefs regarding the consequences that may possibly occur after the behaviour. It further clarifies that the behaviour is also relying on what other people especially those important to the individual think about the behaviour that should be performed, if important people approve the behaviour, and then the individual is more likely to perform the behaviour at hand. However, the behaviour will also depend on whether the individual has the ability to perform the behaviour or not, this can be resources, knowledge etc (Ajzen, 2005). Based on this theory, it can therefore be suggested that individuals with chronic disease will follow pathways that they believe will result in positive outcomes. In addition, the pathways will also be dependent on the opinion of people who are important to the patient with chronic disease, (if they approve the behaviour; then the patient is more likely to follow the suggested pathway) and whether or not the chronic ill patient is able to perform the behaviour suggested.

2.4.2 Health Belief Model

According to the Health Belief Model, health-behaviour is explained in terms of individual decision-making. It suggests that the likelihood of a person to follow certain health related behaviour is highly dependent on an individual's perception of a threat to their personal health, and their belief that the behaviour recommended will

be helpful in the reduction of this threat. According to this theory, chronic ill patients will adopt certain health related behaviours if individuals perceive threat in their lives and if they believe that adopting that particular health behaviour will reduce the threat (Becker, 1974).

2.4.3 Health Attribution Theory

According to Ogden (2004), the attribution theory originated from the work of Heider 1944, 1958 who argued that individuals interpret events and how this relates to their thinking and behaviour. Attribution theory argues that people try to control why people act as they do. A person who is seeking to understand why another person did something may attribute one or more causes to that behaviour. Health attributions influence health beliefs and health behaviours. Attributions are referred to as the causal explanation process used to understand the world (Vaughn, Jacquez, & Barker, 2009). Based on this theory, it can be argued that people with chronic diseases will attribute their conditions differently. Consequently, this attribution will influence their choice of treatment. For example, people who attribute chronic disease to witchcraft are more likely to treat the disease through traditional healers, whilst people who attribute their disease to spiritual factors are more likely to seek help from the church.

2.5 Theoretical framework for the present study: The Pathway Model

The assumption of the pathway model is that a path that people follow in response to the illness or disease may be influenced by several factors. Factors such as the perception of the disease, and significant others, result in the decision about the health seeking pathways choice that will be followed (Good, cited in Hausmann-Muela, Ribera, & Nyamongo, 2003).

This theoretical framework guided the researcher in the present study. The pathway model will give an explanation on why people prefer certain health seeking ways over the others. Health seeking behaviour is highly influenced by factors such as:

- Beliefs about the seriousness of disease and its outcomes (threat perception) which depend on an individual's beliefs about how vulnerable he/she is to

certain disease or health problem and perceived severity of disease or the belief that a health problem is serious;

- Health readiness and eagerness to be worried about health related matters.
- Beliefs that a certain health practices will be helpful in reducing the perceived threat. The changing of health behaviour depends on whether or not a person believes a health measure will reduce the threat or not. The health behavioural assessment depends on (Taylor, 1995):
- Perceived benefits of therapeutic health practices or of preventive health behaviour; and,
- Perceived barriers, a perception of the difficulties to help-seeking behaviour.

From this model, help-seeking behaviour, pathways and treatment modalities depend largely on perceived severity of the disease, the threat that the disease brings to one's life, and whether or not the treatment modalities chosen are beneficial or not and if they are any obstacles to the opted treatment modalities. The health seeking behaviour depends on the decision taken by concern individuals based on the perceived disease and perceived effectiveness of the treatment for that particular disease. This study takes a view that people will be influenced by how they perceive chronic disease when they seek help in treating the disease.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology used in this study, which consists of the tools and techniques which the entire research is based on. Specific topics covered include the data collection methods, instruments, sampling and sample size, procedure used to collect data, and methods for data analysis. The chapter is concluded with a brief overview of ethical issues that were considered in conducting the study.

3.2 Research design

This is a qualitative study that sought to understand and describe help-seeking pathways that patients with chronic diseases in a rural community have followed in their attempts to deal with chronic disease. Qualitative research has also been recognized as an appropriate procedure to access knowledge or information that might not be accessible by other methods and to provide extensive data on how people interpret and act on their symptoms (Adèr, Mellenbergh & Hand, 2008; Smith, Pope, & Botha, 2005; Goethals, Sorenson and MacGregor, 2004; Bryman, 1988). In particular, the phenomenological method was followed. The phenomenological approach is aimed at understanding and interpreting the meaning attached to everyday lives of individuals (De Vos, Strydom, Fouche & Delport, 2005).

3.3 Sampling

In the present study, purposive sampling was used to select the participants. The advantage of purposive sampling is that the researcher can pick the participants based on their suitability for the study (Brink, 1996). Individuals are selected based on some of characteristics that the rest of the population may not possess (Paler-Calmorin & Calmorin, 2007). Similarly, the researcher in the present study will only be looking at those patients who will have been diagnosed with chronic diseases in this particular rural community. Though an estimated number of ten (10) patients with any or some of the chronic diseases is envisaged, sampling was however continued until data saturation occurred. According to Morse (1995), this means that

the researcher will continue to collect data up to a point of redundancy or when no new information is revealed. Interviews were arranged with the selected potential participants so as to ask for their participation and explain the purpose of the study.

The population in the study comprised people from Ga-Dikgale area, who are diagnosed with chronic disease.

3.4 Demographic profile of participants

| No. | Age | Home Language | Residential area | Religion |
|-----|-----|---------------|------------------|-------------|
| 1 | 76 | Sepedi | Ga-Dikgale | Traditional |
| 2 | 96 | Sepedi | Ga-Dikgale | Traditional |
| 3 | 58 | Sepedi | Ga-Dikgale | ZCC |
| 4 | 58 | Sepedi | Ga-Dikgale | ZCC |
| 5 | 88 | Sepedi | Ga-Dikgale | Nazarene |
| 6 | 70 | Sepedi | Ga-Dikgale | Dutch |
| 7 | 62 | Sepedi | Ga-Dikgale | ZCC |
| 8 | 67 | Sepedi | Ga-Dikgale | Catholic |
| 9 | 50 | Sepedi | Ga-Dikgale | Lutheran |
| 10 | 42 | Sepedi | Ga-Dikgale | Traditional |

Table 1: Demographic profile of participants

All ten participants agreed to participate with full knowledge of the study's aim and objectives. They all gave permission to be interviewed and they signed consent forms. Vlaamse Interuniversitaire Raad – Institutional University Cooperation (VLIR-IUC) is a Partnership Programme. The programme is a partnership between Flemish Universities and the University of Limpopo, with the University of Antwerp as principal partner. The programme is a multidisciplinary comprehensive package that supports and integrates five project clusters whose overarching theme is: "Human wellness in the context of global change – finding solutions for rural Africa". The bigger research project by Dr Makhubele and Prof Sodi entitled "The impact of

lifestyle behaviours on chronic diseases: The case of Ga-Dikgale Communities”, is located in Cluster 2.

The current study fits into the bigger project as it aims to investigate help-seeking pathways that are followed by patients with chronic disease in one rural community in Limpopo Province, which later may help in finding solutions for the affected individuals.

3.5 Data collection

An interview guide was developed as a tool to gather data. Rubin and Babbie (2001) pointed out that an interview guide ensures that the interviewer covers the same material and keeps focused on the same predetermined topics and issues, while at the same time remaining conversational and free to probe into unanticipated circumstances and responses. The interview guide was self-developed in relation to relevant literature and research (See Appendices 1(a), (b)). The interview guide focused on exploring the help-seeking pathways followed by participants of the study, their subjective understanding and experiences of chronic disease and events and factors that could have led to their disease and the treatment seeking process.

The researcher used in-depth semi structured one-to-one interviews. According to Marks et al. (2005), semi-structured interviews are designed to explore the participant's view. The participants were able to express their views, thoughts and feelings freely using their own words in ways that were not constrained by certain way of usage of words in the questions. The interviews were conducted at the location and language suitable for the participants which was at Ga-Dikgale area (their homes) and in Sepedi (their home language).

Each and every step of help-seeking pathway process was investigated since the onset of the disease. The understanding of presenting problem, the understanding of factors that could have led to the disease, sequence of contacts with various care providers, the approximate timing of consultations, or the length of time spent on each contact point and treatment or services offered, the experienced they had with the previous and current treatment they are receiving. Interviews were used to tap into the participants' subjective meaning and experience of the phenomena, the nature of the presenting problem and help-seeking pathways. This was a pivotal

aspect of the research as it revealed the meaning attached to the disease and its interpretation. Data were captured by use of tape recordings and written notes, in accordance with Collins (1998) recommendations that the events recounted and experiences described are made more substantial and real through recording and writing of notes.

3.6 Data analysis

The researcher used interpretative phenomenological analysis (IPA) to analyse the data. The main aim of interpretative phenomenological analysis (IPA) was to explore in detail how participants make sense of their personal and social world. The main currency for an IPA study was the meanings and particular experiences of the participants. The approach was phenomenological because it explored in detail the life-world of the experiencing individuals. It focused on exploring individual personal experience and an individual's personal perception or account of an object or event (Smith, & Eatough, 2006). The following steps as recommended by Marks et al. (2005) were followed in analysing the data for the present study.

3.6.1 Familiarisation and immersion

In this phase the researcher read through the interview transcript and identified features of interest in the text. This means that the researcher made notes, drew diagrams, brainstormed and immersed in the material again.

3.6.2 Inducing themes

The researcher developed a higher order thematic analysis by inferring general rules from specific instances; this means that the researcher re-read the text. After identifying the key themes or categories, the researcher then proceeded to look for connection between them by identifying clusters.

3.6.3 Coding

The researcher broke up the data in analytically appropriate ways. It involved marking different sections of the data as being relevant to the themes.

3.6.4 Elaboration, interpretation and checking

Here the researcher continued on coding, and elaborating until no further significant new insight appeared to emerge.

3.6.5 Presentation of results

This is a final stage. The researcher wrote an account of the phenomenon studied. During this step, the researcher presented data (a packaging of what was found) in text form.

3.7 Credibility, transferability, dependability and confirmability

In this study, the principles of credibility, transferability, dependability and confirmability recommended in qualitative research (Reason and Rowan, 1981; Mischler, 1990; Denzil & Lincoln, 2000), were observed and followed.

3.7.1 Credibility

One of the key criteria addressed in qualitative research by positivist researchers is that of internal validity, in which they seek to ensure that their study measures or tests what is actually intended. According to Merriam (1998), the qualitative investigator on the other hand aims for credibility of the results. In other words, the qualitative researcher deals with the question: "How congruent are the findings with reality?" Lincoln and Guba (1985) argue that ensuring credibility is one of most important factors in establishing trustworthiness. To address this specific qualitative research principle, the researcher in the present study adopted a theoretical framework that was used as a lens through which the data was analysed. Furthermore, the researcher continued to check the data to establish whether or not the same elements were arranged to constitute the same or an entirely different pattern (Lincoln & Guba, 1985).

3.7.2 Transferability

Transferability refers to the applicability of one set of findings to another context (de Vos, 2002). In the current study, the researcher used multiple methods (that is, interviews and recordings) to collect the data. This could be considered to have strengthened the usefulness of the study for other settings.

3.7.3 Dependability

In addressing the issue of reliability, the positivist employs techniques to show that, if the work were repeated, in the same context, with the same methods and with the same participants, similar results would be obtained (Lincoln & Guba, 1985). In keeping with the qualitative stance, the researcher in the present study strove for dependability of the results. In this regard, the five steps as recommended by Marks et al. (2005) were followed in analysing the data for the present study

3.7.4 Conformability

Lincoln and Guba (1985) indicated the need to ask whether or not the findings of the study could be confirmed by another researcher. In the present study, the researcher strove for conformability of the results by submitting the analysed data for confirmation by a different researcher suggested by the supervisor (Terreblance and Durrheim, 2006).

3.8 Ethical considerations

3.8.1 Permission of the study

Though ethical approval for Project 2 has already been granted by the University of Limpopo's Research Ethics Committee, the researcher in the present study applied for ethical clearance before the commencement of the study.

3.8.2 Informed consent

Participants were informed about the study and what the study entails, this helped participants to understand the investigation and consequently be able to make voluntary decisions about their possible participation (Hakim, 2000, as cited in De Vos, Strydom, Fouche & Delport, 2005).

3.8.3 Confidentiality/anonymity and privacy

The researcher was responsible to ensure that he safeguards the privacy and identity of the participants. The information that was obtained was handled with high level of confidentiality.

3.8.4 Respect for persons

The dignity of all research participants was respected by the researcher. He ensured that they were not used just to achieve researcher's objectives, but to benefit from the knowledge obtained from the study.

3.8.5 Debriefing of respondents

The researcher gave an allowance for the possibility of debriefing sessions to be held. Such participants received the necessary professional attention.

CHAPTER 4

RESULTS

4.1 Introduction

In this chapter, the demographic profile of the participants and the phenomenological explication of the protocols are presented. In this regard the following themes identified will be presented: (1). participants understanding of chronic disease (2) participants' view or understanding of factors that could have led to their chronic disease; (3) the help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition (4) the treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions; and (5) whether or not the patients receive other forms of treatment in addition to their treatment for the chronic diseases. The chapter will conclude by giving a summary of the results of the study.

The sample of this study comprised ten (10) participants who have been diagnosed with chronic disease and are receiving health care services. There were 4 males (40%) and 6 females (60%). Their ages ranged from 42-62 (50%), 63-83(30%) to 84-104 (20%) years. Participants were included in the sample because they were suitable for the study and they had to share information regarding the help-seeking pathways they followed to treat their disease. All (100%) the participants were Sepedi-speaking. They were all diagnosed with chronic disease, and the period varied from one individual to the next, but the average is approximately 14 years. The longest period was 27 years, while the shortest was 5 years.

4.2 Phenomenological analysis

4.2.1 Participants' understanding of chronic disease

The study findings suggest that chronic ill patients have different understandings about chronic diseases. Their understanding seems to be as a result of people's experience or what they have heard about the chronic disease. The following quotations from the interviews corroborate their experiences:

this are the disease that even if you take medication, it cannot be cured, we have to go to the clinic all the time for medication, at the clinic, the nurses explained to us that if we don't take pills we will die, so these disease are deadly.(Participant 1)

Chronic diseases are such as HIV, sugar diabetes and high blood pressure. I would explain about high blood pressure, because this is the disease I have, they say I must not eat sugar, I must not eat too much salt and oil and I must not get angry. I have been told its incurable disease (Participant 3).

Chronic disease is the disease that has no cure; once a person is affected he/she needs to receive medication for lifetime (Participant 1).

In the quotations given, participants seem to understand little about chronic diseases. Some of the participants were found to understand the do's and don'ts regarding the management of the disease than the morbid condition itself. Almost all the participants understand that chronic disease is incurable. Something that the patients understand is that once one is ill, he/she needs to receive medication.

4.2.2 Participants' view or understanding of factors that could have led to their chronic disease

From the study it is suggested that people suffering from chronic diseases have their own perception and interpretation attached to the factors or events that could have led to their disease. Witchcraft, social stressors and genetic explanation are amongst the explanation of causation of chronic diseases. The following quotations from the interviews corroborate their experiences:

I always I thought it was genetically transmitted, but I was so surprised when I was diagnosed with high blood pressure whereas there is no one in the family who had high blood pressure. I was also informed that it can also be caused by the type of food that one eats and by the type of lifestyle one leads (Participant 3).

This disease is genetically transmitted, I say this because most members in my family had this disease (high blood pressure) and it is passed through genes (Participant 6).

Like I said above, it is genetically transmitted and am also told that negative lifestyle can also lead to chronic disease (Participant 10)

In the quotations given, genetics is suggested to have contributed to chronic disease of some of the participants although one of them doubted the genetic factor because he got sick while no one had chronic disease before in the family. Some of the factors mentioned by the patient were negative lifestyle. According to some of the participants, unhealthy food and lifestyle were reported to be the causation of chronic disease. The following participants explained:

“This disease, I think is caused by food such as sugar but you cannot stand and say this cause chronic disease” (Participant 8).

“Most sickness are believed to be caused by food, we often eat meat these days and it’s not healthy, in the olden days we use to eat fruits and vegetables, this could be the cause of chronic diseases these days” (Participant 1).

Everyday stressors that individuals are faced with have also been attributed to the onset of chronic disease or the exacerbation of the existing diseases. These include issues such as unemployment, family discord, pre-existing general medical conditions and occupational problems. The following are the comments made by some of the participants:

By the time I was diagnosed with high blood pressure, I had lots of problems, which made me think that chronic disease is caused by having stress; if a person is stressed and have problems he or she can end up having chronic disease, especially high blood pressure (Participant 4).

I think stress is the cause of my condition (sugar diabetes and high blood pressure) (Participant 5).

Other participants attributed their conditions to witchcraft. One of the participants reported that if someone has conflict with you they can bewitch you, whereas other

participants indicated that they have no idea of factors that could have led to their disease. The following is the comment of one of the participants:

“Witchcraft is the cause of some of them, and I also believe that I am bewitched” (Participant 9).

“I don’t know, I was just surprised when I got sick” (Participant 1).

“I don’t know, it happened that I was sick and since I am a traditional healer, I couldn’t help myself, but I couldn’t say its witchcraft, yet I don’t know what caused it” (Participant 2).

This last comment seems to embrace the cultural notion of causes of chronic disease, for example when people disobey cultural rules or do things that are not allowed can lead to chronic disease. The participant commented:

“In our belief and culture, chronic disease are caused by doing what is taboo, most people who are suffering from chronic disease in this era, do what is taboo in our culture”(Participant 2).

4.2.3 The help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition.

Help-seeking was conceptualised as a process whereby the personal becomes increasingly interpersonal. The process begins with the awareness of symptoms and appraisal of having a problem that may require intervention. This awareness and problem-solving appraisal must then be able to be articulated or expressed in words that can be understood by others and which the potential help-seeker feels comfortable expressing. Sources of help must be available and accessible. Finally, the help-seeker must be willing and able to disclose their inner state to that source (Rickwood, 2005).

The findings in the present study suggest that different health care providers have been visited by these participants as soon as they realized that they have symptoms that could indicate disease. Traditional healers, spiritual services, medication sold on

the street are some of the health care services followed by some of the participants; however, some of the participants indicated that health care services were their initial treatment point. The treatment facility preferred by participants seems to be informed by the cultural or belief system of the participant or family members.

[Participant 1]

“My husband is a traditional healer, so before I even thought of going to a clinic, I consulted at home, and I realized it was not working” (1st help-seeking pathway),

“I even consulted to people he works with (other traditional healers)”... (2nd help-seeking pathway)

“Then the family decided to take me to clinic where I started receiving the medication I am receiving now” (3rd help-seeking pathway).

[Participant 4]

Before I knew what kind of sickness I had, I communicated to my husband and he advised me to find answers, and in our church there are prophets, so he advised me to go there and I went to church (ZCC) and I told relevant people about my condition and they gave me ‘ditaelo’ (instructions) to follow’, so it was not working (1st help-seeking pathway)

Then I communicated to my husband again and he advised me to go to the hospital and I started getting medication (2nd help-seeking pathway).

[Participant 2]

After realizing that I am sick and I couldn’t help myself, I went all over, I have friends who I work with (traditional healers), I went to Mpumalanga, Tzaneen, Sekhukhune, Giyani and other places seeking help from traditional healers. There is no place I didn’t go to seek help. I consulted for long time and I ended up quitting my job (1st help-seeking pathway).

So I decided to go to hospital and I met this other doctor who helped me, he prescribed medication for my condition (2nd help-seeking pathways).

Patients usually seek help from trusted sources. It is evident that what the traditional healer says to the patient plays pivotal role in perceiving and treating the disease. In some cases patients would move from one healer to another aiming to confirm the causes of their disease. The following quotation supports the above statement.

[Participant 9]

I visited traditional healers, more than five and all of them told me I was bewitched.... (1st help-seeking pathway)

The research findings suggests that for those that entered the mental health care system as their initial treatment point, the decision was mostly informed by the knowledge of the diseases as well as severity of symptoms, which lead to hospitalization and diagnosing. The following extracts illustrate this:

“In this family we believe in health services, and because there were other members in the family who had this condition before me, I knew that I had to go to a clinic because that is what they did and they were receiving help there” (Participant 6).

“I refused to go to hospital and I got sick, I was unable to do anything and the nurses came and explained to me and they managed to convince me, and I started with the medication from the clinic” (Participant 3).

“I couldn’t go anywhere, because my complaint was a finger and a finger could only be treated at the hospital, that’s where I was diagnosed with high blood pressure” (Participant 7).

Help-seeking pathways are not always predictable; they may include backward and forward movements between Western and traditional health care systems. (Berg, 2003). The current study suggests that in some cases, the pathways of an individual from one health care system to the next ends up bringing the individual back to where he/she started, as reflected in the following extracts:

[Participant 5]

Before I knew that I was sick, I used to feel my heart beating fast, so I decided to go to hospital and that was when I was diagnosed with high blood pressure (1st help-seeking pathway).

After being diagnosed I started to buy certain tea in town, they used to say it heals high blood pressure and sugar diabetes, and one day I bought it when I arrived at home, I realized it was a coffee and from that day I stopped buying it (2nd help-seeking pathway).

I stuck to the medication I was getting from hospital (3rd help-seeking pathway).

[Participant 8]

....after being diagnosed with sugar diabetes, I developed a sore in my toe which lead me to go to hospital and I was amputated (1st help-seeking pathway).

After that I was told that it was 'sefolane' (African cancer), then I went to traditional healer somewhere in Venda and I was told I should have come before they amputated me (2nd help-seeking pathway).

I had a massive self-blame and I was afraid I was going to hear the same thing over and over again if I move to another traditional healer, so I decided to go back to hospital for medication (3rd help-seeking pathway).

The last comment indicates that besides family members, friends, spiritual leaders and traditional healers, some of the people rely on the internet for the information about their symptoms. One of the participants commented.

[Participant 10]

"After feeling ill, I went to the internet and searched the symptoms and I realized it could be sugar diabetes, but I didn't want to go to the hospital to confirm it" (1st help-seeking pathway).

I was in denial and I didn't share with anybody, this other day at night I fell sick and I was rushed to hospital and that's when I was diagnosed with sugar diabetes and

that's when I started with the treatment I am receiving now (2nd help-seeking pathway).

4.2.4 The treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions

The findings of this study reveal that some of the participants relied on cultural treatment and spiritual treatment for their symptoms. Patients decide to follow a particular treatment modality after they experience symptoms and when they realize that the choice of treatment is not bearing desired outcomes, they often try to come up with a new different treatment plan. The quotations that follow indicate the treatment modalities that were used by patients before using hospital treatment.

I was using the treatment that I was receiving from church but was not working; I remember when high blood pressure attacked me while I was at work.... (Participant 4).

I have been using 'detaelo' (instructions).... (Participant 7).

After drinking tea that I used to buy in town, I would have palpitations and I was not getting any better, until this other day that I bought tea when I arrived at home, I realized it was not tea but coffee and ever since then I don't want to do with any other medication except pills from the clinic (Participant 5).

I used to visit a traditional healer and he would prescribe medication for me.... (Participant 9).

However, there are also some participants who reported that they never used any of the medication except the current one. Some of the reasons for not using any treatment modalities before was delaying to a point where one had to be hospitalized and start with hospital medication immediately, one of the participants mentioned that he was in denial and never wanted to consult until he was severely sick and got hospitalized. Some of the quotations are as follows:

I refused when I was diagnosed, I didn't believe them, and I thought they wanted the statistics of people who are sick to go high. And one other thing that made me not to believe was that my elder sisters are not sick, none of them is receiving medication, so I said to myself, there is no way I can be sick while they are not, so I never wanted and never went anyway for treatment (Participant 3).

I never used any kind of medication other than pills I am currently receiving...(Participant 6).

I couldn't say I had treatment before since the traditional healer told me she could have helped if I visited her earlier (Participant 8).

I have never used any medication since I was in denial... (Participant 10).

4.2.5 Whether or not the patients receive other forms of treatment in addition to their treatment for the chronic diseases

Another area that was explored was whether or not the patients receive other forms of treatment in addition to their treatment for the chronic diseases. From research findings, there are other forms that are in use and the reason behind that is not related to any form of treatment failure, but rather to other factors, (e.g. one participant reported that she doesn't use her current medication everyday because she doesn't like them, she reported that on other days she use treatment from church). The majority of the participants reported to be using other treatment modalities to enhance the current treatment they are receiving. The following are some of the participant's comments:

"I am currently receiving "detaelo" (instructions) from church (ZCC). The days that I don't take pills because I don't love them, I take 'detaelo (Participant 3)".

"I am receiving medication from the clinic but I also use the medication that my husband prescribes for me and sometimes I buy herbs in the street to treat my disease " (Participant 1).

“I am currently using medication from the clinic as well as traditional medication. I boil them and drink them” (Participant 2).

“I buy tea at the street corners in town, they say it helps with sugar diabetes and high blood pressure” (Participant 8).

“I use pills from the clinic and the tea from church (ZCC)” (Participant 7).

I am currently receiving treatment from hospital and the herbs prescribed for me (Participant 9).

4.3 Summary of findings

The sample for the present study consisted of ten (10) participants (females = 10, males = 4; aged between 42 and 96 years), who have been diagnosed with chronic disease and are receiving treatment. The participants were all living with chronic diseases for approximately 14 years (on average). All the participants were from the area of Ga-Dikgale community which is in Limpopo province outside Polokwane city and are Sepedi-speaking. 70% of participants were Christians, with 30% of participants stated that they subscribe to African traditional religion. Based on the study findings, participants hold different views or perception on the causes of the chronic diseases. These perceptions seem to be highly influenced by their religion as well as cultural affiliation.

The study further revealed that participants make use of a particular treatment modality after experiencing symptoms. The help-seeking pathways don't always start in the informal places proceeding to the formal one, but it can also start in the formal setting proceeding to the informal setting and back to formal again. Findings of the study suggest that the severity of the symptoms seems to have an influence on the help-seeking pathways followed by the participants.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter will focus on evaluation of the research questions, in relation to the themes derived from the participants' responses. These discussions will also give consideration to the apparent associations between the research findings and the literature that was reviewed. The aforementioned theoretical approaches on help-seeking pathways will also be highlighted for their relevance to the findings. The following section discusses the main findings of this study.

5.2 Emerging themes

5.2.1 Participants' understanding of chronic disease

The majority of participants seemed to understand what chronic disease is, however, participants' knowledge or understanding seems to be limited to incurability and to a particular chronic disease they are suffering from, however, few of them also understand limited types of chronic disease such as HIV, high blood pressure, sugar diabetes and cancer. This understanding is as a result of hearsays and the education that they receive at the health care services. It was further revealed that few participants associated diet to a causation of chronic disease.

Chronic diseases are often permanent morbid conditions that tend to develop slowly over time, often progressing in severity (Ministry of Health and Long Term Care 2007). Chronic diseases include some of the following, cardiovascular diseases (heart disease and stroke), cancer, diabetes, arthritis, back problems, asthma, and chronic depression. Chronic diseases can cause significant impairment in everyday physical and mental functions and reduce one's ability to perform activities of daily living. Diet, tobacco, and alcohol are amongst the high leading risk factors associated to chronic diseases (World Health Organization, 2002).

5.2.2 Participants' view or understanding of factors that could have led to their chronic disease

The study found that the participants tended to understand their chronic disease as a result of diet, social stressors, witchcraft, and heredity. Each perceived cause is dependent on patient experience with the particular disease e.g. if the onset of the symptoms was during the period where the patient was experiencing social stressors, the patient is more likely to perceive social stressors as the cause of the disease. An individual's belief or religion is also influential on the formulation of the causes. Although these participants speak the same language, they are from the same community and all have been diagnosed with chronic disease their view or understanding of factors that could have led to chronic disease differ and these perceptions appear to be culturally defined.

This findings seem to be consistent with the view expressed by Pandalangat (2011), who suggested that culture influences individuals' view of health, the expression of symptoms of the disease and how and when to seek help. Another health belief that is held in most racial communities is that disease can be caused by supernatural means; as a result it influences the pathway to take for help. For example, it has been pointed out that many Asian Indians explain their psychological distress and physical disease from a religious background (i.e. in terms of spirit possession or violations of religious or moral principles) (Pandalangat, 2011). This specific belief about the cause of the disease will therefore determine the help-seeking behaviour, including the pathways that will be followed to receive the treatment for the condition. Consequently, many patients in this cultural context tend to use various traditional healing practices to deal with their ailments.

5.2.3 The help-seeking pathways that were followed by patients with chronic diseases before and after they were diagnosed with their condition.

The findings of the present study suggest that formal and informal health care services have been visited by chronic ill patients prior to the current services. This implies that some patients started at the informal settings and ended up settling down at the formal one, while others started at the formal settings and proceeded to

informal one, only to return to formal health services again. This finding lends support to previous studies that showed that South African health services (including those of other developing countries) are offered in many different ways and in some cases they are offered in overlapping channels (Ahmed, Adams, Chowdhury & Bhuiya, 2000; Baume, Helitzer & Kachur, 2000; Develay, Sauerborn, & Diesfeld, 1996). Case, Menendez and Ardington (2005) observed pathways of health seeking followed before death (from all sorts of medical condition) in Umkhanyakude area in KwaZulu-Natal Province amongst people who dwell there. Their findings revealed that traditional healers were consulted by almost fifty percent of the participants. It further revealed that almost 100% of those who consulted traditional healers also consulted a Western medical practitioner. From this study, it was concluded that the service rendered by traditional healers does not substitute public and private medical practitioners but seemed to complement them. The consultation to traditional healers was observed to be high, with half of all adults who fell ill before death sought help from an inyanga, a sangoma or an umthandazi (Case et al., 2005). Approximately sixty percent of individuals who were ill also purchased non-prescribed medications and also made use of home-cures and vitamins.

The findings in the present study further show that some of the informal settings visited include traditional healers, spiritual leaders, and herbalists and formal settings visited are clinics and hospitals. This is consistent with the study conducted by Zondo (2008), in some parts of African continent and public places in South Africa in the area of Pietermaritzburg. Depending on the perceived cause of the disease, consultation can be simultaneous. The health-seeking behaviour of patients influences the outcome of any disease.

Some of the study participants reported to have entered the health care services at the initial point and their reasons for that was because of the severity of the symptoms and knowledge of the sickness. Whereas other participants have gone from one place to another seeking help, ending up at the health care system, some of the reasons for settling with health system were that they were not receiving desired outcomes. Help-seeking pathways that are followed are influenced by the experience of the concerned individual, cultural norms and beliefs, expression of the social problem and perception of the problem by society. The identification of

symptoms and disease behaviour largely depend on individual differences. Symptoms can be perceived, judged and be treated differently by different kinds of people. Factors that appear to affect the process to treatment are health knowledge, and sociocultural background (Alberts, Sanderman, Gerstenbluth & Van den Heuvel, 1998).

5.2.4 The treatment modalities that were used by the patients before they started receiving hospital treatment for their chronic conditions

According to Pronyk et al. (2001), the health seeking pathways followed by patients suffering from tuberculosis in Bushbuckridge Region (South Africa), seemed to suggest that they usually start with a traditional or spiritual healer such as the traditional healers or the Zionist Christian Church (ZCC). 25% of patients referred themselves to hospital, the great influence to seek treatment was found to be family members. It is, evident that approximately one-quarter of the patients in the study consulted traditional healers at some point during their help-seeking behaviour.

5.2.5 Whether or not the patients receive other forms of treatment in addition to their treatment for the chronic diseases

According to WHO (2010), regardless of the type of disease, family members are usually the first to be consulted regarding treatment and advice. In the study conducted by the World Health Organization (following the Haitian earthquake in 2010), it was found that Haitians from the lower class generally sought for help for mental problems from an *oungan* (a male Vodou priest). They would visit a mental health professional if a visit to an *oungan* has been unsuccessful. Some may simultaneously use both an *oungan* and a mental health professional (WHO, 2010).

The aforementioned findings can relate to the findings of the current study, based on patients culture, belief and perceived cause of disease, some patients are using health care services medication and also using other forms of treatment and their reasons for using other methods differ from an individual to another, some of the reasons is to help enhance the treatment they are receiving from the hospital and some use other methods because they don't like the treatment they are receiving

from hospital and they only take other medication on days that they are not using hospital medications.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1 A brief summary of findings

The aim of the study was to investigate help-seeking pathways that are followed by patients with chronic diseases in one rural community in Limpopo Province. Individuals who suffer from chronic diseases were able to share their experience about their diseases. The study revealed that the participants have different causal explanations for their conditions. In most cases there is a tendency to use both cultural and Western explanations for chronic diseases. The study further revealed that some of the patients try different agencies that provide health care, such as traditional healers, spiritual leaders amongst others, before they settle for health professional care service. However, it can also be concluded from the findings of the study that it is not always the case that patients would start seeking help in local hospitals and clinics. Instead, the study found that help can start at the informal level and proceed to the formal sector and vice versa. Reasons advanced for this movement from one system to the other included a perception of poor health outcomes in the one system when compared to the other.

It was also discovered that some participants are still using other methods other than the health professional care services. Religion and culture seems to have influence on the usage of other treatment methods, hence, the participants believe in both treatment methods. The findings help to document the pathways that are followed, including the treatment modalities that are used by patients with chronic diseases in managing their conditions. These findings could contribute to the existing knowledge of chronic diseases and behaviour in the context of the culture; it could also help to provide health care providers of patients suffering from chronic diseases with a better understanding of the different routes that patients take in the process of seeking treatment and finally it can contribute to the existing knowledge of chronic diseases and behaviour in the context of the culture.

6.2 Significance of the study

This study was viewed in the light that it has helped to document the pathways that are followed, including the treatment modalities that are used by patients with chronic diseases in managing their conditions. This purpose has been achieved since the pathways that patients followed have been documented and the treatment modalities that are used by patients have been explored. It has also hopefully contributed towards understanding the reasoning behind patients' freedom and choice of treatment between the Western and African contexts. The study has also helped to sensitise health care providers about the plight of people suffering from chronic diseases.

6.3 Limitations of the study

The following are some of the limitations that are associated with this study:

- Since the original data was in Sepedi, and not English it is possible that some meaning of the transcripts may have been lost during the process of translation.
- The sample that was used in this study was limited. This makes it difficult to generalise the findings of this study to a larger population. It is also important to note that the research findings were only limited to the area of Ga-Dikgale.

6.4 Recommendations for future studies

Based on the results of the present study, the following recommendations can be made for future studies;

- Participants need to be educated about chronic disease since it seems that their knowledge about chronic disease is limited.
- Policy makers and health care providers should consider the patient's culture when making arrangements for the provision of services for people with chronic diseases.

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Appendix 1(a): Interview guide

1. I would like you to share with me your own understanding of chronic disease
2. As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to chronic disease
3. After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?
4. I would like you to share with me your experiences of the treatment that you were using before the current treatment.
5. May you explain to me what led you to settle for the current care system?
6. Please share with me your experiences of the treatment that you have been receiving from care system.
7. Kindly share with me the other treatment methods that you currently using?

Appendix 1(b): Interview guide in Sepedi

1. Ke tla rata gore o abelane le nna gore o kwišiša eng ka ga bolwetsi bja go se alafege?
2. Bjale ka ge ole motho yo a fetetšwego ke bolwetši bja go se alafege, ke tla rata gore o abelane le nna dinhla tšeo o naganago gore di ka ba di diretše gore o feleletše o fetelwa ke twatši ye.
3. Morago ga gore o lemoge gore o a lwala le pele gage o ka hwetša kalafi, o ile wa leba kae go amogela thušo?
4. Ke tla rata gore o abelane le nna maitemogelo a gago ka ga kalafi yeo o bego o e šomiša
5. O ka ntsopolela ka boripana gore ke eng seo se go šušumeditšego gore o šomiše mekgwa wo wa hlokomelo wa bjale?
6. Ka kgopelo nkabele maitemogelo a gago ka ga kalafi yeo o bego o e hwetša go tšwa hlokomelong yeo.
7. Ka boikokobetšo abelana le nna mekgwa ye mengwe ya kalafi yeo o e šomišago ga bjale.

Appendix 2(a): Participant consent letter and form

Department of Psychology
University of Limpopo (Turfloop Campus)
Private Bag X1106
Sovenga
0727
Date_____

Dear Participant

Thank you for showing interest in this study that focuses on help-seeking pathways followed by patients with chronic disease: the case of Ga-Dikgale.

Your responses to this interview will remain strictly confidential. The researcher will attempt not to identify you with the responses you give during the interview or disclose your name as a participant in the study. Please note that your participation in this study is voluntary and that you have the right to terminate your participation at any time.

Please answer all the questions as honest as possible. Your participation in this research is very important. Thank you for your time and cooperation.

Yours Truly

.....

Phethi TS

Masters Student

.....

Prof T. Sodi

Supervisor

.....

Date

.....

Date

Appendices 2 (b): Participant consent letter and form in Sepedi

Department of Psychology

University of Limpopo (Turfloop Campus)

Private Bag X1106

Sovenga

0727

Date_____

Motšeakarolo

Ke leboga go bontšha kgahlego ga lena go lesolo le la go nyakišiša ka ditsela tšeo di latetšwego ke batho bao ba humanago thušo ya tša kalafo ya malwetsi a go se alafege. Maikemišetšo a lesolo le ke go kwišiša leeto leo balwetši ba ba le tšerego, maitemogelo le kwešišo ya bona ka bolwetši bja monagano.

Dikarabo tša lena go dipotšišo tše di tla swarwa ka mokgwa wa sephiri. Monyakišiši o tla leka ka mešegofela gore a seke a le amanya le dikarabo tše le tla di fago, le ge ele go se utulle leina la lena bjalo ka motšeakarolo lesolong le. Le tsebišwa gore go tšea karolo ga lena go lesolo le go dirwa ka boithaopo, le gore le na le tokelo ya go ikgogela morago nako efe goba efe.

Le kgopelwa go araba dipotšišo tše ka botshephegi bjo bogolo. Go tšea karolo ga lena go lesolo le go bohlokwa kudu. Ke leboga nako ya lena.

Wa lena

Phethi T. S

Letšatšikgwedi

Masters Student

Prof. T. Sodi
Supervisor

Letšatšikgwedi

Appendix3 (a): Consent form to be signed by the Participant

Consent Form

I..... hereby agree to participate in a masters research project that focuses on help-seeking pathways followed by patients with chronic diseases: the case of Ga-Dikgale.

The purpose of this study has been fully explained to me. I further understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I not want to continue and that decision will not affect me negatively in any way.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this form will not be linked to the interview scheduled and that my answers will remain confidential.

Signature

Date.....

Appendices 3 (b): Consent form to be signed by the participant in Sepedi

Foromo ya tumelelo

Nna _____ ke dumela go tšea karolo go lesolo la go nyakišiša ka ditsela tšeo di latetšwego ke batho bao ba humanago thušo ya tša kalafo ya malwetsi a go se alafege, la dithuto tša Masters.

Ke hlaloseditšwe ka maikemišetšo a lesolo le, ebile ke kwešiša gore ke tšea karolo ka go ithaopa gape ntle le go gapeletšwa. Ke kwešiša gore nka ikgogela morago go tšea karolo lesolong le nako efe le efe ge nka kwa ke sa nyake go tšwela pele, le gore kgato yeo e ka se nkame gampe.

Ke kwišiša gore maikemišetšo a lesolo le ga se go nthuša ka bo nna, le gore leina la ka le ge e ka ba ditaba tše di filwego ka nna di ka se utullwe (di tla šireletšwa).

Signature: _____

Letšatšikgwedi: _____

Interview transcript

Participant one

Female: age: 76 diagnoses: high blood pressure 1987

Researcher: I would like you to share with me your own understanding of chronic disease?

Respond patient: this is the disease that even if you take medication cannot be cured, we have to go to the clinic all the time for medication, at the clinic, the nurses explained to us that if we don't take pills we will die, so these disease are deadly.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to chronic disease

I don't know, I was just surprised when I got sick

So what is the explanation to your condition according to your culture?

Most sicknesses are believed to be caused by food, we often eat meat these days and it's not healthy, in olden days we used to eat fruits and vegetables. This could be the cause of chronic diseases these days.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

My husband is a traditional healer, so before I even thought of going to the clinic, I consulted at home, and I realized it was not working, I even consulted to people he work with (other traditional healers), still I was not getting help because although they were treating me, I was still sick in bed. Then the family decided to take me to clinic where I started receiving the medication I am receiving now. However, it's frustrating because even if you receive medication I still feel sick.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

I believe it was helping although I could still feel sick even after receiving it, that's why even today I still use it combined with the clinic medication, it worked for me in the past and I believe it is still working.

May you explain to me what led you to settle for the current care system?

After consulting with my husband who is a traditional healer for a long time and not getting any better, we felt that it was right to seek help in a different system; my husband is the one who advised me to go there.

So if it was not of your husband who advised you wouldn't you go to the clinic?

No, I wouldn't, I need to do what my husband asks me to do, and the man is the head of the family and that must be respected.

Please share with me your experiences of the treatment that you have been receiving from care system.

It is the same with the medication I received from my husband, they are all the same.

What do you mean when you say they are the same?

You know, I go to the clinic every time to receive medication, but I am still sick. But I believe that somehow it is making me better.

Kindly share with me what other treatment methods you are currently using.

I am receiving medication from the clinic but I also use the medication that my husband prescribes for me and sometimes I buy herbs in the street to treat my disease.

Participant 2

Male: age: 96 diagnoses: heart problem since 1999

Researcher: I would like you to share with me your own understanding of chronic disease?

Chronic disease are the types of disease that cannot be cured, one will be sick until he/she dies, who knows maybe I'll die because of it.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to this chronic disease

I don't know, it happened that I was sick and since I am a traditional healer, I couldn't help myself. But I couldn't say its witchcraft yet I don't know what caused it.

How does your culture explain the chronic disease?

In our believe and culture, chronic disease are caused by doing what is taboo, most people who are suffering from chronic disease in this era, do what is taboo in our culture

Could that be the case in your situation? Maybe you did what is taboo?

No, it cannot be, I respect culture and there is no way I can do what is taboo.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

After realizing that I am sick and I couldn't help myself, I went all over, I have friends who I work with (traditional healers), I went to Mpumalanga, Tzaneen, Sekhukhune, Giyani and other places seeking help from traditional healers. There is no place I didn't go to seek help. I consulted for long time and I end up quitting my job.

Did you get help?

To some extent I was getting help; it is just that I was not entirely fine.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

I was helped by people I went to the meeting with, so I understand how the work and the prescriptions they made for me. So the experience was nothing different to how I work. I enjoyed working with them, which is the reason why even now, I still use traditional medication for my heart condition.

May you explain to me what led you to settle for the current care system?

I was sick and the treatment I was getting was not helping in totality, I went all over the place seeking help, but I was not entirely fine, so I decided to go to hospital and I met this other doctor who helped me, he prescribed medication for my condition and using it with the traditional medication helped a lot.

Please share with me your experiences of the treatment that you have been receiving from the care system.

The treatment that I am receiving from the doctor is fine, it is making me feel better although I am not cured. The problem is when we go to the clinic and young people push us around when we waiting for medication.

Could you say there is a difference between now and before you received the current treatment?

Yes, there is improvement, I am feeling better now, although I sometimes get sick.

Kindly share with me what other treatment methods you are currently using.

I am currently using medication from the clinic as well as traditional medication. I boil them and drink them. They are useful.

Explain to me which of the two medications works best

They both work best for me, if it was not for both medications, maybe I wouldn't be this better.

Participant 3

Female: age 58 diagnoses: high blood pressure since 2008

Researcher: I would like you to share with me your own understanding of chronic disease?

Chronic diseases are such as HIV, sugar diabetes and high blood pressure. I would explain about high blood pressure, because this is the disease I have, they say I

must not eat sugar, I must not eat too much salt and oil and I must not get angry. I have been told its incurable disease.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to this chronic disease

I always thought it was genetically transmitted, but I was so surprised when I was diagnosed with high blood pressure whereas there is no one in the family who had high blood pressure. I was also informed that it can also be caused by the type of food that one eats and by the type of lifestyle one has.

Have your understanding of factors that could have led to chronic disease changed?

It hasn't changed; I just learned even the other ways that I already explained above, I still believe genetics play a role.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

I refused when I was diagnosed, I didn't believe them, and I thought they wanted the statistic of people who are sick to go high. And one other thing that made me not to believe was that my elder sisters are not sick, none of them is receiving medication, so I said to myself, there is no way I can be sick while they are not, so I never wanted and never went anywhere for treatment.

How here you controlling it?

I refused and I got sick, I was unable to do anything and the nurses came and explained to me and they managed to convince me, and I started with the medication from the clinic.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

I never used any kind of treatment before because I didn't believe that I was sick. I didn't want to take any medication because I didn't believe I was sick. Especially when they told me that I need to take medication for life time.

May you explain to me what led you to settle for the current care system?

I feel like I end up receiving this medication because I didn't have a choice, I was sick and I couldn't do anything and the only option that was there was receiving medication. The nurses and my children explained it to me and the mere fact that I realising I was not well made me settle for it.

Please share with me your experiences of the treatment that you have been receiving from care the system.

I don't like the medication that I am taking, that is the reason I don't take it every day, but it is important to note that the medication is helpful and I am better now.

What are the reasons you don't like the medication?

The pills from the clinic make me weak and sometimes I feel nauseas. Besides that I don't like pills, I didn't grow up in the environment where people use pills.

Kindly share with me what other treatments methods are you currently using?

I am currently receiving "detaelo" (church tea) from church (ZCC). The days that I don't take pills because I don't love them, I take 'detaelo'.

How do you feel after taking 'detaelo'?

I feel good because even after taking them on days that I don't take pills whenever I go to the clinic for check-up my blood is always in a normal level, so they are useful and I feel good after using them.

Participant 4

Female: age 58 diagnoses: high blood pressure 2004

Researcher: I would like you to share with me your own understanding of chronic disease?

I didn't understand it until I got sick myself. I took it lightly, until I realized that it is very serious after it attacked me and after it was explained that it is incurable. My

understanding is that I have to go to the clinic every time and get pills for as long as I live since I won't be cured.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to the chronic disease

By the time I was diagnosed with high blood pressure, I had lot of problems, which made me think that chronic disease is caused by having stress; if a person is stressed and have problems he or she can end up having chronic disease, especially high blood pressure.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

I am a member of ZCC church, so I went to church (ZCC) and they gave me "ditaelo". They also told me not to take strong food.

Did you decide to go to church or someone advised you to go there?

Before I knew what kind of sickness I had, my husband advised me to find answers, and in our church there are prophets, so he advised me to go there and I went to church (ZCC) and I told relevant people about my condition and they gave me 'ditaelo'.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

The treatment I was receiving from church was not working, I remember when high blood pressure attacked me while I was at work, that day it was cold but I was feeling dizzy and by that time I was using treatment from church.

May you explain to me what led you to settle for the current care system?

After getting sick and not getting help from church, I decided to go to hospital for the treatment that is when I was diagnosed of high blood pressure. From that time I started taking medication from the clinic all the times.

Please share with me your experiences of the treatment that you have been receiving from care system.

The medication I am receiving now is not as good as the one I used to receive, I explained to the doctor that these pills are not helpful to me, but he was not happy to hear that.

What do you mean they are not as good as the pills you were using before?

Now my blood pressure goes up and down because of these pills, I don't understand why he changed them. I really don't like the current medication.

Does that means the medication is not working?

I want them to be changed, I want those ones I was receiving before these pills, and they are not working for me.

Kindly share with me what other treatments methods are you currently using?

I am not using any, I am only receiving pills from the clinic.

Participant 5

Female: age 88 diagnoses: sugar diabetes and high blood pressure since 1990

Researcher: I would like you to share with me your own understanding of chronic disease?

Chronic disease is the disease that has no cure; once a person is affected he/she needs to receive medication for lifetime.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to the chronic disease

I think stress is the cause of my condition (sugar diabetes and high blood pressure).

Are there any other causes of chronic disease that you may know?

No, that is the only cause that I think can cause chronic disease.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

Before I knew that I was sick, I used to feel my heart beating fast, so I decided to go to hospital and that was when I was diagnosed with high blood pressure. After being diagnosed I started to buy a certain tea in town, they used to say it heals high blood pressure and sugar diabetes, and one day I bought it when I arrive at home, I realized it was a coffee and from that day I stopped buying it.

After stopping buying and using tea, did you try any other method?

No, I didn't, I told myself that I will not buy any or go to the traditional doctor, I stuck to the medication I was getting from hospital because I was afraid that these other medication can make me worse and I developed trust towards this medication.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

After drinking tea that I used to buy in town, I would have palpitations and I was not getting any better, until this other day that i bought tea when I arrived at home, I realized that it was not tea but coffee and ever since then I don't want to do with any other medication except pills from clinic.

May you explain to me what led you to settle for the current care system?

The time I felt sick, I decided to go to hospital because my church doesn't promote traditional healers. My decision was informed by my faith and the church's teaching.

Please share with me your experiences of the treatment that you have been receiving from the care system.

I love it and I made peace with the fact that I will receive them until I die; besides I no longer experience palpitation and I can say that I love the treatment.

Kindly share with me what other treatment methods you are currently using

I only receive medication from clinic and I pray over my condition as I am a Christian. There are no other methods that I am currently using and I won't even use any other than the current one.

Participant 6

Female: age 70 diagnoses: high blood pressure 2000

I would like you to share with me your own understanding of chronic diseases

Chronic disease like the one I am diagnosed with, are diseases that have no cure, they can be controlled but a person need to take medication for lifetime, if not it could results in sickness or death.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to chronic disease

This disease is genetically transmitted, I say this because most members in my family had this disease (high blood pressure) and it is passed through genes.

Are there other causes of chronic disease you know?

Other causes I think is not eating healthy food, like eating lot of sugar, oil and salt. I heard from a nurse that it can also result in chronic disease but the disease I am diagnosed with resulted from the genes, it has nothing to do with food.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

In this family we believe in health services, and because there were other members in the family who had this condition before me, I knew that I had to go to clinic because that is what they did and they were receiving help there.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

I never used any kind of medication other than pills I am currently receiving.

May you explain to me what led you to settle for the current care system?

I was very sick and I was hospitalized, and that's when I was diagnosed with high blood pressure and they started giving me medication and felt better, after being discharged I continued with my medication. Besides I had knowledge about chronic

disease since my husband was also diagnosed and he was receiving treatment before he passed on.

Please share with me your experiences of the treatment that you have been receiving from care system.

The treatment is good, I understand it and I have seen some of the family members receiving it and some even passed away receiving this medication, so I can see that they are helpful, I use them all the time.

Kindly share with me what other treatments methods you are currently using

There is no other medication that I use other than the one I am receiving from hospital, my church also doesn't say anything or have a particular way of treating this disease. I just take the pills at the time I have been advised to take them.

Participant 7

Female: age 62 **diagnoses:** high blood pressure since 2002

I would like you to share with me your own understanding of chronic disease

Chronic diseases are the diseases that require a person to frequently go to clinic to take medication but it cannot be cured.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to chronic disease

I had problem with my finger and I decided to go to the clinic for check-up and when I arrived there they also checked high blood pressure and I was diagnosed with it. But I don't know of any factors that could have led to my diagnosis.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

I couldn't go anywhere because my complaint was a finger and for a finger it is treated in hospital, that's where I was diagnosed with high blood pressure.

How does your religion explain your sickness?

I went to church (ZCC) and I was told that I was bewitched and I need to take 'ditaelo' and I will be fine. I followed 'ditaelo' at the same time I went to the clinic for check-up.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

I could say that 'detaelo' worked because my finger got cured although I still go to the clinic to receive medication for high blood pressure.

May you explain to me what led you to settle for the current care system?

I was sick and I shared my symptoms with my neighbour, who happened to be my relative, and she advised me to go to the clinic to seek help, she told me that even her husband had same symptoms and he went to hospital and got help. Then I decided to go to the hospital for treatment.

Please share with me your experiences of the treatment that you have been receiving from care system.

What can I say? I am just thankful for the life. As long as I go to the clinic and get pills and I feel better that means a lot, I can say that the treatment is fine.

Kindly share with me what other treatments methods you are currently using

I use pills from the clinic and the tea from church. They are both working for me and the nurses do not complain about my blood pressure.

Participant 8

Male: age 76 diagnoses: sugar diabetes 1986

I would like you to share with me your own understanding of chronic disease

It is incurable disease, like the disease I have; I will have to use pills for as long as I live.

What is the purpose of the medication you are receiving?

At the clinic they told me that this medication is meant to control this disease and it will help me not to be sick which will prevent unnecessary death.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to chronic disease

This disease I think is caused by food such as sugar but you cannot stand and say this causes chronic disease.

What makes you say that?

I am saying that because most people say different things cause chronic disease, sometimes I get confused.

What are other factors that cause chronic disease that people talk about?

Some people say it's genetically transferred some say it's caused by food and some says excessive smoking and drinking can lead to chronic disease.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

Where I was working, they required us to go for check-up every after 3 weeks, so I discovered I had sugar diabetes while I was at work and from there, I developed a sore in my tore which lead me to be amputated, after that I was told that it was 'sefolane' (African cancer), then I went to traditional healer somewhere in Venda and I was told I should have come before they amputated me, I regretted a lot.

How did the traditional healer help you?

She didn't help me because I was already amputated, she didn't give me any kind of treatment. Only if I went there first I would have got help.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

I couldn't say I had treatment before since the traditional healer told me she could have helped if I came earlier

So you didn't go anywhere else after visiting the traditional healer in Venda?

No, I didn't, I had a massive self-blame and I was afraid I was going to hear same things over and over again if I move to another traditional healer, so I decided to go back to hospital for medication.

May you explain to me what led you to settle for the current care system?

I feel like this was the only option I had

Please share with me your experiences of the treatment that you have been receiving from care system.

The treatment I am receiving is keeping me going, I have been diagnosed with sugar diabetes in 1986 and here I am today, that shows that it's working on for.

Do you have any complaints about the medication?

I don't have complaints, I am used to medication that am receiving, I am happy about it.

Kindly share with me what other treatments methods are you currently using?

I buy tea at the street corners in town, they say it helps with sugar diabetes and high blood pressure.

Is it the only treatment you are receiving?

I also go to church and I pray about it, all in all its prayer, tea and pills am getting from the clinic.

Participant 9

Male: age: 50 diagnoses: Cancer in 2007

I would like you to share with me your own understanding of chronic disease

Chronic diseases are diseases that cannot be cured, once one is diagnosed, it means that one must take medication for lifetime.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to chronic disease

Witchcraft is the cause of some of them, and I also believe that I am bewitched

What makes you think you are bewitched?

I started getting ill months after having conflicts with a certain woman, even today she doesn't talk to me, and I believe that she has bewitched me.

Do you know other factors that could lead to chronic disease?

Social stressors can also lead to chronic disease and I am told that it's also genetical.

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

I visited traditional healers, more than five and all of them told me I was bewitched, but they didn't tell me who did it.

Did they treat you?

They asked me to perform some rituals and they also gave me traditional medication but I was not getting any better.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

That kind of treatment installed hatred and anger in me, because every traditional healer would tell me that am being bewitched

Who did you hate after visiting traditional healers?

I hated the woman I had conflict with while back, I felt she is the one who caused the pain I am going through.

Do you still blame and hate her now?

I go to church and the church promotes forgiveness, I can't say I still hate her but I still believe I am bewitched.

May you explain to me what led you to settle for the current care system?

After receiving treatment from traditional healers and I was not feeling better, I communicated with my first born son and he advised me to go to the hospital, that's when they diagnosed me with cancer, and I started with the treatment.

After communicating with your son you went to the hospital right away?

I was refusing at first, but he explained to me the importance of going there, he also communicated to the pastor at church and he also helped in convincing me.

Please share with me your experiences of the treatment that you have been receiving from care system.

I have no complain, I am just grateful for life and am no longer feeling terrible as I used to

Would you say the treatment you are receiving is useful?

I think it helps to make me feel better; I won't get cured after all

What do you mean?

What I am saying is as long as I feel better; I would say it's working for me.

Kindly share with me what other treatments methods are you currently using?

I am currently receiving treatment from hospital and the herbs prescribed for me.

What kind of medication are you receiving from the herbalist?

She prescribes for me some medication that I used together with the medication I am receiving from hospital

Participant 10

Male: Age: 42 diagnoses: sugar diabetes in 2005

I would like you to share with me your own understanding of chronic diseases

Chronic disease often runs in the family, it cannot be cured

What do you mean it runs in the family?

I have sugar diabetes now and I know that my uncle died because of it.

As an individual who has been diagnosed with chronic disease, I would like you to share with me your own understanding of factors that could have led to chronic disease

Like I said above, it is genetically transmitted and I am also told that negative lifestyle can also lead to chronic disease

What do you mean by negative lifestyle?

Eating lot of junk food, too much fat and without excising can lead to chronic diseases

After realizing that you were ill, and before receiving the current treatment, where did you go in order to seek help?

After experiencing some symptoms, I went to the internet and searched the symptoms and I realized it could be sugar diabetes, but I didn't want to go to the hospital to confirm it.

What happened?

I was in denial and I didn't share with anybody, this other day at night I fell sick and I was rushed to hospital and that's when I was diagnosed with sugar diabetes and that's when I started with the treatment I am receiving now.

I would like you to share with me your experiences of the treatment that you were using before the current treatment.

I have never used any medication since I was in denial

Even after discovering symptoms in the internet?

After discovering the symptoms, I reduced my drinking habits and I started excising, I think I was too late.

May you explain to me what led you to settle for the current care system?

I would say that the fact that my uncle had same sickness and he was receiving treatment made me settle for it easily.

Was it not difficult to accept it?

It was very difficult, something that consoled me is that my uncle lived for more than 15 years after being diagnosed and I told myself that this treatment will be helpful.

Please share with me your experiences of the treatment that you have been receiving from care system.

It has been helpful because ever since I started with medication in 2005, I have not fallen seriously ill again.

Kindly share with me what other treatments methods are you currently using?

That's the only medication I am currently using, I know using other medication can temper with the process and I may relapse.

Do you think there is any medication except the one you are receiving that can help deal with sugar diabetes?

No I don't think so; I think the medication I am receiving is currently the better one.