

**THE EXPERIENCES OF CAREGIVERS ON THE USE OF HERBAL MEDICINE
AMONG CHILDREN AT A LOCAL DISTRICT HOSPITAL IN MOPANI DISTRICT,
LIMPOPO PROVINCE**

By

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DECLARATION

I, Masete Judith, hereby declare that this dissertation “**The Experiences of Caregivers on the Use of Herbal Medicine among Children at a Local District Hospital in Mopani District, Limpopo Province**” submitted to the University of Limpopo, for the Degree in Master of Nursing is my original work and has not previously submitted anywhere for academic credit. Therefore, all the reference materials used in this study are duly acknowledged.

Signature

A rectangular image showing a handwritten signature in black ink on a light-colored background. The signature appears to be 'Masete Judith' written in a cursive style.

Date

05/01/2025

DEDICATION

This dissertation is dedicated to my mother Hazel Masete and all my siblings for their constant love, motivation and unwavering support given to me throughout this study. It is the collective effort that made the research a success.

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Firstly, I would like to thank the Almighty God for giving me the wisdom, strength, and courage to conduct this research.

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- The Limpopo Province Department of Health, for granting me a permission to conduct this study at the selected hospital.
- The Chief Executive Officer and Nurse Managers of Kgapane Hospital, Limpopo Province, for giving me opportunity to collect data without disruption of a daily unit routine.
- The statistician, language editor and translator for moulding the entire study.
- Participants who agreed to participate in the study.

ABSTRACT

Background

Children under the age of five are frequently treated with herbal remedies, a grim reality that can occasionally be lethal. Although herbal therapies are widely regarded as safe treatments, their effectiveness is unknown, and their negative effects particularly for children are likely to differ from person to person.

Purpose

The purpose of the study was to determine the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province .

Study methods

The study employed non-purposive probability sampling . one-to-one semi-structured interviews using an interview guide were conducted on 14 participants and the collection of field notes via consented audio recordings were the methods employed in this qualitative study. Interpretive phenomenology design was used for data analysis. This study has illustrated a phenomenological aspect of caregivers' attitudes towards the use of herbal medicine among children that is influenced by cultural customs, perceived advantages, and risk awareness.

Results

Most participants highlighted the effectiveness of herbal medicines, particularly in treating childhood illnesses such as “lekone” and headaches, often turning to these alternatives when modern medicine proves to be insufficient. Although most caregivers are aware of the risks and benefits, the regulatory issues remain a concern.

Conclusion

The study has proven that most caregivers rely on herbal medicines for the well-being of their children and for the treatment of ailments. Therefore , the mass illegal accessibility of herbal medicine specifically in rural areas, should be prevented by establishing and updating the rules and regulations on herbal medicines distribution.

KEYWORDS: Herbal medicine, Children, Caregivers, experience and District hospital

LIST OF ABBREVIATION

CEO:	Chief Executive Officer
DOH:	Department of Health
NIH:	National Institutes of Health
SSA:	Sub-Saharan Africa
TREC:	Turfloop Research Ethics Committee
TCAM:	Traditional, Complementary, And Alternative Medicine
UK:	United Kingdom
WHO:	World Health Organization

DEFINITION OF CONCEPTS

Herbal Medicine: Herbal medicine includes prepared herbs, herbal mixtures, and completed products of herbs that contain active substances, plant parts, or plant material are all considered to be part of herbal medicine. Certain nations have herbs that contain both the natural organic or inorganic active components that come from both plant and animal sources (WHO, 2019).

In this study, herbal medicine refers to roots, peels, or any traditional concoction used in the treatment of childhood illnesses or diseases.

Children: Children under the age of eighteen are considered children under the Children's Act 38 of 2005 (South Africa, 2005). Children in this study are defined as people under the age of five.

District hospital: A hospital that provides fundamental care such as medical and surgical care services and acts as a referral centre for clinics and community health centres (WHO, 2018). In this study, the local district hospital refers to Kgapane Hospital located in Mopani District, Limpopo Province.

Caregiver: The Children's Act 38 of 2005 (South Africa, 2005) defines a caregiver as an individual who has rights and obligations towards a child. According to this study, a carer is any individual who looks after children, such as a parent (mother) or guardian.

Experiences: Refers to the phenomenon that involves the personal interpretations of an event or stimuli and the emotional response due to the exposure (Martin & McFerran, 2018). In this study, experience refers to knowledge of herbal use among children by caregivers.

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CHAPTER 1

OVERVIEW OF THE STUDY

1. INTRODUCTION AND BACKGROUND

The use of herbal medicines in children under the age of five years has proven to be common globally, especially in remote areas, and the concerning trend can sometimes lead to serious consequences, including fatalities. One of the goals of the World Health Organisation's (WHO) Herbal Medicines Strategy 2014-2023 is to promote the safe and effective use of herbal medicines by regulating, evaluating, and integrating herbal medicine products, practices, and practitioners into health-care systems as required (WHO, 2013).

The WHO (2020) states that gastrointestinal disorders, muscular-skeletal disorders, respiratory and cardiovascular diseases, chronic hepatic and renal disorders, skin diseases, and mental disorders are the primary health conditions that are treated with herbal medicines. Approximately 128 traditional medical products are listed as essential drugs in the international list (WHO, 2020).

In support, Sepahi, Ghorani, Asoodeh, and Rostami (2014) noted that herbal medicine and medicinal plants have been used extensively in many societies to treat a variety of illnesses. Anheyer, Frawley, Koch, Lauche, Langhorst, Dobos, et al. (2017) and Wu, Feng, Han, Caldwell, Gang Liu, and Zhang (2018) also noted that children with chronic illnesses like cancer, gastroenteritis, hand and foot disease, malaria, and pain during teething are increasingly using herbal medicine, which has been shown to have therapeutic effects. On the contrary, Babos, Heinan, Redmond, Moiz, Souza-Peres, Samuels, Masimukku, Hamilton, Khalid & Herscu, (2021) reported that the case reports of herbal use have limited information. The limited information could pose insufficient knowledge on herbal medicinal use, its therapeutic, and its toxic effects.

According to WHO (2020), Thai herbal medicines are utilised in Thailand to treat gastrointestinal disorders in people of all ages as well as musculoskeletal and joint

disorders. The largest ethnic minority group in Thailand that lives in mountainous regions at an elevation of 500 meters above sea level are the Karen people, particularly those who live in the provinces of Tak, Mae Hong Son, Chiang Mai, Ratchaburi, and Kanchanaburi. Since there are few hospitals in the hamlet, the majority of farmers treat ailments using traditional methods that involve herbs (Kantasil, 2016).

80% of people in underdeveloped nations are known to be using herbal medicine to address their medical needs, according to data on the subject that is accessible from the World Health Organisation (Polat & Gurol, 2021). It has been demonstrated that the use of herbal medicine is widespread around the world, particularly among youngsters. An estimated 50% of herbal medicine products are consumed in China and India (Phillip, 2019). According to estimates from the World Health Organisation (WHO), a sizable portion of the population in Sub-Saharan Africa (SSA) relies on traditional and alternative medicine to address their main medical requirements (WHO, 2019). Traditional Complementary and Alternative Medicine (TCAM) has long been recognised as being prevalent in Sub-Saharan Africa, where a sizable portion of the populace relies on it to preserve their health or to prevent and treat both communicable and non-communicable diseases (James, Wardle, Steel & Adams, 2018).

While the majority of caregivers would take their ailing children to the clinic for first-line treatment, another minority of the caregivers preferred to employ home remedies or seek care from traditional healers, according to a study done in South Africa by Pillay (2017). The study also found that caregivers would only tell nurses about their children's usage of herbal medicine if they were asked.

According to Kgapane Hospital paediatric statistics (2023), an estimation of about 5 to 10 children could be admitted to the unit due to herbal medicine exposure. Adams, Whidden, Honkanen, Dagenais, Clifford, Baydala, King & Vohra, (2014) strengthen that the use of complementary medication simultaneously with conventional medicine commonly leaves the sick child in danger as caregivers may be unaware of potential medication interactions. Caregivers' lack of information or not being aware of herbal

medicines' toxicity could extend a hospital stay or hinder the healthcare professional's approach to diagnosis and care. Therefore, the study will explore and describe the experiences of caregivers on the use of herbal medicine among children at a local district Hospital in Mopani District, Limpopo Province.

2. RESEARCH PROBLEM

The use of herbal medicines continues to play an important role in the treatment of childhood illnesses in South Africa, especially in rural areas (Ndhlovu, Asong, Omotayo, Otang-Mbeng & Aremu 2023). If administered improperly, certain herbal medications can have negative side effects since their constituents are inherently poisonous (Mensah, Komlaga, Forkuo, Firempong, Anning & Dickson, 2019). According to the researcher, cases of herbal medicine exposure among children have been prevalent, especially in hospitals situated in remote areas. The researcher worked at the chosen study site in Kgapanne District Hospital in Mopani district, Limpopo Province, in an emergency unit from 2020 to 2022, whereby various cases of herbal exposure among children were recorded. The researcher has observed that most children were brought to the hospital following herbal medicine ingestion, which led to hospital admissions. The admissions were due to herbal intoxication as a final diagnosis following history taking, physical examination, and blood test results. Other children would give their last gasp at the emergency unit. In most instances, those children would present with razor cuts on the bodies, with herbs applied to the lacerated areas, fever, dehydration, as well as signs of hypovolemic and septic shock.

The use of herbal medicine among children remains a major problem because of little information available regarding its benefits and side effects in children (Akram, Daniyal, Ali, Khan, Zainab, Usmanghani & Wang, 2020). Using herbal remedies regularly might cause septic shock, severe hypovolemia, and even death. According to Okaiyeto and Oguntibeju (2021), using herbal remedies may cause organ failure or damage, which may result in death. Regardless of the children's health outcomes, most carers would continue to use herbal medicines as part of their cultural practice.

Therefore, the study explores and describes the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province. Furthermore, develop measures that could provide awareness that intends to educate caregivers on the primary prevention and management of childhood illnesses as well as the dangers and benefits of herbal use among children.

3. PURPOSE OF THE STUDY

3.1. Aim of the study

- Determine the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province.

3.2. Objective of the study

The objectives of the study were:

- To explore the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province.
- To describe the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province.

4. RESEARCH QUESTION

What are the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province?

5. RESEARCH METHODOLOGY

Qualitative research methodology is an extensive approach that emphasises putting all the effort into understanding the meaning of persons or groups that contribute to a social or human problem. The research process entails formulating study questions and procedures, gathering data in the participant's environment, analysing the data to identify broad themes, and interpreting the findings.

In this study, the research process involved the developing of research questions, and process of data collection occurred in the participant's setting, data analysis bringing

about data to general themes, and the researcher interpreting the meaning of the data. The structure of the final written report is flexible. The study brought about an effective style and focused on individual meaning and the important aspect of providing the complexity of a situation (Creswell, 2018).

The experiences of caregivers on the use of herbal medicine by children at a nearby district hospital in Mopani District, Limpopo Province, are investigated in this study using a qualitative research methodology.

Chapter 1: Overview of the study

This chapter introduces the study, the background, objectives, and the aim, as well as the research methodology, briefly explaining how this study was conducted.

Chapter 2: Literature Review

Chapter 2 reviewed the literature which focuses on previous research that was written on a similar topic as this study.

Chapter 3: Research Methodology

This chapter focuses on the sequence of research methodology , research design, study site, population and sampling, data collection and method, data analysis , measures to ensure trustworthiness, and ethical considerations.

Chapter 4: Presentation and discussion of the research findings

Chapter 4 focuses on the presentation of the research findings followed by the discussion .Furthermore, discuss the restatement of the aim and objectives of the study.

Chapter 5: Summary, Limitations, Recommendations, and Conclusions

Chapter 5 entails the summary of the study , limitations, recommendations, and conclusions based on the research findings.

CHAPTER 2

LITERATURE REVIEW

2. INTRODUCTION

Grey and Grove (2020) define a literature review as an organised written data presentation that demonstrates the researchers' familiarity with the most recent findings published by other researchers on a related topic. Its primary goal is to help the researcher understand the distinctions and parallels between the current study's issue and earlier research. The literature review may include applicable theories or conceptual frameworks that could mould the main aim of the research and research question in the proposal (Cronin, Ryan & Coughlan, 2017). This literature review focuses on articles that explore and describe the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province.

2.1. The availability and accessibility of herbal medicine

Herbal medicine is known to be a form of traditional medicine that has been used for prolonged periods in several countries such as Asian countries, Vietnam, Thailand, India, and China. Herbal medicine is regarded as a valuable factor on the healthcare system in Vietnam; the cost of the treatment is anticipated to reach 30% of all treatments issued and prescribed by the year 2025 at general healthcare facilities. Nevertheless, the Vietnamese population lacks knowledge and in-depth investigations into their practice of herbal use (Nguyen, Tran, Pham, Dao, and Dewey, 2021). Additionally, the use of herbal have spread International to the developed countries (Pham, Yoo, Tran, & Ta, 2013).

On the other hand, because of the easy accessibility and the increased usage of herbal products, awareness of plant poisoning should be made to the health authorities, and people (caregivers) should compare the adverse effects with the potential benefits of self-medication. According to the study conducted by Oulmaati et al (2017) on "The Severe poisoning by traditional medication in newborns", the study suggests that

medicinal plants should stick to a standard developed rule like other drugs on the markets, such as following the rule of dose per kilogram of body mass, ingredients, the suggested direction of use, and possible adverse effects of the herbal products should be indicated on the products. According to Asrat, Alle, Kebede, and Dessie (2020), Asia and Africa are one-third of the world's poorest population, and over half of the population does not have consistent access to essential medication. The establishment and production of large quantities of chemically manufactured drugs have revolutionised health care in various parts of the world over the past 100 years. However, section of the heavily populated in developing countries still depend on traditional practitioners and herbal medicines to meet their primary healthcare needs (Asrat et al., 2020).

According to Wassie, Aragie, Taye & Mekonnen (2015). Herbal medicine has been used for a prolonged period and regularly over the years for treating and preventing illnesses. It has also been used to promote health and improve the quality of life and life span. Herbal medicine has sustained popularity in developing areas, and its function is spreading fast in industrialised countries. Due to the poor standards of living in developing countries as well as poor access to primary health care needs, there is an increased availability and accessibility of herbal medicine.

In 2004, guidelines for the registration of traditional medicines in the WHO Africa region were issued. The general motive of the guidelines were to promote the registration, marketing, and dispensing of herbal medicines of a regular quality in the African Region (WHO, 2015). The 'Guidelines on the safety monitoring of herbal medicines in the pharmacovigilance system' were distributed, with the motive that involves promoting the safety and proper utilisation of herbal medicines (WHO, 2015).

Currently, herbal medicines are being established by unlicensed personnel, manufactured, and distributed by commercial firms as well as traditional healers, and this has led to increased availability and accessibility outside health professional practitioners, especially in parts of Gauteng and rural areas in Limpopo Province such as Mopani District. In South Africa, herbal medicines are utilised broadly in Qokolweni,

Eastern Cape Province, because of their accessibility and long-established trust, with the practice being broad and not documented/certified (Mutola, Pemunta & Ngo., 2021).

2.2. Knowledge and beliefs of caregivers surrounding herbal use and toxicity

In order to treat a variety of illnesses, around 80% of people in underdeveloped nations resort to traditional herbal remedies. Because of their beliefs, culturally accepted indigenous knowledge, cost, and accessibility, the majority of rural communities in Africa continue to rely heavily on herbal mixtures and medicine as a primary source of health treatments. Many herbal medicines are beyond doubt for preserving a good health or treating various diseases (WHO, 2020). In addition, traditional healers are secretive regarding indigenous customs acquired from their antecedent to the new generation, and this makes their prescribed treatment difficult, often resulting in herbal medicine overdoses of the mixtures by their patients since no regulatory body controls the usage of herbal medicines (Frenzel & Teschke, 2016). Patients with access to allopathic medicine may also utilize herbal remedies simultaneously and occasionally without their doctors' knowledge (Mothupi, 2014).

Despite the widespread belief that natural products are safe, few reports have been established on their toxic effects. In addition to their therapeutic effects, some medicinal plants have strong toxic effects on human beings, particularly on the vital organs of children and the elderly (Neergheen-Bhujun, 2013). Intake of *Jatropha curcas* seeds or fruits is a common cause of acute poisoning from plants in Thailand and Paris, while *Manihot esculenta* is the common cause of death in Thailand for children (Langrand, Médernach, Schmitt, Blanc-Brisset & Villa, 2015).

In Nigeria, various practices may be associated with a huge health risks for children. For example, there is one detrimental practice that includes the procedure of a traditional surgical cut on the umbilical cord, which involves applications of herbal medicine products on the newborn such as cow dung, 6talc powder, cow urine (*itomalu*), and cow bile (*oronromalu*) to ensure the cleanliness of the umbilical cord

(Fayehun & Obafemi, 2012), but that can lead to the death of children. Other examples of cultural customs involve mothers resorting to herbal medicine rather than seeking proper medical care when children have health conditions related to seizures or dysentery.

Currently, the cultural practice of applying cow dung to the umbilicus of a newborn is still practised in rural areas that are culturally orientated, like Mopani districts, as a researcher has previously indicated. This kind of practice results in umbilical sepsis due to increased infection, which leads to hospital admissions.

2.3. Complications following herbal use and toxicity among children

The use of herbal medicines, specifically medicinal plants such as cannabis and cinnamon oil, may cause acute poisoning and toxicity of the central nervous system (CNS) in children (Sepahi et al., 2014). According to Onder and Liperoti (2016), herbal medicine may lead to side effects such as allergic reactions, rashes, asthma, headaches, dizziness, agitation, dry mouth, convulsions, fatigue, tachycardia, nausea, vomiting, and diarrhoea. Incidences of liver damage and reports related to life-threatening anaphylactic reactions about most herbal medications have been identified.

Toxicological issues linked to the use of herbal medicines are broad and have been consistently associated with complex adverse fatalities ranging from cardiac problems to mental and neurological effects to hepatic toxicity or dysfunction to haematologic and kidney toxicity (Neergheen-Bhujun, 2013). Khan and Ahmad (2019) confirmed that some of these plants have medicinal properties, and it has also been shown that some are not safe for ingestion as they are harmful and have toxic effects on the human body. According to Mensah, Komlaga, and Forkuo (2019), the toxicity of any substance, including herbal medicine, depends on the amount or dose used.

Thespesia acutiloba and *Bersama abyssinica* are two examples of medicinal plants and herbal treatments used by South Africans to treat a variety of illnesses, including paediatric infections. According to pharmacologic research, the majority of these plant

extracts are highly hazardous and should not be used as paediatric medications (Mnengi, Kappo, Kambizi & Nakin, 2014). Children's smaller bodies, immature systems, and the stage of development of organs like the kidney, liver, and brain may all have an impact on how quickly medications are absorbed, distributed, metabolised, and excreted, which could result in toxicity (Polat & Gürol, 2021). The health of children may also be at risk due to manufacturers' non-standard production of herbal remedies and pollutants like metals, and chemical pharmaceuticals (Suryawati & Suardi, 2015). In South Africa, it was reported that the use of herbal medicine might cause poisoning and severe liver and kidney damage that could lead to death in children (Pillay, 2017). In agreement with Pillay, Ekor (2014) reported an extensive variety of adverse reactions that could lead to serious illness and even death.

2.4. Regulation of herbal medicine

Regulation of herbal medicine is a key aspect of enabling the safety, efficacy, and quality of medicinal products. Herbal medicine is regulated by national medicine regulatory authorities (NMRAs), which issue marketing permission such as product licenses, registration, and certificates that permit the free distribution of herbal medicine in a respective country following the evaluation of safety, efficacy, and quality of herbal medicine (WHO, 2015). However, there are concerns around the increased use of herbal medicine due to issues including delay in seeking proper care, adverse effects, efficacy, safety, overdosing, qualification and licensing of providers, and the use of products that are assured quality (Mpimbaza, Nayiga, Ndeezi, Rosenthal, Karamagi & Katahoire, 2019). The safety of most plant-based herbal materials is altered by the insufficiency of quality control, poor labelling information, and authoritarian regulation (Ekor, 2014). According to the South African Parliament Meeting that was held on 4 March 2015, WHO emphasised the following code of traditional health practitioners, which is amended Traditional Health Practitioners Act 22 of 2007.

Traditional health practitioners should promote the health and well-being of the patient and ensure that any practice rendered cannot negatively affect the health of patients. According to the researcher, the Act aligns with the study because most caregivers

attain herbal medicine from traditional health practitioners known as “sangomas” in South Africa; therefore, any negative act towards a patient or false herbal medicine prescription, especially children, would result in penalties. Another code includes reporting the adverse events or side effects that occur during training and treatment to the relevant authorities. This is applicable in the study and, hence, will reduce delay in health-seeking behaviour and minimise complications of childhood diseases.

In addition, traditional health practitioners should provide information to the public and other health professionals about herbal medicine when necessary. According to researchers, this measure could reduce harm in case of adverse reactions to herbal medicine used, thus reducing delays in the management of the complications. In support, WHO (2019), emphasised that due to the broad use of herbal medicine among member states, members should formulate a national policy to oversee the utilisation and distribution of herbal medications, alongside establishing safety monitoring measures.

2.5. Benefits of herbal medicine among children

According to Marom, Marchisio, Tamir, Torretta, Gavriel, and Esposito (2016), herbal medicine are commonly considered a safe treatment, but their efficacies are unclear, and their adverse effects are likely to vary from human to human. Plant species most widely used to treat diarrhoea in South Africa and Zimbabwe. Medicinal plants such as *Sclerocarya birrea*, also known as A. Rich Hochst, are used as antidiarrhoeal remedies in South Africa and Zimbabwe, followed by *Elephantorrhiza elephantina* (Burch.) Skeels and *Schotia brachypetala* Sond (Maroyi, 2016).

De Wet and Ngubane (2014) acknowledged that herbal medicine has been used for thousands of years in South Africa, contributing to meeting the primary healthcare needs at the community level. An increasing and high prevalence of use has been documented among children with chronic illnesses such as cancer, gastroenteritis, hand and foot disease, malaria, and pain during teething (Anheyer, Frawley, Koch, Lauche, Langhorst, Dobos, et al., 2017; Han Wu, Feng, Han, Caldwell, Gang Liu, Zhang, et al., 2018). As far as herbal medicine efficacies and drug interaction are not

clear, caregivers should be made aware of both the benefits and adverse effects associated with herbal use and toxicity.

2.6. General perception of the use of herbal medicine

Sub-Saharan Africa is one region of the world in which traditional, complementary, and alternative medicine has long been identified as global, with an increased number of its population depending on it for their healthy well-being, prevention, and treatment of both communicable and non-communicable diseases (James et al., 2018).

According to WHO (2015), South Africa (SA) is regarded as one of the countries where the health care system is dominantly based on western medicine or where herbal medicine has not been incorporated into the national health care system. Although the healthcare system of South Africa is dominated by allopathic medicine, most communities in rural areas still rely on traditional and herbal therapies for their health and well-being. Most people in deep rural areas such as Mopani District in Limpopo Provinces rely on consultations from traditional healers for both their spiritual and physical well-being. According to studies, almost 80% of Ethiopians have relied on traditional healers and herbs for millennia to meet their healthcare needs. Children and newborns may be particularly vulnerable to the toxicity and adverse effects of these plants because of their undeveloped metabolic enzyme systems (Lu & Rosenbaum, 2014). It has been claimed that in both Botswana and South Africa, acute poisoning affects 60% of children under the age of 20 (Malangu, 2014).

The use of medicinal herbs is mostly based on theory, people's beliefs, and experiences that are indigenously practised within various cultures. Herbal remedies are often preferred over conventional medicine as it is perceived to be the most important due to their effects on health and well-being (Ramli, Millow & Chooi, 2015). The National Health Service (NHS) United Kingdom (UK) states that herbal medicine should be used in the same manner and concerning conventional therapies, but doctors and/or pharmacists should be made aware of the type of herbal medicine they use during medical consultation (Zahn, Perry & Mukaetova-Ladinska, 2019).

The common use of herbs in Malaysian society is due to the perception that herbal products do not contain toxic chemicals and are free of side effects (Haslan, Suhaimi & Das, 2015). The view that herbs are natural sources and are therefore regarded as being safe is also a common misconception perceived among herbal users. Most women are affected by suggestions derived from family and friends, and that results in self-prescription of herbal medicine for the treatment or prevention of diseases (Frawley, Adams, Steel, Broom, Gallois & Sibbrit, 2015). According to the researcher, the misconception of herbal products being regarded as naturally safe influences the continuous use of herbal medicine among children.

2.7. Regulatory information of caregivers towards children in South Africa

A carer is defined by Child Act 38 of 2005 as any individual who provides care for a child who is not a parent or guardian. This includes a foster parent, a person caring for a child with the implied consent of a parent or guardian of the child, or a person who takes care of a child while the child is in temporary safe care. In South Africa, there has been an increased number of cases reported of child mortality results that emerge from severe illnesses, which can be prevented through proper health-seeking behaviour. Children rely on their caregivers to attain their health needs, as they are dependent beings or do not have the means to seek professional healthcare directly (Haskins, Grant, Phakathi, Wilford, Jama & Horwood, 2017).

As stated by Santana-Morales, Valladares, Riloha, Benito, Cano, Ncogo, Nseng, and Romay-Barja (2016), Caregivers, who often reside in low-resource communities explore several options for treatment, such as traditional and biomedical healthcare, and those with few accesses to biomedical care opt for traditional treatments. According to the researcher, caregivers residing in deep rural areas with poor access to primary healthcare services continue to resort to traditional treatments to maintain the health and well-being of their children. According to Child Act, 38 of 2005, one of the responsibilities of a caregiver is safeguarding and promoting the well-being of the children.

2.8. THEORETICAL FRAMEWORK

According to Ravitch & Riggan (2017) a theoretical framework is as a structure that explains the specific point of view that guides the researcher and focuses on certain factors to guide and support the theory of a study.

This current study was recognised and guided by Leininger's theory (1991), namely, the Theory of Cultural Care Diversity and Universality. This theory highlights the fact that human beings are influenced by cultural values and beliefs from the society where they originated. This theory is applicable in this study because it aligns with the research objective, which explores and describes the caregivers' experiences with the use of herbal medicine among children; therefore, the description of the experience is applicable because it centred around and aligns with the concepts of Leininger's theory of cultural care diversity and universality.

The concepts in the theory include Human beings, Culture, Health, and Environment: Human beings, as defined by Leininger (1991), refer to individuals who are believed to be caring and have the capability of being concerned about other people's needs, well-being, and survival. However, she explains that the main reason why women have survived within cultures over time is because they have been caring for infants, children, and elderly people in so many ways. Therefore, in general, they are regarded as universally caring beings. In this study, human beings include caregivers.

➤ **Human beings**

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➤ **Health**

Leininger (1991) defines health as a state of individual well-being that is defined culturally, valued, and practised. It reflects on individuals or groups 'ability to perform their daily duties in a culturally expressed manner, beneficial, and patterned lifeways. According to Leininger (1991), health is regarded as a vital aspect of transcultural nursing, as the emphasis is on the necessity for nurses to have a clear knowledge of the culture where nursing care is rendered and practised. Health is universal in all cultures, which varies based on the belief system, values, and practices of a particular community. In this context, health refers to how herbal medicine was used to benefit the well-being of children in terms of managing and treating childhood illnesses. Nurses working at the district hospital highlighted in the study need to be aware of various cultural practices around Mopani District as accentuated by this theory.

➤ **Environment**

Leininger (1991) defines environment as the sum of an event, situation, or experience that gives meaning to how human beings express themselves, interpret, and socially interact in a particular physical, ecological, socioeconomic/political, as well as cultural setting. In this study, the researcher has noticed that the events of herbal use mostly occur in rural areas that are culturally orientated, where most caregivers acquire herbal medicine from traditional healers, according to studies conducted.

➤ **Culture**

According to Leininger (1991), culture is learnt, shared, and transmitted through values, beliefs, norms, and how individuals of a particular group live, and that guides their thinking capacity, decision-making, and actions in patterned ways. In this study, culture refers to the practice of herbal use among children to maintain the well-being of children through the prevention and treatment of childhood illnesses.

➤ **Nursing**

Leininger (1991) defined nursing as a learnt and humanistic scientific profession and discipline centred around the provision of care to human beings to supply and enable individuals or groups to sustain or recoup their well-being in a cultural and defined

manner, or to assist individuals in dealing with disability or death. She further rationalised the responsibility of nurses to serve human beings. However, if nurses do not have sufficient knowledge, values, or practices for a transcultural perception, this could result in cultural stress and conflict between the client and the caregiver. In this context, nursing is defined as a noble profession that is rooted around the provision and maintenance of the well-being of both caregiver and child, regardless of cultural practices.

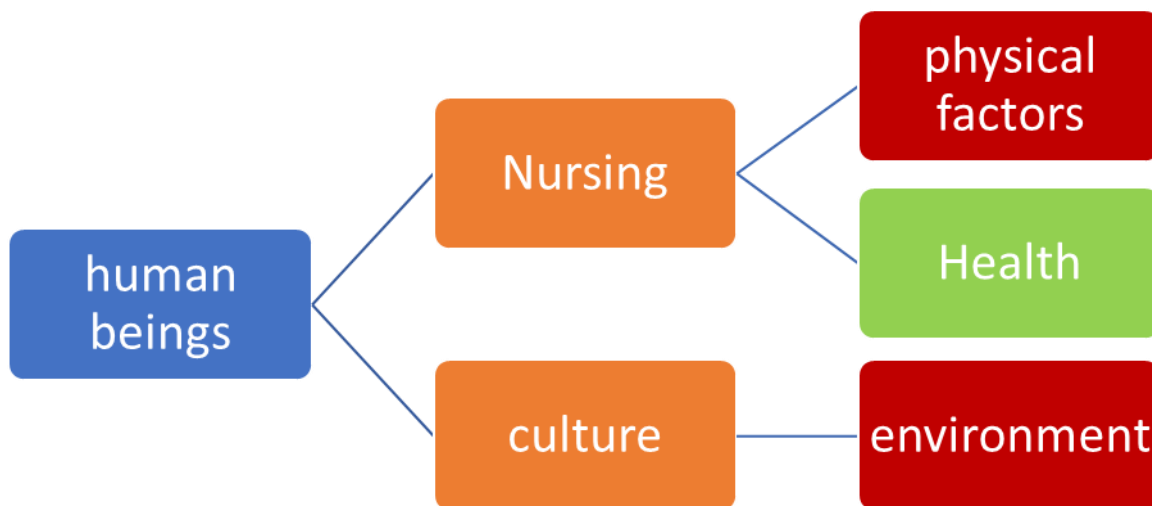


Figure 2.8 Leininger's theory of cultural care diversity and universality

2.9. CONCLUSION

This chapter focused on the literature review of the study and studies conducted in various countries, such as the accessibility of herbal medicine, complications of herbal intoxication among children, caregivers' perceptions of herbal medicine use among children, benefits of herbal use, regulation of herbal medicine, as well as general views on the use of herbal medicine. Furthermore, it highlights the relevant theoretical framework of Leininger's theory of cultural care diversity and universality.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

According to Wahyuni (2024), research methodology is defined as a systematic order that outlines all the steps a researcher should take to achieve a specific goal, such as gaining insight, developing a design, or implementing a change.

The study followed a qualitative research method to explore and describe the experiences of caregivers on the use and use of herbal medicine among children at a local District hospital in Mopani District, Limpopo Province. The research methodology consists of research design such as the interpretive phenomenologic design which was used in the study, Kgapanne Hospital was used as a study setting where the research was conducted, population was selected, non-probability purposive sampling was used to sample from a larger population, a sample size of 14 was chosen, both inclusion (caregivers) and exclusion criteria in the study were highlighted, a pilot interview was conducted with 2 participants as a trial before the main study, Data collection was done using one-to-one semi-structured interviews using participants preferred language, and the interview guide was written in both English and Sepedi language to accommodate all participants, the interview lasted between 20 to 25 minutes, and data analysis was done and analyzed through Interpretive Phenomenological Analysis, with the assistance of a statistician, ethical considerations, Measures to minimize bias, and measures to ensure trustworthiness were all applied.

3.2 RESEARCH APPROACH

The research methodology followed in this study was qualitative. This type of methodology focused on exploring and comprehending the significance of individuals or groups that are linked a social or human problem (Cresswell & Guttermen ,2019) .

According to Brink, Van der Walt & van Rensburg (2018), qualitative research is regarded as an important term for most various approaches that seek an understanding of participants' experiences through exploring and describing the phenomena of interest. In this study, the researcher chose a qualitative research approach to determine the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province. The researcher chose this approach to dive deep and get an in-depth understanding of the participants' lived experiences.

3.3 STUDY SITE

The study was conducted at a Kgapane District Hospital around Mopani District in Limpopo Province. Kgapane Hospital is a hospital in Limpopo located along Modjadji Road near Bolobedu Police Station, and it is situated 97.0 km from Polokwane via R81. The reason for the chosen setting was because Kgapane District Hospital provides health care services to a large community that is culturally orientated, such as Bodupe, Kgapane, Mokwakwaila, Medingen, Matshwi, Ditshoshing, Meloding villages, and other surrounding areas where herbal medicine use among children is common.

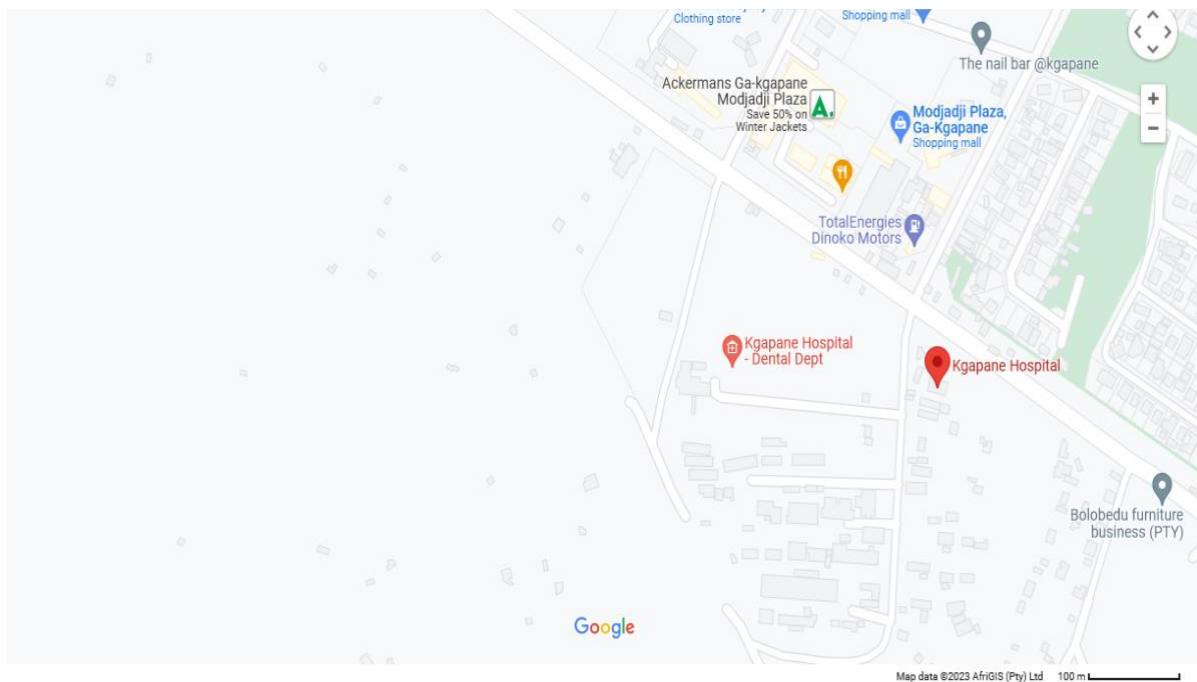


Figure 3.3 Geographical area of Kgapane Hospital

3.4. RESEARCH DESIGN

A research design is defined as a comprehensive plan that specifies how to investigate a research question and incorporate methods to ensure the validity and reliability of the study (Flanagan & Beck, 2024). The main aim of the research design allowed the researcher to explore and describe the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province. The type of research design suitable for this study was phenomenological (interpretive) design. The researcher focuses on the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province.

3.4.1. Phenomenological design

In this study, phenomenological design refers to a form of qualitative research study that focuses on the lived experiences of individuals within the world (Neubauer, Witkop & Varpio (2019). Phenomenology was used to explore and describe the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Kgapane Hospital. The caregivers were able to give an in-depth explanation of the lived experience while using herbal medicine among children, including the benefits and types of herbs used. The purpose of phenomenology was to describe the meaning of the experiences both in terms of “what” and “how” it was experienced (Teherani, Martimianakis, Stenfors-Hayes, Wadhwa, & Varpio, 2015).

The researcher applied this design to better comprehend the lived experiences of caregivers on the use of herbal medicine and to further assist in posing questions that were unable to be quantified.

3.5 POPULATION, SAMPLING AND SAMPLE SIZE

3.5.1. Population

The population is defined as a whole group of people or objects with common characteristics that are of the same interest to the researcher in a study (Creswell &

Guettermen, 2019). In this study, the population includes caregivers of children under the age of five years.

3.5.2. Sampling

Brink et al.(2018), defines sampling as selection of a group of individuals,objects or items from a large population.Therefore , the sampling method used in this study is non-probability purposive sampling, where it involves selecting participants according to the researcher's subjective judgment rather than random selection (QuestionPro, 2020).

This approach relies on the researcher's judgment to identify and recruit informative participants known as the selective sampling (Ahmad & Wilkins ,2024). In purposive sampling, the researcher selected certain mothers consciously, and the participants chosen shared common characteristics, such as caregivers of children below 5 years who were admitted to the nursery and paediatric ward following herbal use and who gave a consent to participate in the study. The sampling is used to determine when there is enough data from a study to establish a robust and good understanding of the study phenomenon (Hennink & Kaiser, 2019). According to Saunders et al. (2018), the sampling in the qualitative study continues with participants until the saturation point is reached. In this study, the sampling continued for 3 months until the desired sampling was reached.

3.5.3. Sample size

The sample size is defined as the number of participants involved in a study to represent a large group (Flanagan & Beck,2024). The sample was determined by reaching data saturation, where there were no new information that emerged from the selected participants during data collection. The sample size was 14.

3.5.4. Inclusion criteria

Grove, Burns & Gray (2017) defines inclusion criteria as the specific characteristics that determines the participants eligibility to be part of the population.

In this study the inclusion criteria Included the caregivers of children under the age of 5 with a history of herbal medicine use in Kgapane hospital pediatric unit.

3.5.5. Exclusion criteria

According to Grove, Burns & Gray (2017), exclusion criteria refer to the characteristics that disqualifies individual or elements from being included in the study 's target population.

This study excluded all caregivers of children under 5 years who did not agree to participate in the study ,and all caregivers providing care to children above 5 years.

3.6. PILOT INTERVIEW

A pilot interview is a preliminary, small-scale investigation conducted to assess the practicality, effectiveness, and potential issues related to a main research project, helping researchers refine their approach before embarking on the main study (Flangan & Beck, 2024).

A pilot interview was done with a selected small sample of 3 participants who have similar attributes to assess for possible errors during interview and to check for applicability of the interview to the main study. The pilot interview was conducted at Kgapane District Hospital after obtaining consent from the Limpopo Department of Health, Mopani District, and Hospital Chief Executive Officer (CEO). Participants who were interviewed during the piloting were not included in the main study to ensure transferability.

3.6.1. The main purpose of the pilot interview

- Reassess the practicality of the study and/or refine research design (Simkus , 2023).
- To ensure that the aims and objectives of the study are met and answered (Yin , 2020).

3.6.2 . Findings of the pilot interview analysis:

- Interview questions were clear, though a few adjustments needed to be made in terms of the language used and the participant's geographical location to accommodate participants in the main study. Participants were free and able to answer questions asked clearly.

- The field notes writing technique was able to be practised and applied where participants were using body language and gestures to respond.
- The time taken by participants to respond to the questions asked was noted down and adjusted to give participants enough chance to go in-depth when responding to the interview questions as per phenomenological study design.
- From piloting the study, a few mistakes were identified, and a few corrections were noted. For instance, during piloting participants could not comprehend some of the words during interviews that were in the Sepedi language. Words such as “dihlare tsa dimela” were changed and modified to “dihlare tsa setso” which translated to herbal medicine. The researcher had to adjust to the participants’ preferred spoken language in their geographical area, which is pronounced as “khelobedu” which participants regarded as another version of the Sepedi language that they use in areas around Mopani District.

- In general, this study rendered the interview question tool to be adjusted before data collection for the main study.

3.7 DATA COLLECTION

Data collection is the process of selecting subjects and gathering data from participants. Data may be collected from participants through observation, testing, measuring, questioning, or recording (Gray, Groves, & Sutherland, 2017).

3.7.1. Data collection approach and method

Before actual data collection, the researcher obtained a clearance certificate from the Turfloop Research Ethics Committee (TREC). Consent to conduct the research was obtained from the Limpopo Department of Health (DoH). The researcher submitted the research proposal, ethical clearance certificate, and DoH Consent from the Kgapane Hospital Chief Executive Officer (CEO) and nurse managers for their approval.

The researcher’s initial step with the hospital was to set up an appointment with the Kgapane Hospital CEO as well as a date and time. Upon arrival on the appointment

date, the researcher presented the study to the hospital CEO and handed a copy of the study together with the letter of permission to conduct the study from the Limpopo Department of Health and Mopani District. Permission was granted to proceed with the study, and both paediatric and nursery unit managers were informed, and preparations were made so that the process would not affect the daily unit program and total patient care.

3.7.2. Process of data collection

As per agreement and arrangement, the researcher has ensured that the process of data collection did not alter and cause any interference with the daily total patient care as planned by the unit managers. Data collection took place at the Kgapane Hospital paediatric ward because there was no sample in the nursery ward. Detailed information was provided to all the participants regarding the whole process of data collection. This included the location in the hospital setting and the duration of the interview which was estimated to be between 20 to 25 minutes. The participants preferred language, the participants rights .The consent of audio recordings and the general consent to participate in the study in writing.

Data was collected using semi-structured interviews with an interview guide (annexure A); the researcher obtained responses from participants through face-to-face encounters. Audio recordings were used to capture the whole interviews. Field notes were written to provide the non-verbal response, which could not be recorded. The interviews were conducted in both English and Sepedi according to the participants preference.

The process of data collection took place in Kgapane Hospital for 3 months, from July 2025 to September 2025 .The Data was collected from 14 participants using consented audio recording. Data saturation was reached at 14 participants when there was no new information emerging from participants.

The process of data collection in this study was determined by reaching data saturation during the interview session. This is when the researcher stops collecting data and starts analysing the information acquired (Saunders et al., 2017).

3.8. DATA ANALYSIS

Data analysis refers to the process of inspecting, analysing, transforming, and modelling data to establish important data, conclude, and support decision-making (Brown, 2014). In this study, data analysis was achieved through interpretive phenomenologic analysis by Creswell (2018), as well as consultation with an statistician . The statistician assisted with analysing of the collected data.

Interpretive Phenomenologic Analysis according to Creswell (2018):

- The interview data was transcribed, and significant statements were highlighted.
- A list of significant statements was developed through horizontalization whereby the researcher reduced the number of words by replacing them with similar terms that place equal meaning on each statement also known as phenomenological reduction.
- A group of meaning units (Themes) were developed from significant statements to understand the phenomenon.
- Themes and significant statements were used to describe the experience of participants, known as textural description.
- The contexts and events that influence experience (structural description) were noted down.
- The experience and knowledge of the context, including both textual and structural descriptions of events, were written down.
- The common experience of the phenomenon among all participants to determine the underlying structure was identified and located.
- The researcher indicated a mini statement about the “what” and “how” part of participants' experiences in the contextual format.

3.9. ETHICAL CONSIDERATION

- Refers to a set of principles that gives direction to research design and practice in a study (Bhandari, 2022). According to Suri (2020), ethical consideration explains

the researcher's traits or behaviour. The ethical principles were adhered to in this study.

3.9.1. Ethical issues related to conducting the study

3.9.1.1. Informed consent

According to Brink et al. (2018), informed consent refers to the voluntary agreement of a subject to participate in a study before the study resumes. In this study, participants were made aware of the research study, and informed consent was obtained from all participants before the interview using a consent form (Annexure B). Furthermore, Participants were informed about the main aim of the study, objective, benefits, and risks associated with the study. Participants' right to autonomy and that they can withdraw from the study at any stage of the research were communicated in detail. Furthermore, they were informed that the information that would have been collected by the time of termination would be utilised for the study. Participants were not forced to answer any questions. The consent form was signed by the participants who agreed to participate in the study.

3.9.1.2. Confidentiality and Anonymity

According to Leavy (2017), the principle of confidentiality means that any involvement of the participants is kept confidential; the identity of participants was kept anonymous and was allocated a fictitious name in any resulting publications or presentations. The audiotapes were kept after they were transcribed according to the University of Limpopo research policy which allows audiotapes to be kept for 5 years, and the interview transcripts remained with only the participant's assigned pseudonym. Likewise, any people that were mentioned during the interview were assigned pseudonyms.

In this study, participants' information was kept confidential and not divulged to any person not included in this study; furthermore, participants were reassured that their identities were not going to be published. Participants were notified about shared confidentiality. During the interview sessions, the participants were notified that the

information shared would not be divulged to any person. Furthermore, the voice recorder would be erased, and transcribed notes would be made available to the independent coder only. No names of participants involved in the study would appear on any documentation.

3.9.1.3. Anonymity

False names were assigned in order to maintain participant confidentiality (Brink et al., 2018). Participants' information and consent forms were free from spelling errors and were drafted in a participant's preferred language. There was no aspect included that could have been insensitive to all participants's known cultural values and beliefs.

3.9.1.4. Principle of autonomy

Autonomy refers to a degree of self-determination. The right to self-determination denotes that participants have the right and ability to check available information and weigh available alternatives to make cautious decisions (Gerrish & Lacey, 2015). This principle was achieved through the provision of detailed information concerning the study for participants to be able to interpret the given information and make informed decisions.

3.9.1.5. Principle of Justice

This principle refers to the obligation to treat people fairly and equally. This includes consideration of avoiding biased situations when sampling from a larger population and not exposing participants to a research process that could disadvantage them in some way. In this principle, potential participants did not suffer negative or unfair consequences if they left the study (Canadian Institute of Health Research, 2016).

In this study, all participants were treated fairly and equally, no participant suffered adverse consequences because of their participation and were treated fairly and equitably.

3.9.1.6. Principle of beneficence

The principle of beneficence refers to an extend of being saved from any form of hazard and doing good to the respondents and subjects (Grove et al.,2020). In this

study, participants were offered reassurance they were not going to be endangered either in a form of physically or mental well being. The aims and objectives of the study were highlighted and elaborated on for all participants; no one was harmed either directly or indirectly.

3.9.1.7. Respect for human life

According to Research for Development Network (2024), respect is explained as taking into consideration the rights, dignity, diversity, and entitlement of participants involved in the study. In this study, participants' rights to autonomy were respected. All participants were given permission to voluntarily agree to participate in the study through an explanation of research aims, objectives, benefits, and harms that might be associated with the study. Informed consent as explained in 3.7.1.1 was obtained. Moreover, participants' cultural perspectives and practices, age, values, and beliefs were respected to maintain dignity. The study conducted did not alter the daily routine of participants in the facility's unit.

3.9.2. Permission to conduct a study

Before conducting the study, the ethical standards for nurse researchers were referred to and adhered to throughout the research as outlined and governed by the South African Nursing Council (SANC). Ethical clearance was obtained from the University of Limpopo's Research Ethics Committee. The researcher further obtained permission from the Limpopo Province Department of Health and Mopani District. Furthermore, the researcher gained permission from the Kgapanne District Hospital Chief Executive Officer, as well as both paediatric and nursery ward managers who assisted with preparation. Consent was obtained from participants through the provision of consent forms before the collection of data. The aims and objectives of the study were explained to the participants together with the information that they could withdraw at any time in the study.

3.10. BIAS

According to Babbie and Roberts (2018), 'bias' refers to the quality of a data collection tool that may result in the misinterpretation of what is being investigated. According to

Brink et al. (2018), bias is an influence that produces distortion, which can affect the quality of evidence in the research study. Measures followed to minimise bias in this study:

- Leading questions were not asked of participants to allow participants to give in-depth information about experiences with herbal use among children. Probing questions were asked to mothers and guardians on the experience of using herbal medicine among children. Participants were given a chance to describe their experiences in detail to avoid confirmation bias. For example, the following questions were asked to participants: “What is your experience with the use of herbal medicine? Kindly describe the main reason for using herbal medicine in your children”.
- Close-ended questions were not asked to allow participants to reflect on their experiences with herbal use among children rather than giving worded answers such as “yes” or “no.”
- The researcher did not make assumptions based on their cultural lens and perspective; the principle of justice was applied.
- The researcher did not make assumptions about participants based on either negative or positive attributes towards caregivers, participants' views were respected.

3.11. MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness of a study refers to the extent of confidence in data, including interpretation and methods that are used to ensure the quality of the study conducted (Polit & Beck, 2017).

3.11.1. Reflexivity

According to Polit & Beck (2017), reflexivity is explained as a process by which the researcher takes part in the phenomenological exploration of being conscious about how the researcher’s questions, methods, past training, and beliefs might influence the collected data or knowledge produced in the study. In this study, the researcher took participants’ views, opinions, beliefs and knowledge into account to enhance the

rigour of hermeneutic interpretive phenomenological research analysis (Creswell & Poth, 2018; Polit & Beck, 2017).

3.11.2. Van Manen's four rigour criteria to establish trustworthiness in Hermeneutic (Interpretive) Phenomenology

3.11.2.1. Orientation

Orientation is the participation of the researcher in the world of participants and their experiences (Van Manen, 1997, Thobakgale, 2021). In this study, the researcher understood, dived deeply, and related with participants lived experiences. The researcher paid more attention to the participants' narration of their lived experiences concerning the current topic under study.

3.11.2.2. Depth

According to Kaffle (2011), depth refers to the degree to which research context infiltrates and conveys the participants' best intentions. Depth is defined as how things remain clear (Merleau-Ponty, 1968). According to Van Manen (2023), depth gives lived experience or phenomenon its explanation and understanding. In this study, depth refers to how the researcher explained caregivers' lived experiences on herbal use among children as they were elaborated and highlighted in detail. In this study, the main aim of depth was to teach and remind the researcher and participants to collectively understand the phenomenon under study beyond, as well as restoration of the past forgotten, or broken wholeness through restructuring of the past knowledge.

3.11.3.3.. Richness

Richness refers to the creative quality of the text in a way that it unfolds the explanation of the phenomenon under study (Kaffle, 2011). In this study, sufficient information was given about the study setting, inclusion and exclusion criteria, sample, data collection, and data analysis methods. Furthermore, this occurred to evaluate whether the conclusions drawn can be conducted in other settings, situations, and populations (Polit & Beck, 2017). Furthermore, the quality of the narration of the lived experiences was not altered.

3.11.3.4. Strength

Strength refers to the capacity that persuades narratives; and how the narratives represent the core goal of the research study (Van Manen, 2023; Kaffle, 2011). In this study, the transcripts of the audio recordings were returned to participants for review to ensure that the narratives were properly explained and discussed. Participants were allowed to add and/or delete where necessary to guarantee that their interpretations were properly captured. In this research study, the researcher considered how language mode was applied such as informal tones and idiographic terms with added proverbs and idioms.

3.12. General qualitative measures to ensure trustworthiness

3.12.1 Credibility

Credibility refers to the extent to which the data findings represent the exact information collected from participants' original data and have correct participant views and interpretations (Creswell, 2018). In this study, credibility was ensured through engagement in the process of data collection for at least 3 months on the study field collecting data until data saturation is reached and through the provision of consented voice recording and audiotapes from participants as evidence. Moreover, During process of data collection, the interviews were captured using consented voice recordings, furthermore, transcribed from Sepedi to English before data analysis. The use of field notes from participants were also used to ensure credibility of the study.

3.12.2. Confirmability

According to Brink et al. (2018), confirmability refers to the ability for consistency of data in terms of accuracy. In this study, confirmability was maintained by saving and sending copies of the direct/verbatim transcripts and field notes to statistician for analysis. In this study, the written field notes and the use of a voice recorder supported the semi-structured interviews that were conducted. After conducting each interview, the researcher summarized the interview to confirm the accuracy with each participant. The researcher submitted all data collection materials, including audio recordings and field notes, to the supervisor for review and audit.

3.12.3. Transferability

Transferability refers to the degree to which the study's findings can be applied in other settings or with other participants so that readers can determine the applicability of their findings to their situations (Flanagan & Beck, 2024). Transferability was ensured by accurately describing the research method used, including the study design. The extent to which the study could be conducted with different participants during piloting and data collection during interviews for the main study.

3.12.4. Dependability

According to Flanagan & Beck (2024), dependability refers to the degree to which findings are consistent in a qualitative study. Dependability was ensured in this study through the proper description of the research method used to increase the possibility of the study being repeated by another scholar in another context.

3.13. SIGNIFICANCE OF STUDY

3.13.1. Department of Health

This study may provide an in-depth understanding of caregivers' shared lived experience of herbal use among children. Furthermore, assistants in the adjustment of standard rules and regulations of herbal medicine distribution. The knowledge of the phenomenon will further assist in the reduction of child mortality rate through the provision of education to caregivers on primary prevention and management of childhood illnesses.

3.13.2. Community

This study aims to bring awareness and in-depth information regarding the benefits, dangers, toxicity, and adverse effects associated with the use of herbal medicine among children. Moreover, assists in the provision of improved education on primary prevention and management of childhood illnesses. There is a need to promote the safe and effective use of herbal medicines, especially for children under the age of 5 years, by caregivers. Safe and effective use of herbal medicines could assist caregivers to be aware of possible herb-drug interactions.

3.13.3. Research

Thus, to add to the body of knowledge by filling in available gaps in the literature of the current study, due to few studies being conducted on the current topic by other scholars.

3.13.4. Nursing

This study's purpose is to assist nurses in understanding the health-seeking behaviour of carers that may affect the health of children as well as developing improvement plans and management of childhood diseases.

3.14. CONCLUSION

In summation, the researcher presented information about the overall study which included introduction and background, problem statement, research question, objective of the study, research methodology, population and sampling including ethical consideration and measure of trustworthiness.

CHAPTER 4

PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

4.1. Presentation of the research findings

4.1.1. Introduction

The following chapter focuses on the presentation of the research findings that emerged from the collected data. This includes the presentation of both themes and sub-themes that were identified from the collected data. Data was presented in table form and categorised into section A which entails participants' profiles and section B which denotes themes and sub-themes of the study. Furthermore, a discussion of the study findings was followed, which analysed, and discussed the results of the data obtained through one-to-one semi-structured interviews under the research titled "The experience of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province." The section presents and discusses the findings of data collected from 14 participants (caregivers). The data is analysed through developing themes and subthemes emerging from highlighting the significant statements made by participants (figure 4.2).

4.1.2. Section A: Participants profile

This study consists of 14 female participants, with ages ranging from 17 to 47 years. The majority of the participants (11 females) are South African, while there is one participant from Zimbabwe and one from Ghana. In terms of age distribution, two participants are between 17 and 20 years old, six participants fall within the 21 to 30-year age group, four participants are aged 31 to 40, and two participants are over 40 years old. Regarding employment status, Five participants are currently employed, two are self-employed, and seven are unemployed. Additionally, one participant is a student who is also unemployed.

PARTICIPANTS	AGE	EMPLOYMENT STATUS	NATIONALITY	GENDER
Participant 1	34	Unemployed	South African	Female
Participant 2	40	Unemployed	South African	Female
Participant 3	24	Unemployed	Zimbabwean	Female
Participant 4	27	Self-employed	Ghanaian	Female
Participant 5	32	Employed	South African	Female
Participant 6	44	Unemployed	South African	Female
Participant 7	33	Employed	South African	Female
Participant 8	29	Unemployed	South African	Female
Participant 9	36	Self-employed	South African	Female
Participant 10	47	Unemployed	South African	Female
Participant 11	28	Employed	South African	Female
Participant 12	19	Employed	South African	Female
Participant 13	27	Employed	South African	Female
Participant 14	17	Student/ unemployed	South African	Female

Table 4.1.2. Participants profile

4.2. Section B: Presentation of Themes and sub-themes of the study

THEMES	SUB-THEMES
1. Perceptions and Experiences of Herbal Medicine for Children	1.1. Efficacy and healing ailments
	1.2. Cultural beliefs and practices
	1.3. Combination of Treatments
	1.4. Variability in treatment response
2. Perceived effectiveness of herbal medicine	2.1. Curing specific childhood ailments
	2.2. Cultural significance and traditional knowledge

3. Practical considerations for using herbal medicine	3.1. Cost-effectiveness and accessibility
	3.2. Decision-making based on the severity
4. Concerns about modern medicine	4.1. Limitations and failures
	4.2. Potential risks of using herbal medicine
5. Types of Herbal Medicine used for children	5.1. Commonly used herbs and remedies
	5.2. Preparation and administration methods
6. Perceived safety, and adverse risks of herbal remedies	6.1. Trust in herbal treatments
	6.2. General belief in the safety of herbal medicine
7. Benefits of herbal medicine	7.1. Holistic and spiritual aspects
	7.2. Easy accessibility of herbal medicine

Table 4.2. Themes and sub-themes of the study

4.2.1. The following are the 7 major themes, and 16 sub-themes that were developed from the data collected in the study

4.2.1.1. Theme 1: Perceptions and Experiences of Herbal Medicine for Children

Most participants expressed positive experiences with the use of herbal medicine in curing ailments and childhood diseases. Although there was variability in expressions from participants regarding the efficacy and healing of ailments, cultural beliefs and practices, and the combination of treatments among children were highlighted as sub-themes and significant statements according to Interpretive phenomenological Analysis.

The following extracts support this:

- Sub-theme 1.1: efficacy and healing ailments

The quotations reflect participants' positive experiences with the use of herbal medicine in treating various ailments in children. Participant 1 mentions that herbal remedies can effectively cure ailments like "lekone" and headaches in children. Participant 3 highlights a successful personal experience, noting that herbal medicine helped their child. Similarly, Participant 13 shares that they use herbal remedies for a variety of conditions in their child, including headaches, stomach cramps, constipation, and "lekone" disease, indicating trust in the healing power of herbal medicine for a range of health issues in children.

Participant 1: *'I have realised that if a child is sick and suffering from "lekone" and Headache, they can be cured'.*

Participant 3: *"My experience was good because the herbal medicine has worked on my child".*

Participant 13: *"I use herbal medicine when my child is suffering from headache, stomach cramps, constipation and "lekone" disease'.*

➤ Sub-theme 1.2: Cultural beliefs and practices

The quotations reflect the cultural and generational significance of herbal medicine in child care. Participant 8 explains that in the Balobedu culture, herbal medicine is used during pregnancy and after delivery to spiritually strengthen the baby, highlighting the importance of traditional customs and practices. Participant 12, on the other hand, emphasizes the transmission of knowledge through older generations, noting that their understanding of herbal medicine comes from elders, specifically in treating ailments like "lekone" disease in children, even though they lack knowledge of the medicine itself. Both participants emphasise the role of cultural practices and generational wisdom in the use of herbal remedies.

Participant 8: *"I use herbal medicine because in our culture-balobedu culture, there are customs and practices you need to follow when you are pregnant and after delivery to strength the baby spiritually".*

Participant 12: *"Our experience emerges from old people because I am young and I don't have a clue about medicine, I was just told that when a child is sick and suffering from lekone disease, I should take my child to be treated lekone with herbal medicine".*

➤ Sub-theme 1.3: Combination of treatments

Participant 6 expresses a balanced approach to treating children's ailments, noting that they primarily use modern medicine to address health issues. However, if modern medicine proves ineffective, they turn to herbal remedies, indicating that they believe both forms of treatment are effective.

Participant 6: *“People are different but as for me I use modern medicine to treat diseases that affect my children but, if it fails, I opt for herbal medicine. They both work”.*

➤ Sub-theme 1.4: Variability in treatment Response

Participant 11 acknowledges that the effectiveness of herbal medicine among children varies, highlighting that the treatment response and cure can differ from child to child. Furthermore, participants highlighted that while some children may benefit from herbal remedies, others may not respond well.

Participant 11: *“Using herbal medicine can either assist or not assist the child because some children could respond very well from herbal medicine, whereas there are those that cannot, and vice versa, some can respond well from medicine purchased at pharmacy whereas others cannot. For instance, children suffering from lekone could be healed through the use of herbs from traditional healers. However, sometimes traditional healers can give you medicine that could result in worsening the disease instead of curing it. A child can react badly”.*

4.2.1.2.Theme 2: Perceived effectiveness of herbal medicine

In this theme, participants have conveyed the effectiveness of herbal medicine use in curing childhood diseases to promote the well-being of the children. Two sub-themes emerged: Curing specific childhood ailments and cultural significance and traditional knowledge.

➤ Sub-theme 2.1: Curing specific childhood ailments

Both Participant 1 and Participant 13 emphasize the preventive and curative aspects of herbal medicine for children's health. Participant 1 highlights that herbal remedies can both prevent common childhood diseases and cure existing conditions such as headaches, "lekone," and mountainous diseases. Similarly, Participant 13 shares their use of herbal medicine for treating specific ailments like headaches, stomach cramps, constipation, and "lekone" disease in their child, underscoring the belief in herbal medicine's effectiveness in managing a range of health issues.

Participant 1: *'The herbal medicine prevents childhood diseases and cures diseases that the child is already suffering from, diseases such as headaches, "lekone", mountainous diseases affecting children'.*

Participant 13: *'I use herbal medicine when my child is suffering from headache, stomach cramps, constipation and "lekone" disease'*

➤ Sub-theme 2.2: cultural significance and traditional knowledge

The quotations reflect the deep-rooted cultural beliefs and traditions surrounding herbal medicine. Participant 3 describes specific herbal practices from their Zimbabwean culture, such as using "werawethoku" with coarse salt to treat headaches and musunkaii from the river for baby skin conditions, demonstrating the practical and ritualistic application of herbs in their community. Participant 5 recalls being taught that herbs are effective in curing diseases without causing adverse effects, highlighting a sense of trust in herbal medicine passed down through generations. Participant 11 emphasizes the long-standing nature of these practices, particularly in treating "lekone" disease, with a strong belief that failing to administer herbal treatment at the right age could result in death, reflecting the seriousness with which such traditional remedies are regarded.

Participant 3: *"...In my culture (Zimbabwean) we use "werawethoku" with coarse salt and we put it on the baby's head to cure headaches and musunkaii found in the river to treat baby skin conditions and to avoid skin reactions".*

Participant 5: *'While growing up we were told that herbs work because they cure diseases without any problems (adverse effects)'.*

Participant 11: *‘...This type of practice has been practised before we were conceived, and we got to learn about it, especially in terms of “Lekone”, when the child is born, there’s a certain age whereby a child needs to be treated for lekone, otherwise, a child would die, and I know of children who died due to the disease. ’*

4.2.1.3. Theme 3: Practical considerations for using herbal medicine

There are various aspects to be considered when using herbal medicine among children. Participants expressed their views on a few aspects that influence their motives. The following sub-themes were identified: cost-effectiveness and accessibility and the decision-making based on severity.

➤ Sub-theme 3.1: cost-effectiveness and accessibility

Participants 13 and 14 highlight the natural and local sources of herbal medicine used for children’s health. Participant 13 explains that the herbal medicine for their children is gathered from mountains, indicating a reliance on local, accessible resources rather than purchase remedies. Similarly, Participant 14 notes that herbs are found in forests and remote rural areas, emphasising the traditional practice of sourcing herbal medicine from nature rather than commercial outlets.

Participant 13: *‘Herbal medicine that helps our children are fetched from mountains; we don’t buy them’.*

Participant 14: *‘Herbs are found in the forest, in deep rural areas, they are not sold’.*

➤ Sub-theme 3.2: decision-making based on severity.

Participants 6 and 13 shared their experiences with regard to the use of herbal medicine for curing childhood diseases, highlighting both perceived effectiveness and the urgency of traditional remedies. Participant 6 described the importance of seeking herbs from the mountain to treat "mountainous disease," which is described as the condition that involves sleep-talking and seizures. Moreover, explains that traditional healing is sometimes necessary when modern medicine cannot address certain conditions. The above-mentioned participants highlighted that "muthiwenyoni" (a type of herbal remedy) can sometimes be effective in treating headaches among children.

Participant 13 shares a similar sense of urgency when their child suffers from "lekone" disease, describing symptoms such as an itchy rash and body swelling, which, could be fatal, if is not treated early.

Participant 6: *“When the baby is suffering from mountaineous disease whereby a baby speaks in his/her sleep and having seizures, I go to the mountain to fetch herbs for the treatment of disease and when a child is suffering from “hlogwana” (headache) accompanied by vomiting , especially when the headache is on the anterior fontanelle, the hospital cannot cure such , therefore you need to take the child to a traditional healer to be treated but sometimes “muthiwenyoni” can cure such headache ”.*

Participant 13: *“.... when my baby’s condition changes, for instance when my child is sick, especially when the child is having lekone disease, the itchy rash would be present and a baby would develop general body swelling until they die if left untreated”*

4.2.1.4.Theme 4: Concerns about modern medicine

Participants expressed concerns associated with the use of herbal medicine among children such as adverse effects. Sub-themes include limitations and failures, potential risks and concerns about herbal medicine.

➤ Sub-theme 4.1: Limitations and failures

Participant 2 expresses a strong belief in the effectiveness of herbal medicine, stating that it often cures children more effectively than modern medicine. They specifically mention conditions such as "lekone" and "hlogwana" (headache), suggesting that herbal remedies are their preferred treatment for these ailments, reflecting a high level of trust in the treatment to maintain wellbeing of the children.

Participant 2: *“I have realised that most herbal medicines can cure children better than our modern medicine, for instance, diseases such as lekone and hlogwana (headache)”.*

➤ Sub-theme 4.2: potential risks of using herbal medicine.

The quotations from Participants 5, 6, 9, and 11 highlight the potential risks and side effects associated with the use of herbal medicine for children. Participant 5 notes that giving a child herbal medicine can sometimes lead to green loose stools, which may vary depending on the dosage. Participant 6 describes a more serious risk, where the use of herbal medicine to treat headaches could result in the child losing blood, especially if the treatment involves cuts on the back, potentially leading to dehydration. Participant 9 shared the experience of giving a particular herb, "tshidi," for more than three days without improvement, which caused the child to react severely with symptoms like vomiting and a rash. Finally, Participant 11 raises concerns about the lack of precise measurements in administering herbal medicine, which could lead to overdosing, particularly harmful for children due to their underdeveloped vital organs, possibly resulting in infections.

Participant 5: *".... Sometimes a child can start passing Green loose depending on the number of herbs you have given".*

Participant 6: *"...loss of blood especially if the back of the baby had a cut for treatment of headache, the baby can also lose fluids (dehydrated)".*

Participant 9: *'If "tshidi" is given more than 3 days without improvement the baby will react severely, can vomit or develop a rash as well, this is what I have experienced'.*

Participant 11: *"... there are no measurements, therefore, you can give a child an overdose and since the child's lungs, livers, heart and other vital organs are not fully matured, a child could develop infection sometimes".*

4.2.1.5. Theme 5: Types of herbal medicine used for children

This theme entails various types of herbal medicine used for the treatment of childhood illnesses to improve the health and general well-being of children as expressed by the participants. Two sub-themes were identified.

➤ Sub-theme 5.1: Commonly used herbs and remedies

The quotations from Participants 3, 5, 6, 7, 8, and 10 illustrate a variety of herbal remedies used within their cultures to treat and protect children from various ailments. Participant 3 describes the use of "werawethoku" with coarse salt applied to a baby's head for headaches, as well as "musunkaii" from the river to treat skin conditions and prevent reactions. Participant 5 highlights the use of "Tshidi," a black herb applied to the back of a baby's head to treat "lekone" disease. Participant 6 mentions several herbal treatments, including "Muthiwenyoni" for headaches, medicine for "lekone," colic, and herbs for "mountain disease." Participant 7 refers to "setlhapiso," a herb used in bathing children to protect them from diseases and bad spirits. Participant 8 shares the use of "Tshidi" and "tshemo," a powder placed under the tongue and used for steaming children who experience night visions. Finally, Participant 10 talks about giving their child "tshikwane" to protect them from sickness caused by others' shadows.

Participant 3: *"...In my culture (Zimbabwean) we use "werawethoku" with coarse salt and we put it on the baby's head to cure headaches and musunkaii found in the river to treat baby skin conditions and to avoid skin reactions".*

Participant 5: *'I know "Tshidi" a black herb, which is the one they put behind the baby's head on the cut when treating "lekone" ailment'.*

Participant 6: *"Muthiwenyoni for headache, "medicine for lekone", medicine for colic and herbs for "mountain-disease"....'*

Participant 7: *.... herbs used to bath a child in the morning to prevent diseases and bad dark spirit affecting children is known as "setlhapiso".*

Participant 8: *'... I know a black herb called "Tshidi" and a powder called "tshemo" that we put below the tongue and steam the child with when a child is seeing things at night'.*

Participant 10: *"...I give my child "tshikwane" to strengthen my child's protection so that people's shadows won't make her sick".*

➤ Sub-theme: Preparation and administration

Participants 8 and 10 describe specific herbal remedies used to treat children's ailments. Participant 8 mentions "Bushula" as a remedy for abdominal cramps and diarrhoea, explaining that boiling the herb and giving it to the child will cure the

condition. Participant 10 talks about "Tshidi," a herbal treatment applied to the top of the baby's head and also given to drink early in the morning to prevent the "lekone" ailment.

Participant 8: *"I only know "Bushula" for abdominal cramps, when the child is having cramps and diarrhoea you just boil it and give it to him or her to drink the child will be cured".*

Participant 10: '... "Tshidi" we apply on top of the baby's head and give them to drink early in the morning to prevent "lekone" ailment'.

4.2.1.6. Theme 6: Perceived safety, and adverse risks of herbal remedies

Participants have outlined both the safety and adverse risks associated with herbs and herbal medicine use. The sub-themes identified were trusted in herbal treatments and general belief in the safety of herbal medicine.

➤ Sub-theme 6.1: Trust in herbal treatments

Participants 7, 10, and 13 express confidence in the safety and reliability of herbal medicine. Participant 7 shares a positive experience, stating that since they began using herbal remedies, they have not encountered any problems, implying a sense of satisfaction and trust in their effectiveness. Participant 10 directly affirms the safety of herbal medicine, stating, "No, they are safe," indicating their belief in the harmlessness of these treatments. Similarly, Participant 13 acknowledges that while there may be some risks, they are minimal, suggesting a general assurance of the safety of herbal medicine when used properly.

Participant 7: *"Since I have started using them, I have never encountered problems".*

Participant 10: *".... No, they are safe (herbal medicine)"*

Participant 13: *"There are minimal risks associated with using herbal medicine'.*

➤ Sub-theme 6.2: General belief in the safety of herbal medicine

Participants 7 and 2 both express a preference for herbal medicine over modern medicine in treating children's health issues. Participant 7 believes that most childhood

diseases cannot be effectively cured by modern medicine, which leads them to rely on herbal remedies. On the other hand, Participant 2 asserts that herbal medicine is often more effective than modern medicine, particularly in curing children's ailments. Both participants emphasise their trust in herbal medicine as a superior treatment option for various health conditions in children.

Participant 7: *'Most childhood diseases cannot be cured by modern medicine; I use herbal medicine'*.

Participant 2: *"I have realised that most herbal medicine can cure children better than our modern medicine"*

4.2.1.7.Theme 7: Benefits of herbal medicine

Participants expressed their views regarding the benefits of herbs, herbal medicine and herbal therapy in children. Participant highlighted how herbal medicine has been effective in curing childhood diseases among their children in several occasions.

➤ Sub-theme 7.1: Holistic and spiritual aspects

Participants 7 and 10 highlight their reliance on herbal medicine for preventing and treating specific health conditions in children. Participant 7 describes the use of "setlhapiso," a herbal remedy used in the morning to bathe a child, aiming to prevent diseases and protect the child from bad spirits. They emphasise that this practice is part of their early morning routine. Participant 10 shares their experience of taking their child to a traditional healer for treatment of "lekone" disease, explaining that modern medicine is ineffective for this condition, and only herbal medicine can provide a cure. Both participants demonstrate a strong belief in the effectiveness of herbal remedies, particularly for issues not addressed by modern medical treatments.

Participant 7: *"... herbs used to bathe a child in the morning to prevent diseases and bad dark spirit affecting children is known as "setlhapiso", I only know that one. We use it very early in the morning"*.

Participant 10: *"I took my child to a traditional healer to be treated for "lekone" ailment because she had a lot of "lekone" and modern medicine cannot cure lekone only herbal medicine can..."*

➤ Sub-theme: Easy accessibility of herbal medicine

The participants illustrate the diverse ways herbal medicine is sourced, ranging from specific animals to forest foraging, commercial stores, and trusted traditional practitioners. Participant 2 explains that "lekone" disease is treated using herbs derived from a bird called "lekone," which is killed, dried, and used as medicine. Participant 4 notes that some herbs, such as ginger, lemon, and cinnamon, can be found in commercial stores like Shoprite and Boxer, indicating a blend of both traditional and more widely available herbs. Participant 7 and Participant 10 mention that herbs are typically sourced from traditional healers or by digging them from the ground, with Participant 10 emphasising that they are found in forests. Finally, Participant 11 lists multiple sources, including chemists selling herbal medicine, traditional healers, and older generations, who are knowledgeable about these remedies.

Participant 2: *“For the treatment of “lekone” ailment, they are found in the bird called “lekone”, the bird will be killed and dried up and used as herbal medicine”.*

Participant 4: *“We mostly found them in shops like Shoprite, boxer and any other shops especially ginger, lemon and cinnamon.*

Participant 7: *“we get them from traditional healers, they dug them”*

Participant 10: *‘.... They are found in the forest, they dug them.*

Participant 11: *“From chemist where they sell herbal medicine, traditional healers and old people because they are the ones familiar with the herbs”.*

4.3. Discussion of the study findings

4.3.1 Theme 1: Perceptions and experiences of herbal medicine for children

Participants have dived deep into expressing the in-depth experience with regard to the use of herbal medicine among their children. This includes the effectiveness of herbal medicine in curing childhood diseases, and cultural beliefs, existing practices, and the knowledge that has been passed down from generation to generation.

4.3.1.1. Subtheme 1: Efficacy and healing ailments

This Interpretative phenomenological analysis (IPA) of this study highlights the complex interplay of efficacy, cultural beliefs, combined treatment approaches, and individual caregivers' variability in the experiences of using herbal medicine among children. Under subtheme 1, the "majority of participants reported that herbal medicines effectively cure childhood conditions such as "Lekone" (A local ailment), Hlogwana (headaches), Rusoka (Skin conditions, and general improvement of children's health. However, many expressed a belief that herbal medicine can sometimes outperform modern medicine, particularly for certain childhood diseases.

Participants highlighted the effectiveness of herbal medicine in treating "Lekone" and "Hlogwana," whilst others mentioned that herbal medicines can alleviate symptoms associated with these conditions, providing relief and promoting healing. Nonetheless, some participants pointed out that herbal medicine effectively treats skin issues, such as "Rusoka," particularly during adverse weather conditions. Moreover, there were mentions of how herbal medicines can lead to significant improvements in children's health by reducing crying and discomfort.

According to Sam (2019), one of the huge benefits of herbal medicine is the minimal risk of adverse effects as compared to modern medicine. Herbs typically have less and minimal dramatic adverse effects, and they are safer when used habitually for prolonged periods than prescription drugs. Ugandan herbal medicine has been used as a home remedy to treat a variety of diseases such as skin disorders, eye ailments, diarrhoea, fungal infections, malaria, common cold, and jaundice (Tumukunde, Kiboneka, Chandy, Opoka RO & Idro, 2017; Paulos, Fenta, Bisrat & Asres, 2016).

4.3.1.2. Subtheme 2: Cultural beliefs and practices

Subtheme 2 of the above-mentioned theme 1 reveals that cultural traditions play a role in the use of herbal medicine among children. These findings revealed that the use of herbal medicine is often tied to cultural practices, especially within the Balobedu culture, highlighting customs during pregnancy and post-delivery. Participants often

mentioned learning about herbal treatments from older generations, particularly grandmothers, who identified and sourced herbal medicines, while others mentioned that traditional healers play an important role in accessing herbal medicine, as they possess knowledge about where to find and how to use these plants effectively.

In Kenya, parents' knowledge and opinions about herbal medicine affect how they use it and how effective they think it is, at treating childhood ailments (Ngere, 2022). The caregivers' patterns of seeking care in the health system indicate the presence of different cultural patterns among children in society. Therefore, caregivers defend their children, and culture and modify their care-seeking behaviour when using herbal medicine among children.

4.3.1.3. Subtheme 3: Combination of treatments

Several participants shared that they use a combination of both herbal and modern medicine, suggesting a belief in the benefits of both forms of treatment. The decision to use both herbal and modern medicines relies on the nature and severity of the child's illness.

According to WHO (2019), Traditional products and practices can be integrated with modern medicine to support overall health and safe and effective treatment of health conditions but should not be replaced or delay seeking conventional health care. Western medicine and traditional healing methods do not have to conflict with one another. Despite the preference for biomedicine, mothers can recognise the benefits of both strategies (Lekgothoane, Nteseng, Ross & Eleanor, 2020).

4.3.1.4. Subtheme 4: Variability in Responses

Under this subtheme, participants acknowledged that responses to herbal medicine can vary significantly between children, with some responding well while others may not. Nonetheless, the findings revealed that there may be potential for adverse effects of using herbal medicines emphasising the need for caution and awareness of individual reactions.

According to (Atwiine, Hultsjo, Björn & Hjelm, 2015), The use of herbal medicine can significantly influence how patients seek medical attention because using herbal medicine may cause people to stop seeking mainstream treatment. Germany is thought to be a country with a higher use of herbal medicines. Due to their poor health and lack of immigration history, children living in South Germany are contributing to the usage of herbal therapeutic goods (Du, Wolf & Zhuang, et al, 2014).

4.3.2. Theme 2: Perceived effectiveness of herbal medicine

Participants have expressed their views on the effectiveness of herbal medicine use among the children in curing childhood ailments. Furthermore, highlighted the impact of the existing traditional knowledge with regard to the use herbal medicine in curing diseases.

4.3.2.1.Subtheme 1: Curing specific childhood ailments

Subtheme 1 of the above theme highlights the effectiveness of herbal medicine in curing hard-to-treat conditions in children. Participants reported that they perceive herbal medicine as effective for ailments like "*lekone*," headaches, and other serious conditions that modern medicine often fails to address. Other participants emphasised that herbal treatments could provide quick relief from distressing symptoms, especially in urgent situations. Herbal medicines are considered an alternative to conventional medicine for the treatment and prevention of respiratory tract infections (Anheyer, Cramer, Lauche, Saha & Dobos,2018).

4.3.2.2. Subtheme 2: Cultural Significance and Traditional Knowledge

Cultural heritage was one of the recurrences in terms of cultural significance and traditional knowledge of the caregivers. Some participants reported that the use of herbal medicine is rooted in cultural practices and beliefs, with knowledge passed down through generations. They further highlighted that the cultural importance of using herbal remedies for prevention, particularly during pregnancy and early childhood, was learnt from the elder people. Many participants reported that herbal medicines are often prepared by grandmothers or other elders, highlighting the role of cultural knowledge in herbal medicine. Moreover, they identified some herbs with

specific traditional practices that hold special significance in their culture, often linked to traditional healing practices.

The decision-making and application of herbal medication use clearly show that the indigenous knowledge of herbal medicine is deeply rooted. The indigenous knowledge and experiences of the communities are known to be the main source of these traditions. (Balogun & Kalusopa, 2021).

4.3.3. Theme 3: Potential risk of using herbal medicine

Potential risks and disadvantages of using herbal medicines have been highlighted by the participants, this includes cost-effectiveness and accessibility of herbal medicinal products. Moreover, outlined adverse effects that could result from using herbal medicine among children.

4.3.3.1. Subtheme 1: Cost-effectiveness and accessibility

Cost-effectiveness emerged as a subtheme under the theme "Practical consideration for using herbal medicine." This comes after one participant repeatedly mentioned the issue of the affordability of herbal medicine. Most participants emphasised that herbal medicine is cheaper as opposed to modern medical treatments, making it more accessible for families. They indicated that herbal medicines are often easy to find either from traditional healers or natural resources such as rivers, forests, and mountains. This study revealed that herbal medicine is often viewed as a cheaper alternative to modern pharmaceutical treatments, which makes it more accessible for families who cannot afford modern medicine. The use of herbal medicine in developing countries is often associated with accessibility and affordability. It is firmly established within the broad belief and cultural systems (WHO, 2016).

4.3.3.2. Subtheme 2: Decision-making based on Severity

Many participants articulated that herbal medicine is typically considered when modern medical interventions are ineffective or insufficient. They mentioned conditions such as "Lekone" and severe headaches. This indicates a strong reliance

on herbal solutions as a backup strategy, reinforcing the perception of herbal medicine as a viable alternative when faced with specific health challenges.

Two-thirds of herbal medications are used to treat coughs and common colds, and almost half of the herbal medicines used are prescribed by medical professionals, according to Du, Wolf, Huang et al. (2014).

4.3.4. Theme 4: Concerns about modern medicine

Participants have expressed concerns regarding possible limitations and failures of modern medicine in treating some ailments that are being regarded as traditional such as “lekone” disease. Participants emphasised the urgent need to use herbs to minimise disease progression. While others outlined the potential risks associated with the use of herbal medicines as compared to modern medicine.

4.3.4.1. Subtheme 1: Limitations and failures

This study reveals that there are concerns regarding the use of herbal medicines, under which the subtheme highlights the limitations and failures towards using herbal medicines. Participants frequently noted instances where modern medicine did not adequately treat conditions like "Lekone," leading to a preference for herbal remedies. They regard this as a means of urgency in addressing life-threatening conditions like "Lekone" reinforces the reliance on herbal treatments when time is of the essence.

Senna and other herbs are good laxatives, but if used frequently, they might result in cramping, diarrhoea, and even potassium insufficiency (Longden-Naufal, Rolfe & Mackonochie, 2022). A poisonous chemical called juglone is said to be present in *Juglans nigra*, which can be extremely harmful for people who are allergic to nuts (Newmaster, Grguric, Shanmughanandhan, Ramalingam & Ragupathy, 2013). Aristolochic acid, a nephrotoxic and carcinogenic substance, is also included in the Chinese medicine product that suggests replacing *Stephania tetrandra* with *Aristolochia fangchi* may result in cancer and renal toxicity (Lo, 2019; Tankeu, Vermaak, Chen, Sandasi & Viljoen, 2016).

4.3.4.2. Subtheme 2: Potential risks and concerns about using herbal medicine

Although there seems to be a positive response towards the use of herbal medicines, some participants noted specific adverse effects, including vomiting and diarrhoea. They revealed that some children have reactions towards these medicines in which they have green stools and vomiting, particularly when the dosage is high or if the child refuses the herbal treatment due to taste. Participants expressed concerns about the potential consequences of not treating certain conditions promptly, especially in infants, reinforcing the need for effective alternatives like herbal medicine. Participants articulated a strong sense of urgency when it comes to treating conditions like "Lekone" and severe headaches. Furthermore, acknowledged that failure to address these issues promptly could lead to severe consequences, including potential fatalities. The risk of complications, such as dehydration or severe pain, highlights the critical nature of timely treatment. Other participants highlighted the risks of overdosing, especially in children whose organs are still developing, which could lead to infections or other complications.

Drug-induced acute renal injury among paediatric patients is a serious concern. This adverse effect remains a problem in a numerous commonly used herbal medicine and some of the drugs in children (Aghajani-Delavar & Soheilrad, 2020). Ngere, Akelo, Ondeng'e, Ridzon, Otieno, Nyanjom, et al. (2022) revealed that the use of herbal medicines is informed by carers' beliefs about what causes the disease. Webair and Ghouth (2014) reiterated that caregivers give home remedies as initial treatment for children with cough or diarrhoea. Sadly, caregivers would only seek Western health services when the illness or disease is at an advanced stage. In support, the use of herbal medicines to treat childhood diseases can cause a delay in seeking medical care as reported by Bopape, Mothiba, and Malema (2013), that sick children with childhood illnesses were taken to the hospital only when they had become seriously sick.

The body's main systems, including the cardiovascular and urinary systems, are likely to be harmed by the toxin. According to a study conducted in Nigeria, the main indicators of toxicity brought on by long-term use of herbal remedies include liver

issues (Ozioma & Chinwe, 2019). Furthermore, microbial contamination brought on by unsanitary preparation circumstances was identified by Ezekwesili-Ofilii, Onyemelukwe, Asogwa, and Orji (2014) as a significant contributing factor to the toxicity of herbal medicines.

4.3.5. Theme 5: Types of herbal medicine used for children

Variety of herbal medicine and herbs are outlined and their benefits. Participants from various countries such as Zimbabwe, Mozambique and South Africa have outlined different types of herbal medicines used among children according to the specified countries. This includes the types of herbs, location of accessibility and preparation for different health conditions.

4.3.5.1.Subtheme 1: Commonly used herbs and remedies

Subtheme 1 of theme 5 highlights commonly used herbal medicine for children, which includes herbs such as Tshidi, which is used for treating “Lekone”, headaches, and abdominal cramps in children. Another herbal medicine mentioned was “Bushula” which is used for abdominal cramps and diarrhoea. Participants mentioned “Werawethoku” an herbal medicine that is used to treat headaches, and “Musunkaii,” which is used to treat skin conditions.

The herbal medicines that are often given to children include lekone syrup, which is commonly used for the treatment of colic, also known as *lenogane*, and *muthi*, which Nyoni used for indigestion and acid reflux; enema for greenish watery stools; and *persica* for the treatment of typhoid fever (Mashile, Tshisikhawe & Masevhe, 2019). Senegalensis herbs are used for the treatment of sunken or bulging fontanelle, which is also referred to as *phogwana* by Vhavenda of Lwamondo-village, Limpopo Province (Mahwasane, 2013).

4.3.5.2.Subtheme 2: Preparation and administration methods

According to the respondents in this study, herbal medicines are administered differently depending on what they are meant to treat. Participants described different ways herbal medicines are given to children, including ingestion; they alluded that these herbs can be mixed with soft porridge or brewed for drinking (e.g., ginger,

cinnamon, and lemon) to treat flu. Nonetheless, others have mentioned that some herbs, such as “Tshidi” are applied to the skin, and on the head, or can be mixed with body lotion. Some participants further reported that they use herbal medicine to bathe children, referring it to Sehlapiso to prevent diseases and negative spirits.

4.3.6. Theme 6: Perceived safety and adverse risks of Herbal medicine

Participants expressed their safety concerns and adverse effects surrounding herbal medicine use that contribute to having built trust or confidence based on the effectiveness and how children react after herbal medicine use. General belief surrounding herbal use is also displayed based on personal experience.

4.3.6.1. Subtheme 1: Trust in Herbal treatments

The findings of this study reveal that caregivers have trust in herbal medicine; they expressed confidence in the efficacy of herbal remedies, sharing personal anecdotes of successful treatments. The study further reveals that reliance on herbal medicine is reinforced by cultural beliefs and practices that have been handed down through generations. Many participants reported that they preferred using herbal medicine as a natural alternative as opposed to modern pharmaceuticals, viewing it as safer for children.

4.3.6.2. Subtheme 2: General belief in the safety of herbal medicine

A significant number of participants expressed the belief that there are no adverse effects associated with herbal medicine, emphasising their safety for children. Some have shared that they have not encountered problems when using herbal medicine for their children, reinforcing the idea of safety. There is 60 and 90 per cent of people in developing countries use herbal medicine to prevent and treat both infectious and non-communicable diseases (Faizi & Kazmi, 2017; WHO, 2019).

4.3.7. Theme 7: Benefits of herbal medicine

Benefits of herbal medicines is outlined by participants in detail. This includes both holistic and spiritual aspects of herbal medicines in relation to the cure of diseases among children. Furthermore, highlighting how herbal medicine has been access in various locations.

4.3.7.1. Subtheme 1: Holistic and spiritual aspects

The findings of this study further report on the cultural significance and spiritual healing that come with using these herbal medicines. Some participants mentioned the importance of herbal medicine in addressing spiritual ailments, suggesting that certain illnesses may not require modern medical treatment. However, others gave reference to herbal medicine being used for spiritual healing, highlighting the belief that some conditions are informed by spiritual factors rather than physicality. Herbal medicinal use is a holistic therapy that integrates emotional status and mental and spiritual levels, while the neuropathic approach focuses on lifestyle and emotional, mental, and spiritual concerns (Tavafi, 2013).

4.3.7.2. Subtheme 2: Easy accessibility of herbal medicine

This study reveals that the primary source of these herbal medicines is the natural environment. Many participants mentioned that herbal medicines are commonly sourced from mountains and forests. Areas near rivers were also mentioned as places where these herbs are found, indicating the diverse habitats where these medicinal plants thrive. Some participants indicated that herbal medicine is often shared or recommended within communities, contributing to its accessibility. While herbal remedies are often sourced from natural locations, some participants mentioned that there are young people doing business in the communities, selling herbal medicine, which suggests an emerging market for herbal products. Nonetheless, some herbs, such as ginger, lemon, and cinnamon, are accessible in local shops and chemists, indicating that certain herbal remedies have entered commercial markets such as Shoprite and Boxer for those who prefer to buy rather than harvest from the mountains.

Manufacturers sell and advertise their herbal medicines without demonstrating safety and efficacy as is compulsory for over-the-counter drugs (Ahmed, 2023).

4.3.8. Restatement of the aim

The study aimed to determine the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province.

4.3.9. Restatement of the objectives

The objectives of the study were to explore and describe the experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province. Both the aim and objectives of the study were achieved through the study findings, as highlighted above (Figure 4.2).

4.4 Integration of theory in the result

Leinenger's Theory of Cultural Care Diversity and Universality (1991). The theory highlights the fact that human beings are influenced by cultural values and beliefs from the society where they originated. Based on the study findings, the use of herbal medicine is mostly influenced and shaped by cultural practice and the severity of childhood illness, most participants have highlighted the local ailment "lekone" disease as a form of sickness that can only be cured through cultural through the knowledge acquired from Indigenous people. According to Sellassi and Almeida, *et al.* (2024), the coexistence of cultural healing practice is deeply rooted in tradition and indigenous contexts, and the emerging landscape of the current healthcare approaches.

This is evidenced by most of the participant's belief that some childhood conditions can be cured by cultural healing using herbal medicine while some cannot. According to research findings and Leinenger's theory of Cultural Care Diversity and Universality, it is evident that society plays a role in influencing cultural values, beliefs and norms of human beings in a particular geographical location. Moreover, in this study participants from various countries including Zimbabwe, Ghana and South Africa highlighted that the treatment and cure of some childhood diseases is derived from the knowledge acquired from generation to generation and Indigenous people, as it has been previously practised as one of the traditional customs that play a vital role in health promotion among children.

CHAPTER 5

SUMMARY, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

Introduction

The following chapter outlines the summary of the study findings from the data collection and discussions, the limitations and recommendations of the study, and the conclusions.

5.1 Summary of the findings

The exploration of herbal medicine use among caregivers reveals a multifaceted approach shaped by cultural practices, perceived benefits, and awareness of risks. Most participants highlighted the effectiveness of herbal medicines, particularly in treating conditions like “Lekone” and headaches, often turning to these alternatives when modern medicine proves insufficient. This decision to use herbal medicines is influenced by the severity of the child’s condition, emphasising reliance on herbal treatments during critical moments.

Cultural knowledge plays a vital role in the preparation and administration of herbal medicines, with elders, particularly grandmothers, serving as trusted sources of indigenous knowledge. Nonetheless, participants also expressed awareness of potential health risks, particularly concerning delayed treatment and the consequences of misdiagnosis or overdosage.

While some determinants of health are adjustable others are not, in addition, it is accentuated that cultural safety in delivering health care is of paramount importance if services rendered are suitable and accepted by the healthcare seekers (Latif, 2020). Therefore, the findings of this study underscore the importance of integrating cultural practices with healthcare approaches, creating a holistic framework for addressing childhood illnesses.

5.2. Limitations of the study

- Most participants were not comfortable disclosing information about herbs used by their children that contributed to hospital admission because of fear of being judged and stigma.
- Mild disturbance and background alarms of hospital machines were a bit challenging.
- The timing of data collection was a challenge because of the hospital routine and how participants could not leave their sick children for some time, especially those whose children were moderately ill.
- Few studies have been conducted regarding herbal use among children under the age of five, especially in South Africa. There is little literature available related to the study conducted.

5.3. Recommendations of the study

5.3.1. Research

Recent studies that involve the effectiveness of herbal remedies, supplements, therapies, and types of herbs used among children under the age of five should be conducted to determine the modern-to-herbal drug interactions, toxicity, and safety. Quantitative studies such as experimental studies should be conducted to investigate the threshold amount of any type of herbal medicine used for the treatment of childhood diseases to assess both the safety, efficacy, and toxicity levels.

5.3.2. Department of Health (Health Education)

Awareness, knowledge and education regarding the benefits, side benefits and drug-to-drug interactions associated with the use of herbal medicines should be discussed with caregivers and communities, especially in rural areas where there is a cultural orientation of herbal use is vital to the well-being of sick children.

5.3.3. Regulations of herbal medicine

The study has proven that most caregivers rely on herbal medicines for the well-being of their children and for the treatment of ailments, although there is a concern in terms of herbal medicine distributors. Updated rules and regulations including penalties should be reviewed and updated to prevent illegal access to herbal use. The South

African Health Products Regulatory Authority (SAHPRA), Traditional Health Practitioners Act of 2007 and Department of Health should liaise to ensure that herbal medicines distributors are properly governed and well informed to minimise diseases, complications and death that might arise as a result of improper distribution of herbal medicines and unlicensed practitioners.

5.4. Conclusion

The following chapter has presented the summary of the research findings, recommendations and limitations of the study. The findings have highlighted that most caregivers have a stronger belief in the use of herbal medicine among children than modern medicine, Although the knowledge of risks and adverse effects is limited. The caregiver's healthcare-seeking behaviour is influenced by the societal background, norms, values and the experience of the health outcomes because of existing health practice. Therefore, the integration of cultural practice with extensive knowledge of managing childhood illnesses is of paramount importance for the well-being of children under the age of five years.

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ANNEXURE/APPENDIX**ANNEXURE A: INFORMED CONSENT****INFORMED CONSENT: DEPARTMENT OF NURSING SCIENCE CONSENT FORM**

Name of the study: The experiences of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province

I have read the information above and understood the aims objectives and benefits of the proposed study and was given the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been forced to participate in any way.

I know that voice recordings will be taken. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I give consent to this provided that my identity will not be revealed.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time without supplying any reason.

I know that the Turfloop Research Ethics Committee (TREC) has approved this study. Any questions that I may have regarding the research will be discussed with me. I agree with this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

Signature of participant.....

Signature of researcher..... Age.....

Signed at.....on the..... of.....20...

Contact no.....

TLALELETŠO B: FOROMO YA TUMELELO**DEPARTMENT OF NURSING SCIENCE SEPEDI CONSENT FORM**

Leina la Dinyakišišo: Maitemogelo a bahlokamedi mabapi le tšhomišo ya dihlaire tša setšo baneng seleteng sa selegae bookelong bja Mopani, Porofenseng ya Limpopo.

Ke badile tshedimošo ye ka šedi mabapi le maikemišetšo le morero wa dinyakišišo tše di šišintšwego gomme ke ile ka fiwa monyetla wa go botšiša dipotšišo gomme ka fiwa nako yeo e lekanego gore ke naganišiše ka ga taba ye. Maikemišetšo le morero wa dinyakišišo tše di hlwekile ka mo go lekanego. Ga se ka gapeletšwa go kgatha tema ka tsela efe goba efe.

Ke a tseba gore go tla ba le kgatišo ya mantšu. Ke a elelwa gore kgatišo e ka dirišetšwa merero ya saense gomme di ka phatlalatšwa le go kwalagatšwa le mafarahlahleng lefaseng ka bophara. Ke dumelelana le se, ge fela go kgatha tema ga ka e ka ba khupamarama.

Ke a kwešiša gore go kgatha tema ga ka go dinyakišišo tše ke ka boikgafo gomme nka tlogela nako efe kapa efe ntle le gore ke fe mabaka goba go itlhaloša.

Ke a tseba gore protšeke/dinyakišišo tše di dumeletšwe ke Turfloop Research Ethics Committee (TREC). Potšišo ye nngwe le ye nngwe yeo nkabego ke na le yona mabapi le dinyakišišo tše e tla ahlahlwa le nna.

Ke dumelelana le se, ge fela tšhireletšo ya ka e netefadišwe.

Ke fa tumelelo ya go tšea karolo nyakišišong ye.

Mosaeno wa motšeakarolo.....

Mosaeno wa monyakišiši..... Mengwaga.....

Lefelo.....letšatšikgwedi..... ngwaga.....20...

Nomoro ya mogala.....

ANNEXURE B: INTERVIEW GUIDE

English version

Central question

What is your experience on the use of herbal medicine among children?

Probing questions

1. Kindly describe the main reason for using herbal medicine among children.
2. Describe the type of herbs that are being used among children.
3. Is there any risk associated with the use of herbal medicine? If yes, explain.
4. What are the benefits associated with the use of herbal medicine among children?
5. How is herbal medicine used among children accessible?

Interview guide: Sepedi version

Tlhahlo ya dipotšišo.

Potšišo ya go goga šedi ya magareng.

Ke maitemogelo afe a gago mabapi le tšhomišo ya dihlare tša setšo go bana?

Dipotšišo tša go latela tša go thekga potšišo ya magareng.

1. Hle, hlaloša lebaka le legolo la go šomiša dihlare tša setšo baneng.
2. Hlaloša mehuta ya dihlare/mešunkwana yeo e šomišago baneng.
3. E ka ba go na le bokotsi bjo bo amegago mabapi le tšhomišo ya dihlare tša setšo? Fahlelela, ge fela seo e le therešo.
4. Bana ba holega bjang tšhomišong ya dihlare tše tša setšo?
5. Dihlare tše tša setšo tše di šomišwago mo baneng, naa di hwetšagala bjang?

ANNEXURE C: LETTER TO THE LIMPOPO DEPARTMENT OF HEALTH

P O BOX 56
BURGERSFORT
1150
31 October 2023

Limpopo Provincial Department of Health
Private Bag X9302
POLOKWANE
0700

To whom it may concern**RE: Requesting permission to conduct a study**

I Masete J hereby request permission to conduct research at Kgapane District Hospital. I am a Nursing master's student, and the title of my research is The Experiences of Caregivers on the Use of Herbal Medicine among Children at a Local District Hospital in Mopani District, Limpopo Province.

The study aimed to be conducted at a pediatric unit and nursery, The Population includes mothers of children admitted in those units who agree to participate in the study. The daily unit routine will not be disrupted.

Hope to get a positive response.

Kind regard

Masete J

ANNEXURE D: LETTER TO THE KGAPANE HOSPITAL CEO

P O BOX 56
BURGERSFORT
1150
31 October 2023

Kgapane Hospital Chief Executive Officer
Private Bag X742
GA-KGAPANE
0838

To whom it may concern

RE: Requesting permission to conduct a study

I Masete J hereby request permission to conduct research at Kgapane District Hospital. I am a Nursing master's student, and the title of my research is "**The Experiences of Caregivers on the Use of herbal medicine among Children at a Local District Hospital in Mopani District, Limpopo Province.**"

The study aimed to be conducted at a paediatric unit and nursery, The Population includes mothers of children admitted in those units who agree to participate in the study. The daily unit routine will not be disrupted.

Thank you in advance and hope to get a positive response soon.

Kind regard

Masete J

NURSERY AND PAEDIATRIC WARD PERMISSION TO CONDUCT STUDY

P O BOX 56
BURGERSFORT
1150
31 October 2023

Kgapane Hospital Chief paediatric/nursery operational managers.
Private Bag X 742
GA-KGAPANE
0838

To whom it may concern

RE: Requesting permission to conduct a study

I Masete J hereby request permission to conduct research at Kgapane District Hospital. I am a Nursing master's student, the title of my research is "**The Experiences of Caregivers on the Use of herbal medicine among Children at a Local District Hospital in Mopani District, Limpopo Province**".

The study aimed to be conducted at a paediatric unit and nursery, The Population includes mothers of children admitted in those units who agree to participate in the study. The daily unit routine will not be disrupted.

Thank you in advance and hope to get a positive response soon.

Kind regard

Masete J

ANNEXURE E: UNIVERSITY OF LIMPOPO FACULTY APPROVAL LETTER



University of Limpopo
Faculty of Health Sciences
Executive Dean

Private Bag X1106, Sovenga, 0727, South Africa
 Tel: (015) 268 2149, Fax: (015) 268 2685, Email:tebogo.mothiba@ul.ac.za

DATE: 12 December 2023

Name of Student: Masete J
Student Number: [REDACTED]
Department: Nursing
School: Health Care Sciences
Qualification: Master of Nursing

Dear Student

FACULTY APPROVAL OF PROPOSAL (PROPOSAL NO. FHDC2023/61)

I have pleasure in informing you that your Master of Nursing proposal served at the Faculty Higher Degrees Meeting on 08 December 2023 and your title was approved as follows:

Approved Title: "The experience of caregivers on the use of herbal medicine among children at a local district hospital in Mopani District, Limpopo Province"

Note the following:


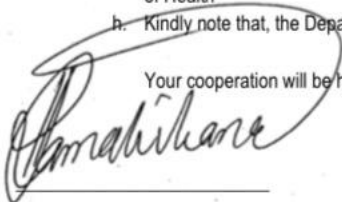
Ethical Clearance	Tick One
Requires no ethical clearance, proceed with the study	
Requires ethical clearance (TREC) (apply online)	
Proceed with the study only after receipt of ethical clearance certificate	√

Yours faithfully

Prof TM Mothiba
 Chairperson

Supervisor: Dr EM Mathapo-Thobakgale
Co-supervisor: Dr LS Hlahla

ANNEXURE F: DEPARTMENT OF HEALTH APPROVAL LETTER

	<h1 style="margin: 0;">LIMPOPO</h1> <p style="margin: 0;">PROVINCIAL GOVERNMENT REPUBLIC OF SOUTH AFRICA</p>
<p style="margin: 0;">DEPARTMENT OF HEALTH</p>	
<p>Ref : LP_2024-06-002 Enquires : Legodi P Tel : 015-293 6028/6410 Email : Malesele.Legodi@dhsd.limpopo.gov.za</p>	
<p>MASETE JUDITH CC: UNIVERSITY TO ENSURE COMPLIANCE WITH CLAUSE 2d OF THIS APPROVAL LETTER</p> <p><u>PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES</u></p> <p>Your Study Topic as indicated below;</p> <p>THE EXPERIENCE OF CAREGIVERS ON THE USE OF HERBAL MEDICINE AMONG CHILDREN AT A LOCAL DISTRICT HOSPITAL IN MOPANI DISTRICT, LIMPOPO PROVINCE</p> <ol style="list-style-type: none"> 1. Permission to conduct research study as per your research proposal is hereby Granted. 2. Kindly note the following: <ol style="list-style-type: none"> a. Present this letter of permission to the office of District Executive Manager a week before the study is conducted. b. This permission is ONLY for Kgapanne Hospital c. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department. d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource. e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible. f. The approval is only valid for a 1-year period. g. If the proposal has been amended, a new approval should be sought from the Department of Health h. Kindly note that, the Department can withdraw the approval at any time. <p style="text-align: center; padding-top: 10px;">Your cooperation will be highly appreciated.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  <p style="margin: 0;">pp Head of Department</p> </div> <div style="text-align: center;"> <p style="margin: 0;"><u>04/07/2024</u></p> <p style="margin: 0;">Date</p> </div> </div>	
<p style="font-size: small; margin: 0;">Private Bag X9302, Polokwane 0700 Fidel Castro Ruz House, 18 College Street, Polokwane 0700 Tel: 015 293 6000. Fax: 015 293 6211. Website: www.doh.limpopo.gov.za</p>	
<p style="margin: 0;">The heartland of Southern Africa - development is about people!</p>	

ANNEXURE G: ETHICAL CLEARANCE



University of Limpopo
 Department of Research Administration and Development
 Private Bag X1106, Sovenga, 0727, South Africa
 Tel: (015) 268 3935, Fax: (015) 268 2306, Email: tukiso.sewapa@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 09 April 2024

PROJECT NUMBER: TREC/87/2024: PG

PROJECT:

Title: The Experience of Caregivers on the use of Herbal Medicine among Children at a Local District Hospital in Mopani District, Limpopo Province.

Researcher: J Masete

Supervisor: Dr EM Mathapo-Thobakgale

Co-Supervisor/s: Dr LS Hlahla

School: Health Care Sciences

Degree: Master of Nursing

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

ANNEXURE H: APPROVAL LETTER FROM MOPANI DISTRICT

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA


DEPARTMENT OF HEALTH
MOPANI DISTRICT

Ref: S4/2/2
Enq: Mohatti Isiraele
Cell: 083 961 9298
Email: Israel.Mohatti@dhsd.limpopo.gov.za

To **Masete Judith**
University of Limpopo

Re: Permission to conduct research at Kgapane Hospital, Mopani District: Yourself

1. The matter cited above bears reference
2. This serves to respond to the request submitted to research on the topic: **"The experience of caregivers on the use of herbal Medicine among children at a local District Hospital in Mopani District, Limpopo Province."**
3. It is with pleasure to inform you about the decision to permit you to conduct the cited research at Kgapane Hospital within Mopani District.
4. You will be required to furnish the Hospital authorities with this letter for purposes of access and assistance.
5. You are further advised to observe ethical standards necessary to keep the integrity of the facilities.
6. The Mopani District wishes you well in your endeavour to generate knowledge.


Assistant Director: HRD and Training
Date: 18.07.2024

ANNEXURE I: APPROVAL OF CONDUCT STUDY AT KGAPANE HOSPITAL

Good morning

Kindly be informed that your request for permission to conduct research as already approved by the Department has been granted . you can start at any time that's convenient to you provided it will be will be within the working hours of the timeframe as cited on the approval letter.

Good luck in your studies.

Regards

Mrs Raseala T.G

Acting CEO

Kgapane Hospital

Cell 067 4152493

Tel 0153287800/7801

Email: Geraldine,raseala@dhsd.limpopo.gov.za

ANNEXURE J: LETTER FROM LANGUAGE EDITOR

066 222 8829

Karabokonyani@gmail.com

rightmovemultimedia@gmail.com

Editing Certification

4 December 2024

To certify that: This editing certificate verifies that this Research was professionally edited for Judith Masete [REDACTED]

Thus, it is meant to acknowledge that I, Dr E.J Malatji, a professional Editor under a registered company, RightMove Multimedia, have meticulously edited the manuscript from the University of Limpopo. Title: "THE EXPERIENCES OF CAREGIVERS ON THE USE OF HERBAL MEDICINE AMONG CHILDREN AT A LOCAL DISTRICT HOSPITAL IN MOPANI DISTRICT, LIMPOPO PROVINCE."

Dr E.J Malatji



ANNEXURE K: LETTER FROM THE STATISTICIAN

Klipkop Veterinary Fertility Centre

56 Graham Road

Tierpoort

Pretoria

December 05, 2024

To: To whom it may concern

Dear Sir/Madam

I hereby confirm that I have read the protocol and analyzed the data in the dissertation titled "THE EXPERIENCE OF CAREGIVERS ON THE USE OF HERBAL MEDICINE AMONG CHILDREN AT A LOCAL DISTRICT HOSPITAL IN MOPANI DISTRICT, LIMPOPO PROVINCE" by Masete Judith of University of Limpopo, Faculty of Health Sciences, [REDACTED]

Please don't hesitate to contact me for any enquiry.

Kind regards



Mr K Seshoeni. (BSc Agric-UNIVEN, MSc Agric-UNIVEN, PGCE-STADIO)

Cell number: 078 464 9611

Email address: Kenny.seshoeni@outlook.com

ANNEXURE L: A LETTER FROM THE LANGUAGE TRANSLATOR



MATETE PUBLISHING PTY LTD

Co. No. 2022/519537/07

23 Duet Street, Tasbet Park, Emalahleni

C: +2779 693 0053

E: ms.seletisha@gmail.com

04 Dec 2024

To Whom It May Concern:

This serves to confirm that the *research consent form* submitted to me for language translation has been translated to Sesotho sa Leboa (Sepedi) on request.

Author, Ms Masete Judith, ([REDACTED]).

Title: The experiences of care givers on the use of herbal medicine among children at a local district hospital in Mopani, District, Limpopo Province.

In keeping with my translating policy, no changes have been suggested about or made to the content as such, and translation has been limited to direct translation as this is an academic setwo

My CV is available on request.

Yours faithfully

Moses Seletisha

Publisher, author, language translator and cultural worker.

+27796930053